



WORKPLACE MENTAL HEALTH + WELL-BEING ACTION PLAN

A companion document
to A Culture of Care,
University of Alberta's
Safety Action Plan

2023-25

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The University of Alberta, its buildings, labs and research stations are primarily located on the traditional territory of Cree, Blackfoot, Métis, Nakota Sioux, Iroquois, Dene and Ojibway/ Sauteaux/Anishinaabe nations; lands that are now known as part of Treaties 6, 7 and 8 and homeland of the Métis. The University of Alberta respects the sovereignty, lands, histories, languages, knowledge systems and cultures of First Nations, Métis and Inuit nations.

Executive Summary

The University of Alberta recognizes that its faculty and staff are crucial to its success in delivering outstanding research and education. To achieve this, it is important to create an environment that promotes well-being in all its dimensions (mental, physical, social, emotional, spiritual and financial health).

While mental health is at the forefront of this document surrounding employee support, it is essential to recognize the correlation to the other dimensions and work underway at the university.

There is a growing awareness of the importance of mental health support and resources in the workplace, as it can be a source of stress for many individuals. Unfortunately, mental health concerns are prevalent in Canada, with half of Canadian employees reporting that work is the most stressful part of their day. Additionally, only a small percentage of employees feel comfortable talking to their workplace about a mental health concern, which can lead to stigmatization and underreporting.

To address this, the University of Alberta is committed to providing comprehensive programs and services that promote mental well-being and work/life harmony for all employees. The university adopts a holistic approach to mental well-being, which involves taking proactive measures and addressing mental health challenges early or before they develop.

The university's plan adopts a holistic, action-centric approach and includes a range of initiatives and measures that aim to improve the mental well-being of its employees. Mental

health is influenced by a variety of factors, including race, ethnicity, gender, and socioeconomic status. Acknowledging and addressing these intersecting factors provides opportunities to create more equitable and inclusive mental health support systems for all individuals.

The university will work toward identifying and transforming systems that reinforce stigma and sanism. In these pages, you can learn more about the pillars and associated actions that are instrumental in promoting well-being. These make up the building blocks that guide our work to supporting our employees on a proactive basis and addressing mental health challenges early or before they develop while simultaneously addressing systemic awareness, understanding, empathy and acceptance. By working together, engaging in training, and promoting open communication, the university community can build a positive change and A Culture of Care that values and respects mental health.

Ultimately, the aim of the plan is to improve the mental well-being of our employees – and remove the stigma around openly addressing mental health issues. We are committed to doing our part in building a culture that replaces the misconceptions of past generations in favour of a culture rooted in understanding, value and respect.

Mental health affects all of us – and by the same token, the responsibility falls to all of us. We must work in partnership to drive lasting change and enhance the well-being of our employees. Each of you has a critical role to play. Together, we can play an invaluable role in caring for one another and building positive change across the University of Alberta.

