MEASURING WORKPLACE STRESS

John Oudyk

ESDC Open House 2015

May 7, 2015
Occupational Health Clinics for Ontario Workers (OHCOW)

- an inter-disciplinary occupational health team:
  - occupational physicians
  - occupational health nurses
  - ergonomists
  - occupational hygienists
  - client services co-ordinators

- funded though the Ministry of Labour (& WSIB)
- Board of Directors are labour representatives
Clinic Services:

1. individual client (clinical)
2. answer questions (work/health related)
3. informational presentations
4. workplace visits
   ➢ requested by co-chairs of JH&SC
5. exposure/health investigations
   ➢ medical/hygiene/ergonomic combined
What’s a chemical engineer doing measuring stress?

- Assistant professor (part-time) in Clinical Epidemiology and Biostatistics Dept. (McMaster U)
- Plastimet fire Firefighter survey (1997)
  - obvious from symptom survey that stress was an important reaction to the fire
  - in follow-up surveillance program asked about stress related incidents (PTSD?) – developed customized scale from these reports
- Indoor Air Quality investigations (1991)
  - Survey instrument used had 4 brief questions on stress
  - Later (2000) added a short version of Karasek’s JCQ (14 questions)
A workplace issue

Economic burden:

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

http://www.youtube.com/watch?v=5qFfXc6Xo&feature=player_embedded

Speech of the Honourable Michael Kirby
The Stress Reaction

Increased cholesterol and fatty acids in blood for energy production systems

Decreased protein synthesis; digestion; immune and allergic response systems

Increased blood pressure

Increased metabolism faster heart rate, and respiration

Localized inflammation (redness, swelling heat and pain)

Faster blood clotting

Increased production of blood sugar for energy

Increased stomach acids

HPA - Axis

- **Hypothalamic-pituitary-adrenal (HPA) axis**: three endocrine glands that represent the mind-body connection

- **Allostatic load** is the physiological consequences of stress hormones on the body (cortisol, epinephrine, norepinephrine, etc.)

- **Biomarkers** include neuroendocrine (cortisol), immune markers, metabolic (cholesterol), cardiovascular (blood pressure, HRV), respiratory (peak flow), anthropometric (BMI)
Chronic stress puts your health at risk

“The long-term activation of the stress-response system — and the subsequent overexposure to cortisol and other stress hormones — can disrupt almost all your body’s processes. This puts you at increased risk of numerous health problems, including:

- Anxiety
- Depression
- Digestive problems
- Heart disease
- Sleep problems
- Weight gain
- Memory and concentration impairment”

“What’s stressing the stressed? Main sources of stress among workers” by Susan Crompton (Stats Can) 2011

“In Canada, in 2010, 27% of working adults reported that, on most days, their lives were ‘quite’ or ‘extremely stressful.’

Is Work Killing You?

“There are two ways to reduce the stress. One is to get rid of what’s there. Exercise, meditation, relaxation, a massage, medication such as tranquillizers, diversion and distraction, humour, laughter, and play can all be helpful. However, if you don’t eliminate the source of stress (overwhelming workload, unrealistic deadlines, a difficult boss), you can jog and eat broccoli till the cows come home and you won’t get ahead of the problem. The stress will keep accumulating as fast as you can dissipate it.

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

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

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


Commissioned by the Mental Health Commission of Canada
A workplace that promotes workers’ psychological well-being and allows no harm to workers’ mental health...

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

Strategic pillars
1° Prevention
- Psychological & social support
- Growth and development
- Psychological protection
- Balance

2° Promotion
- Organizational culture
- Recognition and reward
- Involvement and influence
- Psychological protection

3° Resolution
- Clear leadership & expectations
- Civility and respect
- Workload management
- Protection of physical safety
- Engagement
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.
Tracking [Weathering] the Perfect Legal Storm (Shain, 2010, [2014])

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

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

http://www.mentalhealthcommission.ca/English/node/506?term=initial=30
soooooo.... How would you go about measuring stress?
If you can’t measure it ...

- Misquote from Deming
- Some of the most important things at work (in life) can’t be measured (e.g. Valentine’s)
- **Objective** and **Subjective** measures: objective bias (more scientific)
Stress Check App (Azumio) (measures heart rate variability)

Measurements over a 40 hr period

- Watching a scary movie before bedtime: 38%
- Commute: 31%
- Supper & dishes: 24%
- Work: 17%
- Wake-up: Rarin' to go!: 16%
- Commute - Traffic jam: 18%
- Roller blading at lunchtime: 31%
- Work: 24%
- Breakfast: 38%
- Work: 38%
- Lunch: 40%
- Traffic jam: 45%
- Work: 49%
- Traffic jam: 43%
- Work: 45%
- Traffic jam: 42%
- Work: 43%
- Traffic jam: 20%
- Work: 27%
- Traffic jam: 17%
- Work: 20%
- Traffic jam: 19%
- Work: 27%
- Traffic jam: 20%
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- Traffic jam: 19%
- Work: 20%
- Traffic jam: 19%
Psychological “Subjective” Measures:

