



Mindful Employer
Canada

Building Capacity to Promote and Protect Psychological Health and Safety

*2018 Research Report for the Ontario
Ministry of Labour*

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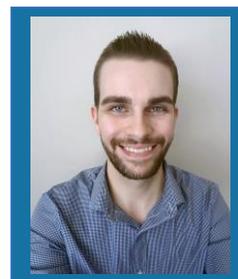
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Dr. Samra has been involved as an expert advisor on a number of provincial and national steering committees in the area of workplace psychological health, including being a founding member of the Technical Committee that developed Canada's *National Standard for Psychological Health & Safety in the Workplace (CSA Z1003/BNQ9700)* – the first Standard of its kind in the world. Dr. Samra is the principal developer of the following evidence-based, public domain assessment resources: *Guarding Minds @ Work* (organizational assessment); *Managing Emotions* (emotional intelligence assessment); and *Psychologically Safe Leader Assessment* (leadership assessment). She also led an extensive research investigation on the evolution of Canadian workplace mental health strategies and initiatives from 2007-2017.

Dr. Samra has created a breadth of evidence-based resources for individuals and organizations in the areas of mood disorders, suicidality, chronic health conditions, emotional intelligence, and workplace psychological health and safety. A dynamic and engaging speaker, Dr. Samra presents her work extensively at the invitation of public and private sector organizations, and is regularly called upon by provincial and national print, radio and TV media to comment on issues relating to human behaviour.

Dr. Samra completed her clinical residency at the University of Washington (UW) Medical Center in Seattle, Washington, obtaining specialized training at UW's internationally-renowned Level 1 adult and paediatric trauma and burn center, as well as specialized training within UW's rehabilitation medicine department. She has received a number of awards and accolades for her clinical and research work, including being a recipient of the Canadian Psychological Association's *New Researcher Award* (2002) and the British Columbia Psychological Association's *Advancement of the Profession of Psychology Award* (2011).

Michelle Hunsche, B.A. (Hons.) (Lead Research Associate) is a Master's student in Clinical Psychology at the University of British Columbia. She received her B.A. (Hons.) in Psychology with a Minor in Counselling from Kwantlen Polytechnic University in 2017. She received the Canadian Psychological Association's *Certificate of Academic Excellence* for her Honours Thesis on social cognition in children with Fetal Alcohol Spectrum Disorders. Michelle is broadly interested in the social-cognitive mechanisms underlying mental health issues, and how a better understanding and treatment of social-cognitive dysfunction might help to improve psychological health and wellness. In her graduate program, Michelle will be investigating the development and symptomology of comorbid anxiety disorders in children with Autism Spectrum Disorders, as well as how social-cognitive factors and environmental stressors (e.g., trauma) influence psychosocial well-being in this vulnerable group. During the course of her program, she will also begin receiving training to become a registered clinical psychologist. Her graduate research is supported by the University of British Columbia.

Dylan Davidson, B.A.A. (Hons.) (Research Associate) is a Master's student in Clinical Psychology at the University of Manitoba. He received his B.A.A. (Hons.) in Psychology degree from Kwantlen Polytechnic University in 2016, receiving the Canadian Psychological Association's *Certificate of Academic Excellence*. Dylan is broadly interested in conducting research that furthers our understanding of cognitive and emotional processes in mental illness, and using these advancements in knowledge to evaluate and innovate on psychotherapy approaches. Furthermore, he is interested in researching the best practices for inducing social-environmental changes for those with mental health issues by way of increased public education and reduced stigma. In his graduate program, Dylan conducts systematic research efforts to improve public mental health literacy and access to mental health services, and is training as a student clinician to become a registered clinical psychologist. His graduate research is supported by the Canada Graduate Scholarship (Social Sciences and Humanities Research Council) and the University of Manitoba.

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Executive Summary

Aim: The Mindful Employer Canada Case Study research project sought to implement the *In-House* Program in 26 non-profit organizations across Canada that would provide people-leaders with the opportunity to participate in training sessions focused on improving psychological health and safety (PH&S) in their workplaces. The objectives of the project were: (1) evaluating four core leadership competencies of Champions (emotional intelligence; communication & facilitation skills; critical thinking; integrity) before and after completing the *In-House* program; (2) helping workers both manage workplace stress more effectively, and promote a psychologically safe work environment; (3) developing new resources (one on *Volunteers and Psychological Health & Safety*, and one on *Preventing Traumatic Mental Stress*) with input from participants; and (4) developing and publishing web-based resources and videos and making them freely available on the Mindful Employer Canada website.

Methodology: 21 out of 26 non-profit organizations completed participation in the case study, which spanned a 2-year period (June 2016 – April 2018). The Mindful Employer Canada *In-House* program included 8 training sessions, each of which were structured in one of three formats: active learning sessions, case study discussions, or roundtable discussions. Before and after participating in the *In-House* program, participants completed several assessments which measured various dimensions of PH&S in the workplace. These included measures of workplace stress and job satisfaction, psychologically safe leadership, and attitudes towards mental health issues.

Results: Before completing the *In-House* program, employee and people-leader responses on the assessments generally indicated that their organizations prioritized the well-being of their employees and the promotion of PH&S in the workplace, but that they were unsure of how to implement practices and policies when mental health issues in the workplace do arise. After completing the *In-House* program, leaders demonstrated strong psychologically safe leadership skills and were more confident in their ability to address mental health issues in the workplace.

- Approximately two-thirds of employees reported greater or equal job satisfaction to job stress. However, there was no significant change in employees' feelings of job satisfaction or job stress after the *In-House* program.
- Champions demonstrated higher than average preference for the Social Intelligence leadership style and the subdomain of Compassion. This suggests that the participating organizations value leaders who are not only attuned to the needs of their employees, but also care about their well-being. While Champions' leadership style preferences did not change significantly after the *In-House* program, their preference for leadership strategies involving Compassion did slightly increase.
- After participating in the *In-House* program, people-leaders demonstrated a significant increase in confidence and comfort to formally address performance and accommodate mental health issues in the workplace.
 - Before completing the *In-House* program, only **52%** of leaders reported that they understood the legal requirements of accommodating an employee experiencing a mental health issue; after completing the program, this increased to **84%** of people-leaders
 - Before the *In-House* program, **51%** of leaders felt confident in their ability to take steps to assist an employee to return to work after a period of absence due to a mental health issue; after completing the program, this number increased to **87%** of people-leaders
- The people-leaders who completed the *In-House* program demonstrated a high degree of comfort and competency (on average over 80%) across 5 key aspects of psychologically safe leadership skills.
- Champions' most commonly stated their reason for participating was to improve psychological health and safety in their organizations and to better support mental wellness for all employees. After participating in the *In-House* program, nearly all Champions (**93%**) expressed that the program helped them achieve those desired outcomes, and many Champions (**93%**) expressed that their organization saw unexpected benefits from participating, specifically problem solving and conflict management.

Conclusions: The Mindful Employer Canada *In-House* program was developed based on an identified need for approaches, tools and resources that help organizations and people-leaders improve workplace PH&S. Participation in the *In-House* training sessions resulted in people-leaders having measurable improvements in their psychologically safe leadership skills, and acquiring valuable tools and knowledge – as well as reporting increased confidence - on how to more effectively address mental health issues in the workplace.

Limitations: The methodological approach in the case study project placed strong emphasis on ensuring real world applicability. As such – and consistent with how such training initiatives are ideally customized in organizations – program implementation was flexible, and participation was voluntary. This places some limits on generalization of results, and future research could benefit from examining the efficacy of consistent, mandated training initiatives around PH&S. This however may lose some of the value to those who customize to meet the needs of their own unique work situation.

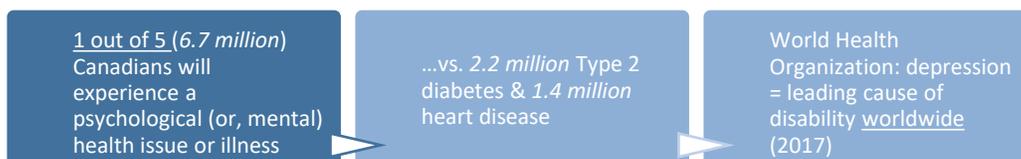
Practice & Training Implications: This case study project demonstrates that people-leaders have a strong identified need for training initiatives such as Mindful Employer Canada's *In-House* program. Participants completing the *In-House* program rated the session content as high in acceptability and usefulness, and measurable improvements in psychologically healthy and safe leadership behaviours were observed.

- People-leaders' responses on the *In-House* program session evaluations were highly positive.
 - Over **95%** of people-leaders reported that they would apply the knowledge that they learned in the program in their own position, and that participating in the program was worth the time spent.
 - Over **95%** of people-leaders also reported that participating in the program increased their confidence with how to respond to and support mental health issues in the workplace.

Introduction

Why This Matters

Workplace mental health has been gaining increasing attention and awareness, particularly over the past decade.¹ However, mental health issues continue to be a challenge in many workplaces, for both leaders and workers alike. Per annum:²



Employee mental health concerns can have a significant impact both on employees' work productivity and function, as well as on their personal well-being. Workers who are experiencing a mental health issue and are not receiving the supports that they need are more likely to experience job burnout, turnover, absenteeism, and declines in productivity.^{3,4} Fortunately, leadership and workplace initiatives that prioritize PH&S in the workplace can mitigate or even prevent many of these issues, and have been shown to have a positive impact on employee well-being and work performance.⁵

One of the most impactful workplace mental health initiatives in recent years has been the 2013 release of the *National Standard of Canada for Psychological Health and Safety in the Workplace* (the Standard) – the first standard of its kind in the world. The Standard provides to employers a voluntary, comprehensive set of guidelines that advise how to prevent, identify, and address workplace risks to psychological health.⁶ Central to this set of guidelines is the responsibility of organizations to equip their people-leaders with skills to promote workplace PH&S.

