Taking Action on Workplace Stress

John Oudyk, Occupational Hygienist
Occupational Health Clinics for Ontario Workers (OHCOW)
A Workplace Issue

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”

Speech of the Honourable Michael Kirby on Workplace Mental Health

www.youtube.com/watch?v=5qfTFxOc6Xo&feature=player_embedded
“What’s stressing the stressed? Main sources of stress among workers”

by Susan Crompton (Stats Can) 2011

“In Canada, in 2010, 27% of working adults reported that, on most days, their lives were ‘quite’ or ‘extremely stressful.”
“There are two ways to reduce the stress. One is to get rid of what's there. Exercise, meditation, relaxation, a massage, medication such as tranquillizers, diversion and distraction, humour, laughter, and play can all be helpful. However, if you don't eliminate the source of stress (overwhelming workload, unrealistic deadlines, a difficult boss), you can jog and eat broccoli till the cows come home and you won't get ahead of the problem. The stress will keep accumulating as fast as you can dissipate it.

The best way to deal with stress is to get rid of what's there and eliminate the source.” (page 291)

“The first book ran the risk of being seen as blaming the victim, although, fortunately, no one took it that way. This book runs the risk of blaming the organization for all the stress. The truth is somewhere in the middle. It's a shared responsibility, but I have observed that an increasing amount of the stress in recent years has been company-driven and organizations are doing precious little to own up to the damage they're causing on a daily basis.” (page 321)
EU H&S Climate

• Due to regulatory requirements (EU Directive 89/391/EEC), there has been a lot more tool development in Europe than in North America

• New discipline: **Work Organization Specialist** (in addition to H&S Professional, Occupational Hygienist & Ergonomist)

• The Committee of Senior Labour Inspectors (SLIC) has launched its European Campaign 2012 on psychosocial risks.

[www.av.se/SLIC2012/](http://www.av.se/SLIC2012/)
Tracking the Perfect Legal Storm (Shain, 2010)

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

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

www.mentalhealthcommission.ca/English/node/506?terminitial=30
New CSA Standard
Z1003-13

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

A workplace that promotes workers’ psychological well-being and allows no harm to workers mental health...

Key Drivers
- Risk Management
- Cost Effectiveness
- Recruitment & Retention
- Excellence & sustainability

Strategic pillars
- Prevention (1°)
  - Psychological & social support
  - Growth and development
  - Psychological protection
- Promotion (2°)
  - Organizational culture
  - Recognition and reward
  - Psychological demands
- Resolution (3°)
  - Clear leadership & expectations
  - Involvement and influence
  - Workload management
  - Balance
  - Protection of physical safety
  - Engagement
  - Civility and respect

Vision
LEVELS OF PREVENTION

- Primary
- Secondary
- Tertiary
Prevention Levels

**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 the victims)
- get good treatment, compensation recognition, return to work support – EAP, therapy
Primary Prevention
Employee Assistance Program
Wellness programs, awareness training
Accommodate the worker (RTW)
<table>
<thead>
<tr>
<th>prevention level</th>
<th>individual</th>
<th>organization</th>
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<tbody>
<tr>
<td>primary</td>
<td>coping and appraisal skills</td>
<td><strong>primary</strong> – changing the workplace</td>
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<tr>
<td>secondary</td>
<td>wellness, relaxation techniques</td>
<td><strong>secondary</strong> - awareness, screening (MH 1st aid)</td>
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<tr>
<td></td>
<td>(mindfulness)</td>
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<tr>
<td>tertiary</td>
<td>therapy, counselling, medication, support</td>
<td><strong>tertiary</strong> - Employee Assistance Programs (EAP), Return to Work</td>
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</table>
If You Can’t Measure It …

• Misquote from Deming
• Some of the most important things at work (in life) can’t be measured (e.g. Valentine’s)
• **Objective** and **Subjective** measures: objective bias (more scientific)
sooooooo....
How would you go about measuring stress?
Stress Check App (Azumio) (measures heart rate variability)

Measurements Over a 40 Hour Period

HRV (in %)

- 100%
- 90%
- 80%
- 70%
- 60%
- 50%
- 40%
- 30%
- 20%
- 10%
- 0%

Time:
- 4:00 PM
- 5:30 PM
- 7:00 PM
- 8:30 PM
- 10:00 PM
- 11:30 PM
- 1:00 AM
- 2:30 AM
- 4:00 AM
- 5:30 AM
- 7:00 AM
- 8:30 AM
- 10:00 AM
- 11:30 AM
- 1:00 PM
- 2:30 PM
- 4:00 PM
- 5:30 PM
- 7:00 PM
- 8:30 PM
- 10:00 PM
- 11:30 PM
- 1:00 AM
- 2:30 AM
- 4:00 AM
- 5:30 AM
- 7:00 AM

