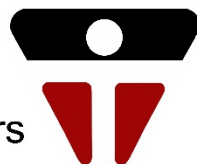


Occupational
Health Clinics
for Ontario Workers



Centre de Santé
des Travailleurs(ses)
de l'Ontario



Preventing Workplace Mental Harm

Background, Tools, Strategies & Solutions



John Oudyk & Terri Aversa
May 3, 2017

COPSOQ
International Network

outline

1. Background – perspectives/prevention
2. Magnitude of the problem
3. Regulatory responses
4. Mental Injury Tool Group activities & tools
5. Cross-Canada survey (reference data)
6. Practical aspects of using tools
7. Case studies
8. Brainstorming solutions

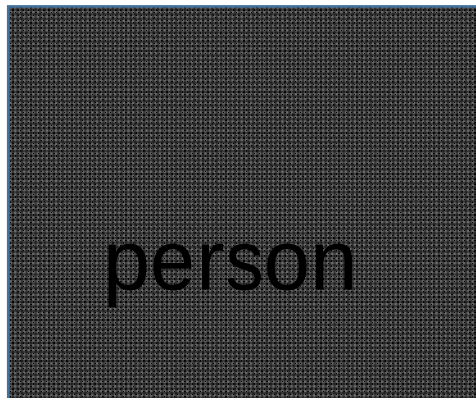


Perspectives:

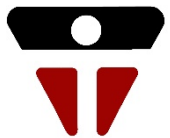
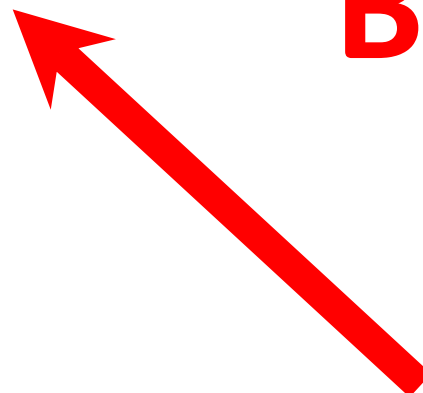
Behaviouralism

behaviour

BBS



environment

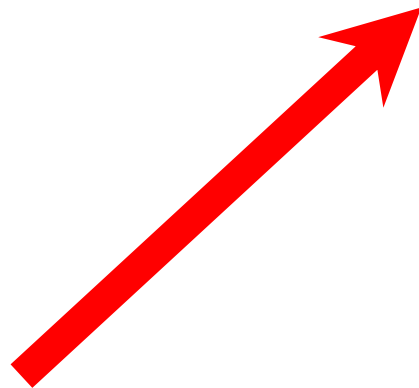


Perspectives:

**Transactional
theory**

behaviour

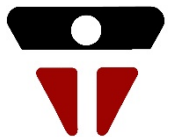
**“Resilient”
Employees**



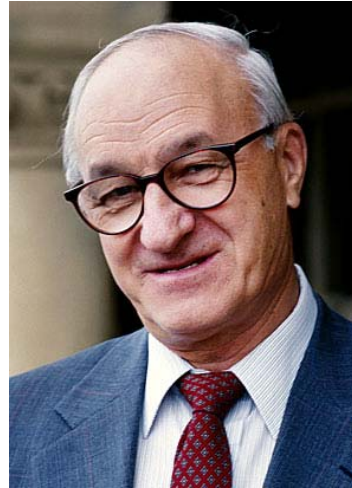
CBT person

environment

“Positive psychology”

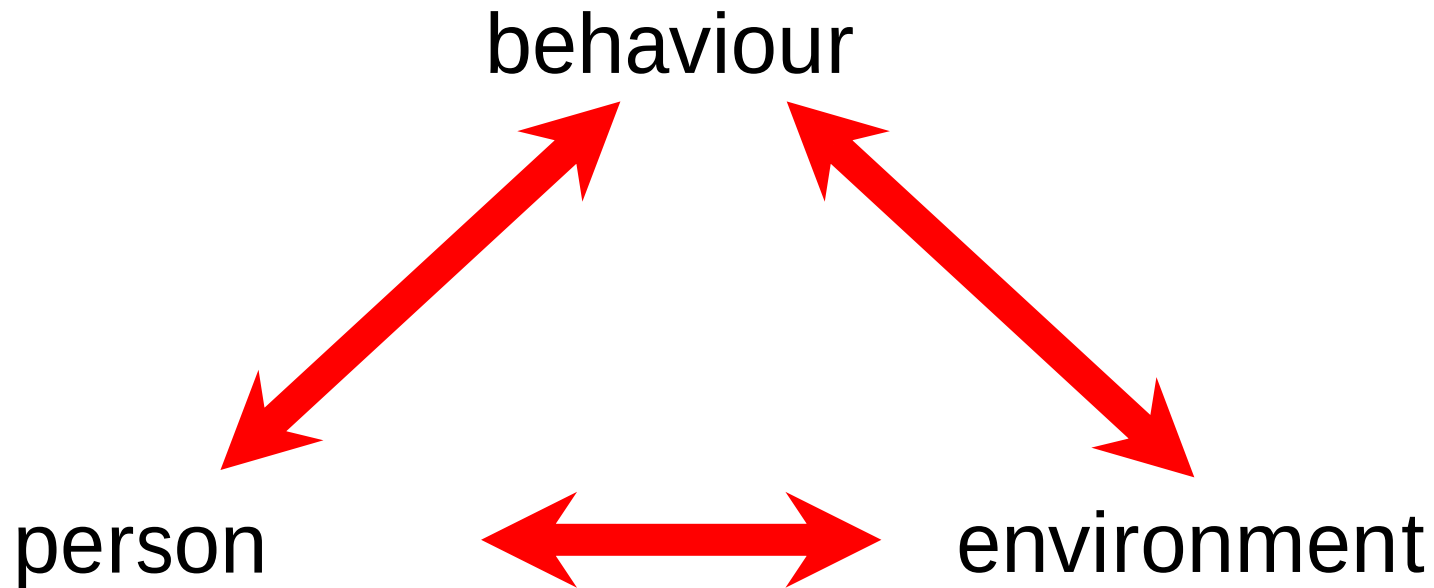


Perspectives:

