

**Editor's Note:** The release date originally noted in this article has been updated following advice from the Canadian Standards Association that the release of the final Standard has been delayed until early 2013.

## CSA Standard for Psychological Health and Safety in the Canadian Workplace to be Published in Early 2013

By Cheryl A. Edwards and Shane D. Todd

As regular readers will know, we have previously written about the new Canadian Standards Association's National Standard of Canada for Psychological Health and Safety in the Workplace (the "CSA Standard").<sup>1</sup> The CSA Standard is intended to promote psychological health and safety ("PHS") in the workplace and may require, among other things, employers to implement new policies, procedures, hazard identification, incident investigation and monitoring activities, in addition to all of the existing steps required to develop and manage occupational health and safety ("OHS") systems.

The CSA Standard was released in draft form on November 1, 2011, for a period of public consultation that ended on January 6, 2012.<sup>2</sup> More than 850 comments were received during that time.<sup>3</sup> The final, revised version of the CSA Standard has been voted on and is now expected to be published in early 2013. The CSA Standard will be publicly

available on the CSA's website without charge for the first five years following its release.<sup>4</sup>

Compliance with the CSA Standard will be voluntary. It will not be legally enforceable in Canada under OHS or other legislation unless it is possible to enforce it under a "general duty" clause, and unless and until it is incorporated by reference into OHS legislation, which remains to be seen. The CSA Standard presents challenges for implementation given its complexity; however, it also presents an opportunity for employers to develop policies and procedures beyond existing OHS and human rights requirements. This could assist employers in avoiding or minimizing civil, human rights, OHS and workers' compensation claims, and grievances arising from psychological injuries or stress suffered in the workplace.

This article provides a brief reminder of the key aspects of the CSA Standard and an overview of the Mental Health Commission of Canada's publication *Psychological Health and Safety: An Action Guide for Employers*,<sup>5</sup> which is intended to assist employers in complying with the CSA Standard.<sup>6</sup>

1 "National Standard for Psychological Health and Safety in the Canadian Workplace Released" (24 January 2012), online: Workplace Wire <<http://www.workplacewire.ca/occupational-health-safety/national-standard-for-psychological-health-and-safety-in-the-canadian-workplace-released/>>.

2 "Public Consultations for Workplace Mental Health Standard" (2 November 2011), online: Canadian Standards Association <<http://www.csa.ca/cm/ca/en/search/article/public-consultation-workplace-mental-health-standard>>.

3 "New workplace psychological health and safety standard to launch in November" (11 September 2012), online: COS Mag <<http://www.cos-mag.com/Human-Resources/HR-Stories/new-workplace-psychological-health-and-safety-standard-to-launch-in-november.html>>.

4 *Ibid.*

5 Mental Health Commission of Canada, *Psychological Health and Safety: An Action Guide for Employers* (January 2012), online: <[http://www.mentalhealthcommission.ca/SiteCollectionDocuments/Workforce/Workforce\\_Employers\\_Guide\\_ENG.pdf](http://www.mentalhealthcommission.ca/SiteCollectionDocuments/Workforce/Workforce_Employers_Guide_ENG.pdf)>.

6 *Ibid.*, at p. 2.

## A Reminder of the Key Aspects of the Draft CSA Standard

The structure of the draft Standard was familiar to many readers because it was based on the traditional OHS model requiring employers to implement policies and procedures, train workers, conduct risk assessments and take steps to mitigate identified risks. It is expected that the final CSA Standard published in early 2013. Will have some changes from the draft Standard that was released for consultation, but we do not anticipate significant changes to the basic structure and obligations. Accordingly, we have summarized the key aspects of the draft Standard below for readers.<sup>7</sup>

### A Policy on Psychological Health and Safety and the Roles of Workplace Parties

The draft Standard requires, among other things, that organizations draft a policy committing to the development, implementation, funding, continuous improvement, and review of a systematic approach to managing psychological health and safety ("PHS System").<sup>8</sup>

In addition to supporting the implementation of the PHS System, "leaders", those with "key responsibility for the organization's performance",<sup>9</sup> have special obligations to develop a "psychologically healthy and safe workplace", one that "promotes workers' psychological well-being and allows no harm to worker mental health in negligent, reckless or intentional ways",<sup>10</sup> by leading in a "positive way", making psychological health and safety ("PHS") part of decision making, and "engaging" workers to understand the importance of PHS and the risks of PHS hazards, to determine the effectiveness of the PHS System and to identify workplace PHS needs.<sup>11</sup>