National Standard of Canada: Expectations for Leaders⁶

Promote Psychological Health & Safety in the Workplace

- Outlines the responsibility of organizations to **set expectations and requirements for those in leadership positions to “prevent psychological harm, promote PH&S of workers, and address problems related to PH&S”**

Train Leaders in Psychological Health & Safety Skills

- Outlines the responsibility of organizations to **support those in leadership roles, through “accessible coaching and supports”, to develop and maintain their PH&S skills**

The *In-House* program was specifically developed in support of this requirement.

Mindful Employer Canada: Background

Mindful Employer Canada is a national not-for-profit that was launched in May 2014 by Mary Ann Baynton, Sarah Jenner and Spencer Baynton. Mary Ann saw Mindful Employer Canada as an opportunity to demonstrate appreciation for the employers, union representatives, and managers across Canada who strive to support employees with mental health concerns. It provides a way to show their commitment to supporting employee and workplace mental health. Under Mary Ann's leadership as the Executive Director, from May 2014 to September 2017, Mindful Employer Canada developed the *In-House* program. The *In-House* program was created to help people-leaders address workplace issues in a way that maintains dignity and respect for all parties involved. It allows an organization's people-leaders to come together to take part in sessions that further develop leadership confidence and competence using tools and strategies that support success.

¹ Samra, J. (2017). The Evolution of Workplace Mental Health in Canada: Research Report (2007-2017). Retrieved from WorkplaceStrategiesforMentalHealth.com/pdf/Evolution_Research_Project_Full_Report_Jan_2017_0.pdf.

² Mental Health Commission of Canada. (2017). Bridging the Gap: 10 years of supporting mental health. Retrieved from BridgingtheGap.MentalHealthCommission.ca/. World Health Organization. (2017). *Depression*. Retrieved from WHO.int/mediacentre/factsheets/fs369/en/.

³ Cocker, F., Martin, A., Scott, J., Venn, A., & Sanderson, K. (2013). Psychological distress, related work attendance, and productivity loss in small-to-medium enterprise owner/managers. *International Journal of Environmental Research and Public Health*, 10(10), 5062-5082. doi:10.3390/ijerph10105062

⁴ McTernan, W. P., Dollard, M. F., & LaMontagne, A. D. (2013). Depression in the workplace: An economic cost analysis of depression-related productivity loss attributable to job strain and bullying. *Work & Stress*, 27(4), 321-338. doi:10.1080/02678373.2013.846948

⁵ Samra, J. (2017). The Evolution of Workplace Mental Health in Canada: Research Report (2007-2017).

⁶ CSA Group. (2013). The National Standard of Canada. *Psychological health and safety in the workplace: Prevention, promotion, and guidance to staged implementation*. Retrieved from CSAGroup.org/documents/codes-and-standards/publications/CAN_CSA-Z1003-13_BNQ_9700-803_2013_EN.pdf

Mindful Employer Canada’s two-year case study was overseen by Sarah Jenner, who acted as the organization’s National Manager until she accepted the role of Executive Director in September 2017. In her role, Sarah has had the pleasure of mentoring *In-House* Champions across Canada, and is dedicated to continually improving the *In-House* program through feedback from Champions. Mindful Employer Canada welcomes organizations across Canada to participate in the *In-House Program*, as well as in their latest program, *Mindful Leader*,⁷ which will be launched in October 2018. Those who participate in these programs are provided with tools and strategies to support staff and improve psychological health and safety (PH&S) within their organization. Leaders with these skills will become increasingly sought after as organizations strive to meet the requirements of the *National Standard of Canada for Psychological Health and Safety in the Workplace (National Standard)*.

Mindful Employer Canada’s *In-House* Program

Mindful Employer Canada is a national not-for-profit that provides practical tools, strategies and resources to improve workplace mental health. The *In-House* program states that they strive to help people-leaders address workplace issues by:

- ❖ Providing a cost-effective program that helps build capacity to effectively resolve issues that negatively impact workplace mental health;
- ❖ Building Champions’ expertise in addressing workplace mental health issues through on-going, on-line mentoring; and,
- ❖ Encouraging participants to leverage the knowledge provided to build capacity among others in their organization who support, manage or lead employees.

Promoting the importance of workplace mental health has a significant positive impact on employer attitudes towards mental health issues at work. In organizations that aim to protect and support employee mental health, people-leaders are more likely to understand mental health issues and less likely to believe that those with mental health issues are less reliable than other employees.⁸ Furthermore, these organizations are more likely to use formal measures to gauge employee stress levels, provide greater access to counselling services for employees, and are more likely to have formal workplace policies on stress and workplace mental health. The *In-House* program also aligns with the core attributes of psychologically safe leaders, as defined in the *Psychologically Safe Leader Assessment (PSLA)*⁹. The PSLA is a recently developed strengths-based assessment tool that helps leaders assess and address their proficiency related to psychologically safe leadership skills, as outlined by the *National Standard*. The five core domains assessed by the PSLA are those within the influence and control of individual leaders.

Figure 1: Core Attributes of Psychologically Safe Leaders



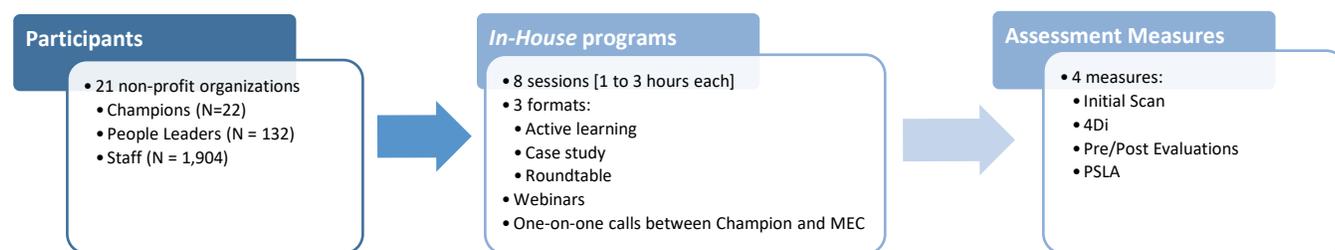
⁷ The Mindful Leader Program consists of 6 full-day workshops including both pre-work and post-work. Anyone can participate in the workshops, but only those who satisfactorily complete all of the pre and post work will be able to earn the Mindful Leader Certification.

⁸ Henderson, C., Williams, P., Little, K., & Thornicroft, G. (2013). Mental health problems in the workplace: Changes in employers’ knowledge, attitudes and practices in England 2006-2010. *The British Journal of Psychiatry*, 202(s55), s70-s76.

⁹ Developed by Dr. Joti Samra, R.Psych. and her research team; see PsychologicallySafeLeader.com for more information on the PSLA and the 5 psychosocial domains.

Methodology

Figure 2: Mindful Employer Canada Case Study Procedure



See [Appendix A & B \(p. 21, p. 23\)](#) for more detailed descriptions of the case study methodology.

In-House Program Sessions

The case study research project involved 21¹⁰ not-for-profit organizations across Canada who participated in Mindful Employer Canada's *In-House* program. These organizations were recruited through an open call on the WorkplaceStrategiesForMentalHealth.com and MindfulEmployer.ca websites. E-blasts were sent out through the national databases of both those organizations, and announcements were made at public events where Mary Ann Baynton was a speaker. Within each participating organization, a Mindful Employer Canada *In-House* Champion was either self-selected (N=10) or assigned by a senior leader (N=12) to spearhead the initiative and to facilitate the *In-House* program training sessions. These training sessions ranged from 1-3 hours in length, depending on the needs of the organization and the Champion's goals. This flexibility allowed Champions to adapt the *In-House* program to their organization's unique needs and preferences.¹¹ Over two-thirds (70%) of participating organizations completed all eight sessions.¹²

While the sessions were aimed towards *people-leaders* - those who occupy job roles which require them to support employees (e.g., managers, supervisors, human resources personnel, occupational health, union representatives, health and wellness, employee assistance program, disability managers, etc.) - Champions were able to include anyone within their organization as participants.

To facilitate their *In-House* sessions, Champions who are employees of the participating organizations are provided practical resources and experiential learning opportunities: Group mentoring opportunities with the former Executive Director, Mary Ann Baynton, current Executive Director, Sarah Jenner; access to resources to support individuals in their organization who support, manage, or lead employees; access to and collaboration opportunities with a community of other Champions; access to session materials for the facilitator/Champion and participants comprised of contemporary information that aids in addressing workplace mental health issues; access to Mindful Employer Canada webinars/videos with the Executive Director and National Manager; email support; and a variety of blogs, e-newsletters, and other materials that may inform the Champion's support strategies.

Each session ranges from 1-3 hours in length, depending on the Champion's preference and/or the receiving group's needs. Included for each session is a Champion Guide with suggested wording to assist in engaging participants, as well as an agenda outlining how to shorten or lengthen various activities as needed to fit a 1, 2, or 3-hour session. Guides and suggestions for welcoming discussions and icebreaker activities are also provided to aid the facilitator/Champion in launching the core sessions activities with enthusiasm and attentiveness. At the end of each session, opportunities exist for providing feedback to the Champion on the session, as well as for sharing with participants helpful resources that are relevant to the session's topic.

