

The Alberta Federation of Labour is encouraged by the new government's launch of a comprehensive mental health review. As one of the long-standing gaps in previous government policy and action, a willingness to address the need for a supportive mental health system for all Albertans is welcome.

As the organization representing 170,000 unionized workers and advocating for all working Albertans, the AFL is pleased to have this opportunity to discuss mental health issues in the workplace. Work and mental health are intricately linked and creating appropriate policies and programs to promote mental well-being for workers and workplaces is an indispensable element of a provincial mental health strategy.

Inadequate attention to mental health in the workplace costs our economy through lost productivity, high turnover, reduced performance and lost career experience or prospects for employees. Therefore, we believe it is in the best interests of Albertans that governments and employers enhance supports, implement standards and expand employment legislation protections to create healthier workers and workplaces.

Many frontline workers are particularly vulnerable to psychological injuries that arise directly from their jobs or workplaces. Awareness of and support for post-traumatic stress disorder (PTSD) and strengthening occupational safety legislation and programs in relation to PTSD is necessary to ensure that workers can access the treatment they need in order to continue delivering high-quality services to Albertans.

Finally, we can create healthier workplaces by acknowledging and supporting the increasing proportion of the workforce that spends considerable amounts of time on unpaid caregiving work. The hours that Albertans are forced to spend in making up for a lack of government funded care costs our province's workforce through lost time, experience and economic benefit through paid employment and exacerbates stress on caregivers as their unpaid work is undervalued.

We are hopeful that Alberta's new government can chart a positive new course in nurturing workplaces that are physically and psychologically healthy. Our recommendations are discussed in greater detail below.

- To improve overall understanding of mental health in the workplace, access to treatment and to ensure that all workplaces in Alberta are psychological healthy:
 - Shift perspectives around healthy workplaces to include both physical and psychological well-being by implementing the National Standard for Psychological Health and Safety in the Workplace and by amending legislation to include mental health.
 - Add mental health to appropriate definitions in the *Occupational Health and Safety Code* and *Workers' Compensation Act* in order to expand protections for workers and ensure that they are able to secure the necessary support or treatment.

- Amend workplace safety legislation to include an employer obligation to protect against bullying and harassment.
- Introduce basic guarantees to psychological health through the *Employment Standards Code*.
- To address post-traumatic stress disorder in Alberta workplaces:
 - Expand presumptive PTSD coverage under WCB legislation to include all frontline workers.
 - Remove barriers to treatment by ensuring that no employee can be discriminated against for a mental health condition where appropriate healthcare professionals have deemed that employee fit to return to work.
 - Build preventative programs and policies for all frontline workplaces.
- To reduce the employment-related costs of unpaid caregiving on hard-working Albertans:
 - Increase financial support through government programs or benefits to ease the stress associated with tight budgets or lowered earnings.
 - Increase eligibility of and entitlements to paid and unpaid leave for the care of chronically ill or disabled close friends and family members.
 - Enhance workplace flexibility through legislative amendments and employer education or program support so no worker is penalized for the valuable care work they provide.

Stress and mental health in the workplace

The statistics are now well known. Twenty per cent, or one in five, Canadians will experience a mental health problem. This means that almost every one of us is trying to get through the work day while managing our own mental illness, or while trying to support a close family member or friend through theirs. Mental illness is associated with more lost workdays than any other chronic disease condition and the cost of mental health leave is, on average, double the cost of leave for a physical illness.¹

Each week, more than 500,000 Canadians will miss work because of a mental health problem. Those illnesses lead to 30 per cent of disability claims and 70 per cent of disability costs in Canadian workplaces. Lack of attention to mental health in the workplace results in lost productivity, high turnover or increased recruitment and retention costs, lowered financial and management performance, heightened organizational risk and time loss and absenteeism. Estimates show that around \$50 billion is drained out of the Canadian economy by the financial effects of mental illness. In Alberta alone, that figure is \$14.4 billion – one of the highest in the country.

Clearly, there is a strong link between mental health and well-being and successful, productive and functional workplaces. To date in Alberta, that link has grown into an insidious gap through a lack of government policy or legislation to deal with the problems presented, lack of employer or employee understanding of how to protect themselves or to create healthy workplaces and a lack of resources across the system to identify, treat and manage mental illnesses and promote mental well-being.