Organizations are required by the draft Standard to engage "stakeholders"<sup>12</sup> to determine their PHS needs, encourage participation in programs to meet those needs and in the PHS System evaluation process, and to ensure that the results of the evaluation process are communicated.<sup>13</sup> In order to encourage participation, organizations must provide time and resources, identify and remove barriers and train and consult with workers in all aspects of the PHS System associated with their work.<sup>14</sup> Organizations must also educate stakeholders about stigma, psychological illness, PHS and PHS policies, and provide a process for input. Organizations must inform external parties about PHS policies, monitor compliance with those policies and address any PHS issues that arise.<sup>15</sup>

### Develop and Implement the PHS System

If there is an existing PHS System in place, the draft Standard recommends that it be reviewed to determine whether it complies with the draft Standard.<sup>16</sup> If there is no existing PHS System, an organization must gather the necessary information to develop a PHS System.<sup>17</sup> There is no set information to be gathered; rather, the type and degree of information necessary will depend on the nature of the workplace and PHS goals.<sup>18</sup>

The draft Standard requires organizations to set PHS objectives, develop a plan to meet those objectives<sup>19</sup> and, at least every three years, review the achievement of those objectives and whether a psychologically healthy and safe workplace is being achieved.<sup>20</sup> It also requires organizations

12 "Stakeholder" is very broadly defined as "any person or organization within the workplace that may affect or be affected by, or perceive themselves to be affected by, the decisions or activities related to mental health and safety factors within the workplace": Standard, *supra* note 8, section 3 "stakeholder".

13 Standard, *supra* note 8, section 4.2.4.1(a).

14 Standard, *supra* note 8, section 4.2.4.2.

15 Standard, *supra* note 8, sections 4.4.3 and 4.4.11.

16 Standard, *supra* note 8, section 4.3.2.

17 *Ibid.*

18 Standard, *supra* note 8, section 4.3.3. The Standard lists a wide range of resources that may be considered including: standards, codes, best practices, laws and regulations, scientific journals, worker engagement data, etc.

19 Standard, *supra* note 8, section 4.3.6.1. PHS objectives must be measurable, consistent with the PHS policy and based on reviews, data collection and the assessment of workplace factors: Standard, *supra* note 8, section 4.3.6.1.

20 Standard, *supra* note 8, sections 4.5.3.

7 Our full analysis of the draft CSA Standards is available online at <http://www.workplacewire.ca/occupational-health-safety/national-standard-for-psychological-health-and-safety-in-the-canadian-workplace-released/>.

8 Canadian Standards Association, Draft Standard CSAZ1003/BNQ9700-803-5 Psychological Health and Safety in the Workplace, section 4.2.2 (a) – (f). ["Standard"]

9 Standard, *supra* note 8, section 4.2.3.

10 Standard, *supra* note 8, section 3 "psychologically healthy and safe workplace".

11 Standard, *supra* note 8, section 4.2.3 (a) – (f).

to define minimum PHS requirements and provide training and support to workers and management to enable them to meet these minimum requirements, and inform managers that successful performance requires maintaining a psychologically healthy and safe work environment.<sup>21</sup> The draft Standard recommends that organizations develop and set goals to achieve a PHS vision while planning for the impact of PHS on worker health and organization finances.<sup>22</sup>

Organizations are required to identify "hazards", a potential source of psychological harm to a worker,<sup>23</sup> and assess the risks of those hazards.<sup>24</sup> Once hazards are identified and assessed, organizations must establish and maintain processes to eliminate or prevent their occurrence, protect workers and foster a psychologically healthy workplace.<sup>25</sup> They must also plan to manage changes that can affect PHS and provide information, training and assistance to workers and stakeholders regarding those changes.<sup>26</sup>

The draft Standard requires that organizations develop a PHS System implementation process that includes sponsorship from leaders, stakeholder engagement and change management principles.<sup>27</sup> To support implementation of the PHS System, organizations are required to provide sufficient resources for the system and provide workers with sufficient authority and knowledge to fulfill their duties and integrate PHS in their work.<sup>28</sup>

### Identify and Investigate PHS Incidents

Organizations must identify events where psychological illness or injury has or may occur to individuals and develop a process to respond to those events and to provide support, training and debriefing opportunities to responding personnel.<sup>29</sup> Organizations have similar obligations in relation to events that pose PHS risks at the organizational level

<sup>21</sup> Standard, *supra* note 8, section 4.4.7.

