



EPISODE TRANSCRIPT (9A)

WORKPLACE MENTAL HEALTH: Trailblazing Research & Regulatory Approaches

HOST

Jo de Vries, Fresh Outlook Foundation

GUESTS

Dr. Merv Gilbert, Vancouver Psych Safety Consulting

Trudi Rondou, WorkSafe BC

Lisa Smith, WorkSafe BC

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INTRO 0:10

Welcome to the HEADS UP! Community Mental Health Podcast. Join our host Jo de Vries with the Fresh Outlook Foundation, as she combines science with storytelling to explore a variety of mental health issues with people from all walks of life. Stay tuned!

JO 0:32

Hey, Jo here! Thanks for joining me and my five guests over two episodes as we explore the rapidly changing world of workplace mental health, and how progressive social scientists, governments, unions, and businesses are remodeling the foundations upon which our work lives are built.

A big shout out here to WorkSafe BC, CLAC, and AECOM for co-sponsoring these vitally important conversations.

In this first episode, you'll meet workplace mental health expert Merv Gilbert, along with Trudy Rondou and Lisa Smith from WorkSafe BC. We'll delve into their trailblazing research and regulation approaches that are raising the bar for workplace mental health and Canada and well beyond.

In part two, you'll get to know Quentin Steen with the CLAC labor union and Trevor Amendt from AECOM, an international engineering firm. They'll share their groundbreaking visions and on-the-ground methods for building organizational cultures of compassion.

While preparing for this episode, I came across groundbreaking work led by the Mental Health Commission of Canada in partnership with the Canadian Standards Association and the Bureau de Normalization du Quebec. In 2013, they launched the world's first National Standard for Psychological Health and Safety in the Workplace.

The standard was developed with input from more than 30 technical committee members representing Canadian corporations, unions, regulators, economists, service providers, and many others. The standard includes voluntary guidelines, tools, and resources that redefine what it means to be a responsible employer.

In the move toward building more psychologically healthy, safe, and sustainable work environments, the standard helps organizations envision and implement more progressive frameworks, policies, and practices. Those, in turn, foster more connected, protected, and compassionate workplace cultures. The standard has been embraced by organizations of all sizes, and from all sectors and industries throughout Canada, and served as a template for an upcoming international standard.

To help determine the standard's reach and effectiveness, the commission led a three-year follow up Case Study Research Project. It was conducted by Simon Fraser University's Centre for Applied Research in Mental Health and Addiction between 2014 and 2017. Researchers studied more than 40 Canadian employers from a variety of sectors, industries, and geographies who'd implemented the standard. The resulting report outlines key findings, promising practices, and supports and barriers to implementation. As quoted in the report, these diverse trailblazers signed on to benchmark a "new normal."

To help us understand project findings and what could be the new normal, I welcome Merv Gilbert, who was co-lead of the Case Study Research Project. Immersed in the work of psychology for more than 40 years, Murphy has spent the better part of the last decade focusing on the psychology of work, or more specifically, what makes a workplace work for all employees.

Hi, Merv, great to have you here.

MERV 4:19

Hi Jo... it's great to be here. Thanks very much for including me.

JO 4:22

My pleasure. So let's start by you telling us why you're so passionate about workplace psychological health and safety, and why it's so important to all of us.

MERV 4:34

At a kind of broad level, a lot of the focus on mental health, and I'll say more about language in a minute, has focused on very important issues like serious and persistent mental illness, childhood areas, where I worked a lot and so on. But there was relatively little attention to the fact that, frankly, the majority of folks with a diagnosed or diagnosable mental illness or mental health issues were working or had jobs at any rate, they may be off. And there was little focus on the workplace the extent to which it was actually supportive of their psychological health, mental health, or was detrimental to their health. Sort of broad level, it was an untapped area.

At a more personal level, I worked as a director of a psychology department a large hospital for a number of years, and during that time two of my colleagues started to have some performance issues, which is usually the first indicator within a workplace setting. I started to struggle a bit, there were issues, there were some conflicts and so on. We did as an organization some things to try and provide some support. At any rate, both individuals quite independently went off work on, to use a euphemism at the time, stress-related disability, and to my knowledge never worked again. Now, maybe we failed them. Maybe I failed them at some level. But it was a

terrible loss. It was needless suffering, and we lost some very skilled and talented individuals. So, it really became apparent we needed to do better.

JO 6:03

Most of us have to work or have had to work. So, an obvious question would be is work good for our mental health? Or can it be?

MERV 6:13

Absolutely. To paraphrase Sigmund Freud, which every psychologist is obliged to do, the two most important things in life are love and work. Good work provides us with all sorts of support, provides us with a sense of meaning and purpose. It gives us skills and talents, and opportunities for new learning that we wouldn't have otherwise. It gives us an opportunity to interact with others, obviously a little bit different during current circumstances. And it gives us a reason to get up in the morning, get dressed and go someplace else to interact with others outside your immediate family. So, absolutely, good work is good for us in many ways.

JO 6:51

Before we talk about the new normal for workplace psychological health, I'm hoping you can help us understand the "old normal," and the state of some workplaces today where little consideration is given to psychological health and safety.

MERV 7:07

Prior to the national standard, for example, and some of the work that we and others around the world have done, workplace health and safety was primarily, almost exclusively, focused on physical health and safety. Appropriately so. Health and safety in various industries and sectors was a key factor, and really wasn't addressed and still needs a lot of work. Workers' compensation boards obviously focus on those kinds of issues, back pain and those kinds of things, but there was very little attention given to psychological injuries, if you will, in that sense.

The only exception historically, of a work-related psychological injury was Post Traumatic Stress Disorder. Since we do not know definitively the cause of the vast majority of mental illnesses, we can't say workplaces are responsible, so, therefore, is not an area where there was attention. So, there wasn't much being done. I think things have improved a great deal in Canada and elsewhere. Part is a function of the standard and other efforts and so on, but there's still some sectors in some areas, that this is still a relatively new concept or remains not addressed.

JO 7:42

Based on the work you've done over the last decade, and the work that you did as part of the research project, how would you define a "new normal?"

New normal pre-COVID, or new normal current circumstances, little bit different. As I mentioned a moment ago, up until current circumstances, I think there was a lot of improvement, there was organizations who were identifying psychological health and safety officers, that were changing the name of occupational health and safety committees and groups and policies to include psychological [health]. So, that certainly was a good thing.

Now, if we want to turn to COVID, and more importantly perhaps for the workplace, the response to COVID and, obviously, the impact it's had on individuals, workplaces... it's very different. People can't connect in the same

way as they could before. So that support may not be there. There's a lack of clarity of boundaries and job roles and communication has been challenged in some ways.

Certainly work life balance is more elusive than ever with folks working at home. That said, I will... and I say this with caution... for some folks, select groups... particularly more traditional white-collar folks and so on... the capacity, the ability to work from home or work in a more flexible way, may improve their psychological health. It's a mixed bag, but I remain concerned about it and I think we should all be concerned about it at a larger level, is that many of these things that are happening are accentuating the divide between groups.

JO 9:49

The research, project findings and voluntary guidelines for successful implementation were based on applied research and then implementation science. For those of us who aren't academics, can you explain what those two things are? What is applied research?

