

# Mental Health Strategy



# Contents

Terms .....	1
Message from the president and CEO .....	2
Introduction .....	4
Psychosocial risk factors in the workplace .....	5
Background .....	6
Our role.....	6
Framework for success.....	6
When psychological injuries occur .....	7
WorkSafeBC as an employer .....	7
Developing our <i>Mental Health Strategy</i> .....	7
<b>Strategy 2023-2025 .....</b>	<b>8</b>
Vision.....	8
Focus areas .....	8
Initiatives .....	8
1. Bring a greater focus on prevention of psychological injuries.....	8
2. Engage proactively with workers and employers .....	8
3. Partner proactively with supporting organizations, agencies, and providers.....	9
4. Provide evidence-informed treatment and resources.....	9
5. Be a visible leader as an employer .....	9
Intended outcomes .....	9
Measures .....	9
Implementation.....	9
<b>Appendix: Biographies of expert panellists .....</b>	<b>10</b>
Endnotes .....	12







# Terms

## Mental or psychological health:

A state of mental well-being in which the individual realizes their own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to their own community.

Source: World Health Organization

In this document, we address our role as a regulator of workplaces and administrator of the workers' compensation system in B.C., while recognizing our own role as an employer. We use "mental health" as the umbrella term for WorkSafeBC's strategy and "psychological health and safety" when referring to workplace-specific components of the strategy, such as risks and hazards.

## Psychological health and safety:

Psychological health and safety is embedded in the way people interact with one another on a daily basis and is part of the way working conditions and management practices are structured and how decisions are made and communicated.

Source: [Canadian Standards Association](#)

While many factors outside the workplace can affect psychological health and safety, WorkSafeBC's *Mental Health Strategy* will address those factors within the control, responsibility, or influence of the workplace.

## Psychologically healthy and safe workplace:

A workplace that promotes employees' psychological well-being and actively works to prevent harm to worker psychological health, including in negligent, reckless, or intentional ways.

Source: [Canadian Standards Association](#)

## Psychological injury:

A mental health condition, including mental disorders, especially when the mental health condition or disorder is thought to be caused by exposure to potentially psychologically traumatic events and other stressors.

Source: [Canadian Institute for Public Safety Research and Treatment](#)

To qualify for WorkSafeBC benefits, a psychological injury must have been caused by one or more traumatic events or significant stressors at work and resulted in a diagnosed mental health condition.

Please note: Historically, WorkSafeBC has referred to "mental stress" or "mental health conditions," and [section 135](#) of the *Workers Compensation Act* refers to "mental disorders." At WorkSafeBC, we have recently chosen to refer to a worker's "psychological injury" unless the context is related to law or policy.

## Psychological injury-only claims:

Claims where a psychological injury is the only injury on the claim. (Claims with a physical and psychological injury are largely claims where a psychological injury develops as a consequence of a physical injury, but also include claims where there are concurrent psychological and physical injuries arising out of the same incident.)

# Message from the president and CEO

The importance of psychological health has never been more apparent than at this moment, in the wake of a global pandemic and the socioeconomic, geopolitical, and environmental uncertainties it has brought into focus.

Psychological health is increasingly recognized as an integral part of overall well-being. And all parties have a fundamental role to play in promoting and maintaining psychological health in workplaces.

Just as importantly, psychological health and safety is being considered alongside physical health and safety. We have seen this reflected in the rising number of psychological injury claims registered with WorkSafeBC since 2018. That number is expected to continue to grow, making it increasingly vital to have a robust strategy in place.

The complex nature of psychological injury claims means that diagnosis and treatment can be less straightforward, harder to access, and more costly than for physical injury claims. As a regulator, we need to ensure clear regulations are in place to guide employers in preventing psychological injuries and promoting psychological health and safety in the workplace — just as we work to prevent physical injuries.

When workers come to us with psychological injury claims, we consider their unique needs and optimize their support and treatment to help them get back to their lives and their work in a safe and lasting way.

This strategy outlines our plan to foster psychologically healthy and safe workplaces in B.C. as well as at WorkSafeBC. All facets of our plan will require sustained engagement and collaboration with workers, employers, and providers alongside government and community members and our own employee community. We aim to educate our stakeholders not just about what they must do, as spelled out in our regulations, but also about what they can do to help meet our collective goals.

This document sets out the terms we are using, the factors, shaping our approach, our vision and areas of focus, our intended outcomes, and the steps we will take to progress. It outlines our long-term direction but permits the flexibility to adapt as those factors change and new data emerges.

