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

Second Edition 2013

Introduction: Worker Call to Action

Every day workers experience mental and physical effects from factors at work such as:

- excessive demands at work,
- workplace bullying/harassment,
- threats of violence,
- lack of control over work processes,
- insecure job arrangements,
- technological changes that interfere with tasks,
- lack of recognition and rewards,
- inadequate resources and support

All these pressures are taking their toll on workers' health, but are difficult to address because they do not fit into traditional health and safety categories such as chemical hazards, slips, trips and falls, or broken bones.

In 2009, a group of unions joined with the Occupational Health Clinics for Ontario Workers (OHCOW), University of Waterloo researchers, and representatives from the Office of the Worker Adviser (OWA) and the Workers Health and Safety Centre (WHSC) to fill this gap. The goal of the "Mental Injury Tool" (MIT) Group was to develop tools and resources to help workers deal with these "non-traditional" occupational hazards that are increasingly plaguing workers. We developed this resource kit for workers because there are no pieces of legislation or manuals that focus on preventing the health effects caused by workplace stressors. While the cost and illness burden of mental health at the workplace is gaining attention in Canada, the pace of change seems to be extremely slow — workers need tools now.

We have created this resource kit as a place for today's workers to start. This kit is created FOR workers BY workers. We hope it provides some insight, perspective, and a basic understanding about some of the causes of workplace stress. We hope that by using it workers will find the support and gather the information they need in order act in their own workplaces—big or small—to improve their work environment and protect their physical and mental health.

We are not the first group to understand the importance of psychosocial hazards on workers' health or to say that something should be done. According to a Canadian Mental Health Commission's report written by Dr. Martin Shain (2010), *Tracking the Perfect Legal Storm,* developments in seven areas of law are making it clear that employers have some responsibilities for creating and maintaining a psychologically safe workplace for employees (Shain, 2010). Canada is also poised to launch a new voluntary standard for employers, "Psychological Health and Safety in the Workplace (Z1003)" in an effort to focus workplace attention on preventing the negative health effects associated with psychosocial hazards.

Yes, work factors may cause, contribute to, or aggravate the mental health problems workers experience, whether they suffer from a diagnosed condition that has a clinical name or suffer undiagnosed, negative effects on health and wellbeing. The aim of this kit is NOT to diagnose the worker, the aim is to "diagnose the workplace"– to organize together in every way we can and urge employers to make the changes necessary to prevent negative impacts on the physical and mental health of workers.

We believe that threats to a worker's mental health (also sometimes called a worker's psychological health and safety) should be prevented like any other hazard. Worker movements ARE NOT stopped by lack of formal recognition or legislation on any given issue. It took years for asbestos to be recognized as a carcinogen and labeled as a designated hazardous substance—long after it killed thousands of workers. Therefore the time to take action on the causes of workplace stress is now. For it is only through action from us—the workers of today—that we can hope to improve the system for our children—the workers of the future.

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PART 1—Why Should We Care?

Do you ever feel:

- Pressured and physically/mentally exhausted because of having too much work to do and not enough time or help to do it?

- Anxious or even ill because of a poisoned work environment or from being bullied, harassed or subjected to threats of violence?

- Uncertain because of the constant threat of layoff or because you don't know where you'll be or what hours you'll be working next week or next month?

- An emotional toll because you don't have the time or resources to care for a client/patient/customer the way you know it should be done?

- Frustration because you have no control over how your work gets done, or because of a lack of support from supervisors or management to do your job?

If you said YES to any of these questions, you will want to read further about how stressors at work (also called psychosocial hazards) affect your mental and physical health, and how we as workers can begin to address these hazards.

If you are an employer, you care because psychosocial hazards impact many areas of your business. This section describes the magnitude of the problem, discusses the effects of psychosocial hazards on workers, and provides reasons why employers should identify and prevent psychosocial hazards from negatively affecting their employees.

The Extent of the Problem

All jobs have stressors. For example, firefighting is different than nursing, and also different from serving food in a restaurant, or being a cashier, but each job has workplace factors that cause stress among workers. For example, risk of violence is a legitimate concern and can affect all these jobs and others in differing degrees. Excessive demands and workload can affect all jobs, and solutions may differ according to the work. Workplace causes of workers' mental distress need to be addressed to prevent negative health effects on those workers within that environment.

The changing nature of work complicates the picture. Work is becoming more complex as an evolving service economy replaces the manufacturing industry of the 60's and 70's. Service and knowledge jobs are replacing the industries of the Industrial Revolution. The transition from a manufacturing-based economy to a service-based economy hasn't been easy for Canadian workers. Information, knowledge, and service workers are indeed the new working class, even if they do not always identify themselves that way. All types of workers have experienced reduced job stability and increased workload demands. Globalization (world-wide competition)

is also adding to the pressures workers feel at work. In order to compete with companies across the world, employers are reducing staffing levels, privatizing services, out-sourcing work to outside contractors, adding responsibilities, and reducing wages and benefits. It is only through spanning occupations and identifying ourselves as workers—rather than letting ourselves be divided by different classifications and categories of workers—that we can hope to make a change.

Regular full-time jobs are being replaced with part-time, casual, temporary, and contract arrangements making it hard for workers to plan their futures. It is not uncommon for people to have two part-time jobs, neither of which comes with benefits. In their book tilted *Working Without Commitments,* Lewchuk, Clarke, and De Wolff's (2011) track the changes in work from the Second World War to the present and outline in detail the effects that a changing labour market has on workers.

The situation is further complicated by the way governments fund healthcare, community services, long term care, and other services the public rely on. Changing funding models and reorganization of services have resulted in even higher workloads than before, requiring workers to do more with less. People are not being replaced during vacation or other leaves. The remaining workers are left to accomplish the same objectives and outcomes but with less resources. These high-pressured and frenzied work environments produce stressors that can contribute to poor mental health, worker distress, musculoskeletal disorders, and cardiovascular events like heart attacks.

When we think of health and safety hazards from traditional work, we may consider factors such as sharp knives, machinery, chemicals, or indoor air quality. Few of us have crossed the boundary between traditional health and safety hazards and newer effects of today's frenzied work environments and industries. Workplace stressors are not new, but they are more pronounced and are reaching epidemic proportions. Exhausting workplace demands that provide no respite, increasing job insecurity that threaten workers' ability to simply survive, funding shortfalls that make work almost impossible, combined with new technology such as email and instant communication, make work a constant worry for workers, whether at work or at home.

If you are still not convinced—here are some facts:
- The World Health Organization (WHO) recognizes the mental and physical effects of work on people; it recognizes psychosocial hazards in today's workplaces that may negatively affect people's mental or physical health (World Health Organization, 2010).
- The Canadian Mental Health Association says that at least 1 in 20 employees are depressed at any given time. If left unaddressed, depression can lead to lower productivity and increased sick leave (Canadian Mental Health Association, 2012).

These facts help us understand the magnitude of workplace stressors. Facts aside, every day workers feel the effects of workplace stress.

As workers we know only too well the effect that workplace stressors have on our overall mental health. However, employers are more likely to respond if the problem is framed in

terms of costs to their bottom-line. Here are some economic facts which could help you make the business case for addressing the workplace factors that may cause or contribute to the debilitating health effects on workers:

- Mental health disorders cost Canada approximately fifty-one billion dollars per year (MHCC, 2012).
- Absenteeism (including being off because of stress or burnout) in Canada is estimated to be 17% of the wage bill (Brun & Martel, 2005).
- A 2011/2012 "Pathway to Health and Productivity" report by Towers Watson reveals that over 83% of survey participants in 87 Canadian firms reported mental/behavioural health as one of the top three disabling long-term and short-term conditions (Towers Watson p. 10).

This is a worldwide epidemic:

- EUROPE: In 2000 in the European Union, mental distress affected one in three European workers (about 41 million people), and was responsible for 50-60% of lost work days, and cost EU member states about 20 billion euros annually (Brun & Martel, 2005).
- UNITED STATES: From 1995-1998, work-time lost due to mental distress rose 36%. Lost workdays annually was a whopping 550 million (Brun & Martel, 2005), for a total cost of approximately 150 billion dollars per year (Sutherland & Cooper, 2000).

So why do we need to intervene to address the work factors (psychosocial hazards) that affect mental distress?

- **As workers:** To protect our health and safety while at work and regain our health and quality of life at work and at home
- **As employers:** To sustain the business by having healthy employees, reducing costs, increasing morale, reducing legal burdens and costs, becoming an employer of choice and attracting the best talent, setting examples as leaders in business, improving overall community, and the list goes on.

So, "Why should we care?" Because it's the people—it's us—in the workplace (both workers and employers) that are important. If the humans are broken, sick, ill, and therefore not maximizing their potential for the organization, everyone suffers—the workers, the employer, and the workplace as a whole.

Effects of workplace psychosocial hazards on workers:

- Heavy personal tolls through lower job satisfaction, higher absenteeism, and debilitating medical conditions
- Diagnosed and undiagnosed mental health conditions that affect our health and the quality of our lives
- How has our world of work transformed from 1991-2001 (Duxbury & Higgins, 2001)?
  - Average work week increased from 42 to 45 hours
  - Job satisfaction dropped from 62% to 45%

- o Commitment levels to work dropped from 66% to 50%
- o The number of workers reporting high levels of job stress doubled

People talk about "good and bad stress." "Good stress" is thought of as the stimulation we feel from our job which helps challenge and motivate us, but that is different than other aspects of work (such as psychosocial hazards) that do not go away and that workers do not have any control over. There are three main sources of unhealthy stress:

- **Work Organization**—Work organization refers to the work process and the organizational practices in an organization. Work organization can include factors such as: how a job is done, when, where, how fast, for what pay; how demanding the work; the level of support provided for workers doing work that takes an emotional toll; how much information or resources are provided to the worker; how much recognition the worker gets from supervisors, managers, and co-workers; whether employers prevent bullying and harassment and workplace violence; level of control over decision-making; the amount of repetitive or boring work; the setting of quota systems; workloads; defining role clarity; how role conflicts are resolved; how shift work is scheduled; staffing policies; and how technology is introduced or used, and more.

- **Social and Economic Conditions**— Workers across Canada know that downsizing, restructuring, and job insecurity threaten their work arrangements and indeed their very survival, independence, and ability to support a family. Stressors sourced to social and economic conditions could be caused by layoffs, lack of job security, privatization, de-regulation, lack of job mobility, temporary or contract status, non-secure job arrangements—all factors that detrimentally affect a workers state of mind. Extensive research has shown how job insecurity and contingent work arrangements (like temporary agency work, subcontracting, and home-based work) are associated with significant adverse effects on worker safety and mental health (Bourbonnais, Brisson, Vezina, Masse, and Blanchette, 2005; Kalimo, Taris, and Schaufeli, 2003; Vahtera et al., 2004). But these adverse effects are not limited to mental effects. Social and economic uncertainty also increases the risk of injuries, disease and illnesses such as cardiac diseases and musculoskeletal disorders. Fear of losing their job makes workers come to work sick (presenteeism), creates burnout and has an adverse effect on work/life balance. Insecure workplaces carry higher risks of bullying and occupational violence. While all workers suffer, older, injured, and more committed workers suffer most. Injured workers that lose jobs get inferior new jobs, intermittent jobs, or have difficulty finding a job at all.

- **Physical environment**—Exposure to physical hazards, such as temperatures, noise, fumes, bad air quality, bad ergonomics, and personal protective equipment cause both mental and physical stress for the worker. Psychosocial hazards also interact with these physical stressors.

  - o **Indoor Air Quality is linked to workers' mental health**—Workplace stressors, particularly workload, work content, support, and influence over working conditions, have been recognized as a factor in indoor air quality (IAQ) issues.

Investigations have found that workers who are stressed by these factors report more symptoms than those who are not, indicating that poor indoor air quality affects workers' reported mental health. The effect is also on the perception of the environment—namely stressed workers will report more dissatisfaction with the workplace environment than less stressed workers (Menzies & Bourbeau, 1997).

- o **Musculoskeletal Disorders are linked to workers' mental health—** Musculoskeletal disorders (MSDs), such as low back pain, are linked to physical, psychological, and social factors at work. Exposure to these factors can contribute to MSDs in addition to other chronic health outcomes, such as depression or burnout (Westgaard & Winkel, 2011). Demands associated with the organization of work, such as job control or job demand, as well as those related to the physical work environment, such as workstation design, must be considered when seeking to understand workers' musculoskeletal health (Kompier & van der Beek, 2000; NIOSH, 1997). A review conducted by the National Institute for Occupational Safety and Health (NIOSH) indicates that psychosocial factors (or as we refer to them—hazards), including perceptions of monotonous work, intensified workload, low job control, low job clarity, and low social support, contribute to MSDs, and that this contribution may be partly or completely separate from that of physical risk factors (NIOSH, 1997).
  It is important to note that the relationship between psychosocial hazards and musculoskeletal health is not specific to job type or work environment. Workplace studies indicate that associations between psychosocial factors and musculoskeletal symptoms and disorders exist among many different worker groups, such as clerical workers, bus drivers, cashiers, and assembly line workers (NIOSH, 1997). Lab studies also show that psychosocial hazards are linked to MSD exposures among different groups; for example, mental demand during computer work is shown to be associated with increased muscle activity in the neck/shoulder region, and an unsupportive environment during manual materials handling is shown to be associated with increased loading on the back (Lundberg et al., 2002; Marras, Davis, Heaney, Maronitis, & Allread, 2000).

- o **Workplace violence and Harassment—**Workplaces are evolving, generating new issues. In an economic climate where staffing resources are dwindling and the population is aging, workers today are faced with more work organization challenges using fewer resources; long-term care homes dealing with more dementia cases, workers delivering services while working alone, teachers faced with ever-growing class sizes. Overwork, understaffing, impossible workloads, overtime, witnessing a child being abused, demanding deadlines, listening to someone in distress or being on the scene of a workplace accident that leaves a colleague injured, maimed or even killed; these are only some of the challenges that our workers face today.

  Workers in jobs with low control over how they do their jobs, with no clear definition of job roles, where their skills are not being used, or with very little

responsibility or opportunity to advance, are more likely to be the victims of assault (Rospenda, Richman, Ehmke, & Zlatoper, 2005).

Research tells us that incidents of harassment, sexual harassment, or bullying, can lead to development of anxiety, depression, panic attacks, sleep loss, loss of concentration, or post-traumatic stress disorder. Research has also shown that harassment of any kind places a worker at higher risk of becoming sick, injured, or being the victim of an assault. Workers can suffer from experiencing these events, especially if they happen often. Workers who have lived through experiences of workplace violence, like being sworn at, bitten, kicked or hit, are more likely to fear it happening again, and that fear can lead to physical symptoms (Rospenda et al., 2005; Namie, 2003).

Bill 168 amended the *Occupational Health and Safety Act* (1990) in Ontario in December 2009. The amendments define workplace violence and harassment, and describe employer obligations to prevent workplace violence by performing risk assessments and developing measures and procedures to prevent workplace violence. For harassment, employers must develop procedures for reporting and investigating harassment in the workplace.

The Bill came about after a few tragic incidents. The first tragedy occurred in Ottawa in 1999 when an employee who had been bullied for years ended up shooting 6 people, 4 of which died before committing suicide. The second event involved a worker who had ended a relationship with a co-worker. This co-worker refused to admit the relationship had ended, stalked and harassed her at work before finally stabbing her to death while at work and then committing suicide. When it came into effect, Bill 168 made some important changes to the *Occupational Health and Safety Act* (1990) and imposed some important obligations on Ontario employers; employers have to take precautions to protect their workers from workplace harassment and violence, even if the risk of violence comes from home (Occupational Health and Safety Act, 1990, Sect. 32.0.4).

The Workplace Safety and Insurance Board recognizes that acts of bullying, harassment, and violence can cause mental injuries and has allowed compensation for stress under the heading of traumatic mental stress. The worker would have been, for example, in a situation of having witnessed or been the victim in events such as a death, an armed robbery, a hostage situation, physical violence, death threats, a bomb threat, or harassment (if it included or threatened physical violence) (Workplace Safety and Insurance Act, 1997).

Why would Employers want to prevent psychosocial hazards?

