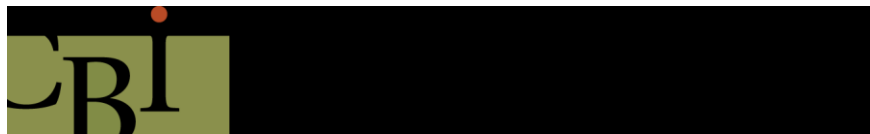Workers Compensation Board of Manitoba Research and
Workplace Innovation Program

"Into Action:
Psychological Safety Training for Managers"

Final Report
May 2017 – June 2019

Report Prepared by:
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CONTENTS

Executive Summary

In section (ii) **Project Introduction and Overview**, we provide context for CBI's project "Into Action--Workplace Psychological Safety Training for Managers" and note some of the research which motivated it, while also providing an overview of the project's core objectives.

In section (iii) **Work Completed**, we describe our approach and method to carrying out the core project objectives. In this section, we describe

- the project launch and hiring phase, including the formation of our Project Advisory Committee
- the content development phase for manager training and resource guide, the content development phase for policy and prevention, Supervisor and Employee lunch and learn sessions and accompanying resource tent cards, as well as program evaluation design and questionnaire content
- the training and evaluation phase, including critical information concerning who participated, representation from the three target sectors of **Oil/Mining/Gas, Agriculture, and Healthcare**, and other relevant information concerning participation
- the knowledge transfer event on held on May 28 2019, with emphasis on the luncheon event reporting the findings, outcomes and a brief comparison to our previous 2015-2017 RWIP project.

In section (iv) **Program Evaluation Results**, we provide a summary of our findings. We focus, first, on data gleaned concerning prevalence of mental health and psychological safety conditions in our three target sectors Oil/Mining/Gas, Agriculture, and Healthcare as perceived by participating managers, current accommodations practices in the target sectors as perceived by participating managers, and current psychological health and safety climate in participants' workplaces as perceived by the participating managers. Second, we briefly describe the measurable skills, knowledge, and insight participants gained as a result of their training. Finally, we outline the feedback participants offered regarding their perception of training usefulness and design. Quantitative evaluation data and commentary are provided in a comprehensive report in **Appendix B Complete Program Evaluation-Kaplan & Associates Inc.**

In section (v) **Proposed Recommendations**, we discuss some of our conclusions and recommendations based both on observations made throughout the course of the project as well as the many comments provided by participants on feedback forms and our program evaluation findings.

Our **financial report** is provided in **Appendix A**.

Materials developed over the course of the project are appended in Appendices C-L.

(i)   Acknowledgments

The author acknowledges, with gratitude, the contributions of the following:

(ii)　Project Introduction and Overview

Into Action--Workplace Psychological Safety Training for Managers
Supported by a grant from the Research and Workplace Innovation Program of the
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INTRODUCTION

More than 80% of employers in Canada rate mental health and addictions issues as one of the top three causes of both short and long term disability, with at least 500,000 employed Canadians unable to work due to mental health difficulties and substance abuse. Mental health difficulties and addictions contribute to occupational health and safety concerns, with stress alone estimated to contribute to up to 60% of workplace safety incidents (Workplace Strategies for Mental Health) Employers have recently begun to recognize the economic and human costs of neglecting these 'invisible disabilities' (Irvine 2011). Employers in the sectors identified by the Workers' Compensation Board of Manitoba as high risk (construction, manufacturing, service, oil, gas, mining, agriculture, and healthcare) not only face direct losses due to mental health related absences, but also indirect losses: chronic-onset stress and associated illnesses result from such workplace stressors as long or irregular work hours and systemic bullying and harassment while psychological factors and harmful substance use contribute to heightened risk of accidents and injury.

While the links between promoting psychological health and safety in the workplace and preventing illness and injury are well-established in the current literature, Manitoba's education and training efforts in workplace mental health promotion and mental illness prevention lag behind. Research shows that promoting a supportive and effective approach to mental health issues and addictions in the workplace begins with a commitment from organizational leaders to improve measures for psychological health and safety awareness and prevention (MHCC National Standard 2013). Employers have begun to understand that they have a duty to take reasonable steps to prevent both psychological injury and the physical injuries that result when workplace mental illness and addiction prevention efforts are inadequate.

Employers are increasingly aware of their duty to accommodate and of the consequences of a failure to intervene, but managers remain fearful of initiating workplace mental health and addictions intervention due to concerns around confidentiality, liability, and interpersonal discomfort resulting from ignorance of correct rules and procedures. By extending the existing training to new sectors identified in the WCB 5 year plan as high risk, including the oil, mining, gas, agriculture and healthcare sectors, strategic alliances will be formed and momentum gathered toward a sustainable model of delivery beyond the project. There is a particularly high need for this training to support managers in the healthcare sector in gaining knowledge of the Psychological dimension of Occupational Health and Safety in sectors at risk for high levels of violence, bullying, and harassment, and in occupations where workplace stress and poor workplace mental health factors are known to contribute to accidents and injuries. _The training, along with the accompanying resource guide, which has already been developed, was revised to meet the training and resource needs of those working in safety-sensitive positions within the healthcare field based on input from a Health Care focus group. Existing content will be used for trainings in the Oil/Gas/Mining and Agriculture sectors with a content review and case examples to tailor specific details to those sectors._

In February 2016, CBI developed and delivered a series of 25 trainings for managers in Workplace Mental Health, Addictions, and Psychological Safety in the construction, manufacturing, and service sectors, with 25 corresponding awareness raising "lunch and learn" seminars for employees, in partnership with various Safety Associations in Winnipeg and with the support and guidance of an active Project Advisory Committee. These manager trainings were highly successful in both increasing participant knowledge and increasing participant intention to intervene to assist struggling employees.

