PSHSA.ca Public Services Health & Safety Association



Integrating Psychological Health and Safety into Public Safety Organizations

Organizational Guidelines for Public Safety Organizations

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ABOUT PSHSA

PSHSA provides occupational health and safety training, consulting, and resources to Ontario's public services sectors. As a funded partner of the Ministry of Labour, Immigration, Training and Skills Development, we work to prevent and reduce workplace injuries and occupational illnesses by helping organizations adopt best practices and meet legislative requirements to support safer, healthier work environments across the province.

ACKNOWLEDGEMENT

This resource was made possible through funding from the Ministry of the Solicitor General. We extend our appreciation to the Mental Health Secretariat and their collaborators for their contributions and commitment to advancing efforts to support mental health in Ontario workplaces.

We would also like to express our deep gratitude to the employers and workers from the public safety sector who generously shared their time, experiences, and insights. Their contributions were invaluable in shaping the perspectives presented in this work.

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Land Acknowledgement

PSHSA recognizes that the lands on which we work across Ontario are situated within the traditional territories and treaty lands of many First Nations, Métis, and Inuit communities. We offer this territorial acknowledgement as a way of honouring the enduring relationship Indigenous Peoples have with these lands.

We are grateful to work with and alongside First Nations, Métis, and Inuit communities to help ensure that health, safety, and wellbeing are accessible to all. PSHSA is committed to fostering meaningful relationships based on respect, collaboration, and reconciliation with Indigenous Peoples across Ontario.

About the Guide

This guide is part of a broader Anti-Stigma Strategy to promote positive mental health and reduce work-related mental health injuries.

It brings together practical tools, resources, and recommended practices to help public safety organizations (PSO) build a scalable, sustainable psychological health and safety (PHS) program.

The guide is informed by evidence-based practices, the CSA Z1003 Standard for Psychological Health and Safety in the Workplace, Ontario's legislative context, and is grounded in a **Two-Eyed Seeing approach**, valuing both Western and Indigenous ways of knowing.

Important key terms can be accessed in the **Glossary**.

Resources referenced throughout this guide have been brought together in a dedicated online Resource Hub.

Purpose

Public Safety Personnel (PSP) face an elevated risk of **psychological harm** because of the nature of their work. Daily operational and organizational stressors can further increase that risk, having an immediate effect or long-term effects on PSP wellbeing. By implementing the practices outlined in this guide, PSOs may experience the following benefits:

Reduce

- Workplace injuries and healthcare spending
- **Stigma** and discrimination in the workplace
- Harassment, bullying, and workplace violence[2]
- Absenteeism and presenteeism

Improve

- Productivity, recruitment, and retention[1,2,4]
- Organizational culture and job satisfaction[1,2]

Who this Guide is For

This guide is intended for Public Safety organizations, supervisors, and PSP.

While reviewing this guide, readers should also consider:

- **PSP preparing for retirement or transitioning out of service**, who may experience **mental health stigma**, identity changes, or challenges adjusting to post-retirement life.
- **Retired PSP**, who may continue to experience mental health challenges, identity changes, and face additional barriers to seeking support.
- **Families and PSP supporters**, whose wellbeing, experiences, and support needs should be considered as components of the guide are implemented.

Objectives

The guide supports six connected objectives that work together to advance one central goal.

1. Integrate PHS into existing OHS systems and practice
2. Support understanding of applicable legislation and standards
3. Identify and manage workplace psychosocial risks
4. Strengthen prevention, intervention, and recovery
5. Clarify roles and shared responsibilities
6. Shift organizational culture by reducing stigma and normalize help-seeking

CENTRAL GOAL

Protect and promote the mental health and wellbeing of Public Safety Personnel in the workplace.

Organizational Culture

Organizational culture change — the gradual shift in attitudes, behaviours, and everyday practices around mental health — happens when PHS is embedded in leadership actions, policies, team interactions, and support-seeking behaviours.

This guide identifies practical actions to reduce stigma, open conversation, strengthen engagement, and make PHS part of everyday workplace practice.

Application of the Guide

Before interacting with this guide, watch the short video to understand three foundational concepts:

- **The What:** The core PHS pillars (prevention, intervention, and recovery) and the associated program elements
- **The Where:** Your organization's current stage of maturity.
- **The How:** Applying the Plan–Do–Check–Act steps to move forward in building your program

Click to view video

Connection and Two-Eyed Seeing

Two-Eyed Seeing *(Etuaptmumk)* invites us to view PHS through two lenses: Western frameworks grounded in evidence and measurement, and Indigenous ways of knowing grounded in relationship, balance, and connection[6].

Neither lens alone gives the full picture; together, they support more inclusive, culturally responsive, **person-centred approaches** to prevention, intervention, recovery, and workplace wellbeing[6].

The Seven Grandfather Teachings (Appendix A) offer Indigenous ways of knowing that lend to a framework for reflecting on PHS in the workplace[7].

This lens also grounds the guide's approach to reconciliation. Truth and Reconciliation Call toAction #92 calls on organizations to adopt the UN Declaration on the Rights of Indigenous Peoples as a framework for reconciliation — extending beyond economic considerations to how workplaces prevent harm, promote dignity, and support the PHS of all workers. Environments grounded in respect, fairness, and inclusion move organizations beyond awareness toward concrete, people-centred action.

Build Your Own Path

This guide is designed to be flexible and adaptable. Each PSO's pathway will depend on its current PHS maturity, operational context, workforce needs, available resources, and existing OHS practices and systems.

You can read the guide end to end or enter at the section most relevant to your current priority.

New to PHS?

Start with Part One on foundations to build shared language and understand why this work matters.

Building a program?

Move through integration, prevention, intervention, and recovery, and use the resources and tools for practical ways to act.

Reviewing progress?

Skip to Part Six on continuous improvement, then use resources and tools to identify next actions.

For additional support in using this guide, PSOs are encouraged to connect with a PSHSA Health, Safety and Wellbeing Consultant.

PART ONE

Foundation

*This section provides an overview for understanding PHS in public safety work. It introduces key terms, concepts, legal considerations, and also explains how organizational and job-level **psychosocial factors**, along with **stigma**, can affect mental health, wellbeing, help-seeking, and risk of harm in public safety roles and settings.*

Click Here for Resources to Get You Started on Foundation

Mental Health VS Mental Illness

Mental health and mental illness are related, but they are not the same thing.

Understanding the difference helps reduce **stigma**, encourages early support, and recognizes that everyone has mental health, regardless of whether they have a diagnosed mental illness.

> The World Health Organization (WHO) defines mental health as:
>
> *A state of wellbeing in which every individual realizes their own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to contribute to their community*[6].

Mental illness, by contrast, refers to a medically diagnosable condition that results in significant distress or impairment in a person's thoughts, moods, behaviours, or relationships[9].

MENTAL HEALTH	MENTAL ILLNESS
A state of wellbeing	A diagnosable condition
Present in everyone	Affects some people
Can change over time	May require treatment

A national survey found **44.5%** of nearly 6,000 Canadian PSP screened positive for symptoms of one or more mental health disorders, compared with about 10% of Canadians overall[10].

Mental Health Continuum

The Mental Health Continuum describes mental health as something that can shift over time from healthy functioning to mild distress ("reacting"), and in some cases, to injury or illness **(psychological harm)**. It's important to know that:

- Everyone can move in **both directions** on the continuum[11].
- Changes may be **temporary** (e.g., a short period of strain) or **gradually build** over time.
- Workplace **psychosocial factors**, trauma exposure, ongoing job stressors and workplace conditions can influence movement along the mental health continuum, affecting whether someone progresses toward healthy functioning or experiences psychological injury or illness.

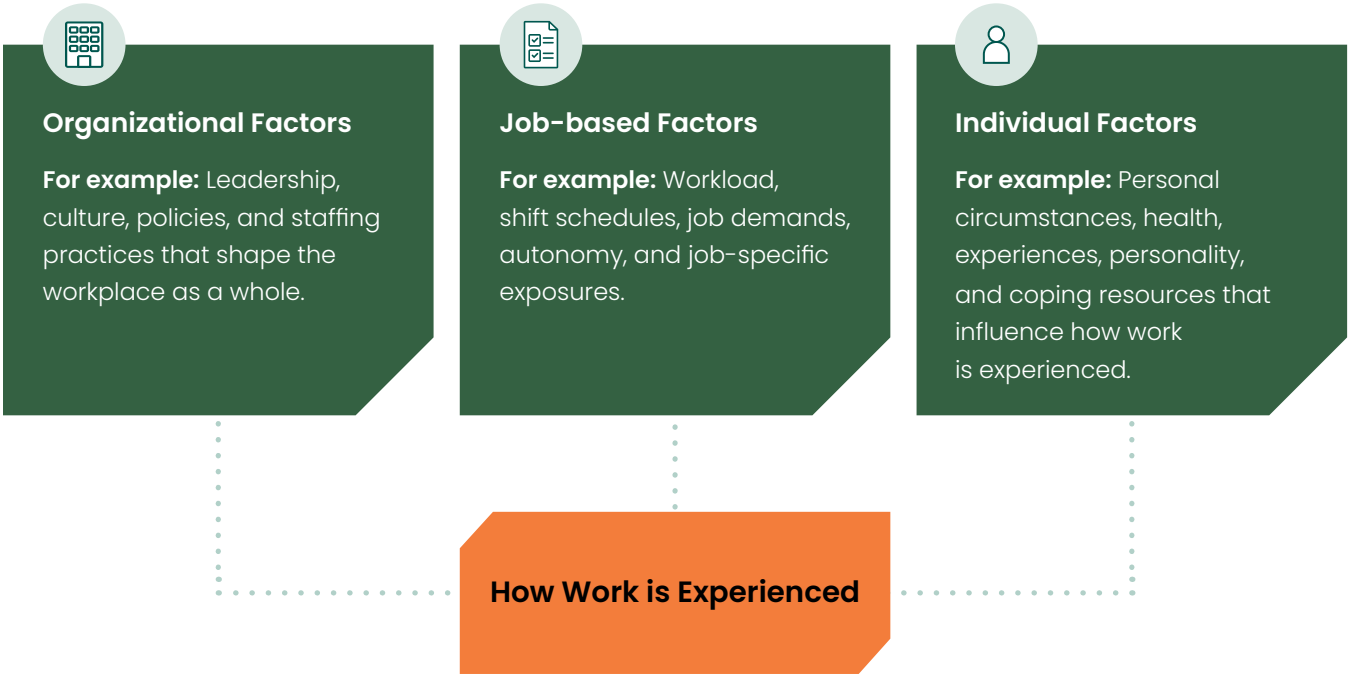
HEALTHY	Individuals feel balanced resilient, and able to cope with everyday stress. They maintain positive relationships and perform well at work or school.
REACTING	Mild and temporary distress may occur due to life stressors. People may feel irritable, anxious, or overwhelmed but can still function. Often resolved with rest, self-care, or support.
INJURED	Emotional and behavioural changes become more noticeable and persistent. People may withdraw, sleep poorly, or have trouble focusing. Symptoms may interfere with daily life.
ILLNESS	Mental health challenges are severe and may include intense emotional distress, thoughts of self-harm, or inability to function. Immediate professional support is essential.

Keep in Mind: Family members, caregivers, friends, and other support networks can influence movement along the continuum by providing connection, practical assitance and opportunities for early recognition of distress.

Workplace Psychosocial Factors

The Canadian Standards Association provides a framework for identifying and addressing the **psychosocial factors** that influence worker wellbeing and movement along the mental health continuum (CSA Z1003 Standard for Psychological Health & Safety in the Workplace)[14].

- These factors are influenced by workplace, operational, and system-level conditions, including trauma exposure, shift work, staffing, leadership, and public-facing risks.
- In essence, these factors operate ***at more than one level***.



Rather than responding to mental health challenges case by case, a systems-level approach embeds **psychosocial factors** into core policies, practices, and continuous improvement efforts. The approach aims to help normalize mental health as an essential component of workplace health and productivity, reduce stigma and foster a supportive environment for all.

Keep in Mind: Psychological harm is not determined by coping and life experiences alone. Evidence points to organizational and job-level factors as key drivers of risk and protection.[18]

Understanding Stigma

> *To me [addressing stigma] is a conversation, and not fearing the conversation.*
>
> **- Tony, former Police Officer**

What is Stigma?

Mental health stigma can be subtle and unintentional and is a unique psychosocial factor in many workplaces. It can show up through everyday language, assumptions about fitness for duty, concerns about reliability or safety, or beliefs that mental health challenges reflect weakness[15]. These messages can create an "us versus them" mindset, contributing to exclusion, isolation, unfair treatment[16–18], thus making it harder for PSP to speak openly or seek support.

Stigma Does Not End at Retirement

Retiring or retired PSP may still feel pressure to appear resilient, avoid talking about mental health, or question whether they might need support after leaving service. Retirement can also bring changes in identity, purpose, routine, and connection that affect wellbeing. Preparing early, engaging in hobbies and other interests, maintaining peer and community connections, and accessing confidential, PSP-informed supports can help reduce stigma

Image courtesy of York Regional Police



Understand and Address the Impact of Stigma on PSP Families

Mental health stigma can also affect PSP families. Family members may feel pressure to "tough it out," hide their own needs, or avoid seeking support because they worry it could reflect poorly on their loved one or affect their career. This may be especially true for families of PSP leaders, who may feel more visible or scrutinized.

Families may also experience **stigma by association**, including judgement, social exclusion, insensitive comments, or assumptions that they should be able to cope. In rural or remote communities, close community ties, isolation, or negative public perceptions of public safety work may exacerbate these experiences of stigma.

