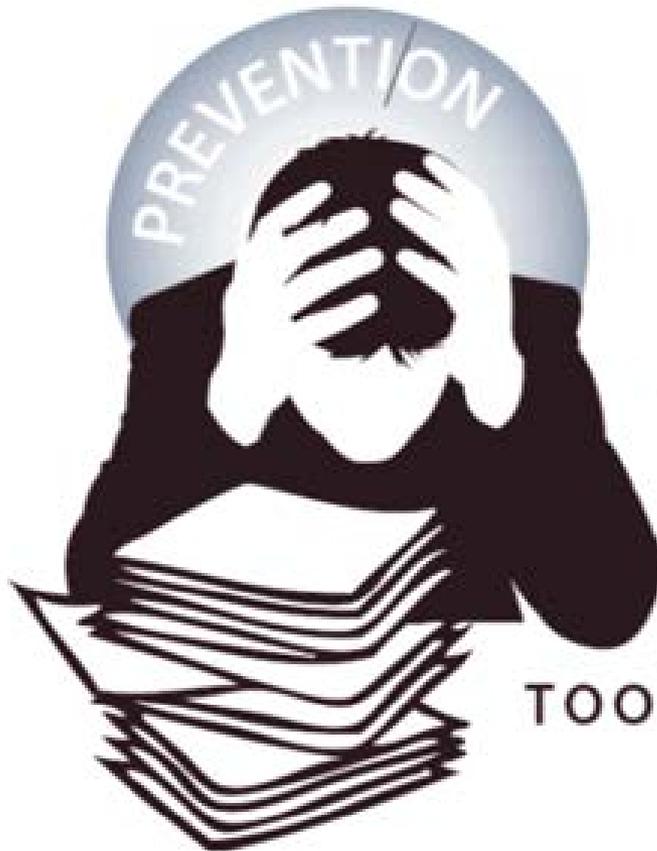




Occupational  
Health Clinics  
for Ontario  
Workers

Centre de santé  
des travailleurs  
et travailleuses  
de l'Ontario



# *Mental* **INJURY**

TOOLS FOR ONTARIO WORKERS

October 2014



# Where the Mental Injury Tools for Ontario Workers came from:

- Terri Aversa (chairperson of the MIT group) will review it's evolution
- 

# Mental Injuries Tool (MIT) Group:

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

# MIT group - who's involved:

- Laura Lozanski, CAUT
- Terri Aversa, OPSEU
- Sari Sairanen, Keith McMillan UNIFOR
- David Chezzi, Andréane Chénier, CUPE
- Nancy Johnson, Erna Bujna, ONA
- Valence Young, ETFO
- Gerry LeBlanc, Sylvia Boyce, USW
- Janice Klenot, UFCW 175/633
- Jane Ste. Marie, John Watson, OSSTF
- Kathy Yamich, Workers United Union
- Charlene Theodore, OECTA
- Tom Parkin, Workers Health and Safety Centre (WHSC)
- Sophia Berolo, University of Waterloo
- Ashley McCulloch, Carleton University
- Andy King, LOARC (Labour, OHCOW, Academic Research Collaboration)
- Maryth Yachnin, IAVGO
- Alec Farquhar, Kristen Lindsay, OWA
- Syed Naqvi, Ivan Bauer, Curtis VanderGriendt, Ted Haines, Mark Parent, Andre Gauvin, Brenda Mallat, John Oudyk (OHCOW)

# MIT Group Reviewed Available Tools

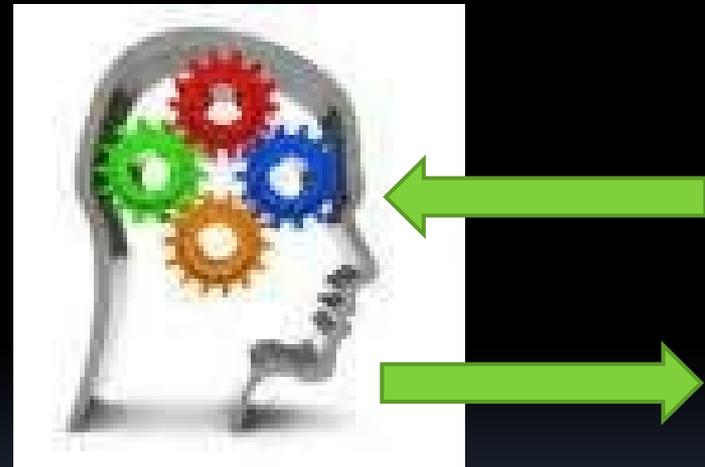
- Looked at theories of jobs stress:
  - Job Demand – Control model (Karasek)
  - Effort – Reward Imbalance model (Siegrist)
  - Transaction Process model (Lazarus & Folkman)
  - Organisational Justice (Kivimäki et al)
- Looked at survey instruments and tried them out - compared experiences
  - UK-HSE, JCO, GM@W, and others ...