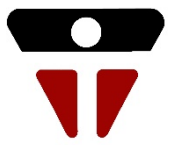


Albert Bandura

**Reciprocal
Determinism**

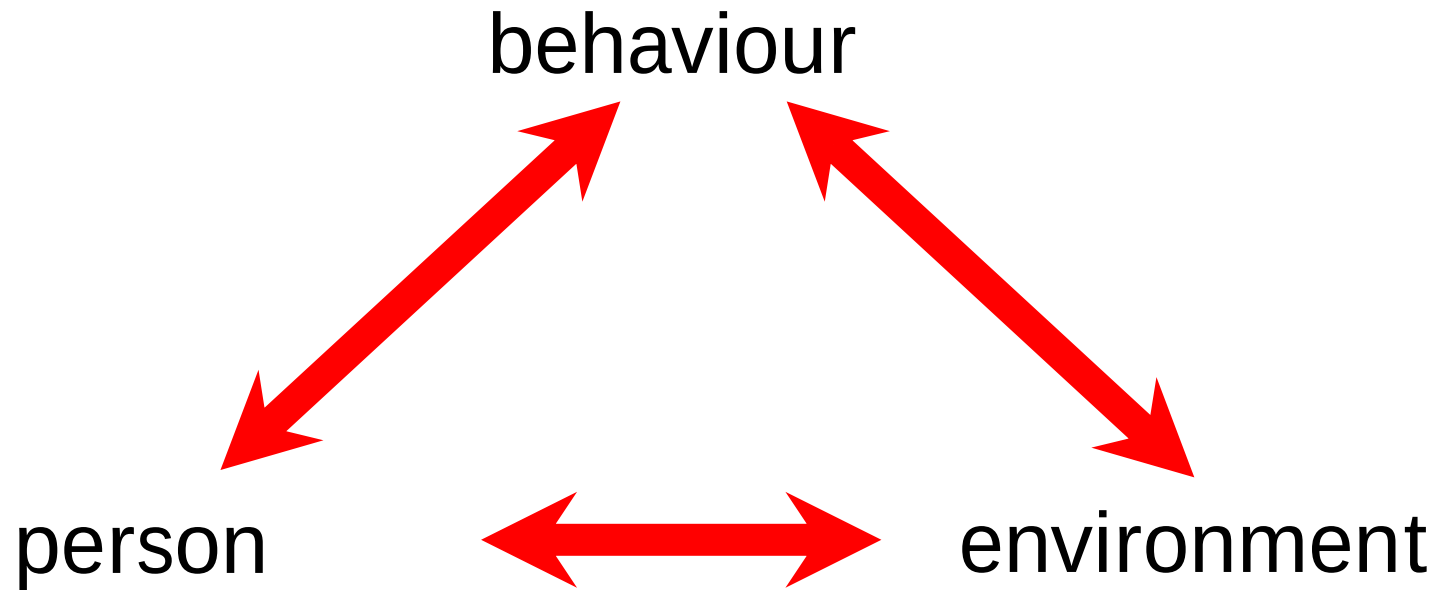


“chicken or the egg?”
... doesn't matter

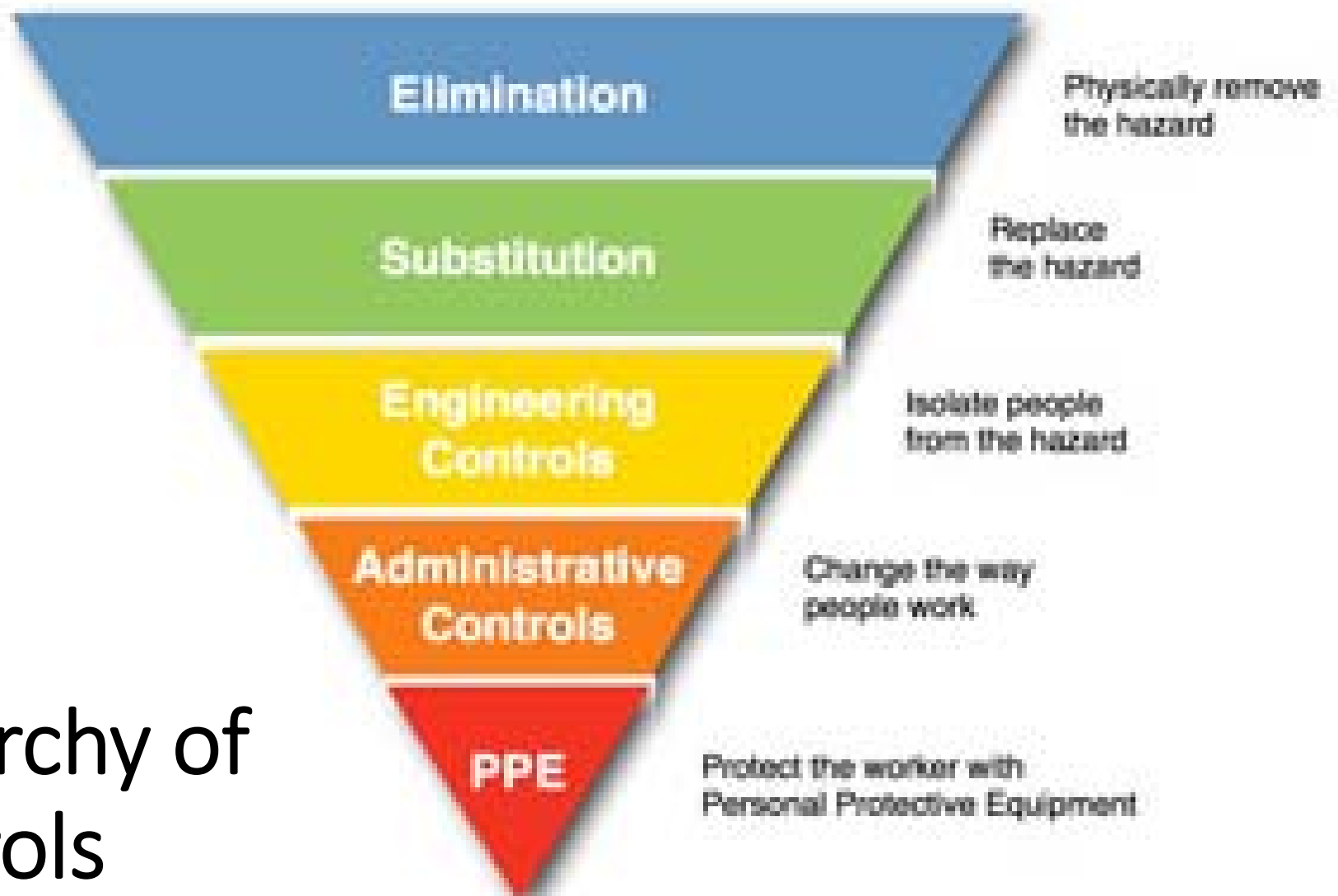


Perspectives:

... so where is it
easiest to intervene?



Hierarchy of Controls



at the Source/along the Path/at the Worker

**Primary (1°)
Prevention**

**Secondary (2°)
Prevention**

**Tertiary (3°)
Prevention**

SOURCE > PATH > EXPOSURE > UPTAKE > BIOL CHANGE

source

vibration

repetitive
motion

dispersion

transmission

muscles/
tendons

inhale

noise

repeated
movements

absorb

hearing

pain

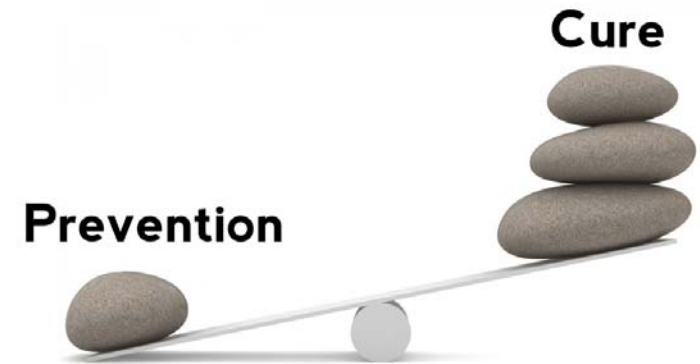
disease

NIHL

MSD



Prevention levels:



<http://www.pvisoftware.com/blog/prevention-is-better-than-cure/>

Primary prevention (at the source)

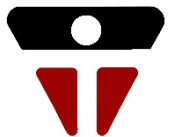
- job design, organizational adaptations, flexibility – collective agreement, H&S Committee, management policy/program

Secondary prevention (early detection)

- educate people about symptoms and on coping skills – wellness programs, screening

Tertiary prevention (help those with problems)

- get good treatment, compensation recognition, return to work support – EAP, therapy



at the Source/along the Path/at the Worker

**Primary (1°)
Prevention**

**Secondary (2°)
Prevention**

**Tertiary (3°)
Prevention**

SOURCE > PATH > EXPOSURE > UPTAKE > BIOL CHANGE

attitudes/
culture

redesign
workplace

individual
reporting

screening

diagnosis
WSIB recognition



Differing Perspectives:

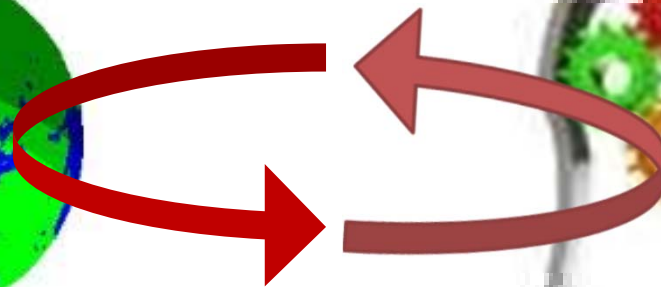


Psychology

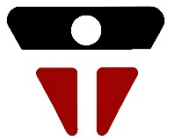


focus on what's going on
between the ears

Psychosocial



focus on the interaction between the
social environment and the person



the “new” CSA Standard Z1003-13

... replaced all
instances of the word
“**psychosocial**” with
“**psychological**”

http://shop.csa.ca/en/canada/occupational-health-and-safety-management/can/CSA-Z1003-13BNQ-9700-8032013/inv/z10032013/?utm_source=redirect&utm_medium=vanity&utm_content=folder&utm_campaign=z1003



