To send questions, feedback or suggestions or to schedule an appointment with the Ombudsman:

**Address:** Office of the Ombudsman for Mental Health  
Public Services and Procurement Canada  
Portage III, 9C2-112  
11 Laurier Street  
Gatineau QC K1A 0S5  
Canada

**Business hours:** 8:30 am to 5 pm (Eastern Time)

**Phone (toll-free):** 1-844-278-1126

**Email:** TPSGC.OmbudSM-OmbudMH.PWGSC@tpsgc-pwgsc.gc.ca


**Catalogue number:** P4-75/2017F-PDF
REPORT SUMMARY

The first report of the Office of the Ombudsman for Mental Health (the Office) of Public Services and Procurement Canada (PSPC) sets out its activities for the period from February 6 to August 4, 2017.

OBJECTIVE

This first report has three objectives:

1. To raise employee awareness of the Office as an additional mental health resource in the Department;
2. To report on key achievements of the Office and provide initial observations; and to
3. To provide recommendations for improvement and the measures that the Office will put in place.

THE FIRST SIX MONTHS IN BRIEF

- 170 confidential meetings with PSPC employees:
  - 68% women versus 32% men
  - 18% managers versus 82% employees
  - in 15% of cases, the Ombudsman resorted to informal measures

The reasons for confidential meetings vary. Among the leading ones:

- 33% dealt with the employee-manager relationship
- 28% dealt with requests for advice and guidance
- 24% dealt with workplace issues

- Over 250 employees consulted through informal group meetings across the country
- 24 presentations given at PSPC management committee meetings and town halls
- 9 consultations with other ombudsman offices
- 10 consultations with other well-being and mental health partners

MENTAL HEALTH SCORECARD

A preliminary version of a mental health scorecard, designed by the Office, aims to establish standard methodology for measuring key mental health performance indicators. This information will be used to assess needs and support evidence-based decision-making.

This report includes a preliminary analysis.
INITIAL OBSERVATIONS

With the help of the data that was gathered, the Ombudsman has a partial picture of the situation at PSPC.

The Ombudsman found that some behaviours can lead to mental health problems in the workplace or aggravate an existing issue, such as:

1. A lack of communication, trust and empathy; primarily in the employee-employer relationship; and
2. A lack of courtesy and respect, primarily in the employee-employer relationship.

The Ombudsman also found that transformational initiatives and cumulative changes can have an impact on employees’ mental health.

RECOMMENDATIONS

The Ombudsman is making eight initial recommendations to promote good mental health among PSPC employees. The recommendations are grouped in three categories:

- **Leadership**
  1. Review recruitment, development and assessment practices for supervisors, managers and executives, with a focus on people management;

- **Work Environment**
  2. Conduct exit interviews systematically;
  3. Assess the impact of departmental transformation projects on employees’ mental health;
  4. Conduct a psychological risk profile evaluation;
  5. Appoint regional well-being coordinators;
  6. Recommendations for the Miramichi Pay Centre;

- **Training and Recognition**
  7. Provide mental health training to employees, particularly to management; and
  8. Introduce a Mental Health Award of Excellence.

PRIORITIES OF THE OFFICE

The first six months of operations shed light on opportunities on how to increase the impact of the Office’s mandate on the organization. As a result, some projects will be initiated, including regular and concise mental health surveys of PSPC employees and the establishment of a Leadership Honour Roll to help promote best management practices, showcasing positive examples by supervisors, managers and executives, whose behaviour, example, or success is, or can be, emulated by others.
1 Introduction
1.1 Message from the Ombudsman for Mental Health 4
1.2 Context 6
   1.2.1 Mental Health: A Priority 6
   1.2.2 Mental Health Milestones 8

2 Office of the Ombudsman for Mental Health
2.1 The Office 12
2.2 The Vision 13
2.3 The Role 14
2.4 The Guiding Principles 15

3 Activities of the Office of the Ombudsman for Mental Health
3.1 Establishment and Development of the Office 18
   3.1.1 External Consultations 19
   3.1.2 In-house Consultations 19
   3.1.3 PSPC Best Practices 20
   3.1.4 Regional Visits 21
   3.1.5 Confidential Meetings 22
   3.1.6 Examples of Interventions 25
   3.1.7 Employees’ Satisfaction with the Office and Testimonies 26
   3.1.8 Partnership 28
3.2 Initial Overview of the Situation 29
   3.2.1 Organizational Context 29
   3.2.2 Mental Health Scorecard 30
   3.2.3 Initial Observations: What the data is telling us 31
   3.2.4 Initial Observations: What employees are saying 33
3.3 Next Steps 37
   3.3.1 Recommendations 37

4 Conclusion
4.1 Priorities of the Office of the Ombudsman for Mental Health 42
   4.1.1 Mental Health Employee Surveys 42
   4.1.2 Leadership Honour Roll 42
4.2 Closing Remarks from the Ombudsman 43

Annexes
A – Key Psychological Health and Safety Stakeholders at PSPC 46
B – Psychosocial Factors 48
C – Definitions 49
INTRODUCTION
On January 27, 2017, the Deputy Minister of Public Services and Procurement, Marie Lemay, announced the creation of the position of Ombudsman for Mental Health within the Department. This was a first for the public service as a whole. When I took office on February 6, 2017, I enthusiastically put together the office’s team and began consultations. I have had the opportunity to meet with representatives of other federal organizations and with internal and external partners, who have shared their vision and practices for mental health.

Departmental employees have expressed an interest in meeting the Ombudsman since the outset. Accordingly, 170 confidential meetings have been held. The reasons for those consultations are varied, as I noted in this report. In addition, over 250 employees throughout the country have participated in informal group meetings to express their concerns and share their ideas on mental health. A number of presentations have also been held in the Department to promote the role of the Ombudsman.

Testimonials by employees confirm the importance of the Ombudsman for Mental Health. In the National Capital Region and in the regions visited to date, employees want a safe space where they can talk about the issues they are experiencing without being labelled, and especially without fearing negative repercussions for their career. Stigmatization is indeed a reality. A number of people have consulted me because the necessary bond of trust in an employee-employer relationship was not established or was broken.

1.1 MESSAGE FROM THE OMBUDSMAN FOR MENTAL HEALTH

André Latreille
In his 24th report to the Prime Minister, the Clerk of the Privy Council, Michael Wernick, reiterated the importance of people management and addressed change management. Within our Department, the numerous transformations underway, the introduction of many new systems (Phoenix, MyGCHR, GCDocs, NOVUS-SIGMA, Shared Travel Services, etc.) and the redesign of work spaces through the Activity-Based Workplace initiative make it more necessary than ever to assess the repercussions of changes on employees and change planning. The many meetings I have had with employees highlighted the challenges associated with introducing new systems. Solid relationships with employees and unions will help to identify the impact of changes on employees, and to adjust project planning and implementation accordingly.

With respect to supervisor, manager and executive recruitment, it is essential that appointments be based not only on the candidates’ capacity to deliver results for the organization, but also on their capacity to manage employees with skill and compassion. The Department could distinguish itself by improving selection criteria to ensure that candidates have key leadership competencies, including people management. For supervisors, managers and executives, performance appraisal and talent management processes should help to identify and promote those with the required competencies to take on broader responsibilities, including people management. I applaud the Deputy Minister’s initiative of having staff assess their executives as a best practice that will give employees a voice in management practices of their immediate executive.

With respect to the mandate of the Office of the Ombudsman for Mental Health, these first months have highlighted opportunities to increase its impact on the organization. Recommendations in that respect are included in this first report.

I am very pleased to submit the first report of the Office of the Ombudsman for Mental Health for Public Services and Procurement Canada. I sincerely thank all colleagues and employees in the Department, throughout the country, who have given me the opportunity to meet with them and have frank, open conversations about the crucial issue of mental health. I also thank all the members of my team, without whom this report would not have been possible. This first report marks the beginning of an ongoing, productive discussion with employees.