Employers should want to identify and prevent the causes of workplace stress for three main reasons:

- **Lower Costs—the "Business Case"—**Because there is a high monetary cost to these debilitating conditions. With costs including absenteeism, presenteeism (or people going to work sick who may be unproductive), job turnover, loss of experienced workers, replacing workers, continually hiring and training workers, use of extended/group health care and employee assistance plans, and short and long-term disability costs, employers would be wise to try to eliminate as many of the workplace factors that can contribute to these costs as possible (Workplace Strategies for Mental Health, 2012).

- **Emerging Legal Reasons—**Because evolving decisions in all types of law (labour relations, occupational health and safety, human rights, employment standards, employment contract, workers compensation, and tort) in regards to emerging employer liabilities and awarded mental stress damages are making this an important issue for employers to address (Shain, 2010).

- **Corporate and Moral Responsibility—**For the health of workers and to be a leading employer that attracts the best talent.

Where can I refer my employer for more information?

World Health Organization (WHO): *Work Organization and Stress: Systematic Problem Approaches for Employers, Managers, and Trade Union Representatives* *http://bit.ly/11km36X*

International Labour Organization (ILO): *Stress prevention at work checkpoints* http://bit.ly/XM5vxo

The Mental Health Commission of Canada: *Psychological Health & Safety: An Action Guide for Employers* http://bit.ly/11km36X

See part 6 of this kit for more resources.

PART 2—"Workplace Stress": Assumptions, Terminology, and Approaches

When a person suffers from "workplace stress," what does that mean? There are so many assumptions, words, and approaches used to describe this phenomenon that we need to provide more information about what we mean when we talk about this issue, and what approach we are using to consider it.

Terminology:

When people use the term "workplace stress," it is not clear whether they are referring to the **cause** of the stress or the **effect** of the stress on the individual. When we use this term in this resource, we are referring to the factors that cause the stress. Because of this confusion between cause and effect, it is important to distinguish between psychosocial hazards (the cause) and mental distress (the effect):

Psychosocial hazards: the term used to refer to <u>workplace factors</u> that have the potential to cause psychological or physical harm if not adequately eliminated or controlled. Note that another term that workers may have heard used for this phenomenon is "workplace stressors."

Mental distress: the term used to refer to the <u>worker's reaction</u>, which when harmful to the worker is often referred to as "workplace stress" or "toxic stress." This reaction can be a medically diagnosed mental health condition, undiagnosed symptoms and/or discomfort or upset, or negative upset that aggravates dormant mental or physical injuries or illnesses. We can refer to effects on "a worker's mental and physical health" as mental distress.

Note that other definitions and descriptions of these terms exist, however we will be using these definitions consistently throughout this document.

Other terms workers may come across:

Burnout—is an outcome: a state of physical, emotional, and mental exhaustion that results from long-term involvement in work situations that are emotionally demanding (Schaufeli & Greenglass, 2001).

Work-related stress—is described as the response people may have when presented with work demands and pressures that are not matched to their knowledge and abilities and which challenge their ability to cope (Leka, Griffiths, & Cox, 2004).

Assumptions:

One of the main assumptions we need to debunk is that mental distress comes only from home or is just a product of the individual. These myths lead to the perception that mental distress is carried into the workplace from outside and that the workplace is left to deal with its effects.

Yes, we recognize that mental distress can come from both work and home. But not all people suffering from mental distress or illnesses walk into the workplace that way. Workers may enter the workplace in full control of their mental distress and then work factors may cause effects that never would have occurred otherwise. Therefore, "accommodating" the condition or providing tools to deal with mental distress may simply not be enough. While those approaches are important, work factors need to be examined and addressed to truly make a difference.

The mental distress that we are talking about in this resource kit differs from normal emotional bursts that people may experience—either positive or negative—that we encounter that are dealt with and disappear, such as losing your keys or other short-term anxieties or bursts of energy. Rather, the mental distress that we are discussing and advocating for workers to take action to prevent is seen as unpleasant by the worker, is either present for long periods of time or recurs regularly, and is imposed on the worker where the worker has no control over the situation. For example, negative mental distress can occur when there is a poor match between workplace demands and a worker's degree of control over the way the work is organized or performed. In this case the poor match is the hazard which needs to be controlled.

Negative mental distress can also be caused by harassment or violence in the workplace. Most often the worker has no control over the source of harassment or violence. Workers can be distressed by awareness, witnessing or being victims of harassment or violence. Feelings of discomfort and unease can often develop into an unwillingness to enter the workplace. And the fact is that workers generally have little control over who they work alongside, who the boss is, how much support they receive, the size and nature of the work group or whether the group dynamics are positive or negative. In an environment such as this, coping skills are challenged from the outset.

The truth is that workplace psychosocial hazards (such as work overload, lack of recognition and rewards, unreasonable or unmanageable deadlines, short-staffing situations, difficult working relationships, pressure for early return to work of injured workers, lack of support from supervisors and colleagues, bullying and harassment, job insecurity, and emotional aspects of work can distress individuals in the workplace causing devastating effects that have potentially permanent consequences. When an individual struggles with work pressures, burdens, or worries large enough or long enough to overcome their coping skills he or she will experience mental distress. This tool kit is focused on identifying and preventing workplace factors that may cause, contribute to, or worsen workers' health outcomes.

Approaches to psychosocial hazards

How we frame the problem can affect the type of solutions we might consider. For example, if we view workplace stressors as being a factor of the individual, we look for the tools and information in regards to individuals. If we view stressors as being a factor of other things, including the organization of work, we might focus on areas other than just the individual. There are three broad approaches to psychosocial hazards that can be characterized: those focused on the person, the behaviour, or the environment.

a. **Person:** When the "psychosocial hazard resulting in mental distress problem" or "the problem" is dealt with focusing on a person's individual psychological make-up and coping skills, the approach focuses on the individual's ability to deal with existing (and not changed) workplace factors using coping strategies (relaxation techniques) and how they appraise the situation. It tends to assume the environment as a back drop for the situation and does not emphasize changes to the structures or organization of the workplace.

b. **Behaviour:** When "the problem" is dealt with through behaviour, the approach focuses on individual effort and reward. This approach focuses on balancing the individual's efforts with appropriate recognition (rewards). Individual effort and reward is similar to behaviour-based approaches where the environment is simply considered as a stimulus for positive or negative reinforcement of behaviour.

c. **Environment:** When "the problem" is dealt with through the work environment, then job demands and organizational structure become the focus. A focus on the workplace environment is the preferred approach used in this worker resource kit, "Action on Workplace Stress: Mental Injury Prevention Tools for Ontario Workers." Through this kit we focus on the prevention of psychosocial hazards which may cause, contribute to, or worsen a worker's mental distress.

Ideally, a comprehensive approach to psychosocial hazards would deal with all three aspects (person, behaviour, and environment). However, for workers active in workplace health and safety, targeting changes to the environment is more appropriate for making positive change than targeting personality and behaviour. This resource kit focuses on what aspects of the organization might be contributing, causing, or worsening the worker's condition. This is not to say that other programs are not useful and needed, such as wellness programs to encourage workers' health both inside and outside of work, or work/life programs that help workers manage the dual areas in their lives, or counselling programs to help workers manage. All are important but this tool kit will focus on the work environment itself.

We experience stress from work and home in varying degrees. That we may typically experience "a stew" of stressors (or causes) does not absolve the employer from trying to discover what causes contribute to stress in the workplace and then trying to prevent them. Work impacts our stress level regardless of its state. Work can aggravate dormant conditions. Work can also cause mental distress in people who previously had no other mental conditions.

In fact, it is good to not only eliminate psychosocial hazards as causes but according to the World Health Organization (2012), gaining recognition and respect at work is a fundamental human need:

> "Being respected and appreciated by significant others is one of the most fundamental human needs. Consequently, people go to great pain to gain acceptance and approval. Recent research in the domain of occupational health psychology shows that many occasions of experiencing mental distress are linked to being offended—for instance, by being offended or ridiculed, by social exclusion, by social conflict, by illegitimate tasks. Such experiences of being treated in an unfair manner constitute an "Offence to Self,"

and this may have quite far reaching consequences in terms of health and well-being. Conversely, being appreciated is one of the most important factors that increases motivation and satisfaction as well as health and well-being" (para. 12).

It is no wonder psychosocial hazards are harmful to people as they reflect the very opposite of respect and appreciation. In light of this information, health and safety activists need to focus on eliminating or controlling the negative psychosocial factors that exist in our workplaces. By removing the causes, we can eliminate mental distress.

Three levels of prevention for psychosocial hazards:

As with all workplace hazards, we need to identify, assess and control the hazard. We need to approach psychosocial hazards like any other workplace health and safety hazard. This means we need to control psychosocial hazards in order to eliminate the resulting mental distress suffered by workers.

Most of us have seen or heard of employer strategies such as wellness programs or Employee Assistance Programs (EAP) that are aimed at helping workers with mental distress. For example, wellness programs provide important reminders to workers to follow proper nutrition, to quit smoking, and to exercise regularly as a few examples, but we can see that these things do not address any psychosocial hazards that might be affecting our negative health outcomes. These are important strategies to support workers, but any strategy must also address the psychosocial hazard that caused or aggravated the mental distress. Likewise, while providing accommodation for mental health conditions is compulsory for employers and can help workers, it is an individual approach that does not examine the workplace as a whole to identify and address workplace factors that may be impacting workers in general. As workers, we must ensure that employers provide as many supports as possible, but we must make sure that employers also identify and address workplace factors before workers get sick.

There are three levels of prevention available to deal with workers mental distress:

> **Primary prevention** addresses the cause/source of the problem—the workplace factors that increase the risk of mental and physical harm (burnout, depression, anxiety, social isolation, violence, bullying and harassment, psychosocial-related health symptoms, musculoskeletal conditions, psychosocial-related disturbances of the gastrointestinal and cardiovascular system, etc.). For example, giving workers more control over their day is an example of primary prevention. Primary prevention is the only level of prevention that addresses the workplace factors that may be contributing to a worker's negative health outcome. It is the approach that this tool kit focuses on.

> S**econdary prevention** focuses on how workers respond to psychosocial hazards before they are diagnosed with a serious condition—this includes screening for exposures to psychosocial risk factors and early symptoms related to those exposures. Secondary prevention also includes interventions which improve workers' understanding of the effects of psychosocial hazards and training in ways to minimize the impact ("stress management" techniques). Training supervisors and workers to recognize signs of

mental distress is an example of secondary prevention. While secondary prevention is important, this level does not address the source or cause of the distress, so it must occur along with primary prevention measures.

Tertiary prevention focuses on helping workers who are already suffering—it addresses the needs of workers who have sustained mental and stress-related physiological illnesses, by minimizing the impact of the disease (appropriate treatment) and facilitating their return to work. This includes bringing recognition to the role workplace factors play in the development of these various health conditions. For example, providing EAP programs for workers is an example of tertiary prevention. Tertiary prevention is important for workers suffering negative health outcomes, but it does not address the factors that caused or contributed to the condition in the first place.

Therefore, while all three levels of prevention are important, it is our experience that not enough attention is being paid to primary prevention—that is, addressing the psychosocial hazards at their source to prevent negative impacts on workers' health. Finding out which psychosocial factors are causing workers mental distress, and working together in the workplace to improve these conditions is absolutely essential and will make a difference. That is what this resource kit is all about.

PART 3—What are other jurisdictions doing?

European developments and regulation

Since the early 1990's, European employers have had an obligation to develop "a coherent overall prevention policy which covers technology, organization of work, working conditions, social relationships and influence of factors related to the working environment" (Council Directive, 1989, Article 6 (g)).

As a result, Europeans have developed many workplace tools to help workplaces assess and control workplace psychosocial hazards. In fact, as a result of this strong emphasis, a new discipline has emerged—Work Organization Specialist (in addition to safety professionals, ergonomists and occupational hygienists).

The year 2012 has been declared the year for a campaign on psychosocial risks at work by the Committee of Senior Labour Inspectors (SLIC). The aim of the project is "development of an inspection toolkit for targeted interventions on occupational health and safety (psycho-social risks)" (Swedish Work Environment Authority A, 2012, para. 5). An example of one the inspection checklists can be found at http://bit.ly/WhR8VT

The action started in 2010 when the European Union (EU) decided to develop a campaign for psychosocial hazards. Led by Sweden, 12 member states formed a working group that met three times in 2011 to develop a plan. In 2012 the campaign was launched and focused on the health sector, the service sector (hotels and restaurants), and the transportation sector. So far, 22 countries have reported progress (Swedish Work Environment Authority A, 2012, para. 5):
- More than 50% of EU countries have had training activities for labour inspectors
- At least 16% of EU countries have started their inspections
- EU countries are educating stakeholders such as the public, employers, health and safety representatives, and occupational health and safety staff.

In Canada—"National Standard on Psychological Health and Safety in the Workplace (Z1003)

Released on January 16, 2013, the "National Standard on Psychological Health and Safety in the Workplace" provides employers with a systematic process and tools to create psychologically safe workplaces. It was developed in response to the emerging realization in Canada and around the world, that workplace psychological health and safety is as important as physical health and safety. Previously, most discussions of workplace mental health issues have focused solely on workers' ability to cope in the existing workplace environment; there has been little discussion about organizational factors such as high work demands or lack of resources and support that can cause or worsen health impacts on workers. It has become clear that to be effective, strategies to improve workplace mental health must include prevention on an organizational level, as well as organizational and individual supports for workers suffering from diagnosed or undiagnosed mental health conditions.

The Standard, which is voluntary, stresses the importance of identifying and addressing factors such as work demands, work organization, work relationships, threats of violence, violence, discrimination, harassment, and bullying that negatively impact workers' physical and mental health. Preventing "psychosocial hazards" at their source is an important aspect of an employer's overall strategy for maintaining a safe and healthy workplace and in meeting the requirements of the standard.

The Standard provides an organizational approach to creating a psychologically safe workplace. Steps described include commitment and policy, planning, implementation, evaluation, and review.

The Mental Health Commission of Canada championed development of the Standard and worked collaboratively with the Bureau de normalisation du Québec (BNQ), the Canadian Standards Association (CSA), and a committee made up of health and safety professionals, labour representatives, executives, government representatives, experts in law and policy, and other groups. Funding for the project was provided by Human Resources and Skills Development Canada (HRSDC), Health Canada, the Public Health Agency of Canada, and Bell.

In a recent review of the proposed CSA standard regarding Psychological Health and Safety in the Workplace (Z1003), corporate lawyers (Shane Todd and Cheryl Edwards) objected to the standard as far exceeding the legal expectations placed on employers by North American Health and Safety legislation (Edwards & Todd, 2012). This in spite of actions in Europe and in Quebec, where a regulation exists that mandates prevention of workplace harassment http://bit.ly/11nrLAv. However, if one takes seriously the duty of employers to do everything reasonable in the circumstances to protect worker health and safety (as per the "General Duty Clause"), then one can see the wisdom in the European approach.

The Standard can be downloaded for free after registering at http://bit.ly/YSvN3o

PART 4—What are my Rights and Legal Protections? (focus on Ontario)

Your legal rights for reducing mental distress at work can be described as management's (legal) duty to provide a psychologically healthy and safe workplace just as management has a duty to provide a physically safe workplace. This means that if workplace factors exist that are negatively affecting the physical and mental health and safety of workers, employers should identify and prevent the harm where they can. Although not yet clearly specified in health and safety or other laws in Canada, protecting workers from psychological harm is a growing idea and principle in emerging common law. Whereas a few years ago the law would take note only of egregious and intentional harms, it now sees negligent and reckless causes of mental and emotional harm as attracting liability.

Therefore, with the increasing evidence that psychosocial hazards cause mental distress, the legal options for people suffering the impacts are becoming stronger. According to a Canadian Mental Health Commission report written by Dr. Martin Shain (2010), *Tracking the Perfect Legal Storm,* developments in seven areas of law are making it clear that employers have some responsibilities for creating and maintaining a psychologically safe workplace for employees (Shain, 2010). Increasing amounts and incidences of damages paid to wronged employees in employment law, human rights law, health and safety law, and compensation law, to name a few, mean that courts, tribunals, and arbitrators have become more sensitive to the issues especially with advances in laws elsewhere in the world. These emerging legal cases give workers the impetus to expect and lobby with employers for psychologically healthy and safe workplaces, and to urge governments and policy-makers to update legislation to account for these obligations. Indeed, progressive employers will no doubt be monitoring these events and will likely adopt practices in their workplaces that take them into the future and set themselves apart as leaders and top attractors of talent and people resources. These firms will maximize and bring out the very best in their people resources and systems while lowering lost time, bad morale, bullying and harassment levels, and episodes of dysfunction all of which remove the daily focus from the business at hand.