Events:
- work
- commute
- supper & dishes
- watching a scary movie before bedtime
- wake-up: rarin' to go!
- commute – traffic jam
- roller blading at lunchtime
- work
- supper
- wake-up: rarin' to go!
- supper
- wake-up: rarin' to go!
- bedtime
- woken up by job offer call
Psychological “Subjective” Measures

• Remember, perceptions/symptoms are the “gold standard” (DSM-V)

• Diagnoses made on the basis of answers to a series of questions (some of which are observable by others; some not)

• Some questions don’t work directly (… are you depressed?) and thus need to be questioned indirectly
# DSM-5: Depression Screening (Individual)

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<tbody>
<tr>
<td>1.</td>
<td>Little interest or pleasure in doing things</td>
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<td>2.</td>
<td>Feeling down, depressed, or hopeless</td>
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<tr>
<td>3.</td>
<td>Trouble falling or staying asleep, or sleeping too much</td>
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<tr>
<td>4.</td>
<td>Feeling tired or having little energy</td>
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<tr>
<td>5.</td>
<td>Poor appetite or overeating</td>
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<tr>
<td>6.</td>
<td>Feeling bad about yourself—or that you are a failure or have let yourself or your family down</td>
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<tr>
<td>7.</td>
<td>Trouble concentrating on things, such as reading the newspaper or watching television</td>
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<tr>
<td>8.</td>
<td>Moving or speaking so slowly that other people could have noticed? Or the opposite—being so fidgety or restless that you have been moving around a lot more than usual</td>
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<tr>
<td>9.</td>
<td>Thoughts that you would be better off dead or of hurting yourself in some way</td>
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</table>

[www.psychiatry.org/File%20Library/Practice/DSM/DSM-5/Level2DepressionAdult.pdf](http://www.psychiatry.org/File%20Library/Practice/DSM/DSM-5/Level2DepressionAdult.pdf)
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, Keith McMillan UNIFOR
- David Chezzi, Andréane Chénier, CUPE
- Nancy Johnson, Erna Bujna, ONA
- Valence Young, ETFO
- Gerry LeBlanc, Sylvia Boyce, USW
- Janice Klenot, UFCW 175/633
- Jane Ste. Marie, John Watson, OSSTF
- Kathy Yamich, Workers United Union
- Charlene Theodore, OECTA
- Tom Parkin, Workers Health and Safety Centre (WHSC)
- 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
- Syed Naqvi, Brenda Mallat, Curtis VanderGriendt, Ted Haines, Mark Parent, Andre Gauvin, John Oudyk (OHCOW)
MIT Group Reviewed Available Tools

• Looked at theories of jobs stress:
  – Job Demand – Control model (Karasek)
  – Effort – Reward Imbalance model (Siegrist)
  – Transaction Process model (Lazarus & Folkman)
  – Organisational Justice (Kivimäki et al)

• Looked at survey instruments and tried them out – compared experiences
  – UK-HSE, JCQ, GM@W, SOBANE and others …
COPSOQ

Copenhagen Psychosocial Questionnaire
(COPSOQ II – short version)

www.arbejdsmiljoforskning.dk/Sp%C3%B8rgeskemaer/Psykisk%20arbejdsmilj%C3%B8.aspx?lang=en
COPSOQ Psychosocial Hazards:

**Psychosocial Hazards:** The term used to refer to workplace factors that have the potential to cause psychological or physical harm if not adequately eliminated or controlled.

**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

**Relationship**
- Commitment — feeling that your workplace makes a positive contribution
- 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, harassment, and discrimination


June 2014

For questions about this kit or its creators (the Mental Injury Tool Group or MIT) contact Terri Aversa at TAversa@OPSEU.org
COPSOQ Health Measures:

- Self-rated overall health status
- Burnout
- Stress
- Sleeping troubles
- Somatic stress symptoms
- Cognitive stress symptoms
Physical Safety Factors:

- safety hazards
- workstation ergonomics
- physical factors (noise, lighting)
- thermal comfort
- air quality
- dangerous chemicals
- biological hazards
- radiation (ionizing and non-ionizing)
- driving hazards
- working alone
Other Additions:

- two more offensive behaviours:
  - “discrimination” (undefined – ask respondent for definition)
  - “vicarious offensive behaviours” (ask respondent to identify all)
- a global question rating the psychological health & safety climate
- questions about accident/incident investigation attribution styles
How Do We Do It?