Each session is provided in one of three formats:

- **Active learning** sessions involve engaging participants in discussions, and various other activities, rather than a lecture format. Learning in these sessions is intended to be directly transferrable to their job roles, so that participants can share learned experiences and activities with their employees.

¹⁰ Five Champions withdrew their organizations from the case study before the end of the project. Before attrition, 26 organizations were involved in the case study.

¹¹ Some Champions conducted longer sessions because of leader/organizational interest in the subject, while some shortened them due to limited time and focused on the points most relevant to their team.

¹² S. Jenner, personal communication. March 21, 2018.

- **Case studies** involve the group being introduced to a real-life scenario, and then provided with the opportunity to sympathize with, discuss, and conceive solutions to the case.
- **Roundtables** involve the introduction of a topic relating to workplace mental health, a short discussion to set up the problem, and then the posing of a question that prompts further discussion amongst the table group for solutions.

Champions were provided access to facilitator and participant materials for all of the sessions, with which they could facilitate as many times as necessary to people-leaders in their organization. Collectively, the eight available sessions are designed to provide a breadth and depth of content that address key factors of a mentally healthy work environment.

See [Appendix A \(p. 21\)](#) for detailed descriptions of *In-House* sessions.

Figure 3: Titles of *In-House* Training Sessions



Assessments

Champions facilitated the eight *In-House* program training sessions between August 2016 and April 2018. Before and after the *In-House* program, Champions, people-leaders, and staff completed a number of assessments which measured various dimensions of psychological health and safety (PH&S) in the workplace (see Table 1). These assessments were completed either online or in-person (via paper surveys). In August 2016 (before the *In-House* program), the following pre-assessments were administered: The 4D-i (Champions), the *In-House* Pre-Evaluation (people-leaders), and the Initial Scan (all staff). In February and March 2018 (after the *In-House* program), the following post-assessments were administered: The 4D-i (Champions), the *In-House* Post-Evaluation (people-leaders), the Psychologically Safe Leadership Assessment (people-leaders), and the Initial Scan (all staff). After completing each of the *In-House* program training sessions, participating people-leaders (N = 427) also completed Session Evaluations.

See [Appendix B \(p. 23\)](#) for detailed descriptions of the assessments.

Table 1: Assessment Descriptions^{13, 14}

Initial Scan ^{1, 2}	4D-i ^{1, 2, 3}	Pre/Post Evaluations ^{2, 3}	Psychologically Safe Leadership Assessment ^{1, 2, 3, 4, 5}	Video Interviews ^{1, 2, 3, 4, 5}
<ul style="list-style-type: none"> • Job satisfaction and work stress • How Fairness and Supervisor Support affect employee satisfaction and stress • Completed by: <ul style="list-style-type: none"> • All staff • Pre-Responses: 2,622 • Post-Responses: 1,904 	<ul style="list-style-type: none"> • 4 leadership skill areas: <ul style="list-style-type: none"> • Social intelligence • Communication • Critical thinking • Integrity • Completed by: <ul style="list-style-type: none"> • Champions • Pre-Responses: 27 • Post-Responses: 17 	<ul style="list-style-type: none"> • Leader attitudes towards mental health issues in the workplace • Completed by: <ul style="list-style-type: none"> • People-Leaders • Pre-Responses: 221 • Post-Responses: 132 	<ul style="list-style-type: none"> • Psychologically safe leadership skills • Strengths and areas for improvement • Completed by: <ul style="list-style-type: none"> • People-Leaders • Pre-Responses: N/A • Post-Responses: 28 	<ul style="list-style-type: none"> • Interview with Champions from each participating organization • Expectations, outcomes of participating in the Case Study • Completed by: <ul style="list-style-type: none"> • Champions • Pre-Responses: 19 • Post-Responses: 15

¹ Communication & Collaboration; ² Social Intelligence; ³ Problem Solving & Conflict Management; ⁴ Security & Safety; ⁵ Fairness & Integrity

¹³ The PSLSA is a validated and reliable approach to categorizing psychologically safe leadership skills and is consistent with the National Standard of Canada. For that reason, the assessments used in the *In-House* program case study were each categorized according to the 5 psychosocial domains outlined in the PSLSA. For example, the Initial Scan measures employee job satisfaction and stress as well as employees’ perceptions of supervisor support and fairness, and thus was categorized under Communication & Collaboration (characterized by clear leadership and expectations) and Social Intelligence (characterized by psychological and organizational support, and employee engagement). See PsychologicallySafeLeader.com for more information on the PSLSA.

¹⁴ Of the 26 organizations that participated in the initial face-to-face sessions, 5 withdrew from the case study before the end of the project. For this reason, their data will not be included in analyses. See [Appendix A \(p. 23\)](#) for a list of participating organizations and for a summary of reasons given for withdrawal.

Results

Employee Job Satisfaction & Stress [Initial Scan]¹⁵

The Initial Scan measure comprised 6 questions that assessed employees' overall feelings of job satisfaction and work stress. Employees' responses were scored out of 5 (1 = *Strongly Disagree*, 5 = *Strongly Agree*).

Employee Job Satisfaction & Stress: Overview

Before the *In-House Program*: About one-third of employees (28%) reported that their job satisfaction outweighed the amount of job stress that they experience. 40% reported equal feelings of job satisfaction and job stress, and 32% of employees reported greater job stress than job satisfaction. For approximately two-thirds of employees (66%), supervisor support and fairness played a significant role in this feeling of job satisfaction.

After the *In-House Program*: A similar proportion of employees (29%) reported that their job satisfaction outweighed the amount of job stress that they experience, and 31% reported equal feelings of job satisfaction and job stress. 39% of employees reported greater job stress than job satisfaction. A similar proportion of employees (63%) reported that supervisor support and fairness played a positive role in their feelings of job satisfaction.

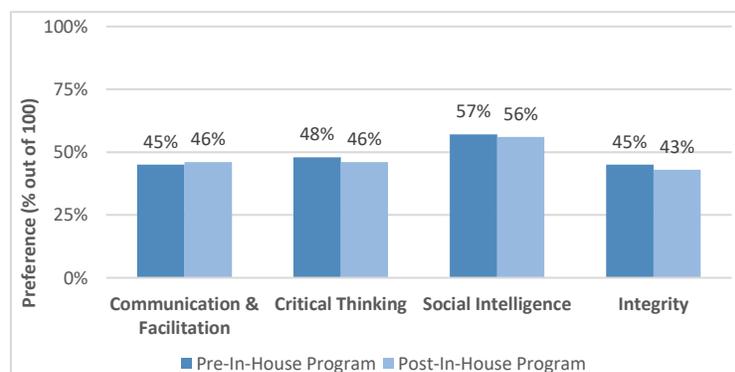
KEY FINDING: Approximately two-thirds of employees reported greater or equal job satisfaction to job stress. However, there was no significant change in employees' feelings of job satisfaction or job stress after the *In-House* program. There are several limitations to the interpretation of these results: The Initial Scan is a brief (6-item) measure; job stress and satisfaction are broad constructs and are impacted by many factors (some of which are not under the control of individual leaders); and, valid post-*In-House* program Initial Scan results were only available for N = 347 employees.

See [Appendix C \(p. 27\)](#) for more detailed summary of results.

Leadership Styles and Strategies [4D-i Assessment]¹⁶

The 4D-i consisted of two sections. Section One included 45 paired-choice questions, for which Champions were presented with a scenario and had to select one out of two options that best matches how they would respond in that situation. Section Two included 24 statements about how they perceive themselves and the world (for example, "I can control my reactions to negative events"). Champions responded to the statements on a scale of 1 (*Not at all true*) to 5 (*Completely true*). Champions' scores on the 4D-i were compared to normative data collected from 21,276 workers in various industries. Scores above the 50th percentile indicate a higher than average preference for that leadership style, while scores below the 50th percentile indicate a lower than average preference.

Figure 5: Champions' Preferred Leadership Styles¹⁷



Note: Number of Champion respondents: Pre-*In-House* program = 27; Post-*In-House* program = 17.

¹⁵ Of the 5 psychosocial domains, the Initial Scan measure captured employees' perceptions of the Social Intelligence and Fairness & Integrity of their leaders.

¹⁶ Of the 5 psychosocial domains, the 4Di assessment captured employees' perceptions of their leaders' Communication & Collaboration, Social Intelligence, and Problem Solving & Conflict Management skills.

¹⁷ In the original 4-Di assessment, the category of Social Intelligence is instead known as Emotional Intelligence. Category title was changed for the purposes of this report and to align with the 5 psychosocial domains.

Leadership Styles and Strategies: Overview

Before the In-House Program: Social Intelligence was the preferred 4Di leadership style demonstrated by the Mindful Employer Canada In-House Champions. In addition, the Champions scored significantly higher than average on the subdomain of Compassion, scoring in the 62nd percentile.

After the In-House Program: Champions demonstrated similar leadership style preferences after completing the In-House program. Again, they demonstrated an above average preference for the Social Intelligence leadership style, particularly in the subdomain of Compassion. Their preference for leadership strategies involving Compassion increased slightly from the pre-assessment, scoring in the 66th percentile.