We look forward to working with our partners to make a difference to the psychological health and safety of British Columbians at work.



**Anne Naser**  
President and CEO

# By the numbers



1 in 5 Canadians experiences a mental health problem each year.<sup>1</sup>

**\$2.18**

is the median yearly return on each dollar of investment for companies with mental health programs in place for three or more years.<sup>2</sup>

**70%**

of Canadian employees are concerned about the psychological health and safety of their workplace.<sup>3</sup>

**\$6.6 billion**

is the annual cost to the B.C. economy of poor mental health.<sup>4</sup>

**118%**

is the growth in psychological injury claims accepted by WorkSafeBC between 2018 and 2022.<sup>5</sup>



## Introduction

Mental health is an issue of increasing significance in workplaces. A 2017 survey found that each week, about 500,000 people employed across Canada were missing work owing to psychological health<sup>6</sup> — a broad term that is interchangeable with mental health.

Pandemic-related challenges such as social isolation, school closures, and economic uncertainty intensified that trend. A multi-part nationwide survey by the Canadian Mental Health Association (CMHA) in partnership with the University of British Columbia found that 41 percent of Canadians said their mental health had deteriorated between March 2020 and May 2021.<sup>7</sup>

Sectors such as health care and social services, public administration, transportation, retail, tourism, and education have faced particular challenges over the past few years, focusing WorkSafeBC's attention on the growing importance of workplace mental health. And, as with physical health and safety, psychological health and safety is everyone's responsibility.

## Psychosocial risk factors in the workplace

Work is central to mental health. For many, work is a primary source of well-being and community that is critical to financial and emotional security.

While a psychologically healthy and safe workplace can protect and enrich mental health, the inverse is also true: A psychologically unhealthy or unsafe workplace can contribute to or cause poor mental health.

To function successfully, workplaces depend on the health of their people. Studies show that psychologically healthy workers are more productive, while psychological ill health can cost an employer through lower productivity, burnout, staff turnover, and workers' compensation claims. Over and above the human cost, the economic toll of mental illness in Canada is estimated to be \$51 billion each year, with \$6.3 billion resulting from lost productivity.<sup>8</sup>

Psychological well-being has factored into much of the work we do, including campaigns and outreach to educate employers about the benefits of remaining connected to injured workers. Given the central importance of work to identity, actively supporting workers throughout their recovery can help them feel valued and prevent long-lasting disability.

Some of the known risk factors for workplace psychological injuries are exposure to traumatic events, harassment and violence, and other significant stressors. WorkSafeBC has focused on each of these factors in different ways through the years with resources, targeted education and outreach to employers and workers, and campaigns aimed at raising public awareness. We also support employers in understanding and complying with relevant regulations, as well as those related to worker orientation and training, supervision, and joint health and safety committees.

## Psychological health and safety is everyone's responsibility.

This strategy will help align our efforts with recognized best practices outlined in the Canadian Standards Association (CSA) Group's national standard on psychological health and safety in the workplace, [CAN/CSA-Z1003-13/BNQ 9700-803/2013 \(R2022\)](#). It also relies on the International Standards Organization's (ISO's) 2021 global standard [ISO 45003](#), offering guidance on managing workplace psychological health and further defining relevant psychosocial risks — factors within the workplace or work that can negatively affect psychological and physical health.

These factors can include the amount, intensity, and type of work and the circumstances in which it is done. They also include social factors such as culture, working relationships, and fairness. Unaddressed, these factors can negatively influence psychological health over time — and can even affect cognitive abilities, reducing workplace performance.<sup>9</sup>

**Psychological injuries can be prevented and treated effectively.** Early awareness, access to resources and support, and appropriate and timely response can greatly reduce the impact of symptoms, promote mental well-being, and help people remain at work.

However, stigma around mental illness and limited access to resources and support in the community have created hurdles to timely diagnosis and treatment. With the right resources, support, and tools, employers and workers are better equipped to effectively manage their mental well-being.

WorkSafeBC's *Mental Health Strategy* sets out where we are now with psychological health and safety in B.C.'s workplaces, and where we aim to be over the next few years.



## Background

Before 2015, the average number of psychological injury-only claims accepted by WorkSafeBC per year was relatively stable at around 419. That number began to rise in 2015, and between 2018 and 2019 it nearly doubled, from 914 to 1,721. Based on trends so far in 2023, it appears the total will grow to more than 2,000 this year.