Long standing stereotypes and stigma applied to people with mental illness are weakening as the magnitude of mental health suffering is exposed—Canadian Mental Health Association estimates that one-fifth of all Canadians will personally experience a mental illness in their lifetime (para. 1). An enforceable, legal duty to provide a psychologically safe workplace has emerged.

Although responsibility and growing legal obligations for dealing with mental distress are better known, the employer may still be reluctant to address these concerns in many workplaces. In general, your legal remedies fall into four broad areas: the duty to accommodate, income replacement, protection of health and safety, and fair treatment at work (human rights and employment standards).

The kinds of work organization which have been shown to contribute to mental distress in workers include the *chronic and the consistent, for example*:

- É Imposition of unreasonable demands

- É Withholding of adequate levels of materially important information, whether deliberately or by neglect

- É Refusal to allow the exercise of reasonable discretion over the day to day means, manner, and methods of work

- É Failure to acknowledge or credit contributions and achievements

- É Failure to recognize and acknowledge the legitimate claims, interests, and rights of others (unfairness, justice at work)

In this section, we will briefly describe the legal principles which apply, how they apply, and provide you with links to more information on how to use them.

Fair Treatment at Work

A complaint under human rights legislation

All jurisdictions in Canada have human rights legislation that protects individuals from discrimination or harassment based on prohibited grounds. For example in Ontario, a complaint can be filed with the *Human Rights Tribunal of Ontario* when the employer's actions or omissions constitute harassment or discrimination that is *based on prohibited grounds* (race, ancestry, place of origin, colour, ethnic origin, citizenship, creed, sex, sexual orientation, age, record of offences, marital status, same-sex partnership status, family status, and disability). It also applies where the employer's actions or omissions constitute a failure to provide reasonable accommodations for a person's disability, age, religion, marital status, immigration status, ethnic or racial identity or family obligations, or other factors listed in the Code (1990). In Ontario, human rights legislation is sufficiently robust to offer claimants compensation and redress for their mental injury if it is due to harassment or discrimination on prohibited grounds, or a failure to accommodate. The Human Rights Tribunal may also require the employer to take systemic actions to prevent the harassment or discrimination.

A complaint under the Employment Standards Act (ESA)

This Act places limitations on working conditions (i.e., the maximum length of a work day, certain hours employees are entitled to be free of work, eating periods) and the ability to take personal emergency leaves and time off to care for a dying family member. The ESA may apply when work demands violate these minimum standards.

A Grievance under Collective Agreement

Many collective agreements have protective language prohibiting harassment. Some have language that addresses how unreasonable workload demands can be investigated and resolved. However, even if discrimination, accommodation, health and safety (including workplace violence and harassment) are not specifically mentioned in the agreement, statute laws such as these are implied in union agreements—they do not have to be mentioned to apply. This means that the grievance procedure in a collective agreement is the dispute mechanism used and available to unionized workers if they feel that their employer is not complying with a statute. If you are a union member, contact your union representative to file a grievance.

The grievance process available under the collective bargaining system is usually based on finding language that requires the employer and its agents to act in a fair and reasonable manner. The scope of this broad duty appears to be expanding.

There is also a presumed fundamental requirement of fairness and reasonableness in the conduct of the employment relationship. Increasingly, arbitrators are willing to read this requirement into collective agreements even when there is no contract language to support it.

If you are not a union member, you should see a lawyer or go to a community legal clinic in your area. In addition to helping you with a Human Rights or WSIB claim, a lawyer can advise on any other employment law remedies you may have in your circumstances. The courts are increasingly reading into employment contracts an implied term that the employment relationship be conducted in a manner that is not injurious—based on a presumption that no reasonable person would agree to such working conditions as a condition of employment.

Protection of Health and Safety

**Using health and safety legislation such as the *Occupational Health and Safety Act (OHSA)***

In Ontario, an employer has a general duty to take all measures reasonable in the circumstances for the protection of the health and safety of the worker (Occupational Health and Safety Act, 1990, Sect. 25; Sub. 2(h)). Employers are also now required to have workplace violence and harassment programs that include policies on workplace violence and harassment and procedures for reporting, investigating, and dealing with complaints of workplace violence and harassment. Employers must also provide the worker with information and instruction on the contents of the policies and programs. The new law is explicit that the general duty to take every precaution reasonable to protect workers extends to preventing "workplace violence" as defined in the Act. The amendments were not explicit about employer duties with respect to psychosocial hazards such as harassment, work overload etc.

Joint Health and Safety Committees (JHSCs) and worker health and safety representatives (HSRs)

Occupational health and safety legislation makes it mandatory that joint health and safety committees and health and safety representatives exist in workplaces to identify hazards and make recommendations to the employer to improve workplace health and safety. In Ontario,

workplaces with 20 or more people regularly employed must have a JHSC that is composed of equal numbers of worker and employer representatives. In smaller workplaces (6-19 in Ontario), a worker health and safety representative is selected to perform the role instead of a larger committee (see Fig. 1). Although there is no legislative requirement for a JHSC or a health and safety representative in workplaces with 1-5 workers, if the workplace uses designated substances, the employer is required to have a JHSC. JHSC members and HSRs get paid work time to inspect the workplace to identify hazards, investigate critical injuries and fatalities, receive information from the employer about health and safety, provide recommendations on health and safety policies and procedures, accompany health and safety inspectors on visits to the workplace, among other things listed in the *OHSA* (1990). The Ministry of Labour provides a "Guide for Joint Health and Safety Committees (JHSC) and Representatives in the Workplace " http://www.labour.gov.on.ca/english/hs/pubs/jhsc/

Fig. 1
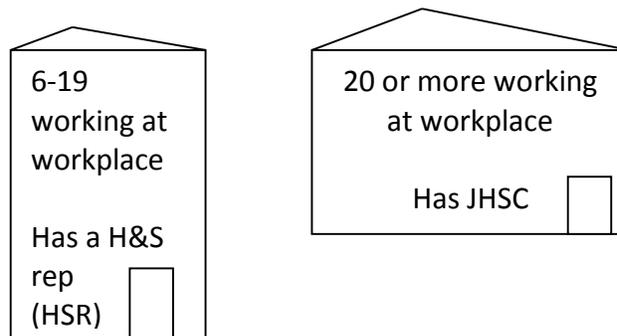
In a unionized environment, the worker members of the committee (or the HSR in a small workplace) are selected by the union and in a non-unionized workplace; the worker representatives are selected by the workers at the workplace.

Engage your Health and Safety Representative or Joint Health and Safety Committee on the need to identify and control the psychosocial hazards in the workplace.

Duty to Accommodate

The legal principle for duty to accommodate is found in the *Human Rights Code* (1990) and in the *Workplace Safety and Insurance Act* (1997). It is applicable in all workplaces regardless of size or sector. If you are experiencing health problems at work, you have to go off work because of your health, or you want to come back to work after being off sick or injured, your employer has **a duty to accommodate** your illness or disability up to undue hardship. This right can be enforced by the Human Rights Tribunal of Ontario or the WSIB or Workplace Safety and Insurance Appeals Tribunal (WSIAT) if the cause of your illness or disability is work related.

The duty to accommodate requires the employer to make changes to your work if necessary to enable your successful to return to work.

Organizational factors of the workplace such as job control, work and rest schedules, long working hours, high psychological demands, and specific characteristics impacting the injured worker such as pain, severity of injury, low recovery expectations, and depression can all create obstacles in the return to work process and prolong work disability. Other psychosocial factors

including relationships with co-workers and supervisors, organizational culture and labour relations in the workplace can also contribute to prolonged work disability. But when there is an offer of a work accommodation or modified work that is meaningful and in a setting where the worker can "fit in" the likelihood for return to work doubles and the number of days the injured worker is off work is reduced by half.

Unfortunately WSIB, employers, and insurance interests do not give high enough regard to evidence of physically or psychologically unsafe work in their blind adherence to the *early* return to work model. The Institute for Work and Health study, *A deliberation on 'hurt versus harm' logic in early-return-to-work policy*, discusses the flaws in the therapeutic early return to work model that may actually hinder an injured worker's ability to return to sustainable work (McEachen, Ferrier, Agnieszka, & Chambers, 2007). The research suggests that the early return to work model works best in "ideal" work environments that have harmonious labour relations and robust health and safety systems. The facts and context of each worker's situation must be considered individually to ensure that early return to work does not cause further harm to the returning worker (McEachen et al., 2007).

The Canadian Human Rights Commission's *Policy and Procedures on the Accommodation of Mental Illness* (2008) recognizes the impact that workplaces can have on workers' mental health when it advises workplace parties to identify and diminish factors that might worsen mental illness (Canadian Human Rights Commission, 2008).
To download the document visit: http://bit.ly/W2yjEb

Income Replacement

When an employee has to take time off work because of illness or injury, there are generally three options for income replacement: workers' compensation (called WSIB in Ontario), sickness and accident insurance, and employment insurance. For a person with a permanent disability and who is unable to work there is the Canada Pension Plan (CPP) and the Ontario Disability Support Program (ODSP).

Workers' Compensation (WSIB) is a mandatory program for most employers that provides employees with benefits when unable to work because of an illness or injury caused by work. Currently Ontario's legislation prohibits payment for illness due to workplace stress. It does cover traumatic stress related illnesses. See below for more information.

Sickness and accident insurance provided by private companies may be offered by an employer. It is not required by law and usually related to union negotiations. These insurance plans will usually provide benefits when you are off work because of mental illness.

Employment insurance provides a short-term sickness benefit. For more information visit: http://bit.ly/Vwtymk

CPP provides a disability benefit for people who have contributed to the plan and have a long-term disability that prevents them from working.

http://bit.ly/11aOs0j

ODSP helps people with disabilities who are in financial need pay for living expenses, like food and housing, and can help with employment supports to help you find employment or start a business. http://bit.ly/XawwKS

Welfare is available as a last resort, or while waiting for ODSP or CPP to be approved.

WSIB and Psychological Injury

A claim for compensation from the Workplace Safety and Insurance Board (WSIB)

What types of psychological injuries are covered by the WSIB?

If you have a **physical** work-related injury or illness, and you develop a mental illness/injury as a result of the physical accident itself, or the consequences of the injury on your life, you can get WSIB benefits. This kind of injury is called a secondary "psychotraumatic" injury. The law does not limit benefits to workers in this situation. The physical injury does not have to have been "traumatic".

Unions and worker representatives have volumes of examples of injured workers driven to psychological distress by various hazards that happen to workers after they suffer a physical injury at work. These psychosocial hazards include treatment of injured workers by WSIB, reduced income, and employer and WSIB pressure to return to work. For example, you might have suffered a repetitive strain injury at work. You might then develop depression because of the pain, financial strain while not working, and emotional effects of having your co-workers mad at you when you return to work because they have to take on additional tasks to accommodate your injury. You can be compensated for the effects of the depression on your employability and receive WSIB support for medical care and medication for the depression.

You can also get benefits if you suffer a mental illness/injury because of experiencing a sudden and unexpected "objectively traumatic" event at work, or a series of sudden and unexpected traumatic events. This type of injury is called "Traumatic Mental Stress". The WSIB says that "objectively traumatic" events are generally those that involve a risk or element of physical violence, for example:

- being held hostage
- being threatened with physical harm or death, or
- witnessing a fatality or horrific accident.

What types of psychological injuries are not covered by the WSIB?

The law and policies say the WSIB cannot pay benefits to workers who suffer mental illness/injury because of "stress" at work (Workplace Safety and Insurance Board, 2004). The only exceptions are where the stressful workplace event(s) was "objectively traumatic", usually meaning it involved violence.

If you suffer a psychological injury/illness because of stressful work conditions (psychosocial hazards) at your workplace, you probably will not get WSIB benefits for your injury. You probably will not get WSIB benefits if your injury is caused by:

- bad work organization;
- overwork;
- lack of recognition of your contribution to the workplace;
- poor supervisor or co-worker support;
- lack of job security and precarious work; or
- harassment/ bullying without threat of violence.
  *some decision-makers at the Workplace Safety and Insurance Appeals Tribunal (WSIAT) have suggested that harassment/bullying might be enough to qualify for benefits, even without the threat of violence, but they are in the minority.

Also, the WSIB cannot pay benefits for injuries caused by employer decisions about the workplace, like decision to terminate your employment or transfer you to a new position.

WSIB laws preventing injured workers from getting benefits for mental stress injuries arising from stressful working conditions are out of date and unfair. At the WSIAT, several workers are arguing that the law is discriminatory against people with mental disabilities. The workers argue that the law violates both the *Charter of Rights and Freedoms* (1982) and the *Ontario Human Rights Code* (1990). Unfortunately, it may take many years before this issue is resolved at the Tribunal and the courts.

The workers' compensation system was set up to protect employers from lawsuits for causing personal injury or disease—workers gave up the right to sue in exchange for this compensation. As more litigation for mental harm occurs, and larger compensation awards are issued by the courts, employers might join workers in lobbying for chronic work-related stress induced conditions to be compensated through WSIB.

How can I handle having a psychological injury and a WSIB claim?

You should talk to a qualified union or other representative if you have suffered a psychological injury because of stress at work. These cases can be difficult to handle on your own.

A qualified representative can give you the best advice about what to do in your case. Even if your injury was caused by non-violent stressful events at work, for example, it might be worth trying to get WSIB benefits through an appeal. The law is changing quickly and the WSIAT has allowed compensation in some cases that don't involve a threat of violence, like a wrongful accusation of serious wrongdoing.

Navigating workers' compensation when you are suffering a mental injury/illness is daunting. Get support from those around you to go through this process or to find out information about help available. Supports can be your family, your union, your friends, a legal clinic, an injured workers group, Occupational Health Clinics for Ontario Workers (OHCOW), the Workers Health and Safety Centre (WHSC), or anyone else you choose.

Being labelled with a mental illness unfortunately often carries with it a burden of stigma because many people don't understand it. Due to this lack of knowledge (and often lack of understanding), the process of filing a WSIB claim itself and of going through medical/WSIB assessments can actually cause psychological distress. Know that the system itself has identified that stigma is a problem (Workplace Safety and Insurance Board, 2012). Here is a link to the WSIB's stigma information and material: http://bit.ly/S8h5kb

What is a psychological injury?

In all cases, the WSIB will only pay benefits for psychological injury/illness if the workplace conditions—including things that happened because of a workplace accident or conditions like financial stress or pressure to return to work—were one main cause of the psychological injury/illness. You can get WSIB benefits if there were other non-work causes, as long as work also caused the injury/illness.

The WSIB will only consider paying benefits for psychological conditions where the worker's doctor or psychiatrist/ psychologist (a psychiatrist or psychologist opinion is strongly preferred, and in some cases required) has diagnosed a psychiatric condition. Examples of psychiatric illnesses that the WSIB compensates are depression, post-traumatic stress disorder, and anxiety disorders. Psychiatric conditions are diagnosed according to the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV).

The DSM-IV is a manual used by medical professionals to diagnose mental illnesses. At this time, it is a requirement for eligibility for many benefit programs to have a valid diagnosis listed in the DSM-IV. The Diagnostic and Statistical Manual of Mental Disorders (4th edition or DSM-IV) is the result of an attempt by the American Psychiatric Association to standardize the diagnosis of recognized mental disorders. It defines mental conditions and lists the symptom criteria for their diagnosis. There is a fair amount of controversy over these definitions and criteria, and significant changes are expected in the 5th edition which is scheduled to be released in May 2013.

Does it matter when I was injured?

It might. Limits in the law on "stress" injuries were only formally introduced in 1998, although decision-makers had already denied many stress cases before the law changed. If you suffered a psychological injury because of stress at work before 1998, the law's limits on mental stress injuries do not apply to your case. Workers injured before 1998 usually have to show that workplace events were such that an "average worker" would have experienced the events as "stressful" and been at risk of developing a psychological injury.