# Biomedical Model:

...disease the result of disruption of psychological processes wherein subjective perceptions, behaviors and personality factors ( e.g., neuroticism) are of primary importance (i.e., disease proceeds from the individual to the environment).”

## Occupational Psychology

**Focus on what's going on between the ears**

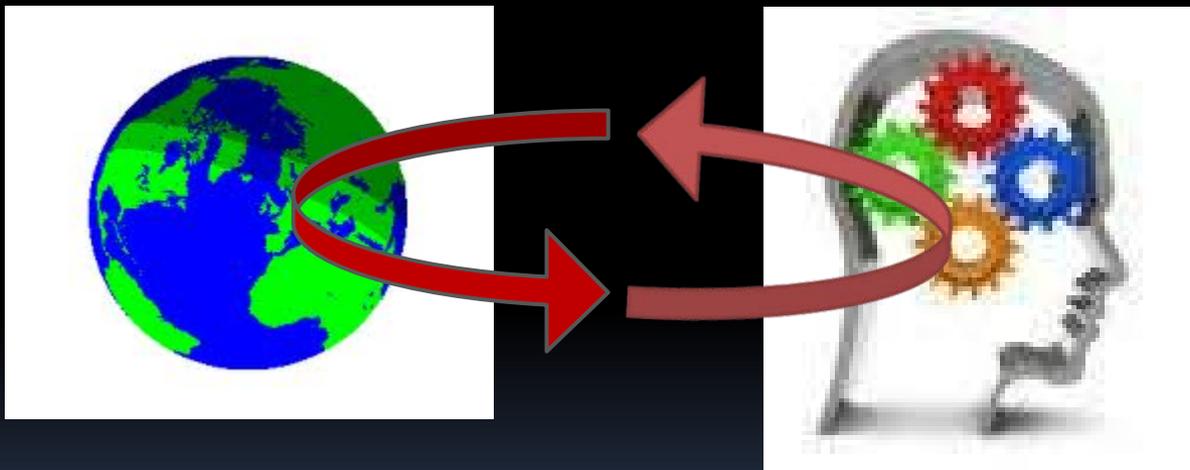


P. Schnall, Session # 1 – Part 1: Introduction to “Work and Health”, UCLA SPH EHS 270/CHS 278 Spring 2009 (March 31, 2009)

# Social Epidemiological Model:

“negative health outcomes (illnesses) are due to the impact of social epidemiologic factors (in general class, work, race and gender)”

– **Occupational Sociology**



**Focus on the interaction between the social environment and the person**

P. Schnall, Session # 1 – Part 1: Introduction to “Work and Health”,  
UCLA SPH EHS 270/CHS 278 Spring 2009 (March 31, 2009)

COPSOQ



**C**openhagen **P**sycho**s**ocial  
**Q**uestionnaire  
(COPSOQ II - short version)

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

# COPSOQ Psychosocial Hazards:

**PSYCHOSOCIAL HAZARDS: THE TERM USED TO REFER TO WORKPLACE FACTORS THAT HAVE THE POTENTIAL TO CAUSE PSYCHOLOGICAL OR PHYSICAL HARM IF NOT ADEQUATELY ELIMINATED OR CONTROLLED.**

## **Demands**

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

## **Work Organization**

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

- Commitment— feeling that your workplace makes a positive contribution

## **Relationship**

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

## **Work Values**

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

## **Work/Life Balance**

- job satisfaction
- Work/life conflict

## **Offensive Behaviours**

- Undesired sexual attention, threats of violence, physical violence, bullying, harassment, and discrimination

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

June 2014

**FOR QUESTIONS ABOUT THIS KIT OR ITS CREATORS (THE MENTAL INJURY TOOL GROUP OR MIT) CONTACT TERRI AVERSA AT TAVERSA@OPSEU.ORG**

# Prevention

	<b>individual</b>	<b>organization</b>
<b>prevention level</b>	<b>primary</b> - coping and appraisal skills	<b>primary</b> - <b>MIT tools</b>
	<b>secondary</b> - wellness, relaxation techniques (mindfulness)	<b>secondary</b> - awareness, screening (surveys)
	<b>tertiary</b> - therapy, counselling, medication, support	<b>tertiary</b> - Employee Assistance Programs (EAP), Return to Work

# Progress to Date: Conferences

- The MIT group has administered the survey in two types of venues, first we piloted the survey and later administered the final product at various **union conferences/workshops** (in all at **15 such events** collecting **over 1600 surveys**).
  - first conference was in October 2010
  - we did 3 conferences in 2011 (the main pilots),
  - 6 workshops and two conferences in 2012 (including the launch of the final survey in Oct), and
  - two conferences and two workshops in 2013.