MERV 10:09

I think there's a lot of academics that wouldn't necessarily know what it is or necessarily agree with it. Applied research means basically taking up to the dirty world, where you don't have a group of volunteer undergraduate students as your subject pool, for your particular research enterprise, but you're actually dealing with real people who are the ultimate audience or the ultimate target for your work. But the real world, such as it is, is messy... you don't have the same degree of controls. So, applied research is an attempt to work collaboratively with whatever sector, whatever group you want to work with out in the real world.

Implementation science is... the policy government, the literature in any field... frankly, littered with publications and research reports, and journals, and so on. Many of the findings from that, however positive, never actually get implemented, or if they are implemented, they're implemented poorly. So, implementation science is one of the factors that lead to successful pickup and sustainability of an effective program, or effective initiative.

JO 11:17

So, how could we use implementation science to optimize the benefits of the research that you conducted?

MERV 11:26

Great question. I'm being sincere when I say this, I think we can learn from advertising and marketing. Ask people... ask whoever your audience is... if they know about a particular program. What is the best way to make it available to them? What makes it more likely that they will make use of these particular findings, or whatever the initiative or program or policy is. Ask them.

Second thing, and this certainly is reflected in the standards well, is to measure two things. Sorry. First one is to know why, and explain very clearly why you're doing what you're doing. If you're doing, for example, a work-from-home kind of initiative, and so on, explain why you're doing it... just don't keep people guessing. And secondly, measure the results... measure a sort of baseline finding... this is where this tradition is now, and then at an appropriate period of time, measure whether you've made a difference. There's uptake and application of whatever your findings are.

JO 12:19

So, your project findings and the voluntary guidelines for implementation provide a recipe for success that lists key ingredients needed to create a psychologically healthy and safe workplace. But before we start cooking, though, I'd like to confirm the differences between the following descriptors. And here's where Merv, we talked

about language. So, what is the difference between: first, a mentally healthy workplace; second, a psychologically healthy workplace; and third, a psychologically safe workplace?

MERV 12:58

Let me start by suggesting a distinction between mental health and psychological health... [these] words are viewed somewhat synonymously. When we collectively, we the media, talks about mental health, we're actually not really talking about mental health. In most cases, we're talking about mental illness and that sense of already kind of changed the conversation. And when we're having those conversations, as I said at the outset, when we talk about mental illness... and frankly, when we see the latest atrocity, wherever it may be... the question comes up, there may be mental health involved. Well, that's not terribly helpful. That just adds to stigma.

So, we talk about psychological health. We're talking I think, in a much broader way. We're talking about a continuum, not a categorical approach with a bunch of diagnoses. We're talking about a continuum from struggling and suffering, through to thriving, doing well, positive psychological health. So, it's a different kind of model that is not dependent on traditional mental illness labeling, in that sense. So, I think that makes a very big difference.

When we talk about psychologically healthy... and against mentally healthy workplace, if one uses that language... I think, in general terms, is a place where people want to go to work, they believe in what they're doing, they believe they're making a difference. They feel that they have some voice in what is going on in their department or organization, or whatever work they're doing, volunteer or paid. And they feel like the organization, that leadership, and the organization itself, has good or bad to some degree, they will support them in various ways. And if they're struggling with their issues, they will do their best to address them.

I think we all kind of know what a psychologically healthy workplace is, whether we work there or whether we're clients or customers. You can almost feel it in the air... you can almost smell it. Are people smiling? Are people saying hello, not because it's corporate policy to greet every customer, but because they actually want to say hello? So, I think it's a vibe in many ways.

The "safe" part is interesting, let's say psychologically safe... I think two comments. Now, first of all, as I said at the outset, to some extent this notion with psychological health and safety is, in my opinion, an intentional and, I think, intelligent link to occupational health and safety, which is pretty well established and legislated in policy and practice in some ways. So, it's kind of latching on to that and expanding the concept. Psychological safety, however, is also used in some context to describe an environmental work environment, where people feel free to express their opinions and ideas, without fear of what they perceive as unfair criticism. I get that, but it's, I think, a narrower and somewhat different definition.

JO 15:43

So, would it be safe to say then that a psychologically safe workplace would have the needed plans, policies, practices, and programs in place that would then enable and encourage a psychologically healthy workplace?

MERV 15:59

Yes, very definitely.

JO 16:00

So, let's go back to the key ingredients of the research project findings, or what the final report calls "promising practices." Those are intended to help nourish a psychologically healthy and safe workplace. Can you explain a few of them to us?

MERV 16:18

Sure, and I should probably clarify, the national standard is, well, it's that... a standard set of guidelines, identifying what the key components of psychologically healthy workplace would look like. What we did when we did the case study project is identify those kind of practices that would lead to more successful and sustainable implementation. And there were a number of those that came up.

Certainly one of them that was key, it comes as no surprise, was leadership... meaningful leadership throughout your organization... a large organization, a CEO, or whomever... who kind of gets it, and again, cliché, but who talks the talk. It's not something that it's a checkbox they're checking off... they actually believe in this. And I think that's key. And that that also has to, again, in particularly in large organizations, that has to filter down to every level of management. If a mid-level manager or supervisor... oh, here's another directive from on top, but he or she doesn't get it... it's not gonna be effective. So, it needs to actually cut across all different levels of your organization.

The other thing that I think is really important is, in the same vein, having a what's called a business case. A clear rationale with data as to why you are making these changes... why having a psychologically healthy and safe workplace matters to you. And, initially, the argument among... and there may still be in some settings... particularly private-sector settings... maybe affects the bottom line. And indeed, there's all sorts of calculators of lost productivity and increased costs associated with psychological disabilities. And it may be financial or return on investment as well. But certainly for a lot of sectors, a lot of areas... particularly public sector, like hospitals... return on investment isn't really the point. It's not having staff available, the loss of talent, those kind of things. So, being clear as to why a particular organization wants to do these things, and having some data to back it up.

JO 18:25

I think, too, getting back to the leadership comment is that you really need to have supportive structures and resources to keep this up over the long term, which is where you're going to see the actual change in culture. Can you tell us a little bit more about that?

MERV 18:41

As I mentioned, some organizations, for example, WorkSafe BC, has in the last few years appointed a fairly senior level of management specifically around psychological health and safety. So, it's sort of embedding some of these responsibilities and roles and titles within the organization. And also supporting leaders... no one's immune from this, in many ways, leaders themselves... there's some research suggesting mid-level managers, like get this, quite frankly, can experience as much if not more stress than those that report to them.

There needs to be some personal investment in it. And I guess to speak to that, certainly some of the organizations we worked with, when we talked to senior leaders... for many of them, the reason they saw this as a good thing and wanted to introduce it within their organization, was because they'd had some personal experience... family experience... they'd had some experience with someone who was struggling with psychological issues, psychological health issues. So, it takes on a personal note. We see that in all sorts of efforts to address illnesses, be it cancer, heart disease, and so on, people coming from their own experience.