Organizations can help reduce stigma for families by:

- ☑ Making family-inclusive mental health supports easy to access and confidential.
- ☑ Explaining that help-seeking will not automatically affect a PSP's career or fitness for duty.
- ☑ Including families in anti-stigma education, where appropriate.
- ☑ Offering peer support or family connection opportunities.
- ☑ Addressing myths that families should simply cope on their own.
- ☑ Recognizing families as people with their own support needs, not just as supports for PSP.

Moving Toward Anti-Stigma Practice

Benefits of Anti-Stigma Practices

By focusing on organizational culture, relationships, and everyday interactions, PSOs can:

Reduce

- Silence and avoidance around mental health
- Fear and judgement related to mental health concerns

Build

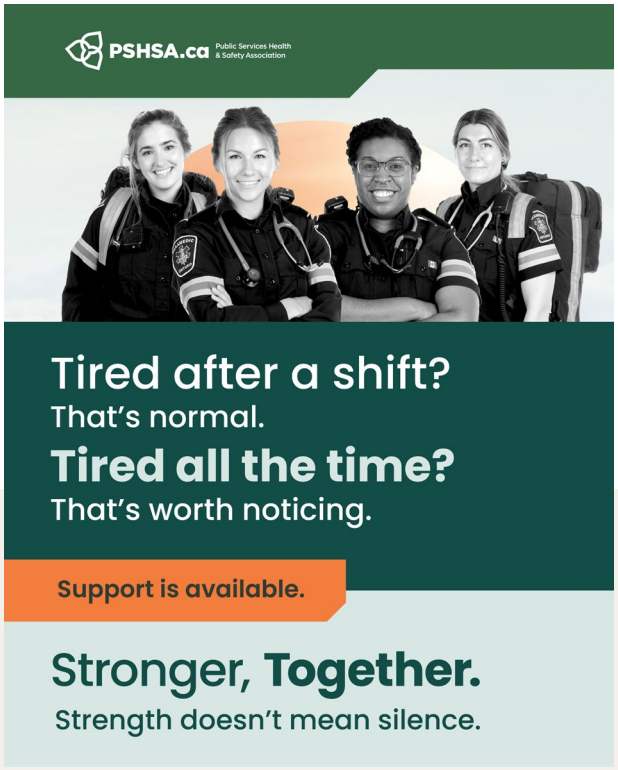
- Help-seeking and early support
- Trust, inclusion, and psychological safety
- Shared approach to mental health that encourages action and accountability at all levels of the workplace

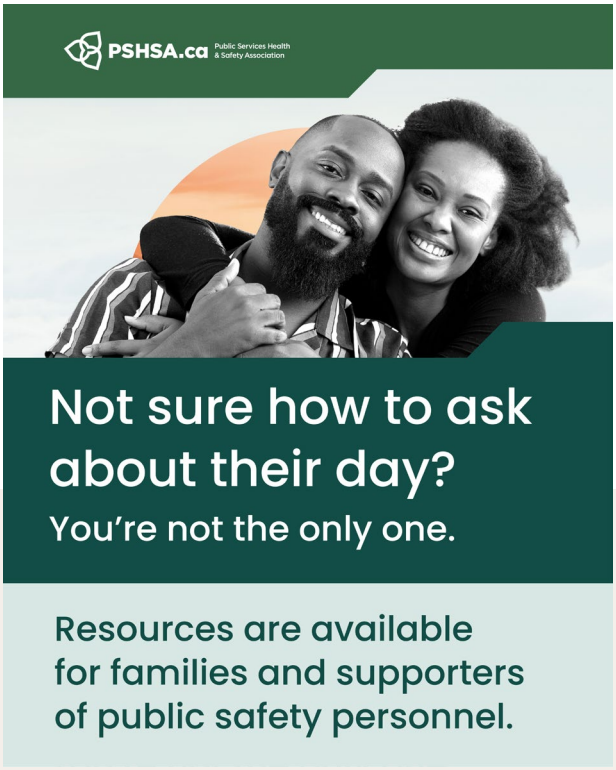
Build Awareness Through Anti-Stigma Campaigns

Beginning with campaigns to de-stigmatize mental health in your workplace is one great step toward culture change. An effective anti-stigma campaign needs to:

- Have different components targeting different levels of the organization (e.g., employees, supervisors/managers, senior management, HR, health, and safety representatives).
- Leverage champions to be the voice of the campaign.
- Use plain and up-to-date language related to mental health.
- Be part of a wider strategy and push for cultural change (i.e. developing your PHS program).
- Focus on the key health challenges affecting PSP.
- Plan to hold booster campaigns to reinforce progress.
- Monitor and evaluate the campaign's progress.

Access the Stronger, Together Anti-Stigma Toolkit





Adopt Anti-Stigma Practices

Once the campaign has hit the ground, organizations then need to consider "what's next"? Lasting change happens when workplace behaviours and everyday interactions begin to change, and this is where the hard work begins.

This includes:

- Practicing psychologically safe leadership (see a Leader's Role in Creating Healthy Teams tip sheet)
- Using respectful and supportive language (see Words Matters tip sheet)
- Challenging stigmatizing attitudes and behaviours
- Creating space for respectful mental health conversations while protecting privacy and confidentiality.
- Recognizing that addressing stigma is a shared workplace responsibility, not an individual problem
- Creating or updating current systems to foster a healthy workplace culture

Legal Frameworks and Standards

In Ontario, a range of legislative frameworks and standards collectively establish the legal and practical foundation for protecting and promoting PHS in the workplace, including:

Ontario's Occupational Health and Safety Act (OHSA)

Under the OHSA[13], employers are required to take *every precaution reasonable under the circumstances* to protect workers. This general duty is commonly understood to apply to any instance of harm to a worker[13].

The Ontario Human Rights Code (OHRC)

The OHRC[19] plays an important role in supporting PHS. It requires employers to maintain workplaces that are free from discrimination and harassment, including those related to mental health and disability, and to provide **accommodation** up to the point of **undue hardship**[19].

The Workplace Safety and Insurance Act (WSIA)

The WSIA[20] supports PHS by providing a framework for compensation, return to work, and employer obligations when work-related injury or illness occurs, including traumatic mental stress and chronic mental stress claims where eligibility criteria are met. It reinforces the importance of reporting, early support, accommodation, and coordinated return-to-work processes following work-related mental stress injury[20].

Supervisors should be familiar with the workers' entitlements under the WSIA. Workers may be entitled to compensation for work-related mental stress injuries or illnesses. In Ontario, diagnosed PTSD is presumed to be work-related for eligible first responders, which may provide access to workers' compensation benefits.

Accessibility for Ontarians with Disabilities Act (AODA)

The AODA is Ontario legislation that aims to identify, remove, and prevent barriers for people with disabilities, including disabilities related to mental health.

Supervisors should understand the AODA and how it applies to their workplace, for example, supervisors have a duty to accommodate.

The Canadian National Standard for Psychological Health & Safety in the Workplace (CSA Z1003)

The CSA Z1003 Standard complements these legal requirements by providing a voluntary, structured, and prevention-focused framework[14]. It helps organizations implement and strengthen their existing legal duties in a more coordinated and systematic way, with a specific focus on PHS[14].

Image courtesy of York Regional Police



Legal Consequences for Supervisors:

- Supervisors can face legal action for failing to ensure a safe workplace under the OHSA.
- Failure to accommodate mental health disabilities can result in legal consequences under the Ontario Human Rights Code and AODA.

Moving from Intention to Action

Many PSOs recognize the importance of PHS but struggle to move from good intentions to consistent action.

Current research suggests that PHS and targeted Post-traumatic Stress Injury(PTSI) programs are more likely to be trusted, used, and sustained when the following six factors are taken into consideration[21]:



Six Keys for Successful PHS Implementation

1. **Build buy-in before launch:** Gain visible support from senior leaders and meaningful engagement from front-line PSP so the program is understood, trusted, promoted, and used[21,22].
2. **Collaborate and involve champions:** Work with a small development team for efficiency, while engaging trusted champions and people with different perspectives to build awareness, trust, and relevance[21,22]. See "Worker Engagement" section to learn more about sustaining a champion program.
3. **Continue building awareness of psychological injuries:** Strengthen understanding of PTSI, trauma exposure, and first responder mental health needs across the organization and with key external partners, such as municipalities and health-care providers[21,22].
4. **Secure adequate resources:** Plan for the people, training, confidential spaces, time, and funding needed to develop, deliver, maintain, and evaluate the program[21].
5. **Plan ahead before implementing:** Take time to clarify needs, goals, gaps, flexibility, resource requirements, and evaluation before launching, while keeping planning focused enough to avoid delaying action[21].
6. **Tailor the program to different needs:** Avoid a one-size-fits-all approach by adapting program content, delivery, and expertise to meet the changing needs, roles, and circumstances of different members[21].

Download the Full Resource Here

A Quick Check on Where You're At

A helpful starting point is PSHSA's Psychological Health and Safety Program Checklist.

While PHS is not intended to be a checklist-based exercise, this tool can support initial planning by helping PSOs understand their current state and identify priority areas for action.

PART TWO

Integration

This section explains how PHS can be integrated into existing systems and operational practices by leveraging a shared responsibility alongside strategic worker engagement practices.

Click Here for Resources to get You Started on Integration

> *Humankind has not woven the web of life. We are but one thread within it. Whatever we do to the web, we do to ourselves. All things are bound together. All things connect.*
>
> **– Chief Seattle, 1854**

What PHS Integration Looks Like in Practice

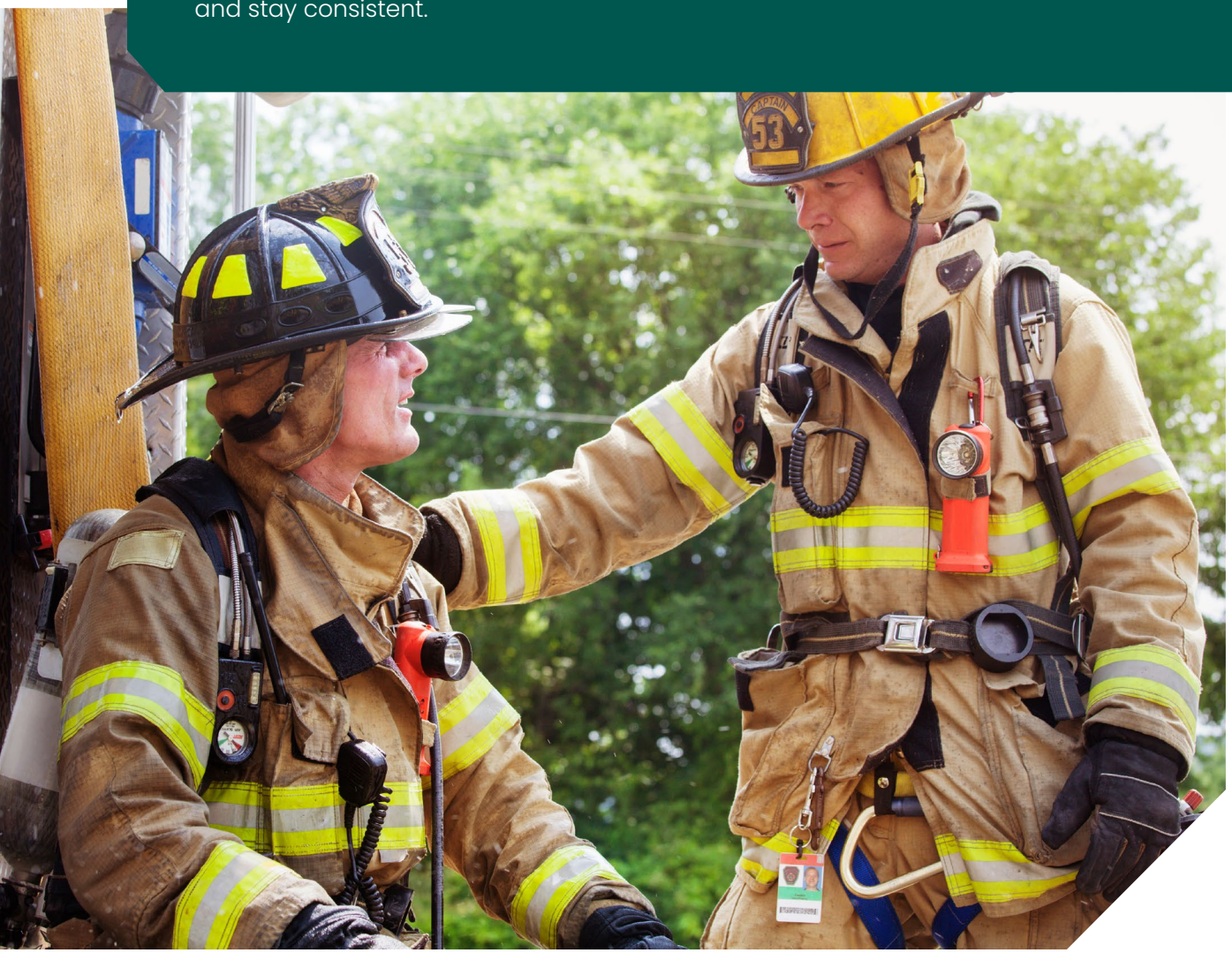
Physical and psychological health cannot be addressed in isolation. Injuries and exposures are not only physical events, but they may also contribute to psychological strain, distress, and longer recovery needs[2,4,23].