In accordance with the Workers' Compensation Board of Manitoba's 5 year plan to decrease the rates of injury and accidents in sectors identified as high-risk sectors, CBI aimed to deliver further trainings in these additional sectors and share their impacts beyond the scope of the funding period. In the current project, we provide a detailed outline of the aim not only to extend training to new high-priority sectors, but also expand program content to better address Occupational Health and Safety concerns within these sectors, improve the service delivery model to better reach our target audiences, and implement a follow up campaign to improve impacts beyond the scope of funding.

CBI believes that the extension of trainings to new sectors, the development of additional Occupational Health and Safety and policy-focused program content (for which there has been an expression of high need), the development of a shorter training with revised content to address the needs of frontline managers, and the implementation of our prevention-focused action and follow up plan for managers will, taken together, make significant strides toward the long-range goal of creating a culture of mental health and psychological safety in the workplace, reducing the rates of accident and injury caused in part by failures in adequate manager knowledge of effective prevention and intervention efforts and inadequate policy and engagement strategies.

CBI is a leader in vocational rehabilitation, return to work, and disability management in Winnipeg for close to 30 years. CBI's project team-leads have over 40 years combined experience in delivering workplace mental health and addictions training for managers and supervisors, including addictions and harmful substance use training not currently available elsewhere in Manitoba. CBI has developed innovative and evidence-based education and training strategies targeted to the growing need for manager and supervisor training in Workplace Mental Health, Addictions and Psychological Safety.

Since February 2016, CBI has trained over 350 managers through the Workers' Compensation Board supported "Workplace Mental Health, Addictions, and Psychological Safety Training for Managers", and delivered, well in advance of the projected completion date. This is largely due to high need for such education and training in the targeted sectors, translating into an overwhelmingly positive response and high participation rates, with interested employers having been turned away due to full registration.

OVERVIEW

In the 2017-2019 *Into Action*--Workplace Psychological Safety Training for Managers RWIP Project, below is the outline to our approach to meeting the project objectives, extending existing training to additional high-risk sectors Oil/Mining/Gas, Agriculture, and Healthcare identified in WCB's 5 year plan:

1. 20 half-day (three (3) hour) *Into Action--Workplace Psychological Safety Training for Managers* workshops including one pilot session in psychological safety for managers, HR personnel, and health and safety representatives in the oil/gas/mining, agriculture, and healthcare sectors. Content included the expectation of a commitment to an "Into Action" campaign by participants with follow- up initiatives 60 days following training. Workshops also will include a pre-post study of outcomes for knowledge transfer. The study design was used in our previous trainings and proved to be very informative.

2. 20 – one (1) hour *Employee Lunch & Learns* on-site, providing information on mental health and addictions difficulties in the workplace from a health and safety standpoint, to include:
    a. the importance of asking questions / voicing concerns about psychological safety. Key message centered on speaking up, accessing available supports early as a preventative resource, making use of an easily remembered acronym (e.g., T.A.L.K: **T**alk to coworkers about stressors and mental health concerns. **A**sk supervisors for resources. **L**earn your employer's mental health policies and procedures. **K**now the risks of not speaking up).

3. 20 – one (1) hour *Lunch & Learns for Frontline Supervisors* similar to the employee material, with the addition of a leadership component, to educate management of their responsibilities, by learning to identify and address concerns early as a prevention measure

4. 10 half-day (three (3) hour) follow-up "*Policy and Prevention*" workshops for participants of the manager training workshop above (60 days later) with expanded Occupational Health and Safety/Psychological Safety content and with emphasis on developing and communicating psychological health and safety as well as drug and alcohol policy.

5. *"Into Action"* Campaign -implement an innovative, prevention-focused "Into Action" plan to better involve managers in follow-up initiatives to ensure employee engagement in safety initiatives and secure a commitment to effective design and communication of relevant policy, with emphasis on workplace Psychological Health and Safety, including developing a sector relevant poster to display the workplace's commitment to Psychological Safety.

6. Resource Guide for Supervisors and Managers offering resources, tools, and supports.

7. Fact Sheet and Resource Tent Card for employees

8. Policy and Prevention materials included a toolbox worksheet to complete during training and to keep as a resource.

9. Detailed program evaluation

10. Knowledge Transfer Activity

1. *Into Action--*Workplace Psychological Safety Training for Managers

20 (1 pilot session and 19 employer) half-day sessions

The Workshop's content was designed to be consistent with the guidelines and best practices identified by the 2013 *MHCC National Standard of Canada for Psychological Health and Safety in the Workplace*. In keeping with these recommendations, it focused on prevention, early identification and recognition, early and appropriate intervention or action, and assessment and planning. The workshops followed an evidence-based approach, integrating two models:

- A fact-based model to increase managers' and supervisors' knowledge of mental health and addictions issues, common signs and symptoms, and the impact of mental illness and addictions in the workplace.