Resources for Advocates

Board Policies:

OPM 15-03-02, Traumatic Mental Stress
http://bit.ly/Uv5Sf4

OPM 15-04-02, Psychotraumatic Disability
http://bit.ly/OVuQay

Best Approaches Guides:

WSIB Traumatic Mental Stress Guide
http://bit.ly/SAKed7

WSIB Return to Work Considerations—Workers with Psychological Entitlement and Chronic Pain Disability
http://bit.ly/PoT6O6

IAVGO Manual
Chapter 9: Psychological Disability
http://bit.ly/VJLnh4
Chapter 11: Stress Claims
http://bit.ly/SAKqZO

Short-term and Long-term sick benefits

1. **Short-term Disability (STD) and Long-term Disability (LTD) through your work benefits**

If you are unable to work because of illness, you may be eligible for both short and long-term disability benefits through your work benefits. Generally, to be eligible for STD benefits, you must be unable to do your job. For LTD benefits, you must be disabled from performing your own job for the first two years. After the two-year mark, most LTD plans require that you be disabled from performing any job in order to continue to qualify.

Few LTD plans permit part-time work while continuing to receive benefits. So if you are able to work part-time, you will generally be disqualified from receiving LTD.

Ontario Disability Support Program (ODSP) helps people with disabilities who are in financial need pay for living expenses, like food and housing, and can help with employment supports to help you find employment or start a business. http://bit.ly/XawwKS

2. **CPP Disability**

You may be eligible for CPP disability benefits if (Service Canada, 2012a):

- You are under 65 years old
- You have a severe and prolonged illness
- You contributed to CPP in four out of the last six years **or** you contributed to CPP for at least 25 years and contributed in three out of the last six years

CPP provides a disability benefit for people who have contributed to the plan and have a long term disability that prevents them from working.
http://bit.ly/11aOs0j

For more information, please see the Service Canada website: www.servicecanada.gc.ca.

Ontario Disability Support Program (ODSP) helps people with disabilities who are in financial need pay for living expenses, like food and housing, and can help with employment supports to help you find employment or start a business. http://bit.ly/XawwKS

3. **Employment Insurance Sickness Benefits**

You may be eligible for EI sickness benefits if (Service Canada, 2012b):

- You worked in insurable employment (i.e., EI premiums were deducted from your wages) for at least 600 hours in the past 52 weeks

- If you received EI in the past 52 weeks, you have worked at least 600 hours since your last EI claim ended
- You are unable to work because of illness, but you are otherwise able to work

Employment Insurance (EI) sickness benefits are paid for a maximum of 15 weeks.

Employment insurance provides a short-term sickness benefit. See here for more information: http://bit.ly/Vwtymk

For more information, please see the Service Canada website: www.servicecanada.gc.ca.

Ontario Disability Support Program (ODSP) helps people with disabilities who are in financial need pay for living expenses, like food and housing, and can help with employment supports to help you find employment or start a business. http://bit.ly/XawwKS

PART 5—Workplace Action Plan

- The Case For Action

- What about "vulnerable" workers?

- What are some of the psychosocial hazards to look for?

ACTION STEPS:

1. IDENTIFY THE PROBLEM
   a. What do I do as a worker? (see worker worksheet)
   b. What do I do if I am a Joint Health and Safety Committee member or if I am a Health and Safety Representative? (see JHSC worksheet)
   c. What do I do if I am a union representative? (see union worksheet)

2. ASSESS THE PROBLEM

3. CONTROL THE PROBLEM

PART 5—Workplace Action Plan

The Case for Action

Workers do all kinds of work and work within many different types of environments. Workers may work part time, full-time, contract, temporary, etc. And under the *Occupational Health and Safety Act* (1990), anyone collecting wages from an employer is defined as a worker.

We as workers have good reasons to intervene and take action to improve the conditions of work that cause us mental distress. We are mothers, fathers, sisters, brothers, grandmothers, grandfathers, aunts, uncles, cousins, and friends. We all have activities that we enjoy outside of work that we wouldn't want work to ruin. So many workers have died, have been critically injured, or developed devastating health conditions and diseases from work that changed their lives forever. None of those workers thought such things would happen to them. You probably don't think anything will happen to you. Workers think that the workplace and the employer will take care of them. It's not always true. The employer does not have the right to cause harm to workers, in fact, just the opposite. As such, workers have many reasons to press employers in whatever way they can to address the factors at work that threaten—not just a worker's health and safety—but also a worker's ability to live their life and support their family and contribute to their community. We need to examine the workplace for the harmful factors affecting our health and safety and try to make employers comply with their responsibility to protect us. And we should take actions as early as possible, before we develop a diagnosed medical condition that will make us more fragile and therefore more unable to assert our rights to safe and healthy work.

While psychosocial hazards may be difficult hazards for employers and inspectors to deal with because the law is slow in evolving, it is important that workers insist that psychosocial hazards be prevented like any traditional health and safety hazard. It took Europe decades for its enforcement system to recognize these hazards and it may also take time in Ontario. One thing is for sure, workers should not be stopped from recognizing these hazards by the weaknesses in the system to recognize these hazards (see the lists in Fig. 2) for it is only through making this an issue that change will occur. Indeed, history shows that laws and their interpretation only changed through worker and union action in health and safety, which have produced some of the most significant changes in laws and their interpretation. Use the material and tools in this kit and in the resource list to gather the evidence to make your case to both employers and Ministry of Labour inspectors. Use these facts and reasons to achieve improvements at work that will prevent mental distress for you and your fellow workers.

Workers can take action in all workplaces to address psychosocial hazards that cause mental distress. It's true that not all workplaces are unionized, however where workers are unionized, the union can provide help and support. In a non-unionized workplace, workers can still get help from the Workers Health and Safety Centre (WHSC) or Occupational Health Clinics for Ontario Workers (OHCOW). In addition, all workplaces have workers, and most workplaces will either have a joint health and safety committee or a health and safety representative. In ALL

workplaces, employers have obligations to take every reasonable precaution in the circumstances to protect workers' health and safety. While it may be true that it is easier to effect change in a unionized workplace or in workplaces where the employer concedes a problem, it is important that all workplaces use these tools to address the issue.

What about "vulnerable" workers?

There is no "one size fits all approach" to dealing with stress caused or aggravated by workplace psychosocial hazards. Some workers may be more vulnerable to mental distress because their status as part-time, non-permanent, contract, or seasonal may prevent them from raising issues at work. Workers may be afraid to speak up about the psychosocial hazards, leaving mental distress unchecked and unaddressed. As a result, the employer may have no awareness of any negative effects on workers, or may have no interest in addressing the root cause of the stress. Workers may fear being sanctioned for reporting their concerns.

Some workers may not have the training or knowledge to recognize that what they are experiencing is indeed a health and safety concern that an employer needs to address and a worker needs to report. A worker who is seeking support can link with workplace allies and call outside sources for advice, such as their union's Health and Safety Department (or if not unionized, the Occupational Health Clinics for Ontario Workers (OHCOW) (www.ohcow.on.ca), and the Workers Health and Safety Centre (WHSC) (www.whsc.on.ca). Workers can also call—anonymously if necessary—the Ontario Ministry of Labour at 1-877-202-0008 to ask an inspector to visit the workplace to investigate.

It is against the law for employers to threaten to discipline, discipline, suspend, intimidate, or terminate a worker because the worker is trying to assert their health and safety rights such as reporting a hazard, refusing to work for a health and safety reason, or even asking that any unsafe or unhealthy situation be addressed. However, it is not unusual for this type of reaction to occur, so a worker must weigh all the risks when deciding how to assert their rights. A worker can file a complaint at the Ontario Labour Relations Board if he or she feels that the employer has taken negative action (or a reprisal) against them for asserting their health and safety rights (unionized workers may have an option to file a grievance). New amendments to the *Occupational Health and Safety Act* (1990) provide that inspectors can investigate reprisals and refer a reprisal complaint to the Ontario Labour Relations Board. See here for more information: http://bit.ly/Vqvyut

Fig. 2. What are some of the psychosocial hazards to look for?

According to the Copenhagen Psychosocial Questionnaire, the following is a list of psychosocial hazards:

Demands
- Quantitative demands (insufficient staff)
- Unreasonable work pace
- Excessive emotional demands

Work Organization
- Insufficient influence (over work issues or tasks)
- Insufficient possibilities for development at work
- Little meaning of work
- Lack of commitment to the workplace

Work Values
- Little trust regarding management
- Insufficient justice and respect

Work Relationship
- Unpredictability
- Little or no recognition
- Need for role clarity
- Poor quality of leadership
- Little or no social support from supervisor

Work-Life Balance
- Insufficient job satisfaction
- Work-family conflict

Offensive Behaviours
- Sexual harassment
- Threats of violence
- Physical violence
- Bullying

(Kristensen, Hannerz, Hogh, & Borg, 2005)

PSYCHOLOGICAL SAFETY ACTION PLAN TIP SHEET FOR WORKERS

BEFORE YOU BEGIN

- You would benefit from understanding occupational health and safety law, principles and rights. Consider accessing basic health and safety training from your union or the Workers Health and Safety Centre (WHSC) (http://www.whsc.on.ca)

- Remember to carefully document all concerns, issues, investigations, efforts, etc.

- Know that your employer is required by Ontario law to establish and maintain safe and healthy workplaces and specifically to "take every precaution reasonable in the circumstances to protect" you as a worker (Occupational Health and Safety Act, 1990, Sect. 25-27). http://bit.ly/VwT9vv

YOUR ROLE

As an Ontario worker you must:
  - work in compliance with occupational health and safety law,
  - as well as in accordance with your employer's occupational health and safety policies, programs, etc.,
  - report hazards to your supervisor/employer (Occupational Health and Safety Act, 1990, Sect. 28). http://bit.ly/11b4Uxo

ACTIONS TO TAKE

- To identify whether psychosocial hazards are an issue for you, ask yourself these questions:

  Do you ever feel:

  - Pressured and physically/mentally exhausted because of having too much work to do and not enough time or help to do it?

  - Anxious or even ill because of a poisoned work environment or from being bullied, harassed or subjected to threats of violence?

  - Uncertain because of the constant threat of layoff or because you don't know where you'll be or what hours you'll be working next week or next month?

  - An emotional toll because you don't have the time or resources to care for a client/patient/customer the way you know it should be done?

  - Frustration because you have no control over how your work gets done, or because of a lack of support from supervisors or management to do your job?

If you said YES to any of these questions, you will want to read further about how psychosocial hazards at work affect your mental and physical well-being, and how we as workers can begin to address these hazards.

- Report psychological hazards and injuries/illnesses to your supervisor/employer

- Participate in evidence gathering surveys and other exercises conducted by unions and/or JHSCs/HSRs

- Report unresolved psychological safety concerns/hazards to your Joint Health and Safety Committee (JHSC) or health and safety representative (HSR)

- Participate in evidence gathering surveys and other exercises conducted by unions and/or JHSCs/HSRs

- Consult your union if you are unionized. You can speak to them about filing a grievance or other options if your concern is not resolved

- If you are unionized or not, you may wish to call the Ministry of Labour (MOL) for advice, information and/or intervention

Try not to "go it alone"–Join together and press your employer to obey the law: It's not always easy, especially when talking about psychosocial hazards, which are not specifically mentioned in health and safety legislation in Ontario. Law in Ontario says that employers must take reasonable precautions to protect the health and safety of workers. Joining together will help workers press employers to consider these hazards as part of that obligation. Workers don't control the workplace and are often afraid to speak up. It will take buddying up to get action.

Why report?
As workers, we have a legal responsibility under occupational health and safety law to report workplace hazards to our supervisors or employers. Plus, employers are not always present to see the work; therefore reporting hazards and suggesting solutions is one way that workers can ensure that employers rectify factors that negatively affect them. If the hazard is affecting you, it is probably affecting other people too. However, workers don't have to act alone; to be more effective in getting an issue addressed, it helps if workers join together to seek solutions for hazards. If the workload is too high, or people are not replaced, or if workers get insufficient resources and support to do their job, the problem is more likely to be resolved if workers act together to make the employer resolve the situation.

What do I report?
We consider a hazard to be any factor at work that negatively affects a worker's mental or physical health and well-being. Therefore, threats to a worker's psychological health and safety should be reported to the employer and prevented like any other hazard. Employers should act

on these reports and prevent the problem from affecting workers. According to the Copenhagen Psychosocial Questionnaire, examples of workplace factors associated with negative health outcomes that workers might report as hazards needing solutions include:

Demands
- Quantitative demands (insufficient staff)
- Unreasonable work pace
- Excessive emotional demands

Work Organization
- Insufficient influence
- Insufficient possibilities for development
- Little meaning of work
- Lack of commitment to the workplace

Work Values
- Little trust regarding management
- Insufficient justice and respect

Work Relationship
- Unpredictability
- Little or no recognition
- Need for role clarity
- Poor quality of leadership
- Little or no social support from supervisor

Work-Life Balance
- Insufficient job satisfaction
- Work-family conflict

Offensive Behaviours
- Sexual harassment
- Threats of violence
- Physical violence
- Bullying

(Kristensen, Hannerz, Hogh, & Borg, 2005)

Use your JHSC or HSR
JHSCs and Health and Safety Representatives have a special role in health and safety in the workplace, and in any strategy to take action regarding psychosocial hazards. JHSCs and worker HSRs are not responsible for the health and safety in the workplace: that's the employer's job. But JHSCs and HSRs have important roles to identify hazards and make recommendations to the employer about how to address hazards. The JHSC/HSR acts as a conduit to bring forward worker concerns about workplace health and safety, especially when the worker's supervisor or employer has not solved the problem. A JHSC or HSR should respond to your concerns about psychosocial hazards and may make formal written recommendations to the employer, to which the employer must respond.

The employer is required to respond within 21 days in writing, containing a timetable for implementing the recommendations or give reasons why they disagree with any recommendations (Occupational Health and Safety Act, 1990, Sect. 8; Sub. (12), (13) or Sect. 9; Sub. (20), (21)). If your employer will not take action, you may need to call an inspector from the Ministry of Labour for assistance. You can use the tools in this kit to make sure you have prepared the evidence you need to support your case for the measures that are "reasonable in the circumstances" (Occupational Health and Safety Act, 1990, Sect. 25; Sub. 2(h)). If you are a member of a union, contact your union who may have staff to help you assert your rights to be protected from psychosocial hazards, and/or to appeal an MOL decision not to enforce the employer duty to protect you from these hazards. If you are not a union member, there are worker training centres and public occupational health clinics where experts may help you for free. Check out The Workers Health and Safety Centre (WHSC) at www.whsc.on.ca and Occupational Health Clinics for Ontario Workers (OHCOW) at www.ohcow.on.ca.

Go to your Union for help if you have one
Unions in particular need be proactive in the care of their members with regards to workplace psychological health and safety. Psychosocial hazards that cause any type of mental distress (diagnosed or undiagnosed) should be treated like every other workplace hazard. If a workplace is unionized, you leaders may assist you in:
- Obtaining training
- Identifying psychosocial hazards
- Reporting to supervisors/employer
- Reporting to JHSC/HSR and other agencies as appropriate
- Gaining access to medical intervention and workplace support and reintegration
- Considering grievances as appropriate
- Ensuring vulnerable injured workers are protected from premature return to work that may cause or aggravate mental distress and/or physical injury

Workers can call the Ministry of Labour (MOL) and ask that an inspector come and investigate
Every provincial and federal jurisdiction has inspectors that enforce occupational health and safety legislation. For example, Ontario's Ministry of Labour has approximately 430 inspectors whose job it is to enforce Ontario's *Occupational Health and Safety Act* (1990). Inspectors in all jurisdictions inspect workplaces, decide on work refusals, respond to worker complaints, and can write orders to employers or prosecute employers when employers fail to comply with health and safety legislation, or fail to take reasonable precautions to protect workers. To reach the MOL visit http://bit.ly/XMgEOR

Can workers refuse unsafe work from the causes of workplace stress?
Ontario's health and safety law describes a worker's right to refuse unsafe work. And some workers, like those in hospitals, jails, or residential facilities have a limited right to refuse work—they cannot refuse work where the hazard is inherent in their job or refuse work that puts others in danger (Occupational Health and Safety Act, 1990, Sect. 43). While the possibility of refusing unsafe work due to a threat of violence in the workplace has recently been added to health and safety law in Ontario, refusing on the basis of other factors that cause mental distress is not mentioned. Therefore, refusals that deal with the factors that cause mental distress (such as workload, bullying and harassment, or short-staffing (unless that poses a

physical danger)) are difficult because of the system's lack of acceptance of their likeliness to endanger a worker. We believe that a point may be reached where psychosocial hazards are likely to endanger the health of a worker based on the particular circumstances. In such circumstances a worker should be able to exercise their right to refuse. However, while we believe that these work refusals may and should be considered valid (because of the employer's general duty to protect the health and safety of workers), our system is not yet sophisticated enough to consider these hazards as a basis for refusing work. However, worker action is what drives changes to the system and perhaps the system will get more sophisticated as it responds. So instead of asking the question "CAN workers refuse," perhaps we should consider whether work refusals WORK in this scenario and the answer is that they often don't. However, the process of engaging in a work refusal requires employers to investigate the situation, which may result in a resolve in the early stages of a work refusal. Ontario's system should look to the resources in Europe and equip our own inspectors to assist and advise workplaces regarding psychosocial hazards.