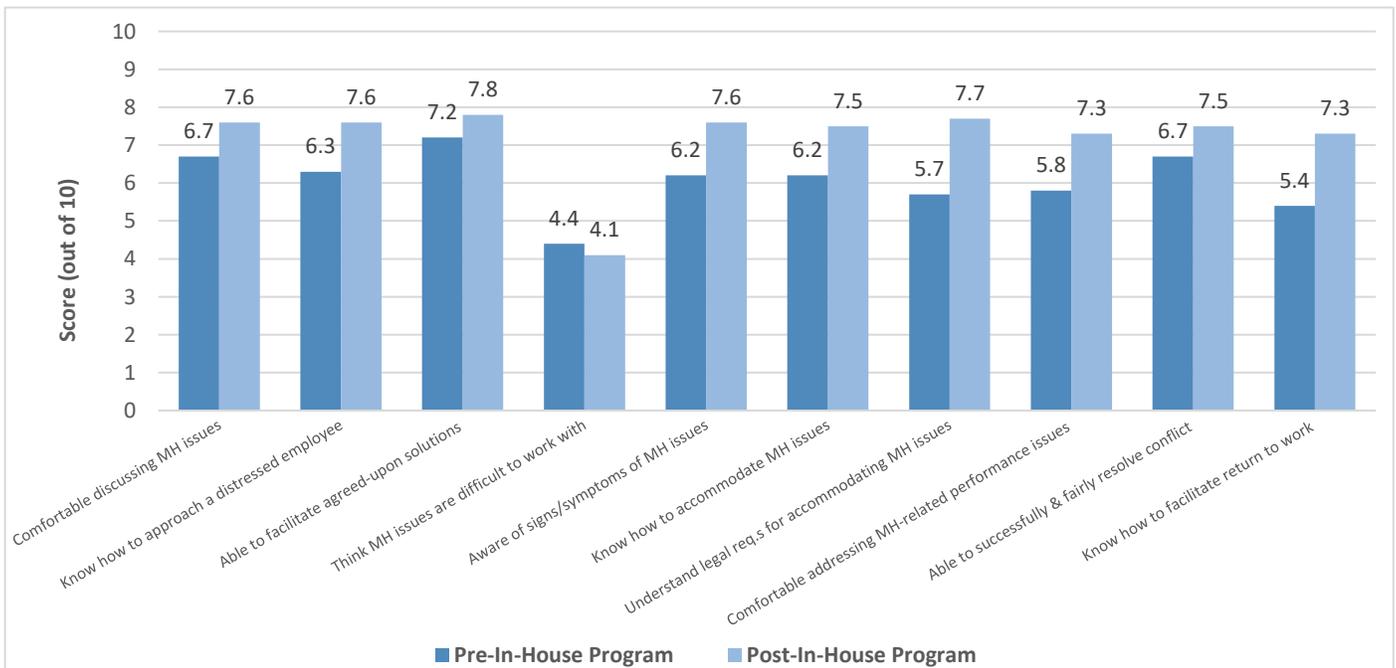
KEY FINDINGS: The 4Di results indicate higher than average preference for the Social Intelligence leadership style and the subdomain of Compassion. This suggests that the participating organizations value leaders who are not only attuned to the needs of their employees, but also care about their well-being. While Champions' leadership style preferences did not change significantly after the In-House program, their preference for leadership strategies involving Compassion did slightly increase (from the 62nd percentile to the 66th percentile).

See [Appendix C \(p. 27\)](#) for more detailed summary of results.

Leader Attitudes Towards Mental Health in the Workplace [Pre/Post Evaluations]^{18,19}

The Pre-/Post-Evaluation measure consisted of 10 questions. People-leaders' responses were scored out of 10 (1 = Strongly Disagree, 10 = Strongly Agree).

Figure 6: People-Leaders' Pre/Post Evaluation Results



Note: Number of people-leader respondents: Pre-In-House program = 221; Post-In-House program = 132.

¹⁸ See Appendix C (p. 30) for more detailed summary of results.

¹⁹ Of the 5 psychosocial domains, the Pre/Post Evaluations measure captured leaders' Social Intelligence and Problem Solving & Conflict Management skills.

Leader Attitudes Towards Mental Health in the Workplace: Overview

Before the *In-House* program: People-leaders' responses on the Pre-Evaluation measure revealed a group of leaders who reported being comfortable resolving conflict and solving problems at work, but less comfortable and confident in their ability to resolve issues related to mental health. While most respondents demonstrated high Social Intelligence (e.g., reporting that they were comfortable discussing mental health issues in the workplace), they also indicated some uncertainty regarding how to address the more technical aspects of workplace mental health (e.g., accommodation and return-to-work).

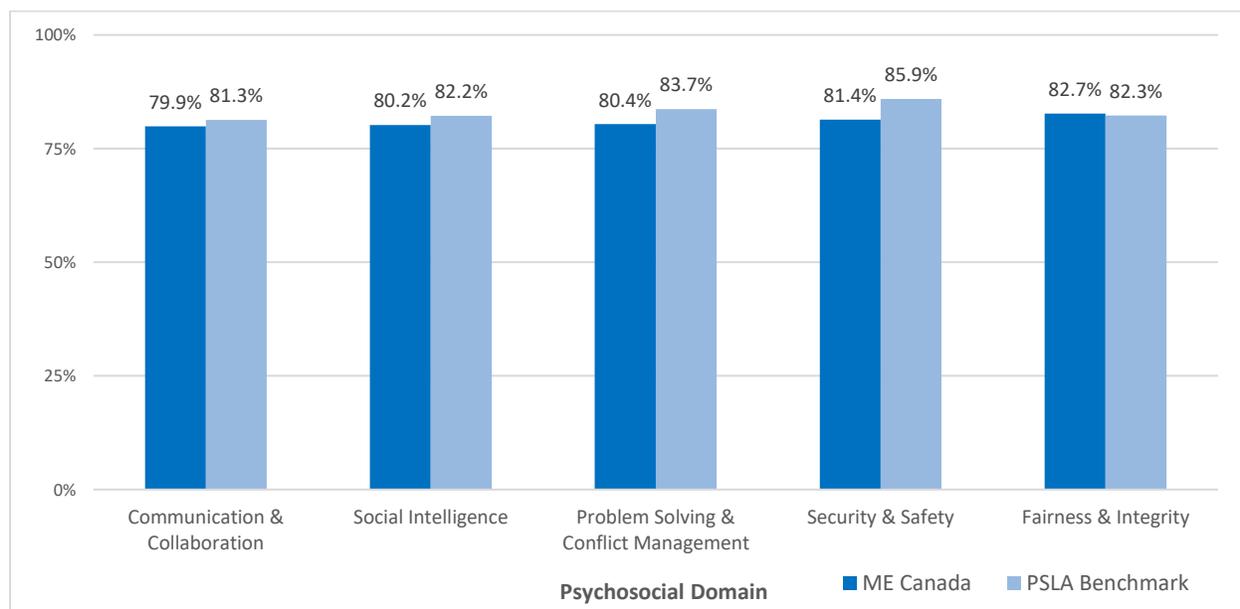
After the *In-House* program: After completing the *In-House* program, people-leaders' responses on the Post-Evaluation measure demonstrated a significant increase in confidence in their ability to address mental health issues in the workplace. This improvement was particularly significant in their self-reported ability to accommodate employee mental health issues, address performance and facilitate return to work after an absence due to mental health.

KEY FINDINGS: The *In-House* program demonstrated a statistically significant increase in the confidence of people-leaders to formally address performance and accommodate mental health issues in the workplace.

Psychologically Safe Leadership Assessment [PSLA]

The PSLA consists of 65 questions that assess 5 key aspects of psychologically safe leadership, consistent with the *National Standard*. People-leaders responded to questions on a scale of 1 (*Strongly Disagree*) to 5 (*Strongly Agree*), with higher scores indicating stronger skills within each of the domains. People-leader's performance on each of the five leadership areas was compared to results from a national benchmark sample of human resource professionals who are expected to have a significantly higher level of competence in these areas.

Figure 7: People-Leaders' Performance on the PSLA



Note: Number of people-leader respondents = 29.²⁰

²⁰ Pre-assessment data was not collected for this measure.

People-Leaders' Psychologically Safe Leadership Skills: Overview

People-leaders' responses on the Psychologically Safe Leadership Assessment revealed a group of leaders who value their employees and strive to support them in a multitude of ways. Leaders who participated in the *In-House* program scored strongly across all five key aspects of psychologically safe leadership skills, suggesting a well-rounded approach to addressing PH&S in the workplace. Specifically, their score indicates that they aim to support their employees in multiple ways, including: Clearly communicating job expectations and working with employees and leaders to maximize employee engagement and success; promoting awareness of PH&S and offering support for employees with mental health issues; resolving workplace issues effectively and with respect for all employees involved (workplace conflict, performance issues, etc.); supporting a physically and psychologically safe environment through proactive, prompt and effective responses to any threats to safety; and leading with honesty, transparency, and fairness.

KEY FINDINGS: The people-leaders who completed the *In-House* program demonstrated a high degree of comfort and competency (on average over 80%) across all 5 key aspects of psychologically safe leadership skills, as assessed by the PSLA.

Organizational Expectations and Outcomes [Video-Recorded Interviews]

Champions were asked questions prior to participating in the *In-House* program, and similar questions after participating in the program.

Pre-In-House Program Questions (Motivation and Expectation):

Question 1: Why did your organization decide to participate?

Question 2: What do you and your organization hope to gain from participating?