- An interactive model, with interactive case studies emphasizing group processes, to increase managers' and supervisors' self-efficacy in appropriately identifying mental health issues in the workplace, approaching an employee with performance-related concerns, and providing appropriate resources and assistance.

Specifically, these manager trainings were designed to:

- Commit to improving workplace mental health by writing down their own ideas from the material reviewed fitting to their own role and style in the workplace.
- Provide information to the Standard for Psychological Health and Safety developed by the CSA groups and Mental Health Commission of Canada
- Engage managers and supervisors in developing knowledge and facility with organizational strategies, policies, and procedures to support awareness and prevention, which includes:
    - The importance of an effective workplace policy and action plan with regards to mental health issues, drugs and alcohol, bullying and harassment and workplace violence.
    - The importance of strategies to communicate policy and procedures to employees in promoting a respectful workplace.
    - The importance of a supportive policy to set the parameters for appropriate procedures, from early identification and structured intervention to return to work plans if needed.
    - Enable leaders to identify signs and symptoms of psychological health and safety issues in the workplace, and to provide initial assistance
    - Dispel managers' and supervisors' apprehension that expertise and counseling skills are a requirement of successful workplace intervention.
    - Show leaders, through role-play how discussions regarding performance can direct and facilitate supportive intervention, and the manner in drop in attendance, behavioural changes, lateness, poor performance, and other such markers may indicate a mental health or substance abuse problem.
    - Emphasize the well-established link between psychosocial factors (stress, substance abuse, bullying) and illness and injury from musculoskeletal injuries due to falls and other accidents.
    - Prepare leaders to support employees with psychological issues to stay at work or return to work in a safe and sustainable manner.
    - Increase leaders' intentions to promote psychological safety by conveying the impacts of management practices on preventing injury and illness, which includes:
        - Discussing the importance of managers and supervisors creating a climate for workers to feel safe and to ask questions and speak up; improving adherence to safety standards.
        - Emphasizing the special significance of this climate for new workers (young workers and new immigrants).
- Train managers and supervisors in the correct documenting process.

2. Awareness-Raising 'Lunch and Learn' Session for Employees
20 one-hour sessions

The one (1) hour *Employee Awareness* sessions emphasized that effective communications is required to convey that leadership regards psychological health as important to the sustainability of business and as consistent with its mission and values. This recognizes that awareness is the key driver in prevention. Awareness-raising sessions are particularly important for young workers and new workers who may have no prior exposure to such information, and who may be highly represented in the three target sectors, particularly agriculture. These sessions were provided on-site over lunch hours, along with a fact sheet/resource tent card. The awareness-raising Lunch and Learn was designed to:

- Provide employees with on-site, accessible information on addictions and mental conditions in the workplace from a health and safety standpoint.
- Emphasize the importance of asking questions/voicing concerns about psychological safety.
- Raise awareness among employees concerning services and resources both within and outside of the organization, which includes a one-page fact-sheet with links to resources for employees
- Key message centered on speaking up, making use of an easily remembered ***T.A.L.K.S*** This stands for:
    - **T**alk to coworkers about stressors and mental health concerns.
    - **A**sk supervisors for resources.
    - **L**earn your employer's mental health policies and procedures.
    - **K**now the risks of not speaking up.
    - **S**eek out the help of your own medical professional if you have concerns about your own mental health.
- Later in the project the Mental Health Continuum Model was added to the resource card offering a clearer Signs & Symptoms with corresponding actions to take in phases of mental health/illness.

3. Awareness-Raising 'Lunch and Learn' Session for Supervisors
20 one-hour sessions

Over the course of delivering the existing training for managers in the 2015-2017 RWIP, CBI came to understand that the needs of frontline managers differ from those of HR professionals, health and safety representatives, and senior management.

Existing trainings have been less attractive to frontline managers and discussion, informal feedback, and anecdotal responses suggested this is largely due to the fact that attending a three (3) hour training is not feasible for many of those on the frontlines. Moreover, while there is some overlap in program content, the needs of HR personnel and OHS representatives differ in key respects from those of frontline managers. CBI revised our existing training content to meet the needs of frontline managers for the expanded sectors, with reduced training length to allow more participants to leave the job site to attend training. Content focus exclusively on areas of concern to frontline managers.