Additionally, workplaces characterized by low **psychosocial safety climate** are linked to an increased risk in psychological distress, higher absenteeism rates, as well as physical injury[2,24,25] costing workplaces, in some cases, millions of dollars[26].

PSOs can integrate PHS into their existing systems by:

- Using hazard identification and risk assessment processes to include psychosocial risks alongside physical and operational hazards
- Applying the hierarchy of controls to address harmful work conditions at the source where possible
- Leveraging existing committees, reporting systems, platoon or unit structures, workplace roles, and operational review processes to support shared responsibility and follow-up
- Applying **Plan-Do-Check-Act** to review progress and strengthen prevention, intervention, and recovery over time

Keep in Mind: Committees, peer teams, champions, supervisors, and operational leaders can assist with many of these tasks. Leverage existing internal structures where possible and stay consistent.



Shared Responsibility

PHS is a shared responsibility. PSP, leaders, supervisors, human resources professionals, health and safety specialists, disability management professionals, unions, committees, and others each influence different parts of the system.

Because these functions are interconnected, effective prevention depends on collaboration, shared accountability, privacy and confidentiality, and coordinated action[23,24].

Explore the Shared Responsibility in Psychological Health & Safety

Colours and corresponding key headings connect each responsibility area on the left with the corresponding workplace role on the right. Read from top to bottom, from leadership responsibilities to responsibilities shared by all workplace parties.

LEGEND

Set direction & resource
Commit & enable

Build systems & advise
Integrate & guide

Lead day-to-day
Apply & support

Oversee & represent
Review & advocate

Shared by everyone
Participate



Senior Leadership

SET DIRECTION

- Show visible, ongoing commitment to PHS
- Approve PHS policies and programs, and allocate resources (time, people, funding)
- Act on committee recommendations and identified risks

HR/ OHS Professionals

BUILD SYSTEMS & ADVISE

- Integrate PHS into existing OHS systems and processes
- Set up and support dedicated committees/working groups
- Provide specialized consultation on PHS/OHS/HR matters
- Support action planning

Managers & Supervisors

LEAD DAY-TO-DAY

- Model psychologically safe and respectful workplace practices
- Spot and address harmful psychosocial factors
- Support early conversations and stigma-free reporting
- Apply controls or adjustments within their authority

Equity, Diversity & Inclusion (EDI)

BUILD SYSTEMS & ADVISE

- Build EDI into psychosocial risk identification and assessment
- Foster safe, inclusive spaces to speak without stigma or reprisal
- Raise awareness of how bias and inequity affect PHS
- Flag how risks differ across equity-deserving groups

Explore the Shared Responsibility in Psychological Health & Safety

Colours and corresponding key headings connect each responsibility area on the left with the corresponding workplace role on the right. Read from top to bottom, from leadership responsibilities to responsibilities shared by all workplace parties.

LEGEND

Set direction & resource
Commit & enable

Build systems & advise
Integrate & guide

Lead day-to-day
Apply & support

Oversee & represent
Review & advocate

Shared by everyone
Participate



Joint Health & Safety Committee

OVERSEE & REPRESENT

- Review psychosocial risk information, trends, and contributing factors
- Make recommendations to prevent harm
- Promote awareness and model commitment

PHS/Other Committee(s)

OVERSEE & REPRESENT

- Guide planning, rollout, and review of the PHS program
- Review psychosocial risk data and set priorities
- Align PHS efforts across the organization
- Coordinate with the JHSC to avoid duplication

Union(s)

OVERSEE & REPRESENT

- Advocate for fair treatment and healthy working conditions
- Represent worker perspectives on psychosocial risks
- Join consultations, committees, and policy discussions
- Raise awareness of rights and supports, and partner on prevention

PSP (Workers)

SHARED BY EVERYONE

- Take part in surveys, discussions, and consultations
- Report hazards, operational stressors, and concerns
- Follow policies and support a respectful culture
- Take reasonable care of their own and others' wellbeing

Worker Engagement and Participation

> *One of the most important things we did, is we talked to first responders with PTSD.*
>
> **– Dave, President and Founder of Boots on the Ground and a 30-year police service veteran, on how listening helped shape the organization he leads today.**

Engaging workers informs how risks are identified, controls are developed, and improvements are embedded into everyday OHS practices.

PSP have direct insight into how work is experienced, where psychosocial risks may be emerging, and whether controls are working as intended. When engagement is genuine, accessible, and safe, it strengthens trust, improves the relevance of prevention efforts, and helps organizations identify concerns earlier.

Key Takeaway: Develop strategies, policies and programs in collaboration with all workplace groups and tailor them to the specific workplace. Meaningful participation and effective communication depend on workers feeling safe to speak up, being heard, and seeing that input leads to tangible action.

Champions as Drivers of PHS Integration and Engagement

Wellbeing champions are trusted peers who help normalize and encourage participation in workplace health and wellbeing initiatives[25]. Champions may include peer supporters or committee members who understand both the realities of the work itself as well as PHS foundational concepts. Their effectiveness depends less on formal titles and more on credibility, relationships, and understanding day-to-day operations.

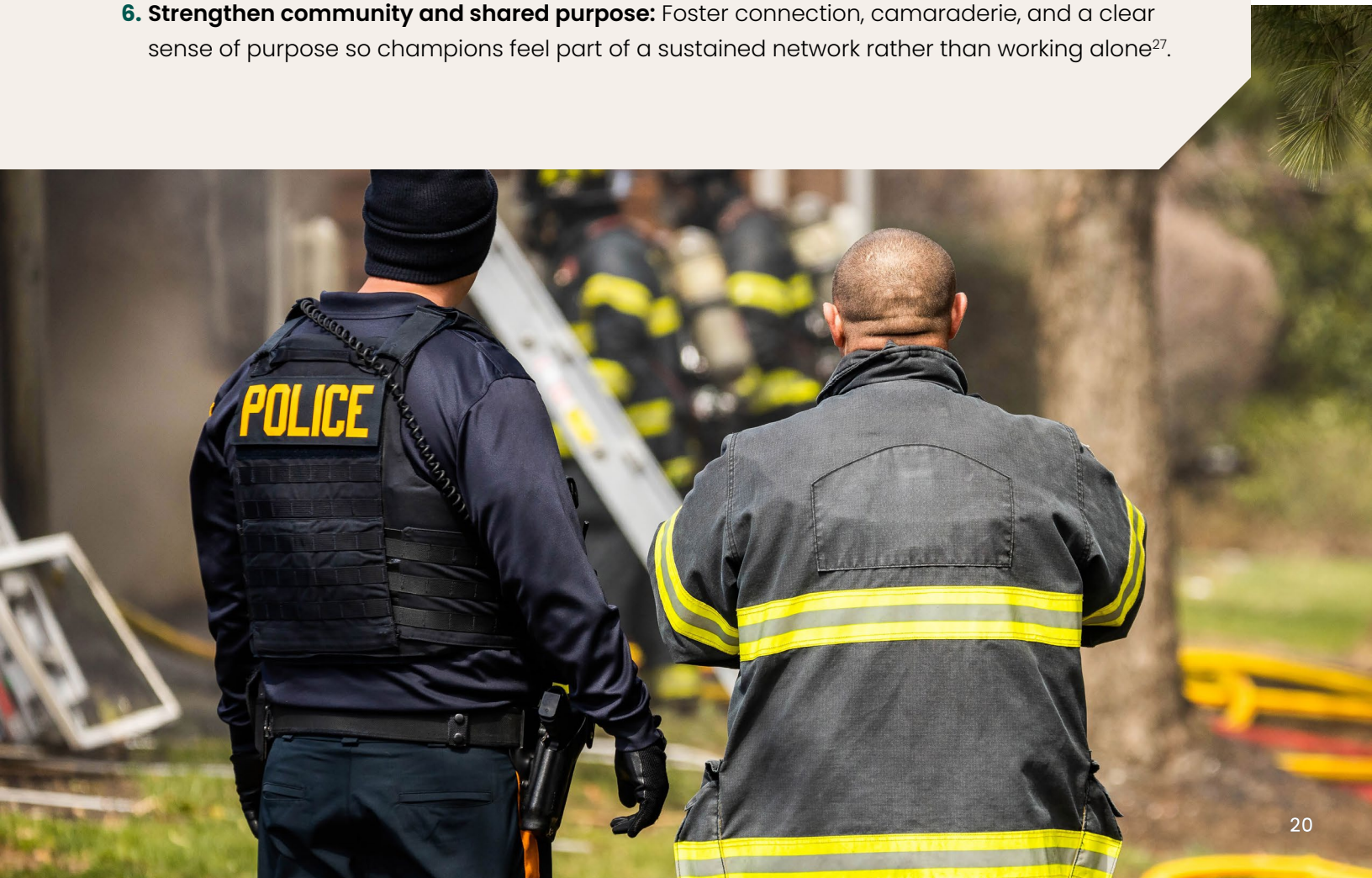
Sustaining Wellbeing Champions

Sustaining a champion network can be challenging. It's important to clearly recognize the role, ensure they are supported by leadership and decision-makers, and backed with time, consistency, and practical support. When the role relies only on informal effort or is added to regular duties without support, it may be harder to sustain and can contribute to competing priorities, low uptake, or burnout[25,26].

SPOTLIGHT

Six Principles for Sustaining a Champion Network

1. **Secure visible leadership support:** Ensure leaders actively endorse the champion network, remove barriers, and make space for champions to take on the role alongside their regular responsibilities[1,21,27].
2. **Define and recognize the role:** Create a clear champion role description, formally recognize the contribution, connect champions with decision-makers, and provide the time, resources, and purpose needed to sustain engagement[28].
3. **Build in regular connection:** Schedule ongoing check-ins, peer meetings, or community-of-practice sessions to support accountability, shared learning, problem-solving, and momentum[27].
4. **Create safe spaces for dialogue:** Provide structured opportunities for champions to discuss workplace challenges, personal strain, emerging issues, and lessons learned in a supportive setting[27].
5. **Support champion wellbeing:** Monitor workload and provide practical supports, boundaries, and recovery opportunities to reduce fatigue and prevent burnout[27].
6. **Strengthen community and shared purpose:** Foster connection, camaraderie, and a clear sense of purpose so champions feel part of a sustained network rather than working alone[27].



PART THREE

Prevention

This section focuses on the core elements of prevention that help PSOs reduce exposure to psychosocial risks before harm occurs. It explains how leadership, job design, psychosocial risk management, training and education, health promotion (self-care, social support), and the built environment can work together to create healthier, safer, and more sustainable workplace.

Click Here for Resources to get You Started on Prevention

Senior Leadership Support and Commitment

> *Every decision as a leader can potentially have an impact on staff health and well-being. Every single decision.*
>
> **– Sarah, Paramedic Services Chief**

Senior leadership support and commitment refers to the visible, ongoing actions leaders take to prioritize PHS through governance, planning, resourcing, and accountability.

Senior leaders can:

- **Integrate:** Build PHS into operational decisions, staffing, deployment, incident learning, training, and daily work systems.
- **Resource:** Allocate people, time, and budget so identified risks can actually be addressed.
- **Be Accountable:** Respond to identified risks and build accountability that holds over time, not just at launch.
- **Stay Committed:** PHS requires ongoing commitmentfrom senior leaders, not one-time investments. Stay connected with those leading the work and provide sustained support over time.

Start with enhancing your workplace policies

Access the Organizational Policies Toolkit

Key Takeaway: Workplaces actively supporting mental health and safety have increased productivity, greater attendance, improved worker engagement, and are better able to recruit and retain talented people[30]. They also have reduced absenteeism and turnover, fewer disability claims, less conflict, and fewer performance or morale problems. The potential return on investment is an average of $2.00 for every $1.00 organizations invest in creating mentally healthy workplaces[31].

Psychologically Safe Leadership

Psychologically safe leadership is defined as management behaviours, strategies, and competencies that actively promote worker psychological wellbeing while preventing psychological harm[14].

This includes how leaders set expectations, support personnel after difficult calls or incidents, respond to concerns, manage conflict, address **stigma**, and create conditions where PSP can raise risks without fear of blame or reprisal. Leaders influence both visible behaviours and internal responses, ultimately shaping the psychosocial work environment.

Access the Psychological Health & Safety for Leaders Toolkit

Psychosocial Risk Management

What is Psychosocial Risk Management?

Psychosocial risk management helps to identify work conditions that support wellbeing or contribute to harm. Risk assessment helps show where risks are greatest, which roles may be affected, and what changes may reduce harm. This may include workload, work-life imbalance, trauma exposure, moral distress, staffing pressures, etc.

Refer to **Appendix B** for job-based **psychosocial factors** descriptions.

How to Identify and Assess Risk

There are specific tools and data that can help to identify, understand, and respond to psychosocial risks in a structured way. For example:

- **Leading indicators** are early signals that may point to emerging risk, such as overtime patterns, staffing pressures, survey results, or feedback from personnel and supervisors
- **Lagging indicators** reflect outcomes that have already occurred, such as absenteeism, disability claims, grievances, complaints, or incident reports.
- At the **organizational level**, tools aligned with CSA Z1003 may be used to assess system-level conditions and identify patterns that may affect personnel across a service or organization. These tools can help workplaces understand broader strengths, gaps, and trends across divisions, platoons, stations, detachments, institutions, communications centres, or operational units.