Post-In-House Program Questions (Identified Gains):

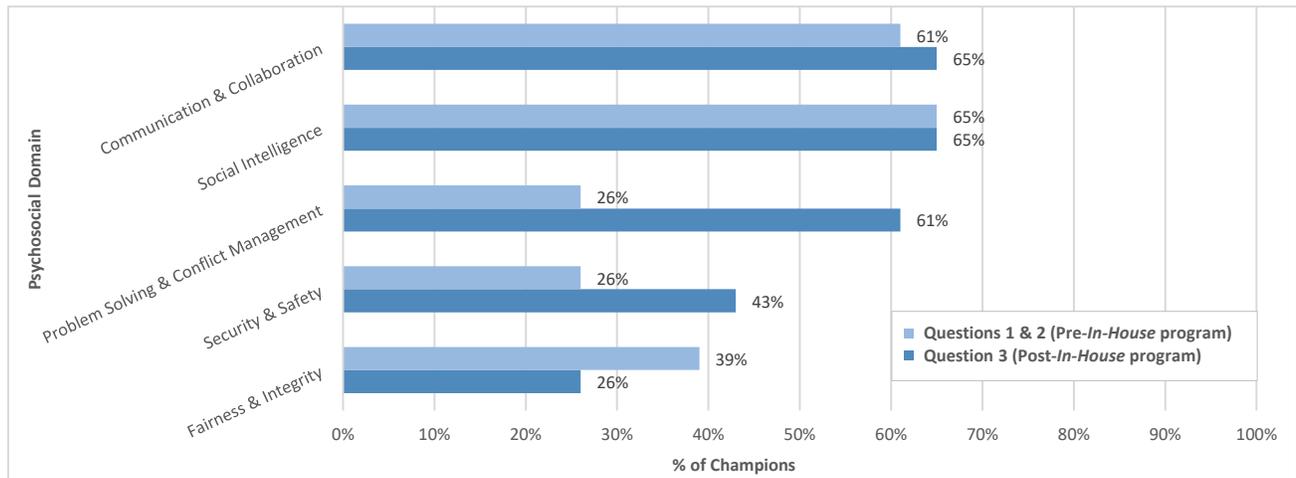
Question 3: What did you and your organization gain from participating?

Their responses were then transcribed and coded according to the 5 psychosocial domains outlined by the PSLA.

Table 2: Description of Coding Scheme for Champion Video Interviews

Psychosocial Domain	PSLA Domain Descriptions	Coding Criteria
Communication & Collaboration	Clear exchange of information; transparent discussion of what a worker needs to do their job successfully; collaborative efforts to support each worker's success at work.	Helping or supporting managers to improve PH&S skills through tools/resources; improving organizational culture (work relationships, employee engagement, job satisfaction)
Social Intelligence	Acting as a role model and facilitator of psychologically safe interactions between and among all workplace stakeholders, including those who are marginalized or vulnerable.	Promoting health and well-being (stress reduction, mental wellness); supporting employees with mental health issues through return-to-work and accommodation initiatives, reducing stigma, etc.
Problem Solving & Conflict Management	Supporting and requiring consistent, respectful, and effective discussion and resolution of issues; those who fail to do so are held accountable as needed.	Managing and resolving workplace issues (conflict, performance, civility and respect, bullying/harassment)
Security & Safety	Supporting a safe environment through proactive, prompt and effective responses to any threats to psychological, physical, or professional safety.	Improving workplace PH&S (implementing/adhering to the Standard)
Fairness & Integrity	Leadership which is honest, transparent and consistent, where there is fairness and equity in decision-making, and a humble understanding of personal limitations and biases.	"Walking the talk" by demonstrating a commitment to PH&S to both employees and customers/clients; incorporating PH&S into the organizational mandate

Figure 4: Champions' Responses to Pre- & Post-*In-House* Program Interview Questions: Coded by Psychosocial Domain



Note: Number of Champion respondents: Pre-*In-House* program (Questions 1 & 2) = 19; Post-*In-House* program (Question 3) = 15. Several respondents indicated more than one domain in their response.

Organizational Expectations and Outcomes: Overview

Before the *In-House* program: Most Champions [62%] indicated being motivated to participate in the case study for reasons such as personal interest in supporting mental health, or good timing for their organization. Of the 5 core domains of psychologically safe leadership, Champions' most commonly cited intended outcome of participating was to improve in Social Intelligence and Security & Safety – specifically, to better support and promote the emotional and psychological well-being of employees, to provide leaders with the tools and skills to address mental health issues in the workplace, and to generally improve the psychological health and safety of their workplaces for all employees.

After the *In-House* program: Most Champions (93%) reported that they observed benefits or improvements in the areas that they had hoped to develop at the outset of the case study. Also, nearly all Champions (93%) indicated that their organization saw unexpected benefits from participating:

“As a result of implementing the Mindful Employer program and our commitment to mental health we actually won an external award for our health and wellness for our employees. I’ve been approached by other external organizations to talk about what we’re doing for mental health. It has actually improved the profile of the organization and we’re becoming known as an employer of choice who really supports our employees.”

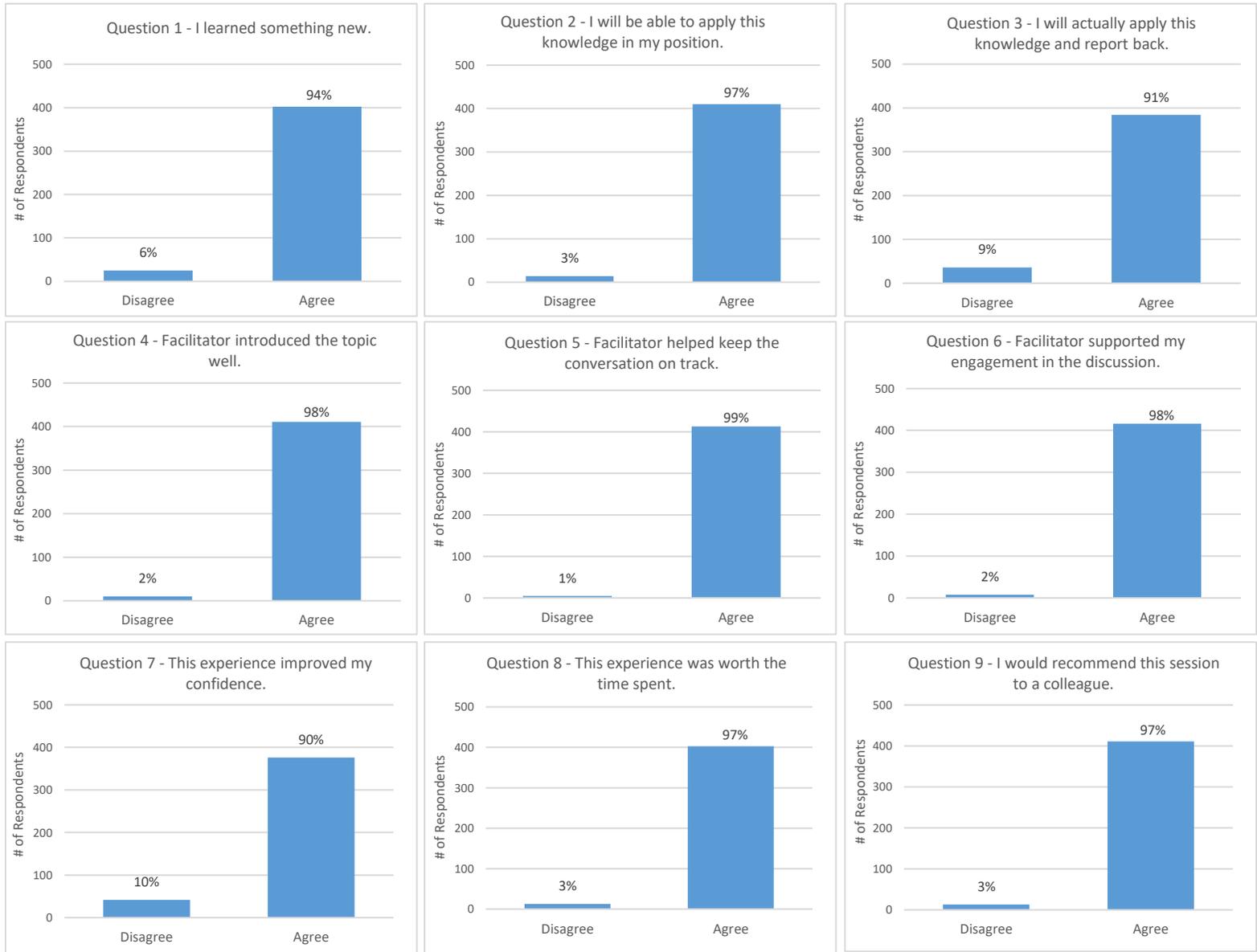
“You can invest in a lot of training programs, but if employees don’t actually enjoy it and can’t apply it practically, then it’s a waste of their time. The feedback I’ve got is they really enjoy coming to it [In-House sessions], and there’s practical application. I can see the changes created in our own culture as people live those values outside of the training.”

KEY FINDINGS: Champions' most commonly stated their reason for participating was to improve psychological health and safety in their organizations and to better support mental wellness for all employees. After participating in the *In-House* program, nearly all Champions (93%) expressed that the program helped them achieve those desired outcomes, and many Champions (93%) expressed that their organization saw unexpected benefits from participating, specifically problem solving and conflict management.

In-House Session Evaluations

The *In-House* session evaluations consisted of 10 questions. People-leaders' responses were scored out of 10 (1 = *Strongly Disagree*, 10 = *Strongly Agree*).

Figure 8: People-Leaders' Responses on the *In-House* Session Evaluation Questions



Note: Number of people-leader respondents = 427.

People-Leaders' Feedback on the *In-House* Program Sessions: Overview

Feedback on the *In-House* program was overwhelmingly positive. In all cases, over 90% of people leaders reported that the *In-House* sessions were informative and helpful, and agreed that the sessions provided them with knowledge that they could and would apply in their own positions. Almost all leaders provided positive feedback about the session facilitators (their *In-House* Champion), reporting that they introduced the topic effectively, encouraged engaging discussion, and motivated everyone to participate in the dialogue. Further, 97% of leaders reported that this experience was well worth the time spent and would recommend these sessions to their colleagues. 90% stated these sessions improved their confidence in implementing principles of psychological health and safety (PH&S) in the workplace, and that they would recommend these sessions to their colleagues. There was high face validity and high acceptability of the *In-House* sessions, which is promising given that these are important criteria for training initiatives broadly, and for PH&S specifically, given the sensitivity of topics relating to workplace mental health.