This compacted training addressed:

- Signs and symptoms of mental health or addictions issues
- Accidents and injuries with focus on issues of occupational health and safety on the job site such as distractibility, stress, harmful substance use, bullying violence, and harassment and emphasizing the well-established link between psychosocial factors (stress, substance abuse, bullying) and illness and injury from musculoskeletal injuries to falls and other accidents.
- Health and safety risks, informing frontline managers in healthcare sector (e.g., supervisors of health care aides, personal care aids, group home workers etc.) of occupational health and safety risks of inadequate workplace psychological safety, including the effects of bullying, harassment, stress, and distraction.
- Performance focus, informing frontline managers how discussions around performance can direct and facilitate supportive intervention and the manner in which drop in attendance, behavioural changes, lateness, poor performance, and other such markers may indicate a mental health or substance abuse problem.
- Dispel managers' and supervisors' apprehension that expertise and counseling skills are a requirement of successful workplace intervention.
- Policy, engaging frontline managers in knowing their policies and communicating them effectively to their direct supervisees, as well as
- Resources, informing frontline managers of key employee resources

4. Policy and Prevention Manager Follow up training Psychological Safety
10 three-hour sessions - max 10 participants per session

We found in our 2015-2017 RWIP that our training had been of particular interest to human resources managers and occupational health and safety representatives. Based on the "National Standard of Canada", it has generated interested in, and raised questions concerning appropriate policy and implementation initiatives, employer responsibilities in intervening with employees, and case law. Based on findings from our carefully designed program evaluation the need was identified for supplementary training focused on Occupational Health and Safety concerns brought to light by both WCB reports and by our data, to provide more concrete and detailed policy and prevention initiatives for managers to address these issues directly. While program evaluation findings show that our trainings delivered to date have significantly improved managers' intention to assist struggling employees and their perceived self-efficacy, further training is needed to meet unique needs for understanding Occupational Health and Safety issues stemming from inadequate workplace psychological safety, reviewing or developing policy to ensure best practices are met, understanding employers' legal obligations, and communicating prevention strategies and policy to employees effectively. The comments we received have been overwhelmingly positive. In reply to "What changes would you make to the Workshop" the replies we have received indicate a thirst for more information. Some of these comments are:
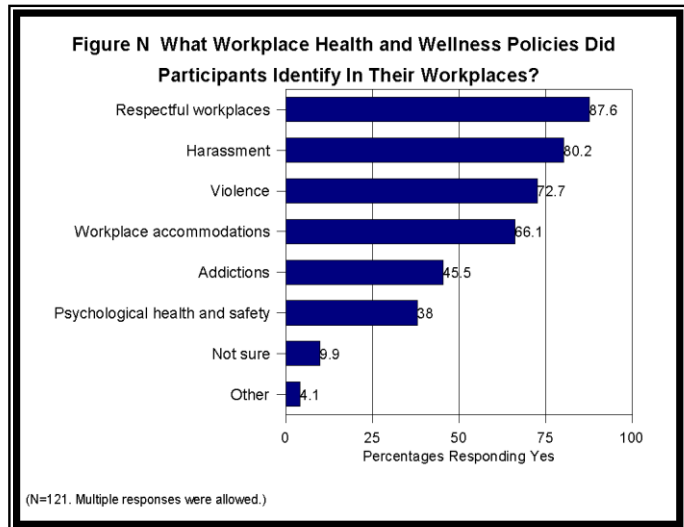
- *"Guidance on how to create/implement policy"*
- *"Could spend more time discussing these issues"*
- *"Longer—I feel it could be a full day session"*
- *"I would make it a bit longer with more information"*

- o *"More in depth detail in regards to legal aspects and legal implications to the employer…"*
- o *"More about employer requirements…"*

Since these comments are representative, not isolated, a need for further information and training around policy concerns, legal requirements, and employer obligations was formulated.

Moreover, our outcome studies suggest this is particularly the case in certain specialized areas of policy development.

In our program evaluation studies, a large percentage of participants reported that their workplaces had 'respectful workplace policies' (87.6%), 'harassment policies' (80.2%), and policies related to 'workplace violence' (72.7%), but only 45.5% reported policies related to employees with addictions, and 38.0% reported policies related to 'psychological health and safety in their workplaces.

Figure N What Workplace Health and Wellness Policies Did Participants Identify In Their Workplaces?

Category	Percentage
Respectful workplaces	87.6
Harassment	80.2
Violence	72.7
Workplace accommodations	66.1
Addictions	45.5
Psychological health and safety	38
Not sure	9.9
Other	4.1

Percentages Responding Yes

(N=121. Multiple responses were allowed.)

CBI's Part II *Policy and Prevention Manager Training* was developed to explore in greater depth some of the occupational health and safety issues related to workplace factors for psychological workplace safety. For example, participants will learn in more detail about potential safety concerns, and risks to the health of the employee, productivity, performance, reputation, morale and quality of work or service. Participants will consider workplace situations when behaviours related to addiction might be difficult to detect, be potentially hazardous or are more likely to occur due to higher levels of stress, accountability or responsibility. The training addressed employment law, health and safety acts, and relevant legislation and case law to demonstrate how and why enforcement is occurring. With this groundwork established, training focuses on prevention strategies and policy development. This training includes:

- Engaging managers in developing knowledge and facility with organizational strategies, policies, and procedures to support awareness and prevention, which includes:
  - o The importance of an effective workplace policy and action plan with regards to mental health issues, drugs and alcohol, bullying and harassment and workplace violence.
  - o The importance of strategies to communicate policy and procedures to employees in promoting respectful workplace.
  - o The importance of a supportive policy in setting the parameters for appropriate procedures from early identification and structured intervention to return to work plans if needed.
  - o The key components of psychological safety policy/drug and alcohol policy and how to ensure legal requirements are met
  - o How to effectively implement these policies
  - o Training managers and supervisors in the correct documenting process should policy be breeched

CBI believes that a culture of psychological safety begins with supportive and effective policy. In a climate of psychological safety, policies are not designed to 'out' people with mental health issues or 'catch the addict', but to set the parameters for early supportive intervention. Stigma and discrimination alone lead to reduced employment opportunities missed days of work and loss of productivity so that promoting a culture of accommodation is in the interest of employers (Sharac, et al. 2010).