- At the **job level**, more targeted and risk-based assessment tools may be used to examine how psychosocial risks are experienced within specific public safety roles, tasks, or job groups.
- **Internal and external data sources**, such as disability claim rates, workplace accidents, and grievance reports reviewed along with external sources, such as reports from employee and family assistance programs, WSIB, and private benefit providers can offer valuable insights as well. By analyzing both internal and external data, organizations will be better equipped to select targeted, effective supports that address the unique mental health challenges of their employees.

Key Takeaway: Do not wait for perfect data before acting. When multiple indicators point to the same concern, start with practical controls, monitor the results, and adjust as you learn.

Communicate Your Findings with Care

A careful communication strategy is essential to ensure that employees understand the purpose and process of evaluating applicable data and **psychosocial factors**. This includes explaining why evaluation is being conducted, how the data will be used, who will have access to it, and what actions have been or will be taken based on the findings. It is also imperative that employees are reassured that individual data will be kept confidential.

Keep in Mind: A **Two-Eyed Seeing approach** may include combining data from surveys, incident reports, and risk assessments with stories, dialogue, listening circles, and community-based ways of understanding wellbeing.

The Hierarchy of Controls

The hierarchy of controls (HOC) is a framework for selecting safeguards to protect workers from harmful workplace exposures by layering and prioritizing the most effective controls first. For psychosocial risk factors, controls often require multiple levels of intervention, including system, organizational, operational, job-level, team-level, and individual practices.

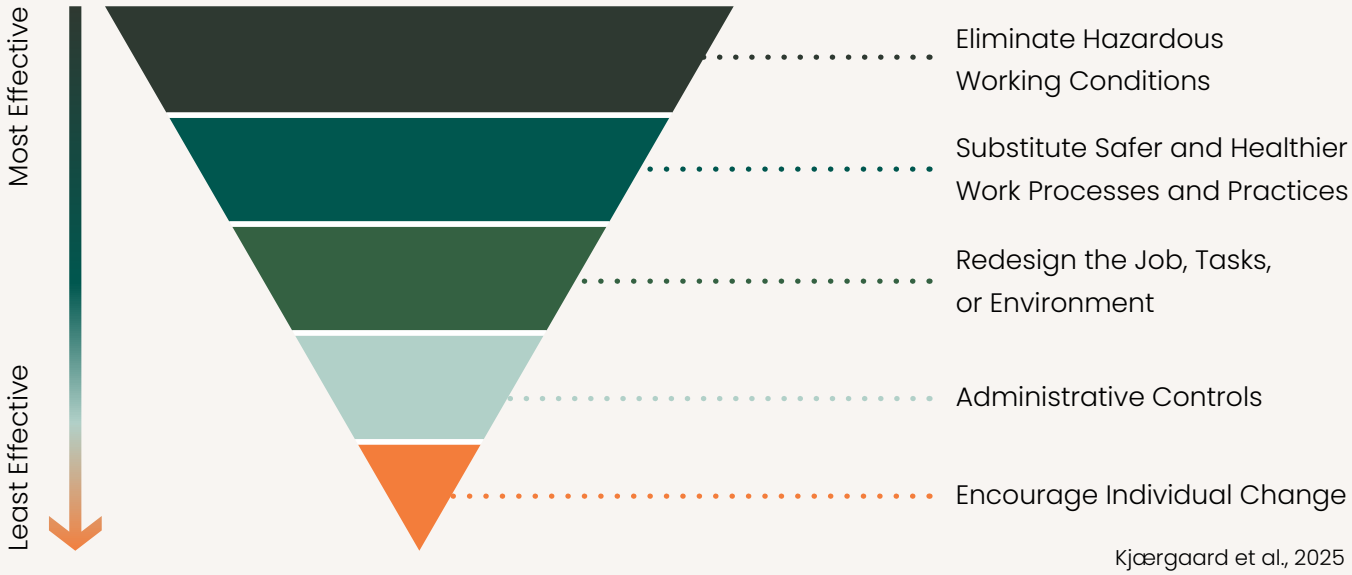
The **Psychosocial Hierarchy of Controls (P-HOC)** builds on the traditional occupational health and safety hierarchy and the NIOSH Total Worker Health HOC, presenting changes to how work is designed, staffed, scheduled, supervised, communicated, and supported – not just how individual personnel cope[4,31].

Individual-focused strategies can be helpful, but they are generally less effective when used alone because they do not remove the source of harm. Workplaces should prioritize controls that reduce harmful exposure at the source wherever possible[4,31].

SPOTLIGHT

Introducing the Hierarchy of Controls for Psychosocial Risk

Psychosocial Hierarchy of Controls



Kjærgaard et al., 2025

The P-HOC ranks actions from most to least effective. The highest levels of the hierarchy focus on upstream organizational and operational changes, while lower levels rely more on individual action. This means prioritizing controls such as staffing adjustments, workload management, clearer roles, safer deployment practices, predictable recovery time, strengthened supervision, and improved incident learning before relying only on resilience training or individual coping resources[4,31].

Prioritization and Action Planning

Prioritization helps PSOs focus attention and resources on the most significant risks first, while balancing feasibility, urgency, and operational realities. Prioritization should be transparent and include input from PSP, supervisors, unions, committees, and operational leaders, with follow-up through the OHS system.

See Appendix C for an Action Planning Template.

Job Design

Job design refers to the way a set of tasks, or an entire job, is organized[32].

Prevention-focused job design considers all factors that affect those performing the job in an effort to reduce risk of harm. Public safety work often requires mental, emotional, cognitive, and physical effort, including rapid decision-making, exposure to distressing situations, public-facing risk, shift work, and high responsibility. These demands are not inherently harmful. However, when demands are persistently high, worker control is low, support is limited, or recovery time is insufficient, strain can build over time[33,34]. In contrast, **job control** and **job support** can help protect and restore energy, manage demands, and maintain wellbeing[33,35].

Keep in Mind: Consider conducting a job demands analysis or job-based psychosocial risk assessment as a first step.

Key Job Design Principles that Support Psychological Health

The following principles highlight key features of job design that can help reduce avoidable strain and support psychological health and wellbeing for PSP.

A. Reasonable and predictable demands

Jobs should be designed so work can be completed safely and reasonably within available time and resources. This includes manageable workload, reduced chronic time pressure, and minimizing exposure to harmful physical and psychosocial conditions.

B. Clear roles and expectations

PSP should understand what is expected of them, how their role fits within the team or service, and where decision-making authority sits. Clear expectations help reduce uncertainty, competing demands, role conflict, and stress during routine operations and high-pressure situations.

C. Control over work and decision-making

Where possible, PSP should have some influence over how work is carried out, paced, and scheduled, and be able to raise concerns without fear of reprisal.

D. Recognition of physical, cognitive, and emotional demands

Job design should account for roles that involve sustained attention, rapid task-switching, high-consequence decision-making, exposure to violence, traumatic events, distressing calls, or emotionally demanding interactions. This may include building in task variety, recovery time, backup support, and appropriate levels of supervision and support.

E. Opportunities for skill use, growth, and meaning

Jobs that allow workers to use their skills, develop competence, and see the value of their work can support psychological health. This includes meaningful work, learning opportunities, and feedback that supports growth.

F. Recovery, rest, and fatigue management

Sustainable job design supports recovery during and between shifts through adequate breaks, reasonable overtime expectations, boundaries between work and non-work time, and added consideration for non-standard schedules.

Built Environment

A well-designed built environment supports health, focus, safety, and recovery.

Environmental factors such as indoor air quality, temperature, lighting, noise, layout, privacy, security, and access to recovery spaces can affect concentration, energy, safety, stress levels, and overall wellbeing.

> *…we've always viewed human life and our built environment as a positive force that supports nature. That's an Indigenous view of the built environment – it's actually regenerative.*
>
> **– Eladia Smoke (as cited by Andrea Mayer in Why Indigenous architecture is 'a positive force that supports nature')**



Five Things to Evaluate

A well-designed built environment supports health, focus, safety, and recovery. The following categories can help PSOs evaluate or design spaces that better support personnel wellbeing[39].

01

Environmental Conditions

Lighting, air quality, temperature control, and managed noise levels.

02

Workplace Design & Layout

Ergonomic equipment, natural lighting, clear sightlines, and flexible spaces.

03

Access to Different Types of Spaces

Areas for focused work, collaboration, privacy, and rest and recovery

04

Movement & Active Design

Walking routes, active design, and movement-promoting cues.

05

Nature & Restorative Elements

Daylight, greenery, outdoor access, and nature-connected design.

Education & Training

Education and training refers to planned and ongoing learning that helps PSP, leaders, and supervisors recognize strain, respond to concerns, and know where to find support.

Topics dedicated to mental health can help reduce workplace **stigma** by creating a shared understanding of mental health and making conversations about wellbeing normalized and acceptable[36,37].

Why Education and Training Matters

Stress and strain can increase when there is a poor fit between **job demands** and what a worker has been prepared to do[38]. Gaps in knowledge, skills, or confidence can contribute to uncertainty, overload, moral distress, errors, conflict, and turnover.

Education and training can help PSP and workplace leaders:

- Recognize psychosocial hazards and early signs of strain.
- Understand how public safety work can affect mental health.
- Build confidence to respond consistently and appropriately to concerns[4,31].
- Understand workplace policies, supports, reporting pathways, and response processes.
- Use practical strategies for managing stress, navigating difficult experiences, and having respectful conversations.
- Reduce **mental health stigma** and support help-seeking[36,37].
- Understand that mental health is a shared responsibility between the organization and individual workers.

Keep in Mind: Evidence suggests that PSP who understand how their work can affect mental health may be better able to notice their own stress reactions, take early action, and recognize when professional support may be needed[38]. PSP who are not aware of these risks may be less likely to use healthier coping strategies, talk about their experiences, or take steps to reduce the impact of the work[38].

Delivering Training

Education and training should not be a one-time session. Organizations should provide learning across the employee lifecycle, beginning at onboarding and continuing through refresher training as careers progress.

Training is more likely to be useful when it is:

- Delivered by facilitators who understand mental health and the public safety context.
- Tailored to the audience, scenario based, and reflects workplace realities.
- Designed to encourage safe discussion and shared learning.
- Reinforced over time, rather than delivered once and forgotten.

Where possible, pairing peer presenters with qualified mental health professionals can strengthen training by bringing together lived experience and clinical expertise.

PHS Training Topics

Training should be evidence-informed, practical, and connected to the realities of public safety work. Depending on the audience and setting, it may include:

- Mental health awareness, early signs of strain, and stigma reduction
- Psychosocial factors that may contribute to harm
- Trauma exposure, cumulative stress, moral distress, fatigue, violence prevention
- Supports, referral pathways, and reporting processes
- Family-accessible information, including stigma by association

View Appendix D: Training that Supports PHS for an overview of PHS training topics aligned with their target audience and purpose.

Public Safety Leadership Education and Training

Supervisors, managers, and senior leaders need additional training because their response can influence whether concerns improve, escalate, or become harder to address. Leadership training should help leaders:

- Recognize changes in behaviour, functioning, attendance, or performance.
- Respond with **empathy** and respect.
- Avoid punitive or stigmatizing responses to mental health concerns.
- Know what supports and tools are available to staff.
- Support **accommodation** and return-to-work planning.
- Collaborate on realistic goals and problem-solving.
- Create team conditions where PSP feel safe to raise concerns and access support.
- Practice the skills learned during training.

Evaluating and Refreshing Training

Organizations should evaluate training before and after delivery to understand whether it is improving knowledge, confidence, and awareness of PHS policies and practices. Training should be reviewed regularly and updated as workplace risks, roles, resources, and organizational needs change.

Health Promotion and Self-Care

A holistic approach to health promotion recognizes that physical, mental, emotional, and spiritual wellbeing are shaped by relationships with culture, community, land, language, identity, and self-determination[39].

Health promotion is not only individual behaviour change; it is creating conditions that help PSP thrive at work and at home. Activities should be inclusive, culturally safe, and respectful of different ways of knowing and healing.