Due to a lack of awareness or understanding of common symptoms, many policy-makers and employers face difficulties in identifying and addressing mental health in the workplace. Research in Ontario found

¹ Dewa, C.S., Chau, N., & Dermer, S. (2010). Examining the comparative incidence and costs of physical and mental health-related disability in an employed populations. *Journal of Occupational and Environmental Medicine*, 52(7), 758-62.

that nearly 40 per cent of working-age adults experienced symptoms of depression, but nearly 53 per cent of that group did not recognize their own symptoms or the need to seek help. Employee performance or attendance might lag, creating lost productivity costs and potentially leading to disciplinary action or termination, creating a negative mental health cycle and possible legal liability. In another example, employees with attention deficit hyperactivity disorder (ADHD), a condition that can be well managed and treated in a supportive work environment, are 18 times more likely to be disciplined for behaviour and are two to four times more likely to be terminated.² Part of any solution for mental health in the workplace must therefore include educating employers about how mental health issues manifest in the workplace. Workplaces must make resources available for them to respond appropriately. Few employers intend to create unhealthy workplaces.

In addition to misunderstanding of symptoms, major barriers to getting help include stigma or unhelpful attitudes or environments at work, financial limitations and lack of accessible treatment. In the case of employees, they may be afraid of reprisal or job loss or demotion and may simply be unaware of their rights or supports available. Studies show that costs of mental illnesses to employers can be reduced by 10 to 25 per cent, and by 33 to 50 per cent for depression, by simple interventions and access to treatment.³ However, only about a quarter of those suffering depression get adequate treatment.⁴ It is therefore in the best interests of all Albertans to encourage employees and employers to improve their approaches to and awareness of mental health issues.

Symptoms of mental illnesses don't just cost employers and society in the sense of financial bottom lines or lost productivity. Some can also create other risks or hazards in the workplace. For example, common symptoms of depression are lack of focus, attention or energy in typical settings where one previously thrived. In workplaces with hazardous materials or equipment, these symptoms may become dangerous to the sufferers as well as their co-workers.

Furthermore, work and mental illness are often closely linked. Employment (and often underemployment or precarious employment) can be a source of stress that causes or triggers mental health issues, but workplaces can also exacerbate pre-existing conditions. Work is a key part of many people's identities and job satisfaction – and conditions, such as adequate time off, feeling respected and appreciated, and having good, stable work – can have large impacts on one's physical health and quality of life.

Another part of a workplace strategy should be promoting and implementing guidelines and principles that can be used by employers to broaden understanding of the factors influencing mental health and how to build healthy environments. For example, the National Standard for Psychological Health and Safety in the Workplace (the Standard), an initiative of the Mental Health Commission, the Canadian Standards Association and the Bureau de normalisation du Québec, was designed with input from health professionals, businesses and unions and sets out basic guidelines for promoting workers' mental health and preventing psychological harm in the workplace. Leadership from the provincial government in standardizing the access to and implementation of these principles in all Alberta workplaces could increase the readiness and ability of both employers and employees to identify and respond to mental health issues and to promote healthy workplaces and work habits. Incorporating the Standard into the government's own workplaces would also set a positive example as more and more organizations come on board across

² http://www.health.harvard.edu/newsletter_article/mental-health-problems-in-the-workplace

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http://www.camh.ca/en/hospital/about_camh/newsroom/news_releases_media_advisories_and_backgrounders/current_year/Pages/CAMH-survey-shows-over-half-of-workers-with-depression-do-not-recognize-need-for-treatment.aspx

⁴ http://www.health.harvard.edu/newsletter_article/mental-health-problems-in-the-workplace

the country.

The Standard identifies a number of factors that create a healthy workplace and includes guidance and information for employers on:

- the identification of psychological hazards in the workplace;
- the assessment and control of the risks in the workplace associated with hazards that cannot be eliminated (e.g. stressors due to organizational change or reasonable job demands);
- the implementation of practices that support and promote psychological health and safety in the workplace;
- the growth of a culture that promotes psychological health and safety in the workplace;
- the implementation of systems of measurement and review to ensure sustainability of the overall approach; and
- elements that create healthy, happy workers like: clear expectations; opportunities for personal growth and development; recognition and reward for workers and some influence over their work; balance between work and personal lives; respect and civility as the norm; and protection from bullying, harassment, and discrimination.⁵

An important underlying factor in the success of implementing guidelines like the Standard is shifting both the cultural and legal framework of workplace safety to include psychological safety as well as physical safety. Incorporating mental health issues in occupational health and safety (OHS) and workers' compensation board (WCB) legislation helps build acceptance and understanding of these illnesses in the workplace and clarifies a baseline of responsibilities of employers, employees and governments or agencies to manage them.

