

Responding to PTSD by supporting first responders and other front line workers

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July 31, 2016



Ontario Bill 163—Presumptive coverage for Post Traumatic Stress Disorder—April 6 2016

- For first responders:
police, fire, paramedics,
dispatchers,
correctional officers
and youth service
workers in secure
detention facilities
- Diagnosed by
psychiatrist or
psychologist
- Assumed to be work-
related unless contrary
is shown



1st SESSION, 41st LEGISLATURE, ONTARIO
65 ELIZABETH II, 2016

Bill 163

An Act to amend
the Workplace Safety
and Insurance Act, 1997 and the
Ministry of Labour Act with respect to
posttraumatic stress disorder

1^{re} SESSION, 41^e LÉGISLATURE, ONTARIO
65 ELIZABETH II, 2016

Projet de loi 163

Loi modifiant la Loi de 1997
sur la sécurité professionnelle
et l'assurance contre
les accidents du travail
et la Loi sur le ministère du Travail
relativement à l'état de stress
post-traumatique

Labour responds...

Responding to PTSD by supporting our first responders

A submission to the Standing Committee on Social Policy from the Ontario Public Service Employees Union regarding Bill 163, the Supporting Ontario's First Responders Act

March 8, 2016

POST-TRAUMA

Submission to the Ontario Standing Committee on Social Policy on Bill 163, Supporting Ontario's First Responders Act
MARCH 2016



Manitoba PTSD Legislation

- In effect Jan 1, 2016
- Applicable to all covered workers
- Diagnosed by physician or psychologist



A very important development: Some help for some workers

**Psychosocial Hazards
CAUSE/CONTRIBUTOR**

Home

Work

Mental Distress

**Un-
diagnosed**

- Heart attacks
- Musculoskeletal
- Strain
- etc

Effect

Diagnosed

PTSD

- Depression
- Anxiety disorders
- Other trauma disorders

**First
Responders?**

**Bill 163—PTSD
Presumption for
first responders**



A Quick look back at how
it happened....

Oct 2012

Ontario

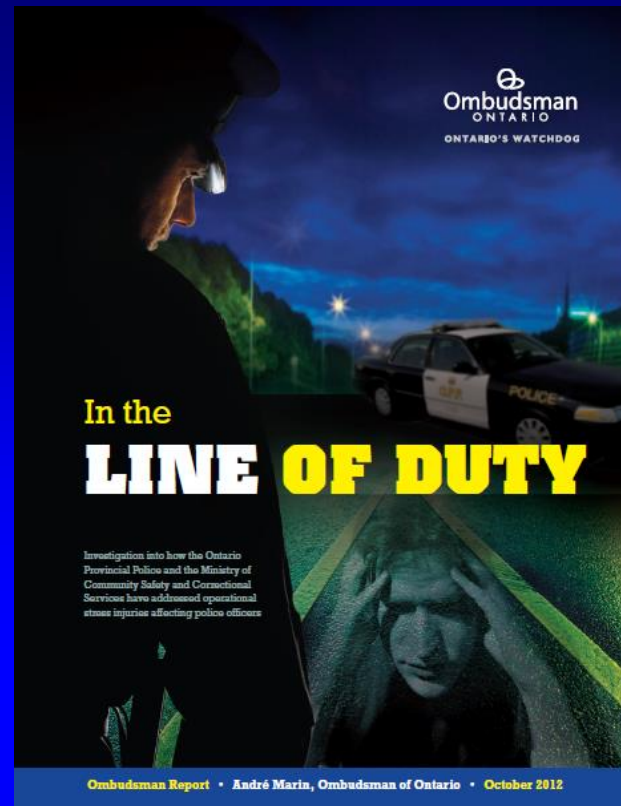
Ombudsman Report

Lobbying by first
responders

Bill 67—2013

Bill 2—2014

Bill 163.



