

Spring into ACTION

The Mental Injury Tool (MIT) Group: Where we've been.....and where we're going

April 5, 2019

Terri Szymanski,
OPSEU Health and Safety Officer



Where we were: 2009



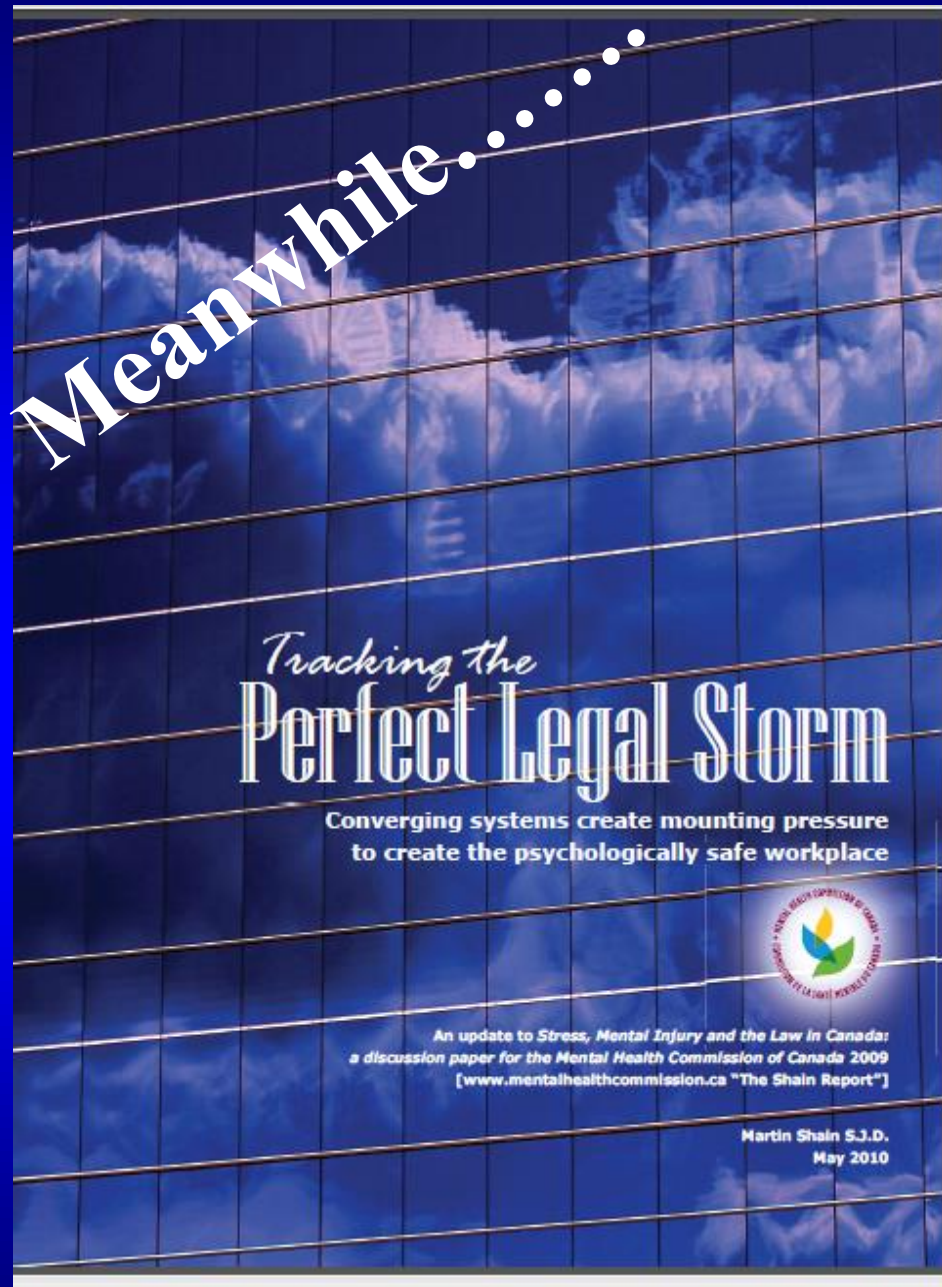
Occupational
Health Clinics
for Ontario
Workers Inc.

Centres de
santé des
travailleurs (ses)
de l'Ontario Inc.

Mental Injury Tool Group (MIT)

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- Ted Haines, Mark Parent, John Oudyk, Valerie Wolfe, Patricia Phillips, Michael Roche (OHCOW)

2009



Dr. Martin
Shain's report—
May 2010

7 Areas of case
law says
employers have
some
responsibility for
a psychologically
safe workplace

Release of MIT kit 2012

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MIT

MENTAL INJURY TOOLKIT

PRESENTATIONS FROM LAUNCH EVENT

MIT VIDEO SERIES

Mental INJURY TOOLS FOR ONTARIO WORKERS

Action on Workplace Stress

A Worker's Guide to Addressing Workplace Causes of Mental Distress

Action on Workplace Stress

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

Latest Updates: Click on [MIT Video Series](#) to get links to all available Videos.