I hope you enjoy reading this report.
Mental health is an integral part of health. Taking care of our mental health is just as important as taking care of our own physical health and that of our loved ones.

The Psychological Health and Safety in the Workplace Standard (the Standard) defines mental health as follows:

Mental health is multi-dimensional—physiological, emotional, and spiritual—and is influenced by our biological heritage and environment, including our social, family, professional and personal environment, and by our financial situation. All these dimensions have a direct impact on our mental health, and the workplace can play a very important role in our well-being,\(^1\) as recognized by the Federal Public Service Workplace Mental Health Strategy, whose vision is to:

"create a culture that enshrines psychological health, safety and well-being in all aspects of the workplace through collaboration, inclusivity and respect."

1.2 CONTEXT

A large number of Canadians are directly or indirectly affected by psychological harm\(^2\) and mental illness,\(^3\) which can affect anyone, without distinction, and can present in different forms, depending on the individual.

According to the World Health Organization, “well-being in the workplace” is a state of mind characterized by a healthy balance between workers’ skills, needs and aspirations and the limitations and opportunities of the workplace.

In a work context, “psychological harm” refers to harm that can take the form of distress or a mental health problem resulting from various factors or a combination of factors, such as the environment, personal or family situations, and the behaviour and/or practices of individuals or groups.

The Canadian Society for Medical Laboratory Science defines “mental illness” as an “illness that can be diagnosed and recognized from a medical standpoint, and which results from an incapacity to use one’s cognitive, emotional or relational skills.”

In this report, “mental health problem” refers to any deviation from mental or psychological well-being. A mental health issue is therefore not a mental illness. It is rather a deviation from a state of well-being that enables an individual to achieve his or her potential, overcome normal difficulties of life and contribute to the community.

1.2.1 MENTAL HEALTH: A PRIORITY

\(^{1}\)According to the World Health Organization, “well-being in the workplace” is a state of mind characterized by a healthy balance between workers’ skills, needs and aspirations and the limitations and opportunities of the workplace.

\(^{2}\)In a work context, “psychological harm” refers to harm that can take the form of distress or a mental health problem resulting from various factors or a combination of factors, such as the environment, personal or family situations, and the behaviour and/or practices of individuals or groups.

\(^{3}\)The Canadian Society for Medical Laboratory Science defines “mental illness” as an “illness that can be diagnosed and recognized from a medical standpoint, and which results from an incapacity to use one’s cognitive, emotional or relational skills.”

\(^{4}\)In this report, “mental health problem” refers to any deviation from mental or psychological well-being. A mental health issue is therefore not a mental illness. It is rather a deviation from a state of well-being that enables an individual to achieve his or her potential, overcome normal difficulties of life and contribute to the community.
There is a growing interest in mental health issues, as evidenced by the figures below:

**THE NUMBERS SPEAK FOR THEMSELVES**

One in five Canadians will experience a mental health problem or illness.

One in three Canadians will experience a mental illness at some point in their life.

70% of Canadian employees are concerned about workplace psychological health and safety and 14% feel their work environment is not healthy or safe.

23% of Canadians are comfortable talking about mental illness with their employer.

60% of people with a mental health problem or illness won’t seek help for fear of being labeled.


****Mental Health Commission of Canada, “Workplace Mental Health.”

Sources

*Mental Health Commission of Canada, “Mental Health Matters.”

**Report by the Canadian Chronic Disease Surveillance System.


****Mental Health Commission of Canada, “Workplace Mental Health.”
1.2.2 MENTAL HEALTH MILESTONES

The Government of Canada is aware of the importance of supporting Canadians’ mental health and has taken tangible measures over the years to effect changes in the mental health field and to modify perceptions associated with psychological harm and mental illness. The

MENTAL HEALTH MILESTONES IN CANADA, IN THE PUBLIC SERVICE OF CANADA AND AT PSPC

1980
1983 Launch of the Employee Assistance Program following a serious accident

1983 Launch of the Disability Management Program

1990
1996 Creation of the National Council of Federal Employees with Disabilities, one of whose priorities is mental health issues

2000
2001 Creation of the Workplace Mental Health program by the Canadian Mental Health Association

2002 Establishment of the Office of Workplace Conflict Management

2004 Funding for mental health initiatives through the federal budget, including the creation of the Mental Health Commission of Canada

2006 Publication of the guide Mental Health First Aid in the Workplace in collaboration with four other federal departments, and launch of a mental health workshop

2008 Creation of the managers’ guide Mental Health First Aid in the Workplace in collaboration with four other federal departments, and launch of a mental health workshop

2008 Publication of the first Canadian mental health strategy, entitled Changing Directions, Changing Lives: A Mental Health Strategy for Canada

2010
2013 Publication of the National Standard for Psychological Health and Safety in the Workplace

2015 Establishment by the Government of Canada and the Public Service Alliance of Canada of a joint working group tasked with examining the issue of mental health in the workplace

2016 Adoption by the Government of Canada of the Federal Public Service Workplace Mental Health Strategy

2017 Creation of the Mental Health Ombudsman position

2017 Investment through the federal budget of $5 billion over 10 years to support mental health initiatives

2017 Establishment by the Government of Canada of the Centre of Expertise on Mental Health in the Workplace within the Treasury Board Secretariat

2018 Creation of the Well-being Directorate in the Human Resources Branch
Public Service of Canada—the largest employer in the country—has also committed to lead by example by addressing the challenge of workplace mental health. Promoting well-being at work and mental health by supporting employees is also a priority at PSPC.

2013
Launch of early response services through the Disability Management Program

2016
Adoption by the Government of Canada of the Federal Public Service Workplace Mental Health Strategy

2015
Establishment by the Government of Canada and the Public Service Alliance of Canada of a joint working group tasked with examining the issue of mental health in the workplace

2016
May 2016
Co-signing of the joint commitment by the Deputy Minister and union partners to combat stigmatization associated with mental health and to support departmental employees

2017
February 2017
Creation of the Mental Health Ombudsman position

2017
March 2017
Investment through the federal budget of $5 billion over 10 years to support mental health initiatives

2016
April 2016
Creation of the Well-being Directorate in the Human Resources Branch

2017
January 2017
Appointment of national mental health co-champions by union and management parties and establishment of the Psychological Health and Safety Working Group

2017
February 2017
Establishment by the Government of Canada of the Centre of Expertise on Mental Health in the Workplace within the Treasury Board Secretariat
2.1 THE OFFICE

In 2016, the Government of Canada adopted the Federal Public Service Workplace Mental Health Strategy, committing to exploring aspects of mental health with its employees and to listening to their needs. Under the Strategy, federal public service deputy heads are required to show leadership in the field of mental health protection. The creation of the Office of the Ombudsman for Mental Health (the Office) helps to give tangible expression to the Strategy and is an innovative, promising practice. In creating the position of Ombudsman for Mental Health as an arm’s-length entity, outside the Human Resources Branch, the Deputy Minister has given PSPC employees a neutral space to make their voices heard.

**DID YOU KNOW?**

An ombudsman is tasked with helping to resolve conflicts between individuals and management, and is authorized to make recommendations to the appropriate authorities in order to solve problems and propose service improvements.

The modern ombudsman originates with the Swedish Justitieombudsman (Justice Ombudsman), a position created in 1809. A senior official in the Swedish Royal Court heard complaints addressed to the King about abuse of power or poor administrative practices.

The institution of the ombudsman has become an important pillar of democracy throughout the world in the past 50 years. In Canada, the ombudsman usually deals with procedural and administrative fairness issues, while federal and provincial human rights commissions and tribunals deal with human rights complaints in the public and private sectors.
2.2 THE VISION

The activities of the Office are guided by its vision:

A workplace where all individuals put people first in all they do.