KEY FINDINGS: People-leaders' responses on the *In-House* program session evaluations were highly positive. Over 95% of people-leaders reported that they would apply the knowledge that they learned in the program in their own position, and that participating in the program was worth the time spent. Over 95% of people-leaders also reported that participating in the program increased their confidence with how to respond to and support mental health issues in the workplace.

Development of new *In-House* Session and the Protecting the Psychological Health and Safety of Volunteers Toolkit

As part of the project objectives, Mindful Employer Canada developed the *In-House* session "Managing Stress by Building Resilience" based on relevant evidence and using the feedback given to them by the Champions participating in the case study. The *In-House* Champions also recommended the development of a toolkit to help people leaders begin a conversation with volunteers. Mindful Employer Canada made *Protecting the Psychological Health and Safety of Volunteers Toolkit* available in both English and French for free on their website so any organization can leverage it to support their volunteer staff. You can find this toolkit at https://www.mindfulemployer.ca/wp-content/uploads/MAB_VolToolKit_ENG_Web.pdf.

KEY FINDINGS & DISCUSSION

RESULTS SUMMARY & PRACTICAL IMPLICATIONS

- ❖ Organizations often have natural leaders and champions for workplace mental health – those with strengths in emotional intelligence and compassion. Those who have a personal commitment to enhancing psychological health & safety (PH&S) should be leveraged by their workplace as champions.
- ❖ Evaluations of the *In-House* program indicated that the training sessions provided people-leaders with important and needed knowledge, skills, and confidence pertaining to workplace PH&S.
 - Before completing the *In-House* program, nearly half of leaders (48%) were unsure of how to best accommodate an employee experiencing a mental health issue, or how to help an employee return to work after a period of absence due to a mental health issue.
 - After completing the *In-House* program, over 80% of leaders reported that they felt confident and capable when it comes to accommodation and return to work for employees with mental health issues. 84% of leaders reported that they understood the legal requirements of accommodating an employee experiencing a mental health issue, an increase from 52% prior to completing the *In-House* program. 97% reported they would be able to apply the knowledge they learned within these sessions in their role.
- ❖ Practical, action-oriented training resources such as Mindful Employer Canada's *In-House* program can strengthen organizations' capacity to improve workplace psychological health and safety.
 - 93% of Champions reported that the *In-House* program helped their organization to improve psychological health and safety within the workplace. In addition to this, many Champions (93%) expressed that their organization saw unexpected benefits after participating in the *In-House* program.
 - Over 80% of people-leaders felt confident and well-equipped to address and support mental health issues in the workplace after participating in the *In-House* program.
 - After participating in the program, leaders demonstrated strengths across all core areas of psychologically safe leadership, scoring highly (around 80% on average) on all five key components of psychologically safe leadership: Communication & Collaboration, Social Intelligence, Problem Solving & Conflict Management, Security & Safety, and Fairness & Integrity.
 - Employees' self-reported feelings of job satisfaction and stress did not significantly improve after implementation of the *In-House* program. Employee ratings of satisfaction and stress are broad constructs, and only partially within the realm of leaders, and as such future recommended directions for research would add more specific and comprehensive outcome measures around satisfaction and stress (the present measure was only a 6-item measure), and also examine the impact of programs targeting leader skills within the context of broader PH&S initiatives undertaken by the organization. To these points, in pre-interviews 39% of Champions reported they were searching to enhance overall organizational reputation and approaches (categorized under the leadership category of Fairness & Integrity). In post-interviews, this is the only area that did not improve. Many expressed believing this was because they could not make organizational-wide change during the pilot timeframe, but that they did feel this would be the long-term outcome.

Discussion & Limitations

The Mindful Employer Canada *In-House* program provides people-leaders with the skills training and resources that they need to address issues related to mental health and to improve PH&S in their organization. After completing the *In-House* program, leaders felt more confident and capable of effectively addressing workplace mental health issues than they had before participation in the program.

This case study involved a group of people-leaders who primarily had volunteered to take part in the program, and as with many voluntary programs, those who participated in the *In-House* program were a committed and self-motivated group of leaders with an interest in mental health. An organization that does not have such a high level of motivation and commitment to improving PH&S in the workplace may face more challenges than those who participated in the Mindful Employer Canada case study. On the other hand, there may be more room for improvement or development of PH&S skills; that is, an organization or group of leaders that is not already high in compassion and attuned to the mental health needs of employees may benefit more from the *In-House* program than an organization or group of leaders that have already developed these skills.

One of the most significant limitations of the case study was the high rate of attrition. Five Champions withdrew their organization from participating over the course of the case study, reducing the number of participating organizations from 26 to 21, the number of participating people-leaders from 221 to 132, and the number of participating employees from 2,622 to 1,904. The most common reason that organizations withdrew from the case study was that their Champion was unable to facilitate the training sessions, due to time, workload, or other personal or organizational factors, given that most Champions had this role added in addition to their existing responsibilities. Several of the Champions who withdrew felt overwhelmed with the responsibility of spearheading the initiative within their organization. In some cases, there was a change in leadership partway through the case study and the individual who inherited this role felt uncomfortable or overwhelmed with taking on the role of Champion in addition to their new position within the organization. These attrition factors reflect the reality of organizations and the demands that they face – including the actual and/or perceived barriers to implementation of PH&S strategies. As such, it is important to place efforts in understanding how to best engage and retain PH&S champions, given their critical role in the success of implementing PH&S strategies. It is recommended that a reasonable amount of time is allocated to involvement in facilitating this program in order to sustain success.

In addition, not only is it critical that individuals chosen to be Champions are motivated and committed to leading the *In-House* program, but also that they are provided with the necessary supports. A possible solution is to create a small committee of 3-4 individuals who can support the Champion in facilitating the *In-House* program. Assigning more than one person to support the Champion means in the event that the Champion is unable to continue their role, there are others who are immersed in the program and are better prepared to take on the responsibilities of Champion.

Another limitation was individual evaluations – Champions, people-leaders, and employees – were not linked between pre- and post-assessment measures. Mindful Employer Canada believed that it was important to protect the anonymity of the employees who were completing surveys about their organization and leader's approach to supporting workplace mental health. Because of this, individual employees' results could not be compared before and after organizations completed the *In-House* program, and thus we were unable to determine whether individuals' scores had changed or improved. As such, we were only able to analyze aggregate scores – that is, average performance of employees across all participating organizations. In the future, linking employee data between pre- and post-assessment would allow for more detailed analysis of positive change at the individual level.

Future Research & Implications

A possibility for future research is to implement mandatory involvement in the *In-House* program, given that organizations that withdraw from the program before completion may be those that could benefit most from participating. By requiring full and complete participation from all leaders, the *In-House* program may inspire more significant change and even greater improvement from individuals lower in leadership attributes. Furthermore, it could be valuable to investigate how mandatory participation – from Champions, people-leaders, and employees –

may impact learning and outcomes, both at the individual and organizational levels. Requiring completion of the various assessments, particularly the PSLA (including the third-party perspective provided by the Employee Feedback version), before and after completing the *In-House* program from all members of the organization could provide a more complete picture of the PH&S of the entire organization.

Future research would also benefit from linking pre-assessment and post-assessment data. Doing so would allow for more in-depth analyses of individual Champion and people-leaders' PH&S skills, as well as individual employees' experience of PH&S in the workplace, before and after participating in the *In-House* program. Follow-up assessments 6-12 months after completing the program would provide an even more in-depth snapshot of its impact on workplace PH&S.

This project was limited in that the assessment used to examine employee well-being before and after the *In-House* program was less comprehensive than those administered to leaders and Champions. Employee ratings of satisfaction and stress are broad constructs, and only partially within the realm of leaders, and as such future recommended directions for research would add more specific and comprehensive outcome measures around satisfaction and stress (the present measure contained only 6 items), and also examine the impact of programs targeting leader skills within the context of broader PH&S initiatives undertaken by the organization.

Concluding Comments

The Mindful Employer Canada *In-House* program addressed an identified need expressed by many organizations – to be able to access tools and resources that can then be disseminated to people leaders internally. Through this program, organizations and people-leaders are empowered to lead their own mental health initiative while still having access to external support for guidance through webinars and one-on-one calls between their Champion and Mindful Employer Canada. This case study demonstrated that people-leaders both enjoyed and valued the experience of the *In-House* program training sessions, with almost 90% of leaders reporting that the sessions provided valuable knowledge and tools to address mental health issues in the workplace. Furthermore, after taking part in the *In-House* training sessions, people-leaders saw significant improvement in their psychologically safe leadership skills, and many developed greater confidence and competence in their ability to address mental health issues in the workplace.

In conclusion, the Mindful Employer Canada *In-House* program is a beneficial program for people-leaders. There has been a highly-expressed need for this type of training, the training content/approach was rated as being high in participant acceptability, and there is evidence that it can help to change leader behaviour – by providing leaders with tools and strategies to help them feel more confident and competent in addressing workplace PH&S issues.

What did leaders think of the *In-House Program*?

Over 90% of leaders who participated in the case study described it as a positive experience and agreed that it provided them with the knowledge and tools they need to help them address mental health issues in their own positions as people-leaders. 98% of participating leaders agreed that the sessions were engaging and that the Champion presented the topic clearly and effectively. Additionally, over 95% of leaders agreed that the sessions were worth the time spent and that they would recommend them to a colleague.