1. Recruit a coordinator/champion in each unit (knowledgeable on workplace stress)
2. Get buy-in (union, employer, establish steering committee)
3. Administer survey (define units, collect e-mail lists, Dilman’s 5 contact survey administration, spreadsheet report production, identify top 3 issues)
4. Begin dialogue to improve top 3 issues
Survey Co-ordinator Information Package:

Action on Workplace Stress—2012/2013

Highest Ranking and Co-ordinator Information Package:

Videos:

Mental INJURY

www.youtube.com/watch?v=F49TF_aSClk
www.youtube.com/watch?v=LREe5M5Q8co
www.youtube.com/watch?v=hzk9t3T32wk
www.youtube.com/watch?v=k26T28scAyg&feature=youtu.be
www.youtube.com/watch?v=0bWnO3hemCQ

Guidebook:

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

www.ohcow.on.ca/mit

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
Report:

Ratings of Workplace Hazards

<table>
<thead>
<tr>
<th>workplace environmental hazards</th>
<th>% respondents with hazard rating 3 or more (concerned, annoyed or interfering with work)</th>
</tr>
</thead>
<tbody>
<tr>
<td>safety hazards</td>
<td>24.5%</td>
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<tr>
<td>ergonomics</td>
<td>50.0%</td>
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<tr>
<td>physical (noise, light)</td>
<td>40.5%</td>
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<tr>
<td>thermal comfort</td>
<td>54.6%</td>
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<tr>
<td>air quality</td>
<td>48.7%</td>
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<tr>
<td>dangerous chemicals</td>
<td>17.6%</td>
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<tr>
<td>biological hazards</td>
<td>37.5%</td>
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<tr>
<td>radiation</td>
<td>14.8%</td>
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<tr>
<td>driving hazards</td>
<td>55.3%</td>
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<td>working alone</td>
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rating scale

5  exposures interfere with ability to get job done
4  exposures cause annoyance
3  exposures cause concern
2  present but not usually an issue/concern
1  well designed/controlled
0  not applicable

statistical associations

<table>
<thead>
<tr>
<th></th>
<th>burnout</th>
<th>stress</th>
<th>sleep troubles</th>
<th>somatic symptoms</th>
<th>cognitive symptoms</th>
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<td>safety hazards</td>
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<td>ergonomics</td>
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<td>physical factors</td>
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all symptoms

|                     |         |        |                |                  |                    |

top workplace hazards by frequency

1. thermal comfort
2. ergonomics
3. air quality

top workplace hazard by symptom association

1. physical factors
2. thermal comfort
3. air quality
Report:

<table>
<thead>
<tr>
<th>demand</th>
<th>burnout</th>
<th>stress</th>
<th>sleep troubles</th>
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<td>emotional demands</td>
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<td>influence</td>
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<td>possibilities for development</td>
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<td>meaning of work</td>
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<td>commitment to the workplace</td>
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<td>predictability</td>
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<td>rewards (recognition)</td>
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<tr>
<td>role clarity</td>
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<td>quality of leadership</td>
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<td>social support from supervisor</td>
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<td>justice &amp; respect</td>
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associations

The following is a list of the top risk factors most associated with the combined symptoms:

psychosocial: rewards (recognition)
physical factors
social support from supervisor

These are the issues that should be focussed on for prevention purposes!

Please Note: The survey results should be seen as a tool for dialogue and development – not as a “report card.”
Ideas for Addressing Top 3 Issues Related to Total Symptom Score

**rewards (recognition)**

Ideas on how to improve recognition and respect:
- Encourage a workplace a climate of appreciation, respect and inclusivity
- Recognize and celebrate “successes” acknowledging all contributions and share rewards equitably
- Treat “failures” as opportunities to learn and improve rather than focussing on blame
- Recognize and reward innovation and creativity even if they don’t fully achieve their original objectives
- Ensure workers are informed regularly of the value of their efforts
- Clearly communicate expectations and deadlines
- Balance team and individual recognition to encourage top performers to build team capacities

**physical factors**

- NOISE levels in office environment can cause distractions which in turn causes tension/stress
- ASHRAE has guidelines for ventilation noise in office environments (evaluation requires octave band analysis) which are roughly equivalent to < 45 dBA for open-plan offices and 35 dBA for private offices.
- Ventilation engineers will be able to diagnose and recommend solutions to ventilation noise problems
- White noise can "mask" conversations, but white noise can contribute to fatigue
- LIGHTING can also contribute to headaches and neck strain (trying to reposition or hold awkward positions to avoid glare)
- Often office environments have too much light, better to have less over-head lighting and rely on task lighting for detailed work or reading paper
- Natural light is to be preferred; reflected fluorescent lighting is better than direct