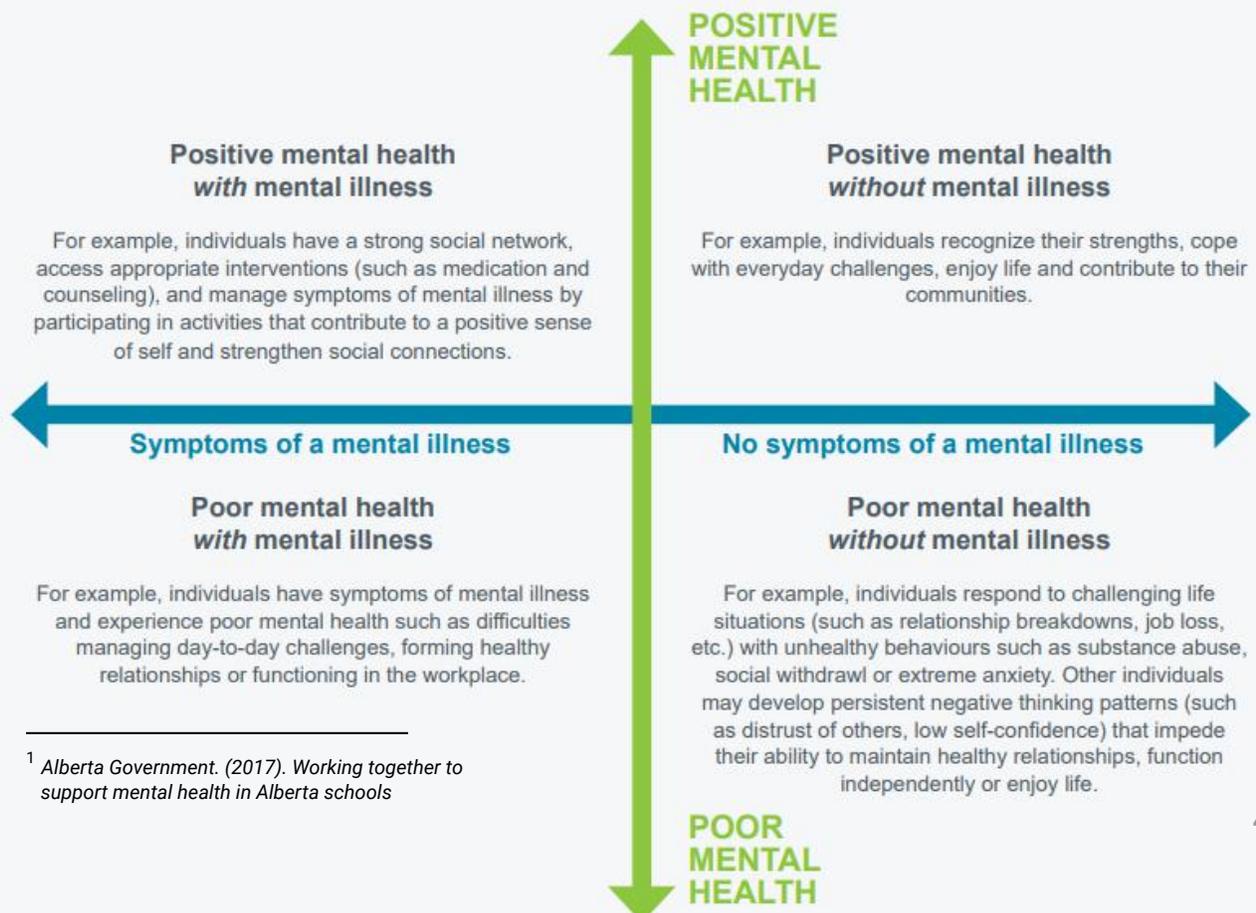
Introduction

Defining Mental Health and Well-Being

The World Health Organization defines mental health as *“a state of well-being in which every individual realises their own potential, can cope with the normal stresses of life, can work productively and fruitfully and is able to make a contribution to their community.”*

The Public Health Agency of Canada describes positive mental health as *“the capacity of each and all of us to feel, think and act in ways that enhance our ability to enjoy life and deal with the challenges we face. It is a positive sense of emotional and spiritual well-being that respects the importance of culture, equity, social justice, interconnections and personal dignity.”*

Mental health and well-being is more than the absence of mental disorders and the presence or absence of a mental illness is not a predictor of mental health. Individuals managing a formal mental health diagnosis whose condition is well managed can thrive, just as a person without a mental illness could have poor mental health. Mental well-being exists on a continuum, which is experienced differently from one person to the next, with varying degrees of difficulty and potentially different outcomes. This continuum is affected by many factors such as gender identity, socioeconomic status, ethnicity, sexuality, and other social determinants. The figure below¹ describes the continuum.



¹ Alberta Government. (2017). *Working together to support mental health in Alberta schools*

Importance of a Workplace Mental Health and Well-being Plan

In recent years, there has been an increasing awareness of the importance of mental health and well-being in the workplace. According to a Gallup poll, employees who are "engaged yet not thriving" are more likely to experience burnout, daily worry, and stress.² These negative outcomes can lead to short-term disability situations and the need to backfill replacement staff.

To combat these issues, it's important for leaders to focus on three key areas: communication, manager development, and workplace well-being.² By prioritizing mental health and well-being in the workplace, companies can improve employee productivity, job satisfaction, and overall success.

There are many factors that contribute to mental health and well-being in the workplace. Positive professional relationships, clear feedback and instructions, positive feedback, and work-life balance can all have a positive impact. On the other hand, poor communication, unrealistic deadlines, workplace conflict, and lack of support can lead to negative mental well-being.³

If these negative factors are not addressed, they can lead to burnout, where employees feel disengaged, fatigued, and have a negative attitude towards their work and colleagues.³

To support employees in living healthy, productive, and meaningful lives, it's important for companies to take proactive steps to improve and maintain mental health and well-being in the workplace. By doing so, organizations can create a positive and supportive environment that fosters growth, innovation, and success.



² Robison, J. (2022). What Leaders Should Focus on in 2022. Gallup. <https://www.gallup.com/workplace/365839/leaders-focus-2022.aspx>

³ Positive Psychology. (n.d.). What is Mental Well-being? <https://positivepsychology.com/what-is-mental-well-being>

The Pillars

Seven pillars have been identified to anchor and enhance our Workplace Mental Health and Well-being Action Plan. The pillars align with the university's strategic plan and psychosocial risk factors⁴ to represent a comprehensive commitment to embedding mental health and well-being into all aspects of the workplace by cultivating a culture of empathy, compassion and care. Each pillar is a critical element which represents how faculty and staff mental health and well-being is prioritized, promoted and monitored.