<sup>22</sup> Standard, *supra* note 8, section 4.3.1.

<sup>23</sup> Standard, *supra* note 8, section 3 "hazard".

<sup>24</sup> Standard, *supra* note 8, section 4.3.4.

<sup>25</sup> Standard, *supra* note 8, section 4.4.2.

<sup>26</sup> Standard, *supra* note 8, section 4.3.7; The Standard contains the following non-exclusive list of changes that may impact PHS: the development of new products, process or services; changes to work procedures, equipment, organizational structures, staffing, or suppliers; and changes to PHS strategies and legal requirements: *Ibid.*

<sup>27</sup> Standard, *supra* note 8, section 4.4.4.

<sup>28</sup> Standard, *supra* note 8, section 4.4.1.

<sup>29</sup> Standard, *supra* note 8, section 4.4.8.

without individual illness or injury.<sup>30</sup> Organizations must also implement reporting and investigation processes for "work-related injuries, illnesses, acute traumatic events, chronic stressors, fatalities (including suicides) and PHS System incidents".<sup>31</sup> After an investigation, recommendations for PHS System improvement must be developed and communicated to affected parties and form the basis for corrective action.<sup>32</sup>

### Monitor, Audit and Improve the PHS System

Organizations must monitor PHS and the PHS System to determine, among other things, whether objectives are being met and hazards are identified, assessed and controlled.<sup>33</sup> Organizations must identify any new or inadequately controlled hazards, expedite and record action taken to address those hazards and implement measures to prevent their recurrence.<sup>34</sup>

The draft Standard also requires organizations to establish audit programs to determine compliance with the Standard and internal PHS System requirements and whether the system is effectively implemented and maintained.<sup>35</sup> Management must ensure that documented corrective action is taken and that corrective actions and the results of the audit are communicated to affected workplace parties.<sup>36</sup>

### An Action Guide for Complying with the CSA Standard

In advance of the publication of the final CSA Standard, the Mental Health Commission of Canada, a not-for-profit

<sup>30</sup> Standard, *supra* note 8, section 4.4.9.

<sup>31</sup> Standard, *supra* note 8, section 4.4.10.

<sup>32</sup> If the event was of such a nature that the development of improvements for the PHS System would be appropriate: *Ibid.*

<sup>33</sup> Standard, *supra* note 8, section 4.5.2. The performance monitoring and measurement must review the requirement of the PHS System and the following as applicable: leadership engagement with the PHS system; baseline assessment of psychosocial risk factors; a baseline assessment of other workplace determinants of psychological health; injury and illness tracking; return-to-work programs; psychological and physical health risk assessments; and aggregated analysis of the results of investigations or events: Standard, *supra* note 8, section 4.5.2.

<sup>34</sup> Standard, *supra* note 8, section 4.5.6. In developing protective and corrective action procedures, an organization must consider input from PHS System monitoring, recommendations from workers and worker representatives, PHS System audits and management reviews: Standard, *supra* note 8, section 4.5.6.

<sup>35</sup> Standard, *supra* note 8, section 4.5.5.

<sup>36</sup> *Ibid.*

organization that aims to improve the mental health system and change attitudes towards mental health issues, has released *Psychological Health and Safety: An Action Guide for Employers*<sup>37</sup> (the "Action Guide"). As noted above, the Action Guide is intended to assist employers in complying with the new CSA Standard and in protecting employees' psychological health.<sup>38</sup>

The Action Guide is organized in six consecutive steps: policy, planning, promotion, prevention, process and persistence, known as the P6 Framework.<sup>39</sup> For each of the six steps, the Action Guide lists a series of actions that Canadian employers can implement to protect employees' PHS in the workplace.<sup>40</sup> The Action Guide provides an explanation of why each action is important to PHS, a description of how that action may be implemented and a list of online resources that are available to assist employers in the implementation of the action.<sup>41</sup>

## Policy

In the policy step, employers set the stage for action on PHS issues by promulgating a PHS policy.<sup>42</sup> Employers are encouraged to obtain endorsement of PHS from organizational leaders in order to create urgency, ensure the provision of sufficient resources, demonstrate commitment and drive change for PHS measures.<sup>43</sup> Endorsement may take the form of a statement from the leader that PHS is a priority for the organization, or a document outlining a more comprehensive strategy for PHS change in the organization.<sup>44</sup>