October 2014

Roundtable on Traumatic Mental Stress

- First responder focus
- 6 meetings
- Multi-stakeholder
- Discussions and idea- sharing

Roundtable on Traumatic Mental Stress: Ideas Generated

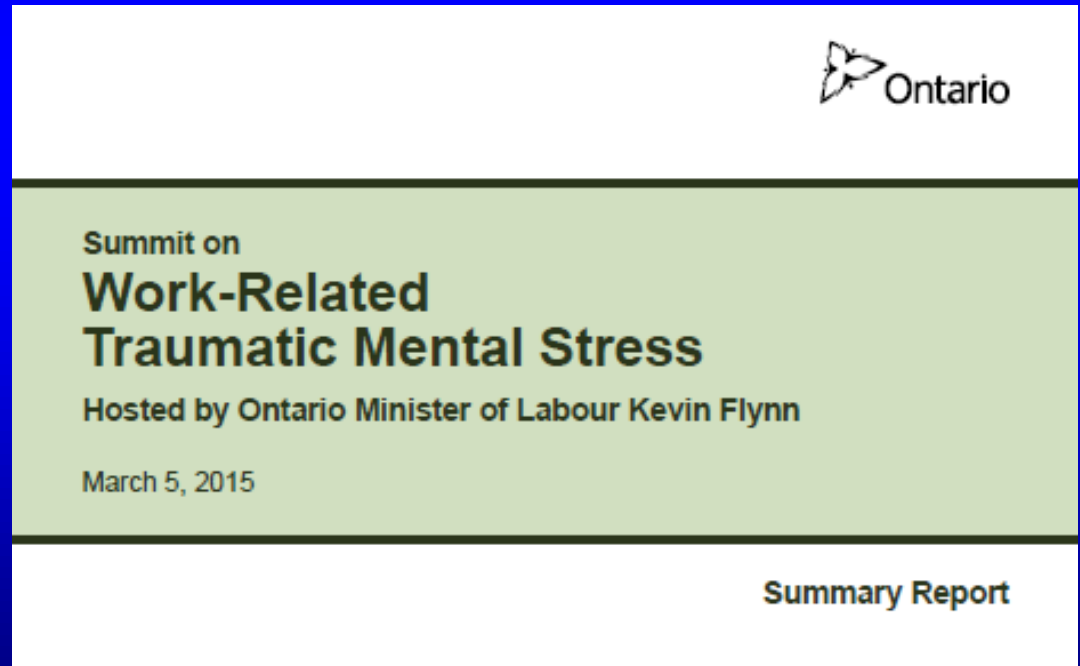
Ministry of Labour
October 2014

MOL Summit –March 5, 2015—Possibilities

“True Leadership is Prevention,” says keynote speaker, the Honourable Romeo Dallaire

“Leaders should engage in walkabout, not talkabout”

#TalkingTMS



Beyond PTSD glimmers....

Dr Rakesh Jetly—
Canadian forces—“It is
a mental health
strategy, not a PTSD
strategy.” It is about
the everyday toll of
work

Peel Police’s Jennifer Evans—
Peel police implemented the
military’s “Road to Mental
Health.” “WHO you work for
within an organization has
become more important than
WHERE you work.”

Judith Anderson from Hart LAB—
Relationship between stress and
medical conditions such as
diabetes, musculoskeletal injuries,
cardio-vascular events, and
immune suppression.

Robert Maunder—Mount Sinai—
Build “individual” resilience AND
build “organizational” resilience.
Org resilience includes training,
leadership and communication,
organizational character (justice),
decentralized decision-making,
unit-level self-government. The
goal? “It looks like a fair place to
work.”

EU Directive 89/391/EEC

2. The employer shall implement the measures referred to in the first subparagraph of paragraph 1 on the basis of the following general principles of prevention:

(d) adapting the work to the individual, especially as regards the design of work places, the choice of work equipment and the choice of working and production methods, with a view, in particular, to alleviating monotonous work and work at a predetermined workrate and to reducing their effect on health.