- Remember, perceptions/symptoms are the “gold standard” (DSM-V)
- Diagnoses made on the basis of answers to a series of questions (some of which are observable by others; some not)
- Some questions don’t work directly (... are you depressed?) and thus need to be questioned indirectly

http://www.dsm5.org/Pages/Default.aspx
## DSM-5: Depression screening (individual)

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

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, UNIFOR
- David Chezzi, Andréane Chénier, CUPE
- Nancy Johnson, Erna Bujna, ONA
- Valence Young, ETFO
- Gerry LeBlanc, Sylvia Boyce, USW
- Chris Watson, Mary Shaw, UFCW 175/633
- Jane Ste. Marie, John Watson, OSSTF
- Kathy Yamich, Workers United Union
- Charlene Theodore, OECTA
- Sophia Berolo, University of Waterloo
- Ashley McCulloch, Carleton University
- Andy King, LOARC (Labour, OHCOW, Academic Research Collaboration)
- Maryth Yachnin, IAVGO
- Alec Farquhar, Kristen Lindsay, OWA
- Curtis VanderGriendt, Ted Haines, Mark Parent, Andre Gauvin, Brenda Mallat, Valerie Wolfe, John Oudyk (OHCOW)
## Prevention

<table>
<thead>
<tr>
<th>Prevention Level</th>
<th>Individual</th>
<th>Organization</th>
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</thead>
<tbody>
<tr>
<td>Primary</td>
<td>Coping and appraisal skills</td>
<td>MIT tools</td>
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<tr>
<td>Secondary</td>
<td>Wellness, relaxation techniques</td>
<td>Secondary awareness, screening</td>
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<td></td>
<td>(mindfulness)</td>
<td>(surveys)</td>
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<tr>
<td>Tertiary</td>
<td>Therapy, counselling, medication,</td>
<td>Tertiary Employee Assistance Programs (EAP), Return to Work</td>
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<tr>
<td></td>
<td>support</td>
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</table>

MIT tools
Differing Perspectives:

**Psychology**
Focus on what’s going on between the ears

**Psychosocial**
Focus on the interaction between the social environment and the person
MIT Tools:

- Website [http://www.ohcow.on.ca/MIT](http://www.ohcow.on.ca/MIT)
- Guide
- Survey (often use Survey Monkey)
- You-Tube videos
- Posters, cards
- App [http://www.ohcow.on.ca/MITApp](http://www.ohcow.on.ca/MITApp)
- [training materials]
- [mini-MIT shortened guide for workplaces]
COPSOQ

Copenhagen Psychosocial Questionnaire
(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


June 2014

For questions about this kit or its creators (the Mental Injury Tool Group or MIT) contact Terri Aversa at taversa@opseu.org
... 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

http://www.ohcow.on.ca/MITApp
Work-Life Balance

Do you feel that your work drains so much of your energy that it has a negative effect on your private life?

Choose one

Do you feel that your work takes so much of your time that it has a negative effect on your private life?

Choose one

- yes, certainly
- yes, to a certain extent
- yes, but only very little
- no, not at all
Workplace Stress

RESULTS

Work Demands
Work Organization
Relationship

Colour-coded tabs for each topic section display your questionnaire results.

Go back to the question(s) by clicking on the text link.

Get “Ideas for Action” by clicking on the i.

Role Clarity

Share the “Ideas for Action”

Select a few and implement.

Idea - 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). Responsibilities should be reviewed 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.
Workplace Stress

**Action Plan**

**Learn**
- Familiarize yourself with the basics
- Deepen your understanding, share your awareness
- Identify resources

Follow these steps to initiate change in your workplace

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

**Assess**

**Change**

**Evaluate**

Contact OHCOW to learn more about a customized workplace assessment.
How do we do it?

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

1) Lay the groundwork – get endorsements/buy-in; set up steering committee; define relationships to JH&SC, union, employer involvement; sort out logistics (electronic or paper, who’s in charge of what, confidentiality, data management/security, when do we report results, what do we do next – long term objectives)

2) Pre-survey announcement (1-2 weeks prior) with endorsements

3) Distribute survey – fanfare?; provide time, space, incentives?

4) 1-2 weeks later send out reminder

5) After another 1-2 weeks send a 2\textsuperscript{nd} reminder.
   - if response rate is poor (<66%) you may have to consider a stronger intervention (i.e. start “nagging” people directly)

6) After a reasonable period of time (and depending on response rate) set a closing date and send out a final notice with an urgent message.
Collecting responses

- Send URL link to participants who fill out survey online (5-15 minutes)
- Response confidential; downloaded by Clinic

5. questions are about your psychosocial work environment

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

36. Do you get behind with your work?
- always
- often
- sometimes
- seldom
- never/hardly ever
Report:

<table>
<thead>
<tr>
<th></th>
<th>burnout</th>
<th>stress</th>
<th>sleep troubles</th>
<th>somatic symptoms</th>
<th>cognitive symptoms</th>
<th>all symptoms</th>
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<tbody>
<tr>
<td>demand</td>
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<td>quantitative demands</td>
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<td>work pace</td>
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<td>emotional demands</td>
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<td>influence</td>
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<td>possibilities for development</td>
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<td>meaning of work</td>
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<td>commitment to the workplace</td>
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<td>predictability</td>
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<td>rewards (recognition)</td>
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<td>role clarity</td>
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<td>quality of leadership</td>
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<td>social support from supervisor</td>
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<td>trust of mgmt</td>
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<td>justice &amp; respect</td>
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The following is a list of the top risk factors most associated with the combined symptoms:

**psychosocial:** rewards (recognition)

**physical factors**

**social support from supervisor**

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

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

### rewards (recognition)

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

<table>
<thead>
<tr>
<th>Ideas on how to manage physical factors in the workplace</th>
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<tbody>
<tr>
<td>- NOISE levels in office environment can cause distractions which in turn causes tension/stress</td>
</tr>
<tr>
<td>- ASHRAE has guidelines for ventilation noise in office environments (evaluation requires octave band analysis) which are roughly equivalent to &lt; 45 dBA for open-plan offices and 35 dBA for private offices.</td>
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<tr>
<td>- Ventilation engineers will be able to diagnose and recommend solutions to ventilation noise problems</td>
</tr>
<tr>
<td>- White noise can “mask” conversations, but, white noise can contribute to fatigue</td>
</tr>
<tr>
<td>- LIGHTING can also contribute to headaches and neck strain (trying to reposition or hold awkward positions to avoid glare)</td>
</tr>
<tr>
<td>- Often office environments have too much light, better to have less over-head lighting an rely on task lighting for detailed work or reading paper</td>
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<tr>
<td>- Natural light is to be preferred; reflected florescent lighting is better than direct</td>
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### social support from supervisor

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

- List the top risk factors associated with symptoms
- Refer to resources (plenty online) and don’t be afraid to ask for help
- Best not to work alone but with a representative steering committee
- “let the conversation begin ...“
MHCC

PH&S - An Action Guide for Employers

PSYCHOLOGICAL HEALTH & SAFETY
AN ACTION GUIDE FOR EMPLOYERS

January 2012

http://www.mentalhealthcommission.ca/English/node/505
International Labour Organization (ILO) Stress Prevention Guidebook:

- checkpoint format
- lists specific hazards
- identifies prevention strategies

ILO Checkpoint example

CHECKPOINT 6
- Adjust the total **workload (quantitative demands)** taking into account the number and capacity of workers.

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

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

MHFA Guidelines

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

- Depression
- Suicidal thoughts and behaviours
- Psychosis
- Panic Attacks
- Non-suicidal self-Injury
- Eating disorders
- Adult trauma
- Child trauma
- Problem drinking
- Problem drug use
- Problem cannabis use

http://www.mentalhealthfirstaid.ca/EN/resources/Pages/MHFAGuidelines.aspx
e.g. “What is a panic attack?”

“A panic attack is a distinct episode of high anxiety, with fear or discomfort, which develops abruptly and has its peak within 10 minutes. During the attack, several of the following symptoms are present.

- Palpitations, pounding heart, or rapid heart rate
- Sweating
- Trembling and shaking
- Shortness of breath, sensations of choking or smothering
- Chest pain or discomfort
- Abdominal distress or nausea
- Dizziness, light-headedness, feeling faint or unsteady
- Feelings of unreality (derealisation), or being detached from oneself
- Fears of losing control or going crazy
- Fear of dying
- Numbness or tingling
- Chills or hot flushes”

“PANIC ATTACKS: FIRST AID GUIDELINES”

- What should I do if I think someone is having a panic attack?
- What if I am uncertain whether the person is really having a panic attack, and not something more serious like a heart attack?
- What should I say and do if I know the person is having a panic attack?
- What should I say and do when the panic attack has ended?

ALGEE - five-step action plan

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

Laval Business group (business case)

Mental Health at Work
...From Defining to SOLVING THE PROBLEM

Are You Ready to Do It?

Stages of Change

- **Pre-contemplation (Not Ready)** - “what problem? That’s just the way things are in this line of work - always has been, always will.”

- **Contemplation (Getting Ready)** - “maybe things could change but I don’t know if I’m prepared to change? It is easier though, just going along with things the way they are, but maybe ...??”

- **Preparation (Ready)** - “things could be better and I think it’s worth the effort to try - let’s get together and figure out how to do something about this ...”

- **Action** - “we’re going to make the following changes and hope things will improve - I’m glad we’re finally doing something about this!”

- **Maintenance** - “so, we’ve made the changes, they might need a bit of tweaking, but I think this is going to work out in the long run”
Drivers (sticks and carrots):

1. Costs ($51 Billion)
2. Risk (do you want to read about your workplace in the newspaper?)
3. Legal liability (Martin Shain’s work)
4. Worker retention and recruitment (good place to work)
5. Excellence and sustainability (Wellness)
6. The right thing to do - “law is the conscience of those who have none” (James Ham, 1983 IAPA Conference)
What can you do?
Taking Action on Workplace Stress

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

http://www.ccohs.ca/products/webinars/workplace_stress/
Thank you!