Once an endorsement is obtained, employers are encouraged to build an action team of individuals who will be responsible for planning and implementing PHS initiatives.<sup>45</sup> This may be done by identifying PHS champions who are familiar with PHS issues through their personal or professional experience and who can lead, inspire and act as positive role models and resources for PHS.<sup>46</sup> It may also be achieved by expanding the mandate of existing workplace health and safety

committees to include PHS issues.<sup>47</sup> After the action team is built, employers should assign tasks to members based on their interests, skills and influence, and should identify and provide the necessary resources (time, money, space, etc.) to allow the action team to fulfill its mandate.<sup>48</sup>

The next stage in this step is to develop and communicate a clear and concise PHS policy.<sup>49</sup> Communicating the policy is important to ensure that employees understand what is being done and why it is important to them and the larger organization.<sup>50</sup> Communication may be achieved through any number of methods, but it is suggested that it will be most impactful if it comes from the executive levels of the organization and is repeatedly woven into organizational communications.<sup>51</sup> The policy should be posted and available.

## Plan

In the second or planning step, employers select, plan and set objectives for PHS initiatives.<sup>52</sup> Employers are encouraged to gather information about PHS indicators in the workplace, including: absenteeism, benefits utilization, disability rates and costs, employee assistance plan usage and accident, incident or injury rates.<sup>53</sup>

Employers are also encouraged to survey employees to determine the PHS issues that affect them.<sup>54</sup> Surveys may be completed by reviewing existing information in JHSC meeting minutes, complaints, grievances and exit interviews or through new employee surveys or conversations.<sup>55</sup>

Once information is gathered, employers are encouraged to measure the organization's readiness to change PHS behaviours.<sup>56</sup> Internal factors that suggest a readiness to change include employee feedback about PHS issues and union-management agreements about OHS matters.<sup>57</sup> The existence of conflict or major change and the failure of health and safety initiatives, among other things, may be barriers to organizational change.<sup>58</sup> External factors may also present opportunities or barriers to change. For example, new legislation imposing workplace violence obligations or

37 Mental Health Commission of Canada, *Psychological Health and Safety: An Action Guide for Employers* (January 2012), online: <[http://www.mentalhealthcommission.ca/SiteCollectionDocuments/Workforce/Workforce\\_Employers\\_Guide\\_ENG.pdf](http://www.mentalhealthcommission.ca/SiteCollectionDocuments/Workforce/Workforce_Employers_Guide_ENG.pdf)>. ["Action Guide"]

38 Action Guide, *supra* note 37 at p. 2.

39 Action Guide, *supra* note 37 at p. 3.

40 Action Guide, *supra* note 37 at p. 3.

41 Action Guide, *supra* note 37 at p. 3.

42 Action Guide, *supra* note 37 at p. 6.

43 Action Guide, *supra* note 37 at p. 7.

44 Action Guide, *supra* note 37 at p. 7.

45 Action Guide, *supra* note 37 at p. 8.

46 Action Guide, *supra* note 37 at p. 8.

47 Action Guide, *supra* note 37 at p. 8.

48 Action Guide, *supra* note 37 at p. 8.

49 Action Guide, *supra* note 37 at p. 9.

50 Action Guide, *supra* note 37 at p. 9.

51 Action Guide, *supra* note 37 at p. 9.

52 Action Guide, *supra* note 37 at p. 11.

53 Action Guide, *supra* note 37 at p. 12.

54 Action Guide, *supra* note 37 at p. 13.

55 Action Guide, *supra* note 37 at p. 13.

56 Action Guide, *supra* note 37 at p. 14.

57 Action Guide, *supra* note 37 at p. 14.

58 Action Guide, *supra* note 37 at p. 14.

public campaigns about mental health issues can present opportunities to facilitate PHS change.<sup>59</sup> Conversely, pending organizational mergers and acquisitions and negative press coverage about mental illness can present barriers to PHS initiatives.<sup>60</sup>

## Promotion

In the promotion step, employers are encouraged to provide information and education resources through training programs to build employee resiliency.<sup>61</sup> The Action Guide identifies training in self-regulation of emotional responses, efficient problem solving, self-efficacy and the acceptance and provision of social support as the key components of any resiliency training program.<sup>62</sup> The Action Guide recommends that resiliency training be delivered by a professional with knowledge of and expertise in PHS principles.<sup>63</sup>