JO 19:48

As a communication specialist I resonate with another promising practice, which is communication and awareness-building across all levels and departments. And I think what this means, and please correct me if I'm wrong, is that the messaging not only has to be pertinent to each of the audiences in the organization, but it has to be concise and timely, and particularly, ongoing. You can't just do a one-off campaign and expect people to change their attitudes and their behaviors.

MERV 20:21

Absolute agreement at all levels, and it has to be very flexible. Again, I can bring it back to the pandemic response in some ways, we're seeing changing messages and so on. I understand the frustration... confusion with that, but it allows that kind of flexibility. And it also requires humility, not promising something that you can't deliver, in some ways, and being very realistic about what's actually helpful and practical. While many organizations in our study and elsewhere started with a mental health awareness campaign, that's good... awareness is a good thing and does make some strides towards reducing stigma... but you can't stop there, it's got to be a lot more than just awareness.

JO 21:04

In most of the interviews that I've been doing for the podcast, we've discussed culture, and whether that be a family culture of mental wellness, or a workplace culture or a community culture. So, I was interested in another promising practice, which is the need to build a corporate-wide culture that respects, reflects, and protects psychological health and safety. So, what does that kind of culture look like? And what's it like to work in a culture like that?

MERV 21:41

Great point, and it's certainly the case. and let's not lose sight... this does not mean you put aside your organizational objectives, and so on. These are actually to enhance or fulfill the very purpose of that organization. It's in the practical best interest to any department or group or organization where there's a work environment where people feel valued, and believe in what they're doing, they're willing to work together to achieve success... organizational success, personal success... and again, they feel that the organization, or the department, or their leaders have their back who can support them if there are challenges of some sort.

And if I can give an example of that from the past, I find this a very touching and heartwarming example in a lot of ways. Years ago, I was involved in an initiative to recognize and acknowledge psychologically healthy workplaces. And one of the applicants for the British Columbia award was an extended care unit in the interior, actually, I'll name them because they deserve to be recognized... Brookhaven Extended Care. This was some years ago. So, they did a survey and filled out some questionnaires for us. And we did a site visit and what they had done, amongst other things, this is... as you can imagine... a place where mostly the elderly, but there were some younger brain-injured folks, and so on.

So, it's a care facility that says their problem, like many healthcare settings, was staffing. It wasn't about return on investment. It was about having sufficient staff to provide the care they needed to do. And that staffing problem was difficult on days for their school holidays. They relied on retired or part time folks, and so on, who were often single parents, or two working parents. So, when school holidays happened, or school breaks or professional days and kids were off work, it was a real challenge if you got a call saying, "Hey, would you mind coming in and doing relief today?"

So, what Brookhaven did, and this idea came from their staff... I think from a recreational therapist... to set up a program whereby staff, if they had a child between, say, eight and 12 years old, could bring their child to work. No, it was not a daycare. And that says I'm going to be clear about that. That's important issue, but this is different. That child was then paired up with a resident within the facility and spent the day with him or her hanging out. And I think that's particularly wonderful because... let's say Johnny, who's a precocious nine-year-old, got to spend today with Mr. Smith, and Mr. Smith was a Korean War veteran, and maybe he lost a leg.

So, he entertained Johnny with all sorts of stories about his past experiences. Johnny looked across and saw his mom doing her job, which a lot of kids never see. Mom looked across and saw Johnny being entertained and chatting away. They all had lunch together. It was, forgive the cliché, a win, win, win.

Beautiful thing about that, first of all... they identified a problem with staffing. There was now a lineup of staff wanting to work in those days at this particular facility, because it's a cool program. What was the cost? Absolutely nothing. Whereas the leadership, and this is important... there was some initial pushback from, I suspect, the lawyers within this healthcare setting. What if Johnny trips and breaks his nose? And the executive director told lawyers to go away, said that's fine, I'm with it, and so on. The program was a wonderful success and got expanded to, I believe, some other facilities. And this was some years ago, and I didn't hear much about it for a while. And I hope it still continues.

But what I did hear a few years ago is that some of the kids that have been involved in program had aged out, they're now teenagers, maybe even young adults. And on their own initiative, they continued the program, kind of a volunteer involvement program within the setting. And I love that story because it identified a specific problem, so it was a measurable problem, actually, staffing. Identified a solution that came from the people who worked there, didn't cost anything, and actually addressed the problem. So, that to me is a concrete example of a collaborative, psychologically healthy workplace practice.

JO 25:42

So Merv, if you can put on a CEO hat for a few minutes, did the research findings suggest specific measures of cost versus benefits of a mentally healthy workplace? And if not, what does your experience tell you?

MERV 25:58

Great question. And this is a challenge in some ways, because we don't have great quantitative financial indicators. We can look at disability costs, we can look at retraining costs, we can look at recruitment costs, as well, we can look at insurance, WorkSafe costs as well. But those are what are referred to as trailing indicators. That's after the cow has left the barn, if you will, in some ways.

Leading indicators are things you measure at the outset. And those are a little softer and harder to track, and may rely more on qualitative kind of information. So, you can pick up through surveys, through initial interviews, those kinds of things. I think there's a lot of work that needs to be done in this area to quantify or qualify, if you will, the kind of measures that you want to look at, and the cliché is, if we don't measure something, you can't know if we have an impact. And that's certainly true here, we have work to do in this area.

JO 26:57

Along that same vein, barriers to successful implementation of the standard listed in your report include inconsistent or limited access to psychological health data. Tell us more about that.

MERV 27:13

It's exactly that kind of thing. It's not having the data that indicates, and certainly for both ethical and practical reasons, I'm not a fan of, for example, doing a survey or a measure of depression amongst all employees. I think ethically, or practically, that can be intrusive and, ethically, what you find you need to do something with it. So, it's going to involve asking employees and new recruits and retirees about their experiences and trying to capture what's important to them, what would be some of the indicators for them.

Being realistic about it, if I can go back a little bit to talking about the business case for psychologically healthy workplace, and so on, the expectation amongst many was that companies or organizations would be doing this because it would save them money. And there's lots of consultancies and programs that are trying to sell on those grounds. We found that yeah, that mattered to some of them, some more than others. But in many cases, in fact, the majority of cases, the main reason they were adopting the standard and cared about psychologically workplaces was for a practical reason... i.e., people are struggling, if people are not at work, if people are fighting with one another... it's not good for the organization as a whole. So, practically, it makes sense to look after people. And also ethically it's just the right thing to do, in many ways.

JO 28:31

Given the research and your experience, what do you think are the most difficult changes in attitude for leaders to make that needed transition toward a more psychologically healthy and safe workplace?

MERV 28:46

Firstly, I think a recognition... and this is happening slowly but is happening... that this is not a fad. This is not flavor of the month. This is not fluffy. This is not a nice thing to do off the side of your desk... like let's raise funds for a particular charity on March 17, whatever the case may be. This is something that is important and will continue to be important. So, it needs to be embedded within your organization.

Another thing is really critical, I think, is a recognition that this is a joint issue. This is a collaborative issue between workers and organizations... with employers and employees, I think there's a joint responsibility there. To be a little bit simplistic about it, a construction organization has some obligation to provide safety equipment, to provide a hardhat and so on... the employees, the worker... has responsibility to wear them. So, when you work jointly as opposed to finger pointing, where if it's saying "this is all about toxic workplaces and bad managers, not my responsibility at all," that's not going to help. And, if on the other hand, the perception perhaps unspoken, or the belief unspoken, is "this is all a bunch of wimps, why can't people just suck it up," that's not going to help. You need to work together.