**social support from supervisor**

Ideas on how to improve social support from supervision:
1. Make it clear to all workers that management is committed to actively providing support to workers in improving workplace conditions and reducing stress at work.
2. Listen carefully to the opinions and complaints of workers about workplace problems and make the effort to take necessary measures to solve the problems.
3. Encourage workers to cooperate with managers in identifying and solving workplace problems. Workers often know the background and possible solutions to such problems and can help managers make necessary changes.
4. Openly discuss with workers how to solve important workplace problems and respond to workers’ complaints about working conditions. Take active measures to follow up these problems and complaints.
5. Try to remove barriers in the workplace that hamper direct and indirect support being given by managers to workers and work teams. For example, openly announce that managers are willing to discuss any workplace problems with workers or to hold regular meetings with workers.
6. Record good examples of support given to workers by managers, or given to managers by workers. Publicize these good examples
Coming soon …

• With CCOHS, we’re creating an app that allows you to do the survey and have your own personal score
Results

appreciation & recognition

Ideas - Improving Appreciation & Recognition:

- Encourage a workplace a climate of appreciation, respect and inclusivity.
- Recognize and celebrate “successes” acknowledging all contributions and share rewards equitably.
- Treat “failures” as opportunities to learn and improve rather than focusing on blame.
- Recognize and reward innovation and creativity even if they don’t fully achieve their original objectives.
- Ensure workers are informed regularly of the value of their efforts.
- Clearly communicate expectations and deadlines.
- Balance team and individual recognition to encourage top performers to build team capacities.
Are You Ready to Do It?
Stages of Change

- **Pre-contemplation (Not Ready)** - People are not intending to take action in the foreseeable future, and can be unaware that their situation is problematic.

- **Contemplation (Getting Ready)** - People are beginning to recognize that their situation is problematic, and start to look at the pros and cons of remaining in the current situation.

- **Preparation (Ready)** - People are intending to take action in the immediate future, and may begin taking small steps toward change.

- **Action** – People have made specific overt modifications in modifying their problem situation or in acquiring more positive behaviours/conditions.

- **Maintenance** – People have been able to sustain action for a while and are working to consolidate the improved situation.

Mary Deacon, Chair, Bell Mental Health Initiative (Oct 24/13*)

• A lot of organizations have the attitude that they can’t go down this road because it leaves the organization vulnerable to criticism.
• They have to accept that this is a journey – need to admit the organization is not perfect – we will make progress but also will make mistakes and learn.
5 Steps:

1. **Learn**: familiarize yourself with the basics; deepen your understanding, share your awareness; identify resources

2. **Organize**: you can't do it alone, get support/buy-in, establish a working group

3. **Assess**: select tool(s); implement, do it carefully and well; consider the results and pick your key issues

4. **Change**: consider advice/ideas and figure out which ones fit with your workplace; select the changes you want to try and sell them to your supports; implement, do it carefully and well

5. **Evaluate**: give it some time, then use tool(s) (the same as before?) to re-assess the situation; find out what seemed to work and what did we learn; identify strengths, gaps, new questions and start the cycle again
Finding Solutions to Your Problems

• List the top risk factors associated with symptoms
• 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

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. …
Campaign on psychosocial risks at work in 2012

A joint inspection campaign on psychosocial risks will take place in the EU-Member States during 2012. The campaign documents are presented on this website in all EU languages.

Background

The Committee of Senior Labour Inspectors (SLIC) agreed in May 2010 to develop a campaign on psychosocial risks for delivery in 2012. Sweden was to lead the project of planning the campaign with assistance of a Working Group. The aim of the project is "Development of an inspection toolkit for targeted interventions on occupational health and safety related to psychosocial risks at work in the EU."
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)
Works Well - CMHA

  
  http://wmhp.cmhaontario.ca/

• Two sections:
  – core concepts & issues
  – comprehensive workplace health promotion
CMHA Plan

Workplace Program Management

Element 1: Obtain Management Support
- Components
  - Business Case
  - Strategic Recruitment
  - Terms of Reference
  - Leadership

Element 2: Establish Healthy Workplace Committee
- Components
  - Environmental Scan
  - Needs & Risk Assessment
  - Organizational Change Survey