Note: Click headings for content.

Introduction: Worker Call to Action

Part 1 — Why Should We Care?

Workers and employers are busy enough, so why should anyone take action to deal with either the causes of or effects of workplace stress? Well, workers care because workplace factors can cause, contribute to, or worsen our mental distress, which may affect our physical or mental health. Employers care because they want their workers to be well, because when workers are not well the business is affected.

Release of APP

Mental INJURY TOOLS FOR ONTARIO WORKERS

WORKPLACE STRESS Measurement

ENTER

Based on the
Copenhagen Psychosocial
Questionnaire
(COPSOQ II)

Occupational Health Clinics for Ontario Workers

FORBÆKNINGSCENTER FOR ARBEJDSMILJØ

Canadian Comparison Data

Results of Reliability & Validation Studies

with the help of Peter Smith from the IWH:

- ✓ Face validity
- ✓ Content validity
- ✓ Test-retest reliability
- ✓ Internal consistency (Cronbach's α , ICC)
- ✓ Confirmatory factor analysis
- ✓ Discriminant and convergent validity (correlations)



Institute
for Work &
Health

Research Excellence
Advancing Employee
Health

... to be submitted for publication in 2018 with data from 6 other countries

Release of COPSOQ III

Workplace Psychosocial Factors from the COPSOQ III CORE survey*

Work demands:

quantitative demands: not having enough time to get your work done

work pace: having to work at a high pace to get your work done

emotional demands: doing work that involves emotional issues

Work organization:

influence: having influence over the amount of work and how to do it

possibilities for development: able to learn new things, take initiative

meaning of work: feeling your work is important and meaningful

commitment: feeling your workplace makes a positive contribution

Work relationships:

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

colleague support*: your colleagues provide support & sense of community

role conflicts*: contradictory demands; having to do work inefficiently

Work values (Social Capital):

vertical trust: information from mgmt is trustworthy; mgmt trusts worker

justice & respect: conflicts resolved fairly, work distributed fairly

Job/employment factors:

insecure job*: being worried about needing to find another job

unstable job*: being worried about changes in working loads/tasks

job satisfaction: all things considered, being satisfied with work

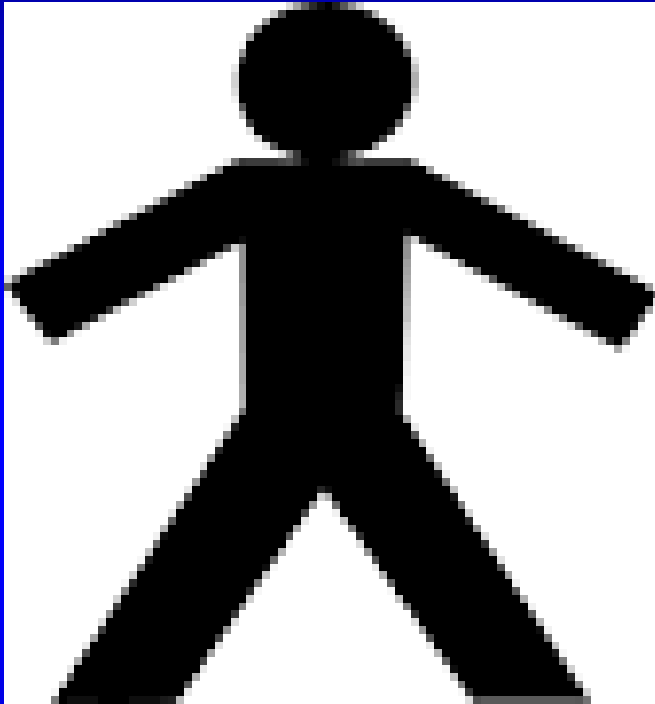
work/life conflict: time/energy away from work affected by job demands

COPSOQ
International Network

Offensive behaviours:

undesired sexual attention; threats of violence; physical violence; bullying

Our approach is a dual one



Efforts to help the
person



Efforts to change the
organization

.....At different levels



and



Primary



Efforts to address the source of stress or eliminate its effect

Secondary



Efforts to minimize harm or lessen the effect

Tertiary



Efforts to assist after harm

2012 Framework-Mental Health



individual



organizational

prevention level

primary - coping and appraisal skills (resiliency)

primary - changing the culture, climate, work structure & organization

secondary - wellness, relaxation techniques (mindfulness)

secondary - awareness, Mental Health 1st Aid, screening (surveys)

tertiary - therapy, counselling, medication, support

tertiary - EAP, WSIB/WSIAT recognition, Return to Work

An expanded version of the same table from: Saksvik & Karanika-Murray, “Chapter 12: Healthy Change in Intervention Research and Reorganization”, in: The Positive Side of Occupational Health Psychology,

Level/ type	Individual	Group	Organization	Society
Primary	Adjusting work for po presen			
Secondary				
Tertiary				
Compensating (Countervailing)			«Sound of well- being»	