People have to come first and foremost in the Department’s activities, because without people there would be no activities, programs or services. We need to humanize our workplace and create a people-focussed environment. To achieve this, we need to ground our organizational culture in civility and respect, express compassion, empathy and fairness, and foster life-work balance. We also need to recognize those who live that vision.

In other words, we need to choose PEOPLE FIRST, which is the Office’s motto.

WHY THE WHALE?

The logo was inspired by the touching story of a PSPC employee who was devastated by his father’s death. He consulted the departmental Employee Assistance Program. They advised him to do something to remind him of his father, in order to deal with his loss. Although he had never sculpted before, he got some wood from his father’s land and gave free rein to his imagination and memories. The finished product was this beautiful whale, which he presented to the Ombudsman for Mental Health on the day he took office.
2.2 THE ROLE

The Office of the Ombudsman is an alternative path for mental health issues. The Ombudsman:

<table>
<thead>
<tr>
<th>Guides employees</th>
<th>Facilitates discussion</th>
<th>Makes observations and recommends changes</th>
</tr>
</thead>
<tbody>
<tr>
<td>• By listening to the concerns from those experiencing well-being and mental health issues;</td>
<td>• Between parties, by proposing alternative dispute resolution mechanisms as needed.</td>
<td>• To the Deputy Minister, to ensure employees’ well-being, to improve internal well-being programs and services, and to propose reasonable, realistic solutions to occasional and systemic issues affecting individuals or the organization as a whole.</td>
</tr>
<tr>
<td>• By helping them to understand the factors and the aspects involved;</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• By directing them to the most appropriate well-being programs and services available.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

At the Department, a number of parties are involved in protecting mental health. The Ombudsman receives the support of key stakeholders in creating a respectful, healthy and inclusive workplace. For more information on the roles and responsibilities of these parties, see Annex A – Key Psychological Health and Safety Stakeholders at PSPC.

In fulfilling its mandate, the Office adheres to guiding principles that underpin all its activities.
2.4 THE GUIDING PRINCIPLES

The Office’s work is governed by four guiding principles:

1. **Independence**
   Independent from the Human Resources Branch, the Ombudsman reports directly to the Deputy Minister, who gives him the independence and autonomy he needs to carry out his mandate. The Deputy Minister does not intervene in the Ombudsman’s routine activities, and the Ombudsman’s professional judgment and objectivity are never impeded.

2. **Confidentiality**
   The Ombudsman protects the confidentiality of information he is provided with and does not disclose information entrusted to him without authorization. The only exception is in situations involving a potential threat to an individual’s life, health or safety or to the workplace.

3. **Neutrality and Impartiality**
   The Ombudsman provides neutral and impartial guidance and advice.

4. **Informality**
   The Ombudsman provides informal guidance and advice, as he does not have decision-making authority.
Activities of the Office of the Ombudsman for Mental Health
3.1 ESTABLISHMENT AND DEVELOPMENT OF THE OFFICE (February-August 2017)

The Office of the Ombudsman for Mental Health (the Office) officially opened its doors on February 6, 2017. Since it opened, means of communication have been put in place for employees to contact the Office directly:

TPSGC.OmbudSM-OmbudMH.PWGSC@tpsgc-pwgsc.gc.ca

1-844-278-1126

The Office is located at Portage III (Gatineau, Quebec), in a closed, soundproofed and out of sight workspace. When the Ombudsman travels to meet with employees, similar conditions are recreated to protect the confidentiality of meetings. The Ombudsman has also held confidential meetings outside the workplace, at the request of some employees.

The Office currently employs four resources, including the Ombudsman, and has a budget of approximately $700,000.

The website of the Ombudsman was launched in spring 2017 to raise awareness of the Office as well as PSPC internal and external resources.

Several communication, promotion and awareness activities have also been conducted in the Department, including the publication of an interview with the Ombudsman, presentations to management committees and town halls, participation in Purple Thursday activities, and speeches at employee awareness activities.
3.1.1 EXTERNAL CONSULTATIONS

To flesh out the vision, mandate and role of the Office, meetings and discussions have been held with other federal ombudsmen and colleagues who have developed mental health and well-being strategies and action plans.

The meetings allowed the Ombudsman to share best practices, forge working relationships with key partners, and explore service improvement opportunities at PSPC.

The Office team would like to thank all these partners for their generosity and their time.

Federal Ombudsmen

- Parks Canada
- Canadian Heritage
- Health Canada
- Treasury Board Secretariat

Legislative Ombudsmen

- Veterans Affairs
- Procurement
- Taxpayers
- National Defence and Canadian Armed Forces
- Victims of Crime

3.1.2 IN-HOUSE CONSULTATIONS

Dialogue with departmental employees throughout the country was initiated from the outset. Meetings were also held with senior managers, departmental networks, well-being and Destination 2020 committees, union representatives, human resources professionals, managers and employees at all levels.

The Ombudsman also held informal group meetings where he listened to employees’ concerns and ideas. He met with over 250 employees through those exchanges and discussions.

The in-house consultations conducted across the country identified a number of best practices at PSPC, which are described in the next section.
3.1.3 BEST PRACTICES AT PSPC

Promoting mental health and well-being has a prominent place in PSPC activities. Here is an overview of the initiatives and activities underway in the Department:

- **PSPC Psychological Health and Safety Working Group**: Group composed of employees at all levels from across the Department. These employees share ideas and best practices between their branch or region and the working group. This diverse team also plays an essential role in developing a mental health strategy, scheduled for release in early fall 2017.

- **PSPC’s Living Library**: Initiative to increase tolerance and respect for diversity and to combat the stigmatization associated with psychological harm and mental health. The living books’ stories address numerous topics, including depression, obsessive-compulsive disorders, fighting cancer, resilience, post partum disorders, etc.

- **Harassment Advisory Panel of the Ontario Region**: Initiative undertaken in response to the results of the 2014 Public Service Employee Survey. The panel made recommendations that were used to develop a regional harassment action plan.

- **Well-being Initiatives by the WOW (Work Out and Wellness) Committee of the Pacific Region**: Initiatives centred on three pillars: physical fitness, emotional intelligence and peer coaching circles. To promote emotional intelligence, all employees received a red wheel divided into different-coloured quadrants, with each colour corresponding to a type of temperament (red – leader, yellow – expressive, green – friendly and blue – analytical), as well as a description of the major personality traits associated with each type of temperament. The wheel is displayed at the entrance of their office and allows employees to indicate their type of temperament or their current mood. Employees can thus learn the major personality traits or current mood of their colleagues and adapt their behaviour accordingly.

- **Mental Health and Wellness Strategy of the Western Region**: The Strategy’s goals are to encourage the use of organizational services that promote personal and organizational well-being; provide full senior management support and buy in for all employees; provide support, guidance, coaching and mediation through assisted conflict management resources; promote employee physical and mental health and safety; and create a culture focused on mutual respect and well-being.

- **Mandatory mental health training for all Atlantic Region employees**: Training designed by the departmental Employee and Organization Assistance Program which has been taken by over 90% of employees. A managers’ tool kit was also developed.

- **Quebec Regional Cultural Transition Committees**: Committees established in connection with the workplace renewal project and co-chaired by the Vanguard Youth Network and the Managers’ Network. The committees help employees to make a tangible contribution to defining the workplace of tomorrow.
3.1.4 REGIONAL VISITS

An initial series of Department-wide regional visits were held to promote the Office, encourage employees to meet with the Ombudsman in person if they wished to do so, and talk with various organizational stakeholders. The visits helped to identify individual or systemic issues for which the Ombudsman could propose solutions and reasonable, informed recommendations.

The following map indicates the cities that the Ombudsman for Mental Health has visited since the Office was establish and the cities he will visit in the coming months:
3.1.5 CONFIDENTIAL MEETINGS

One of the Office’s key functions is to guide employees with mental health issues by helping them to understand the factors and aspects involved and to refer them to the most appropriate programs and services.