JO 29:54

So, were there any research findings that surprised you?

MERV 29:58

One of them was one I just mentioned, quite frankly, in fact, that people did this for practical and ethical reasons, not financial reasons. Come back to the comment about leadership. One of the pioneers in Canada some years ago was Michael Wilson, our former finance minister, whose son died by suicide some years ago. This made it personal for him and for his family. And so, he worked hard to make it a corporate issue.

What was surprising and encouraging was the fact that people got it and came up with innovative solutions. The thing that was a little bit worrisome, quite frankly... and this isn't intended to be a criticism, but it was a reflection of the level of knowledge and resource at the time... was that there was a tendency, even in well-

intentioned organizations, to pick programs or initiatives, if you will, off the shelf. So, not considering whether or not it was a good fit, or whether address their particular needs, whether it was a good fit for the organization. And I do think there's a real need to customize it and adapt it back to your earlier point, in order to make things implemented effectively and sustainable.

JO 31:02

That brings me to a question about customization. And you just mentioned that every business is unique... it has a special mandate and special plans and policies and programs and objectives. So, I suppose that while the standard and your research findings give people a general idea of how to make this work, they really do have to be so focused on their individual needs.

MERV 31:32

It's a good point... we're all special in our own special way, but we also share a lot in common. So, it's finding a balance. I've heard from some sectors and some organizations where, "we're unique"... "you don't understand"... or "this doesn't apply to us, because we're very unique and different." Well, you're not that different. So there's gonna be some things that are universal, some things are going to be specific, balancing those two and asking people, gathering data... there's more and more tools out there that will do this... about what's the fixed snapshot... what the organization looks like. And using that information to guide, be it policy or practice, or training, or new positions.

JO 32:12

And that brings us to another one of your promising practices, which is measuring approaches that track the rate and impact of change.

MERV 32:23

Yes, indeed. And I talked about the importance of measurement... an ongoing kind of measurement. These days, and under the current circumstances, people are being bombarded with surveys and being asked questions. I think there's absolutely merit in that, but one needs to be succinct. You need to be discreet and respectful of people's time and so on, or you're not going to get good information. Back to effective communication, in a sense, but tracking it on an ongoing basis, and then being flexible enough to change your approach if you're getting meaningful data or data suggests you need to change things.

JO 32:57

While preparing for this, we talked about how increased stress fosters psychosocial issues that require psychosocial solutions. First, what is a psychosocial issue, and a related psychosocial solution that you can share with us?

MERV 33:17

"Psychosocial" basically just reflects psychological... individual and societal/social kinds of factors... be they income equality, be they poverty, be they individual coping. It's a psychological aspect of things, as opposed to the, if you will, physical aspect of things. And what I mean by that, in this context, is I do have some concern. COVID, the pandemic, is indeed a physical risk, if you will, however, the response... our human response, or social response... is a psychological one, a psychosocial response in many ways. And frankly, it therefore requires, I would suggest, psychosocial, psychological kind of responses that we've talked about. The organization can do policies to provide appropriate and meaningful support... communication could actually support people's psychological health.

JO 34:07

You conducted your research between 2014 and 2017. Are you aware of any emerging research or any groundbreaking trends or best practices that support this move toward more mentally safe and healthy workplaces?

MERV 34:25

I think it's an evolving situation. One thing which I think was pretty cool, and I've seen this in several different sectors, are what's referred to as communities of practice. And that is something coming... I think I was first aware of it in the healthcare context... but it's basically organizations or groups with common features, getting together and learning from one another. There was initiative actually, that came out of I believe, UBC Okanagan in collaboration, I think it was with Waterloo, for a kind of communities of practice for universities and colleges, where they took an opportunity to meet to discuss with one another what they were doing, what was working, what wasn't working. So, learning from one another... I think that's very promising. That's a great thing.

And frankly, I think the same thing can happen on a more micro level, within an organization or a group, just creating a space... creating opportunity... for the key people to talk about these issues, and identify possible solutions moving forward. I'll throw a bit of a side comment in this one. And this one was a bit surprising to me too, certainly, when it comes to programs and things like employee assistance programs, and policies and benefits and so on. Those are typically the purview of large organizations, and smaller mom and pop businesses may not have that opportunity. That part may be true in terms of having the money and size to initiative things, but I think smaller organizations actually can be a lot more nimble. The leader or manager, whomever, within a department or a small construction crew, or whatever the case may be, is more likely to be in touch... more immediate contact... with the people he or she is working with, and therefore can come up with things on the fly... perhaps a lot more readily than large organizations that go through a kind of bureaucratic process. That creativity is certainly encouraging.

JO 36:17

Have you conducted any other workplace research that you'd like to share?

MERV 36:21

Let me add one more comment to what we're saying earlier. The other thing, which I think is promising is, we're now seeing organized labor and contracts pay more attention to psychological safety in the workplace, and a great example is here in British Columbia, where the nurses union in a prior contract, essentially... and the employer agreed with this... mandated adoption of the national standard across of all health care. So, I think that was another positive thing.

Back to your question. So, on new things we're doing... certainly my colleague, Dan Bilsker, and I have been working with support from WorkSafe, frankly, with BC Emergency Health Services for about the last three years. And very much what I was saying a moment ago, recognizing that paramedics and dispatchers have unique work circumstances, and it's a unique organization. So, we've started by learning from them what resiliency looked like, what some of the stresses of the job were, what some effective coping methods were. And on the basis of that have created a workbook, a resilient coping workbook, which we're currently in process of disseminating throughout the organization.

JO 37:26

I'm wondering if you can tell us a story about an organization that moved from being perhaps not so focused on psychological health and safety, to embracing a psychological contract that really made a huge difference in the lives of all the people who work there?

MERV 37:45

The beautiful example of an organization that took evidence-informed steps... there is a financial institution, I guess I can name them... VanCity (Vancouver City Savings Credit Union). Being a financial institution, they experience robberies. Now, as I said earlier, historically, WorkSafe did not cover psychological injuries, with the exception of Post Traumatic Stress Disorder. Well, frankly, being robbed or held up within a finance institution can be very traumatic event. So, it actually was data of days lost following a robbery.

What VanCity did some years ago, again, I hope the program is still in place was, hey, okay, let's talk to people. What can we do here to actually sort of address this issue? We can't necessarily stop robberies, per se, but what can we do to address the impact psychological impact on staff who've gone through such a troubling, and potentially traumatic event? And what they came up with were a couple of things. First of all, they used and bolstered their employee assistance program, and so on, made that available.

If there was a robbery in a particular branch, I believe the CEO, the head of the organization, communicated very quickly with that particular branch and said, "How are you guys doing? Are you okay?" So, leadership, they connected, in some sense said, "Something happened here that wasn't good... is troubling." And then they said, "What can we do? How can we help?" And they put funds and resources aside, said, "Okay, you guys just been through a bad event or troubling event. How can we help? Here's some funds... you want a pizza party, you want tickets to a baseball game, you tell us something that would help, if you will, recover or move forward from a difficult event." Because they had some data on lost time, they could actually measure the impact.