⁴ https://www.ccohs.ca/oshanswers/psychosocial/mh/mentalhealth_risk.html#section-1-hdr

Action Plan

A detailed action plan is critical. It takes the goals outlined in Appendix A and adds the details needed to turn thought into action. Creating an action plan gives us a clear guide to success. It helps prioritize goals, maximize resources, and make better decisions, increasing our organization’s efficiency and effectiveness to execute. Supporting data and details of groups consulted in the creation of this plan are summarized in Appendices B and C, respectively.

- Phase 1: **Focuses** on ensuring existing programs are efficient, effective, and accessible with simple enhancements, it identifies gaps in our framework, identifies solutions, completes the “leg work” to prepare for Phase 2 and identifies metrics.
- Phase 2: **Enhances** the plan and implements new solutions to ensure measurable impact to outcomes.

Legend

CCR - Campus and Community Recreation
DoS - Dean of Students
ELR - Employee and Labour Relations
FO - Facilities and Operations

HRP - Human Resource Partnerships
HSE - Health, Safety and Environment
OD - Organizational Development
OSO - Office of the Student Ombuds

OSDHR - Office of Safe Disclosure and Human Rights
TM - Talent Management
VPEDI - Vice-Provost (Equity, Diversity, and Inclusion)
VPIPR - Vice Provost (Indigenous Programming and Research)

INITIATIVE	MEASURABLE OUTCOME	ACCOUNTABILITY	TIMEFRAME		
			2023	2024	2025
Leadership Commitment Goal: Cultivate and communicate leadership commitment to improve mental health and well-being through workplace interventions and creating a culture of care.					
1. Demonstrate Commitment					
a. Add mental well-being to the leaders <i>Culture of Care</i> commitment document	Leadership Commitment document.	HSE	●		

INITIATIVE	MEASURABLE OUTCOME	ACCOUNTABILITY	TIMEFRAME		
			2023	2024	2025
b. Acknowledge and explore intersectionality of race and Indigeneity and mental health.	Initiate	TM, VPEDI, VPIPR		●	
c. Develop a process to capture new leaders	Add to Leadership Onboarding.	TM, HSE	●		
2. Define Roles and Responsibilities					
a. Onboard new supervisors and leaders to their responsibility around mental health literacy and services available to support individuals.	Add to Leadership Onboarding.	TM, OD	●	●	●
b. Provide 'just in time resources' that supervisors and leaders have on hand for supportive conversations.	Enhance and build onto existing resources. Profile and add to Leadership Onboarding.	TM	●		
c. Provide easy to use tools/resources and opportunities for normalizing the conversation around mental health.	Uptake in communication opportunities.	TM	●	●	●
3. Financial Support					
a. Conduct an initial university-wide assessment to identify strengths/prioritize opportunities. (ie Excellence Canada)	Initiate.	TM		●	
b. Continue the Heroes for Health (H4H) grant.	Achieved.	DoS, CCR, TM	●	●	●
c. Maximize centralized mental health training over department specific training to ensure financial stewardship.	Achieved.	OD, TM		●	●
4. Recognition					
a. Profile Wellness Champion awards.	Achieved.	DoS, TM	●	●	●
b. Celebrate Key Dates: Days of Action .	Dates celebrated.	DoS, TM	●	●	●

INITIATIVE	MEASURABLE OUTCOME	ACCOUNTABILITY	TIMEFRAME		
			2023	2024	2025
5. Accountability					
a. Establish a consistent approach to disclosures and complaints.	Rollout.	VPEDI	●	●	
6. Healthy Lifestyle Spaces					
a. Spontaneous Use Activity Spaces On Campus.	NA	CCR, TM	●	●	●
b. Building Design with a Health Lens.	NA	FO (Architect), DoS, TM	●	●	●
7. Research					
a. Leverage research on mental well-being, including developing ways to educate and change mindsets about mental health.	Ongoing. Utilizing evidence based programs and tools i.e. National Standard Working Group -Postsecondary Students.	TM, OD	●	●	●
Access Goal: Create evidence based programming to expand access to mental health programs and services (who, where, how, when, what) with a focus on enhancing support and a sense of belonging.					
1. Providers					
a. Provide a variety of resources to meet the needs of all employees including increasing the number and diversity of providers who are trained to effectively deliver culturally competent services.	Number and diversity of providers increased.	TM, OD	●	●	●
b. Maintain and expand the clinical network to include providers with lived experience, experience with intergenerational trauma, trauma informed approaches, sexual and gender based violence, gender diversity and gender transition experience.	Tracked, achieved and monitored.	TM	●	●	●