The Ombudsman has held 170 confidential meetings since taking office:

While most of the meetings were in person, some were by phone or in a group setting with several people experiencing the same issue.

A request for a confidential meeting is answered within 24 hours.

SOME STATISTICS

68% women
32% men
18% managers
82% employees

In 15% of cases, the Ombudsman made informal interventions (see section 3.1.6)

5The men-women breakdown seen here is also found in the number of disability cases approved on psychosocial health grounds by Sun Life Financial in 2015 for PSPC. In 2015, some 71% of disability cases approved on psychosocial health grounds for PSPC employees involved women, with the other 29% involving men.
There are many reasons for requesting a confidential meeting, as shown in the following graph:

The Ombudsman for Mental Health heard testimonials at in-house consultations with over 250 employees and at 170 confidential meetings that revealed the following risk factors associated with PSPC work environments:

- leadership shortcomings (lack of engagement, recognition, consultation, and decision-making flexibility for employees);
- lack of communication, trust and empathy, primarily in the employee-employer relationship;
- bullying behaviour;
- increased workload (higher stress levels);
- lack of support and effective tools.
In the table below, the reasons for confidential meetings with the Ombudsman are categorized based on psychosocial factors (see Annex B) set out in the tool *Guarding Minds at Work* and in the National Standard for Psychological Health and Safety in the Workplace (the Standard). Psychosocial factors are working condition risks that could lead to psychological health issues. They include how work is performed (deadlines, workloads, work methods) and the work context (including relations and interactions with superiors, colleagues and clients).

The graph below illustrates priority action fields for implementing the Standard.
3.1.6 EXAMPLES OF INTERVENTIONS

The Ombudsman has occasionally acted as an intermediary between parties and has proposed alternative conflict resolution mechanisms in a safe and non-judgmental space. His independence and impartiality are an advantage in resolving problems.

For example, the Ombudsman facilitated a discussion between:

- A senior manager and an employee with a mental health issue who had never disclosed his state of health to management, for fear of reprisal. Not talking openly about his disability was undermining management’s perception of the employee;
- An employee and a senior manager regarding employment opportunities, as the employee’s position was causing him serious mental health issues.

The Ombudsman also facilitated:

- A workplace assessment[^6] in a sector where management issues were affecting employees’ mental health (the assessment was performed by the Office of Workplace Conflict Management in the HRB);
- Exit interviews between employees and senior managers.

Management has also sought the Ombudsman’s input on many occasions on how to manage a difficult situation with an employee with mental health issues, or to obtain assistance themselves. Some managers, namely those who are in excluded positions, involved in an official complaint have also consulted the Ombudsman on how to prepare for the complaint process.

[^6]: A workplace assessment is conducted by a third party to identify points of contention and sources of conflict within an organization, and to consider potential solutions. The primary objective of the workplace assessment is to improve the workplace climate.
The creation of the Ombudsman for Mental Health position has been welcomed by employees throughout the country. They feel the Department is on the right track and takes their concerns to heart.

The satisfaction rate for employees who have dealt with the Ombudsman is over 90% according to the results of the Confidential Feedback Questionnaire below, with a response rate of over 30%.

### Confidential Feedback Questionnaire

**Ombudsman for Mental Health**

Please circle the number that most accurately reflects your opinion.

<table>
<thead>
<tr>
<th>To what extent are you in agreement with the following statement?</th>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly agree</th>
<th>Not applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>The meeting with the Ombudsman met my expectations.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>The office space used for the meeting(s) was suitable to ensure privacy.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>The Office of the Ombudsman provided timely response to my request for a meeting.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>The Ombudsman made me feel at ease and I felt comfortable discussing with him.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>I now have a better understanding of my situation and/or the next steps I need to take.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>I would recommend the Office of the Ombudsman as an available resource to others.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td></td>
</tr>
</tbody>
</table>

**Comments and/or suggestions**

________________________________________________________________________________________________
________________________________________________________________________________________________
________________________________________________________________________________________________
________________________________________________________________________________________________

Would you be willing to provide a testimonial of your experience with the Office of the Ombudsman for Mental Health, anonymously, for communications and promotion of the Office and its services?

**YES ☐ NO ☐**

Please return via internal mail or by email as a scanned attachment to: Andre.V.Latreille@tpsc-pwgsc.gc.ca.

Although employees appreciate the well-being services currently provided by PSPC, they hope that more can be done. That would include developing prevention tools or mechanisms and alternative solutions to issues affecting employees’ physical and psychological health issues.

Above all, employees want the impact of work on well-being to be taken into account and that respect for people be a priority, despite the many projects to be achieved.

A number of employees who met with the Ombudsman said they were willing to talk about their experience. A few employee testimonials are presented on the next page:
“Having appropriate resources other than my union, 10 years ago, like the Ombudsman, might have enabled me to avoid developing major anxiety issues in recent years.”

“I really appreciated timely responses (almost instantly). I was impressed by the attentiveness, politeness and genuine interest Mr. Latreille showed during our meeting. I am grateful for the follow-up. All in all, he did a great job facilitating the conversation that I was very apprehensive about having.”

“The Ombudsman fully met our expectations and put us at ease as soon as we arrived. The location was welcoming and appropriate for an open and frank discussion. The Ombudsman listened to us respectfully and attentively. He understood the stress we were experiencing and was empathetic.”

“I wanted to convey our appreciation for taking time to meet with us at GCSurplus in Langley, British Columbia, on June 2. It meant a lot to our team to have the opportunity to meet you in person and for you to listen to some of our challenges.”

“I am so excited to hear that the federal government is finally now bringing awareness to mental illness in the workplace and taking action to create a psychologically healthier environment in the workplace. My only regret is that this did not happen sooner when I had more time here; perhaps my suffering would have been less. With this new interest in mental wellness, in years to come I feel this would bring about a more stress-free and gentler workplace, a more empathetic culture, a workplace that displays respect and compassion for employees as human beings, which could in turn result in a more positive and productive workplace.”
3.1.8 PARTNERSHIP

The Office of the Ombudsman for Mental Health is participating in a study on mental illness disclosure in the workplace.

This multidisciplinary study, led by the University of Ottawa’s Telfer School, will explore the causes, manifestations and consequences of employees’ disclosure of their mental health problems at work. It is the first study to explore and define the various ways in which employees divulge their mental illness at work in Canada.

The study findings should enable executives to enhance their policies on work climates, so as to provide more encouragement for employees with mental health issues to ask for help and to ensure the work environment supports employees who are struggling. The findings should also reduce the degree of mental illness stigmatization.
3.2 OVERVIEW OF THE SITUATION
(in September 2017)

3.2.1 ORGANIZATIONAL CONTEXT

The psychological framework of the work environment, including the corporate culture, sub-cultures, values, administrative constraints, policies and practices, plays a leading role in employees’ mental health and well-being. With rates of anxiety and depression and stress levels climbing, and the stigmatization associated with mental illness preventing many employees from asking for help, it is more important than ever to ensure that our workplaces are psychologically safe and healthy.

The work environment at PSPC is stimulating, but can also be stressful and demanding. As a supplier of both mandatory and optional services to federal departments and agencies, the Department has a wide range of activities: real property management, procurement, pay and pension administration, translation, interpretation and terminology, etc. Such a mandate puts high expectations on employees.

When work focuses on client service, it is necessarily results-driven. These results are measured with the help of:

- **quantitative objectives**, e.g., number of transactions, calls to answer, words to translate, billable hours, clients to meet, specifications to prepare, projects to manage, or reports to produce;
- **qualitative objectives**, e.g., client satisfaction;
- **deadlines and service standards**.

This is particularly true in operational environments, centred on delivering products and services on a daily basis.