Along with heightened public discourse about mental health, one important driver of this increase was Bill 14, the 2012 [amendment](#) to the *Workers Compensation Act* changing coverage for mental disorders. Subsequent legislative and policy amendments and an evolving landscape have resulted in further growth in psychological injury claims received, and in their allow rate increasing from 37 percent in 2017 to 54 percent in 2022.

Accompanying this rise in volume is a rise in human suffering and financial costs. Psychological injuries and illnesses are often complex, resulting in longer treatments and absences from work. The toll on individuals and their families is immense. The psychologists we rely on for assessment and treatment are also in high demand, potentially delaying diagnosis and recovery.

Rising costs will ultimately be reflected in the premiums employers pay to ensure their workers are covered by the compensation system. Addressing psychological health and safety in the workplace is therefore critical not just in support of overall worker health and safety; it's key to the continued economic health of employers in B.C.

## Our role

Psychological health and safety at work is now recognized as integral to physical health and safety. Our work as a regulator has reflected that shift over the last decade, as we have expanded our prevention focus to include bullying, harassment, and violence in the workplace, and we have developed tools, resources, and public awareness campaigns to support the psychological health of those we serve. Prevention officers continually inspect for compliance with regulatory requirements related to psychological health and safety, including harassment and violence, workplace conduct, and reports of unsafe work conditions.

Our role as a regulator is to lead employers in promoting and supporting psychological health and safety in the workplace — through training and education, by involving workers in the discussion of risks and solutions, and by preventing psychological injuries — just as we work to prevent physical injuries.

## Framework for success

The following three principles will help employers successfully address mental health in the workplace:

1. Show leadership commitment
2. Develop supportive managers and supervisors
3. Ensure worker participation

To identify the specific hazards and risks that need to be addressed in their workplaces, employers should use the risk-management framework they already use for their physical environment. This framework requires understanding the risks, controlling them, communicating about them, monitoring and improving the effectiveness of the controls, and updating workers as needed.

We will apply this same framework to understanding psychological hazards, supporting employers in identifying and eliminating or mitigating potential risk.

## When psychological injuries occur

When a claim is registered, we will work with the employer, union (if applicable), and providers to consider the worker's unique needs as we optimize their support and treatment. Our goal is to help them get back to their life and their work in a safe and lasting way. To be successful, we must continue to raise awareness, reduce stigma, build the skills of our teams who support worker recovery, and develop a broader and more broadly skilled network of providers.

## WorkSafeBC as an employer

As an employer, we are focused on the psychological health and safety of our own workplaces. We made important strides in 2022, launching an employee psychological health and safety strategy designed to reduce stigma and promote well-being in our own workplaces.

We are committed to ensuring our leaders are aware of their critical role in supporting our staff, providing the engagement opportunities and resources our employees need to participate and be effective and resilient in their roles, having regular and open conversations about mental well-being, and building a workplace culture in which all WorkSafeBC employees feel supported, empowered, confident, and valued.

## Developing our *Mental Health Strategy*

We established an executive steering committee and task force to document WorkSafeBC's progress to date on mental health-related initiatives. We then conducted a comprehensive scan of peer organizations around the world to understand how other jurisdictions approach workplace psychological health and safety.

With this foundation, we assembled an international panel of leading experts in the field, including Dr. Dan Bilsker, Dr. Maureen Dollard, Dr. Merv Gilbert, Dr. Stavroula Leka, and Dr. Peter Smith. (See [appendix](#) for biographical information.)

The draft strategy, incorporating research and best practices from other jurisdictions alongside input from the expert panel, was approved by WorkSafeBC's Enterprise Leadership Team in early 2023.

This document sets out our vision, five focus areas, and multiple initiatives that will support workers and employers in building psychologically safe and healthy workplaces, including outreach and education campaigns and a suite of tools and resources. At the same time, WorkSafeBC will develop a measurement and evaluation framework, build its internal capacity to meet the needs of those with psychological injuries, and work toward a more robust psychological health and safety program for its own employees.

This strategy responds to the urgent need for a more integrated, comprehensive approach to workplace psychological health and safety in British Columbia.

# Strategy 2023-2025

## Vision

WorkSafeBC will be a leader in promoting psychologically safe and healthy workplaces and compassionate recovery.

## Focus areas

These five focus areas set the direction for moving forward. Each focus area includes initiatives outlined below.