“It has long been an established truth that interventions that directly target the reason for a problem are the best, as well those that obtain the greatest effects by initiating interventions at the organizational level (LaMontagne, Keegel, Louie, Ostry, & Landbergis, 2007; Nielsen & Randall, 2012).” (p. 136)

Fig. 12.1 Classification of interventions

2019 Framework-Mental Health



individual

**group
(dept/shift/team)**



organizational

society

prevention level

primary - coping and appraisal skills (resiliency)

same as organizational but more informal

primary - changing the culture, climate, work structure & organization

recognition – CSA standard; legislation; attitudes

secondary - wellness, relaxation techniques (mindfulness)

same as organizational

secondary - awareness, Mental Health 1st Aid, screening (surveys)

media profile, legislation, enforcement, early detection services

tertiary - therapy, counselling, medication, support

same as organizational but with more personal supports

tertiary - EAP, WSIB/WSIAT recognition, Return to Work

availability of mental health support services, legislation & enforcement

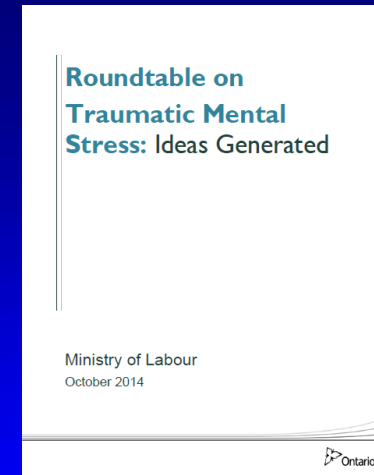
.....using two approaches

- **Co-operative approach wherever possible**—seeing the need, collaborative, responsive organizations, where leadership commitment exists
- **Crisis approach**—t.r.o.u.b.l.e.

Meanwhile....In Ontario,

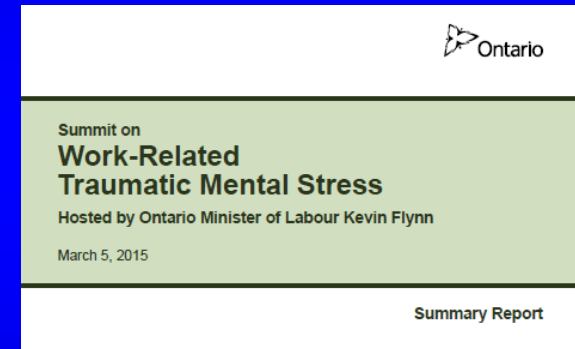
October 2014

Roundtable on Traumatic Mental Stress



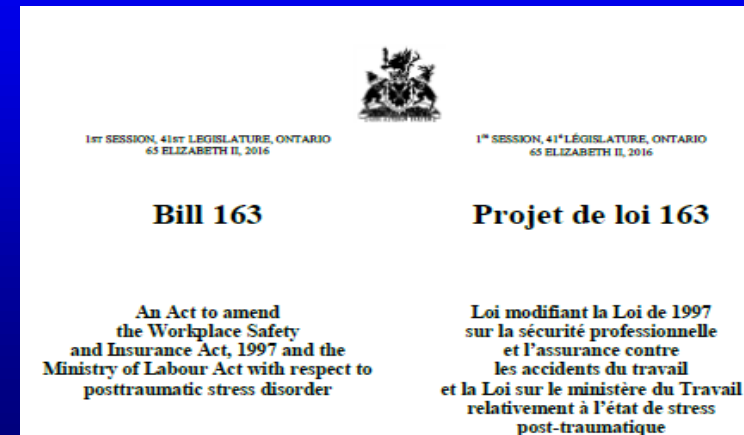
March 2015

MOL Summit-Work-related traumatic mental stress



April 2016

Ontario Bill 163 Presumptive coverage for PRSD for first responders



May 2017

WSIA coverage for chronic and traumatic mental stress (in force Jan 2019)

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

Jan
2013

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

Commissioned by the
Mental Health Commission of Canada





- Joan Jessome (NSGEU) “I did it to practice what I preach.”



Wolff Klassen, “Get leadership if you can. If not, then find a committed few and start onward. Start something.”



Ed Kane “Assistant Vice-President, University Services, “I don’t want my workers to go the extra mile. I want my policies and procedures to cover that work.”