CAN/CSA-Z1003-13/BNQ 9700-803/2013
National Standard of Canada

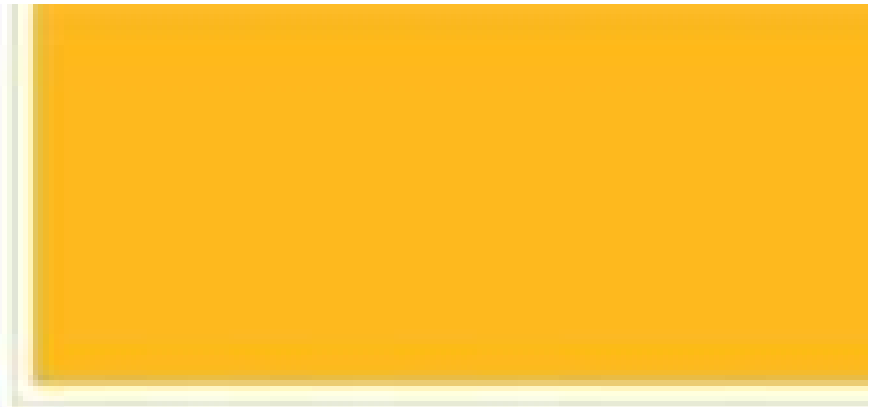
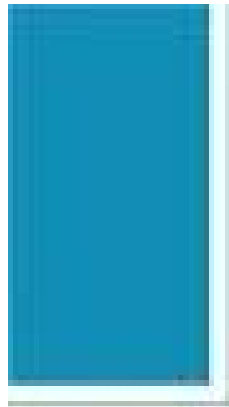
**Psychological health and
safety in the workplace —
Prevention, promotion, and guidance
to staged implementation**

Disponible en français
*Santé et sécurité psychologiques
en milieu de travail —
Prévention, promotion et lignes
directrices pour une mise en
œuvre par étapes*



Commissioned by the
Mental Health Commission of Canada

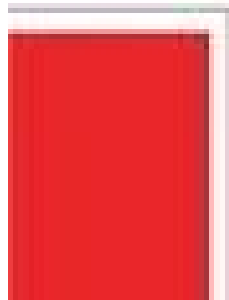




Mental Health
Commission
of Canada

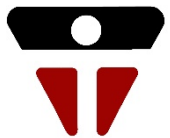
Commission de
la santé mentale
du Canada

Mental Health First Aid CANADA



**Is the solution to a high rate of accidents
to train more people in first aid?**

... looking for the cause ...



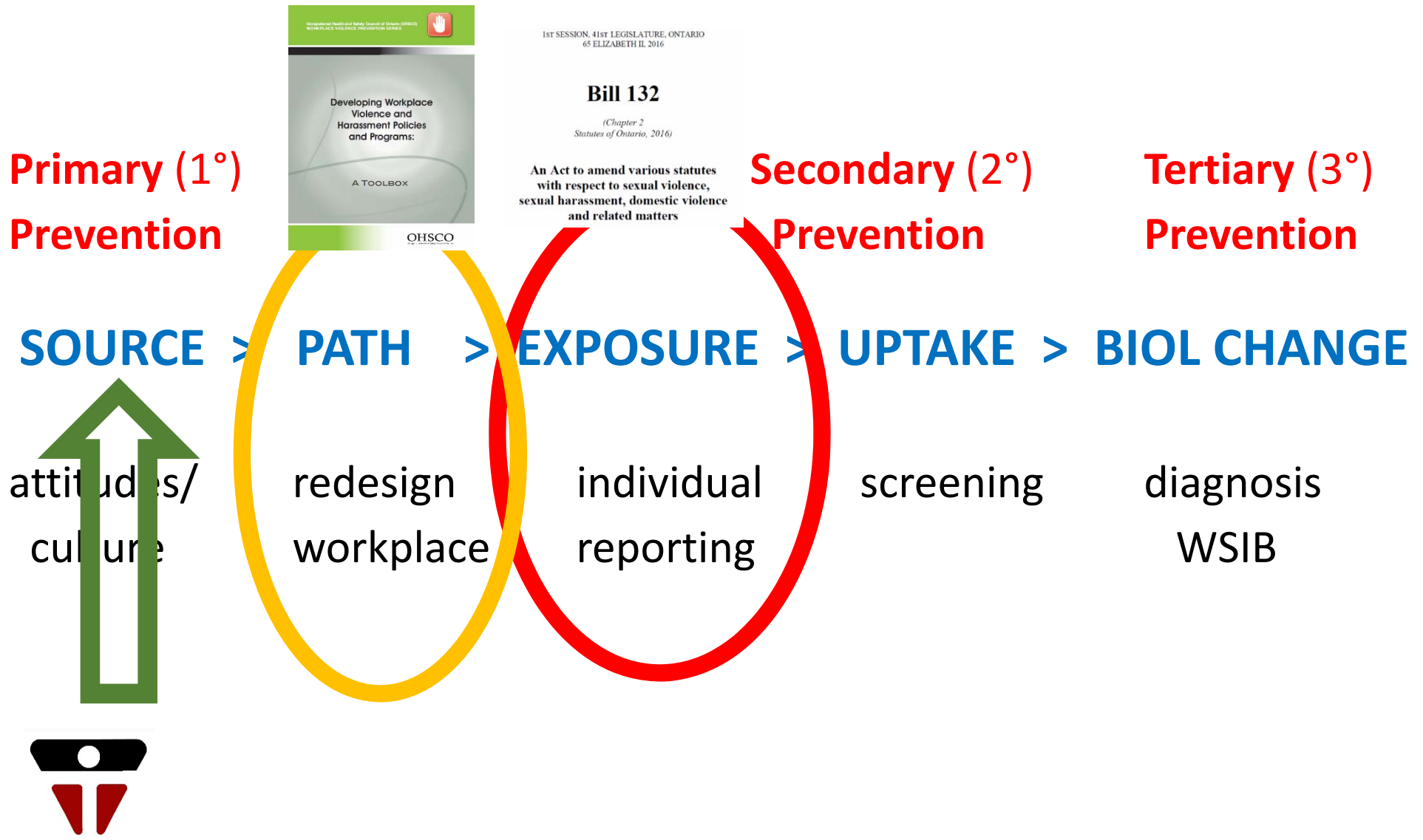
Bill 132 (168)

- “Expert witness Dr. Peter Jaffe testified at the Dupont inquest about “84 missed opportunities” for preventative intervention as the harassment towards Ms. Dupont escalated in gravity and frequency.”
- “During the inquest into Lori Dupont’s case, we learned she repeatedly shunned help or attention to her situation.”
- “While it is apparent the government sought, with these amendments and Code, to expeditiously protect sexual harassment victims, this legislation may instead be conducive to an opposite effect, isolating workers from well-established supports and placing too much onus on them to independently drive and trust someone else’s process.”



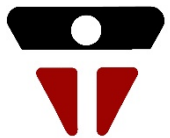
Complaint-driven vs. **Hazard-based**

at the Source/along the Path/at the Worker



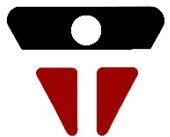
Prevention

	individual	organizational
prevention level		



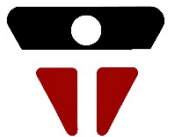
Prevention

	individual	organizational
prevention level	primary - coping and appraisal skills (resiliency)	



Prevention

	individual	organizational
prevention level	primary - coping and appraisal skills (resiliency)	
	secondary - wellness, relaxation techniques (mindfulness)	



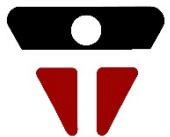
Prevention

	individual	organizational
prevention level	primary - coping and appraisal skills (resiliency)	
	secondary - wellness, relaxation techniques (mindfulness)	
	tertiary - therapy, counselling, medication, support	