PSYCHOLOGICAL SAFETY ACTION PLAN TIP SHEET FOR JOINT HEALTH AND SAFETY COMMITTEE MEMBERS

BEFORE YOU BEGIN

- You would benefit from understanding occupational law, principles and rights. Consider accessing basic health and safety training from your union or the Workers Health and Safety Centre (WHSC) www.whsc.on.ca.

- Remember to carefully document all concerns, issues, investigations, efforts, etc.

- Know that your employer is required by Ontario law to establish and maintain safe and healthy workplaces and specifically to "take every precaution reasonable in the circumstances to protect" you as a worker (Occupational Health and Safety Act, 1990, Sect. 25-27). http://bit.ly/VwT9vv

YOUR ROLE

As a JHSC member or HSR your role is to identify sources of psychological danger or hazard to workers, obtain information from the employer and elsewhere, and make recommendations to the employer for improvements. You have additional rights and duties outlined in sections 8 and 9 of the Occupational Health and Safety Act (1990). *http://bit.ly/11b54VK*

ACTIONS TO TAKE

Identify the hazards in order to make recommendations for further investigation and control of the hazards

Psychosocial hazards that cause any type of mental distress (diagnosed or undiagnosed) should be treated like every other workplace hazard.

Identify psychosocial hazards by gathering evidence and other information including:

- reports from workers including unresolved concerns
- inspection reports
- illness reports/data
- information from academic, union, safe work association, etc.
- **data derived from tools to gather evidence e.g. COPSOQ survey**

Draft and present recommendations for further investigation and/or to control identified psychosocial hazards

Try not to "go it alone"–Join together and press your employer to obey the law: It's not always easy, especially when talking about psychosocial hazards, which are not specifically mentioned in health and safety legislation in Ontario. Law in Ontario says that employers must

take every reasonable precaution to protect the health and safety of workers. Joining together will help workers press employers to consider these hazards as part of that obligation. It will take buddying up to get action.

If you are on a JHSC

- Caucus before committee meetings, on paid time (Occupational Health and Safety Act, 1990, Sect. 9; Sub. (34), (35)) with other union/worker members to secure support from the other worker members for your recommendations at committee meetings. *http://bit.ly/11b54VK*
- Attempt to get consensus for the recommendations with the employer members at the committee meeting.
- If the employer doesn't agree with the recommendations after you try for a consensus, the worker co-chair independently submits written recommendation(s) to the employer (Occupational Health and Safety Act, 1990, Sect. 9; Sub. (19.1)). *http://bit.ly/11b54VK*
- Monitor improvements, evaluate, and resume foregoing as necessary.

If this process does not resolve concerns about psychological health and safety hazards, consider options such as grievances (in unionized shops) and/or calling the Ministry of Labour to file a complaint. Find how to contact the Ministry of Labour here: http://bit.ly/XMgEOR

JHSC and HSR Roles

JHSCs and HSR have special roles in health and safety in the workplace, and in any strategy to take action regarding psychosocial hazards. JHSCs and worker HSRs are not responsible for the health and safety in the workplace, that's the employer's job. But JHSCs and HSRs have important roles to identify hazards and make recommendations to the employer about how to address hazards. The JHSC/HSR acts as a conduit to bring forward worker concerns about workplace health and safety, especially when the worker's supervisor or employer has not solved the problem. A JHSC or HSR should respond to your concerns about psychosocial hazards and may make formal written recommendations to the employer, to which the employer must respond.

Occupational health and safety legislation prescribes certain rights of JHSCs and HSRs, such as inspecting the workplace, investigating critical and fatal injuries, accompanying inspectors, assisting during work refusals, etc. Documentation of all efforts cannot be emphasized enough. When JHSCs and HSRs detail these items in writing—whether on inspection reports, meeting minutes, recommendations, or informal memos—the records can be used to support workers (whether individual or group) in grievances, OLRB complaints, compensation cases, contract negotiation, legislative forums, etc.

Whether the JHSC or HSR *leads* the prevention effort depends on the workplace. Workers acting together or a union leadership can spearhead their own efforts—and incorporate actions for the JHSC or HSR in tandem with their own strategy. The key here isn't who is leading the action—the goal is to involve many people (and committees) within the workplace to draw attention to these hazards and push for change.

**

The employer is required to respond to a written recommendation from the JHSC co-chair/HSR within 21 days in writing, containing a timetable for implementing the recommendations or reasons why they disagree with any recommendations (Occupational Health and Safety Act, 1990, Sect. 8; Sub. (12), (13) or Sect. 9; Sub. (20), (21)). http://bit.ly/11b54VK

A JHSC co-chair/HSR should recommend course of action to present to the employer. You might have knowledge and experience in your workplace about what might resolve the issue, or you might ask the workers for ideas. You could also refer to this resource from the International Labour Organization: http://bit.ly/YH1AIW

In Ontario you can make formal written recommendations to the employer from the JHSC or as an HSR as per sections 18 and 19.1 in the Occupational Health and Safety Act (1990). Some ideas for recommendations may include:
- That the employer should develop a prevention program for psychosocial hazards.
- That the employer should clarify reporting mechanisms for workers suffering mental distress, with particular attention to the legal requirement for employers to report disabling incidents to the JHSC/HSR/trade union(s) (Occupational Health and Safety Act, 1990, Sect. 52). http://bit.ly/11b54VK

- o That the employer should provide training on psychosocial hazards for JHSC members, worker HSRs, and supervisors
- o That the employer should provide training on psychosocial hazards for workers
- o That the employer should provide worker access to medical intervention and workplace support and reintegration
- o That the employer should compose and provide resources for a workplace sub-committee (of the JHSC) for psychosocial hazards

If your employer will not take action, you may need to call an inspector from the Ministry of Labour for assistance. Find how to contact the Ministry of Labour here: http://bit.ly/XMgEOR

You can use the tools in this kit to make sure you have prepared the evidence you need to support your case for the measures that are "reasonable in the circumstances" (Occupational Health and Safety Act, 1990, Sect. 25; Sub. 2(h)). If you are a member of a union, contact your union who may have staff to help you assert your rights to be protected from psychosocial hazards, and/or to appeal an MOL decision not to enforce the employer duty to protect you from these hazards. There are also training organizations and public occupational health clinics where experts may help you for free. Check out the Workers Health and Safety Centre (WHSC) at www.whsc.on.ca and Occupational Health Clinics for Ontario Workers (OHCOW) at www.ohcow.on.ca.

Fig. 3

Sample form to make recommendations about health and safety to the employer

The following is a sample template designed to help ease the job of a Joint Health and Safety Committee (JHSC) member or health and safety representative (HSR).

The right to make recommendations to the employer: Section 8 (subsections 10-13) and section 9 (subsections 18-21) of the Occupational Health and Safety Act (1990) provide the right to make recommendations regarding health and safety to the employer for HRSs (in small workplaces), joint health and safety committees, and individual co-chairs of a joint health and safety committee.

Format for recommendations: The Act (1990) does not specify a particular form on which to write the recommendation(s)· it must be in writing to trigger a written response from an employer within twenty-one days.

Legally, you can use this template, a letter, email, or any written form to submit recommendations to the employer. Regardless of the form of the recommendation, it is important to note the date sent, the hazard/concern identified, and/or the recommendation that the JHSC, co-chair, or health and safety representative is proposing. It helps to number each hazard/concern.

How to make recommendations: First attempt to secure JHSC consensus and have both co-chairs sign the recommendation(s). If consensus cannot be reached, the co-chair may submit the recommendation(s) independently. If you are the health and safety representative in a small workplace with less than 20 people regularly employed, you also have the right to make recommendations to your employer, and you may use this or any form.

Health and Safety Recommendations to the Employer

Date: _____   Hand delivered to: _____

Name of Employer and Organization: _____
Employer Address: _____

Pursuant to section 8 (10), 9 (18), and 9 (19.1) of the *Occupational Health and Safety Act (OHSA)*, among our functions as a Joint Health and Safety Committee or health and safety representative, we are to
- %dentify situations that may be a source of danger or hazard to workers
- make recommendations to the employer and the workers for the improvement of their health and safety
- recommend to theõ employer and the workers the establishment, maintenance and monitoring of programs, measures and procedures respecting the health and safety of workers, and the trade union representing the workers.+

As such, we (I) have identified the following source(s) of danger or hazard, and/or concern(s), at [insert address of employer] and/or provide the following recommendations:

Date: _____   Hand delivered on date: _____

Identified Hazards or Dangers and/or concerns and their associated Recommendations

Hazard/Concern   **Recommendations**

(Note: number your hazards and recommendations. Often one hazard/concern may have many recommendations. If more space is necessary please continue to type in the necessary information ending with the paragraph below).

Pursuant to section 8(12) or section 9 (20), an employer who receives written recommendation(s) from a committee, a co-chair, or a health and safety representative, shall respond in writing within twenty-one days. Therefore we look forward to receiving your written response to our recommendations within 21 days, i.e. by this date _____.

We anticipate that your written response will include all information pursuant to the *OHSA* section 8 (13) or 9 (21) which says: %A response of a constructor or employer under subsection 9 (20) shall contain a timetable for implementing the recommendations the constructor or employer agrees with and give reasons why the constructor or employer disagrees with any recommendations that the constructor or employer does not accept.+

_____, Worker Co-Chair Joint Health and Safety Committee, or Health and Safety
Representative

_____, Employer Co-Chair Joint Health and Safety Committee

CC.   Post for the workers
       Copy to JHSC
       Local ____

Fig. 4

Sample recommendations about workplace psychosocial hazards

The following is a sample template designed to help ease the job of a Joint Health and Safety Committee (JHSC) member or the health and safety representative (HSR).

The right to make recommendations to the employer: Section 8 (subsections 10-13) and section 9 (subsections 18-21) of the Occupational Health and Safety Act (1990) provide the right to make recommendations regarding health and safety to the employer for health and safety representatives (in small workplaces), joint health and safety committees, and individual co-chairs of a joint health and safety committee.

Format for recommendations: The Act (1990) does not specify a particular form on which to write the recommendation(s)· it must be in writing to trigger a written response from an employer within twenty-one days.

Legally, you can use this template, a letter, email, or any written form to submit recommendations to the employer. Regardless of the form of the recommendation, it is important to note the date sent, the hazard/concern identified and/or the recommendation that the JHSC, co-chair, or health and safety representative is proposing. It helps to number each hazard/concern.

How to make recommendations: First attempt to secure JHSC consensus and have both co-chairs sign the recommendation(s). If consensus cannot be reached, the co-chair may submit the recommendation(s) independently. If you are the health and safety representative in a small workplace with less than 20 people regularly employed, you also have the right to make recommendations to your employer, and you may use this or any form.

<u>EXAMPLE</u> Health and Safety Recommendations to the Employer

Date: _____   Hand delivered to: _____

Name of Employer and Organization: _____
Employer Address: _____

Pursuant to section 8 (10), 9 (18), and 9 (19.1) of the *Occupational Health and Safety Act (OHSA)*, among our functions as a Joint Health and Safety Committee (JHSC) we are to
- %dentify situations that may be a source of danger or hazard to workers
- make recommendations to the employer and the workers for the improvement of their health and safety
- recommend to theõ employer and the workers the establishment, maintenance and monitoring of programs, measures and procedures respecting the health and safety of workers, and the trade union representing the workers.+

As such, we have identified the following source(s) of danger or hazard, and/or concern(s), at [insert address of employer] and/or provide the following recommendations:

Date: _____   Hand delivered on date: _____

<u>Identified hazards, dangers and/or concerns and their associated recommendations</u>

<u>Hazard/Concern (example)</u>	<u>Recommendations</u>
1. There are increasing numbers of workers taking stress leave. The Union conducted a survey using the Copenhagen Psychosocial Questionnaire (COPSOQ) probing psychosocial hazards in the workplace. Compelling data from the survey identifies the top three risk factors related to health symptoms among workers: • Insufficient staff • Unreasonable work pace • Need for role clarity	1. Employer, in consultation with the JHSC, • Apply the Union COPSOQ survey to the entire workplace. • Use the survey results, and illness/injury reports, to identify workers and units at risk of exposure to 　○ Insufficient staff 　○ Unreasonable work pace 　○ Need for role clarity (and any other significant psychosocial hazard identified in the survey) • Consider engaging the Occupational Health Clinics for Ontario Workers (OHCOW) to assist. • Use the results of these investigations to immediately, in consultation with this committee, develop and implement, measures, procedures, equipment, and training that will protect workers.

	• In developing measures, procedures, equipment, and training, apply the hierarchy of controls, beginning with eliminating hazards where possible.

(Note: number your hazards and recommendations. Often one hazard/concern may have many recommendations. If more space is necessary please continue to type in the necessary information ending with the paragraph below).

Pursuant to section 8 (12) or 9 (20), an employer who receives written recommendation(s) from a committee or co-chair shall respond in writing within twenty-one days. Therefore we look forward to receiving your written response to our recommendations within 21 days, i.e. by [enter date].

We anticipate that your written response will include all information pursuant to the *OHSA* section 8 (13) or section 9 (21) which says: ‰A response of a constructor or employer under subsection 9 (20) shall contain a timetable for implementing the recommendations the constructor or employer agrees with and give reasons why the constructor or employer disagrees with any recommendations that the constructor or employer does not accept.+

_____, Worker Co-Chair Joint Health and Safety Committee, or Health and Safety Representative

_____, Employer Co-Chair Joint Health and Safety Committee

CC.   Post for the workers
       Copy to JHSC
       Local ____

PSYCHOLOGICAL SAFETY ACTION PLAN TIP SHEET FOR UNION LEADERS

BEFORE YOU BEGIN

- You would benefit from understanding occupational law, principles and rights. Consider accessing basic health and safety training from your union or the Workers Health and Safety Centre (WHSC) http://www.whsc.on.ca/.

- Remember to carefully document all concerns, issues, investigations, efforts, etc.

- Know that your employer is required by Ontario law to establish and maintain safe and healthy workplaces and specifically to "take every precaution reasonable in the circumstances to protect" you as a worker (Occupational Health and Safety Act, 1990, Sect. 25-27). *http://bit.ly/11b54VK*

YOUR ROLE
As a workplace leader, your role is to expose problems, champion best practices, join with others, give voice to others, and advocate for workers to achieve justice with respect to psychological safety in the workplace.

ACTIONS TO TAKE

LEAD and JOIN TOGETHER
Unions in particular need be proactive in the care of their members with regards to workplace psychological health and safety. Psychosocial hazards that cause any type of mental distress (diagnosed or undiagnosed) should be treated like every other workplace hazard.

Whether the JHSC or HSR *leads* the prevention effort depends on the workplace. Workers acting together, or a union leadership, can spearhead their own efforts—and incorporate actions for the JHSC or HSR in tandem with their own strategy. The key here isn't who is leading the action—the goal is to involve many people (and committees) within the workplace to draw attention to these hazards and push for change.