Top 6 actions of the 40 organizations

1. Enact respectful workplace policy and education
2. Provide EAP
3. Enhance knowledge about mental health
4. Build worker resilience
5. Support staying at work
6. Train managers in mental health



2012 Framework-Mental Health



Individual change



Organizational change

prevention level

primary -
and coping
skills (resiliency)

resili
ence

secondary -
wellness,
relaxation
techniques
(mindfulness)

tertiary -
therapy,

EAP

medical
support

primary -
changing the
culture, climate,
work structure &
organization

WV

secondary -
knowledge
training
(surveys)

tertiary - EAP,
WSIB/MSIAT
Return to work

acco
m

2012 Framework-Mental Health



Individual change



Organizational change

prevention level

primary -
and practical
skills (resiliency)

resili
ence

secondary -

Most already have
wellness/fitness

tertiary -

therapy,

EAP

support

primary -
changing the
culture, climate,
work structure &
organization

WV

Mental Health 1st

train

Screening
(Surveys)

knowl
edge

tertiary - EAP,
WSIB/WSIAT

Return to work

acco
m

2012 Framework-Mental Health



Individual change



Organizational change

prevention level

primary -
resili-
ence
and coping
skills (resiliency)

secondary -

Most already have
wellness/fitness

tertiary -

therapy,

EAP

support

primary -
changing the
culture, climate,
work structure &
organization

WV

Mental Health 1st

train

Screening
(Surveys)

knowl-
edge

tertiary - EAP,
WSIB/MSIAT

Return to work

acco-
m-

Barriers reported by 40 organizations

1. Limited access to psychological health data
- 2. Inconsistent leadership support**
- 3. Significant organizational change**
4. Lack of evidence of employee knowledge
5. Inconsistent data collection
- 6. Inadequate resources**
7. Uncertainty in defining and reporting excessive stress
8. Uncertainty in defining and reporting critical events