Ongoing service delivery, the constraints associated with an operational work environment, and numerous technical or organizational changes generate a mental load, that can become a source of stress for employees. Personal factors can have an additional impact on employees’ mental health.
The Office is in the process of finalizing a mental health scorecard in order to establish standard methodology for measuring key mental health performance indicators (a version of the scorecard is available on the Office’s intranet site). The objective of the scorecard is to provide PSPC with reliable and useful management data, year after year, that support decisions based on probative data.

“Workplaces with a positive approach to psychological health and safety on average are better able to recruit and retain talented workers. They have also improved worker engagement, enhanced productivity, are more creative and innovative, and have higher profit levels. Other positive effects can include reduced workplace issues, such as grievances, turnover, disability, absenteeism and risk of conflict”.

The scorecard comprises mental health, psychological safety and well-being information on departmental employees in their workplaces. It is based on the 13 psychological factors set out in the National Psychological Health and Safety in the Workplace Standard (see Annex B – Psychosocial Factors).

Monitoring and analyzing mental health indicators and data will make it easier to:

- do screening;
- identify systemic issues;
- better understand psychological health risks;
- ask the right questions;
- make recommendations to improve existing departmental policies and programs;
- help to target harm reduction measures and thus ensure safe and healthy work environments.

### 3.2.2 MENTAL HEALTH SCORECARD

The scorecard consists of information on departmental employees in their workplaces. It is based on the 13 psychological factors outlined in the National Psychological Health and Safety in the Workplace Standard (see Annex B – Psychosocial Factors).

- **Number of individual confidential meetings held with the Ombudsman for Mental Health (Feb 6 to Aug 4, 2017)**
- **Number of client sessions by Employee and Organizational Assistance Program (EOAP) per fiscal year (FY)**
- **% of counseling calls (EOAP) related to mental health and work-related stress per FY**
- **Number of informal workplace conflict management referral issues by the Office of Workplace Conflict Management per FY**
- **Total number of claims submitted to SunLife Financial**
- **Total number of claims accepted by SunLife Financial**
- **Total number of mental health (MH) claims submitted to SunLife Financial**
- **% of accepted (SunLife Financial) MH claims by gender (female)**
- **% of accepted (SunLife Financial) MH claims by gender (male)**
- **Return-to-work and duty to accommodate - Average duration of MH claims (in months), data from SunLife Financial**
- **Total number of claims submitted to Industrial Alliance**
- **Total number of MH claims accepted by Industrial Alliance**
- **% of accepted (Industrial Alliance) MH claims by gender (female)**
- **% of accepted (Industrial Alliance) MH claims by gender (male)**
- **Return-to-work and duty to accommodate - Average duration of MH claims (in months), data from Industrial Alliance**

---

3.2.2 MENTAL HEALTH SCORECARD

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Psychological Support: is an environment supportive of employees’ psychological and mental health concerns, and responds appropriately.</td>
<td>Number of individual confidential meetings held with the Ombudsman for Mental Health (Feb 6 to Aug 4, 2017)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Number of employees that have attended informal group meetings held with the Ombudsman for Mental Health (Feb 6 to Aug 4, 2017)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Number of client sessions by Employee and Organizational Assistance Program (EOAP) per fiscal year (FY)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>% of counseling calls (EOAP) related to mental health and work-related stress per FY</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Number of informal workplace conflict management referral issues by the Office of Workplace Conflict Management per FY</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Total number of claims submitted to SunLife Financial</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Total number of claims accepted by SunLife Financial</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Total number of mental health (MH) claims submitted to SunLife Financial</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>% of accepted (SunLife Financial) MH claims by gender (female)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>% of accepted (SunLife Financial) MH claims by gender (male)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Return-to-work and duty to accommodate - Average duration of MH claims (in months), data from SunLife Financial</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Total number of claims submitted to Industrial Alliance</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Total number of MH claims accepted by Industrial Alliance</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>% of accepted (Industrial Alliance) MH claims by gender (female)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>% of accepted (Industrial Alliance) MH claims by gender (male)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Return-to-work and duty to accommodate - Average duration of MH claims (in months), data from Industrial Alliance</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

3.2.3 INITIAL OBSERVATIONS: What the data is telling us

PSPC’s Mental Health Scorecard is still in its infancy and will continue to evolve as additional sources of data become available. At a glance, the indicators demonstrate both signs of improvement for PSPC and also point to areas that appear to have levelled off (similar results over the years), and areas needing improvement, some of which also correspond with the Ombudsman’s observations during informal meetings. The following provides preliminary observations on areas of focus where some trends can be identified.

Psychological Support

Immediate supervisors are creating environments where employees feel free to discuss matters that affect their well-being at work (81% as per the recent Public Service Employee Annual Survey, PSEAS, conducted in February 2017). This is a positive step to creating a culture that puts employees first and supports open and stigma-free dialogues in the workplace on mental health.

However, other indicators are telling us that there is room for improvement in this area. Data is showing that more than half of the long-term disability claims accepted by both SunLife Financial and Industrial Alliance are due to mental health conditions, which includes any psychiatric disorder, for example depression, anxiety, schizophrenia, bipolar disorder. When employees are on long-term disability, it is important that the Disability Management Program in the Human Resources Branch (HRB) is informed and involved for a successful return to work. This program offers an excellent support to managers and employees who go on and come back from sick leave.

Organizational Culture

Employees at PSPC are indicating that they can count on their immediate supervisors to keep their promises (75%, Pulse Check 2 Survey held in October 2016). However, there is a noticeable trend that senior management could do more in informing employees of how concerns are being resolved.

A concerning trend is the increase in discrimination to 11% in 2017-2018. This is similar to the 2017 PSEAS result for the overall public service (12%), but an increase from PSPC’s result of 7% in 2014-2015.

The increasing number of participants at educational workshops offered by HRB and external providers over the years could translate into more positive results.

Clear Leadership and Expectations

Since 2014-2015, three quarters of PSPC employees who responded to surveys have indicated that their immediate supervisors are keeping them informed of the issues affecting their work. However, it is important for those same employees to also know how their work contributes to the organization in order to foster linkages and improve alignment. This essential information does not seem to flow effectively from senior management to staff.

Civility and Respect

The data in the scorecard is pointing to the fact that interactions between employees, for the most part, are respectful. Yet, as for harassment, employees are indicating that things have not changed since 2014-2015.

In 2014-2015, 18% of employees who
responded to the PSES indicated that they had been the victim of harassment on the job in the past two years. In 2017, through the PSEAS, employees are again indicating approximately the same amount (19%). For comparison, the overall result for the public service according to 2017 PSEAS was 22%. The results from this year’s triennial PSES (held in August 2017) will provide further indication of trends and, consequently, whether a revised approach is needed to effect the required change.

**Growth, Development, Recognition and Reward**

In this category, the data is showing slippage over the years in terms of how immediate supervisors assess work against identified goals and objectives, how they provide useful feedback on job performance and how employees feel they receive meaningful recognition for work that is done well.

The data in the scorecard, however, show that there is good annual uptake of HRB’s Career Management Services and an upward trend in the number of instant recognition awards.

**Psychological Protection from Violence, Bullying and Harassment**

The data for this category will be improved as additional survey results become available. What the existing data tell PSPC is that less than half of PSPC employees feel that they can initiate a formal recourse such as a grievance, complaint or appeal without fear of reprisal.

**Protection of Physical Safety**

This area is showing signs of improvement. For the period from 2014-2015 to 2016-2017, the number of hazardous occurrence investigation reports, minor injuries, disabling injuries and claims submitted to provincial/territorial worker compensation agencies are providing an indication of positive safety performance and a safe work environment.
3.2.4 INITIAL OBSERVATIONS: What employees are saying

The confidential meetings and in-house consultations conducted throughout the country have given the Ombudsman a partial understanding of the situation at PSPC.

The Ombudsman has noted three types of situations that drive or aggravate workplace mental health issues: lack of communication, trust and empathy; lack of courtesy and respect; and the impact of transformational initiatives on employees.

The observations below need to be interpreted carefully. They reflect what the Ombudsman for Mental Health heard in the first six months of the Office’s activities.