INVESTIGATE AND MAKE RECOMMENDATIONS
If a workplace is unionized, leaders should:
- identify psychosocial hazards via reports from the workers and the JHSC or worker HSR and report to the supervisor/employer
- bring together sources and JHSC members/HSRs to ensure unresolved psychosocial hazards are investigated by the JHSC or worker HSR
- ensure evidence is gathered to support assertions…use the COPSOQ where appropriate
- ensure action plan developed based on evidence gathered

- o identify the cause(s) of mental distress in the workplace
- use grievances, JHSCs, and other forums as appropriate to recommend courses of action to the employer that may include the following elements (e.g. in Ontario as a written recommendation from the JHSC as per sections 18 and 19.1 of the Occupational Health and Safety Act (1990)): *http://bit.ly/VwT9vv*
  - o develop prevention program
  - o clarify reporting mechanism for workers suffering from mental distress, with particular attention to the legal requirement for employers to report disabling incidents to the JHSC/HSR/trade union(s) (Occupational Health and Safety Act, 1990, Sect. 52)
  - o training on psychosocial hazards for JHSC or worker HSR and supervisors
  - o training on psychosocial hazards for workers
  - o worker access to medical intervention and workplace support and reintegration
  - o consider workplace sub-committee (of the JHSC) for psychosocial hazards
- consider negotiating language about psychologically safe workplace
- watch out for precarious workers who have no "voice" and join together with them
- ensure vulnerable injured workers are protected from premature return to work that may cause or aggravate psychological stress and/or physical injury
- join with other bargaining units, locals, worker groups, etc. to share information, strategies, momentum etc.

UNIONS CAN CALL MOL and ask that an inspector come and investigate: Every provincial and federal jurisdiction has inspectors that enforce occupational health and safety legislation. For example, Ontario's Ministry of Labour has approximately 430 inspectors whose job it is to enforce Ontario's Occupational Health and Safety Act (1990). Inspectors in all jurisdictions inspect workplaces, decide on work refusals, respond to worker complaints, and can write orders to employers or prosecute employers when employers fail to comply with health and safety legislation, or fail to take reasonable precautions to protect workers. Find how to contact the Ministry of Labour here: http://bit.ly/XMgEOR

Identifying/Assessing the psychosocial hazards affecting workers

There are numerous ways to identify psychosocial hazards in the workplace. Sometimes the problem is so obvious (e.g. a "poisoned" work environment) that even outsiders can tell there is something wrong when they visit the workplace. If the problem is that obvious, using checklists or surveys may appear to be an attempt to divert attention away from the problem – i.e. avoiding/delaying the issue. In other situations, even if the problem seems obvious to workers, management may need objective evidence in order to convince those in power to do something about the situation. Tools to collect worker experience can be useful in such situations.

The two main tools for assessing psychosocial hazards in the workplace are checklists and surveys. Checklists usually have a list of factors that can be used to review workplace conditions. The key to effective use of checklists is to make sure those reviewing the workplace against these criteria are generally trusted by workers and known to have a good understanding the relationships in the workplace. Training in the use of the checklists (and in identifying and solving psychosocial hazards in general) will help to make the use of the checklists more effective. Examples of checklists available online are provided in the Resources section (Part 6) of this guide.

The other tool for assessing psychosocial hazards is a questionnaire. While surveys may seem "subjective," one needs to realize that mental distress is subjective. It is true there may be extreme responses provided by a minority of respondents, but it is also true that the extremes can occur in both directions (those who exaggerate, and those who are in denial). If the workplace is large enough, these extreme responses will usually balance themselves out in the average. The Resource section of this guide lists a number of Internet sites that describe different questionnaires to assess psychosocial hazards in the workplace. The MIT group reviewed a number of these (and others not listed in Part 6) and selected the Copenhagen Psychosocial Questionnaire (COPSOQ) (Kristensen, Hannerz, Hogh, & Borg, 2005) as having the most comprehensive coverage of the range of psychosocial risk factors. The COPSOQ survey also includes symptoms associated with exposure to psychosocial hazards and thus allows one to distinguish between risk factors that are associated with symptoms from those that are not.

What is the Copenhagen Psychosocial Questionnaire (COPSOQ)?

The Copenhagen Psychosocial Questionnaire (COPSOQ) is a tool where workers record their exposures to psychosocial hazards and general health outcomes. The questionnaire helps make the link between psychosocial hazards and how they may be affecting worker health outcomes. The survey has been validated and extensively used in Denmark, Spain, Belgium and Germany. There is reference population data available that allows you to compare the results of your workplace to a representative sample of the Danish working population. The questionnaire contains questions on work

environment factors, the personal experience of symptoms, the relationship between work and home life, and conflicts and offensive behaviours.

The purpose of using the survey is to identify which stress factors have been associated with health symptoms so the results can provide a focus for efforts to prevent the stress. Surveys are considered screening tools (early warning system) designed to catch problems before they cause serious psychological and physical health effects. Questionnaires also provide an educational function because they get participants to think about the different aspects of workplace stress. Questionnaires are often used as measures of risk factors because there are few if any ways to "objectively" measure these exposures. However, they should <u>not</u> be used to "diagnose" anyone—in fact only the group results are reported, not any particular individual's response. In a presentation in Germany, researcher Tage Kristensen (2004) discussed using the COPSOQ and advised, "It is important to distinguish between basic conditions of work that are 'part of the job' and factors that could be changed. Do not try to change what cannot be changed and do not accept what should be changed" (slide 4).

In order for questionnaires to be valid and truly represent the group being surveyed, it is important to get a good response rate (preferably over 80% but at least over 60%). To get a good response rate you need support and a plan (see below for some tried and true techniques that have helped other workplaces get a good response). We also advise to use this questionnaire as an opportunity for dialogue with your employer rather than as a "report card (Kristensen, 2004).

A tried and true method for maximizing response to a survey is to have a staged plan:
1. Put together a working group and get endorsements from workplace parties respected by the group you are surveying.
2. put out an announcement with the written endorsements two weeks before launching the survey.
3. Launch the survey (with some "fanfare" if appropriate and if it will help).
4. Two weeks after the launch, thank those who already filled in the survey and remind the others to do so.
5. Four weeks after the launch, send out a second reminder emphasising the importance of their participation (and thanking those who already have participated).
6. Six weeks after the launch, announce the deadline (in two weeks) for closing the survey and remind them of its importance.
7. eight weeks after the launch, close off the survey and announce a target date to present the results/report (when you present the results be sure to address what should be done next (if possible, include sample solutions to any issues identified).
8. Surveys can be tabulated in excel and summarized in a small report. For help with tabulating and summarizing, contact your union if you have one, or Occupational Health Clinics for Ontario Workers (OHCOW)

www.ohcow.on.ca, or the Workers Health and Safety Centre (WHSC) www.whsc.on.ca.

This is a labour intensive exercise and you need to have people who can stick with the plan and see it to the end (patience, persistence, and the ability to "nag"). As you can see, deciding to do a survey requires a significant commitment. Before deciding to use a survey tool, it is also important to consider the following issues (some of which were taken from the authors of the COPSOQ survey).

Do NOT use a questionnaire (like the COPSOQ survey) for any hazard unless:

- **there is a clear intention of taking action if indicated.** If people are asked to answer questions about their views and symptoms, they expect you will respond to them. If you don't intend to respond to them, it is better not to ask them in the first place. Under such circumstances doing a survey will make the situation worse (raising people's expectations and then disappointing them) as compared to not doing a survey at all.

- **the filling out of the survey is completely voluntary.** Ethics always enter into any survey data collection. Surveys always have to be voluntary. Make sure you make it clear that filling out the COPSOQ is completely voluntary and anonymous. Also, be sure to explain that workers may choose not to answer specific questions even within the survey.

- **you can guarantee a high degree of confidentiality.** The questions on a survey such as this are very personal and if the participants don't trust you to keep them in confidence then either they will not respond at all or else they won't tell you their true feelings. Whoever is administering the questionnaire must be seen by the participants as trustworthy and able to hold information in confidence. Reporting the results as group averages and not including any personal information ensures that it won't be traced back to an individual. To help maintain this confidentiality, return completed questionnaires in a blank sealed envelope.

- **you have a plan to address personal issues that the survey may "stir up."** Never engage in any screening (or surveying) activities without creating in advance a complete plan for execution and follow-up. Screening implies a duty of follow-up. Be ready with information about where to refer people (EAP or qualified counselling and support services) if the survey causes someone to ask for help.

- **you're willing to be flexible in finding solutions.** The survey results should be seen as a tool for dialogue and development—not as a "report card." There are no standard solutions to the problems. Solutions need to be developed locally and integrated in the other aspects of the organization. It is important to distinguish between basic conditions of work that are "part of the job" and factors that could be changed. Do not

try to change what cannot be changed and do not accept what should be changed.

Planning for a successful survey:
- Select a workplace lead group or steering committee to spearhead the plan to gather information using the COPSOQ and to facilitate the action plan to address the factors that the COPSOQ may identify.
- Make a plan from beginning to end; tailoring the steps in this resource to your workplace—i.e. How will you communicate with workers? Who will do what? How will they get computer access (at home)?
- Have you spoken to your union health and safety department or the Occupational Health Clinics for Ontario Workers (OHCOW) about whether they can help with the interpretation of the results and provide ideas for solutions?
- How will you guarantee confidentiality? Do you need a third party (the union Health and Safety department or OHCOW or WHSC) to help with the administration of the survey? Will you use an online survey service (see your union H&S department or OHCOW or the WHSC for assistance), or will the questionnaire be filled out on paper (if so, who will enter the data into a computer? —remember to address all confidentiality issues).
- What will the employer's role be in the survey process? For example, will you seek the support and involvement of your employer in this process (remember to address confidentiality concerns)? Or will you and the workers do the COPSOQ on your own and then bring results and recommendations to the employer?
- If you plan to keep the employer at arm's length during the survey planning and implementation process, as a courtesy, you may wish to inform the employer about the survey with updates on its progress.
- If there is a JHSC, worker health and safety representatives, or other union representatives in the workplace, how will these groups be informed and engaged? It may be valuable to get their "buy-in" and endorsement at an early stage.
- Make sure you have a plan to make workers aware of what is going on and of what to expect regarding the efforts to identify and address the issue. Gain their support and involvement in reporting circumstances to their supervisors/employers and in filling out the COPSOQ. Setting an actual timeline with dates specified will help (it can always be revised if you miss a deadline). It is important to include a written statement assuring anonymity and confidentiality if they choose to complete the voluntary survey.
- Make preparations in anticipation of the results. Look for resources ahead of time so when you find out the main issues you're prepared with possible solutions.

- Consider who can help you: Do you have a JHSC or health and safety representative? If so, involve them. Are you unionized? If so, involve the union and tap into its resources and support. Take advantage of the services provided by OHCOW: This is a multi-disciplinary team of occupational health professionals in five service areas across the province which helps Ontario workers link workplace causes to health outcomes.
- Review the resources and links available in this resource.
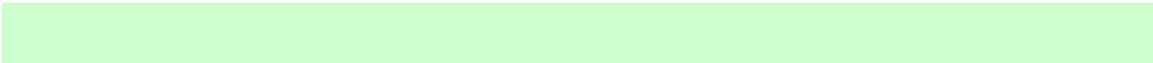
Psychosocial factors at work

based on the NRCWE's short questionnaire for assessment of the psychosocial work environment COPSOQ

2007 edition with additions

This is a survey of the psychosocial factors in your workplace. It is based on the Copenhagen Psychosocial Questionnaire (COPSOQ), and has been customized to address concerns particular to the Ontario workplace context. The Mental Injury Tool Group is responsible for its development and more information is available at www.ohcow.on.ca/mit. This survey is designed to identify psychosocial factors at work which are associated with symptoms. The purpose is to identify factors which could be addressed to improve the psychosocial work climate at workplaces. The Occupational Health Clinics for Ontario Workers working with various unions, labour support organizations (such as) and academics to analyze trends across the province and understand the dynamics of the workplace psychosocial environment. Your participation by completing this questionnaire will assist all these people and organizations in this effort to improve the psychosocial climate in Ontario workplaces.

Your participation in this survey implies that you have consented to the use of your survey responses in group reports, academic research and publications. All reports or publications derived from the survey responses will be presented in format which ensures that the identity of any individual respondent is not revealed and kept confidential.

I accept these conditions and consent to continue this survey: ☐₁ **Yes** ☐₂ **No**

Occupational Health Clinics for Ontario Workers Inc.

What economic **sector** do you work in?

What is the **name of your workplace**?

How many people are employed at this workplace?

☐₁ **less than 20**   ☐₂ **20-99**   ☐₃ **100-500**   ☐₄ **more than 500**

How long have you worked here?

What is your **job**?

Do you work for **another employer** in addition to your job at this workplace?	☐₁ Yes ☐₂ No ☐₃ other: _____
Which of the following best describes the **hours you usually work** at your job?	☐₁ Regular daytime schedule or shift ☐₂ Regular evening shift ☐₃ Regular night shift ☐₄ Rotating shift (change from days to evenings to nights) ☐₅ Split shift ☐₆ On call ☐₇ Irregular schedule ☐₈ Other: _____

On average, how many **hours per week** do you get **paid** for? _____ hrs/week

On average, how many **extra hours without pay** do you work at this job **per week** (do not include hours which are exchanged in lieu of time off)?	_____ hours/week
On average, how many minutes of your **paid breaktime**, per day, do you have to work through because of work demands?	_____ minutes/day

What percentage of your time do you spend on **paper work**?

_____ %

What is the **highest educational degree, certificate or diploma** you have obtained?

- ☐ 1 some high school or vocational course
- ☐ 2 high school graduate
- ☐ 3 trade certificate/diploma from a vocational school or apprenticeship training
- ☐ 4 community college graduate
- ☐ 5 university certificate below bachelor's level
- ☐ 6 university bachelor's degree
- ☐ 7 university graduate degree (Masters or PhD)
- ☐ 8 other _____

To what extent do you agree that your **workplace has enough resources** to do the job the way it should be done?

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

To what extent do you agree that your **job security** is good?

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

What best describes your position at work? (check all that apply)

- ☐ 1 full time
- ☐ 2 part time
- ☐ 3 casual
- ☐ 4 contract
- ☐ 5 seasonal
- ☐ 6 work for a temp agency
- ☐ 7 other: _____

To what extent do you agree that **staffing levels** are adequate:

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

Are you: ☐ 1 **Woman**   ☐ 2 **Man**

How old are you?

- ☐ 1 under **20** years old
- ☐ 2 **20-29** years old
- ☐ 3 **30-39** years old
- ☐ 4 **40-49** years old
- ☐ 5 **50-59** years old
- ☐ 6 **60** or more years old

To what extent would you agree that management at your workplace looks for causes, not guilty persons, when an accident occurs?

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

To what extent would you agree that fear of sanctions (negative consequences) from management at your workplace discourages workers from reporting near-miss accidents?

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

Does your workplace have a **violence and harassment policy**?

☐ **₁ Yes**   ☐ **₂ No**   ☐ **₃ not sure**

If **Yes**, to what extent would you agree that the policy is **effective**?

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

How would you rate the **psychological health & safety climate** in your workplace?