1. Bring a greater focus on prevention of psychological injuries
2. Engage proactively with workers and employers
3. Partner proactively with supporting organizations, agencies, and providers
4. Provide evidence-informed treatment and resources when psychological injuries occur
5. Be a visible leader as an employer

## Initiatives

We identified specific initiatives under each focus area, to address the underlying causes of workplace psychological injury and illness.

### 1. Bring a greater focus on prevention of psychological injuries

- Develop new regulations for psychological health and safety
- Build our capacity through training on new skillsets and adding expertise
- Build our capacity by redistributing and adding to existing resources
- Develop tools and resources for employers, including psychological health and safety risk assessment tools

### 2. Engage proactively with workers and employers

- Launch targeted outreach and awareness campaigns about the importance of psychological health and safety
- During workplace consultations and inspections, engage with employers and workers about psychological health and safety and support workers' involvement in discussion of risks and solutions
- Engage worker and employer representatives from across the province in identifying challenges and opportunities
- Explore the potential value of an incentive program for employers to develop psychological health and safety programs



### 3. Partner proactively with supporting organizations, agencies, and providers

- Share ideas and collaborate with key players in the public and private sectors
- Provide funding to advance mental health knowledge and expertise
- Work with health care providers and their associations to build relationships, address challenges, clarify objectives, and provide consistent messaging

### 4. Provide evidence-informed treatment and resources

- Further develop our robust, responsive suite of treatment options, and ensure staff can help injured workers access them
- Partner with policy and practice teams to enhance our oversight model focused on consistent, high-quality decision making for psychological-injury claims
- Continue to ensure our external treatment providers are providing evidence-informed treatment
- Invest further in learning about and researching new and evolving practices
- Continue to expand our network of external treatment providers for assessment and treatment
- Support workers and employers at each point on the continuum of recovery and return to work, through strategic integrated partnerships between Claims and Rehabilitation Services, workplaces, and Prevention Services

### 5. Be a visible leader as an employer

- Work toward an industry-leading psychological health and safety program for WorkSafeBC's employees
- Lead by example, engaging in ongoing conversations with our employees about mental health
- Set clear expectations and support behaviours effectively

## Intended outcomes

- **Short term:** Increased awareness of and support for the importance of building and maintaining a psychologically healthy and safe workplace, among employers and workers
- **Medium term:** Improved outcomes for psychological-injury claims, including safe and timely return to work and reduced human and financial costs for workers and their employers
- **Long term:** Reduced claim volumes as workplace psychological health and safety culture matures

## Measures

We are working to establish baseline measures wherever possible and will develop a measurement and evaluation framework to ensure we are progressing toward our intended outcomes.

## Implementation

This strategy will be implemented over the next three years and will be reviewed annually to reflect learnings and events that result in any substantial shift in our approach.

# Appendix: Biographies of expert panellists

**Dr. Dan Bilsker** is a psychologist who provides consultation to organizations in the area of psychological health and safety. His academic appointments are clinical assistant professor, Faculty of Medicine, University of British Columbia, and adjunct professor, Faculty of Health Sciences, Simon Fraser University. He is co-director of Vancouver Psych Health & Safety. His research activities have focused on psychological health and safety in organizations, evidence-based practice in health care, mental health issues in men, psychological assessment in the emergency psychiatric setting, methods to enhance psychological self-care at a population level, and identity development in early adulthood. He has consulted for the Mental Health Commission of Canada, WorkSafeBC, the B.C. Ministry of Health, and a wide range of public and private organizations, creating resources to measure and enhance psychological safety. These resources include the Antidepressant Skills Workbook (a self-care tool disseminated to several million people worldwide), the 5RF Resilience Workbook (for first responders), and the Employers' Action Guide to Psychological Health & Safety.

**Dr. Maureen Dollard** is an Australian Research Council Kathleen Fitzpatrick Laureate Fellow, director of the PSC Observatory, University of South Australia, and honorary professor at the University of Nottingham. She is the founder of the Psychosocial Safety Climate (PSC) theory. She has published six edited books and 200 papers/book chapters, and has been cited more than 19,000 times. Maureen is a board member of the International Commission on Occupational Health and served on the editorial board for Work and Stress, the Journal of Organizational Behavior, and the European Journal of Work & Organisational Psychology, and is past foundation president of the Asia Pacific Academy for Psychosocial Factors at Work.