The Action Guide also recommends that employers create a respectful workplace by issuing a policy commitment to respect one another in the workplace and communicating that commitment to all members of the workplace.<sup>64</sup> In addition, employers should educate staff about respectful workplace principles and conflict management, and provide specific training to managers on how to model respectful behavior and how to identify and resolve violations.<sup>65</sup>

Employers are also encouraged to communicate, train and educate employees about PHS, and enhance mental health knowledge by providing educational resources.<sup>66</sup> The Action Guide suggests that employers invite individuals with experience with mental health issues into the workplace to share their experience and to discuss PHS with employees.<sup>67</sup> This can reduce the stigma associated with PHS issues and increase awareness.<sup>68</sup>

## Prevention

The prevention step is divided into primary, secondary and tertiary prevention steps. Primary prevention attempts to change individual or organization conditions that may

contribute to PHS problems.<sup>69</sup> The Action Guide recommends that employer use PHS characteristics to select employees and design jobs.<sup>70</sup> This means considering the psychological impacts of workload, scheduling and perceived fairness when designing jobs, and matching employees' psychological competencies with the concentration, emotional intelligence, self-management and problem solving demands of the job.<sup>71</sup>

The Action Guide also suggests providing stress management training to employees.<sup>72</sup> This may be done by providing individual or group training on controlling thoughts and emotions triggered by stress, and using problem solving strategies (*e.g.*, time management, relaxation, conflict resolution, realistic thinking, *etc.*) to identify and manage workplace stressors.<sup>73</sup>

The final stage in primary prevention encourages employers to support work-life balance.<sup>74</sup> This may be done by providing flexible employee supports (*e.g.*, flexible work schedules, telecommuting or personal days)<sup>75</sup> and by offering training and information to employees about work skills (*e.g.*, time management, organizational skills, coping with stress) or personal skills (*e.g.*, financial planning or child or eldercare).<sup>76</sup>

Secondary prevention attempts to identify and eliminate PHS problems in the early stages.<sup>77</sup> The Action Guide recommends that employers provide employees with self-care tools to manage their own psychological well-being.<sup>78</sup> The Action Guide notes that a number of free or low-cost workbooks and websites have been developed to instruct employees in how to deal with psychological difficulties.<sup>79</sup>

Employers should also provide managers with the necessary training to respond appropriately to PHS issues.<sup>80</sup> This may be done by developing specific PHS training programs for managers, or by using publicly available tools to develop important PHS skills, including: recognizing workplace

59 Action Guide, *supra* note 37 at p. 14.

60 Action Guide, *supra* note 37 at p. 14.

61 Action Guide, *supra* note 37 at p. 16.

62 Action Guide, *supra* note 37 at p. 16.

63 Action Guide, *supra* note 37 at p. 16.

64 Action Guide, *supra* note 37 at p. 17.

65 Action Guide, *supra* note 37 at p. 17.

66 Action Guide, *supra* note 37 at p. 18.

67 Action Guide, *supra* note 37 at p. 18.

68 Action Guide, *supra* note 37 at p. 18.

69 Action Guide, *supra* note 37 at p. 20.

70 Action Guide, *supra* note 37 at p. 22.

71 Action Guide, *supra* note 37 at p. 23.

72 Action Guide, *supra* note 37 at p. 23.

73 Action Guide, *supra* note 37 at p. 23.

74 Action Guide, *supra* note 37 at p. 24.

75 Action Guide, *supra* note 37 at p. 24.

76 Action Guide, *supra* note 37 at p. 24.

77 Action Guide, *supra* note 37 at p. 24.

78 Action Guide, *supra* note 37 at p. 27.

79 Action Guide, *supra* note 37 at p. 27.

80 Action Guide, *supra* note 37 at p. 28.

symptoms of PHS issues, engaging employees with PHS issues and supporting PHS issues.<sup>81</sup>

The final recommended stage in secondary prevention is providing early intervention through employee assistance programs ("EAPs").<sup>82</sup> According to the Action Guide, organizations without EAPs should consider implementing them.<sup>83</sup> Organizations with EAPs already in place should ensure that they have processes in place to identify early signs of psychological problems, counselors with training to deliver interventions and quality assurance procedures to ensure that employees are receiving necessary and appropriate interventions.<sup>84</sup>