5. "*Into Action*" Campaign

Wellness in the workplace requires that leaders not only decrease risk factors, but also enhance protective factors, allowing at-risk employees to speak up about both psychological and physical safety. Our program evaluation data to date indicates the need for increased efforts to improve the National Standard's 13 Workplace Factors for mental health and psychological safety as well as ensuring policy and prevention efforts are effectively designed and appropriately communicated to employees.

CBI's trainings embed an innovative, prevention-focused "Into Action" commitment plan to better involve managers in follow-up initiatives to track employee engagement in safety initiatives and secure a commitment workplace Psychological Health and Safety. This included:

- Increasing participants' follow through by securing a commitment to change prior to attendance of training, with follow up reminders and a program evaluation to track success of commitments made. Managers are invited to take all (and at least one) of the following concrete steps toward improving the 13 workplace factors for mental health and psychological safety identified in the National Standard:
    1. Communication and engagement: display a Psychological Safety at Work poster (created within scope of project) in a prominent location.
    2. Host one of the corresponding lunch and learn sessions or internal employee awareness session onsite.
    3. Review or update policy to reflect culture of psychological safety and/or convene a special meeting of the Occupational Health and Safety internal team to do so.
    4. Create a team building exercise with the aim of improving at least one of the 13 factors and/or reduce bullying and violence.

Managers will be invited to share their initiatives and their impacts at a one-day event hosted at CBI Health Centre (formerly Vital Life Inc.) with a social media component to publicize impacts of prevention efforts more widely and across industries, and engage employers beyond the original project reach.

6.   Resource Guide for Managers and Supervisors

CBI's Resource Guide for Managers and Supervisors is a stock tri-fold brochure offering key resources for psychological safety, addictions, and mental health in a digestible format. The resource guide summarizes key workshop content including the CSA 13 factors and resources for implementation, signs of possible mental health or addition issues, tools for assisting struggling employees, and offered a list of resources and supports, including links and contact information.

7.   Fact Sheet & Resource Tent Card for Employees

CBI's tent card for employees and all staff is a card stock, triple folded resource guide, offering key resources for psychological safety, addictions, and mental health in a digestible format. The tent card summarized the T.A.L.K.S mnemonic, includes a Mental Health Continuum model adapted from Canadian Forces outlining signs and symptoms from healthy to ill with corresponding actions to take and offers key resources and links including a space to write the EAP contact information of each company.

8.   Policy and Prevention "ToolBox" Worksheet

CBI created a ToolBox worksheet for participants to fill in throughout the Policy and Prevention training, to ensure they complete their own resource list of Background Tools, Assessment Tools, Training Tools, Policy Tools and Communication Tools. This can be used as a handy reference following the training.

9.   Program Evaluation

The project was designed with the intent to carry out a carefully designed pre—post program evaluation to assess program effectiveness along key measures, and to share the results of the evaluation with key stakeholders both during and beyond the funding period. The approach to our program evaluation is outlined in **Section (iii) Work Completed,** and the results themselves are summarized in Section (**iv/0 Program Evaluation Results** below. Additionally, "Feedback forms" were created and distributed an alternative to the detailed Evaluation forms following agreement by WCB to widen the training eligibility and format, making the evaluation forms less relevant as intended due to a) mixed audiences or managers and employees and b) altered (shortened between one (1) and two (2) hour) manager trainings at the request of several employers and associations.

10. Knowledge Transfer

As per the deliverables outlined in the RWIP funding agreement, a presentation is to be provided of the results and evaluation of the project.

(iii) Work Completed

Project Launch

CBI's project "*Into Action--Workplace Psychological Safety Training for Managers"* was launched in the spring of 2017. A Healthcare focus group was conducted immediately in June 2017 with Healthcare representatives invited for their input for content specific to Healthcare with representatives from WHRA Occupational Health and Safety, SafeWork, WCB, MYS, MNU, College of Registered Nurses, Victoria Hospital, Southern Health and The Bethania Group.

The first five months were focused on outreach and promotional activities to attract members for a Project advisory committee with representatives from the target sectors of healthcare, oil, mining, gas and agriculture. Contractors were hired - Cheryl Swanson, content developer and facilitator, was hired for the Policy and Prevention Trainings (intended as a follow-up to the Manager Training) and Gerry Kaplan of Kaplan and Associates Inc. was hired as program evaluator.

This period was also spent assembling a Project Advisory Committee (PAC), preparing to deliver the Pilot Manager Training to members of the PAC, team meetings to ensure all training materials, program evaluations, and additional resources (e.g., Resource Guide, Posters, etc.) were assembled, finalized, and printed.

Michelle Paterson facilitated the Pilot Training at Safety Services Manitoba on September 28, 2017. The Pilot Policy and Prevention Training was delivered by Cheryl Swanson on November 28, 2017 at CBI's Boardroom to those PAC members who attended the September 28, 2017 Manager Training.