What it looks like in practice

Service-wide wellness campaigns tailored to public safety work

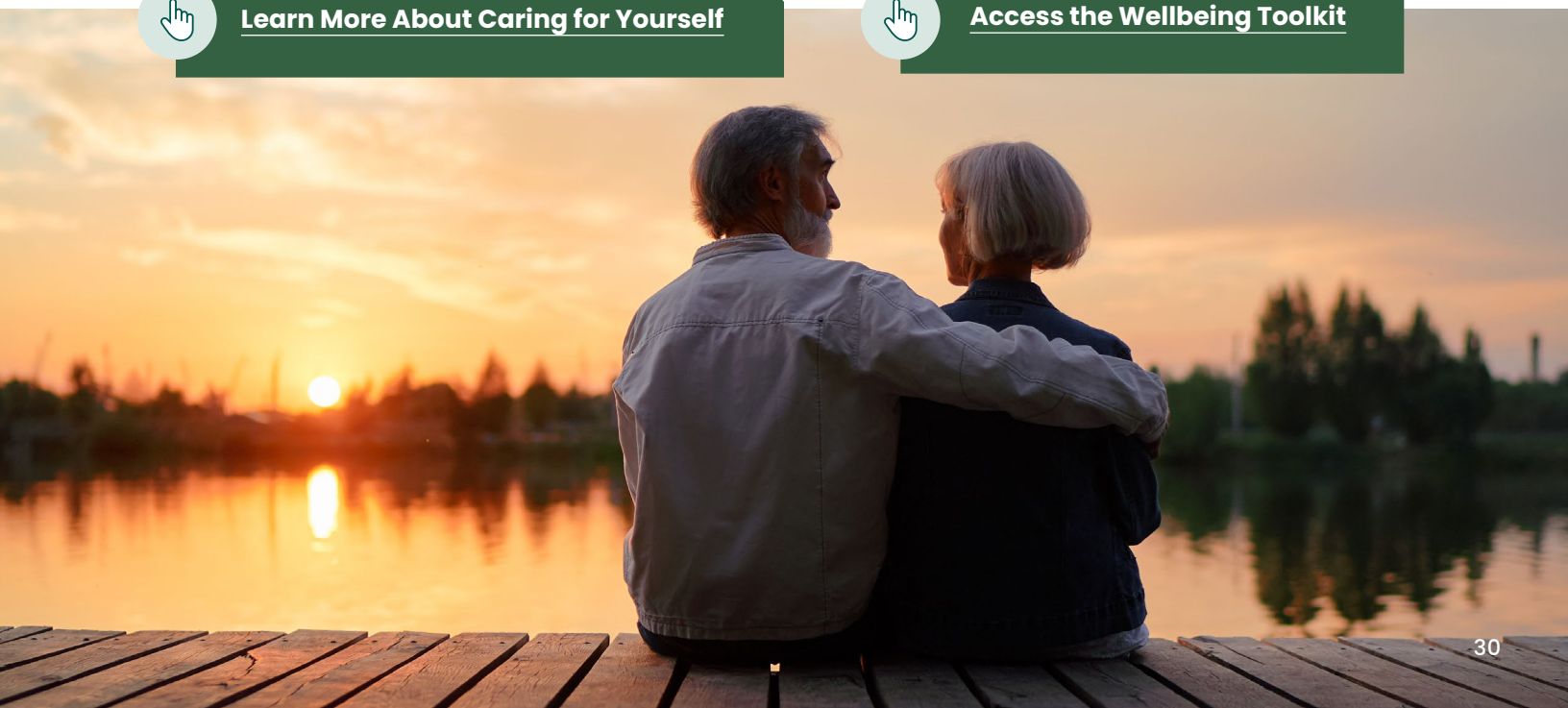
- Mental health awareness education for personnel, supervisors, and leaders
- Peer-led initiatives and informal connection opportunities
- Time and space for movement, rest, and decompression during or between shifts
- Promotion of self-care
- Anti-stigma efforts that normalize help-seeking
- Coordinated efforts to build healthy workplace cultures

Leaders need support too

As people move into leadership roles they can experience greater isolation, increased scrutiny, and fewer opportunities for peer support. Leaders need the same access to support as their staff, without fear of judgement or negative consequences.

Learn More About Caring for Yourself

Access the Wellbeing Toolkit



PART FOUR

Intervention

*This section outlines how PSOs can respond to psychological harm through psychological support, incident response, reporting, and investigation. It emphasizes timely, **person-centred**, and culturally safe practices that reduce further harm, support recovery, encourage reporting, and strengthen prevention.*

Click Here for Resources to get You Started on Intervention

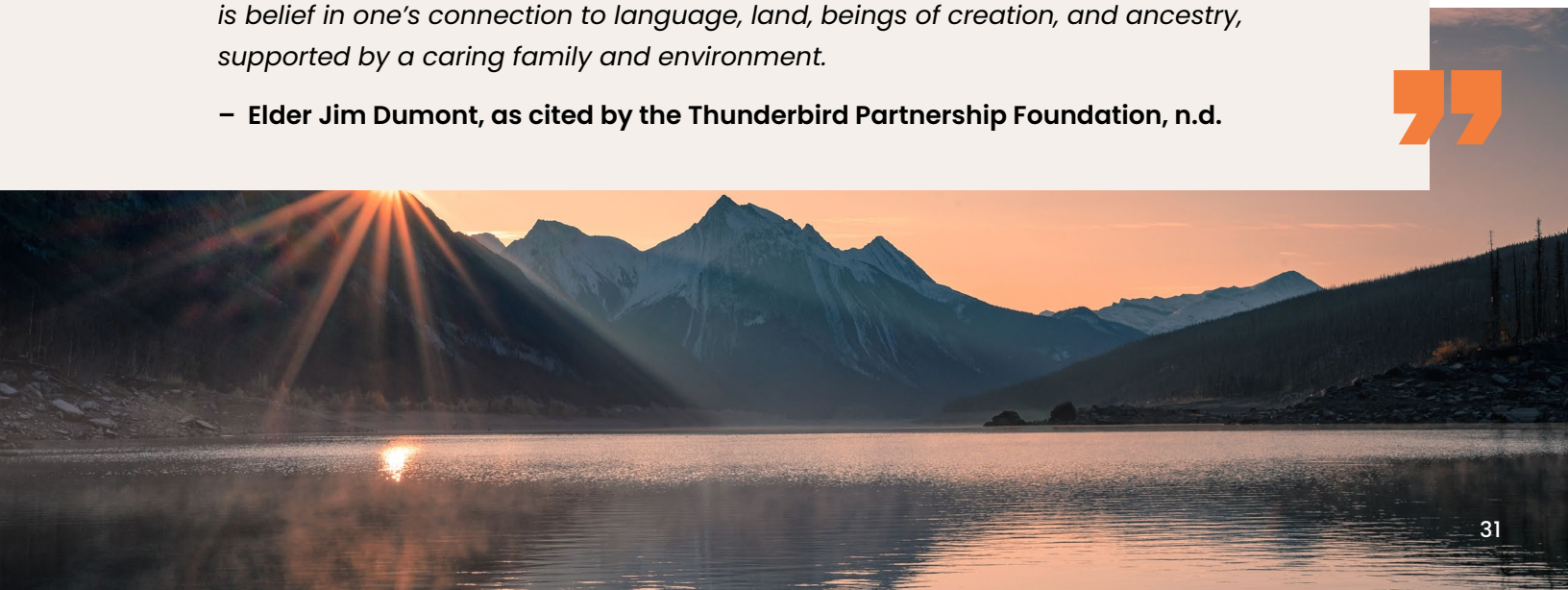
Access Mental Health Supports and Services for PSP

Workplace Psychological Support

Workplace psychological support refers to formal and informal structures, practices, and relationships that help PSP access support early, stay connected to work where appropriate, and receive timely assistance when strain or distress begins to emerge.

This may include early recognition by colleagues or supervisors, regular check-ins, clear referral pathways, peer support, EFAP, and empathetic, person-centred responses. Effective support considers the whole person, including relationships, culture, family, community, and sources of meaning and connection.

> *Wellness from an Indigenous perspective is a whole and healthy person expressed through a sense of balance of spirit, emotion, mind and body. Central to wellness is belief in one's connection to language, land, beings of creation, and ancestry, supported by a caring family and environment.*
>
> **– Elder Jim Dumont, as cited by the Thunderbird Partnership Foundation, n.d.**



Situations That May Require Ongoing Psychological Support

Research suggests that exposure to **sudden violent deaths** and **severe human suffering** are associated with mental health symptoms[40]. Other events that can contribute to stress over time may include:

- Uncontrolled physical hazards, safety incidents, or near misses
- Acute work-related demand incidents
- **Moral injury**–related incidents
- Incivility, harassment, discrimination, or workplace violence, including **lateral violence**, racism, and/or sexism.

Keep in Mind: Everyone responds differently to stressful situations. Stress injury does not always come from one event; it can also develop gradually over time.

Leaders can help by responding with **empathy**, acknowledging the impact, being aware of events that are likely to trigger a psychological response, checking in with affected personnel, and connecting people to appropriate supports early.

PSOs can help reduce psychosocial risk by recognizing these incidents early, responding consistently and supportively, and learning from what occurred. A **person-centred approach** ensures that incident response and investigation processes do not unintentionally cause further harm, while still meeting occupational health and safety obligations. The example below illustrates how a trauma-informed incident response and investigation may unfold in practice.

SPOTLIGHT

Person-Centred and Culturally Safe Support

Supporting PSP requires a **person-centred and culturally safe approach**. Using a person-centred approach enables individuals to have choice and control over how they seek, experience, and engage in support and recovery following potentially harmful situations at work. A person-centred approach also recognizes the impacts of current and past personal experiences, including exposure to traumatic events, cumulative operational stress, intergenerational trauma, and the importance of culture, community, and connection in healing.

Workplaces can strengthen support and intervention by:



Create safe, respectful environments, avoid re-traumatization, and respond with empathy, flexibility and by providing autonomy and voice to the affected worker.



Recognize cultural, historical, and power differences and support worker choice in accessing culturally relevant services (e.g., Elders, ceremonies, land-based supports, cultural practices, etc.).



Provide access to a range of evidence-informed support options. Consider mental, physical, emotional, spiritual, and social needs, and involve family and community supports where appropriate.



Ensure access to coordinated, culturally relevant supports across the continuum of care, including access to mental health care providers who understand PSP cultures.

Together, these approaches support safer, more inclusive care and better outcomes for workers.

Formal and Informal Support

Informal Supports

Informal supports are the relationships and connections that help protect wellbeing and promote recovery. Family members, friends, peers, colleagues, mentors, cultural communities, and faith-based communities can provide encouragement, practical assistance, perspective, and a sense of belonging.

Strong social connections can help individuals:

- Feel supported during periods of stress or change
- Reduce isolation and strengthen resilience
- Encourage healthy coping and help-seeking
- Navigate challenges and recovery



Connecting with Loved Ones

Family members and loved ones may notice early changes in mood, sleep, behaviour, relationships, or substance use. However, support should not depend on families alone. Organizations should provide clear, confidential pathways for PSP and, where appropriate, families to access information and support.

Formal Supports

Formal supports provide structured resources, professional expertise, and specialized care when additional support is needed. Seeking support early can help individuals access appropriate strategies, treatment, and resources. Mental health providers who work with PSP must have a good understanding of the occupational culture and the specific work that PSP engage in, as well as the extraordinary stressors that Ontario PSP face.

Formal supports may include:

- Employee and Family Assistance Programs (EFAP)
- Formal peer support programs
- Psychologists, psychiatrists, psychotherapists, and social workers
- Mental health and addictions services
- Occupational health, disability management, and return-to-work supports
- Crisis and emergency support services
- Provide access to a range of evidence-informed options

Recovery is often most effective when formal and informal supports work together. Professional care, supportive relationships, workplace **accommodations**, and access to appropriate resources can all contribute to wellbeing, recovery, and sustained health.

Find Mental Health Services for PSP

Access the Peer Support Toolkit

Incident Response

What is a Psychological Incident?

A psychological incident may involve an acute event, serious exposure, or distressing situation at work that requires an immediate response to protect safety and reduce further harm. This may include potentially traumatic events, workplace violence, serious threats, acute escalation, death or serious injury, suicide, overdose, custody-related incidents, distressing emergency calls, or other incidents that disrupt a worker's sense of safety or functioning.

What is Post-Incident Response?

Post-incident response includes the immediate actions taken to support safety, stabilization, and access to appropriate supports following a difficult event or exposure. The goal is to reduce the risk of further harm and connect personnel to additional resources when needed.

Key Takeaway: The response should be tailored to the individual, recognizing that personal factors, coping needs, and the impact of the event may vary from one person to another.

Notwithstanding WSIB reporting requirements for workplace violence, workplace harassment, chronic mental stress and traumatic mental stress injuries, post-psychological-incident response may include the following:

- Incident response policies and procedures
- Training response teams/coordinators/leaders on post-incident response (e.g., trauma-informed debriefing, mental health literacy, critical incident stress management, etc.)
- Initiation of debriefing
- Initiation of EFAP or third-party resources (e.g. third party debriefing/group counselling)
- Initiation of Peer Support (internal or external)
- Organizational response (e.g., pausing work activities to allow time to decompress and provide supportive resources to affected workers)

SPOTLIGHT

Critical Incident Stress Management (CISM)

Critical Incident Stress Management (CISM) is one structured incident response approach focused on stabilization, recovery, and access to support following exposure to potentially traumatic events. It is supportive, not corrective, and is **not** used to investigate incidents or meet OHSA reporting requirements.

CISM may include Mental Health First Aid, brief check-ins, peer support, education on common stress reactions, referrals, defusing, and in some cases debriefing when applied cautiously and by trained professionals. Its purpose is to reduce secondary harm and identify who may need further support, not to manage immediate danger, determine root causes, or fix unsafe work conditions.

Key Takeaway: While the evidence is still varied about the effectiveness of debriefing after a critical incident, organizations should be cautious or refrain from making worker participation mandatory.

Incident Reporting

Incident reporting refers to the process of documenting and communicating work-related incidents, exposures, hazards, or conditions that have caused, or had the potential to cause, physical or psychological harm, so they can be responded to, investigated, and used to prevent future harm.

Any unplanned event, exposure, or condition that could have caused harm should be reported, even if no injury (physical or psychological) occurred. Notification may occur through communication from PSP to supervisors, peers, union representatives, peer support teams, or formal reporting systems. Integrating **psychosocial factors** within incident reporting helps organizations identify instances of psychological harm, understand contributing public safety work factors, and prevent recurrence.

Integrating Psychosocial Factors within Incident Reports

Incident reporting helps organizations identify and respond to risks and hazards before harm escalates. Integrating psychosocial factors into existing reporting systems supports early reporting, builds trust, and helps ensure workplace responses are safe, person-centred, and culturally appropriate.

Four Tips for Integrating Psychosocial Factors into Reporting

What gets reported in the workplace shapes what gets prevented. To identify risks early and reduce harm, reporting should capture hazards, incidents, and worker experiences, not only injuries or illnesses after they occur.