And they also were able... circumstantially, back to your question about applied research, frankly... they couldn't, because it's the real world that said, roll it out to all the organizations. So, those branches that adopt the program, great, but there were also some new branches, new people came on. So, they actually had a control group, and they can compare those branches that didn't have this kind of a program and those that did, and indeed, there was a notable difference between the two, and lost time went down and continued over time. And they were then able to spread the program. So, that one, I don't say they're in bad shape, but they started by identifying a problem, and asked people and then did something about it that was measurable.

JO 40:12

I'd like to end our time together with you sharing about what I think is one of the most important pillars in a workplace mental health program... and that's trust. How can leaders best build trust with their employees around psychological health and safety? And how can employees come to trust their leaders?

MERV 40:33

Part of my response is, how long has it tried to measure growth, tried to understand what the level of trust is. I did hear about an organization awhile ago, and the CEO talked about a "trust meter," in a sense, and not something that's necessarily quantified, but recognizing that trust is a very fragile entity. Trust is based on a perception, it's a belief, the belief that you as an employer, in this context, are concerned about my interest, and you're going to sincerely try to do what you're saying you're going to do. And that belief is going to be based on past behavior.

It's a perception kind of thing, not something you put your finger on. But yes, I absolutely agree is critical to all interactions, not just with respect to psychologically healthy workplaces, but just the effectiveness of an organization, of a group effort.

There's a concept that has been floating around for a number of years, which I think is useful... people talk about "psychological contract" is context between employer and employee. The psychological contract is the implicit mutual reciprocal understanding between the two parties... between the employer and the employee... as to what they expect of one another.

As an employee, I expect to be treated fairly. I expect to be compensated fairly. I expect opportunities to learn new things and do new things. I expect my opinion will be listened to. I'm willing to put that extra effort in if need be. As an employer, I expect my employee to do his or her job, to ask questions, to respect leadership, and follow the appropriate practices, and to put your shoulder to the wheel a little bit more, if needed, if there's some kind of crisis or emergency. And that contract is fragile, and very fluid, and perhaps more fluid during a COVID response. But if that contract... unspoken... it's not a job description, it's not a labor contract, per se, it's unspoken... if that's broken on either party, results can be very, very deleterious to either side.

JO 42:32

How can that psychological or can that psychological contract be moved from being implicit to explicit?

MERV 42:42

Crazy as it may be, talk about it... try to take the covert and make it a little bit overt. Asking supervisors, managers, leaders... asking and meeting in a very authentic way with the people they work with. And asking them how it's going. Are your expectations being met? Are there things that we need to do? So, again, it's going to be communication, it's going to be communication that's succinct, not overwhelming people, that's going to be humble, for lack of better word, not promising things that you can't deliver. And it's gonna be fair, saying that I don't have that information, but here's what I'm going to do to get it. Or, we don't have that service right now, that program right now, that initiative right now, but here's what we might do, or here's what might be available instead. And, particularly, helpful... what is going to be helpful, not just empty language.

I do feel concerned about the language especially... it started with the pandemic, was, "We're all in this together." Well, no, we're not. We're all in this, yes, but we're not necessarily together. Many of us... and many organizations and sectors and individuals... have their own circumstances that are very different from others. A little bit of a Kumbaya, we're all in this together, can sound false. If you're a single mom who's lost your job in the hospitality sector, and has a special needs kid at home, your circumstances are very different. So, humility is called for.

JO 44:02

So, in closing, Merv, I'd like you to imagine that you're standing in front of a group of 100 CEOs from a variety of sectors and industries. And that you can say one thing to them about workplace mental health, and that they would not only take you seriously, but they would move forward, really being open-minded about potential change within their organizations. What would that one thing be?

MERV 44:33

I think it would be, in essence, this attention to the psychological health and psychological well being of organizations under the people who work in them is not a fad... is not going away. It's very real. Work has changed in many ways. Whereas in earlier times, many jobs involved primarily physical labor. Increasingly, jobs

these days require psychological labor. We used to talk about "putting your back into it" to describe the physical efforts that were required for doing a lot of work. And perhaps not surprisingly, the majority of workplace injuries and disability were musculoskeletal back injuries.

Nowadays, we expect people to "put their head into it," they put their psychological skills and learning and knowledge into a thing. And correspondingly, when that's not supported, you're gonna see psychological injuries. So, this is very real, it's good for the worker, it's good for the workplace. And it is absolutely essential to the resilience and success of the organization.

JO 45:36

Marv, I understand that you're involved in some research around trust. Can you tell us what that's all about?

MERV 45:43

Years ago, actually, before the creation of standard, actually, we created a tool called Guarding Minds at Work, which has had a lot of uptake... it measures, psychosocial risks in the workplace. It's a survey-based tool and we have noticed... and along with another colleague, Dr. Graham Lowe... that trust, as you pointed out, is really a key ingredient. But we need to try and measure it to understand it. So, what we did is use our existing data around this Guarding Minds at Work tool and looked at what kind of factors, what kind of considerations, were related to a basic question, "Do employers and employees trust one another?" And they come across things that we've talked about, like communication, and honesty, and sincerity, and practicality, and culture.

And we've created a tool called the Trust Building Survey, that we're currently in the process of informing a variety of groups in Canada and elsewhere about this tool to trial it... to use it. Frankly, as a snapshot, it's not long, it's about a 20-item, survey, but take a snapshot of where an organization is at various points. And I think because things are so fluid with the world in general, and the pandemic response, in particular, it is very worthwhile for organizations and departments to take that snapshot at various points over time to try and capture an evolving and ever-shifting nature of the situation.

JO 47:05

Is that opportunity to be involved in the research still open to organizations?

MERV 47:12

Absolutely. Yes, we welcome inquiries from various groups, organizations that want to help us use this tool, apply this tool within your organization. So, we can all learn about trust as it evolves over time.

JO 47:25

And how would people connect with you?

MERV 47:27

They can connect through my email, my email is Merv... m-e-r-v at p-s-y-c-h-s-a-f-e-t-y dot org.

JO 47:39

Well, that's amazing. I think that trust in the workplace is a huge issue. And maybe a little further on into your research, we can do a whole episode on that.

MERV 47:49

Terrific, that would be wonderful.

JO 47:51

That's amazing. Merv, thanks so much for kicking off part one of this episode.

MERV 47:57

Absolute pleasure. And I really appreciate the you're paying attention this issue and spreading the word, as you will... we've come a long way, but we've got a long way to go.

JO 48:05

My pleasure. Thanks again. I'm excited because you're wise and wide ranging insights... after 40 years of working in this field... I think they set the stage perfectly from my next conversation with Trudy Rondou and Lisa Smith from WorkSafe BC, which is a progressive provincial government agency in British Columbia, Canada.

But before we get to that, listeners can visit the Mental Health Commission of Canada's website at m-h-c-c dot c-a to learn more about the National Standard of Canada for Psychological Health and Safety in the Workplace, the subsequent Case Studies Research Project, and a variety of tools to help organizations meet their goals. As mentioned earlier, you can connect with Merv about the research project or other workplace mental health issues at m-e-r-v at p-s-y-c-h-s-a-f-e-t-y dot org.