It is important to point out that the Ombudsman hears what is presented by employees and managers. While some supervisors, managers and executives seem to lack emotional intelligence, others seem to lack the time to respond appropriately because of operational requirements. Of further note, since taking office, the Ombudsman has met with managers who have made good efforts to help employees in difficulty, and with others who showed best practices.

---

Emotional intelligence is your ability to recognize and understand emotions in yourself and others, and your ability to use the awareness to manage your behaviour and relationships (Travis Bradberry and Jean Greaves, “Emotional Intelligence 2.0”).
The vast majority of situations brought to the Ombudsman’s attention, that directly impact employees’ mental health, pertain to employee-employer relationships. They are marked by shortcomings with respect to communication and trust.

A lacking or broken relationship of trust and difficult communication sow the seeds of conflict. The fear of reprisal for openly expressing one’s opinion or talking about one’s health can undermine trust and respect between people.

Many employees consulted the Ombudsman because they felt the need to openly discuss mental health issues in a safe, confidential and informal space, which their workplace does not provide. Those employees are not comfortable talking with their supervisors, managers or directors about problematic situations or difficult circumstances that may affect their work performance and well-being.

During confidential meetings, the Ombudsman noted that management style is often a cause of stress and conflict. Employees pointed out the people management shortcomings of some managers, including the lack of emotional intelligence. These managers do not seem to listen to their employees.

In addition, there are situations where the mid-year and year-end performance appraisal are the first opportunity in the fiscal year for a discussion between managers and employees on employees’ performance. Leaving such important discussions until the end of the fiscal year makes the process stressful and means that managers and employees may not have a comprehensive picture of employees’ annual performance. Regular and ongoing open and frank communication between managers and employees during the reporting period facilitates early responses to any performance and mental health issues. Such communication also gives managers and employees alike the opportunity to seek assistance from the various well-being services available to departmental employees, such as coaching, conflict resolution and career management services.

(PSYCHOSOCIAL FACTORS – Psychological Support and Corporate Culture)

1. Lack of Communication, Trust and Empathy

“I would like my manager to tell me: ‘Hi, how are you this morning.’”
2. Impact of Transformational Initiatives on Employees

While acknowledging that change is constant, even necessary at times, a number of employees said that they feel drained and even anxious about changes underway in the Department. Buzzwords like transformation, renewal, modernization, reorganization and overhaul are disconcerting for many employees.

Numerous transformation initiatives are currently underway at SPAC. The cumulative effects of change on some employees is undeniable. Fatigue, anxiety, burnout, absenteeism and sick leave are some of the symptoms.

Some supervisors and managers said it is difficult to juggle all the changes and their other responsibilities, such as financial and human resources management, performance management, the duty to accommodate, and the obligation to ensure a healthy, safe and violence-free work environment. A number of recent changes have resulted in more responsibilities for managers, who are grappling with a slew of related duties.

Others criticize lack of communications and consultation with employees to obtain their input and thus improve the chances of transformations succeeding. Employees and unions say they want to be part of the solution. However, when change is imposed, poorly communicated or glossed over, resistance can be expected.

Real consultation should be the rule, not passing on information, because transformation initiatives can have a significant impact on employees’ mental health. Moreover, employees’ psychological health is a cornerstone for innovation and change.

The workplace renewal initiative, including the **Activity-Based Workplace initiative**, is one of the changes frequently raised in individual and group meetings with the Ombudsman. Working in an open area without partitions and not having a dedicated work station seem to be a source of apprehension and anxiety for some employees, especially those whose occupation requires great concentration.

> “Change management includes ensuring that the people who are both involved in and affected by the change are part of the solution.”

Some employees acknowledge that this lay-out fosters a modern and flexible work environment (telework, compressed schedules, mobility, innovative collaborative spaces), others fear this new change and feel threatened. They do not understand the scope of the project and the reasons behind it, and have the impression they cannot influence it.

A number of people stressed the importance of having enough private spaces for employees to have confidential phone conversations or simply to take a break (e.g., quiet rooms). Others suggested installing audiovisual stimulators (screens or projectors) in quiet rooms that would broadcast neutral media content conducive to meditation or relaxation.

It is important to keep channels of communication open with employees throughout any project in order to anticipate issues and find reasonable solutions that meet employees’ needs.

---

9 The Activity-Based Workplace design is a modern approach currently used on a global scale. Under this approach, workplace design is based on the type of work activities that are carried out. Each person can decide how and when he or she wants to work during the day, based on their duties and their work environment preferences.
Employees consulted by the Ombudsman said they work in an environment marked by lack of courtesy and respect by management: no “good morning,” no “please” and “thank-you,” offensive remarks, harsh and hurtful words, lack of consideration for colleagues working in different time zones when planning meetings, ambiguous directions given brusquely or barked out, etc.

Others even raised concerns about potential cases of bullying and harassment.

Often in confidential meetings, employees criticized the organization for not acting quickly when disrespectful comments are denounced or known. In some cases, employees even indicated that persons engaging in discourteous behaviour were promoted, with the focus being on achieving results rather than people management.

Respect and courtesy are essential to improve mental health and lower the rates of harassment and discrimination.

“I’d like my manager to care about me, not just the number of transactions I need to get through each day.”

GOOD MENTAL HEALTH TIPS

✔ Take the time to speak and listen to employees, and be aware of any changes in behaviour
✔ Let employees express concerns and share their opinions and suggestions, especially in times of change
✔ Promote employees’ ownership of the final product
✔ Set reasonable expectations and systematically review employees’ workloads
✔ Clarify roles and responsibilities
✔ Promote flexible work schedules
✔ Take account of employees’ social environment
✔ Recognize other people’s contributions and give them the credit they deserve
3.3  NEXT STEPS
3.3.1  RECOMMENDATIONS

One of the Ombudsman’s key functions is to propose, to the Deputy Minister, reasonable, realistic solutions to ad hoc or systemic issues in order to meet the ever-changing needs of employees and the organization. Raising awareness of mental health issues is a good thing, but it is essential to move from words to actions. The Deputy Minister has set the tone by carrying out concrete actions to demonstrate the importance she places on providing support to employees and on their well-being. The recommendations that follow are in line with the above and aim to enable the organization to continue deploying efforts in this regard.

**LEADERSHIP**

1. Improve recruitment, development and evaluation practices for supervisors, managers and executives, with a focus on people management

The Department should evaluate, on an ongoing basis, the people management competencies of supervisors, managers and executives, which have a considerable impact on workplace well-being.

Various behavioural evaluation tools already exist and should be used more when new supervisors, managers and executives are hired, to ensure a fit between employees’ interpersonal and emotional competencies and the technical requirements of the position. It is important for people with management responsibilities to have key skills to foster a safe and healthy workplace, including: the capacity to listen and communicate, empathy, compassion, tact, courtesy and respect. Interpersonal and emotional competencies should also be taken into consideration in promotional decisions.

In light of the data collected and the consultations, visits and meetings conducted so far, the Ombudsman is proposing eight recommendations to protect and maintain the mental health of departmental employees. The recommendations fall under three categories: leadership, the work environment, and training and recognition.

Some recommendations can be implemented quickly, but the Ombudsman recognizes that others will require more time in terms of development and implementation.
WORK ENVIRONMENT

2. Conduct exit interviews systematically

The Department should centralize exit interviews and carry them out systematically. The interviews could be conducted in person, by WebEx or through an employee online survey. Centralizing these interviews, in a safe and confidential environment, would allow employees to freely express their reasons for leaving, make constructive comments or suggestions on their work experience and raise issues and questions related to the workplace, the job and the culture of the Department.

Exit interviews are not currently carried out in a systemic way. A pilot project with a small sample of people was recently conducted in the Human Resources Branch.

The Office of the Ombudsman for Mental Health could participate in those interviews, for example, if an employee wanted to raise a mental health issue or wanted the Ombudsman to be present.