# Progress to Date: Campaign

- Secondly, various unions have organized surveys of specific workplace locals/units with **OPSEU** doing a campaign of **55 bargaining units** for a total of over **2200** completed surveys (pilot in Spring 2012, full launch in Spring 2013)
  - One of the units had the employer involved from the start and participated in a panel session at the Partners in Prevention Conference in 2013
  - Another unit had the employer engage after the survey results were released and together they dug into the results and shared their experience at a different conference
  - Currently we are summarizing what we've learned from this campaign and sorting out our next steps

# Workplace change

- Our biggest impact has come from workplaces who have spontaneously taken the initiative to do the survey:
  - A community nursing unit used the survey as one piece of a strategy to deal with a very toxic psychosocial work environment – in the end they were able to address a number of issues including work organization and bullying
  - An EMS unit with some serious relationship issues is currently working through the process
  - A large mental health hospital is piloting the survey in one of their departments with the intention of using it throughout the organization
  - In one local, someone got a hold of the survey, copied it and distributed among their members and came to us to help with the analysis.
  - We've also had a number of enquiries from employers, two of which did the survey (a print shop and a trucking firm).



# the new CSA Standard Z1003-13

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

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

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



[http://shop.csa.ca/en/canada/occupational-health-and-safety-management/canca-z1003-13bnq-9700-8032013/inv/z10032013/?utm\\_source=redirect&utm\\_medium=vanity&utm\\_content=folder&utm\\_campaign=z1003](http://shop.csa.ca/en/canada/occupational-health-and-safety-management/canca-z1003-13bnq-9700-8032013/inv/z10032013/?utm_source=redirect&utm_medium=vanity&utm_content=folder&utm_campaign=z1003)

Commissioned by the  
Mental Health Commission of Canada



# WSIAT/Charter Decision:



## WORKPLACE SAFETY AND INSURANCE APPEALS TRIBUNAL

### DECISION NO. 2157/09

#### BEFORE:

R. McCutcheon : Vice-Chair  
B. Wheeler : Member Representative of Employers  
M. Ferrari : Member Representative of Workers

#### HEARING:

May 28-29, 2013; June 11-12, 2013 at Toronto  
Oral hearing

#### DATE OF DECISION:

April 29, 2014

# WSIAT Decision No. 2157/09:

“... the Panel finds that the impugned statutory provisions and related policy create a distinction based upon the ground of mental disability that is substantively discriminatory, thereby violating the equality guarantee provided by section 15(1) of the Charter. We also find that the impugned statutory and policy provisions are not justified under section 1 of the Charter.

... Accordingly, the worker’s appeal is allowed.”

paragraph [13]



# MOL Roundtable



## Roundtable on Traumatic Mental Stress: Ideas Generated

Ministry of Labour

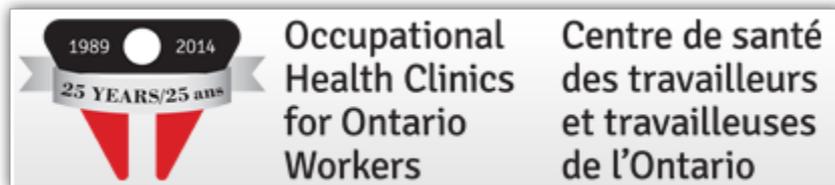
October 2014



Canadian Centre for Occupational Health and Safety  Centre canadien d'hygiène et de sécurité au travail

# Taking Action on Workplace Stress

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



... now for something completely different ...