Now to help us get a feel for what's happening with workplace mental health from a provincial perspective, I'm here with WorkSafe BC's Trudy Rondou and Lisa Smith. WorkSafe BC promotes safe and healthy workplaces for about 230,000 employers and more than 2.3 million workers. Its services include education, prevention, compensation and support for injured workers and no-fault insurance to protect both employers and workers. Trudy, let's start with you. First of all, thanks so much for being here.

TRUDI 49:54

Thank you... I'm really pleased to be here. This is the topic I'm pretty passionate about, so I'm excited to be involved.

JO 49:59

WorkSafe BC's vision is... British Columbians free from workplace injury, disease and death. To that end, there's a strong focus on prevention through policy and education. What does that look like in your world as senior manager of prevention programs? And why are you so motivated to help?

TRUDI 50:20

As senior manager now in prevention programs, I actually have a new department called Mental Health and Psychological Safety. And while WorkSafe BC has been dealing with mental health from a claims and compensation point of view for a number of years now, this is sort of the start of the shift to looking at mental health from a preventative perspective. So, we're really looking at what we can be doing with workers and employers to try to prevent those mental health injuries from happening.

JO 50:49

And again, speaking to your motivation?

TRUDI 50:52

Well, I guess I'm passionate because I do believe in the sense of prevention. I don't think that we have to wait for a mental health injury to occur before we can help treat. I think that early intervention has shown lots of signs of assisting people and mitigating their mental health issues.

JO 51:08

So, it sounds like an upstream approach to health care is applicable in your industry as well.

TRUDI 51:15

Absolutely.

JO 51:17

What does WorkSafe BC require of employers to help prevent psychological injuries?

TRUDI 51:24

We want businesses out there to recognize that psychological health is just as important as physical health. And I think that's a real mind shift for employers. Employers in the province have been dealing with the physical health and safety for years, and they're used to that. But recognizing now that psychological health of the workplace is equally as important is a new shift. And I think along with that, having an employer recognize that they can play a proactive role in psychological health... again, going back to that notion that it's not just about treatment. There are proactive upfront things that can be done. And we also want employers to implement policies and programs that support mental health in the workplace.

JO 52:03

Building on that theme of proactivity. What are some of the emerging best practices employers are using?

TRUDI 52:11

Employers who represent best practices always have leadership champions. So, it starts at the top and they have people who are in senior roles, who really advocate for mental health and normalize mental health as being part of a workplace conversation. We want employers who have policies in place... so, recognizing that any behavior that goes contrary to mental health is not allowed in the workplace... things such as bullying and harassment are not allowed in the workplace. And policies that are going to support proactive and positive mental health. Anti-stigma campaigns have been proven to be really successful, because there is a lot of stigma around mental health. And I think we'll talk a little bit about that later, but some of these campaigns that individual employers have done, again, trying to normalize mental health and make it part of the regular conversation.

Training and education are certainly important. And that is training and things such as mental health literacy so people understand how to have the conversation, as well as coping skills so people can understand what they're feeling in times of stress. What are some resources that they can fall on themselves? What are some coping skills that they can have? And what kind of resources and supports are available? Many employers have informed Employee and Family Assistance Programs or ESAP programs, but in a lot of cases, employees aren't always aware of the supports that are offered through those programs. So, those are some of the things that progressive businesses are really doing to help.

JO 53:38

Do you have a specific example of an employer who has done a really good job with this?

TRUDI 53:45

Yes, I can certainly think of an employer... it's actually a first responder organization... and they recognize the importance of the mental health of their workers. And if you think of first responders, they're exposed to traumas all the time in their job... they see and hear things that are quite exceptional that regular workplaces, and regular workers, don't see. And so, this employer wanted to implement everything they could, so they had

leadership champions step forward. They created a very robust peer support program so that workers had somebody that they could relate to, to talk to. And they even went so far as to start hosting family nights, so they recognize the importance of first responder families. And they hosted these family nights so that they could get the first responders and their families together to talk about what mental health supports were available.

JO 54:39

So, what is the return on investment for businesses that are doing this health and safety right?

TRUDI 54:46

That's really interesting. There has been some research done recently by Deloitte, looking at the return on investment for mental health programs. So these aren't just health and safety programs. These are specific to mental health and they actually found there was a return on investment of about \$1.60 to \$2.20. So, for every dollar you were investing in your mental health program, you were getting a return of about \$1.60 to \$2.20. And you were seeing that return on things like less absenteeism, less workplace claims, and more presenteeism for people who are working.

That report really focused on the fact that we should invest in proactive programs that promote positive mental health, in addition to treatment. So again, that report reinforced this messaging around prevention, and promoting positive mental health. That goes beyond delivering interventions for poor mental health, to also promoting positive mental health and well being. And promoting investments in high-impact areas such as leadership and training,... some of those best practices that I talked about... have really been seen to be effective from a return-on-investment point of view as well.

JO 55:54

As I say in every episode, you can't have a conversation about mental health without talking about stigma... and you mentioned that earlier. From your perspective, how would you define stigma? And what types of stigma exist in various workplaces?

TRUDI 56:12

So, we really think of stigma in terms of three different types. There is "self stigma," which is when people have negative views about themselves, about their mental health. They give themselves messages such as, "I'm weak, I'm not good enough, I should be stronger. " Or, "what would people think of me?" That's self stigma.

There's also "social stigma," which is negative stereotypes held by society about mental health issues, and the people who have mental health issues. So, this is when people on a team think, "He's not strong enough, he won't be capable, he can't do this, he's weak."

And then there's finally there's structural stigma. This is where there are societal level norms, practices, conditions and systems that perpetuate negative attitudes and beliefs about mental health. And I think when we come back to those three, self stigma can often be overlooked and can be damaging, because it can be one of the biggest barriers to seeking help.

JO 57:06

Bullying and harassment contribute to mental health related injuries. What can be done to prevent them? And what kind of an impact do they have?

TRUDI 57:15

So, with bullying and harassment we really come back to three things... and that's policies, procedures, and training. So, there should be a workplace policy in place to identify that bullying and harassment are workplace hazards and will not be tolerated. There should be procedures so that people have a method of coming forward if they feel that they have been bullied or harassed, or if they witnessed bullying and harassment. And there should be training so that people are aware of the policies and procedures, and so that they're able to identify bullying and harassment and where to find help.

JO 57:48

Another question about bullying... is that increasing in the workplace or decreasing in the workplace, as we're more aware of it now?

TRUDI 57:58

Yes, we're seeing an increase in bullying and harassment claims. And I think that is, in part, because people are more aware that bullying and harassment exists and employers have put programs in place. So, I don't think it's necessarily a bad thing that people are coming forward. It just means there's more awareness.

JO 58:16

Lisa, let's bring you into the discussion. I'm so happy to have you here.

LISA 58:21

I want to thank you, Jo, for inviting me into this very important conversation today about mental health.

JO 58:27

WorkSafe BC's corporate mandate is to help British Columbians come home from work safe every day. As Senior Manager of Client Services, how are you helping to achieve that? And why are you so passionate about it?