Barriers reported by 40 organizations translated

1. Data

2. Inconsistent leadership support

3. Significant organizational change

4. Data

5. Data

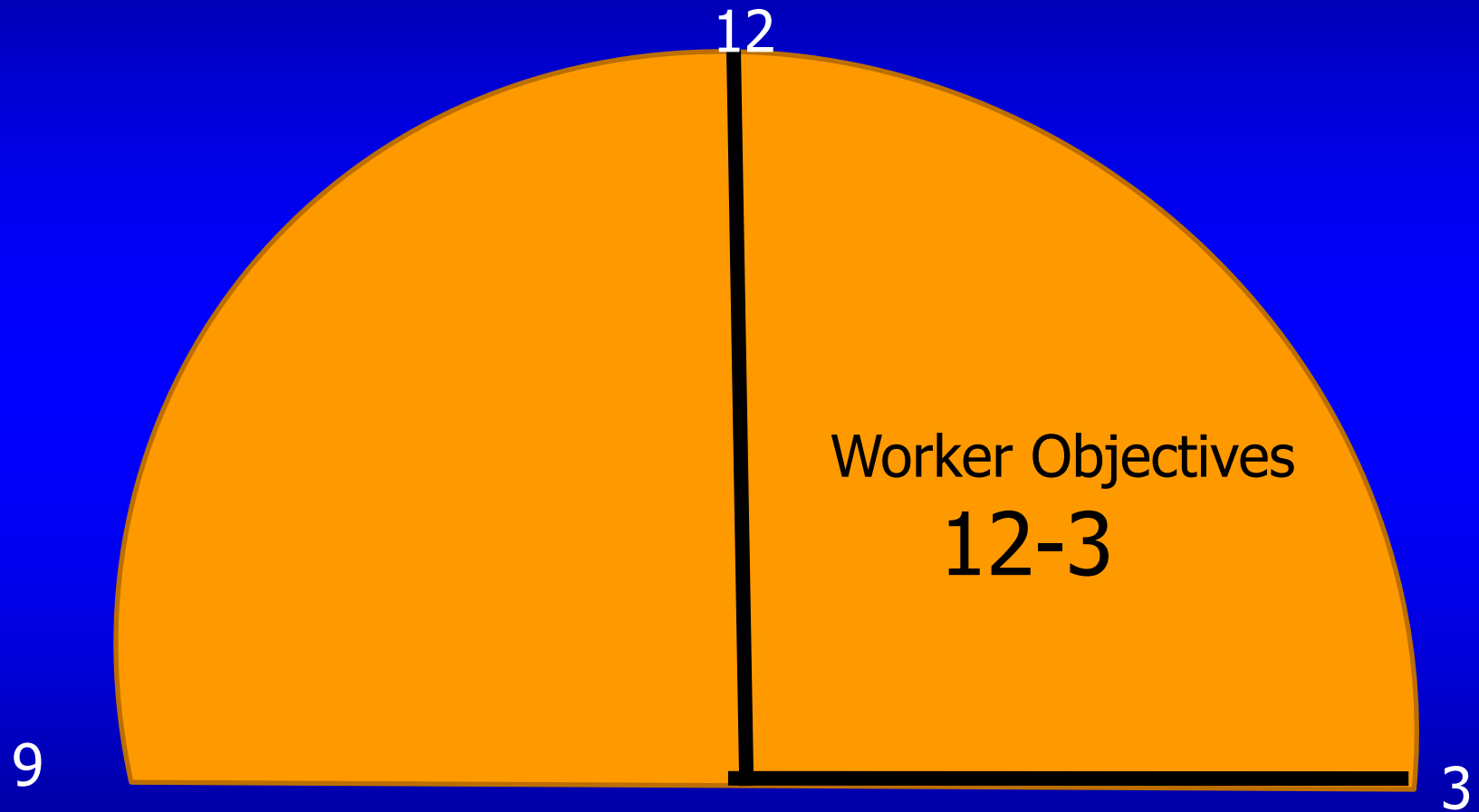
6. Inadequate resources

7. Data

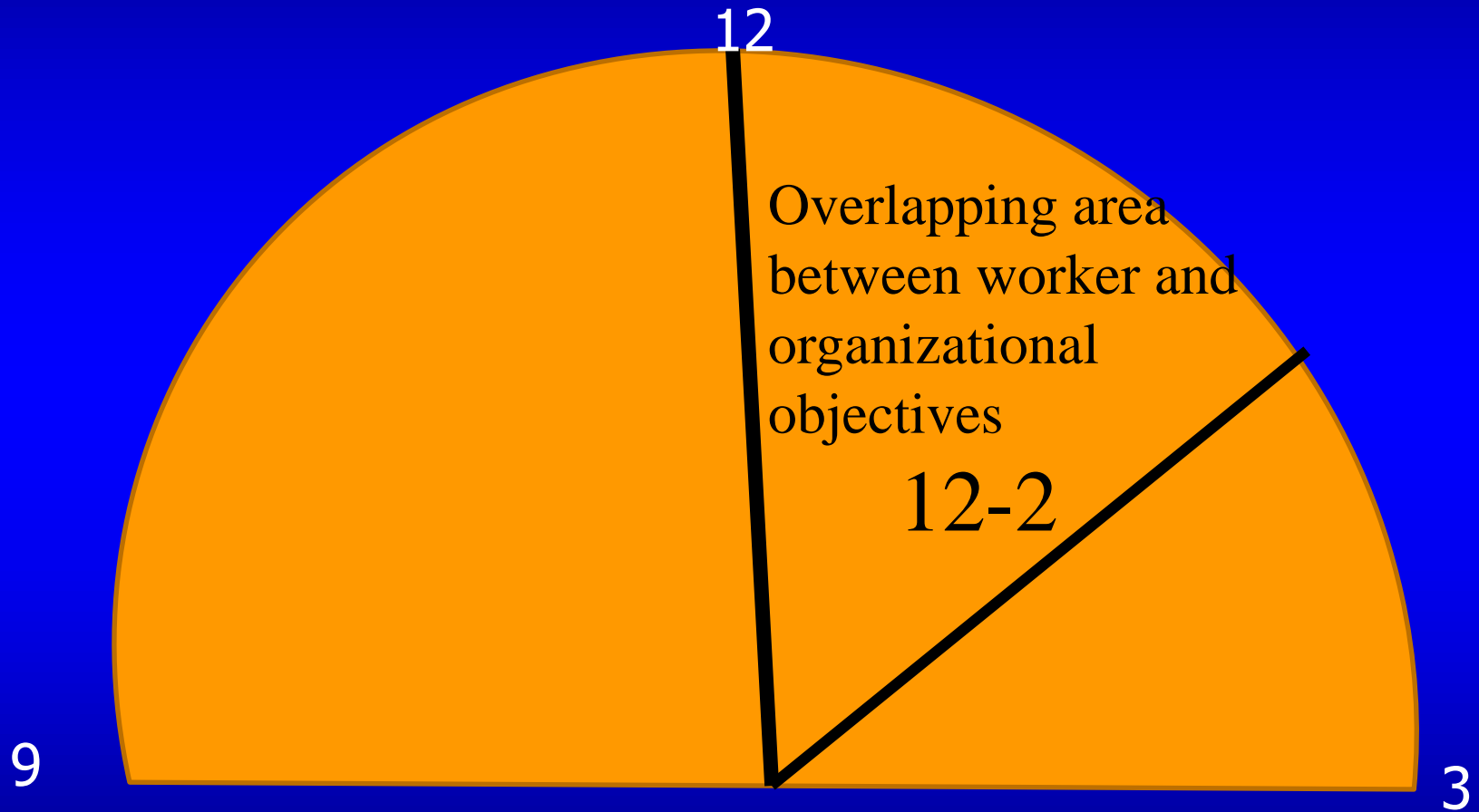
The “Objectives Dial”