Prevention

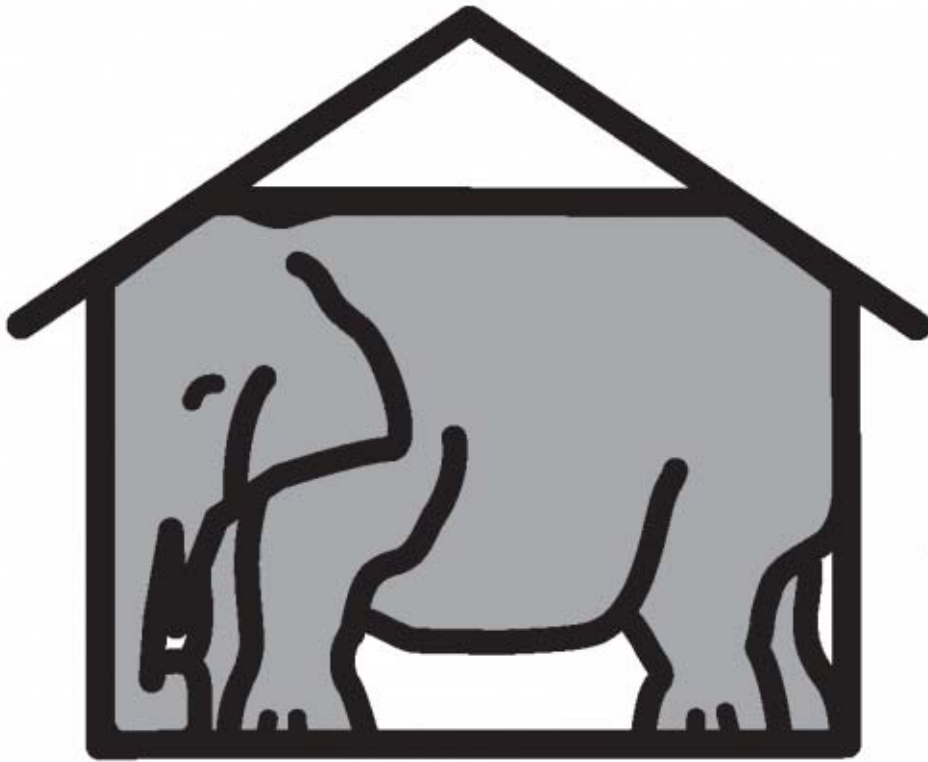
	individual	organizational
prevention level	primary - coping and appraisal skills (resiliency)	
	secondary - wellness, relaxation techniques (mindfulness)	
	tertiary - therapy, counselling, medication, support	tertiary - EAP, WSIB/WSIAT recognition, Return to Work



Prevention

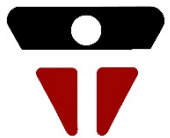
	individual	organizational
prevention level	primary - coping and appraisal skills (resiliency)	
	secondary - wellness, relaxation techniques (mindfulness)	secondary - awareness, Mental Health 1 st Aid, screening (surveys)
	tertiary - therapy, counselling, medication, support	tertiary - EAP, WSIB/WSIAT recognition, Return to Work





ELEPHANT IN THE ROOM

**WHAT WE'RE NOT
TALKING ABOUT**



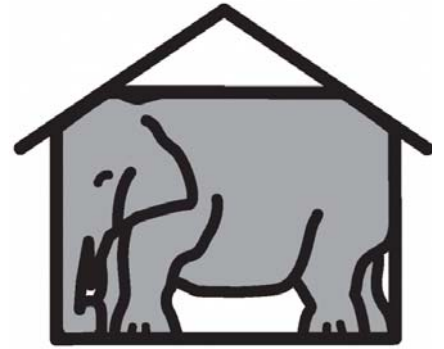
<http://frontporchaustin.org/elephant-in-the-room/>

Prevention

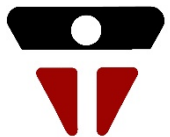
prevention level	individual	organizational
	primary - coping and appraisal skills (resiliency)	primary - changing the culture, climate, work structure & organization
	secondary - wellness, relaxation techniques (mindfulness)	secondary - awareness, Mental Health 1 st Aid, screening (surveys)
	tertiary - therapy, counselling, medication, support	tertiary - EAP, return to work, WSIB recognition, accommodation



Workplace Stress Concerns:



- SPR Survey of Ontario JH&SC's (1980's)
- USW HS&E Conferences (list of top issues)
- Section 13 (4) & (5) of WSIA denies compensation for chronic stress (Bill 127)
- Annalee Yassi et al. (2013) systematic literature review and “expert interviews”; concluded with 10 items that strengthen the effectiveness of the JH&SC:
 - 2) scope of the committee (i.e., including issues such as harassment and other mental health issues, not just safety issues);

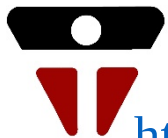


Economic Burden:



- “10 to 25% of Canadian workplaces effectively mentally injurious – not good for the mental health of their employees” ... “leading cause of short-term disability and long term disability – it’s the biggest single reason people are off work for periods of time”
- “estimated at \$51-billion” ... “ up substantially over the past decade” (\$20-billion direct costs)

Speech of the Honourable Michael Kirby

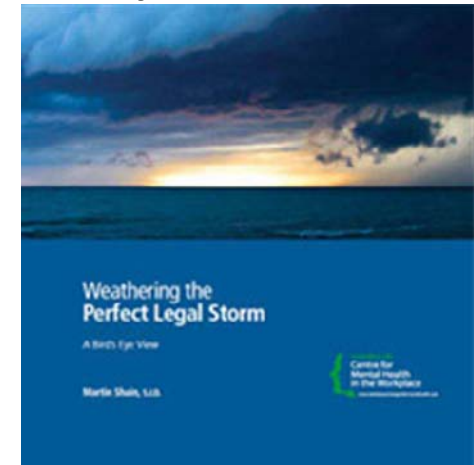


http://www.youtube.com/watch?v=5qfTFxOc6Xo&feature=player_embedded



Tracking the Perfect Legal Storm (Shain, 2010, [Weathering the ..., 2014])

- Labour relations law
- Employment standards
- Human rights legislation
- Law of torts (negligence)
- OH&S law (violence & harassment)
- Workers' compensation changes (BC & Ont WSIAT)
- Awards up 700% over that last 5 years



... legal opinion (22/10/2013) that CSA standard sets the legal criteria for a psychologically safe system of work

... no specific legislation ...



<http://www.mentalhealthcommission.ca/English/node/506?terminal=30>



EU Directive 89/391/EEC

2. The employer shall implement the measures referred to in the first subparagraph of paragraph 1 on the basis of the following general principles of prevention:

(g) developing a coherent overall prevention policy which covers technology, *organization of work*, working conditions, *social relationships* and the influence of factors related to the working environment;

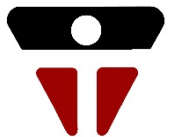
<http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=CELEX:01989L0391-20081211:EN:NOT>



EU Context



- European Framework Directive on Health and Safety at Work (89/391/EEC), which came into force on January 1st **1993** was interpreted as including psychosocial risks in workplace risk assessment
- European Parliament's Resolution A4-0050/99 (February 25, **1999**) specified the goals of workplace well-being to include psychosocial aspects
- These were generic requirements (i.e. “assess risks including psychosocial”) without specific performance evaluations (similar to our current state of affairs with violence & harassment policies) and were largely ignored or only paid lip-service to
- Within the **last 5-10 years** EU members have been passing very specific regulations requirement the measurement of psychosocial hazards and some even so far as requiring the quantitative demonstration of the effect of interventions
- EU **2012** enforcement “blitz” on psychosocial risk assessment





Australian experience:

- “Work-related stress describes the physical, mental, emotional and behavioural reactions of employees who perceive that their work demands exceed their abilities and/or resources to cope and do their work.”
- “Work-related mental injury resulting in psychological harm is the second most common cause of workers' compensation claims in Australia, after manual handling. It currently accounts for 11 per cent of workers' compensation claims in Victoria, and one of the leading causes is work-related stress.”

<http://www.worksafe.vic.gov.au/safety-and-prevention/health-and-safety-topics/work-related-stress>



Legal Evolution in Canada



COMMENTARY

Access to Workers' Compensation Benefits and Other Legal Protections for Work-related Mental Health Problems: A Canadian Overview

Katherine Lippel, LL.L., LL.M.,¹ Anette Sikka, BA, LL.B.²

ABSTRACT

This article reports on a study of the legal and policy framework governing access, in Canada, to workers' compensation benefits for workers who are work disabled because of mental health problems attributed to stressful working conditions and events. It also provides a brief description of legislation regulating psychological harassment in Quebec and Saskatchewan.