Training and Resource Guide Content Development and Program Evaluation Design:

In consultation with the PAC and the Health Care Focus group, materials for PowerPoints slideshows were developed by the Project Coordinator similar to the previous RWIP project of 2015-2017 for the manager training, employee lunch and learns and supervisor lunch and learns.

Policy and Prevention materials were developed Cheryl Swanson, facilitator for this training. With a view to accessibility and best practices, the training slideshows and resource guides were revised to reflect the new target sectors, the healthcare focus group and the pilot training delivered to mostly PAC members as well as with CBI's mental health and addictions training expert Joel Gervais, Addictions.

The final half day **manager training** workshop content included:

- National Standard of Canada: Psychological Health & Safety at Work
- 13 Workplace Factors Known to Impact Mental Health
- Costs of Mental Health Problems and Addictions in the workplace
- Workplace Signs and Symptoms Why Should Employers Care?
- Stereotypes and Stigma
- An introduction to Mental Health and Addictions
- Key Questions for a Manager/Supervisor

- Interventions in the workplace
- What You Can Do
- What You Shouldn't Do
- Your responsibilities as an employer
- Toolkit for Managers
- Reasonable Accommodations
- Promoting mental health and psychological safety
- Resources
- Tips for Improved Mental Health

The final **resource guide for managers** with Health Care and Agriculture/Mining photos included:

- a list of organizations and associations which offer mental health and addictions resources and programs
- a summary of the 13 psychosocial workplace factors for mental health
- a list of some of the signs of addiction or mental health problems in the workplace
- recaps core training material on possible accommodations for workers with a mental health problem, and
- a manager toolbox with checklists for "what you can do" and "what you shouldn't do" in intervening with employees

The final **Employee Lunch and Learn** PowerPoint content and tent card resource guide sessions included:

- Definitions--mental health, mental illness, addictions
- Workplace behavioural, physical, and performance signs of a problem
- Workplace costs
- Why employees don't get help
- What to do: T.A.L.K.S:
  - **T**alk about stressors and mental health concerns
  - **A**sk supervisors for resources and supports
  - **L**earn employers' policies
  - **K**now the risks of not speaking up
  - **S**eek the help of a medical professional if concerned about own mental health
- 13 psychosocial factors known to influence workplace psychological safety
- Tips for improved mental health
- Employee resources and supports
- Later in the project, the Tent card was revised to also include to a Mental Health Continuum Model, outlining 4 zones of signs and symptoms and corresponding Actions to take for each zone related to mental health / illness.

The final **Lunch and Learn content for Supervisor** training sessions included:

- What is mental health
- Mental health at work

- Mental health and addictions
- Supervisor role
- Resources
- The same Tent cards given to employees were provided to Supervisors during this training.

The final **Policy and Prevention** three (3) hour training components included:

- Psychological health and safety
- Preventing occupational injuries
- Workplace policies
- Communication
- Build a toolbox
- Participants filled in a "tool box" of resources throughout the training for a final, comprehensive summary to keep.

(iv) Program Evaluation Results

A detailed questionnaire and tracking method was developed by Kaplan & Associates Inc. similar to the form developed in our previous 2015-2017 RWIP, to measure the effectiveness of the manager training program (the evaluation form is appended in Appendix C: Program Evaluation & Participant Feedback Form). This longer evaluation was dropped about half way through the project for reasons mentioned above, and a shorter and simpler three (3) question feedback form was implemented.

Program evaluation data are informative and highly indicative of program success. Findings of the data are summarized in the following section, **(iv) Program Evaluation Results** and described more comprehensively in Appendix B: Complete Program Evaluation--Kaplan & Associates Inc.

From September 2017 to April 2019, training sessions were delivered to employers in the Healthcare, Agriculture, Oil/Mining & Gas sectors. 133 (long, detailed) Evaluation Forms were completed and later 184 (short, simple) Feedback Forms were completed. Additionally, "Into Action" commitments were recorded and collected at training sessions.

Highlights findings: The data generated from the detailed Evaluation forms was closely aligned to the findings of our previous RWIP of 2015-2017, "Engaging Frontline Managers and Supervisors to Promote Mental Health and Psychological Safety in the Workplace". The following points are worth noting concerning manager training participants and target sectors (A more detailed report of findings in Appendix B):

- Evaluation forms indicate Healthcare represented 60% of the employment sectors, Agriculture 29.7%, Oil/Gas/Mining 2.3% and Other 7.8%.
- Training was delivered to 27 different employers in total, representing 59% HealthCare, 29% Agriculture and 11% Mining.
- Evaluation forms reflected the following positions attended training: Managers 70%, Health and Safety 9%, Supervisors 7%, Human Resources 7% Other 12%
- Participants were 63% Female, 37% Male

- Knowledge gain pre and post training revealed significant gains with respect to identifying mental health or /addictions concerns
- 72% of participants were not very aware or not at all aware of The Standard
- During training, evaluation form results indicated the weakest workplace factors included Psychological Support, Work-Life balance and Workload Management.
- Participants rated the half-day session to be just the right amount of time and a good use of their time.
- The revised one (1) and two (2) hour Manager Sessions were rated to be too short.
- Pre training, managers were only 41% likely to approach employees about mental health concerns. Post training these numbers rose to 59
- Pre training, managers were only 44% likely to approach employees about addictions concerns. Post training these numbers rose to 56%
- Of the 184 Feedback forms, there were over 160 comments, favorable to the content, session duration, presenter style and expertise, need for workplaces to learn this, appreciative of the activity based style of learning, helpful handouts, and wanting to learn more and wanting their upper management to be included in this training.