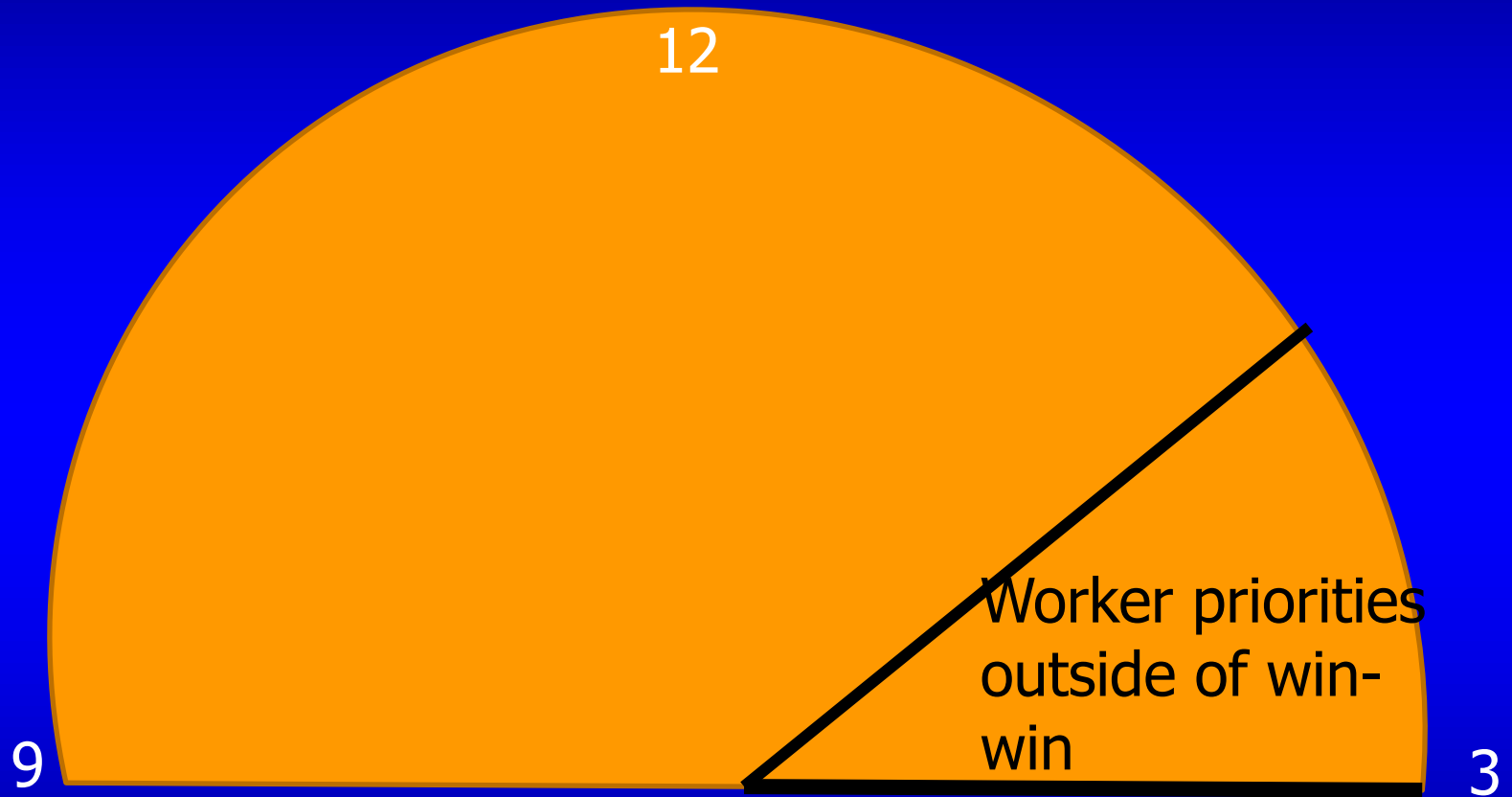
Organizational and Worker Priorities



The Win-win area!