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



*Mental*  
**INJURY**  
TOOLS FOR ONTARIO WORKERS



Based on the  
Copenhagen Psychosocial Questionnaire  
(COPSOQ II)



This app built and maintained by  
**CCOHS**  
Canadian Centre for Occupational Health and Safety



- Work Demands
- Work Organization
- Relationship

	SCORE
Predictability	
Appreciation & Recognition	
Role Clarity	
Quality of Leadership	
Supervisor Social Support	

Click score blocks for Ideas for Action

Legend

- Work Values
- Environment/Safety
- Job Satisfaction & Work-Life Balance
- Overall Health & Symptoms
- Offensive Behaviours

Ideas - Improving Role Clarity:

a good work description must include clearly defined tasks, responsibilities, effort required and goals to be achieved. It should also identify the immediate supervisor, support available to the worker and working conditions (schedule, travel, etc.).

in developing a work description, particular attention should be paid to task conflicts (e.g., quality vs. quantity).

descriptions of tasks and responsibilities should be reviewed regularly and also when working conditions change.

to be more effective and better correspond to the actual requirements of work, workers' training should be customized to meet the requirements association with specific tasks and responsibilities.

a good work description will also provide information about what the other members of the work team do, which encourages teamwork.

a specific work description is important, but it should also incorporate some flexibility to allow for changes in work methods or work organization.

# Things we're learning:

- difference between the psychological approach compared to the sociological
- no regulatory "stick", so we have to work strategically
- bullying can be a symptom
- don't rush in without a plan
  - learn, organize, assess, change, evaluate
- population comparisons vs. symptom associations

# Motivators:

- *CSA key drivers:*
  - risk management,
  - cost effectiveness,
  - recruitment & retention, and,
  - excellence & sustainability
- Top down (senior mgmt)
- Bottom up (shop floor)
- Middle (JH&SC)

# The view from the top:

- with \$51 billion lost due to workplace stress, isn't the business case obvious (Great West Life, federal & provincial governments, all think so)
- the CSA key drivers are aimed at management
  - 15,000 downloads in the first few months but "download doesn't mean uptake"
- Perfect Legal Storm (Shain, 2010)

... but ... ????

# Stuck in the middle?

- Originally the auditor/policy advisors of the workplace H&S system (Ham's view)
- The 3 R's secure the impact of the JH&SC
- There was much evidence gathered (1980's - 1995) confirming the effectiveness of the JH&SC's
- Changes from the "spirit" to the "letter" of the law have eroded the 3 R's
- Today, many JH&SC's caught in the gridlock of technical/legal style of representation

Do developments in new technology allow workers to directly assess workplace hazards?

# View from down there:

- Even in the 1980's the SPR surveys of the JH&SC cited stress as one of the top workplace issues
- StatsCan survey shows at least 25% of Canadians stressed at work
- Frustration among reps trying to respond to concerns about stress
- JH&SC looks like a deaf complaint dept.



# Experience with other tools:

1. Humidex
  2. Firefighter Occupational Health & Exposure Program (OHEP)
  3. Noise
  4. Metalworking Fluids
- 

# Framework:

- Information is no longer the bottle neck in producing change in the workplace
- Understanding and knowledge translation are the new bottlenecks
- The concept of the "tool" is providing something that prompts change in the workplace
- Who should the "tool" be designed for?

# The way ahead --->

- Regulatory "stick" getting shorter and shorter (3 R's weakening)
- LOARC's findings of the effectiveness of knowledge activists
- Technology will allow workers (not just the JH&SC and/or the technicians) to assess hazards
- Tools/apps as a way to download hazard assessment technology/logic into the hands of the shop floor (motivating the JH&SC)
- Terri's idea of "starting 10,000 fires"

# What the MOL can do to help:

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

# Are You Ready to Do It?

## Stages of Change

- **Pre-contemplation (Not Ready)** - People are not intending to take action in the foreseeable future, and can be unaware that their situation is problematic
- **Contemplation (Getting Ready)** - People are beginning to recognize that their situation is problematic, and start to look at the pros and cons of remaining in the current situation
- **Preparation (Ready)** - People are intending to take action in the immediate future, and may begin taking small steps toward change
- **Action** - People have made specific overt modifications in modifying their problem situation or in acquiring more positive behaviours/conditions
- **Maintenance** - People have been able to sustain action for a while and are working to consolidate the improved situation

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

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

# 5 Steps:

1. **Learn:** familiarize yourself with the basics; deepen your understanding, share your awareness; identify resources
2. **Organize:** you can't do it alone, get support/buy-in, establish a working group
3. **Assess:** select tool(s); implement, do it carefully and well; consider the results and pick your key issues
4. **Change:** consider advice/ideas and figure out which ones fit with your workplace; select the changes you want to try and sell them to your supports; implement, do it carefully and well
5. **Evaluate:** give it some time, then use tool(s) (the same as before?) to re-assess the situation; find out what seemed to work and what did we learn; identify strengths, gaps, new questions and start the cycle again



Thank you!