Response Summaries from these 184 forms included:

1. Did you learn the signs of mental health?
   Yes – 98%
   No – (1 unanswered)
   Unsure – 1%

2. Do you know where to get employee resources?
   Yes – 99%
   No – .5%
   Unsure – .5%

3. Would you ask for help?
   Yes – 72%
   No – 5%
   Unsure – 22%

Policy & Prevention Feedback forms (33 total):

1. Has this session helped you to spot psychological hazards?
   Yes – 88%
   Unsure – 9 %
   (1 unanswered)

2. Has this session helped you understand the role of workplace policies in helping to prevent risks and promote psychological safety?
   Yes – 91%
   Unsure – 6 %
   (1 unanswered)

General Comments / Observations

Trainings were promoted via PAC members, Safety Services, Safe Work Manitoba, Social Media (LinkedIn), CBI's network and Professional Associations related to the target sectors (CPHR, CAFA, KAP's Farm Safety Program, Manitoba Mining Association and others) for either posting on their respective websites or distribution to members. Uptake of trainings was slower than experiences in the previous Vital Life RWIP of 2015-2017, when target trainings had been completed in 5 months of the first year of the project.

One year into the current project, June 2018 of the *Into Action--Workplace Psychological Safety Training for Managers*, the following trainings had been completed – *Manager half day* - 13 of 20, *Employee Lunch & Learn* - 6 of 20, *Supervisor Lunch & Learn* - 3 of 20 and *Policy and Prevention training* (half day) 4 of 10.

Evaluation forms were gathered from these trainings and results were overall very positive. Project Manager Jolen Galaugher resigned in April 2018 and Project Management was assumed by this author, Michelle Paterson.

Responses from employers to offers of training included the following general themes: 1) not being able to remove workers from the duties for safety reasons and 2) Union issues of unpaid lunch hours being unavailable for employer activities such as trainings. Companies were reporting spending their priority time and trainings on preparing policy for October 2018 Marijuana legislation changes. Other objections included the high stress levels within WRHA at the restructuring in the WRHA throughout Winnipeg's major hospitals and large workforces spread out over a large area in small pockets and small office units. Inquiries were made regarding the availability of tele-conferences, skype or similar technology based training that could be completed individually or in small groups.

Evaluation form completion was inconsistent compared to our previous RWIP project, with attendees being less consistent in positions held (i.e. a mixture of managers, employees, Human Resource and Safety officers attended trainings meant for one or the other group but not a mixture of participants) arriving late or leaving early and incomplete or incorrectly completed forms. The completion expectation began to interfere with the flow of training content and requests were received for alternative training to the three (3) hour workshop.

Securing *Policy and Prevention Training* to follow *Manager Trainings* 60 days later were not occurring. The design of the Evaluation date based on 60 days post-manager training and to the same group of attendees was not being upheld. Participants attended the *Policy and Prevention Training* who had not attended the *Manager Training* in the same company, groups were often very small in size and often well beyond the 60 day target. Those who had attended the *Manager Training* had little recollection about what or if their "Into Action" commitments had been. The pursuit of commitment and the original Social Media event to publicize impacts of prevention efforts was eventually dropped. The expectation that attention and time (commitment to "Into Action") to the topic of Psychological Safety outside of in-person trainings seemed lost on participants as they seemed enthralled to be learning about a new Standard for Psychological Safety without time to process its application in their workplace. This is likely due to the workload management and lack of time noted as one of the 13 workplace factors most identified as "needing improvement". In other words, participants had no time outside of the regular duties to devote to this topic in a measurable way.

By January 2019, observing the slow uptake of trainings offers, inconsistent completion of the longer, detailed Evaluation Forms, the lack of response to follow-ups providing a summary of *"Into Action"* commitments by participants, turnover within the PAC and at companies where training occurred, a meeting with WCB paved the way for changes to the original grant objectives.
This included allowing for the provision of altered formats when requested, for example providing a one (1) or two (2) hour manager training session. Requests were made by appropriate sector employers for alternate versions of trainings, for example, one (1) and two (2) hour Manager sessions versus three (3) hours.

The decision was made to eliminate the use of the detailed evaluation form and distribute a much simpler, three question form with room for comments that was less rigid in the requirement of participants to complete. It was with the understanding that the intent of the training from WCB's perspective was more related to "getting the word out" to work places about the Standard for Psychological Safety. The evaluations forms completed to date provided continued, overwhelming positive feedback about the content, delivery and usefulness of the training as had been reflected in the previous 2015-2017 RWIP Grant and there was little need to continue to demonstrate this already known outcome. WCB supported the position that the money earmarked for training be used as fully as possible.

Between January and May 2019, several more trainings were booked by companies that had been considering them for some time. A trust and rapport with project intent and content was important to establish before some companies would agree to schedule training. Once the training occurred, however, it led to word of mouth requests for training in other departments or with other employers. The requests for and uptake of trainings late into April 2019 extended the end date of the RWIP slightly, into June 2019, at no additional costs.