☐ **₁ healthy/supportive** ☐ **₂ good** ☐ **₃ fair** ☐ **₄ neutral** ☐ **₅ not so good** ☐ **₆ poor** ☐ **₇ toxic**

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**

The following questions are about your physical work environment:

exposure	not applicable	well designed/controlled	present but **not usually an issue**/concern	exposures cause **concern**	exposures cause **annoyance**	exposures **interfere** with ability to get job done	**describe concerns and possible solutions** (use comment section at the end of the survey if you need more space)
Are there concerns about the way exposures to **radiation** are managed? (X-rays, ultra-violet, laser, electro-magnetic fields (EMF), radio-frequency (cell phones, wireless communication devices), antenae, WiFi, microwave)	☐1	☐2	☐3	☐4	☐5	☐6	
How well are **driving hazards** managed? (traffic congestion, long commutes, bad weather conditions, mechanical breakdowns, parking lot security)	☐1	☐2	☐3	☐4	☐5	☐6	
How well are **biological hazards** managed? (exposure to patients with **infectious diseases**, co-workers with colds/flu, lack of proper disinfection, presence of **mould**/water leaks)	☐1	☐2	☐3	☐4	☐5	☐6	
How well are **dangerous chemicals** handled? (cleaning chemicals, toxic substances, drugs, spills)	☐1	☐2	☐3	☐4	☐5	☐6	
How well are **workstation(s) ergonomics** designed/managed? (workstation design/layout, furniture, tools, lifting, pushing, pulling, aids)	☐1	☐2	☐3	☐4	☐5	☐6	
How well are **physical factors** controlled? (noise, lighting)	☐1	☐2	☐3	☐4	☐5	☐6	
How well is **thermal comfort** controlled? (heat, cold, humidity, fluctuating temperatures)	☐1	☐2	☐3	☐4	☐5	☐6	

exposure	not applicable	well designed/controlled	present but **not usually an issue**/concern	exposures cause **concern**	exposures cause **annoyance**	exposures **interfere** with ability to get job done	**describe concerns and possible solutions** (use comment section at the end of the survey if you need more space)
How well is the **air quality** controlled? (ventilation, air circulation, amount of fresh air, odours)	☐1	☐2	☐3	☐4	☐5	☐6	
How well are **safety hazards** dealt with? (slip/trip/fall hazards, guarding, railings, fire and explosion hazards)	☐1	☐2	☐3	☐4	☐5	☐6	
How well is **working alone** managed for your job?	☐1	☐2	☐3	☐4	☐5	☐6	

The following questions are about your psychosocial work environment. Please choose the answer that fits best to each of the questions.

	always	often	some-times	seldom	never/ hardly ever
1. Do you get behind with your work?	1	2	3	4	5
2. Do you have enough time for your work tasks?	1	2	3	4	5
3. Is it necessary to keep working at a high pace?	1	2	3	4	5
4. Do you work at a high pace throughout the day?	1	2	3	4	5
5. Does your work put you in emotionally disturbing situations?	1	2	3	4	5

	always	often	some-times	seldom	never/hardly ever
6. Do you have to relate to other people's personal problems as part of your work?	1	2	3	4	5
7. Do you have a large degree of influence concerning your work?	1	2	3	4	5
8. Can you influence the amount of work assigned to you?	1	2	3	4	5

	to a very large extent	to a large extent	some-what	to a small extent	to a very small extent
9. Do you have the possibility of learning new things through your work?	1	2	3	4	5
10. Does your work require you to take the initiative?	1	2	3	4	5
11. Is your work meaningful?	1	2	3	4	5
12. Do you feel that the work you do is important?	1	2	3	4	5
13. Do you feel that your place of work is of great importance to you?	1	2	3	4	5
14. Would you recommend a good friend to apply for a position at your workplace?	1	2	3	4	5
15. At your place of work, are you informed well in advance about important decisions, changes, or plans for the future?	1	2	3	4	5
16. Do you receive all the information you need in order to do your work well?	1	2	3	4	5

	to a very large extent	to a large extent	some-what	to a small extent	to a very small extent
17. Is your work recognised and appreciated by the management?	1	2	3	4	5
18. Are you treated fairly at your workplace?	1	2	3	4	5
19. Does your work have clear objectives?	1	2	3	4	5
20. Do you know exactly what is expected of you at work?	1	2	3	4	5
21. To what extent would you say that your immediate superior gives high priority to job satisfaction?	1	2	3	4	5
22. To what extent would you say that your immediate superior is good at work planning?	1	2	3	4	5

	always	often	some-times	seldom	never/ hardly ever
23. How often is your nearest superior willing to listen to your problems at work?	1	2	3	4	5
24. How often do you get help and support from your nearest superior?	1	2	3	4	5

	very satisfied	satisfied	un-satisfied	very un-satisfied
25. Regarding your work in general. How pleased are you with your job as a whole, everything taken into consideration?	1	2	3	4

The next two questions are about the way your work affects your private life and family life.

	Yes, certainly	Yes, to a certain degree	Yes, but only very little	No, not at all
26. Do you feel that your work drains so much of your <u>energy</u> that it has a negative effect on your private life?	1	2	3	4
27. Do you feel that your work takes so much of your <u>time</u> that it has a negative effect on your private life?	1	2	3	4

The next four questions are not about your own job but about *the whole company* you work at.

	to a very large extent	to a large extent	some-what	to a small extent	to a very small extent
28. Can you trust the information that comes from the management?	1	2	3	4	5
29. Does the management trust the employees to do their work well?	1	2	3	4	5

	to a very large extent	to a large extent	some-what	to a small extent	to a very small extent
30. Are conflicts resolved in a fair way?	1	2	3	4	5
31. Is the work distributed fairly?	1	2	3	4	5

The following questions are about your *own* health and well-being. Please do not try to distinguish between symptoms that are caused by work and symptoms that are due to other causes. The task is to describe how you are in general.

The questions are about your health and well-being during <u>the last four weeks:</u>

	Excellent	Very Good	Good	Fair	Poor
32. In general, would you say your health is:	1	2	3	4	5

	all the time	a large part of the time	part of the time	a small part of the time	not at all
33. How often have you felt worn out?	1	2	3	4	5
34. How often have you been emotionally exhausted?	1	2	3	4	5
35. How often have you been stressed?	1	2	3	4	5
36. How often have you been irritable?	1	2	3	4	5
37. How often have you slept badly and restlessly?	1	2	3	4	5

	all the time	a large part of the time	part of the time	a small part of the time	not at all
38. How often have you found it hard to go to sleep?	1	2	3	4	5
39. How often have you been physically exhausted?	1	2	3	4	5
40. How often have you woken up too early and not been able to get back to sleep?	1	2	3	4	5
41. How often have you felt tired?	1	2	3	4	5
42. How often have you woken up several times and found it difficult to get back to sleep?	1	2	3	4	5
43. How often have you had a headache?	1	2	3	4	5
44. How often have you had a stomach ache?	1	2	3	4	5
45. How often have you had problems relaxing?	1	2	3	4	5
46. How often have you had problems concentrating?	1	2	3	4	5
47. How often have you found it difficult to think clearly?	1	2	3	4	5
48. How often have you been tense?	1	2	3	4	5
49. How often have you had difficulty in making decisions?	1	2	3	4	5

	all the time	a large part of the time	part of the time	a small part of the time	not at all
50. How often have you had palpitations?	1	2	3	4	5
51. How often have you had difficulty with remembering?	1	2	3	4	5
52. How often have you had tension in various muscles?	1	2	3	4	5

Conflicts and offensive behaviours

	Yes, daily	Yes, weekly	Yes, monthly	Yes, a few times	No
53.. Have you been exposed to **undesired sexual attention** at your workplace during the last 12 months?	1	2	3	4	5

	Collea-gues	Manager/ superior	Sub-ordinates	Clients/ customers/ patients
If yes, from whom? (You may tick off more than one)	1	2	3	4

	Yes, daily	Yes, weekly	Yes, monthly	Yes, a few times	No
54. Have you been exposed to **threats of violence** at your workplace during the last 12 months?	1	2	3	4	5

	Collea-gues	Manager/ superior	Sub-ordinates	Clients/ customers/ patients
If yes, from whom? (You may tick off more than one)	1	2	3	4

	Yes, daily	Yes, weekly	Yes, monthly	Yes, a few times	No
55. Have you been exposed to **physical violence** at your workplace during the last 12 months?	1	2	3	4	5

	Collea-gues	Manager/ superior	Sub-ordinates	Clients/ customers/ patients
If yes, from whom? (You may tick off more than one)	1	2	3	4

Bullying means that a person repeatedly is exposed to unpleasant or degrading treatment, and that the person finds it difficult to defend himself or herself against it.

	Yes, daily	Yes, weekly	Yes, monthly	Yes, a few times	No
56. Have you been exposed to **bullying** at your workplace during the last 12 months?	1	2	3	4	5

	Collea-gues	Manager/ superior	Sub-ordinates	Clients/ customers/ patients
If yes, from whom? (You may tick off more than one)	1	2	3	4

	Yes, daily	Yes, weekly	Yes, monthly	Yes, a few times	No
57. Have you been exposed to **discrimination** at your workplace during the last 12 months?	1	2	3	4	5

	Collea-gues	Manager/ superior	Sub-ordinates	Clients/ customers/ patients
If yes, from whom? (You may tick off more than one)	1	2	3	4

If **yes**, what **type of discrimination** was it? _____

58. Have you **witnessed any of these offensive behaviours** (undesired sexual attention, threats of violence, physical violence, bullying and/or discrimination**)** aimed at others than yourself at your workplace during the last 12 months?

Yes, daily	Yes, weekly	Yes, monthly	Yes, a few times	No
1	2	3	4	5

If yes, from whom? (You may tick off more than one)

Collea-gues	Manager/ superior	Sub-ordinates	Clients/ customers/ patients
1	2	3	4

If yes, what **type(s) of offensive behaviour(s)** was it? (You may tick off more than one):

☐ $_1$ undesired sexual attention   ☐ $_2$ threats of violence   ☐ $_3$ physical violence

☐ $_4$ bullying   ☐ $_5$ discrimination

Further comments about your working conditions, stress, health, etc.

_____

_____

_____

_____

_____

Thank you for your help!

Seven Step Workplace Plan to use the COPSOQ

Figure 5—Seven-step tool for workplaces

Step
   By
      Step:

Complete by Date…….

1. **Select Coordinator**ô One for each workplace. email
   _____

2. **Gather Email addresses**—so you will be able to email your members

3. **Get local endorsement and announcement** óget the involvement of your local executive and health and safety committee representatives   (sample message #1 attached)

4. **COPSOQ Blast**ô get the COPSOQ survey link to all your members (sample message #2 attached)

5. **Data Gathering** (samples 3-5 attached)
   a. **2 weeks after blast ………reminder 1**
   b. **4 weeks after………reminder 2**
   c. **6 weeks after……reminder 3 and notice of survey closure**

6. **Strategize, Analyze, and Report results**
   a. **With local**
   b. **With health and safety representatives and committee members**
   c. **With _____ and OHCOW**

7. **Workplace Action Plan**
   a. **Role for Union**
   b. **Role for health and safety representatives/committee members**
   c. **Role for Workers**

Sample Notices for the Administration of the COPSOQ Survey

1. **Sample attention grabber to send out with the announcement of the survey:**

Taking Action on Workplace Stress

Do you ever feel:

- pressured and physically/mentally exhausted because of having too much work to do and not enough time or help to do it?

- anxious or even ill because of a poisoned work environment or from being bullied, harassed or subjected to threats of violence?

- uncertain because of the constant threat of layoff or because you don't know where you'll be or what hours you'll be working next week or next month?

- an emotional toll because you don't have the time or resources to care for a client/patient/customer the way you know it should be done?

- frustration because you have no control over how your work gets done, or because of a lack of support from supervisors or management to do your job?

If you said YES to any of these questions, you will want to participate in this health and safety campaign to "take action on workplace stress."

What is "Workplace Stress?"

Workplace stress is a serious health and safety hazard that can have devastating effects. The term "workplace stress" can be confusing because it is never clear whether a person is referring to the factors causing the distress or to the reaction that an individual is experiencing. Confusion about the term often results in attention being focused on the reaction rather than focusing on and preventing the causes. The term "psychosocial hazards" is therefore often used to refer to the causal factors and mental distress is used to refer to the reaction.

Workplace stress can lead to negative physical or mental effects. Mental health conditions can also result from physical injuries.

2. Sample endorsement/announcement (1 week before survey launch):

_____ has met with the H&S committee/representatives to discuss issues around stress in the workplace. Stress is a huge issue for us at our workplace. To identify what the causes of workplace stress, we are asking each one of you to participate in the electronic survey that will be circulated amongst us next week.

Participating in this survey puts us on the cutting edge of work across Canada to evaluate and improve workplace health. The information we gather will provide a baseline for us to use to improve our workplaces and participate in a larger mental health strategy to reduce the burden of mental distress for all workers. If you have any questions regarding this survey see (*insert name of survey coordinator*) or contact _____.

Thank you for your consideration and assistance in this important effort to improve our workplace!
Name…

3. Sample survey kick-off announcement:

As per the announcement last week, here is the web link to the workplace stress "psychosocial hazards" survey. This survey is being conducted with the help of the Occupational Health Clinics for Ontario Workers (OHCOW) who will be collecting the survey results and analyzing them. Your answers will be kept in confidence by the Clinic and only the group results will be reported to our local. The purpose of the survey is to find out what workplace psychosocial hazards are affecting our members. The goal is to identify the top three issues and prepare a plan to approach the employer with the goal of addressing the causes of those stressors. Participation is completely voluntary, but the more who participate the stronger the validity of the results.

We will be sending a set of three reminders each spaced two weeks apart to ensure everyone has a chance to participate. If you have any concerns or questions about the survey please contact [*coordinator's name*] or if you have questions for the Clinic call 1-800-263-2129 or send an e-mail to XXXXXXXX.

The survey can be accessed using the following link: _____
Get this link specifically for your workplace. (*Add details about where to get a link*). If accessing the survey electronically is an issue, please let me know.

Thank you for considering this opportunity and for supporting these efforts,
[Coordinators name]

4. **Sample first reminder (at 2 weeks after kick-off)**

Hello colleagues:
This is just a brief follow-up on our psychosocial hazards survey that we launched two weeks ago on (*date*). If you have already participated, we want to thank you very much for taking the time to complete the survey. If you have not yet taken the opportunity to participate, we would like to remind you of the importance of your participation. The survey can be found online at _____ The survey should only take about 10-20 minutes to fill out and your participation will help the local in its efforts to make this a better workplace for all. If accessing the survey electronically is an issue, please let me know.

Thank you,
[Coordinator's name]

5. **Sample second reminder (at 4 weeks after kick-off)**

Hello Colleagues:
It has now been 4 weeks since we launched the "psychosocial hazards survey" and so far we have a XX% response rate. In order to have a representative result we would really like to have at least a 70-80% response rate. For those who have already participated we want to thank you very much for your help. For those who still haven't participated we would like to urge you to seriously consider participating. Psychosocial hazards that cause mental distress for workers is a complicated issue requiring solid data on which to base our prevention efforts. Your participation is essential to the success of this effort. Please take some time to visit the survey website at
_____ Your participation is greatly appreciated. If you have any concerns or questions about the survey please contact [coordinator's name] or if you have questions for the Clinic call XXXXXXXXXXXXXXXX or e-mail at XXXXXXX. If accessing the survey electronically is an issue, please let me know.

Thank you for seriously considering this opportunity and for supporting our efforts,
[Coordinators name]

6. **Sample third & last reminder (at 6 weeks after kick-off)**

Hello Colleagues:

It's now been 6 weeks since we launched the psychosocial hazards survey. This is a brief notice to let you know that we will be closing down the online survey site on [date]. If you still haven't participated, you can access the survey at:

_____ Thank you very much for your assistance in this matter. A report with the results should be ready for distribution by XXXXXXXXXXX. If accessing the survey electronically is an issue, please let me know. Thanks to all those who participated in this important effort and I urge anyone who hasn't to do so quickly before [date]

Thank you,

[Coordinator's name]

Controlling psychosocial hazards

Now that you have both identified the problem and assessed it further using the COPSOQ questionnaire, it is time to take actions to control the problem.

First, you will analyze and communicate the results and develop solution ideas. By this stage you will have coordinated with OHCOW to have assistance in obtaining the COPSOQ results from your workplace. An online survey program makes it easy to generate a report to summarize results.

Report the results of the survey to the workers who filled it out.
- Arrange to discuss your report with OHCOW so that you and your group or committee understand it fully.
- Create written material (such as the draft in this resource kit) to use in a report-back meeting with workers where you will share the results.
- Conduct a meeting with workers to share results and provide them with your prepared written material. At the meeting, ask for ideas from the workers on possible solutions to resolve the psychosocial hazards. These ideas can become part of the next stage which involves making recommendations to the employer. Workers always know their job best, and they know what improvements are needed to fix problems. You can invite a representative from OHCOW to this meeting and, if available, they will be glad to attend and assist you with an explanation and presentation of the results.
- Assure workers that you will follow up on these results with the employer, and tell them how you plan to do it (JHSC, union processes, special meetings, written recommendations, etc).
- Promise to update workers as the process proceeds.
- You also need to gather all possible information available at the workplace about how the employer's policies and procedures impact on what you found. You need to know what exists in the workplace already before you can figure out what to recommend. Workers have a right to know what the employer's policies and procedures are regarding health and safety, so ask for copies if you don't have them. Gather other workplace information such as work policies, job descriptions, lost time data, WSIB information, EAP totals, or any other information to help in the analyzing process.