Once the exit interview process has been well established, the Department could use other workplace assessment mechanisms. For example, stay interviews could be conducted. These interviews would help gather employees’ impressions of new jobs and conduct pulse checks on topics such as onboarding or orientation, employer-employee relationships or the work environment. Such interviews could be conducted three to six months after an employee joins the Department or three to six months after a manager or an executive is appointed. They would focus on prevention and early response and on continuous improvement. Stay interviews could be conducted in person or by WebEx by the employee’s immediate manager or through an employee online survey. This type of continuous feedback could also be obtained through a method other than stay interviews.

PSPC does not currently conduct stay interviews.

3. Assess the impact of departmental transformation projects on employees’ mental health

Change can be stressful. This is especially true when objectives, key messages and facts are not clearly communicated. Some employees may have difficulty accepting change and dealing with constant pressure associated with change.

The Ombudsman recommends that the impact of change on people and their mental health be reviewed and taken into consideration during the early planning phases of transformation initiatives at PSPC and projects. The impact of change on people, including their mental health, should be a key indicator for change management.

This type of assessment would help analyze, from a strategic point of view, how mental health is perceived at PSPC and would stimulate further discussion between project leads and those affected by change.
4. Conduct a psychological risk profile evaluation

The Department should initiate a psychological risk profile evaluation to identify work environments with the highest stress and anxiety levels (e.g., call centres and service delivery positions with tight deadlines). The discussion could lead to an enhanced Hazard Prevention Program at PSPC.

Accordingly, applicants for positions with higher-than-average stress levels and rates of critical incidents should be informed before starting employment. It is important to communicate the mental and emotional load generated by the positions to be filled, especially for management positions.

Targeted training could be provided to affected employees to help them better deal with the stress and anxiety related to the job environment.

Affected organizations could then establish action plans to mitigate the psychological health risks.

5. Appoint regional well-being coordinators

Each PSPC region should appoint a full-time well-being coordinator responsible for promoting and coordinating mental health and well-being activities. These could include training on a variety of topics, (workplace courtesy and respect, mental health and illness issues, resilience, etc.), information and awareness sessions, and social activities promoting mental health and wellness (mediation, relaxation, yoga sessions). The well-being coordinator could also liaise with the Disability Management Program team, look after the governance of the local well-being committee, and coordinate accommodation and ergonomic assessment requests. The position could be occupied on an annual rotating basis and be used for professional development purposes. Appointing a full-time coordinator is proposed because people on various well-being committees are often the same people who organize activities off-the-cuff or outside working hours.

6. Recommendations for the Miramichi Pay Centre

Following the one-week regional visit to the Miramichi Pay Centre in May 2017, the Ombudsman verbally made recommendations to the Deputy Minister, including setting up a multidisciplinary support team that would be assigned to the Pay Centre and provide support for:

- **Internal procedures**, ensuring that resources are allocated to developing consistent procedures for processing transactions;
- **Internal communications**, to transmit information to staff more effectively in the many activities of the Pay Centre and to better coordinate consultations with employees;
- **Well-being programs**, supporting employees through workshops on stress management, disability, accommodation and other well-being support measures.

We can applaud the commitment and professionalism of the Pay Centre employees. They are part of the solution, like all other employees in the various satellite offices. They are bound and determined to make the pay consolidation project a success.
Supervisors and managers play an important role in shaping the workplace culture. They know their employees, maintain a special relationship with them and have a direct impact on them. Supervisors and managers are front-line agents of change and significantly contribute to workplace mental health. The Department should properly equip these employees with the right resources.

Many managers have expressed the need for mental health training and hands-on reference tools, such as a mental health first aid kit including questions and answers, backgrounders, scenarios, role playing, self-evaluation tools, etc. Many resources are already available, so it would be important to have them all in one location, to make it easier to consult them. PSPC should have a centralized repository for mental health and well-being tools and information on public service-wide awareness activities and training.

The training should address the human dimension of change, so that managers can engage employees before the change and forge relationships of trust with teams that are sometimes very heterogeneous. The training should also specify the rights, roles and responsibilities of employees, union representatives, management, and the employer, in connection with employees with mental health issues.

### 8. Introduce a Mental Health Award of Excellence

The Office recommends adding a category to the Department’s Awards of Excellence: A Deputy Minister’s Award of Excellence for Mental Health. The award would be given to an employee or team who contributed to a workplace that promotes well-being. The employee or team would be chosen for their tangible efforts to reduce the stigmatization associated with mental illness.

This award category could recognize employees, individually or in a team, who have:

- Promoted individual and collective well-being in a remarkable fashion through awareness activities on mental health or mental health issues;
- Promoted the adoption of healthy lifestyles and taken into consideration psychological health and safety factors (see Annex B – Psychosocial Factors);
- Helped to reduce the stigmatization associated with mental illness.
CONCLUSION
4.1 PRIORITIES OF THE OFFICE OF THE OMBUDSMAN FOR MENTAL HEALTH

The Ombudsman intends to continue his regional visits (see section 3.1.4, Regional Visits) until the end of the 2017-2018 fiscal year. In addition, a more in-depth analysis of the many indicators in the mental health scorecard (see section 3.2.2, Mental Health Scorecard) will be presented in the next report. That report will also include highlights of the Upward Feedback Survey used to evaluate departmental executives, the survey by the Association of Professional Executives of the Public Service (APEX), the 2017 Public Service Employee Survey and more comprehensive data from both SunLife Financial and Industrial Alliance, in order to highlight mental health trends and issues at PSPC.

4.1.1 MENTAL HEALTH EMPLOYEE SURVEYS

The Office also plans to conduct regular pulse checks with PSPC employees, to gauge the overall health of the organization and foster continuous improvement of mental health.

At a time when the Department no longer plans to conduct brief pulse checks, which are replaced by the Public Service Annual Employee Survey, the surveys conducted by the Office of the Ombudsman for Mental Health will be even more important. They will help to obtain employee feedback by branch, region and sector, and to regularly evaluate the state of mind and culture in the Department, to identify improvements and the impact of transformations.

Moreover, the various surveys conducted in recent years by TBS and PSPC do not all contain the same questions. It is difficult to measure certain indicators when some questions contained in a survey in a given year are not asked again in subsequent years. The Ombudsman’s pulse check will ask the same or similar questions every year, which will make it easier to measure indicators and compare one year with another, and thus foster ongoing analysis.

In order not to create survey fatigue among respondents, the Office intends to conduct concise and ad hoc surveys touching on the psychosocial factors in the workplace with a specific purpose to get a snapshot of employees’ perspectives. The method and frequency is to be determined following internal consultation.

4.1.2 LEADERSHIP HONOUR ROLL

According to the most recent surveys conducted in the Department, many employees report maintaining positive relations with their colleagues and immediate supervisors. The Ombudsman has not received only complaints from employees against management; in fact, he has received some very positive testimonials regarding real leaders who strive to make a difference for their employees and the organization.

The Office plans to set up a Leadership Honour Roll to help promote best management practices, showcasing positive examples by supervisors, managers, and executives. It would thus showcase individuals who put people at the core of their activities and who display empathy and emotional intelligence, while being effective, visionary leaders. We hope these leaders can mentor or coach their colleagues. The Office could help with such networking.

We can learn from what we do wrong, but we can learn much more from what we do right.
4.2 CLOSING REMARKS FROM THE OMBUDSMAN

Over the next six months, I will continue my regional visits throughout Canada to meet with other PSPC employees. The Office will also continue compile data on the mental health situation in the Department, so as to provide a more comprehensive overview in the Office’s annual report. In the same vein, I will also work to implement the employee mental health surveys, which will help to make the mental health data measured in the Department more consistent. By gathering more data and testimonies, I will be better equipped to determine in which fields PSPC should focus its mental health efforts.