By April 2019, the following trainings had been complete:
- o Manager Training – 20/20
- o Employee Lunch and Learn – 9/20
- o Supervisor Lunch & Learn – 9/20
- o Policy & Prevention -9/10

(v)   Knowledge Transfer

A Wrap-Up event of the project was held on May 28th, 2019 at the Qualico Centre in Assiniboine Park in the form of a 30 minute presentation by this author followed by a luncheon hosted by CBI. The presentation was PowerPoint format, highlighting the project successes and shortfalls over the past two years and included a brief comparison to the previous RWIP of 2015-2017 (also on Psychological Safety in the Workplace).

Following the presentation, a running loop of participant comments was played for attendees to view, highlighting *Into Action* commitments and feedback comments. All materials developed for this project were available in hard copy for attendees to take with them, including Manager Resource cards, Employee/Supervisor Tent cards, evaluation forms, workshop materials such as Human Rights case handouts, questionnaires on the prevalence of mental health (from Bell Let's Talk) and descriptions of the Standard's 13 factors.

Approximately 50 people attended the luncheon, including CBI staff, PAC members, WCB and SafeWork representatives, employers who had participated in trainings, employers interested in training, facilitators currently providing similar training on the topic of mental health in the workplace, and other interested community members. Companies represented included Simplot, Community Venture, College for Registered Nurses of Manitoba, FWS Group, Immigrant Centre, of Manitoba, Motor Coach Industries, MFL/OHC, Northwest Company, Red River College, Westrock and the Winnipeg Transition Centre.

(vi) Proposed Recommendations

This author experienced many stories during training with over 25 workplaces. The at-risk sectors of this project, namely Healthcare, Agriculture, Mining/Oil/Gas shared many similarities despite the diversity of their work and cultures. On the basis of the Evaluation data, Feedback forms, discussions during training throughout the project, CBI is able to make the following recommendations:

1) Most Managers do not receive the skills and training to learn how to recognize the signs, or how to intervene in situations where employees may be struggling with mental health or additions. They are unsure how to intervene, whether to intervene and how to follow up. They are also unsure what their company policy and responsibilities are is in this area. Unanimously across all sectors from both the current project and the preceding project, whether carpenter or nurse, miner or potato sorter, the managerial role of identifying and intervening in Psychological Safety matters is not well understood or practiced. Continued staff training, in-person, to allow for questions and discussion pertaining to one's own sector, result in good learning and commitment. This training was appropriate for all managers regardless of sector and it is recommended that all workplace sectors have access to this topic and training.

2) The topic of Psychological Safety and The Standard is not well known in any sector. Hearing about it often for the first time in a three (3) hour manager training session increased the appetite for more. The interest in "Where do we go from here?", how to implement The Standard was expressed often, with hopes that further projects would be funded to help guide or lead companies in beginning the task of completing an audit followed by steps in implementing The Standard. Many also felt that time would be a constraint on achieving this large task in addition to their existing workload, and like many extra projects this would likely end up "on the backburner". Providing leadership in small regular intervals of The Standard implementation over time and measuring outcomes such as morale, absenteeism, accident rate, turnover and possibly profit would make for valuable demonstration project keeping WCB at the forefront of training The Standard in Canada.

3) Many of the Sectors of this project were in remote or rural settings and / or with small clusters of staff or seasonal staff. Others, such as healthcare aids and nurses, were not given time to attend training due to the costs of needing backup replacements or union concerns of training during unpaid break times (Lunch). Although the value of in-person training was frequently expressed, a form of remote training, self-completion of online

module training was raised to be able to reach all staff and on an as-needed basis for refreshment of the information. Development of a package of material that can be accessed anywhere by anyone in a company would be a project worth pursuing to reach Manitoba's most at risk sectors, namely Mining, HealthCare, Agriculture or any other sector. To this end, unions should also be onside to promote and encourage its members to know their rights and responsibilities at it pertains to their own and their co-workers' mental health at work.

CBI concludes with the support and guidance of the Project Advisory Committee and the Workers' Compensation Board of Manitoba, trainings and accompanying resources delivered to managers and employees in three high-risk target sectors have been successful in improving participant skills, insight, knowledge and intent to intervene to assist employees with mental health conditions and addictions. Thanks all who have participated to ensure the success of the project.

List of Appendixes

Appendix A   Financial Report

Appendix B   Complete Program Evaluation, Summary and Conclusions-- Kaplan & Associates Inc.

Appendix B2   Evaluation Highlights--Kaplan & Associates Inc.

Appendix C   Program Evaluation and Participant Feedback Forms

Appendix D   Into Action Psychological Safety Training for Managers

Appendix E   Employer/Manager Resource Guide

Appendix F   Employee Lunch and Learn Training

Appendix G   Supervisor / Lead Hand Lunch and Learn Training

Appendix H   Workplace Psychological Health and Safety Tent Card

Appendix I   Workplace Posters

Appendix J   Policy and Prevention Training

Appendix K   Policy and Prevention ToolBox Resource

Appendix L   Knowledge Transfer Event: May 28, 2019, Project Summary & Highlights Presentation