INITIATIVE	MEASURABLE OUTCOME	ACCOUNTABILITY	TIMEFRAME		
			2023	2024	2025
c. Work with First People's House to explore supports and services that can be extended and communicated to Indigenous faculty/staff.	Initiate.	TM		●	
d. Provide proactive communication of EFAP and mental health services to our diverse populations.	Strengthen messaging.	TM	●		
e. Ensure EFAP materials are available in french. The EFAP provider has a national network of clinicians virtual counseling can be provided in french. EFAP is able to accommodate in-person requests.	Achieved.	TM	●		
f. Based on evidence/needs analysis, broaden the awareness of critical incident stress management supports offered through EFAP.	Ongoing. Exploring education and awareness opportunities.	TM	●	●	●
g. Work with the Firefly Institute for Sexual & Gender Diversity to bring awareness opportunities to employees.	Ongoing.	OD	●	●	●
h. Work collaboratively with the university's National Standard for Mental Health and Well-being for Post Secondary Students Advisory Committee to increase the awareness, application and understanding of psychological safety.	Ongoing.	DoS, TM	●	●	●
i. Promote services available through EFAP by increasing awareness of the breadth of employee services available.	Achieved. Ongoing exploration of communication avenues to profile breadth of services.	TM, OD	●	●	
j. Hold an annual meeting of all workplace mental health and well-being vendors to leverage expertise.	Initiate and % in attendance.	TM			●
2. Partnerships					
a. Maintain partnerships with local and national mental health organizations.	Achieved. Ongoing.	TM, OD	●	●	●

INITIATIVE	MEASURABLE OUTCOME	ACCOUNTABILITY	TIMEFRAME		
			2023	2024	2025
b. Leverage opportunities and activities underway at U15 universities.	Achieved. Ongoing.	TM	●	●	●
3. Written Communication					
a. Create regular mental health communication via the Digest and Working at the U.	Initiate.	TM	●	●	●
b. Determine effectiveness of mental health newsletters in light of new Working at the U channel.	Complete review.	TM		●	
4. Supporting Guides					
a. Conduct a review of analytics and determine action to remove/maintain/update/improve existing guides: i. Well-being in the Workplace Guide . ii. Gender Transition . iii. Supporting Gender Diversity and Inclusion in the Workplace .	Initiate and adjust as appropriate.	TM	●		
5. Service Navigation					
a. Create an easy to follow visual/document on how and when to access services and who has access.	Complete and promote. Add to onboarding and explore all communication opportunities.	TM, DoS		●	●
b. Remind employees that services are available to individuals outside of traditional work hours and modalities.	Ongoing. Language embedded into ongoing EFAP communications materials and website. Leverage all communication opportunities.	TM	●	●	●
6. Access Modes					
a. Research alternate modes of mental health service (apps, video chats).	Achieved.	TM		●	●
b. Website: Ensure a robust online presence that provides easily	Initiate and complete.	TM, OD	●	●	●

INITIATIVE	MEASURABLE OUTCOME	ACCOUNTABILITY	TIMEFRAME		
			2023	2024	2025
navigable information by establishing and communicating a central hub for resources.					
Prevention & Education Goal: To increase prevention and education through opportunities that enhance mental health and well-being and encourage the development of life and work harmony.					
1. Evidence Based					
a. Use EFAP, disability statistics and needs analysis to identify priority areas.	Achieved. Ongoing.	TM, OD	●	●	●
b. Integrate external research to identify additional focus areas correlated with mental health and well-being.	Achieved. Ongoing.	TM, OD	●	●	●
2. Foundational					
a. Create an annual calendar of events and communication based on statistics to ensure efficiency of resources and effectiveness of outcomes.	Initiate.	TM	●	●	●
b. Develop a common understanding of mental health and well-being and supporting factors.	Initiate.	TM		●	●
c. Increase the profile of mental health and well-being in new and existing policies and training.	Ongoing as policies are updated.	TM, OD	●	●	●
d. Leverage the expertise and experience resident within campus offices who address concerns with intersecting factors to ensure approaches are aligned.	Initiate.	TM, OSDHR, HIAR, OSO, DoS		●	●
3. Early Intervention					
a. Enhance communication and understanding of workplace options such as early intervention (health kits), stay at work strategies, accommodation, returning to work.	Enhance.	ELR, FR, TM	●	●	●