Tertiary prevention attempts to reduce the dysfunction that may result from mental health issues.<sup>85</sup> This is done by providing employees with mental health issues the workplace accommodations and information they need to stay at work, or to return to work safely following absences, and ensuring access to psychological treatment by adding treatment to the list of services covered by benefits.<sup>86</sup> The Action Guide also recommends providing coordinated disability management under tertiary prevention.<sup>87</sup> Coordinated disability management refers to a process that includes ongoing communication between and integration of interested parties, including: health care professionals, managers, human resources, employees and employees' representatives.<sup>88</sup> This may be achieved by assigning one individual to coordinate efforts to assist employees in staying at work, or returning to work safely after absences.<sup>89</sup> Alternatively, it may also be done through an insurance carrier's disability management program, where available.<sup>90</sup>

### Process: Evaluating the PHS System

The process step involves evaluating the impact of actions taken to improve and protect PHS by planning for and conducting an evaluation of the implementation of PHS measures, and measuring the short- and long-term

outcomes of those measures.<sup>91</sup> Planning the evaluation should include identifying individuals to provide input, selecting short- and long-term outcomes to measure and identifying practical and flexible methods by which the evaluation will be conducted and changes measured.<sup>92</sup>

Once the evaluation is planned, the organization may begin to measure short- and long-term outcomes.<sup>93</sup> Short-term outcomes may be measured by performing a PHS audit<sup>94</sup> before and after PHS measures are implemented and considering whether any positive changes have taken place, or by gathering qualitative data from employee focus groups about workplace PHS changes.<sup>95</sup> Long-term outcomes (*e.g.*, lower absenteeism, higher retention, *etc.*) may not be evident in the early stages of implementing PHS measures, but will likely become evident over time as PHS factors and incidents are monitored.<sup>96</sup>

### Persistence

The final step is the persistence step. The persistence step seeks to sustain PHS improvements by supporting individuals and groups who champion PHS issues in the workplace, creating a culture of PHS and by continually evaluating and modifying PHS measures to ensure their effectiveness.<sup>97</sup>

The creation of a PHS culture may be facilitated by, among other things, ensuring ongoing leadership commitment to PHS initiatives; establishing a climate in which employees are comfortable reporting PHS incidents or concerns; striving to understand the underlying causes and effects of PHS incidents; and involving employees in PHS initiatives development and implementation.<sup>98</sup>

Continuous evaluation and modification of PHS initiatives may be achieved through the "PDCA cycle": Plan, Do, Check, Act.<sup>99</sup> In the PDCA cycle, employers should develop a plan to test a PHS initiative, do the test, check the result of the PHS

81 Action Guide, *supra* note 37 at p. 28.

82 Action Guide, *supra* note 37 at p. 29.

83 Action Guide, *supra* note 37 at p. 29.

84 Action Guide, *supra* note 37 at p. 29.

85 Action Guide, *supra* note 37 at p. 31.

86 Action Guide, *supra* note 37 at pp. 32-33.

87 Action Guide, *supra* note 37 at p. 34.

88 Action Guide, *supra* note 37 at p. 34.

89 Action Guide, *supra* note 37 at p. 34.

90 Action Guide, *supra* note 37 at p. 34.

91 Action Guide, *supra* note 37 at pp. 36-40.

92 Action Guide, *supra* note 37 at p. 37.

93 Action Guide, *supra* note 37 at p. 39.

94 The Action Guide recommends the Guarding Minds at Work audit, available online at: <http://www.guardingmindsatwork.ca/info/index>.

95 Action Guide, *supra* note 37 at p. 39.

96 Action Guide, *supra* note 37 at p. 39.

97 Action Guide, *supra* note 37 at pp. 41-45.

98 Action Guide, *supra* note 37 at p. 43.

99 Action Guide, *supra* note 37 at p. 44.

initiative and learn from what happened, and decide what should changes (if any) should be made to the initiative and then act to implement those changes.<sup>100</sup> The PDCA cycle then starts anew.

### A Growing Awareness of Mental Health Issues in the Workplace

The CSA Standard and the Action Guide, which aids its implementation, are part of a global trend towards increased awareness of mental health issues and the impact those issues have on employees and the workplace.

If left unmanaged, workplace mental health issues can lead, among other things, to increased employee turn-over, lower employee engagement and increased short- and long-term disability claims. When these issues arise from bullying or harassment in the workplace, they can also expose the employer to legal sanctions under human rights law, civil actions, grievances or enforcement or reprisal complaints under occupational health and safety laws. The CSA Standard and the Action Guide will be important tools for employers who are seeking to avoid these risks by managing workplace mental health issues.

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<sup>100</sup> Action Guide, *supra* note 37 at p. 44.

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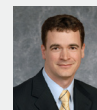
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