Applying classic legal methodology, the article examines the legal situation in Canada, relying on federal and provincial legislation and case law. While many of the jurisdictions studied explicitly restrict compensability to the consequences of traumatic incidents, application of this legislation is very different from one province to the next. In some provinces, legal exclusions are applied emphatically, whereas in others the workers' compensation appeal tribunals interpret the legislative exclusions much more narrowly, allowing for some access to compensation despite the legislative exclusions. Other provinces have no such exclusions and accept claims for both acute and chronic stress, although access to compensation remains more difficult for claimants with mental health problems than for those who are physically injured, regardless of where they live.

The article concludes by offering an analysis of the consequences of the current situation from a public policy and public health perspective, notably underlining the negative consequences, particularly for women, of current workers' compensation policy in most Canadian provinces.

Key words: Workers' compensation; psychosocial risk factors; mental health problems; psychological harassment; legislation

La traduction du résumé se trouve à la fin de l'article.

Can J Public Health 2010;101(Suppl.1):S16-S22.



journal.cpha.ca/index.php/cjph/article/download/2438/2158

Bill 127 (April 27, 2017)

Bill 127

An Act to implement Budget measures
and to enact, amend and repeal various statutes

Subsections 13 (4) and (5) of the *Workplace Safety and Insurance Act, 1997* are repealed and the following substituted:

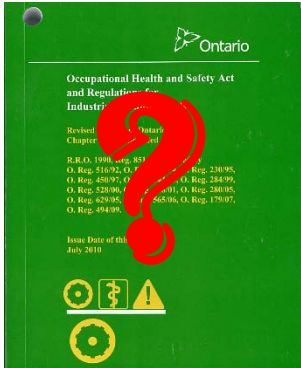
Mental stress

(4) Subject to subsection (5), a worker is entitled to benefits under the insurance plan for chronic or traumatic mental stress arising out of and in the course of the worker's employment.

Same, exception

(5) A worker is not entitled to benefits for mental stress caused by decisions or actions of the worker's employer relating to the worker's employment, including a decision to change the work to be performed or the working conditions, to discipline the worker or to terminate the employment.





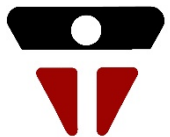
Now, how about the OHS Act?

- Lawyers at the MOL are of the opinion that mental health is not covered by the “general duty clause”
“take every precaution reasonable in the circumstances for the protection of a worker.” [clause 25(2)(h)]
- ... let alone anywhere else the OHS Act ... (with the possible exception of Bill 132 (168) and harassment – with respect to which, the lawyers are wondering if the MOL over-stepped its jurisdiction)
- What would a charter challenge of this interpretation rule?



What the MOL can do to help (Oct 24 2013 meeting):

1. Recognize that workplace psychosocial hazards are covered by 25(2)(a)&(h) and 4.1(2) that related orders may be issued for specific violations
2. Publish a guide for workplaces to identify their responsibility, refer them to available standards and tools
3. Blitz office work environments, healthcare, retail for psychosocial hazards (use EU tools)



Mental Injuries Tool (MIT) Group:

- The Mental Injuries Tool group was established in **2009** out of a stakeholder sub-committee of worker representatives and the Occupational Health Clinics for Ontario Workers who were charged with “supporting worker representatives in taking action on prevention and workers’ compensation”.
- This sub-committee held a **workshop in 2010** to select projects which could be developed jointly to address common concerns. The topic which received the most interest was mental injuries (workplace psychosocial risk factors; recognition & compensation for mental injuries).



MIT group - who's involved:

- Laura Lozanski, CAUT
- Terri Aversa, OPSEU (Chairperson)
- Sari Sairanen, UNIFOR
- David Chezzi, Andréane Chénier, CUPE
- Nancy Johnson, Erna Bujna, ONA
- Valence Young, ETFO
- Gerry LeBlanc, Sylvia Boyce, USW
- Chris Watson, Mary Shaw , UFCW 175/633
- Jane Ste. Marie, John Watson, OSSTF
- Kathy Yamich, Workers United Union
- Charlene Theodore, OECTA
- *Sophia Berolo, University of Waterloo*
- *Ashley McCulloch, Carleton University*
- Andy King, LOARC (Labour, OHCOW, Academic Research Collaboration)
- Maryth Yachnin, IAVGO
- Alec Farquhar, Kristen Lindsay, OWA
- Patricia Phillips, Tracey Feener-Snow, Chelsie Desrochers, André Gauvin, Mike Sonne, Ted Haines, Valerie Wolfe, John Oudyk (OHCOW)



History:

- In **February 2011** members of the working group and other interested people attended a workshop which reviewed the **theories** behind common psychosocial measurement tools.
- Based on these deliberations, the group decided to administer the **Copenhagen Psychosocial Questionnaire (COPSOQ)** and agreed to pilot test the survey at upcoming union conferences.





Copenhagen Psychosocial Questionnaire

(COPSOQ II Short version)

<http://www.arbejdsmiljoforskning.dk/Sp%C3%B8rgeskemaer/Psykisk%20arbejdsmilj%C3%B8.aspx?lang=en>



COPSOQ II Psychosocial Hazards:

Demands

- Quantitative demands— not having enough time
- Work pace—having to work at a high pace
- Emotional demands—work that involves emotional investment

Work Organization

- Influence—having influence over your work
- Possibilities of development—able to learn new things, take initiative
- Meaning of work—feeling that your work is important and meaningful

- Commitment—feeling that your workplace makes a positive contribution

Relationship

- Predictability—being kept well informed, having enough information
- Recognition—being appreciated and treated fairly
- Role clarity—knowing what is expected and having clear objectives
- Leadership—supervisor has planning skills, values your job satisfaction
- Supervisor support—your supervisor listens and helps

Work Values

- Trust—information from management is trustworthy; management trusts workers
- Justice and respect—conflicts resolved fairly, work distributed fairly

Work/Life Balance

- job satisfaction
- Work/life conflict

Offensive Behaviours

- Undesired sexual attention, threats of violence, physical violence, bullying

Kristensen, T. S. et al. 2005. *Scandinavian Journal of Work and Environmental Health* 31(6), 438-49.

June 2014



Pilot testing:



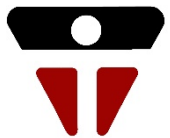
USW HS&E Conference, Vancouver, April 2011 (210 attendees) 159 responses (76%)



OPSEU BPS Conference, Toronto, June 2011 (180 attendees) 153 respondents (85%)

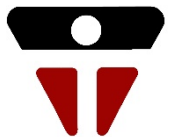


CAW Women's Conference, Port Elgin, August 2011 (160 attendees) 160 respondents (100%)



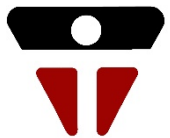
History:

- The results of these trial administrations were presented at the Labour, OHCOW, Academic Research Collaboration (LOARC) Teach-in called “Stopping the spread of psychosocial hazards at work in Quebec and Ontario - A Teach-in” held in Ottawa October 24/25 2011 (http://www.opseu.org/hands/teachin_3/6%20Oudyk%20en.pdf).
- Based on these trials we agreed that the COPSOQ was a useful tool to use and additional questions were added
- The MIT group developed a guidebook and other tools to address all aspects of stress in the workplace (launch E-Dome, Sudbury, October 10, 2012)



Progress to date

- evaluated 90+ workplaces (8300+ surveys) and 8 union conferences (almost 1400 surveys)
- about 54 workplaces were due to a single union campaign (2013)
- 4100+ respondents to a cross-Canada poll (2016)
- total of almost 14,000 survey responses to date
- 3 workplaces have done repeat surveys
- 2 workplaces and the cross-Canada poll have used the new COPSQQ III questions

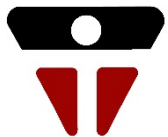


History:

COPSOQ
International Network



- 1997 COPSOQ I
- 2003 COPSOQ II
- 2017/18 COPSOQ III (to be released next year?)
- all materials including validation data provided free of charge and are available online
- International Network of users (academics, private consultants, activists)
- three versions: **CORE** (shortest – essential elements of all COPSOQ surveys); **MIDDLE** (for consultants' use); and **LONG** (for research purposes)
- 1st International COPSOQ Workshop (2007 in Copenhagen), and since then every two years (2015 in Paris: 50+ participants from 16 countries); 2017 in Santiago Chile.