The explicit addition of mental health within the definitions of “accident” (to the *Workers' Compensation Act*) and “occupational disease” (to the WCB Act or regulations and the *Occupational Health and Safety Code*) in legislation is one example of a small legislative change that could have a positive impact. Currently, some arbitrators, judges, employers or agencies may interpret existing definitions to include mental health, but without explicit language, there is no consistency. By explicitly adding mental health to these definitions, the interpretation will be clearer and the link between employer obligations to employees for providing psychologically safe workplaces (which has been recognized and established in case law) will be respected and reflected in legislation. In fact, a leading researcher in workplace mental health found a 700 per cent increase in court-awarded settlements due to mental injury in Canadian workplaces between 2003 and 2008.⁶ It is therefore beneficial for both employers and employees to have these legal obligations, and the responsibilities of support programs through government services or WCB, clarified and affirmed. Other potential expansion of OHS protections might include confirming the ability of OHS inspectors to issue penalties, orders, fines, tickets and findings with respect to mental health issues in appropriate circumstances.

Protections against bullying and harassment exist to some degree in human rights legislation in Alberta. However, much stronger protections across employment-related legislation are needed. Nearly 40 per cent of employees have experienced workplace bullying or harassment and, of those targeted, 45 per cent

⁵ http://www.mentalhealthcommission.ca/English/system/files/private/document/MHCC_Standard_FAQ_ENG-1.pdf

⁶ Shain, M. *Stress at work, mental injury and the law in Canada: A discussion paper for the Mental Health Commission of Canada*. (2009)

experienced mental health effects caused by the bullying. It is a particularly pernicious form of workplace stress or violence because victims frequently feel unable to address it because of power imbalance, fear of stigma or retribution and lack of support, evidence or understanding from colleagues.

Five provinces have taken steps to amend their workplace safety legislation to incorporate consideration of the mental health effects of bullying and harassment in the workplace. In 2004, Quebec was the first to incorporate anti-bullying legislation into its *Act Respecting Labour Standards*. Saskatchewan followed suit by expanding the definition of harassment under its *Occupational Health and Safety Act* in 2007 and, in 2009, Ontario similarly expanded the definition of “workplace harassment” under its *Occupational Health and Safety Act*. In 2011, Manitoba made changes to its *Workplace Health and Safety Act* to include protection from workplace bullying and, most recently, in 2012, British Columbia made amendments to its *Workers’ Compensation Act* to clarify that a worker is entitled to compensation for a “mental disorder”, as opposed to mental stress, if that mental disorder is either: (i) a reaction to one or more traumatic events arising out of and in the course of the worker’s employment, or (ii) predominantly caused by a significant work-related stressor, including bullying and harassment, or a cumulative series of such stressors, arising out of and in the course of the worker’s employment.

Changes to employment standards legislation can also help. Many unions bargain for employee assistance programs, good benefits plans which include psychological care, paid and unpaid leave for mental health issues with job protections, health and safety committees, protection against bullying and harassment, adequate disability insurance and workplace accommodations (including flexible or reduced hours, job duty or setting modifications, technology to assist employees manage their conditions and return to work programming tailored to the individual). But these guarantees and basic rights are not as well safeguarded in legislation, meaning many employees in Alberta do not enjoy them.

Though mental illnesses are often complex, some simple government actions can help in building safe, healthy and vibrant workplaces for Albertans.

- As a major employer, the Government of Alberta should set the tone by implementing in its workplaces the Standard and other programs to increase education and awareness of mental illnesses, as well as supportive policies for employees who are managing a mental health condition. The government should also push for employers across the province to institute similar policies and programs.
- The Government can also show leadership by working to shift understanding and acceptance of the fact that healthy workplaces must be both physically and psychologically safe.
 - Add mental health to appropriate definitions in the OHS Code and WCB Act in order to expand protections for workers and ensure that they are able to secure the necessary support or treatment.
 - Amend workplace safety legislation to include the employer’s obligation to protect against bullying and harassment.
 - Introduce basic guarantees to psychological health through the *Employment Standards Code*.