INITIATIVE	MEASURABLE OUTCOME	ACCOUNTABILITY	TIMEFRAME		
			2023	2024	2025
b. Review Onboarding – ensure supportive resources and services are identified such as: i. EFAP ii. Guide to Assisting a Colleague in Distress iii. Helping Individuals at Risk	Initiate.	TM, OD	●		
c. Arrangements - promote flexible work arrangements to eligible employees and enhanced time-off.	Achieved. Ongoing promotion and opportunities for expansion.	TM	●	●	●
d. Accommodations - investigate best practices for offering formal and informal accommodations (outside of medical) leveraging the wisdom of the Council on Systemic Ableism.	Achieved. Comparative review completed March 2023. Pursue feedback from Council.	ELR, VPEDI	●	●	
e. Investigate the viability of incorporating pharmacogenomics in the initial stages of managing a leave due to mental illness.	Initiate.	TR, ELR, FR	●	●	
4. Learning					
Stigma					
a. Address stigma - refresh the Facing Facts campaign .	Initiate.	TM		●	●
b. Normalize conversations regarding mental health and well-being health concerns (Not Myself Today program (provided two-three times per year for leaders), Preparing for Supportive Conversations , , Key Person Advice Line)		TM		●	●
Suicide					
c. Continue awareness - Suicide Prevention Framework . i. LivingWorks (DoS) ii. Applied Suicide intervention Skills Training (ASIST)	Ongoing. Utilize all communication opportunities.	TM, OD, DoS	●	●	●
d. Revisit the university's Suicide Prevention Framework with campus partners and determine best strategy for longevity. (i.e. revamp on integration into existing work)	Initiate.	TM, DoS		●	●

INITIATIVE	MEASURABLE OUTCOME	ACCOUNTABILITY	TIMEFRAME		
			2023	2024	2025
Self/Peer					
e. Self and Peer Support Learning Package: Enhance capacity to recognize and respond to risk factors and crisis situations.	Initiate.	TM, OD	●	●	●
f. Create a learning package for employees to understand the benefit of and participate in mindfulness.	Enhance existing.	OD, TM	●		
g. Explore the viability of access to self directed mindfulness and resiliency apps like MindWellU .	Initiate.	TM	●		
Management Competency					
h. Development of a learning competency model for managers based on the Health and Well-being Learning Pillars: <ul style="list-style-type: none"> ● Protection from Physical Harm ● Connection & Community ● Life-Work Harmony ● Mattering at Work <p>Leverage work and resources ie.shared cost/shared resourcing.</p>	Creation of Learning Competency Model.	TM, OD, VPEDI, DoS	●		
Website					
i. Provide a one stop resource on the website for mental health and well-being supports for leaders.	Review and revamp materials.	TM, OD	●		
Resources					
j. Promote a culture of care including resources on: <ol style="list-style-type: none"> gender identity sexual violence domestic violence Violence and harassment training Develop resources for socioeconomic status, ethnicity, sexuality Creating Psychologically Safe Workplaces 	Review and update resources.	TM, HSE	●		
Package					
k. Create a multi-level learning package for supervisors to provide:	Creation of a supervisors package of 'just in time resources'.	TM, OD, VPEDI	●	●	

INITIATIVE	MEASURABLE OUTCOME	ACCOUNTABILITY	TIMEFRAME		
			2023	2024	2025
<ul style="list-style-type: none"> i. How to manage a crisis. ii. How to respond to disclosures. iii. Creating a psychologically safe workplace. 					
l. Leverage existing intersecting learning modules on EDI, disability.	Review and link to existing resources.	OD, ELR, VPEDI	●		
m. Explore the idea of a Workplace Well-being Network to provide a conduit for mental health awareness across colleges, faculties and administrative units.	Investigate readiness, viability and initiate.	TM, HRP		●	
n. Create tools for faculties/departments/units to use in embedding psychological safety into their procedures, policies and practices to affect culture change.	Research and create.	TM		●	
5. Partners					
a. Define our needs of partners - what we need, what we expect, etc.	Initiate.	TM	●	●	
b. Resume the Healthy University Strategic Plan refresh to include psychological safety with clear and actionable items for integration into campus activities.	Resume HUSP refresh and align activities.	TM, DoS		●	●
c. Expand our engagement in the Okanagan Charter - an international charter for health promoting universities and colleges.	Review and align activities.	TM, DoS		●	●
d. Determine if there is a recommendation to continue utilization of TogetherAll .	Review and make recommendations.	TM	●		
e. Explore and determine if there is a recommendation to join Roots of Hope , a community-led suicide prevention initiative.	Review and make recommendations.	TM	●		
f. Explore and determine if there is a recommendation to utilize Healthier Together Workplaces .	Review and make recommendations.	TM	●		