Theoretical Framework:



- The intent was to create an instrument that measured psychosocial risk factors by covering the important dimensions of the seven theories of workplace stress:
 1. The job characteristics model (JCM)
 2. The Michigan organization stress (MOS) model
 3. The job demands–control model (DC)
 4. The sociotechnical (ST) approach
 5. The action-theoretical (AT) approach
 6. The effort–reward imbalance (ERI) model
 7. The vitamin model (VM)
 8. also absorbed other models such as Organizational Justice, over the yrs
 9. recently demonstrated that elements are also consistent with the Job Demands – Resources (JD-R) model



COPSOQ III content changes

New items moved/added to CORE (formerly SHORT) version:

- role conflict (“illegitimate task”)
 - Do you sometimes have to do things which ought to have been done in a different way?
 - Do you sometimes have to do things which seem to be unnecessary? – actually from MIDDLE version
- social support from colleagues
- sense of community at work
- insecurity over employment
- insecurity over working conditions
- “double presence”
 - Are there times when you need to be at work and at home at the same time?



Danish reference data:

- While the Danes are often classified as one of the “happiest” people in the world (making them an ideal reference population), Canadian workplaces have often complained about not having Canadian reference data
- We attended the 5th International COPSOQ Workshop Paris (Oct 6-9, 2015)
- They were in the process of developing COPSOQ III and looking for people in each participating country to establish reference data

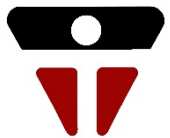
COPSOQ
International Network



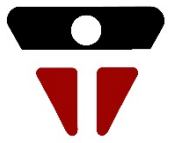


Methods:

- In conjunction with a recognized Canadian polling organization, an online survey was completed between February and March 2016.
- Selection criteria were any employed Canadian working in a workplace with more than 5 employees.
- Survey was made available in English & French
- Originally the sample began with just Ontario but was later expanded to all of Canada
- EKOS provided weighting factors to adjust to the Census



Results:



Colour scheme:

- Scores for each scale were divided by economic sector
- For each scale the Excel default gradient colouring was used which assigns **green** to sector with the best score and **red** to the sector with the worst score and the median being **yellow**
- Each scale was “coloured” independently of the other scales



economic sector	job (employment) security is good
Agriculture, Forestry, Fishing, Hunting	..
Mining	..
Utilities	..
Construction	..
Manufacturing	..
Wholesale Trade	..
Transportation and Warehousing	..
Information, Information Technology	..
Finance and Insurance, Real Estate Rental and Leasing	..
Administrative Support & Waste Mgmt/Remed Services	..
Educational Services	..
Health Care and Social Assistance	..
Arts, Entertainment and Recreation	..
Accommodation and Food Services	..
Public Administration	..
Retail Trade	..
Professional, Scientific and Technical Services	..
Other Services (Not including Public Administration)	..

economic sector	quantitative demands	work pace	emotional demands	work demands sum	work life conflict
Agriculture, Forestry, Fishing, Hunting	0.1	0.8	0.9	1.8	0.8
Mining	0.8	0.8	0.8	1.6	0.8
Utilities	0.8	0.8	0.8	1.8	0.7
Construction	0.7	0.8	0.8	1.6	0.7
Manufacturing	0.8	0.7	0.8	1.6	0.7
Wholesale Trade	0.8	0.8	0.8	1.6	0.8
Transportation and Warehousing	0.8	0.8	0.8	1.8	0.8
Information, Information Technology	0.8	0.7	0.8	1.6	0.7
Finance and Insurance, Real Estate Rental and Leasing	0.8	0.8	0.8	1.6	0.8
Administrative Support & Waste Mgmt/Remed Services	0.8	0.8	0.8	1.8	0.8
Educational Services	0.8	0.8	0.8	1.6	0.8
Health Care and Social Assistance	0.8	0.7	0.8	1.6	0.7
Arts, Entertainment and Recreation	0.7	0.8	0.7	1.7	0.7
Accommodation and Food Services	0.8	0.7	0.8	1.6	0.8
Public Administration	0.8	0.8	0.8	1.6	0.8
Retail Trade	0.8	0.7	0.8	1.6	0.8
Professional, Scientific and Technical Services	0.8	0.8	0.8	1.6	0.8
Other Services (Not including Public Administration)	0.8	0.8	0.8	1.6	0.7

economic sector	undesired sexual attention
Agriculture, Forestry, Fishing, Hunting	8%
Mining	12%
Utilities	9%
Construction	10%
Manufacturing	7%
Wholesale Trade	15%
Transportation and Warehousing	11%
Information, Information Technology	16%
Finance and Insurance, Real Estate Rental and Leasing	9%
Administrative Support & Waste Mgmt/Remed Services	19%
Educational Services	8%
Health Care and Social Assistance	16%
Arts, Entertainment and Recreation	15%
Accommodation and Food Services	20%
Public Administration	12%
Retail Trade	21%
Professional, Scientific and Technical Services	8%
Other Services (Not including Public Administration)	12%

**In the
Danish
population:
2.9%**

economic sector	physical violence
Agriculture, Forestry, Fishing, Hunting	6%
Mining	11%
Utilities	9%
Construction	6%
Manufacturing	6%
Wholesale Trade	13%
Transportation and Warehousing	7%
Information, Information Technology	8%
Finance and Insurance, Real Estate Rental and Leasing	4%
Administrative Support & Waste Mgmt/Remed Services	11%
Educational Services	15%
Health Care and Social Assistance	22%
Arts, Entertainment and Recreation	6%
Accommodation and Food Services	4%
Public Administration	11%
Retail Trade	9%
Professional, Scientific and Technical Services	2%
Other Services (Not including Public Administration)	5%

**In the
Danish
population:
3.9%**

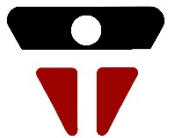
economic sector	bullying
Agriculture, Forestry, Fishing, Hunting	21%
Mining	46%
Utilities	25%
Construction	27%
Manufacturing	29%
Wholesale Trade	32%
Transportation and Warehousing	31%
Information, Information Technology	27%
Finance and Insurance, Real Estate Rental and Leasing	21%
Administrative Support & Waste Mgmt/Remed Services	30%
Educational Services	33%
Health Care and Social Assistance	36%
Arts, Entertainment and Recreation	29%
Accommodation and Food Services	35%
Public Administration	35%
Retail Trade	31%
Professional, Scientific and Technical Services	26%
Other Services (Not including Public Administration)	32%