Workplace related PTSD and other mental health issues

Some workplaces can present particular problems for protecting and enhancing mental health. Most frontline public employees struggle with elements of their jobs that are stressful, frightening, traumatic or hostile. And mental health issues arising from working conditions or workplace stresses arise from a variety of other sources besides trauma, resulting in a range of symptoms or behaviours other than PTSD-like conditions.

The AFL is supportive of presumptive coverage for PTSD for the enumerated list of first responders in the WCB Act. However, we know that the list as it stands now excludes many frontline workers who face a variety of traumatic experiences in the course of their jobs. We therefore suggest expanding this coverage to ensure that all those who serve on the frontlines as primary service or care providers are also able to seek treatment for the conditions they may develop as a result of their dedication to providing the best care and services for Albertans.

The reality is that nurses, therapists, social workers and many others treat trauma in a variety of different settings and timeframes, whether dealing with an immediate crisis or the after-effects on the victim. Often, they are the first responders to an emergency or trauma.

Research confirms that employees in many occupations report high levels of vulnerability to PTSD. But frontline workers are the most susceptible, including health care professionals, social workers, train drivers, journalists, and retail workers.⁷ Corrections officers are also particularly at risk. Studies suggest that about one in five nurses experience PTSD during the course of their careers, which expands to over a third in emergency department nurses.⁸

WCB is a difficult web to navigate for even the best equipped. For a worker dealing with the effects of PTSD or other mental health issues, it can be overwhelming. Reverse-onus policies like presumptive coverage can have a large impact on alleviating some of the administrative burden on claimants and helping to get workers the professional care and support they need on a timely basis.

Furthermore, mental illnesses and injuries are complex and not always well understood. It can therefore be very difficult for workers to establish, to the standards required by WCB, the nature of their injury or the causal link between the injury and work. While our awareness is growing, mental illnesses also carry considerable stigma, particularly in the workplace where employees rarely want to admit they may need assistance or support to continue with their jobs or are worried about appearing to let their colleagues down.

In addition, barriers to seeking treatment and workplace accommodations must be removed. Aside from the issues discussed above with lack of access to treatment or awareness of symptoms or available supports, the approach of leaders or regulatory bodies in frontline professions, which are vulnerable to PTSD, can have a chilling effect on the willingness of workers to come forward and get the help they need. This does not benefit anyone, as the employee continues to suffer and her work performance or behaviours may be impacted, reducing the level of service she can offer.

In Edmonton alone, in the first three months of this year, 24 emergency services workers reported

⁷ M. Skogstad et al, Work-Related Post-Traumatic Stress Disorder, *Occupational Medicine* 2013: 63; 175-182.

⁸ <http://nursing.advanceweb.com/Features/Articles/PTSD-in-Nurses.aspx>

psychological injuries. This is one more than for the entire year in 2014. Many paramedics suspect that this was a response to media stories about the suicide of Greg Turner, a paramedic who suffered workplace trauma and suspected PTSD in silence and without treatment, partly because of fear of losing his job. On the one hand, this demonstrates that simply building awareness can help PTSD sufferers in seeking treatment.

On the other hand, it has created a new barrier. The Alberta College of Paramedics, which regulates and licenses paramedics, has investigated at least three emergency medical service workers who reported mental illness during their registration renewal process, even though they were cleared to return to work by WCB physicians and psychologists. This compounds the fear of stigma, retribution or job loss that already exists and forces workers with PTSD to hide their conditions from their employers, thereby endangering themselves and the public.

Responses like these should be roundly and unequivocally condemned. The enabling statutes and regulations of colleges and licensing bodies should be amended in order to prevent discriminatory treatment of those with PTSD or other mental illnesses who have undergone successful treatment and are managing their conditions under medical care. It is difficult enough for frontline workers to come forward and seek treatment. We need to encourage this responsible choice rather than penalize workers for it.

Another concern in cases like these is that often the decision-makers or the treating professionals are not adequately educated or familiar with the particular circumstances of the profession of the PTSD sufferer. For example, an emergency department nurse experiences stress and trauma differently than a firefighter, a surgical nurse, a social worker or a reporter. There is a need, therefore, to build capacity and include appropriate profession-specific expertise in the treatment and support networks for workers with PTSD.