LISA 58:41

As the Senior Client Service Manager of Special Care Services, my work involves collaborating with internal and external stakeholders to strengthen our support for workers and employers who are navigating recovery and return to work planning. My passion from my belief is that with conversations like we're having today, about mental health, we can improve the treatment and return-to-work outcomes for people experiencing mental health conditions.

JO 59:12

Tell me about the different kinds of claims that WorkSafe BC receives.

LISA 59:18

WorkSafe BC receives claims that can be a result of an activity-related stress... a fracture. It may be an occupational disease, such as an exposure to COVID-19, or a mental health condition that arises out of the workplace due to a stressor or a traumatic event that the person was involved in or witnessed.

JO 59:44

Tell me a little bit more about the mental health-related claims.

LISA 59:48

The most common claims that we see are post traumatic stress, acute stress disorder, or cumulative stress in the workplace.

JO 59:59

Are there certain industries that have more mental health claims than others?

LISA 1:00:05

Yes, there are... healthcare and social services are the industry sub-sector with the most claims at around 35 to 40% of mental disorder claims reported and allowed.

JO 1:00:18

Wow! And what would those claims typically be?

LISA 1:00:22

They may be anywhere from a PTSD from exposure to a traumatic event, or cumulative stressors that arrive in the workplace.

JO 1:00:31

You shared with me that WorkSafe BC receives about 150,000 claims per year with about 5,000 (or 3%) being for mental health issues. Has the number of mental health claims grown over the last few years?

LISA 1:00:48

Yes, we have seen the mental disorder claims increase and that was expected. There are two main drivers for that. One, I believe, is societal awareness and reducing stigma... that's allowing people to come forward and to submit claims. It's also a direct result of the legislative changes that we have seen specific to mental disorders under the *Workers Compensation Act*. There's been a broadening of the language around acceptance and, in particular, coverage was added for mental disorders arising from cumulative trauma or work-related stressors.

JO 1:01:27

I know that you have a focus on getting people back to work. For those who do return, how important is the transition period from not working back to working?

LISA 1:01:41

The transition period is very important. During the time of transition, a person needs to be supported by both their employer and their treatment provider. The earlier the transition can occur, the better it is for the individual returning to their workplace.

JO 1:01:58

How can employers and fellow workers provide support during the transition?

LISA 1:02:05

They can provide support by being welcoming and going back to the principles that Trudy discussed. Greet their colleague in the same way they would if they had a physical injury. Ask how they're doing. Welcome them back. And respect that they may need space and time to reacclimatize back to the workplace.

JO 1:02:26

Do you have any stories you can share?

LISA 1:02:28

Stories that I can share with you speak more to the way employers are engaging in creative discussions about what they can do to modify their workplace to support workers when they come back. This is a difficult story to tell because it is not in keeping with our confidentiality, but what I can share with you is that we see... through union involvement and worker and employer connection... that the teams can rally together and really become creative in finding ways to match their place of employment to the specific needs of the person returning back to work.

And what we have seen... by way of example... in 2020, 79% of our workers with mental health conditions returned to work. And that's a very high return-to-work outcome... we would like to continue to see that number increase. It's a positive reflection that employers are becoming more creative and understanding of what the needs are for their employees who have mental health conditions.

JO 1:03:37

Let's bring Trudi back into the conversation. I'm really interested to know from your perspective, how does leadership impact our workplaces mental health and safety?

TRUDI 1:03:50

I think we can't minimize the impact that leadership has on workplace health and safety... this is all workplace health and safety, not just mental health and safety. Leadership really is the role model and needs to set an example when it comes, in particular, to mental health. They need to show their willingness to talk about it, to normalize it, to be vulnerable, if necessary, to identify that they're human, and that mental health impacts in the workplace can impact them as well. It's not just for staff, it can be leadership, too. So, leadership really needs to set the path and be a role model.

JO 1:04:26

And what about corporate culture?

TRUDI 1:04:28

Again, I think that that's extremely significant. If you have a culture that reinforces positive mental health, where the subtle messages are about coming forward and offering support, as opposed to a culture where the subtle messages are about shame and stigma, it's an entirely different workplace. And so that positive culture really goes a long way to make people come forward about their mental health. And really, that's the first step to recovery is coming forward.

JO 1:04:57

Leadership and culture... they're both really big influences within any organization. How much time is this going to take? And if organizations started embracing that really proactively, how would you see a shift in the work that you're doing?

TRUDI 1:05:16

I would see that shifting, and that leaders would be coming to us for more resources and supports and education, which would be a wonderful thing. You know, I think right now we're having to approach many

leaders to give them the message that psychological health and safety is important in the workplace. We're kind of leading them if you like. But I think if there was that shift... where leadership was really embracing health and safety, and trying to implement a health and safety culture and a mental health and safety culture, and they were coming to WorkSafe BC... that would be a wonderful position for us to be in to be able to provide them with support at that point.

JO 1:05:51

Given the importance of role models, how does WorkSafe itself support progressive leadership and culture around workplace mental health?

TRUDI 1:06:01

WorkSafe BC actually is a very good role model when it comes to fostering a culture of proactive attention to mental health. We have leadership champions. There's a culture that's very open to discussing mental health issues. We have peer support programs in place. We have Employee and Family Assistance [Program] benefits. There are constantly training and education programs. Right now, many of us have voluntarily signed up for a 30-day mindfulness challenge. So, again, bringing mental health to the forefront, recognizing that people are going to need different kinds of options, not only for treatment, but also for developing proactive coping skills and providing those different options.

JO 1:06:42

Lisa, so now talking about peer support, and its impact in workplace mental health and safety.

LISA 1:06:51

Peer support is acknowledgement within your workplace, that mental health is important to you. We all know that living with mental health illnesses can make people feel isolated. And certainly through this pandemic, we have a heightened and deeper understanding that isolation is not healthy. A peer support program can empower people to support their colleagues. And what's more is that the relationship is mutually beneficial. Just as a peer supporter provides advice and guidance to the individual seeking support. The peer supporter can also experience benefits in their own life, in a aspect of paying it forward.

JO 1:07:37

And what about the impact of training?

LISA 1:07:40

Think training is very important, and one that all employers should embrace. We do all need to learn and be curious about how we can be literate about mental health and the needs that people have when they have a mental health condition, so that we can respect and understand the environment that we need to create for them. I think part of the training is very important to include diversity and understanding of neutrality of language, diverse needs in communication, and supports that we can provide to people.

JO 1:08:19

Another key topic these days is COVID. Lisa, what effect is the pandemic having on WorkSafe members?

LISA 1:08:26

We haven't seen a significant increase in numbers as a direct result of COVID, which may come as a surprise to some... and we expected that there would be an increase this year. But we have seen a 1% decrease in 2020 when we compare it to 2019.

JO 1:08:47

Any idea why that might be?

LISA 1:08:49

That may be a result of workers being supported at their workplaces. We're optimistic that that means that they've received the support that they need if they've come in contact with COVID-19. And we do hear from employers that they're very receptive and responsive to their employees, and finding ways to have them working from home while they're recovering from and are in isolation,

JO 1:09:13

With COVID and mental health now being major topics of discussion among people from all sectors, are business leaders proactively joining that conversation?