**In the
Danish
population:
8.3%**

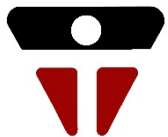
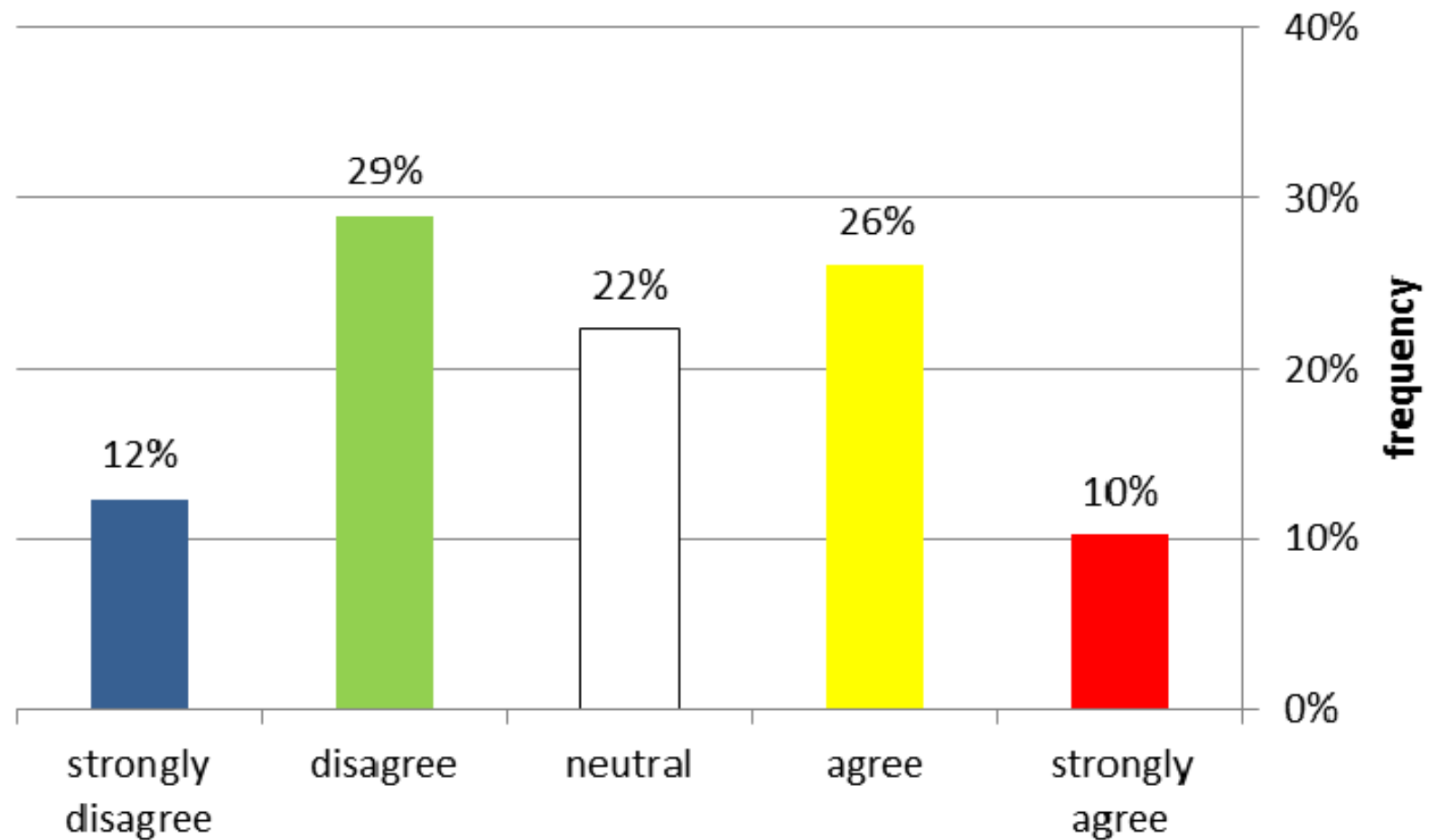
Tolerance of harmful behaviour

To what extent would you agree that the culture of this organization **tolerates behaviour that harms the mental health** of those who work here?

- ☐ ₁ **strongly agree**
- ☐ ₂ **agree**
- ☐ ₃ **neutral**
- ☐ ₄ **disagree**
- ☐ ₅ **strongly disagree**



organizational culture tolerates behaviours harmful to mental health



risk factors	tolerance of harmful behaviour
justice & respect	25%
trust of mgmt	23%
predictability	19%
role conflicts	17%
social support from supervisor	17%
quality of leadership	16%
vicarious offensive behaviours	14%
commitment to the workplace	13%
bullying	13%
rewards (recognition)	11%
role clarity	11%
influence	10%
emotional demands	8%
discrimination	7%
social support from colleagues	5%
possibilities for development	5%
threats of violence	4%
work pace	4%
meaning of work	4%
job insecurity	4%
quantitative demands	3%
undesired sexual attention	2%
physical violence	2%

r^2
5-10%
10-20%
20-33%
33+%



Qualitative analysis: (Marilyn Swinton, Sandra Moll)

PSYCHOSOCIAL HAZARDS (n=2, 0.24%)

- Lack of support or trust (n=3, 0.36%)
- Management (n=88, 10.7%)
- Stress of frontline workers not recognized (n=6, 0.73%)
- Workplace demands (pace, workload, outlandish expectations, cutbacks, overtime, downsizing, staff turnover, scheduling issues: shift work, no breaks, not given enough hours, hours spread out over too many days) (n=195, 23.75%)

n=294,
35.8%



Qualitative analysis: (Marilyn Swinton, Sandra Moll)

PSYCHOSOCIAL BEHAVIOUR (n=0)

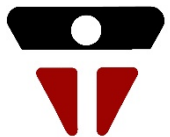
- Offensive Behaviours (n=14, 1.7%)
 - Bullying/incivility (n=55, 6.69%)
 - Harassment (n=7, 0.85%)
 - Sexual harassment (n=9, 1.09%)
 - Violence (n=9, 1.09%)

N=94, 11.44%

IMPACT (n=19, 2.3%)

- Changing jobs (n=22, 2.67%)
- Hospitalization (n=1, 0.12%)
- Mental/emotional (n=6, 0.73%)
- Physical (n=7, 0.85%)
- Stress leave/burnout (n=14, 1.70)

N=69, 8.40%



Comments ...

“It is a good place, management can be harsh at times but it is fun.”

“I work for an amazing organization that does great work. the workload for managers is off the chart - there is great appreciation however, the work can't be completed in a regular work day.”

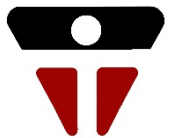
“most of my dissatisfaction comes from my manager. If he wasn't the manager, the answers to the questions would be quite different. In the past, with different managers, I have had quite high job satisfaction.”

“Highly stressful, work overload, no clarity in role and responsibility leads to duplication between corporate branches, bullying, no support from management, always worried about losing the job and unable to find another one and not yet eligible for pension.”



MIT Tools:

- Website <http://www.ohcow.on.ca/mental-injury-toolkit.html>
- Guide
- Survey (often use Survey Monkey)
- You-Tube videos
- Posters, cards
- **[training materials]***
- **[mini-MIT: shortened guide for workplaces]***
- App <http://www.ohcow.on.ca/measure-workplace-stress.html>
- Webinar http://www.ccohs.ca/products/webinars/workplace_stress/
- **[Online survey administration]***



Survey Co-ordinator Information Package:



Occupational Health Clinics
for Ontario Workers Inc.



Action on Workplace Stress—
2012/2013

Highest Ranking and Co-ordinator
Information Package

Videos:



Stress at workplace

https://www.youtube.com/watch?v=F49TF_aSClk

<http://www.youtube.com/watch?v=LREe5M5Q8co>

<http://www.youtube.com/watch?v=hk9t3T32wk>

<http://www.youtube.com/watch?v=k26T28scAyg&feature=youtu.be>

<http://www.youtube.com/watch?v=0bWnO3hemCQ>

Poster:

Help reduce STRESS in the workplace

Take Action on Workplace Stress by Participating in a Quick Survey

We are launching an important survey on stress in the workplace which is becoming a major concern affecting more and more workers.

As a result, we strongly encourage each of you to participate in this electronic survey about stress that will be distributed to all members in the upcoming weeks.

It takes **less than 15 minutes** and is completely **confidential**!

Participation is entirely voluntary, but the more of us who complete the survey the stronger the results will be.

Our participation will put us on the leading edge of workplace health and safety in Canada, where psychosocial hazards are considered as important as traditional health and safety ones. The information we gather will also provide a baseline for our sector to use in order to improve workplace health conditions and will contribute to a larger mental health strategy so that we may reduce the risks for all.

The Copenhagen Psychosocial Questionnaire (COPSOQ)

The survey is being conducted with the help of the Occupational Health Clinics for Ontario Workers (OHCOW). Your answers will be kept in strict confidence and only group results will be reported.

The survey will identify which specific workplace stress factors affect workers' health outcomes. Following the results, we will work with the employer to improve workplace health issues.

If you have any questions please contact:

OHC Coordinator Name: _____

tel/email: _____

and/or _____

http://www.opseu.org/bps/social/workplace_stress/index.htm

Mental INJURY TOOLS FOR ONTARIO WORKERS

Thank you for your anticipated support to improve our working conditions!

Guidebook:

<http://www.ohcow.on.ca/mental-injury-toolkit.html>



Action on Workplace Stress: Mental
injury prevention tools for Ontario
workers

Introduction: Worker Call to Action

PART 1—Why should we care?

PART 2—“Workplace Stress”: Assumptions, terminology, and approaches

PART 3—What are other jurisdictions doing?

PART 4—What are my legal rights and protections? (focus on Ontario)

PART 5—What does a workplace action plan look like?