While the realities of many frontline workers' professions are that some level of distressing or traumatic experiences is inevitable, better preventative programming and policies can also help by making early identification and treatment easier and by encouraging formal and informal supports for mental well-being on an ongoing basis. As discussed above, ensuring a psychologically safe and healthy workplace as well as a physically healthy one should be the underlying principle and goal.

Just as there should be a presumptive acceptance that PTSD arose out of the workplace, there should be a presumption that maintaining mental health as related to work is an obligation of an employer. Programs that build awareness of PTSD and occupational mental illness and provide preventative and early intervention supports and counseling – as well as treatment and accommodation for sufferers – can reduce the negative effects on both the workplace and the employee and can help keep more workers healthier for longer.

In addition, programming should be built around the growing body of health research evidence that shows that PTSD can arise slowly out of progressive exposure to multiple or prolonged traumatic experiences as well as repeated exposure to traumas. Ongoing preventative policies and programs can particularly help in this regard. Government leadership in supporting research into these issues, providing funding or programs, and developing awareness and educational materials can help employers and employees approach PTSD in a healthier, more effective way.

With proper support from governments and employers, PTSD and similar work-related psychological injuries can be better managed and the potentially serious ramifications of inappropriate responses reduced.

- Expand presumptive PTSD coverage under WCB legislation to include all frontline workers.
- Remove barriers to treatment by ensuring that no employee can be discriminated against for a mental health condition where appropriate healthcare professionals have deemed that employee fit to return to work.
 - Amend the enabling statutes and regulations of licensing bodies to protect workers against discriminatory investigations or actions which can result in job loss.
- Build profession-specific capacity and expertise within relevant bodies, such as WCB, to assist decision makers and regulators in understanding each individual's experience.
- Promote preventative programming in workplaces susceptible to PTSD to assist on an ongoing basis and to ensure that there is sufficient awareness and access to treatment to get employees the supports they need before a psychologically injury worsens.
- Encourage ongoing research and educational programming into PTSD and related conditions in frontline employees.

Unpaid caregiving and the workplace

Access to home care and long-term care is increasingly difficult to secure in Alberta. Scarcer supports for families with disabilities and lack of accessible, affordable, regulated childcare also offloads more responsibility for primary caregiving onto working adults. Roughly one third of working Canadians provide some level of unpaid care for family members or friends with chronic health conditions, disabilities or aging-related needs. Most caregivers spend between three and 14 hours per week on their caregiving duties, but one in ten caregivers spend 30 or hours or more per week. As a result, time and productivity in the workplace is diminished and the effects of stress and overwork are increased. One report pegs the impact at 2.2 million hours of reduced effort in the workplace every week and an estimated \$1.3 billion productivity loss annually. Another estimates the value of the unpaid work provided by caregivers at \$25 billion.

Hardworking Alberta families are subsidizing the health system by providing and more and more of the care for relatives and bearing many of the associated costs, including reduced compensation from employment.

Several provinces have instituted caregiver tax credits or benefit programs for primary caregivers who meet a set of criteria to relieve some of the financial burden. For example, in Manitoba, a fully refundable, non-income based credit of \$1,400 per year is available for those who provide unpaid care to a dependent family member or close friend. Quebec introduced a similar credit in 2011. Nova Scotia provides a monthly supplement of \$400 to those who provide 20 hours or more of care per week. However, Nova Scotia's benefit is income-tested, meaning that few middle-income households qualify.

One in five caregivers nationally report financial distress as a result of their caregiving duties. As such, these additional supports can provide some relief for family budgets which are stretched while providing some modest compensation for the emotional and physical work of caregiving. However, more fundamental changes to healthcare and the workplace can assist in reducing some of the job-related difficulties of caregiving.

As always, increasing the capacity in the healthcare system for long-term care and home care by professionals (nurses, healthcare aides, therapists, etc.) can alleviate pressure on working Albertans. But this

is not the only solution. Manitoba and Nova Scotia have created caregiving strategies to guide their provincial policies. Alberta could benefit from comprehensive consideration of the issue of caregiving and its impacts on the labour market. Ultimately, principles to ensure that caregivers are not penalized in the workplace, that their value to society is recognized and that they have some opportunity for relief from the physical, emotional and financial stress of their duties should be enshrined in legislation. In 2011, Manitoba introduced the *Caregiver Recognition Act*, which includes creating guiding principles about caregivers, a progress report every two years, and a Caregiver Advisory Committee.