Striving for change: In this step, you take what you found to the employer and ask for changes to be made. You now have an idea of what the main three workplace factors are that are affecting the health symptoms of the workers. You have asked, received, and collated worker ideas for addressing these factors. You have reviewed documents (and incident history) from within the workplace that can shed light on what protections and focus may already be under consideration. Now you will use

all the meeting and communication forums at your disposal to work with the employer for solutions.

- Your group or committee can write a letter to the employer describing the information you have gathered and ask them to meet with you to discuss your listed recommendations. Ideally, this letter should be from the worker members of the JHSC or health and safety representative, but it can also be done by a group of workers or a union local. See Fig. 5 for a sample letter.
- The worker members of the JHSC can put the item on the agenda for the next committee meeting and present the results and recommendations at the meeting. Doing this will ensure that the issue is logged in the minutes of the meeting, and may be an effective forum for gaining the employer's involvement and cooperation in the process. If your local is too small for a committee, the worker health and safety representative can make written recommendations to the employer for you. In both cases, once the employer receives written recommendations, they must reply in writing within 21 days with a timetable for implementation or reasons why they don't agree with the recommendations. See Fig. 3 and Fig. 4 for recommendations.
- Continue to work to implement recommendations.

Sample solutions:

The following are some examples of solutions that were found in the International Labour Organization (ILO) *Stress Prevention at Work Checkpoints: Practical improvements for stress prevention in the workplace* (International Labour Office, 2012): http://bit.ly/12cyzWt

We've taken three of the most common workplace factors (high workload, bullying and work involving emotionally disturbing situations) and extracted some of the ILO (and Danish Labour Inspectorate) suggestions:

Possible solutions for high workload:
In general the ILO document suggests the following broad areas for intervention (International Labour Office, 2012):

— adjust the total workload;
— prevent excessive demands per worker;
— plan achievable deadlines;
— clearly define tasks and responsibilities;
— avoid under-utilizing the capabilities of workers.

Specifically, the following recommendations address adjusting the total workload (See CHECKPOINT 6 in the ILO document):

Adjust the total workload taking into account the number and capacity of workers.
1. Assess individual and team workloads
2. Taking into account individual differences, adjust workloads accordingly
3. Add additional workers
4. Reduce unnecessary tasks such as excess paperwork
5. Reduce interruptions
6. Change work process to streamline work requirements

Solutions for bullying (and other offensive behaviours):

In general the ILO document suggests the following broad areas for intervention (International Labour Office, 2012):

— establish an organizational framework concerning offensive behaviour;
— organize training and raise awareness;
— establish procedures and action models;
— provide rapid intervention to help those involved;
— organize work areas/locations so as to protect workers from offensive behaviour.

Solutions for work involving emotionally disturbing situations:

The following prevention ideas are from a Danish document (*Guidance Tool for Hospitals*) that helps workplace inspectors assess psychosocial hazards and also provides ideas about solutions (Swedish Work Environment Authority B, 2012):

• feedback, coaching and acknowledgement from colleagues and managers
• specific objectives for work (when is the work result good enough/success criteria?)
• possibility of withdrawing (a place for privacy)

Fig. 6

Sample letter to employer:

Dear _____

The purpose of this letter is to report that psychosocial hazards at work create negative impacts on worker health and safety and to request that the employer prevent these negative effects by addressing the psychosocial hazards that cause them. Doing so will help sustain the business by having healthier employees, reduce costs due to absenteeism and presenteeism, increase morale, reduce legal burdens and costs, become an employer of choice and attract the best talent, set examples as leaders in business, improve overall community, and the list goes on.

Prevention of psychosocial hazards helps meet employers' duties under occupational health and safety legislation to take reasonable precautions to protect workers' health and safety. While efforts are made in this workplace to provide support to workers beginning to feel effects, or after they are suffering (i.e. EAP), we believe that it is important to address both the causes and effects.

We would like to work with you to develop a preventative strategy that could identify and address issues that lead to mental health concerns.

We are pleased to share the results of a survey we did of our workers in an effort to identify issues where we can work together to improve the mental and physical health and well-being of workers at our workplace. We used the Copenhagen Psychosocial Questionnaire (COPSOQ), which relates sources of workplace stress to workers' self-reported health symptoms and to general health experiences. The purpose of using the survey is to see which stress factors are the leading contributors to workers' health symptoms. Identifying the top three factors will allow us to focus efforts on preventing the negative health outcomes.

Our survey results indicate that _____, _____, and _____ are the workplace factors most impacting workers health.

We trust that you agree that anything we can do to improve health and safety outcomes in a workplace is a positive step. It is our hope that a concerted, co-operative effort to examine, discuss, address and prevent any workplace factors that cause or contribute to mental distress will result in better outcomes for all.

Yours truly,

Signed

PART 6—Resources

Online resources for the assessment and control of workplace psychosocial hazards

Copenhagen Psychosocial Questionnaire (COPSOQ):

The Copenhagen Psychosocial Questionnaire (COPSOQ) (Kristensen et al., 2005) (http://bit.ly/11kbosU) is a questionnaire constructed in an attempt to cover as many general and psychosocial workplace risk factors as possible. Many other surveys are constrained to a specific theory of workplace stress (e.g. the demand-control model, or the effort-reward model or the workplace justice model etc.), whereas the COPSOQ survey attempts to include all of these dimensions in a single tool (23 dimensions in the short version). It has three versions (short, medium, and long) depending on the level of use (screening/education tool, workplace evaluation tool, and research tool, respectively). The MIT group is using a hybrid of the three versions as its tool for measuring psychosocial hazards in the workplace and assessing which hazards are associated with symptom experience. The COPSOQ website has a wealth of materials, however they are aimed at researchers and work organization practitioners. We have included a worker friendly version of the COPSOQ materials in this tool kit. The COPSOQ website provides Danish general population survey results which allow for workplace comparisons.

SOBANE tools (Belgian):

Another very useful place to start is with the SOBANE guide to psychosocial hazards (Malchaire, Piette, D'Horre, & Stordeur, 2008). (http://bit.ly/12cuFwA)
This 35-page document begins with a detailed description of the SOBANE strategy of hazard assessment (three pages) and then describes the technique for assessing psychosocial hazards at the screening level (called Déparis – a French acronym for the participatory screening of workplace risks). This is followed by the 10-page workbook for the screening of all workplace hazards, not just psychosocial (Déparis is intended to be an all-inclusive hazard-assessment process covering 18 hazard categories from the basic layout of work stations to the psychosocial environment). The last third of the document is devoted to a checklist for the Observation stage specifically dealing with five general categories of psychosocial hazards, which are broken down into a total of 28 specific aspects. The original French version (http://bit.ly/WAHsFv) also has an additional 70 pages of background information sheets dedicated to specific topics to support activities at the Observation and Analysis levels. One needs to take into account the problems associated with the quality of the English translation – there are numerous awkward translations, some of which are difficult to understand without referring back to the original French version.

We have also kept in mind the stages of assessment and intervention in the workplace. Using the stages described by the acronym SOBANE (Screening, OBservation, ANalysis, and Expertise), where:

By **Screening** we mean the shop floor level where workers identify hazards based on their extensive day-to-day knowledge of the work process and conditions. Based on their first-hand knowledge, they also will have valuable contribution to make in coming up with ideas on how to eliminate or control exposure to hazards.

By **OBservation** we mean the Health and Safety (H&S) Representatives and others within the work organization who have had some training in recognizing workplace hazards by observation (including using checklists, simple measurements, noticing exposure effects or other qualitative ways of measuring hazard exposures).

By **ANalysis** we mean the quantitative measurement of hazards by persons trained in the skills and the equipment used to measure exposures and specify controls (e.g. occupational hygienists, ergonomists, safety professionals and work organizational specialists).

By **Expertise** we usually mean consultants (or in-house experts) who have special skills to deal with technical problems which those in the analysis stage were unable to resolve.

The main concept behind SOBANE stages is that in an ideal situation, health and safety concerns are raised and resolved at the first stages (Screening) and that the subsequent stages are focused on supporting the efforts of the shop floor in dealing with the identified hazards. Thus limited resources are not wasted on expensive efforts to quantify exposures with extreme precision, rather hazards are pragmatically recognized and the limited resources are devoted to controlling interventions. For those with a deeper interest in SOBANE, the following link provides a more in depth discussion of the strategy and philosophy http://bit.ly/UGsrBk

Applying the SOBANE concepts to psychosocial hazards, workers' perceptions of psychosocial hazards are the "gold standard" of determining whether a particular risk factor is present in the workplace. By eliciting their perceptions one can identify the factors associated with mental and physical distress. If there is some confusion in the interpretation of these perceptions, structured checklists or simple surveys can be used to aid in collecting and understanding worker experience. Work organization specialists can also assist with standardized techniques of psychosocial hazard assessment and recommend interventions to reduce the impact of the psychosocial hazards identified as being present in the workplace. Extreme events or workplace conditions may warrant

the intervention of experts to deal with complicated or extreme psychosocial problems (e.g. grief counseling after a traumatic event).

Lastly, given that the European Union (EU) requires employers to assess psychosocial hazards in the workplace, the number of resources available in Europe are far more numerous and diverse than in North America. Thus, many of the resources listed will be of European origin and therefore may refer to a legal context different than that of Ontario. Readers need to take these differences into consideration when reviewing these materials, particularly when reading references to EU legislation.

HSE (UK) Management Standards for Work Related Stress:

The Health and Safety Executive (HSE) is United Kingdom's governmental body which looks after health and safety in Great Britain. In order to comply with the EU's requirement to address psychosocial hazards in the workplace, the HSE conducted research to establish a workplace stress criteria standard called the Management Standards for work-related stress (Health and Safety Executive, 2012). (http://www.hse.gov.uk/stress/standards/).
It consists of 6 factors (job demands, job control, support, work relationships, role clarity and workplace change). The HSE developed a 35 item questionnaire (called the Indicator Tool: http://www.hse.gov.uk/stress/standards/downloads.htm) to assess workers' experience with these risk factors. They also provide an Excel spreadsheet which allows the workplace itself to enter the results. Furthermore, the spreadsheet analyzes the results and compares them to data collected from a large number of British workplaces. There is also a manual provided with appropriate instruction and help in interpretation.

Guarding Minds @ Work:

Guarding Minds @ Work (http://www.guardingmindsatwork.ca/) is a resource developed by a Simon Fraser University research group, the Centre for Applied Research in Mental Health and Addiction (CARMHA). It was commissioned by the Great-West Life Centre for Mental Health in the Workplace and funded by the Great-West Life Assurance Company. The resource was developed to enhance the psychological health of workers across Canada and provide tools for employers to facilitate action to improve the psychological health of their workforce and evaluate the effectiveness of their efforts.

The resource has has a brief six-question screening questionnaire called an initial scan, a more in-depth 68 question employee survey (called the GM@W survey) and a self-assessment (called the organizational review) covering 13 psychosocial risk factors (Guarding Minds at Work, 2012). In order to use the GM@W survey, users register to receive a link to send to workers within an organization or work unit. When the survey is closed the results are automatically scored in comparison with a sample of nearly 5000 working Canadians, then a feedback report is automatically sent to the person who

initiated the survey. If the user of GM@W agrees, the aggregate data from the survey is made available to the researchers. No mental health or individual identifying information is collected. Based on this report, users have access to a set of possible actions and an implementation and evaluation strategy. All GM@W resources are available at no cost. The orientation of the material in GM@W leans more towards a psychological rather than a sociological perspective.

The International Labour Organization (ILO):

The International Labour Organization (ILO) has put a document online titled *Stress Prevention at Work Checkpoints: Practical improvements for stress prevention in the workplace* (International Labour Office, 2012). (http://bit.ly/12cyzWt)
"The purpose of this manual is to review workplace stress issues. It includes easy-to-apply checkpoints for identifying stressors in working life and mitigating their harmful effects. It is hoped that workers and employers will be able to use the checkpoints to detect causes of stress at work and take effective measures to address them" (International Labour Office, p. v). The resource is broken down into short topics (checkpoints), which describe why an issue should be addressed, and provide ideas on how it can be addressed, illustrated with examples. It is a very easy to read resource book – if you only want to address a particular issue you can look it up in the index and deal with it directly without having to read everything else in the book.

Mental Health Works (CMHA):

"Mental Health Works is a nationally available program of the Canadian Mental Health Association (CMHA) that builds capacity within Canadian workplaces to effectively address the many issues related to mental health in the workplace" (Mental Health Works, 2012, para. 1). (http://www.mentalhealthworks.ca/).
One of the online tools available from the CMHA is called Workplace Mental Health Promotion: A How-To Guide (http://wmhp.cmhaontario.ca/). This site is connected with the Guarding Minds @ Work site and, as would be expected, is also fundamentally based on a tertiary and secondary prevention perspective. The How-To Guide is quite in-depth but is nicely divided by topics. It also has a comprehensive page of references to other tools (http://wmhp.cmhaontario.ca/tools).

Other Resources

Workers Health and Safety Centre (WHSC)

The Workers Health and Safety Centre (www.whsc.on.ca) is the number one health and safety training centre for workers in Ontario. Whether you are looking for a fact sheet or a training program on workplace stress, the WHSC can help. Find their stress factsheet

at http://bit.ly/U38ozf. The WHSC provides any type of health and safety training that a worker would need in Ontario.

Occupational Health Clinics for Ontario Workers (OHCOW)

Occupational Health Clinics for Ontario Workers (OHCOW) (www.ohcow.on.ca) is a unique organization funded by Ontario that helps workers, joint health and safety committees, unions, employers, medical professionals, community groups, legal clinics, students, and members of the public. Staffed by an inter-disciplinary team of nurses, hygienists, ergonomists, researchers, client service coordinators, and contracted physicians, each OHCOW clinic provides comprehensive occupational health services and information in five areas:

- An inquiry service to answer work-related health and safety questions
- Medical diagnostic services for workers who may have work-related health problems
- Group service for workplace health and safety committees and groups of workers
- Outreach and education to increase awareness of health and safety issues, and promote prevention strategies
- Research services to investigate and report on illnesses and injuries

Canadian Centre for Occupational Health and Safety (CCOHS)

The Canadian Centre for Occupational Health and Safety (CCOHS) (www.ccohs.ca) provides useful health and safety resources for Canadian workplaces. Along with downloadable resources, they provide an inquiry service where people can ask questions about occupational health and safety and get an answer by email.
CCOHS has a "Workplace Stress" factsheet available at:
http://www.ccohs.ca/oshanswers/psychosocial/stress.html
CCOHS also has a Workplace Health and Wellness Guide available at:
http://www.ccohs.ca/products/publications/wellness.html

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For workers needing compensation/income replacement

OPM 15-03-02, Traumatic Mental Stress: http://bit.ly/Uv5Sf4

OPM 15-04-02, Psychotraumatic Disability: http://bit.ly/OVuQay

Best Approaches Guides:

WSIB Traumatic Mental Stress Guide: http://bit.ly/SAKed7

WSIB Return to Work Considerations—Workers with Psychological Entitlement and Chronic Pain Disability: http://bit.ly/PoT6O6

IAVGO Manual
Chapter 9: Psychological Disability: http://bit.ly/VJLnh4
Chapter 11: Stress Claims: http://bit.ly/SAKqZO

Employment Insurance provides a short term sickness benefit. See here for more information: http://bit.ly/Vwtymk

Canadian Pension Plan provides a disability benefit for people who have contributed to the plan and have a long term disability that prevents them from working. See here for more information: http://bit.ly/11aOs0j

ODSP helps people with disabilities who are in financial need pay for living expenses, like food and housing and can help with employment supports to help you find employment or start a business. See here for more information: http://bit.ly/XawwKS

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Resources For Employers:

World Health Organization (WHO)
Work Organization and Stress: Systematic Problem Approaches for Employers, Managers, and Trade Union Representatives http://bit.ly/11km36X

Link to WHO webpage on work related stress: http://bit.ly/WCUuSo

International Labour Organization (ILO)
Stress prevention at work checkpoints http://bit.ly/XM5vxo

The Mental Health Commission of Canada
Psychological Health & Safety: An Action Guide for Employers http://bit.ly/11km36X

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