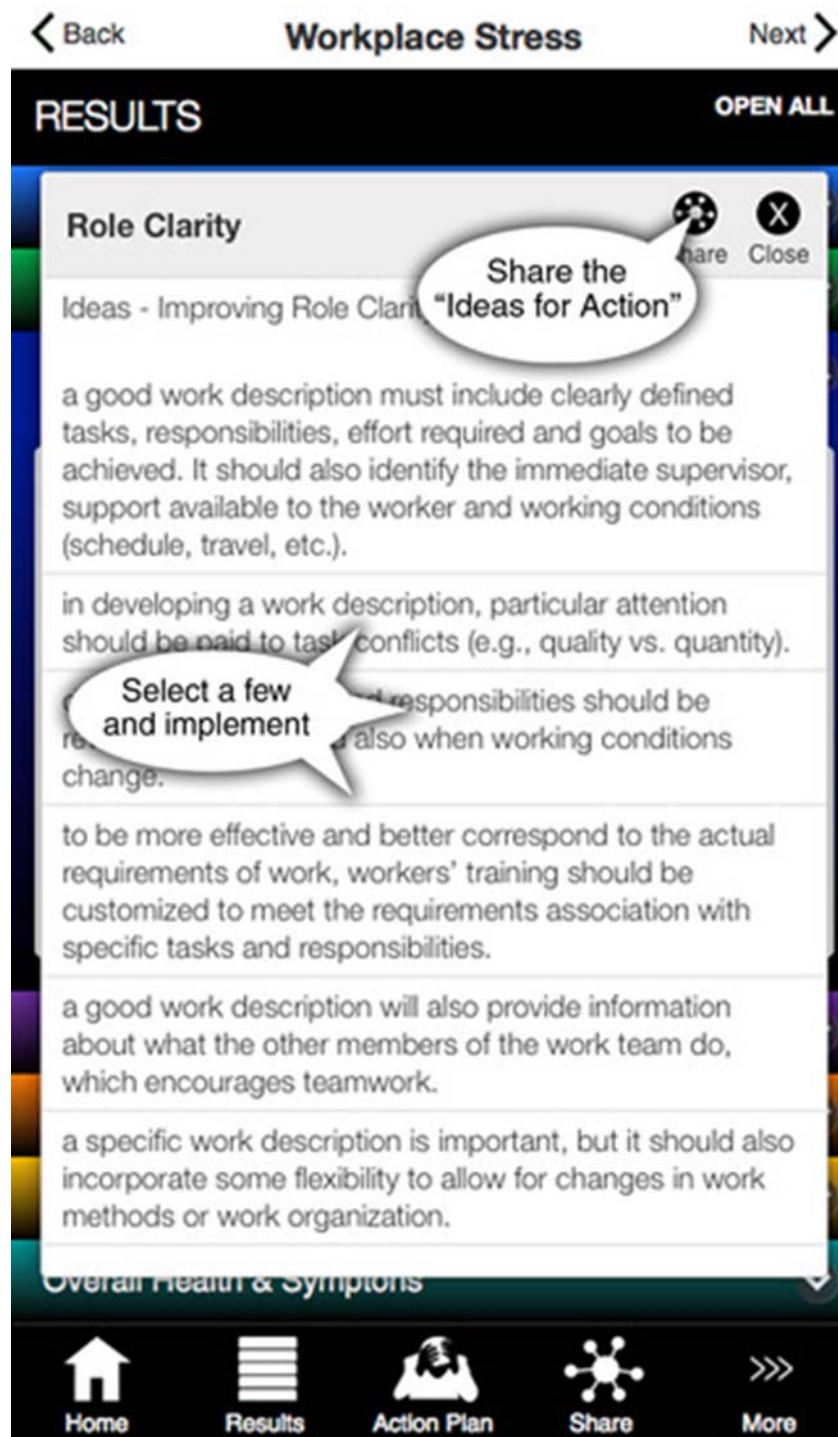
PART 6—Resources

... try it on our app ...

- In partnership with the CCOHS, we've created an app that allows you to do the survey and have your own personal score

<http://www.ohcow.on.ca/MITApp>





ACTION PLAN

OPEN ALL

LEARN

- familiarize yourself with the basics
- deepen your understanding, share your awareness
- identify resources

Follow these steps to initiate change in your workplace

ORGANIZE

- you can't do it alone, get support/buy-in, establish a working group
- recognize the readiness for change in your workplace
- raise awareness & commitment, this is a process not a quick fix

ASSESS

CHANGE

EVALUATE

Contact OHCOW to learn more about a customized workplace assessment.



Home



Results



Action Plan



Share

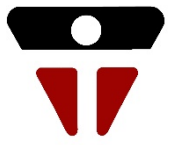


More



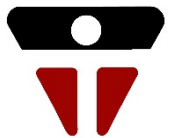
Let's try it out ...

- Self-scoring version or the app (the app has suggestions)
- Terri's case studies
- IHSA repeat survey experience (Ken Rayner)



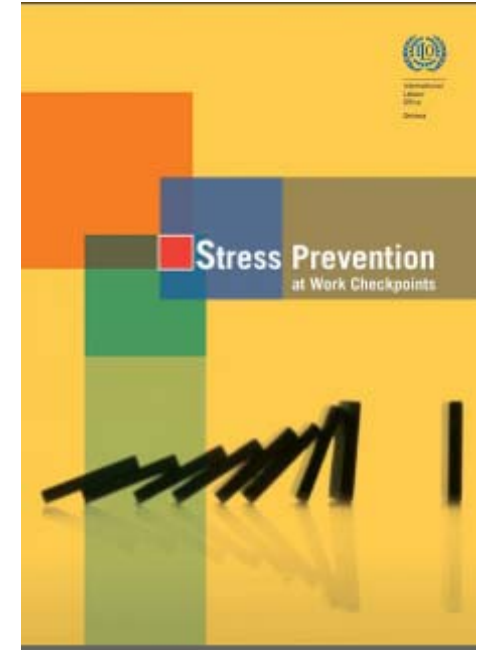
Finding solutions to your problems ...

- Pick a psychosocial risk factors you'd like to address
- Refer to resources (plenty online) and don't be afraid to ask for help
- Best not to work alone but with a representative steering committee
- "let the conversation begin ..."

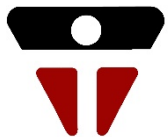


International Labour Organization (ILO) Stress Prevention Guidebook:

- checkpoint format
- lists specific hazards
- identifies prevention strategies



http://www.ilo.org/global/publications/books/forthcoming-publications/WCMS_168053/lang--en/index.htm



ILO Checkpoint example

CHECKPOINT 6

- Adjust the total **workload (quantitative demands)** taking into account the number and capacity of workers.

HOW

1. Assess individual and team workloads through observation and discussion with workers to determine whether change is necessary and feasible.
2. Reduce unnecessary tasks such as control operations, writing reports, filling in forms or registration work.
3. ...



e.g. Hospital Guidance tool

- High **emotional demands** prevention activities:
 - Feedback, coaching and acknowledgement from colleagues and managers
 - Specific objectives for work (when is the work result good enough/success criteria?)
 - Consensus and practice with regard to care and treatment
 - Overlap/transfer for shift changes
 - Possibility of withdrawing (a place for privacy)



Try it out ...

- Gather a few people around you and pick one of the psychosocial factors
- Explain why this factor is important to you
- Together brainstorm some ideas on how you might address that issue both individually and organizationally



Are You Ready to Do It?

Stages of Change

- **Pre-contemplation (Not Ready)** – “what problem? That’s just the way things are in this line of work – always has been, always will.”
- **Contemplation (Getting Ready)** – “maybe things could change but I don’t know if I’m prepared to change? It is easier though, just going along with things the way they are, but maybe ...??”
- **Preparation (Ready)** – “things could be better and I think it’s worth the effort to try – let’s get together and figure out how to do something about this ...”
- **Action** – “we’re going to make the following changes and hope things will improve – I’m glad we’re finally doing something about this!”
- **Maintenance** – “so, we’ve made the changes, they might need a bit of tweaking, but I think this is going to work out in the long run”

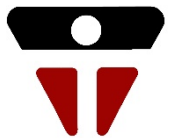


CSA Key Drivers + (carrots and sticks):



1. Costs/Savings (\$51 billion)
2. Risk (do you want to read about your workplace in the newspaper?)
3. Legal liability (Martin Shain's work)
4. Worker retention and recruitment (good place to work)
5. Excellence and sustainability
6. The right thing to do:

“law is the conscience of those who have none”
(James Ham, 1983 IAPA Conference)



Thank you!

... any questions, comments, etc., ...
(let us know if we can help ...)