Appendix A

In-House Program Details

Sectors of Participating Organizations and Reasons for Withdrawal

Mental Health & Addictions	4
Disabilities	2
Healthcare	3
Youth	2
Domestic Violence Prevention	2
Housing/Low Income	3
Children Services	2
Other (Municipality, Fundraising, Literacy, Seniors, Library Users, Union Members, Post-Secondary Institutions, First Nations, Environment)	8

Of the 26 organizations that participated in the initial face-to-face sessions in Fall 2016, 5 withdrew from the case study before the end of the project.

Reasons for withdrawing from the case study:

- ❖ Champion became overwhelmed with work and was unable to facilitate the *In-House* training sessions
- ❖ Change in leadership; replacement for Champion felt unable to/did not want to take on the role of Champion
- ❖ Program was not a good fit for the organization
- ❖ Concerns about the amount of time or manpower that would be needed to complete the case study

Descriptions of *In-House* Sessions

Accommodation

Active Learning Session

- How to accommodate mental health issues and disabilities in the workplace; how effective accommodation can both help meet productivity demands and increase the affected employee's perceived self-efficacy

Improving Workplace Relations

Active Learning Session

- Guiding workplace leaders through reflective exercises about their impact on workplace relationships; emphasis on emotional regulation and effective communication as vital tools in the pursuit of improving workplace relations

Resolving Conflict

Case Study

- A case study of a workplace conflict; participants brainstorm different approaches to resolving the conflict, and how each of these approaches might affect the employees involved and the workplace as a whole

Responding to Mental Health Issues

Roundtable Session

- Guiding workplace leaders through how to support an employee who is or appears to be struggling with a mental health issue; emphasis on considering the internal or personal life-related conflicts that these individuals may be experiencing and the importance of non-judgmental, open discussion when addressing workplace issues

Addressing Co-Worker Fears

Case Study

- A case study involving a worker with a serious mental health issue; participants identify co-worker fears and concerns that might arise with this employees' return to work and how to address/manage those fears and concerns

Supporting Effective Performance

Case Study

- A case study involving an employee who has frequent emotional outbursts in the workplace and demonstrates inappropriate workplace behaviour; participants discuss different problem-solving strategies and review other factors that may be impacting this employees' performance (e.g., a breakdown in the relationship between the employee and the manager)

Preventing Bullying

Roundtable Session

- Guiding workplace leaders through a discussion on the idea of intention vs. perception when it come to both our own, and the behaviour of others; how negative or aggressive behaviour should be addressed in the workplace and how people-leaders can intervene in a way that does not shame the individual who is showing aggressive behaviour

Managing Stress by Building Resilience

Active Learning Session

- Guiding workplace leaders through activities that have been developed by the Great-West Life Centre for Mental Health in the Workplace; each of these activities was created to build resilience within a team and create a sense of community of support

Appendix B

Detailed Summary of Methodology

Employee Job Satisfaction & Stress [Initial Scan]

The Initial Scan measure is a brief 6-item measure that assessed participants' overall feelings of job satisfaction and work stress. Employees of the participating organizations were presented with the following items:

1. I am satisfied with the amount of involvement I have with decisions that affect my work.
2. I feel I am well regarded (in terms of praise and recognition) for the effort I put out for my job.
3. In the last six months, too much time pressure has caused me no worry, "nerves" or stress.
4. In the last six months I have received no worry, "nerves" or stress from mental fatigue at work.
5. I am satisfied with fairness and respect I receive on the job.
6. My supervisor supports me in getting my work done.

Each item was measured on a 5-point Likert scale, ranging from Strongly Disagree to Strongly Agree. Scores on these items were then converted into two subscales: The **Stress Satisfaction – Offset Score (SSOS)** and the **Stress Satisfaction Index (SSIX)**.

The **SSOS** shows the balance or “offset” between satisfaction and stress as a single number ranging from +2 [much more satisfaction than stress] to –2 [much more stress than satisfaction]. By itself, the SSOS provides information on how employees perceive the basic conditions of their work in terms of demand, control, effort and reward.

The **SSIX** provides extra information about how two mediators, Fairness and Supervisor Support, affect employee satisfaction and stress. For example, the positive experience of supervisor support and fairness *increases* the scores while the absence of this experience *lowers* them. The SSIX is calculated by either adding 0.25 or subtracting 0.25 from the SSOS, depending on participants' responses to questions 5 and 6. If respondents *agree or strongly agree* that they are treated with fairness and respect, then their SSOS are *raised* by + 0.25. The same procedure is followed for the question on supervisor support. The full score range for the SSIX is +2.5 to –2.5.

On both subscales, negative scores indicate greater workplace stress than satisfaction, and positive scores indicate greater workplace satisfaction than stress.



Employees in participating organizations completed this measure before and after their people leader(s) underwent the *In-House* sessions. Their responses were then compared across the two time points.

Leadership Strategies [4Di Assessment]

The 4Di Assessment evaluates four core competencies of psychologically safe leadership: Emotional intelligence, communication and facilitation skills, critical thinking, and integrity.

The 4D-i is comprised of two parts:

1. Preferences – 45 questions that result in scores for three major themes of Creativity, Understanding and Decision-Making.
 - a. Within these 3 major categories, the 4D-i assessed preference for 7 leadership mindsets:
 - i. Creative Thinking and Creative Intuition [Creativity]

- ii. Analytical Thinking and Compassion [Understanding]
 - iii. Critical-Thinking, Beliefs-Based Decision-Making and Gut Intuition [Decision-Making]
2. Potential or Personal Spirit – 24 questions that together form the Personal Spirit score, but which is divided into three categories for which scores are generated: Outlook, Sense of Control, and Initiative.

This assessment also includes a demographic measure, which collected information on participant gender, age, and job category/role.

Leader Attitudes Towards Mental Health in the Workplace [Pre-/Post-Evaluations]

The Pre/Post Evaluation is a brief 10-item measure that assessed participating people-leaders' attitudes towards mental health issues in the workplace. Together, the items in this assessment examined people-leaders' skills in the psychosocial domains of Social Intelligence, Problem Solving & Conflict Management, and Fairness & Integrity. Participants were presented with the following items:

- I am comfortable addressing mental health issues in the workplace.
- I have the skills and strategies I need to approach a distressed employee.
- I feel I can facilitate mutually agreed upon approaches when dealing with people and problems at work.
- I believe that individuals with mental health issues are difficult to manage and work with.
- I am aware of the signs and symptoms of mental health issues for individuals in the workplace.
- I know how to reasonably accommodate an employee experiencing emotional distress or a mental health issue at work.
- I understand the legal requirements for reasonably accommodating an employee who has a mental health-related disability.
- I feel confident addressing performance issues with an employee I suspect may be dealing with a mental health-related issue.
- I am skillful in resolving conflict between co-workers so that both employees are satisfied with the outcome.
- I know the steps to take to assist an employee to return to work after a period of absence due to a mental health issue.

Each item is measured on a 5-point Likert scale, ranging from Strongly Disagree to Strongly Agree. Participants completed this measure before and after undergoing the *In-House* sessions.

Psychologically Safe Leadership Assessment (PSLA)

The PSLA is a strengths-based assessment and training tool designed to help managers self-assess their strengths and areas for improvement with respect to psychologically safe leadership skills. These skills are captured in 5 psychosocial domains: Communication & Collaboration; Social Intelligence; Problem Solving & Conflict Management; Security & Safety; and Fairness & Integrity.

The PSLA also includes an employee version of the assessment. The Psychologically Safe Leader Assessment: Employee Feedback (PSLA-E) version is an optional, but highly recommended, version of the PSLA that is designed for: a) enhancing and diversifying a manager's PSLA self-assessment and feedback report; and b) providing the leader's direct reports an anonymous venue to provide constructive feedback regarding the manager's leadership style as it pertains to psychologically safe leadership. Employee feedback is anonymous and confidential, and provided to the leader in aggregate format only.

In total, the measure consists of 65 items. Each item is measured on a 5-point Likert scale, ranging from Strongly Disagree to Strongly Agree. People-leaders completed this measure after taking part in the *In-House* sessions.

Session Evaluations

The Session Evaluations measure gathered participant feedback on the *In-House* sessions. After completing an *In-House* session, participants were presented with the following questions:

- I learned something new.
- I will be able to apply this knowledge in my position.
- I will actually apply this knowledge and report back.
- Facilitator introduced the topic well.
- Facilitator helped keep the conversation on track.
- Facilitator supported my engagement in the discussion.
- This experience improved my confidence.
- This experience was worth the time spent.
- I would recommend this session to a colleague.
- What did you value most?
- What did you find less valuable?
- What else could assist you in the area of managing, supporting or leading employees?

Each item is measured on a 4-point scale, ranging from Strongly Disagree to Strongly Agree.

Organizational Expectations and Outcomes [Video Interviews]

The Video Responses involved a video-taped and transcribed interview with the Champion(s) from each of the participating organizations. The initial interview conducted in 2016 prior to taking part in the *In-House* sessions included two questions: “Why did your organization decide to participate?”, and “What do you and your organization hope to gain from participating?” After completing the *In-House* program, Champions were asked a third question: “What did your organization gain from participating?”

These responses were coded according to the 5 psychosocial domains – Communication & Collaboration, Social Intelligence, Problem Solving & Conflict Management, Security & Safety, and Fairness & Integrity.