INITIATIVE	MEASURABLE OUTCOME	ACCOUNTABILITY	TIMEFRAME		
			2023	2024	2025
Empowerment Goal: To enhance support systems to build personal resilience and prevent/protect against harm.					
1. Networks					
a. Explore the opportunity for a mental health and well-being peer mentor program by identifying individuals within the university who have successfully faced challenges and who are comfortable sharing their experiences.	Initiate and investigate feasibility.	TM, ELR		●	
b. Leverage existing opportunities and create appropriate forums and venues for those individuals to share their experiences on a continuing basis.	Ongoing.	TM	●	●	●
2. Awareness					
a. Communicate the specialized cognitive behavioural therapy (CBT) programming for trauma and depression through EFAP.	Ongoing.	TM	●	●	●
Recovery & Reintegration Goal: To ensure understanding and communication of support during recovery.					
1. Barriers					
a. Use disability statistics to determine return to work rates and goals. <i>(Alignment with CASIP A4, A4.2)</i>	Initiate.	ELR	●	●	●
2. Support					
a. Work with our partners to reduce barriers to return to work/accommodations.	Ongoing.	ELR	●	●	●
b. Update tip sheet guidance for leaders and employees during an illness/injury. <i>(Alignment with CASIP A2, A2.3)</i>	Initiate.	ELR		●	●

INITIATIVE	MEASURABLE OUTCOME	ACCOUNTABILITY	TIMEFRAME		
			2023	2024	2025
3. Engage					
a. Engage people with lived experiences in transforming our programs.	Initiate.	TM		●	
Community & Inclusion Goal: Cultivate a culture that fosters a sense of community and inclusion by working to address systemic barriers in the workplace.					
1. Culture					
a. Foster a climate of psychological safety where individuals feel safe to disclose, discuss, and seek help for issues related to mental health and well-being.	Embed language into existing policies/procedures. Socialize psychological health and safety language into communications.	TM	●		
b. Attain a greater understanding of sanism/ableism as systemic barriers utilizing campus expertise.	Access campus expertise and determine approach.	TM, VPEDI		●	
c. Address stigma through education, awareness, supports, services and best practices.	Increase awareness of stigma as a barrier.	TM, OD, VPEDI, DoS, OSDHR, OSO	●	●	●
d. Review the prior research of NameCoach. Consult, collaborate, conduct needs analysis and provide BN with financial impact.	Initiate viability.	TM, DoS, VPEDI	●	●	
e. Enable university staff to self-declare the name by which they would like to be known (Affirmed Name) in university systems.	Committee initiated. Investigating technical solutions.	IST, TM	●	●	●
Sustainability & Success Measures Goal: To ensure available metrics and measurements inform and guide resources and supports.					
1. Policies/Agreements					
a. Ensure agreements and policies with a mental well-being lens are prominent in institutional plans.	Ongoing awareness and connections.	TM, ELR	●	●	●

INITIATIVE	MEASURABLE OUTCOME	ACCOUNTABILITY	TIMEFRAME		
			2023	2024	2025
2. Data					
a. Increase data collection on assessment of programming.	Initiate.	TM, ELR, OD	●	●	
b. Increase analysis of EFAP, disability statistics, prescription usage and overall benefit data.	Identification and analysis of leading and lagging indicators.	TM, ELR, TR	●	●	●
c. Define success measures: <ul style="list-style-type: none"> i. Participation and evaluation in programs ii. EFAP usage trends iii. Leave usage trends iv. Benefit usage trends (i.e. antidepressants; chronic illnesses such as diabetes, as these have a greater risk of mental health impacts) assessment v. Health Spending Account (i.e. psychologist use trend) vi. Part of this is determining sources of data (existing and new) 	Initiate and analysis of measures across the HRHSE COEs.	TM, TR, OD, ELR	●	●	
3. Assessment					
a. Conduct an initial university-wide assessment to identify strengths/prioritize opportunities. (i.e Excellence Canada).	Initiate and determine appropriate mechanisms.	TM	●	●	

Appendices

Appendix A: History of U of A Mental Health and Well-being Initiatives

Over the past several years, a number of university initiatives have occurred creating opportunities for the university to shape and articulate our intentions as it relates to employee workplace well-being. We documented and reviewed these initiatives and offerings to ensure they were encompassed within the action plan.

Initiative	Focus	Goals
1998: You Said “Workplace Wellness”...We Listened.	Acknowledging the importance of people in its ultimate success, the university established a Workplace Wellness Initiative which would be driven by the people it serves. The qualitative research study sought to identify staff perspectives regarding workplace wellness needs and improvements.	Based on the eloquent, frank and powerful comments about work life at the University of Alberta, it was recommended a broad-based consultative process be used to develop strategic plans that will address each of the following three issues: <ul style="list-style-type: none"> • Managing better • Improving communication/rebuilding community • Improving environment/safety
2003: Becoming the Healthiest University in Canada: Senate Wellness Task Force Report	The University of Alberta’s Senate Task Force on Wellness was struck to examine the current status of health and wellness initiatives at the university, to critically examine gaps and challenges and to build on established initiatives by proposing plans and solutions to further enhance them. Emphasis has been placed on the ability of the University to promote practical and sustainable ways in which the university population can attain a healthier lifestyle, both in the short and long term, in order to establish itself as the	<ul style="list-style-type: none"> • Develop an integrated, campus-wide wellness vision with measurable goals and initiatives to reach those goals. • Obtain the commitment and continuous involvement of all major university stakeholders in developing an internationally recognized wellness vision. • Facilitate personal growth and development by effectively communicating and promoting the benefits of a healthy lifestyle and school-work life balance to the university community. • Increase opportunities and encourage participation in wellness and health initiatives across campus.