Providing considerable amounts of care to relatives or friends takes time and mental focus off of one's paid work. Two thirds of caregivers have reported impacts on their jobs or careers as a direct result of caregiving. About half report lost time at paid jobs to care for their family or friend. An estimated 15 per cent of employed caregivers reported cutting down on their regular weekly hours of work, 10 per cent have turned down jobs or promotions, and almost 400,000 caregivers have quit their jobs altogether.

The estimated accumulated annual income loss associated with eldercare-related employment disruptions is \$336.8 million for employed caregivers. These choices can have long-term career effects, reducing earnings or entitlements to benefits, pensions and employment insurance. At least 60 per cent of unpaid caregivers are women. Reducing the pocketbook and career costs of caregiving can also reduce the gender-based wage gap in Alberta.

Alberta recently amended its *Employment Standards Code* to provide eight weeks of unpaid compassionate care. By comparison, three other provinces guarantee up to 12 weeks. In conjunction with federal policies, some employees may be entitled to Employment Insurance benefits for a six-week period. These are positive first steps, but the legislative framework must be significantly expanded and strengthened.

Effectively, Alberta's current law only guards against job loss, for a relatively short time period, in the limited circumstances of an acutely ill family member needing short-term assistance. This does not reflect the realities of the modern-day workplace where a growing proportion of employees provide ongoing care for chronically ill or disabled friends or relatives in an environment of increasingly precarious, contract and low-paid work. Expanding the eligibility for compassionate care leave and strengthening guarantees to time out of the workplace and to financial supports in order to supplement lost employment income (and the benefits and entitlements that flow from employment income) can close some of these gaps while acknowledging the value of unpaid caregiving.

Creating a provincial strategy and accompanying policies, regulations or legislation that provide baseline expectations and principles can provide guidance and can assist employers when crafting their own policies. This legislation must accommodate and protect from unintended discrimination on the basis of family status and give full effect to the human rights of workers. Improvements to technology make it easier for employers to facilitate work in non-traditional office settings, locations or times. Other strategies might include annualized hours, compressed work weeks, banked hours or leave, leave with income-averaging and job sharing. Employers report a willingness to implement these changes, provided that there is flexibility in order to allow them to design a plan for their employees that best meets the unique needs of their industry or service model. For example, an employer and employee may find a work arrangement more useful and less disruptive than a one-time, two-month, unpaid leave. By reducing an employee's normal work week by a set number of hours each day or week on a permanent basis, while building in the right to work from home and using appropriate technology for an additional set number of hours, both employer and employee might benefit by reducing stress and enhancing productivity. Providing education through government handbooks, policies or programs available to society and employers can help increase awareness of these options for increasing the capacity of caregiving Albertans to succeed at work and in

their careers.

Caregiving and the financial and psychological stress that comes with it is a growing crisis for Alberta's workplaces. Employers and employees will benefit from the support and guidance of government to help them manage the emerging needs of caregivers while ensuring that the vital role is recognized, valued and supported accordingly.

- The government can help lessen the financial burden of unpaid care work through support or assistance programs or benefits and by building stronger public long-term and home care availability.
- The government should also expand rights to unpaid and paid leave and design support programs that are tailored to the needs of those caring for chronically ill or disabled family members as well as those who are acutely ill. The eligibility criteria for compassionate care leave should also be expanded and policies must ensure that negative career or employment effects of caregiving are reduced.
- The government can build awareness and education for employers and create baseline rights and guarantees through a provincial caregiving strategy to increase the availability of workplace accommodations for caregivers that can include work hour modifications, flexible arrangements and increased use of technology to maintain and enhance job performance and productivity while employees fulfill their caregiving duties.

Conclusion

The AFL is encouraged by the government's willingness to tackle existing gaps in mental health care and awareness in Alberta. We thank the government for the opportunity to provide our perspective on mental health as advocates for workers across the province. Though mental health is complex, there are many opportunities to shift approaches and understanding of mental health in the workplace, expand supports and programs, implement beneficial standards and regulations and strengthen basic rights, guarantees and responsibilities for workers and employers. We look forward to working with the new government to ensure that Alberta's workplaces are physically and psychologically safe, supportive and productive environments that provide the conditions for thriving workers and a thriving economy.