1. **Start with a check-in and support**
   A timely response after an incident is reported can demonstrate care and help connect the worker to appropriate supports if needed. Consider a range of supports (peer support, EFAP, wellness referral, family support, operational adjustments etc.) and ongoing follow-up based on the worker's needs.
2. **Capture both immediate events and gradual exposures**
   Not all risks are tied to a single incident. Cumulative exposure is also important to report.
3. **Document the work context**
   Record who was involved in the incident or exposure, as well as the nature of the interaction. Document workplace conditions that may have contributed to the incident such as working alone, time pressures, lack of job resources, or unclear expectations. Together, this information helps identify patterns, understand contributing psychosocial factors, and reveal risk points.
4. **Treat near misses as valuable signals**
   Incidents without injury still provide critical insight into where there are risks or gaps in controls.

Reporting Thresholds and Subjectivity

In PHS, reporting thresholds can be less clear because psychological harm is shaped by worker experience and perception, not only by objectively visible events. The focus should be on the potential for psychological harm, while still distinguishing this from general dissatisfaction or interpersonal conflict. This may include reporting repeated exposure to distressing calls, violence or threats, moral distress, unsafe staffing, instances of incivility, or events that create significant psychological strain. Organizations need clear procedures, definitions, and training so PSP know what to report, how to report it, and why it matters for prevention.

Key Takeaway: Reporting depends on psychological safety. PSP are more likely to report errors, hazards, adverse events, and close calls when they believe they can do so without blame or negative consequences.

Incident Investigation

Incident investigation refers to the structured process of examining a work-related incident to understand what happened, identify contributing and root causes, and determine what changes are needed to prevent recurrence. Investigations may consider physical, operational, and **psychosocial factors** that contributed to harm or increased risk.

Psychosocial Considerations During Investigation

Integrating psychosocial considerations into incident investigations helps organizations better understand and prevent harm. In addition to objective facts, investigations should consider PSP experiences, patterns of exposure, and organizational context. Organizations should also assess whether the investigation process itself could create additional stress and take steps to minimize unintended harm.



Image courtesy of York Regional Police

SPOTLIGHT

Psychosocial Considerations During Incident Investigation

The following steps outline an integrated, **person-centred approach** to incident investigation. The steps do not replace existing investigation processes, but they add greater consideration of **psychosocial factors**, operational realities, and harm prevention. This shows a standard incident investigation process, with additional prompts to help identify and address psychosocial risks.

Psychosocial Lens

Person-Centred | Root-Cause Focused | Risk & Hazard Informed

Secure and manage the accident scene — 01

- Assess scene
- Preserve evidence
- Identify witnesses
- **Assess risk of psychological harm and vulnerability of those affected**

Notify the appropriate people — 02

- Appropriate management contacts
- Government agency with authority, if required

Investigate — 03

- Gather information
- Interview witnesses
  - **Person-centred approach, avoid blame**
- Analysis
  - **Focus on root causes including psychosocial factors**

Report — 04

- Conclusions
- Recommendations
- Focused on prevention

Leverage Appropriate Functions and Roles for Positive Outcomes

- Human Resources
- Occupational Health and Safety
- Mental Health and Wellness Professionals

PART FIVE

Recovery

*This section focuses on how PSOs can support recovery, stay-at-work (SAW), and return-to-work (RTW) following psychological harm or broader health-related challenges. It explains how coordinated planning, meaningful **accommodation**, early and supportive contact, and shared responsibilities across workplace parties can help PSP remain connected to work or safely re-engage over time.*

Click Here for Resources to get You Started on Recovery

Recovery, SAW, and RTW

Stay-at-work (SAW) and return-to-work (RTW) are coordinated recovery processes that help PSP remain connected to meaningful work or safely re-engage after an absence.

SAW/RTW are not one-time events, but ongoing processes shaped by operational requirements, individual needs, accommodation, and collaboration across multiple workplace parties.

Early Intervention and Support

One of the most powerful tools in supporting recovery and worker participation is early intervention, which starts with keeping PSP connected to the workplace whenever possible. Strategies such as modified duties, predictable scheduling, temporary reassignment, gradual exposure planning, and mental health support help maintain routine, identity, purpose, and connection. These measures can prevent unnecessary absence and reduce the risk of long-term disability.

Keep in Mind: A rushed return-to-work can be as harmful as a prolonged absence. Leaders should build rapport, establish trust, and work within the individual's capacity to support a safe, sustainable reintegration.

Legal Context and Mental Health Accommodations

PSOs have a legal duty to accommodate employees with disabilities, including mental health conditions, under the OHRC.

A *disability* includes both visible and non-visible conditions such as mental health disorders. Importantly, workers are entitled to the same level of protection and support as those with physical injuries.

Accommodation refers to the process of making reasonable adjustments to work or the work environment to remove barriers and enable PSP to safely remain at or return to work. This may include changes to duties, schedules, work location, exposure level, supervision, equipment, team assignment, or supports, and should focus on enabling meaningful participation in work while supporting recovery.

This duty applies **up to the point of undue hardship**, which represents the legal limit on accommodation. Undue hardship can only be claimed based on:

- Significant cost that threatens organizational viability
- Health and safety risks to the worker or others
- Availability of outside sources of funding

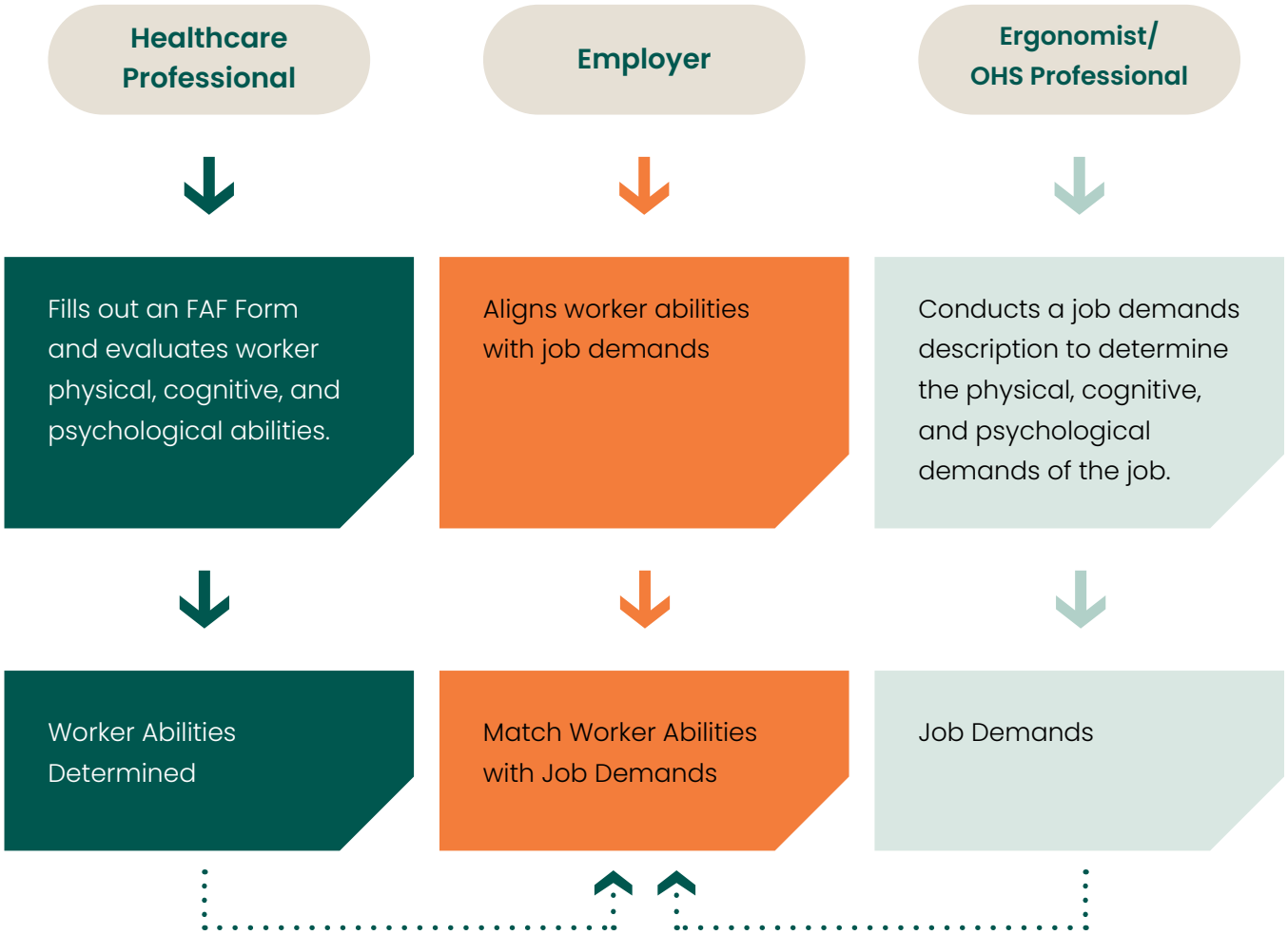
It does not include inconvenience, morale concerns, or preference.

In practice, accommodation requires an **abilities-based approach**, which focuses on what the worker can do rather than their diagnosis. Functional abilities (often communicated through healthcare providers) guide the identification of suitable duties and supports.

Keep in Mind: Focus on functional abilities, not assumptions, and never inquire about diagnosis. Recovery planning is most effective when it is based on what the worker can do now, with regular check-ins and adjustments over time.

The Duty to Inquire

Leaders also have a **duty to inquire** under the **Ontario Human Rights Code (OHRC)**. When there are reasonable signs that a worker may be experiencing a disability, such as changes in behaviour, attendance, performance, functioning, or ability to manage operational demands, leaders should respectfully initiate a conversation to explore whether support or accommodation may be needed. This is particularly important for mental health, where **stigma** can delay disclosure or prevent workers from asking for help.



Privacy, Confidentiality, and Clear Processes

Privacy and confidentiality are essential to supportive SAW/RTW processes, especially when mental health is involved. Clear privacy practices help build trust, reduce fear of **stigma** or negative consequences, and make it easier for workers to seek support early.

Workplaces must comply with applicable privacy laws, including the **Personal Health Information Protection Act (PHIPA)**, which governs how personal health information is collected, used, and disclosed. This means employers should:

- Maintain the confidentiality and security of worker information
- Limit disclosure to what is necessary for accommodation, claims, and RTW planning
- Use functional abilities information rather than medical diagnoses
- Ensure third-party providers follow the same privacy and confidentiality requirements

Keep in Mind: Documentation shared during claims and insurance processes should be as confidential, clear, and accessible as possible, so the process does not add stress or create additional barriers to care.

Roles and Responsibilities in SAW/RTW

Recovery is most effective when roles are clearly understood and coordinated across a workplace.

PARTY	KEY RESPONSIBILITIES
SUPERVISOR	Maintain communication, support accommodations, monitor progress, identify concerns early, and foster a psychologically safe team.
WORKER	Participate in planning, share relevant functional abilities information (not personal health information), engage in recovery, and communicate if the plan needs adjustment.
EMPLOYER	Provide SAW/RTW processes, suitable work, accommodations, resources, and oversight to ensure legal compliance and coordination. Learn more about Employer Responsibilities
HEALTH-CARE PROVIDER	Assess recovery and communicate functional abilities, restrictions, and recommendations relevant to safe work participation.
DISABILITY MANAGEMENT PROFESSIONAL	Coordinate communication, support planning, monitor implementation, and help solve barriers to recovery and reintegration.

Navigating mental health supports, workplace injury claims, and other essential resources can feel overwhelming. Boots on the Ground offers a free, volunteer-run advocacy program to help injured workers understand and navigate the system.

Access Boots on the Ground's Injured Worker Advocacy Program

Family Considerations in Recovery

Sudden transitions from work to leave can increase stress for both the injured worker and their families and loved ones. Where appropriate and with documented consent, organizations can reduce confusion by providing clear, privacy-protective processes that support communication, recovery planning, and access to resources. For example:

- Provide a plain-language leave and recovery information package for the worker and family.
- Offer family-accessible EFAP, peer, cultural, or community support options that understand the complexity of public safety work.
- Consider optional family orientation or resource sessions designed for PSP and PSP families. See Garnett Families model, for more information.

Workplace Factors that Influence Recovery

Workplace factors can either support recovery and successful work participation or create additional barriers that delay progress, increase stress, or contribute to recurrence, such as (but not limited to):

- Supervisor support
- Team culture
- Stigma
- Work design and demands
- Accommodation
- Claims and administrative processes
- Worker readiness

Effective programs address these factors together, recognizing that recovery is shaped by the interaction between workplace conditions, system processes, and individual needs.



Addressing Stigma During Recovery

> *What kinds of stigmatizing terms are you using? And if your partner's hearing you say those things, do you think they're ever going to put their hand up and say 'Hey, I'm struggling too'?*
>
> **– Tony, Retired Police Officer**

Mental health stigma can delay recovery when PSP fear judgement, loss of trust, or negative assumptions about their competence if they disclose distress or use workplace accommodations. Leaders can reduce these barriers by protecting confidentiality, addressing stigmatizing comments or assumptions, modelling respectful behaviour, and promoting mental health literacy.

Access the Anti-Stigma Toolkit

Supporting Current and Retired PSP

Recovery and transition support should extend beyond active service. Retiring or retired PSP often need support with the emotional aspects of transition, which can be compounded by stigma surrounding their own mental health — discouraging them from seeking help or fully engaging in post-retirement life. Organizations should foster a culture of acceptance that includes dedicated resources such as counselling, peer-led support groups, and transition planning tailored to PSP experiences. Retired PSP also bring valuable lived experience: by offering peer support and mentorship and demonstrating that it is acceptable to prioritize wellbeing, they can serve as powerful role models who help reduce stigma across every stage of a career.