	healthiest university in Canada and thereby become a model for post-secondary institutions nationally and internationally.	
2013: National Standard for Psychological Health and Safety in the Workplace	<p>The first of its kind in the world, the Standard is a set of voluntary guidelines, tools and resources intended to guide organizations in promoting mental health and preventing psychological harm at work.</p> <p>The university began introducing the language of psychological safety into the health and well-being communications and raising awareness of the concepts through Lunch and Learns and workshops.</p> <p>Framework information was formally added to the website in 2020.</p>	<p>The Standard is intended to align with recognized management system standards that incorporate;</p> <ul style="list-style-type: none"> ● Policy, commitment, and engagement ● Planning ● Implementation ● Evaluation and corrective action ● Management review and continual improvement. <p>The standard specifies requirements for a documented and systematic approach to develop and sustain a psychologically healthy and safe workplace. The strategic pillars of a psychological health and safety system are prevention of harm (the psychological safety of employees), promotion of health (maintaining and promoting psychological health), and resolution of incidents or concerns.</p>
2014: Suicide Prevention Framework	<p>The Office of the Dean of Students called for the development of a university-wide suicide prevention framework. While the initiative began with a student focus, the result was a partnership with Human Resources for a revision which broadened the framework to be more inclusive of the awareness and prevalence of suicide rates throughout the lifespan.</p>	<p>The report identified 36 recommendations across 5 categories to build upon mental health and well-being services and improve the capacity and capability for suicide prevention. The report includes suggestions for assessment and sustainability.</p> <p>The 5 broad categories include;</p> <ul style="list-style-type: none"> ● Policy and implementation ● Education, Awareness and Communication ● Supports and Services ● A Welcoming, Connected, Supportive Campus Community ● Supports Following a Campus Death
2015: Okanagan Charter	<p>An International Charter for Health Promoting Universities and Colleges calls upon post-secondary schools to embed health into all aspects of campus culture and to lead health promotion action and collaboration locally and globally.</p>	<p>Intended to serve as an overarching philosophy, provides common language and outlines two specific calls to action to serve as a guide and a foundation for well-being at post-secondaries:</p> <ul style="list-style-type: none"> ● To embed health into all aspects of campus culture, across administration, operations and academic mandates. ● To lead health promotion action and collaboration locally and globally.

	<p><i>Note: The charter was rolled out after HUSP. The university officially adopted the charter in April 2021.</i></p>	
<p>2015: Health University Strategic Plan (HUSP)</p> <p>Championed by Vice-Provost and Dean of Students, the Associate Vice-President, Human Resource Services and the Dean of Physical Education and Recreation</p>	<p>The university adopted the health-promoting university philosophy as a model for the strategy.</p> <p>A steering committee and working group were established with representation from Human Resource, Faculty of Kinesiology, Sport and Recreation, and the Office of the Dean of Students to develop a healthy university strategic plan aligned with the university's strategic plan, specifically, prioritize and sustain student, faculty, and staff health, wellness, and safety by delivering proactive, relevant, responsive and accessible services and initiatives.</p> <p><i>Note: From what we understand, the reference to health promoting philosophy was reference to both the leading research coming from the UK prior to the Charter and the framework of the Charter.</i> https://www.euro.who.int/__data/assets/pdf_file/0012/101640/E60163.pdf</p>	<p>Health-promoting universities concern themselves with four key goals:</p> <ul style="list-style-type: none"> ● Fostering healthy working, learning and living environments for students, faculty and staff. ● Embedding health in all aspects of teaching, research and knowledge exchange across the university. ● Contributing to the health of the wider community. ● Evaluating and building evidence of effectiveness and sharing learning.
<p>2017: An Act to Protect the Health and Well-being of Working Albertans</p>	<p>The provincial government introduced changes to the Workers' Compensation Board and Occupational Health and Safety Act. The changes were to Bill 30 and were entitled, <i>An Act to Protect the Health and Well-being of Working Albertans</i>.</p>	<p>These amendments outlined a number of enhancements including new roles and responsibilities for workplaces around preventing and responding to workplace harassment and violence with a focus on the impact of mental injury.</p>
<p>2022: National Standard for Mental Health and Well-being for Post Secondary Students</p>	<p>In 2022, the university developed the National Standards Working Group (created by HUSP Committee), focused on improving student mental health and well-being aligned with the key principles of the HUSP and International Okanagan Charter.</p>	<ul style="list-style-type: none"> ● Identify and engage key U of A champions to support the adoption/implementation of the standard. ● Review current university policies that support student/campus mental health. ● Undertake a university-wide consultation process to assess student mental health needs, opportunities and gaps. ● Collect data on current university mental health services and