Element 3: Conduct Situational Assessment
- Components
  - Vision
  - Mission
  - Values
  - Goals
  - Strategies
  - Key Audiences
  - Sustainability

Element 4: Develop Healthy Workplace Plan
- Components
  - Objectives
  - Programs/Activities
    - Awareness
    - Education & Skill Building
    - Supportive Environments
    - Policies
  - Indicators
  - Evaluation
  - Methodology
  - Resources
  - Timeline
  - Responsibilities

Element 5: Develop Program & Evaluation Plan
- Components
  - Plans
  - Presentation
  - Evidence

Element 6: Obtain Management Support
- Components
  - Communication & Marketing
  - Capacity Building
  - Events
  - Interpersonal Activities
  - Monitoring
  - Conduct Evaluation
    - Process
    - Outcome
    - Impact
    - Economic

Element 7: Implement Plan
- Components
  - Key Result Areas
  - Indicators
  - Results
  - Implications
  - Recommendations

Element 8: Generate Evaluation Report

Implement Evaluation

MHFA Guidelines

The mental health first aid guidelines were developed in Australia at the Orygen Research Centre at the University of Melbourne. The Delphi Method, which is a systematic way of assessing the consensus of an international expert panel, was used to develop the guidelines. The guidelines consist of first aid actions that have been rated as important or essential by expert panels of professionals, consumers and care givers.

- Depression
- Suicidal thoughts and behaviours
- Psychosis
- Panic Attacks
- Non-suicidal self-injury
- Eating disorders
- Adult trauma
- Child trauma
- Problem drinking
- Problem drug use
- Problem cannabis use
ALGEE: Five-Step Action Plan

- A--Assess for risk of suicide or harm
- L--Listen nonjudgmentally
- G--Give reassurance and information
- E--Encourage appropriate professional help
- E--Encourage self-help and other support strategies

Laval Business group (business case)

Action on Workplace Stress

This guide and resource kit will provide workers a basic understanding and a place to start to learn about workplace stress and what to do about it. The guide gives definitions, common causes of mental distress, legal frameworks (focusing on Ontario), possible actions to take, and resources available. It is an introduction and action guide created by workers for workers.

Latest Updates: Click on MIT Video Series to get links to all available Videos.

Note: Click headings for content.

Introduction: Worker Call to Action

Part 1 — Why Should We Care?

Workers and employers are busy enough, so why should anyone take action to deal with either the causes of or effects of workplace stress? Well, workers care because workplace factors can cause, contribute to, or worsen our mental distress, which may affect our physical or mental health. Employers care because they want their workers to be well, because when workers are not well the business is affected.
<table>
<thead>
<tr>
<th>Prevention level</th>
<th>individual</th>
<th>organization</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>primary</strong> - coping and appraisal skills</td>
<td><strong>primary</strong> - <strong>MIT tools</strong></td>
</tr>
<tr>
<td></td>
<td><strong>secondary</strong> - wellness, relaxation techniques (mindfulness)</td>
<td><strong>secondary</strong> - awareness, screening (MHFA)</td>
</tr>
<tr>
<td></td>
<td><strong>tertiary</strong> - therapy, counselling, medication, support</td>
<td><strong>tertiary</strong> - Employee Assistance Programs (EAP), Return to Work</td>
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</tbody>
</table>
Are You Ready?

- **Pre-contemplation (Not Ready)** - People are not intending to take action in the foreseeable future, and can be unaware that their situation is problematic.

- **Contemplation (Getting Ready)** - People are beginning to recognize that their situation is problematic, and start to look at the pros and cons of remaining in the current situation.

- **Preparation (Ready)** - People are intending to take action in the immediate future, and may begin taking small steps toward change.

- **Action** – People have made specific overt modifications in modifying their problem situation or in acquiring more positive behaviours/conditions.

- **Maintenance** – People have been able to sustain action for a while and are working to consolidate the improved situation.

5 Steps:

1. **Learn**: familiarize yourself with the basics; deepen your understanding, share your awareness; identify resources

2. **Organize**: you can't do it alone, get support/buy-in, establish a working group

3. **Assess**: select tool(s); implement, do it carefully and well; consider the results and pick your key issues

4. **Change**: consider advice/ideas and figure out which ones fit with your workplace; select the changes you want to try and sell them to your supports; implement, do it carefully and well

5. **Evaluate**: give it some time, then use tool(s) (the same as before?) to re-assess the situation; find out what seemed to work and what did we learn; identify strengths, gaps, new questions and start the cycle again
Thank You

For further information:

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