**Dr. Merv Gilbert** is a director at Vancouver Psych Health + Safety Ltd., a consulting group providing services that enable organizations to foster psychologically healthy employees and workplace climates. He has worked as a psychologist for over 30 years in clinical and leadership roles in regional, provincial, and international settings. Dr. Gilbert has been an adjunct professor with the Faculty of Health Sciences at Simon Fraser University and a member of the Steering Committee of American Psychological Association's Psychologically Healthy Workplace Network. He is a primary participant in the development, evaluation, and dissemination of resources for workplace mental health, including Guarding Minds@Work, Antidepressant Skills@Work, and Psychological Health and Safety: An Action Guide for Employers. Dr. Gilbert has published in national and international professional journals and has presented at a diverse array of forums on the importance of workplace psychological health issues for individuals and organizations. He has consulted with governmental, private and public-sector organizations. He recently led an evaluation of 40+ organizations as they implemented the National Standard of Canada for Psychological Health and Safety in the Workplace on behalf of the Mental Health Commission of Canada.

**Dr. Stavroula Leka** is professor of Organisations, Work & Health at Lancaster University (U.K.) and director of the Centre for Organisational Health & Well-being. She is also emeritus professor of Work & Health Policy at the University of Nottingham. She is a fellow of the Academy of Social Sciences and the Higher Education Authority, honorary fellow of the Faculty of Occupational Medicine in Ireland, and associate fellow of the British Psychological Society. She is president of the European Academy of Occupational Health Psychology and Board member of the International Commission on Occupational Health. Dr. Leka's main research interests are the translation of occupational health and safety knowledge into policy and practice; work organization and the management of the psychosocial work environment for business and societal sustainability; and creating healthy work environments and promoting mental health and well-being in the workplace. She co-led the development of ISO 45003, the first international standard on psychological health and safety in the workplace. She has received an early-career achievement award by the American Psychological Association for outstanding contribution in occupational health psychology, has been invited as keynote speaker to a number of international conferences and has been expert advisor to various organizations, including the European Commission and Parliament, ILO, ISSA, and WHO.

**Dr. Peter Smith** is the president and senior scientist at the Institute for Work & Health in Toronto. He is also a professor (status only) in the department of epidemiology and the Dalla Lana School of Public Health at the University of Toronto. He is a previous recipient of a New Investigator Award from the Canadian Institutes for Health Research (CIHR) (2008–2013), a Discovery Early Career Researcher Award from the Australian Research Council (2012–2015), and a CIHR Chair in Gender, Work and Health (2014–2018). His major research interests include the examination of how working conditions, in particular the psychosocial work environment, impact health; methods to integrate concepts of gender and sex into secondary data analyses; and understanding how changes in nature and availability of work in the Canadian market impact approaches to the primary and secondary prevention of work-related injury and illness. He has published more than 200 peer-reviewed papers in the area of work and health and is the deputy editor of *Occupational and Environmental Medicine*, part of the BMJ group, and one of the most respected occupational health journals internationally.



# Endnotes

1. Deloitte Insights. (2019). [The ROI in Workplace Mental Health Programs: Good for People, Good for Business.](#)
2. Deloitte Insights. (2019). [The ROI in Workplace Mental Health Programs: Good for People, Good for Business.](#)
3. Mental Health Commission of Canada. (n.d.). [Workplace mental health.](#)
4. Government of British Columbia. (2019). [A Pathway to Hope: A Roadmap for Making Mental Health and Addictions Care Better for People in British Columbia.](#)
5. WorkSafeBC. (2023). [Psychological Injury Claims \(Mental Disorder Claims\) 2018 to 2022.](#)
6. Howatt, L. Bradley, J. Adams, S. Mahajan, and S. Kennedy. (2018). [Understanding Mental Health, Mental Illness and Their Impacts in the Workplace.](#) Mental Health Commission of Canada.
7. Canadian Mental Health Association in partnership with the University of British Columbia and Maru/Matchbox. (2021). [Summary of findings: Mental health impacts of COVID-19: Round 3.](#)
8. P. Smetanin, D. Stiff, C. Briante, C.E. Adair, S. Ahmad, and M. Khan. (2011). [The Life and Economic Impact of Major Mental Illnesses in Canada: 2011 to 2041.](#) Prepared for the Mental Health Commission of Canada by RiskAnalytica.
9. Employment and Social Development Canada. (2016). [Psychological Health in the Workplace.](#)