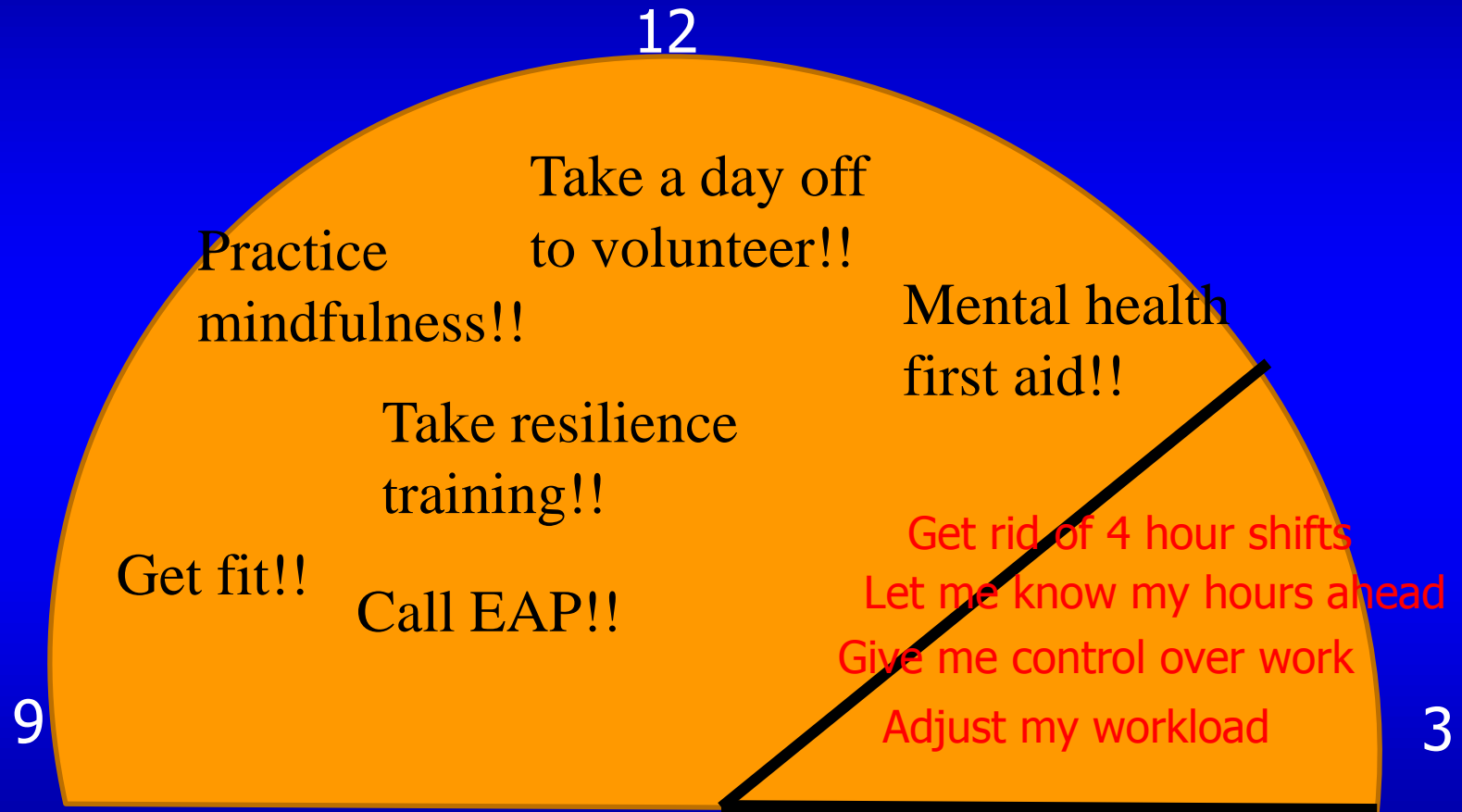


Not quite ...



Workers priorities left
unaddressed are outside the
win-win

Not quite a win-win...



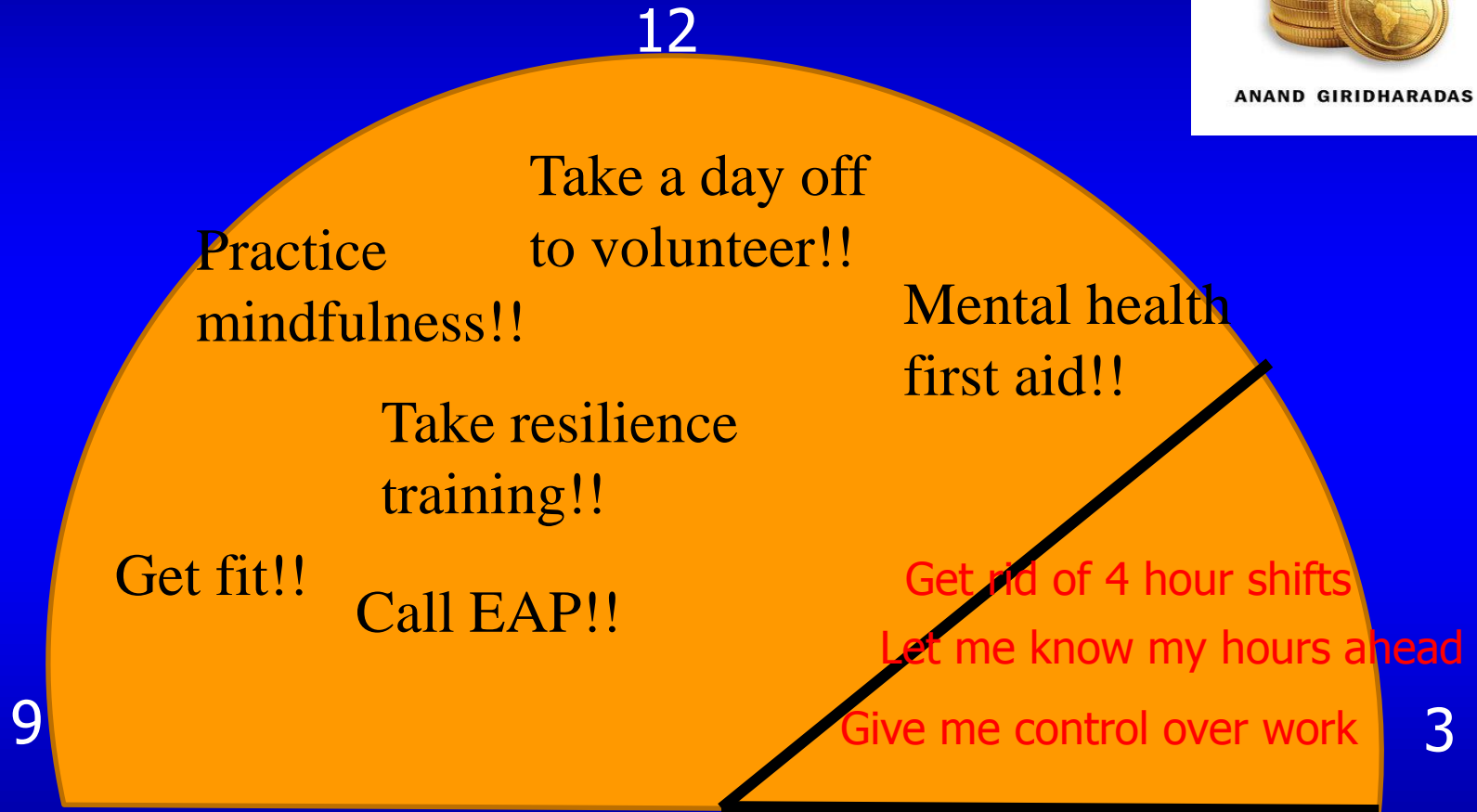
Not quite...