I encourage all PSPC employees to be aware of the importance of workplace mental health and to make every effort to show understanding and compassion in a climate of mutual respect and trust. People first!

Finally, I would also remind you that the Office is a platform for you to express your ideas and suggestions. Please feel free to share them with us. They will be invaluable in improving our work environment.
Annexes
Deputy Minister

The Deputy Minister has a responsibility to promote positive mental health and to prevent psychological harm caused by workplace-related factors based on organization-specific objectives. The Deputy Minister must also have an ongoing commitment to leadership on mental health issues and engage management and employees to that end.

Ombudsman for Mental Health

The Ombudsman guides employees by listening to their mental health concerns, by helping them to understand the factors and aspects involved and by directing them to the most appropriate resources. In some circumstances and with the authorization of the employee, the Ombudsman facilitates discussion between parties by proposing alternative dispute resolution mechanisms as needed. Lastly, the Ombudsman helps the Department to reduce the stigma associated with mental health in the workplace by making observations and recommending changes to the Deputy Minister.
Human Resources Branch
The Human Resources Branch (HRB) provides well-being programs, advice and services in order to foster a respectful, fair and healthy work environment. It also promotes workplace mental health and well-being awareness at PSPC. HRB also plays a leadership role in performance appraisal and talent management initiatives. HRB works with employees, unions and management to support employees with needs, such as helping employees to obtain a medical assessment describing all the accommodation required.

Management
Management (managers and executives) implement and respect the policies and commitments on workplace mental health and well-being. They promote healthy workplace activities, embrace mental health training and actively support the reduction of stigma by recognizing and responding appropriately to colleagues and direct reports in distress. They also have a responsibility to recognize and promote behaviour that leads to achieving well-being, including life-work balance.

Employees
Employees are responsible for promoting a healthy, respectful work environment through their words and actions. They are also responsible for informing the employer of a mental health issue requiring attention and of the needs for accommodation when such need is not obvious. They also have the responsibility to participate in the planning, implementation and evaluation related to job accommodation.

Unions
Unions protect the rights of employees, assist in identifying appropriate accommodation needs and work together on implementation. They also have a duty to fairly represent their members when a complaint comes forward about an employee’s work capacity, or likelihood of risk due to health conditions.

Psychological Health and Safety Working Group
The Working Group, chaired by national management and union co-champions for mental health, was created to provide a forum for sharing best practices and fostering a culture in which all individuals feel welcome and supported. The Working Group is developing the Department’s first mental health strategy and will lead the implementation of branch and regional action plans.

PSPC Networks
PSPC has a vibrant community of networks and workplace groups that support employees, encourage engagement, and promote a healthy and inclusive work environment.

Central Agencies
The Treasury Board of Canada Secretariat (TBS) is accountable for three public service-wide objectives under the Federal Public Service Workplace Mental Health Strategy. It also provides ongoing guidance to help federal organizations develop and implement their mental health plans.
Annex B – Psychosocial Factors

1. Psychological Support
A workplace where colleagues and supervisors are supportive of employees’ psychological and mental health concerns, and respond appropriately as needed.

2. Organizational Culture
A workplace characterized by trust, honesty and fairness.

3. Clear Leadership and Expectations
A workplace where there is effective leadership and support that helps employees know what they need to do, how their work contributes to the organization, and whether there are changes coming.

4. Civility and Respect
A workplace where employees are respectful and considerate in how they interact with one another, as well as with customers, clients, and the public.

5. Psychological Job Demands
A workplace where employees’ interpersonal and emotional competencies fit with the requirements of their position.

6. Growth and Development
A workplace where employees receive encouragement and support in developing their interpersonal, emotional and job skills.

7. Recognition and Reward
A workplace where there is appropriate acknowledgement and appreciation of employees’ efforts in a fair and timely manner.

8. Involvement and Influence
A workplace where employees are included in discussions about how their work is done and how important decisions are made.

9. Workload Management
A workplace where tasks and responsibilities can be accomplished successfully within the time available.

10. Engagement
A workplace where employees feel connected to their work and are motivated to do their job well.

11. Work-Life Balance
A workplace where there is recognition of the need for balance between the demands of work, family and personal life.

12. Psychological Protection from Violence, Bullying and Harassment
A workplace where employees’ psychological safety is ensured.

13. Protection of Physical Safety
A workplace where employees’ physical safety is ensured.

14. Other Chronic Stressors as Identified by Employees
A work environment where employees feel safe to identify chronic stressors and those stressors are effectively and quickly addressed.

The definitions of these factors are taken from the Canadian standard on psychological health and safety in the workplace (the standard) and can also be found in the Guarding Minds @ Work.
Annex C – DEFINITIONS

**health, n.** — complete state of physical, mental and social well-being, consisting not only of the absence of illness or disability. French: santé. (References: World Health Organization, cited in National Standard for Psychological Health and Safety in the Workplace.)

**mental health, n.** (see also psychological health, n.) — state of well-being in which the individual realizes his or her own potential, can cope with the normal stresses of life, can work successfully and productively and is able to make a contribution to the community. French: santé mentale. (Reference: World Health Organization, cited in National Standard for Psychological Health and Safety in the Workplace. (modified version).)

**mental illness, n.** (see also mental disorder, n.) — a recognized, medically diagnosable illness that results in the significant impairment of an individual’s cognitive, affective or relational abilities. French: maladie mentale (see also trouble mental). {Source Canadian Society for Medical Laboratory Science.}

**mental health problem, n.** — any deviation from the state of mental or psychological health [that does not necessarily lead to] clinically recognized conditions. French: problème de santé mentale. {Source: The Human Face of Mental Health and Mental Illness in Canada 2016.}

**psychological harm** (see also psychological damage, mental injury, psychological injury), n. — in a work context, harm that can take the form of distress or a mental illness resulting from various factors or a combination of factors, such as the environment, personal or family situations, and the behaviour and/or practices of individuals or groups. French: blessure psychologique (see also dommage psychologique). {Source: Distinguishing between psychological harm, mental distress and mental illness.)

**psychological distress** (see also mental distress), n. — range of symptoms and experiences in the internal life of an individual that are commonly considered to be worrisome, disturbing or unusual. Mental distress, as related by employees, presents as serious discouragement, disengagement and alienation. French: détresse psychologique (see also détresse mentale) {Source: Diagnostic and Statistical Manual of Mental Disorders, 5th edition, American Psychiatric Association, 2013.}

**psychosocial factor** (see also workplace psychosocial factor, psychosocial risk), n. Factor that influences employees’ psychological response to their work and working conditions, and that can cause psychological health issues. The tool Guarding Minds @ Work identified 13 psychosocial factors. French: facteur psychosocial (see also facteur psychosocial en milieu de travail, n. m., facteur de risque psychosocial) {References: Guarding Minds at Work.}

**psychological safety, n.** — absence of harm or threat to a worker’s mental health. French: sécurité psychologique. {Source: National Standard for Psychological Health and Safety in the Workplace (modified version).}

**psychologically healthy and safe workplace, n.** — workplace that promotes employees’ psychological well-being and actively prevents harm to their mental health by negligence or carelessness, or deliberately. French: milieu de travail sain et sécuritaire sur le plan psychologique. {Source: National Standard for Psychological Health and Safety in the Workplace (modified version)}

**self-stigmatization, n.** — process by which a person with a mental health issue interiorizes the prejudices and negatives opinions about himself for herself. French: autostigmatisation. {Source: One in five}
**stigmatization**, n. — social phenomenon characterized by exclusion, rejection, blame or worthlessness resulting from an unfavourable social judgment about an individual or group. French: *stigmatisation* (Source: *A Mental Health Strategy for Physicians in Canada*)

**social stigma**, n. (see also: stigma) — an attribute or characteristic that is deeply devalued in a particular social context and sets an individual or a group apart from others. French: *stigmate social, stigmate* (Source: *Workplace Mental Health Glossary*)