Integrating Recovery with Continuous Improvement

Recovery processes reveal important information about how work is designed, managed, and supported. When personnel need accommodations, struggle to remain at work, or face barriers during return, this may point to broader issues. To turn this learning into action, organizations can review SAW/RTW trends and barriers over time, identify recurring workplace issues, and use these findings to strengthen upstream controls, planning, and continuous improvement.

PART SIX

Continuous Improvement

Measurement helps organizations gain insight to inform future actions and continuous improvement. This section explains what to measure, how to use leading and lagging indicators together, and how to build measurement into existing workplace systems.

Click Here for Resources to get You Started on Measurement, Learning & Continuous Improvement

Why Measure?

Without measurement, learning, and continuous improvement, PHS efforts remain reactive, inconsistent, or disconnected from the reality of work.

A PHS program is not static: operational demands, staffing, risks, priorities, and personnel needs change over time. Measurement provides the feedback needed to adapt and maintain relevance, and supports due diligence by demonstrating that risks are being identified, monitored, and addressed systematically. It should connect personnel experiences with organizational action – not be viewed as a compliance exercise.

What to Measure

A comprehensive approach uses leading and lagging indicators and both quantitative and qualitative information. Looking at both together shows whether key parts of the system are being implemented and whether they are contributing to healthier conditions over time.

LEADING INDICATORS (EARLY SIGNS THE SYSTEM IS WORKING)	LAGGING INDICATORS (OUTCOMES THAT HAVE OCCURRED)
Training completion and participation in education activities	Retention patterns, absenteeism and disability-related trends
Supervisor check-ins, debriefs, and supportive follow-up	Incident reports, investigation findings, and recurring themes
Focus groups, worker engagement, and feedback opportunities	Staff turnover and attrition

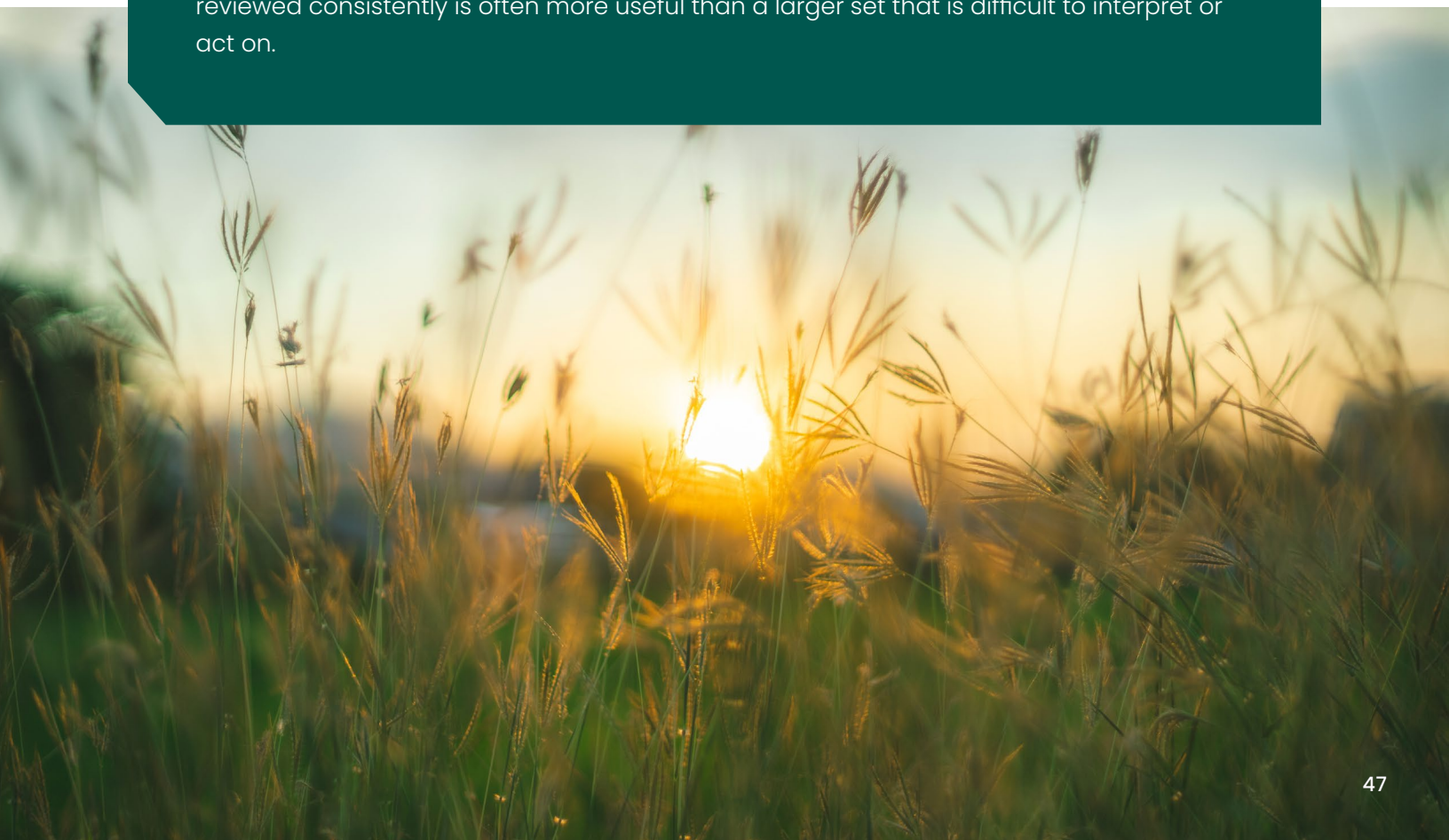
Organizations may also measure broader domains such as leadership support, psychosocial risk factors and work conditions, psychological injury and distress trends, RTW outcomes, and themes emerging from incidents, complaints, grievances, peer support, and investigations. Data should be aggregated and handled in ways that protect confidentiality, particularly where sensitive psychological health information is involved.

How to Measure and Who is Responsible?

Measurement should be built into existing occupational health and safety, human resources, disability management, operational review, and committee processes rather than treated as separate work. This can be done by sharing the load, for example:

- Review psychosocial indicators in committee or working group meetings
- Incorporate psychosocial considerations into inspections and incident investigations
- Use surveys, risk assessments or root cause analyses to understand worker experience
- Draw on administrative data that is already collected
- Regularly track leading and lagging indicators

Keep in Mind: Keep measurement manageable. A small set of meaningful indicators reviewed consistently is often more useful than a larger set that is difficult to interpret or act on.



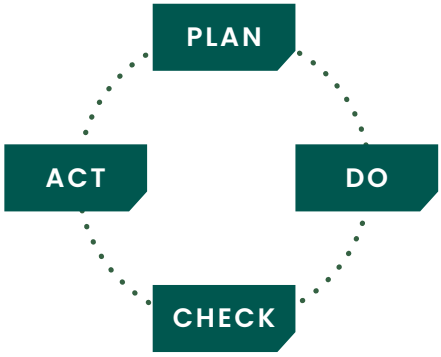
Using Plan-Do-Check-Act

Plan

1. Identify priorities by reviewing context, current risks, and the elements you want to strengthen.
2. Determine your maturity stage for each selected element, then set realistic goals to help you move to the next stage.
3. Choose indicators, including a mix of leading and lagging, quantitative and qualitative measures.
4. Assign roles and responsibilities for collecting, reviewing, and acting on information.

Do

1. Integrate measurement activities with existing workplace systems and processes.
2. Collect data and monitor indicators as planned.reviewing, and acting on information.



Check

1. Review data and indicators to evaluate progress toward goals.
2. Assess whether implementation is occurring as intended and whether measures are providing meaningful information.

Act

1. Use findings to identify improvements and address gaps.
2. Adjust goals, measures, roles, or processes as needed.
3. Continue the cycle by using results

Building Your Program – Meeting You Where You Are

PSHSA's Organizational Guideline takes an integrated approach to prevention, intervention, and recovery for PSOs.

Recognizing that each service has unique needs, resources and tools are provided and categorized to support organizations that are Getting Ready, Getting Started, Moving Forward, or implementing Promising Practices for psychologically healthy and safe public safety work.

Access the Resource Hub

Glossary

Accommodation
Adjustments to work or the workplace that remove barriers and support a worker's ability to participate in work.

Burnout
A state of physical, emotional, and mental exhaustion caused by ongoing work-related stress, often marked by reduced motivation, lower effectiveness, and more negative feelings about work[42].

Continuous Improvement
An ongoing process of improving systems, practices, and outcomes based on data, feedback, and learning.

Control Measures
Actions taken to eliminate or reduce the likelihood or impact of harm.

Cumulative Exposure
Repeated or prolonged exposure to psychosocial factors that may lead to gradual harm over time.

Empathy
The ability to understand and share the feelings of others, offering support without judgment.

Employer
As defined in the Occupational Health and Safety Act (OHSA), "a person who employs one or more workers or contracts for the services of one or more workers and includes a contractor or subcontractor who performs work or supplies services." May also be referred to as senior leadership[43].

Exposure

The frequency, duration, intensity, and predictability with which a worker encounters a hazard or psychosocial factor.

Functional Abilities
Information describing what a worker can safely do at work, used to guide accommodation.

Harm
Anything that damages a person's health, including physical or psychological injury.

Hazard
A source, situation, or act with the potential to cause harm.

Hazard Identification
The process of recognizing hazards and defining their characteristics.

Health
A state of complete physical, mental, and social wellbeing and not merely the absence of disease or infirmity[44].

Hierarchy of Controls
A framework used to prioritize control strategies from most effective (eliminating hazards at the source) to least effective (individual-level strategies)[4].

Incident Investigation
A structured review to understand what happened and prevent recurrence.

Job Control
The degree of autonomy and influence a worker has over how their work is performed.

Job Demands
The physical, cognitive, and emotional requirements of a job that require effort and may contribute to strain when excessive.

Job Support
The resources available to a worker, including supervision, coworker support, tools, and training.

Lagging Indicators
Measures that reflect outcomes that have already occurred, such as injuries, absences, or claims.

Lateral Violence
Harmful behaviours directed toward peers or colleagues at a similar level of power or status, such as bullying, gossip, exclusion, intimidation, withholding information, or undermining others[45]. These behaviours can harm trust, safety, relationships, and wellbeing in the workplace.

Leading Indicators
Proactive measures that signal whether prevention activities and systems are functioning as intended.

Maturity Model
A framework that describes stages of development of a program over time, from early awareness to embedded practice.

Mental Health
A state of wellbeing in which a person realizes their abilities, can cope with normal stresses, can work productively, and can contribute to their community[8].

Mental Health Stigma
Negative attitudes, beliefs, or behaviours toward mental health or help-seeking that may prevent access to support.

Mental Ill-Health or Mental Illness
A medically diagnosable condition resulting in significant impairment in cognitive, emotional, or social functioning[9].

Mental Injury
Harm to mental health that significantly impairs a person's functioning at work or in daily life.

Moral Injury
Emotional or psychological distress that occurs when someone experiences or witnesses actions that conflict with their values or sense of right and wrong.

Occupational Health and Safety Management System
A coordinated system of procedures and processes designed to promote continuous improvement in workplace health and safety.

Organization
A company, corporation, firm, enterprise, authority, or institution, or part thereof, that has its own functions, management, and administration.

Person-Centred Approach
An approach that prioritizes the individual's needs, preferences, values, and autonomy in decision-making and support processes.

Plan–Do–Check–Act (PDCA)
A continuous improvement cycle used to plan, implement, evaluate, and refine actions.

Post-traumatic Stress Disorder
A diagnosable mental health condition that can develop after exposure to actual or threatened death, serious injury, or violence. Symptoms may include intrusive memories, avoidance, changes in mood, and heightened stress responses[9].

Post-Traumatic Stress Injury
A broad term used to describe psychological harm that can occur after traumatic exposure. It may include PTSD or other trauma-related mental health impacts and is often used in public safety contexts to recognize injury without focusing only on diagnosis[46].

Psychological Harm
Any adverse impact on a person's psychological health and functioning, including stress-related conditions, mental illness, or reduced capacity.

Psychological Health
See Mental Health.

Psychological Health and Safety (PHS) Program
A coordinated and continuous set of policies, processes, and practices designed to prevent psychological harm, promote wellbeing, and support intervention and recovery within an organization.

Psychological Incident
An event, exposure, or condition—acute or cumulative—that has the potential to cause psychological harm.

Psychological Safety
A shared belief that people can speak up, ask questions, raise concerns, and make mistakes without fear of negative consequences[47].

Psychologically Healthy and Safe Workplace
A workplace that actively works to prevent psychological harm and promote mental wellbeing through its systems, practices, and culture.

Psychosocial Factors
The conditions of work that influence how work is experienced and can be either protective or harmful[14].

Psychosocial Risk
The likelihood that exposure to harmful psychosocial factors will result in harm, combined with the severity of that harm.

Psychosocial Risk Assessment
A structured process used to identify, analyze, and evaluate psychosocial risks based on workplace conditions, worker experiences, and relevant data.

Psychosocial Safety Climate (PSC)
The shared perception of how much an organization values and prioritizes psychological health and safety through policies, practices, and leadership behaviours[24].