Description of Coding Scheme for Champion Video Interviews

Psychosocial Domain	Description
Communication & Collaboration	Helping or supporting managers to improve PH&S skills through tools/resources; improving organizational culture (work relationships, employee engagement, job satisfaction)
Social Intelligence	Promoting health and well-being (stress reduction, mental wellness); supporting employees with mental health issues through return-to-work and accommodation initiatives, reducing stigma, etc.
Problem Solving & Conflict Management	Manage and resolve workplace issues (conflict, performance, civility and respect, bullying/harassment)
Security & Safety	Improving workplace PH&S (implementing/adhering to the Standard)
Fairness & Integrity	“Walking the talk” by demonstrating a commitment to PH&S to both employees and customers/clients; incorporating PH&S into the organizational mandate

Statistical Analyses

Pre- and post-session responses were collected for the 4Di. A repeated-measures t-test was conducted to compare pre- and post-session responses on each of the 4 subscales: Communication & Facilitation, Emotional Intelligence, Critical Thinking, and Integrity.

Descriptive statistics were conducted for the Pre/Post Initial Scan, Pre/Post *In-House* Evaluation, Psychologically Safe Leadership Assessment (PSLA), and Session Evaluations. Responses on each item were averaged across all participants.

Responses to all three Video Responses questions were coded for whether Champion responses related to one or more of the five psychosocial domains. After coding, responses were averaged across all participants. Responses on the second and third questions were then compared for: (1) if Champions' expectations for the benefits/outcomes of the program were met; and (2) if Champions expressed that they had observed benefits or positive outcomes that were unexpected.

Number of Responses per Assessment

Assessment	Role of Respondents (Champion, Leader, Employee)	# of Responses (Pre-Assessment)	# of Responses (Post-Assessment)
Initial Scan	All Employees	2,622	1,904
4D-i	Champions	27	17
Pre/Post Evaluations	People Leaders*	221	132
Psychologically Safe Leadership Assessment	People Leaders*	N/A	29
Video Responses	Champions	19	15
Session Evaluations	People Leaders*	N/A	427

* This includes any people-leaders who participated in the *In-House* sessions.

Note: People-leaders include managers, supervisors, HR personnel, union reps, occupational health, etc. Anyone who may play a role in supporting an employee who has a mental health concern.

Other than for the 4Di assessment, individual participants' pre- and post-assessment responses were not connected. As such, we were unable to make individual comparisons to assess change; we instead compared aggregate group responses at pre- and post-assessment.

Appendix C

Detailed Summary of Results

Employee Job Satisfaction & Stress [Initial Scan]

2,622 employees of organizations who participated in the *In-House* program completed the Initial Scan before the *In-House* program. 97 participants did not provide responses to one or more of the 6 items on the measure, and as a result, we could not calculate their SSOS or SSIX scores. In total, 2,525 participants provided complete responses that could be calculated into SSOS and SSIX scores.

On the SSOS, one third of respondents reported that they experienced much more job satisfaction than work stress (i.e., a score of 2). 23% of respondents reported that they experienced slightly more job satisfaction than stress (i.e., a score of 1), and 33% reported that they experienced a similar amount of job satisfaction to stress (i.e., a score of 0). Five percent of respondents reported experiencing slightly more job stress than satisfaction, and only 2% reported experiencing much more job stress than satisfaction.

On the SSIX, we observed the same trend: 34% of participants scored in the high range (i.e., 2.0-2.5), indicating that fairness and supervisor support are positively influencing participants' experiences of job satisfaction and stress. A one-sample t-test revealed that, across the whole sample, scores on the SSIX were significantly higher than scores on the SSOS, indicating that the majority of participants reported a positive association between fairness and/or supervisor support and their experience of job satisfaction versus job stress.

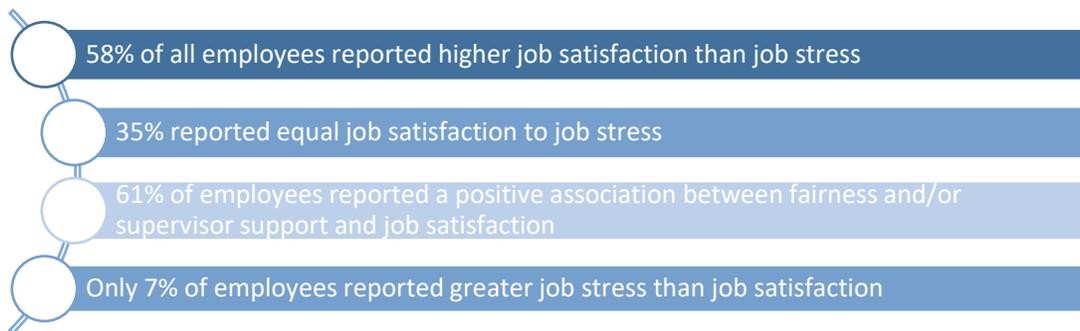


There was no significant change in employees' SSOS or SSIX scores after the *In-House* program. N = 1,904 employees completed the post-*In-House* program Initial Scan, but individual employee responses were only available for N = 347 employees. The results of the remaining employees (N = 1,557) were presented as an aggregate score – that is, all employee responses from one organization were averaged into one organizational score. As such, we were unable to calculate accurate difference scores for this group of employees and could not include these data in analyses.

Baseline Data (before the *In-House Program*):

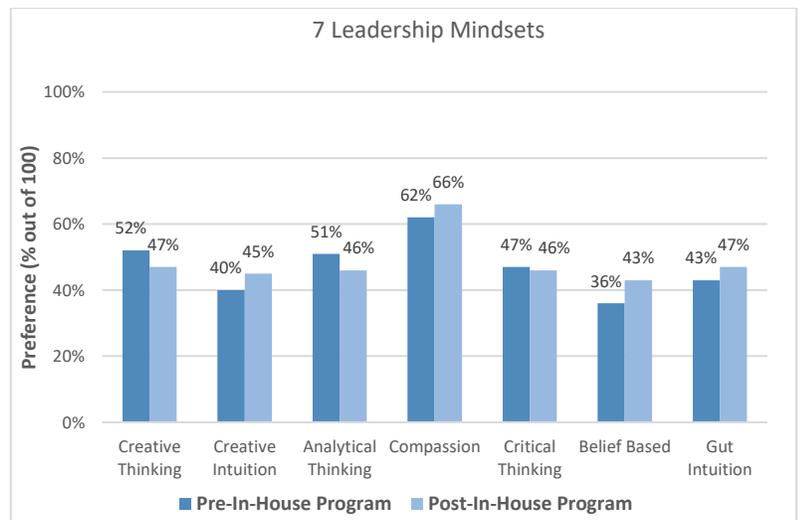
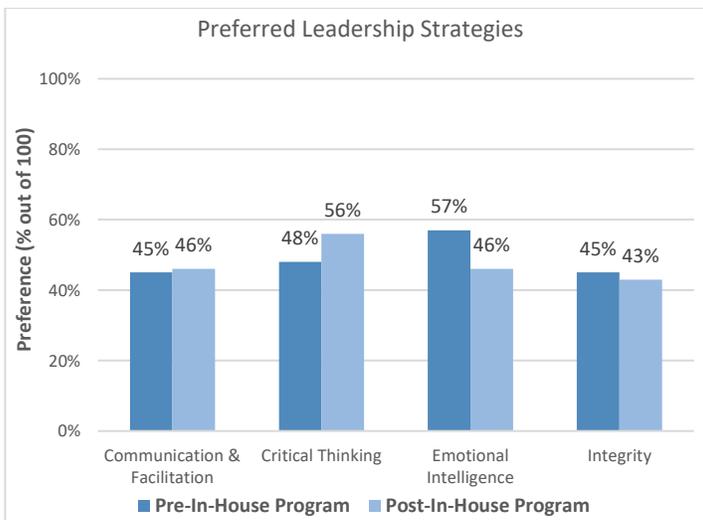


Post-Data (after the *In-House Program*):



Note: Number of employee respondents: Pre-*In-House program* = 2,622; Post- *In-House program* = 1,912. This measure was completed by employees of the participating organizations.

Leadership Strategies [4D-i]



Scores were generated by comparing participants' responses to norms based on 21,276 workers in various industries.

Above 50th percentile = higher than average preference. Below 50th percentile = lower than average preference.

Leader Attitudes Towards Mental Health in the Workplace [Pre-/Post-Evaluations]

Question	Pre- <i>In-House</i> Program Mean Scores	Post- <i>In-House</i> Program Mean Scores
I am comfortable discussing mental health issues in the workplace.	6.7	7.7
I have the skills and strategies needed to approach a distressed employee.	6.3	7.7
I feel I can facilitate mutually agreed upon approaches when dealing with people and problems at work.	7.2	7.8
I believe that individuals with mental health issues are difficult to manage and work with.	4.4	4.1
I am aware of the signs and symptoms of mental health issues for individuals in the workplace.	6.2	7.6
I know how to reasonably accommodate an employee experiencing emotional distress or a mental health issue at work.	6.2	7.5
I understand the legal requirements for reasonably accommodating an employee who has a mental health-related disability.	5.7	7.7
I feel confident addressing performance issues with an employee I suspect may be dealing with a mental health-related issue.	5.8	7.3
I am skillful in resolving conflict between co-workers so that both employees are satisfied with the outcome.	6.7	7.6
I know the steps to take to assist an employee to return to work after a period of absence due to a mental health issue.	5.4	7.4

Note: Number of people-leader respondents: Pre-*In-House* program = 220; Post-*In-House* program = 128. Responses are scored out of 10 [1 = *Strongly Disagree*, 10 = *Strongly Agree*].

In-House Session Evaluations