	<p>The National Standard for mental health & well-being for PSI Students provides a voluntary framework and guiding principles to support the development/refinement of policies/procedures/practices to promote student mental health and well-being.</p> <p><i>Timeline: Implementation of priorities and ongoing assessment (Jun - Aug 2023)</i></p>	<p>programs.</p> <ul style="list-style-type: none"> ● Set student mental health priorities based on engagement and data. ● Implement, evaluate and continuously improve the existing policies, service delivery, and programming coordination.
<p>2022: A Culture of Care</p>	<p>In 2022, the HRHSE began work on creating a three year comprehensive safety action plan. The focus of this document is on physical safety. However, creating a culture of care must acknowledge that a psychologically and culturally safe workplace is also our responsibility. A Culture of Care encompasses three components: physical safety, psychological safety and cultural safety.</p>	<ul style="list-style-type: none"> ● Commitment from the highest levels of institutional leadership to supervisors and frontline employees, supported by health, safety and environment structures and processes. ● Every level of the organization is committed and has the skills to enhance health and safety practices and feels safe to speak to or stop unsafe practices (physical, cultural, psychological). ● Systems encourage and celebrate safety behaviours and practices. ● Systems allow the organization to track its safety culture progress, identify any gaps in its safety practices and continually improve over time.

Appendix B: Supporting Data

The Mental Health Commission of Canada reports:

- One in five people may experience a mental health problem in any given year.
- Seven out of ten people are concerned about the psychological safety of their workplace.
- More than 4,000 people take their own life in Canada each year.
- Almost 90% of Canadians are connected to the internet, yet e-mental health remains underdeveloped in Canada.

The Canadian Mental Health Association reports:

- By age 40, approximately 50% of the population will have or have had a mental illness.
- Statistics Canada note that while suicide affects almost all age groups, those aged 40-59 had the highest rates.
- 47% of Canadians agree that work is their most stressful part of the day.
- 38.6% would not tell their current manager if they were experiencing a mental health problem.
- There is consistent evidence that certain work situations, including occupational uncertainty and lack of value and respect in the workplace, are associated with an increased risk of common mental disorders.
- Numerous studies show that employees are more creative and able to achieve higher levels of job performance when they are in mentally healthy work environments.
- 43% of employees would like to receive more support from senior management and human resources.
- 65% of managers say they could do their jobs more effectively if they found ways to more easily manage distressed employees.
- 63% of managers would like to receive better training to deal with this type of situation.

The university's EFAP provider's book of business reports:

- Over a five year period, the average program utilization for their book of business is 10.23%.
- Average program utilization among universities and post secondaries within that book of business is 15.58%.
- The University of Alberta's high utilization can be attributed to promotion of help seeking behaviours and prevention/early intervention supports and services.

U of A data:

- Over a five year period, the university's Employee and Family Assistance Program utilization has averaged 21.40%.
- New EFAP cases have averaged 2,324 per year.
- The primary reason for service access has been counseling services with psychological, marital/relationship and stress concerns.
- Over the past 5 years the university's Medical Illness / General Illness program has experienced 636 accepted claims associated with mental illness which equates to an average of 127 cases annually. Mental illness claims equate to 30% of the total MI/GI cases incurred by the university over the past five years.
- The university experienced a reduction in MI/GI claims in 2021; however, the incidence of mental health claims slightly increased resulting in these claims making up 34.5% of all

claims incurred. This is likely the consequence of changes in the workplace and the long term impact of COVID.

- Suicides
 - This was discussed extensively during the Suicide Prevention Framework Action committees. The university does not openly report or track suicide related deaths as suicide is one of the most under reported causes of death and in many cases, the family would prefer to not have the death publicly identified as such due to ongoing stigma.

Appendix C: Consultation Summary

Individuals from the following groups were consulted during the creation of this action plan:

- Office of the Dean of Students
- College General Managers
- Faculties
- Faculty General Managers
- Faculty Relations
- Faculty and Staff
- Human Resources, Health, Safety and Environment
 - ◆ Employee and Labour Relations
 - ◆ Health, Safety and Environment
 - ◆ Human Resource Partnerships
 - ◆ Organizational Development
 - ◆ Talent Management
 - ◆ Total Rewards
- Vice-Provost (Equity, Diversity and Inclusion)
- Vice-Dean (Faculty of Native Studies)

As this action plan is implemented, the work will continue to be informed by ongoing feedback on our programs, benchmarking data and best and promising community/partner practices (e.g. Canadian Mental Health Association, Mental Health Commission of Canada and others).