Public Safety Personnel (PSP)
Personnel who ensure the safety and security of Canadians, such as police officers, correctional workers and probation and parole officers, coroners, forensic pathologists, fire fighters, forest fire rangers, fire investigators, forensic scientists, field officers, provincial emergency operations centre staff, paramedics, ambulance communication officers, and animal welfare inspectors.

Qualitative Data
Non-numerical information from words, stories, observations, or feedback.

Quantitative Data
Numerical information that can be counted, measured, compared, or tracked.

Return-to-Work (RTW)
A coordinated process that supports workers to safely return to work following absence.

Risk Assessment
The overall process of identifying hazards, analyzing risk, and evaluating its significance.

Risk Management
The process of identifying hazards, assessing risks, implementing controls, and monitoring and reviewing effectiveness.

Root Cause Analysis
A structured process used to identify underlying system-level contributors to incidents or issues.

Stay-at-Work (SAW)
Strategies that support workers to remain safely at work while managing health-related challenges.

Stress Response
The stress response is the body's normal reaction to perceived demand, threat, or challenge[48]. In the short term, it can support focus and performance. However, when stress is frequent, intense, or prolonged—and recovery is limited—it can contribute to fatigue, reduced functioning, and an increased risk of psychological harm.

Supervisor
As defined in the OHSA, "a person who has charge of a workplace or authority over a worker." Titles may vary (e.g., manager, director, lead, superintendent)[43].

System of Work
The combination of people, tasks, processes, environment, and organizational factors that shape how work is performed.

Traumatic Event
Direct or indirect experiences of actual or threatened death, serious injury, or sexual violence[9,40,49].

Two-Eyed Seeing Approach
An approach that brings together the strengths of Indigenous and Western ways of knowing, using both to support more balanced, respectful, and culturally responsive understanding and action[6,7].

Undue Hardship
The legal limit of accommodation, based on significant cost or health and safety risks.

Worker
As defined in the OHSA, includes any person who performs work or supplies services for monetary or non-monetary compensation under specified programs or arrangements[43].

Worker Engagement
The meaningful involvement of workers in identifying risks, contributing to solutions, and participating in decision-making.

Workplace
As defined in the OHSA, "any land, premises, location or thing at, upon, in or near which a worker works"[43].

Workplace Wellbeing
Workplace wellbeing is your overall experience of health, safety, and support at work. It is achieved through a balanced, collective approach to protecting and promoting worker physical and psychological health.

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Appendix A: Integrating the Seven Grandfather Teachings into PHS

TEACHING & VALUE	IN PRACTICE	CSA Z1003 ALIGNMENT	WORKPLACE EXAMPLES
 **Eagle** Love *Zaagidwin*	Be at peace with yourself and show love to family, friends, and community through your actions and words.	Psychological & Social Support Psychological Protection Civility & Respect	Leaders check in, encourage balance, celebrate wins, and make wellbeing a shared responsibility.
 **Buffalo** Respect *Mnaadendimowin*	Honour and listen to Elders, parents, and teachers — recognizing what sustains and supports the community.	Organizational Culture Civility & Respect Psychological & Social Support	Employees are heard through surveys, focus groups, meetings, and check-ins that inform decisions.
 **Bear** Courage *Aakwade'ewin*	Listen to your heart and do what is right — be brave in the face of everyday challenges.	Psychological Protection Psychological Safety Growth & Development	Employees can speak up, report hazards, share feedback, and challenge practices that may cause harm.
 **Sabe** Honesty *Gwekwaadiziwin*	Be truthful with yourself and others — without lying, cheating, stealing, or gossiping.	Clear Leadership Competence & Skill	Leaders communicate clearly about change, roles, expectations, accountability, and lessons learned.
 **Beaver** Wisdom *Nbwaakaawin*	Use your gifts well — apply your knowledge and experience to guide right action.	Organizational Culture Civility & Respect Psychological & Social Support	Decisions use data, evidence, feedback, and experience while encouraging learning and growth.
 **Wolf** Humility *Dbaadendiziwin*	Think of others before yourself — live without arrogance, with a modest sense of your worth.	Organizational Culture Civility & Respect Clear Leadership	Leaders listen, seek input, share credit, and prioritize collaboration over hierarchy or status.
 **Turtle** Truth *Debwewin*	Always seek truth. Living the truth is living all Seven Grandfather Teachings together.	Organizational Culture Clear Leadership Psychological Safety	The organization assesses psychosocial risks, shares findings, and acts on employees' experiences.

Appendix B: Job-Based Psychosocial Factor Definitions

The 18 job factors used in PSHSA's Radius framework are organized into three domains — job demands, job control, and job support.

JOB FACTOR	DEFINITION
JOB DEMANDS	
1. Working time	Any period spent doing paid labour and carrying out work-related activities and duties. Long working hours with limited recovery may harm sleep, leading to fatigue, physiological strain, decreased performance, negative health behaviours, diminished cognitive functioning, and job dissatisfaction.
2. Workload	The amount of work or working time expected or assigned to a worker. Investing energy to cope with an increased workload can deplete the energy needed to balance work and family demands, decrease sleep quality, and lead to a decline in mental wellbeing.
3. Effort–reward imbalance	An imbalance between a worker's efforts and the associated rewards and recognition. Higher effort with lower reward is associated with adverse mental-health outcomes. Some occupations (e.g., nurses) are at higher risk of imbalance, resulting mental-health impairment, burnout, and compassion fatigue.
4. Cognitive demands	The mental processing a role requires. Excessive cognitive workload strains cognitive resources and can lead to chronic stress, with subsequent detrimental effects on physical and mental health.

JOB FACTOR	DEFINITION
5. Physical demands	The level and/or duration of physical exertion generally required to perform job tasks. Demands that exceed a worker's capacity, or repeated exposure to inadequately controlled physical demands, may contribute to mental stress or otherwise adversely affect mental health.
6. Working alone, remote work, working in isolation	A person is "alone" at work when they are on their own where they cannot be seen or heard by another person, including workers without direct contact with a coworker for a substantial period. Working alone may cause or contribute to feelings of isolation and lack of support.
7. Physical exposures	Exposures to physical hazards such as biological and chemical substances, noise, temperature, vibration, radiation, and other safety hazards. Exposure to inadequately controlled physical hazards may be associated with increased risk of mental-health problems, including depression and anxiety.
8. Exposure to workplace violence	Witnessing or experiencing verbal and/or physical abuse or assault — being spat at, bitten, hit, or threatened — or having a worker's family, staff, or friends threatened with harm. Workers who have experienced emotional, physical, or sexual violence are at increased risk of developing mental-health challenges.
9. Exposure to workplace incivility or harassment	Incivility is low-intensity deviant behaviour with ambiguous intent to harm — rude, discourteous conduct that disregards others. Harassment is a course of vexatious comment or conduct against a worker because of sex, sexual orientation, gender identity, or gender expression that is known, or ought reasonably to be known, to be unwelcome.
10. Direct exposure to traumatic events	A traumatic event is a shocking, scary, or dangerous experience that can affect someone emotionally and physically. Single or repeated exposures to traumatic events in the workplace may result in chronic or traumatic mental-stress injuries.
11. Secondary exposure to traumatic events	Hearing about the firsthand traumatic experiences of others during work-related activities may result in secondary traumatic stress — the emotional duress that results when an individual learns of another's firsthand trauma.

JOB FACTOR	DEFINITION
JOB CONTROL	
12. Autonomy	The power of a worker to shape their work and environment in ways that allow optimal performance. An autonomous workplace is based on trust, respect, dependability, and integrity. Lack of autonomy can result in low engagement and low motivation.
13. Working outside scope of work	Scope of work is an agreement between employer and worker defining the job requirements and tasks to be performed. A requirement or expectation — real or perceived — to work outside that scope, whether defined by a regulatory college (scope of practice) or a job description, may lead to mental stress.
14. Working outside morals, ethics and values	Morals are standards of acceptable behaviour; ethics are a system of moral principles; values are the guiding beliefs that motivate action. Moral injury is a psychological response to witnessing or participating in workplace behaviours that contradict one's moral beliefs, and may bring feelings of guilt, shame, anger, worthlessness, loss of self-trust, reduced empathy, self-isolation, and negative self-beliefs.
JOB SUPPORT	
15. Employer support — job resources	Employers must provide adequate, appropriate job resources and training so workers can perform tasks safely and effectively — the equipment, materials, tools, and practical resources needed to complete tasks, and the knowledge of how to access them. Chronic under-resourcing may contribute to job stress.
16. Employer support — knowledge, skills, training and ability	Workers should have adequate knowledge, skills, and abilities to complete their job tasks. A lack of knowledge and uncertainty in judgment may result in poor decisions, with potentially negative consequences for the worker, the employer, and/or the community.

JOB FACTOR	DEFINITION
17. Supervisor support	Supportive leaders ensure team members have the skills, tools, and resources to complete assigned tasks autonomously, while feeling comfortable seeking support when needed. Psychologically safe leaders are competent across five domains: communication and collaboration; social intelligence; problem solving and conflict management; security and safety; fairness and integrity.
18. Coworker support	A worker's global belief about their coworkers' attitudes toward them. Coworker support enables workers to navigate workplace stressors, including exposure to job factors that can lead to psychological harm. It may be evidenced by normalized discussions on mental health in the workplace, and an adequate informal or formal peer-support program.



Appendix C: Action Planning Template

> *This Action Plan Template provides a framework for workplaces to decide the steps that need to be taken to control a hazard, assign resources and a timeline to complete the task. Action Plans should be **specific** and **measurable**. An example is provided in the template below:*

WORKPLACE SPECIFIC HAZARD			**DATE PREPARED**		
RELEVANT LEGISLATION			**PREPARED BY**		
What is the specific hazard or contributing harmful factor?	**What are the steps that need to be taken?**	**Who is responsible for doing this work?**	**What resources (time, money, and people) are needed?**	**By when should this be completed?**	**How will we know it is done?**
Unclear roles, responsibilities, and priorities are contributing to confusion, duplicated work, missed tasks, stress, and conflict.	Clarify roles and responsibilities with workers and supervisors; update job/task descriptions where needed; confirm decision-making authority, communicate changes during team meetings.	Supervisor, with input from workers, human resources.	Time for worker consultation, supervisor planning, review of job/task descriptions, meeting time, and communication materials.	Within 60 days.	Updated role and task expectations are documented and shared; workers confirm they understand key responsibilities, priorities, and where to go for support or decisions.

Once action is completed:

Name of Manager _____ **Signature** _____ **Date** _____

Access the Resource Hub

WORKPLACE SPECIFIC HAZARD			DATE PREPARED		
RELEVANT LEGISLATION			PREPARED BY		
What is the specific hazard or contributing harmful factor?	What are the steps that need to be taken?	Who is responsible for doing this work?	What resources (time, money, and people) are needed?	By when should this be completed?	How will we know it is done?

Once action is completed:

Name of Manager _____ Signature _____ Date _____

Appendix D: Training that Supports PHS

Training should be selected based on the needs of the audience, the risks present in the work, and the organization's current stage of PHS implementation. The table below outlines common training types that can help build shared understanding, strengthen role clarity, reduce stigma, and support consistent action across the workplace.

TRAINING TYPE	PURPOSE	AUDIENCE	TOPICS WITHIN THE TRAINING
Mental health awareness	Build mental health literacy, reduce stigma, and normalize conversations about psychosocial factors	All workplace parties	Mental health literacy, stigma reduction, psychosocial factors, workplace conversations, help-seeking and supports
Worker orientation	Introduce workplace-specific PHS policies, supports, reporting, investigation, and SAW/RTW roles	New workers and ongoing worker training	PHS policies and procedures, workplace and community supports, incident reporting and investigation, roles and responsibilities in SAW/RTW
Committes	Clarify roles and responsibilities for PHS with a shared responsibility	JHSC, PHS, and other relevant workplace committees	Psychosocial factors, committee roles and responsibilities, participation and consultation, review of risk assessment, recommendations and follow-up

TRAINING TYPE	PURPOSE	AUDIENCE	TOPICS WITHIN THE TRAINING
Advanced mental health training	Strengthen understanding of psychosocial factors, risk controls, and job-specific exposures.	Workers and supervisors, especially in high-risk roles	Psychosocial factors, controls, secondary or vicarious trauma, PTSD, chronic mental stress, workplace violence and harassment, etc.
Leader training	Build leadership capability to support PHS	Supervisors, managers, senior leaders, and boards	Psychologically safe leadership, mental health awareness, leader responsibilities, resilience, supportive conversations, psychologically healthy and safe workplaces



What You'll Find

Resources are organized according to the key program elements outlined in this guide

Types of Resources Available

The Resource Hub includes a range of practical supports, such as:

- Templates and checklists
- Policies and program tools
- Assessments and self-assessments
- Training and e-learning
- Webinars and tip sheets
- Sector-specific resources for public safety personnel (PSP)

Using the Hub

1. Identify the program element you want to strengthen.
2. Access the related tools and resources through the Resource Hub.
3. Implement, evaluate, and improve using the continuous improvement (maturity model and PDCA) approach.

The Resource Hub serves as a companion to this guide, bringing together the tools, training, templates, and resources needed to support PHS programming and wellbeing of PSP.

For additional support with implementation, consultation, or resource selection, engage with your PSHSA consultant.

Access the Psychological Health and Safety Resource Hub

Building and sustaining a psychological health and safety (PHS) program can feel complex, particularly when organizations are looking for practical tools, templates, training, and guidance to support implementation. To make this process easier, the resources referenced throughout this guide have been brought together in a dedicated online Resource Hub.

Access the Resource Hub