TRUDI 1:09:23

Yes, I think COVID has really raised awareness about the need to talk about mental health, so mental health has come to the forefront. But really, best practices are the same as they would have been before COVID... the principles remain the same. And some of those principles include having a caring and aware leadership, having a range of support options, training and education on signs, symptoms, and coping strategies. We've also found that effective communications will also make a difference in easing anxiety. So, if employers are raising awareness about mental health, and having those mental health conversations in the workplace, there are some excellent resources that are available on the WorkSafeBC.com website to help workers and employers with mental health during COVID.

JO 1:10:11

Given COVID, with a big chunk of the work population working from home, how is that affecting the number of claims that you're receiving? And what might that look like in the future as more people may choose to work from home?

LISA 1:10:28

I'm not sure that there is a direct correlation to the volume of claims that come into WorkSafe BC as a result of COVID-19. Working from home does have the potential benefit of reducing the labor relations or bullying and harassment that occurs in the workplace. We may see a decrease in that happening. Working from home offers interesting opportunities and expands what a workplace looks like. So, people that have interaction challenges, are more able to stay at work and productive when they can work from home.

JO 1:11:06

I know that WorkSafe BC requires a COVID-19 Safety Plan from its business members and I'm just wondering, how important is the mental health component of that plan, and how our businesses actually developing those plans?

TRUDI 1:11:23

WorkSafe BC, at the beginning of the pandemic, identified the need for a COVID-19 Safety Plan for every employer in the province. So, that's essentially approximately 230,000 employers who must have a COVID-19 Safety Plan. We created a template for them, and there's actually a mobile app as well. So, we've tried to make it as easy as possible.

And part of the process of creating that safety plan is to identify the risks. Now those risks can be physical risks, or those risks might be psychological risks. So, we want employers to consider not only the physical health and safety of their workers, but the psychological health and safety of those workers. And then, when they're coming up with ways to manage those risks, consider again whether they're physical and or whether they need to be psychological. And we've also created some mental health resources. There's a guide for employers, as well as a toolkit for workers. And employers can consider incorporating the use of those guides as part of their COVID-19 Safety Plan.

JO 1:12:22

Trudi, I understand that WorkSafe BC is a very proactive organization, what are you learning about mental health and maybe post-COVID mental health from other organizations like yours across Canada, and maybe in North America?

TRUDI 1:12:40

We're learning a lot. There's been an incredible amount of research, and WorkSafe BC actually funds research. So, I know a number of our recent funding proposals have gone to study the effects of COVID-19. So, for example, the effect of COVID-19 on healthcare workers and healthcare assistants... and they're close to the front line and what is this doing to their psychological safety and wellness. Unfortunately, it does take time for research to occur. So, we're still waiting for the results of some of those. But I recently participated in a webinar where some research has been done in 2019 on the effects of the pandemic, when it came to first responders, and the research results really showed that there was an increase in depression and anxiety amongst first responders as a result of the pandemic.

JO 1:13:29

Trudy, what are you learning about your own mental health as it relates to work during this pandemic?

TRUDI 1:13:35

I actually think that's a great question because I think it's just as important that we consider our own mental health... it's not always talking about others. I recognize that working from home... I'm in a work-from-home situation... has been extremely beneficial for me. But I really need to make sure that I'm working on my own coping skills, and that that boundary between work life and home life doesn't become blurred.

So, I'm very specific about the times that I start and finish work. I really try to avoid doing any work on the weekends, I make sure that I take regular stretch breaks. I do meditation in the morning, and ensure I get some form of physical activity during the day. I recognized what kind of coping skills are important and effective for me and make sure that I integrate those into my workday from home.

JO 1:14:21

Lisa, what about your personal awareness building?

LISA 1:14:26

My personal awareness has also resulted from working from home. I am now no longer connected with my colleagues, and I've recognized the importance of engaging in mindfulness. For myself, I have found that that's a very effective tool. And another coping skill that I've worked on and developed is really connecting and making an effort to connect visually with people that are in my family, my social network, and my work colleagues. I make an effort to reach out for a cyber coffee. I am confident that others are doing it, and when I'm not confident that others are feeling healthy and well themselves, I'll check in. I take the time to consider who is in

my social circle, family circle, and work colleagues... and check in with them to make sure that they themselves are feeling connected and supported.

JO 1:15:26

That's amazing. Okay, so let's bring this all to a finer point. I have two questions for you. Lisa, if you could say one thing to business leaders, knowing that it would be heard and taken seriously, what would that be?

LISA 1:15:42

I would like them to know that people with psychological conditions... and work... when there is a supportive and inclusive workplace, and I empower them to create that culture of acceptance.

TRUDI 1:15:58

I would say walk the talk. There is no point in having business leaders who have the right language, but who don't really embody this sense of positive and proactive mental health themselves. So, they really need to be open and vulnerable themselves.

JO 1:16:12

Trudy, if you could say one thing to workers from all industries, again, knowing they would listen and respond appropriately... what would that be?

TRUDI 1:16:22

I would say if you need it, reach out and seek support. Talk to a co worker or supervisor, or connect with a mental health resource. Research really shows that social connection is the number one predictor of positive mental health in the workplace. Now we know that reaching out can be a very difficult first step, but it can get easier after the first time. So, don't let that self stigma hold you back. As we talked about earlier, talk to someone.

JO 1:16:47

And Lisa, what would you say to workers?

LISA 1:16:51

I would add to what Trudi's saying... only to encourage you as a worker to know that there are supports that are available at your place of employment through WorkSafe BC, through your friends, and be comfortable understanding that there may be others who are also experiencing what you're experiencing. And by reaching out and speaking up, you may in fact help others and empower them to reach out for help when they need it.

JO 1:17:19

Right. Thank you. So that's a wrap on the first half of our podcast. Thanks so much to both of you. It was just wonderful to hear your insights on this incredibly important topic.

LISA 1:17:33

Thank you, Jo, for inviting us into this conversation.

JO 1:17:36

My pleasure.

TRUDI 1:17:37

Thank you, Jo. It was a real pleasure being here. I really appreciate the work that you're doing to spread some of these messages about the importance of being proactive about mental health.

JO 1:17:45

You can connect with Trudy at t-r-u-d-i dot r-o-n-d-o-u at [worksafebc.com](mailto:trudy@worksafebc.com), and Lisa can be found at lisa.smith@worksafebc.com. For complete bios, a list of resources, and a full transcript of this episode, check out the show notes at freshoutlookfoundation.org/podcasts.

Again, a huge shout out to this episode's co-sponsors WorkSafe BC, CLAC, and AECOM. Your support is very much appreciated.

And thank you all out there for listening. To receive ongoing updates about future podcasts and the virtual summit, follow us on Facebook at FreshOutlookFoundation and twitter at FreshOutlook. And if you enjoyed the podcast and would like to support the Fresh Outlook Foundation's valuable work, please visit freshoutlookfoundation.org/donations.

In closing, as Winnie the Pooh says, I'm so lucky to have something that makes saying goodbye so hard. So, instead I'll say be healthy and let's connect again soon!