WINNERS TAKE ALL

The **ELITE CHARADE** of
CHANGING the **WORLD**



ANAND GIRIDHARADAS



MIT tools: How do we do it?

1. Recruit a coordinator/champion in each unit
2. Get buy-in (union, employer, establish steering committee)
3. Administer survey (define units, collect e-mail lists, Dilman's 5 contact survey administration, spreadsheet report production, identify top 3 issues)
4. Begin dialogue to improve top 3 issues

Choose from two versions



Wizard to guide users through the process

<https://stressassess.ca/>

Getting Started

The Five Step Approach



The Wizard

A **web-based wizard** steps you through the process to administer your survey:

> PREPARE

> ANNOUNCE

> CREATE

> BUILD

> LAUNCH

These steps appear
once a survey
launches

> DEPLOY

> REMIND

> MONITOR

> EVALUATE

Working jointly with employers



Canadian Mental
Health Association
Elgin County
Mental health for all



Create a one-pager for general distribution

2017 XXXX Workplace Stress Survey

Background

XXXXXXX

The Survey

XXXXXXXXXXXX contacted Occupational Health Clinics for Ontario Workers (OHCOW), a multidisciplinary health clinic funded by Ontario's Ministry of Labour to assist to run a survey. OHCOW uses an edited version of the Copenhagen Psychosocial Questionnaire (COPSOQ) to identify which (if any) organizational factors are associated with respondents' self-reported health outcomes. The survey can help a workplace prioritize actions to resolve psychosocial causes of concern.

XXXXXXXXXX conducted the survey March 28 to April 3, 2017.

Create a “Red Sky” document

Table of recommendations to create a psychologically safe and healthy workplace following the survey results.

List of suggestions developed by XXXXX and provided by the staff:

Justice and Respect

In processes

1. **Re-establish trust.** Create a working group with union staff, the union, and the joint health and safety committee to work through issues identified (this could be the JHSC together with the Unit Steward and OPSEU H&S)
2. **Develop clear rules and expectations** and be consistent in rules and enforcement of rules.
3. **Ensure no favourites or special treatment.** When assigning work tasks, It is necessary to communicate the importance of fair distribution to all managers, supervisors and workers, and

Dr. Martin Shain 2016



"The pace is inconsistent with the seriousness of the issue"

"There is an apologetic air about it but we don't take it as serious as physical health."

"It's gone in the wrong door"

"The point of entry for it has been HR when it should have been health and safety"

Next steps: A blitz in Ontario?



ARBETSMILJÖ
VERKET

<http://www.av.se/SLIC2012/>

Anpassa | Teckenspråk | Lättläst | Webbkartan | Translate

Arbetsmiljöarbete

För dig som är...

Aktuellt

Interaktiva utbildningar

Lag och rätt

Inspektion

Om oss

Publikationer

Statistik

Pressrum

Temasidor

Frågor och svar

Arbetsmiljöcertifierade

Blanketter

Checklistor

Diarieförda ärenden

Arkiv

Länkar

Other Languages

[Startsida](#)

Lyssna



PSYCHOSOCIAL RISK
ASSESSMENTS



Campaign on psychosocial risks at work in 2012

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

Background

The Committee of Senior Labour Inspectors (SLIC) agreed in May 2010 to develop a campaign on psychosocial risks for delivery in 2012. Sweden was to lead the project of planning the campaign with assistance of a Working Group. The aim of

Self-eval



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risks at

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▢ [Swed](#)



Country



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▢ [Coun](#)

MIT next steps:

- Meet May 8 in Toronto. Want to join?
- Update MIT kit, translate, international

- Mini-MIT



- Extend StressAssess to include action planning beyond the survey

Thank You

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