(g) developing a coherent overall prevention policy which covers technology, organization of work, working conditions, social relationships and the influence of factors related to the working environment;

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



Anpassa | Teckenspråk | Lättläst | Webbkarta | 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](#)



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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Country



▾ [Coun](#)
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2012
Europe Blitzes
Psychosocial
Hazards



Canada.... the 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



Vision

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

Key Drivers

Risk Management

Cost Effectiveness

Recruitment & Retention

Excellence & sustainability

Strategic pillars

Prevention

Promotion

Resolution

Psychological support

Organizational culture

Clear leadership and expectations

Civility and respect

Psychological job fit

Growth and development

Recognition and reward

Involvement and influence

Workload management

Engagement

Balance

Psychological protection

Supportive physical environment



Efforts: Collective Agreement as a Health document

- Vac time off,
- staffing levels and replacement
- Sick leave benefits, fringe benefits
- H&S, ergonomics
- Human rights language
- Workload language (process)
- Consultation regarding tech change

Ca Language basics

- That the employer shall take reasonable precautions to prevent psychosocial hazards from affecting workers' health
- That the employer engage and consult with the union in identifying strategies to improve psychological health and safety at the workplace
- Topping up supports, providing access to trauma-trained professionals

Psychologically safe workplaces

- Joint health and safety committees and health and safety representatives and the Occupational Health and Safety Act
- Address supports for the individual as well as address organizational issues
- Union committees and the CA

Efforts: Our Corrections division...Nov 30, 2012 “the Cotton report”

- A Literature Review on Stress Reactions in Correctional Employees in Correctional/Youth Services/Facilities and Offices, by Dorothy Cotton, Terry Coleman and Cynthia Cotton (November 30, 2012)
 - “it is likely that correctional employees experience a higher risk of stress related symptoms and disorders—such as cardiovascular diseases, musculo-skeletal and mental health disorders—as well as a greater frequency of post-traumatic stress disorders (PTSD) than do members of the public.” (page 3)

Cotton et al. Review

- A literature review, conclusions and recommendations related to the experience of correctional officers in facilities and probation and parole officers who work in the community
- “while critical incident stress may be the most easily identified type of stress it is actually only one kind of stress in the broader category of workplace stress. Thus effective interventions rely on more comprehensive evaluation of workplace environment and subsequent program development.” Cotton page 8.

Jan 2013—Letter of Understanding...Establish an OSI committee

- Review statistics of violence
- Recommend a strategic plan for staff training to meet the physical and psychological demands on employees
- Recommend training to recognize and address the signs of depression, anxiety, addictions, and OS injuries related to violent/traumatic incidents
- Identify support programs to treat depression, anxiety, and PTSD for short and long term OS injuries

8 meetings

- Sept, Dec, 2013, Feb, July, August, Sept, November 2014, Jan 2015
- Report to Government and recommendations—Sept 2015
- June 4, 2016: Request to Government to approve 4 most urgent recommendations (access to trauma-informed counsellors, a peer support program, collect baseline survey data, provide mental health training)

Words and commitments

- **July 20, 2016:** “The OSI Committee has been instrumental in developing recommendations that support raising awareness, stigma reduction, education and intervention with respect to ministry staff. As a direct result of the OSI recommendations, a Correctional Services Staff Survey has been developed. The survey will allow staff the opportunity to provide feedback on how the CISM program can better work to provide pre-incident education and responsive interventions to minimize the harmful effects of job stress”

Approaching a complex picture

- Lots of different stressors—traumatic incidents is only one category of stressor.
- Lots of different approaches—primary secondary and tertiary
- Different places where those approaches can be aimed:
 - To help or improve the suffering person directly
 - To help change how something works in the organization which in turn will make things easier on everyone, including the people suffering

Stressors:

Demands

- Quantitative demands
- Work pace
- Emotional demands

Work Organization

- Influence
- Possibilities for development
- Meaning of work
- Commitment to the workplace

Work Values

- Trust regarding management
- Justice and respect

Work Relationship

- Predictability
- Recognition
- Role clarity
- Quality of leadership
- Social support from supervisor

Work-Life Balance

- Job satisfaction
- Work-family conflict

Offensive Stressors

- Undermining
- Attacking
- Traumatic incidents/violence
- Witnessing violence

Traumatic incidents/violence

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Offensive Behaviours

- Undesired sexual attention
- Threats of violence
- Physical violence
- Bullying

LEVELS OF PREVENTION

“APPROACHES”



Primary



Secondary



Tertiary

Prevention levels:

Primary prevention (at the source)

- job design, organizational adaptations, flexibility – collective agreement, H&S Committee, management policy/program

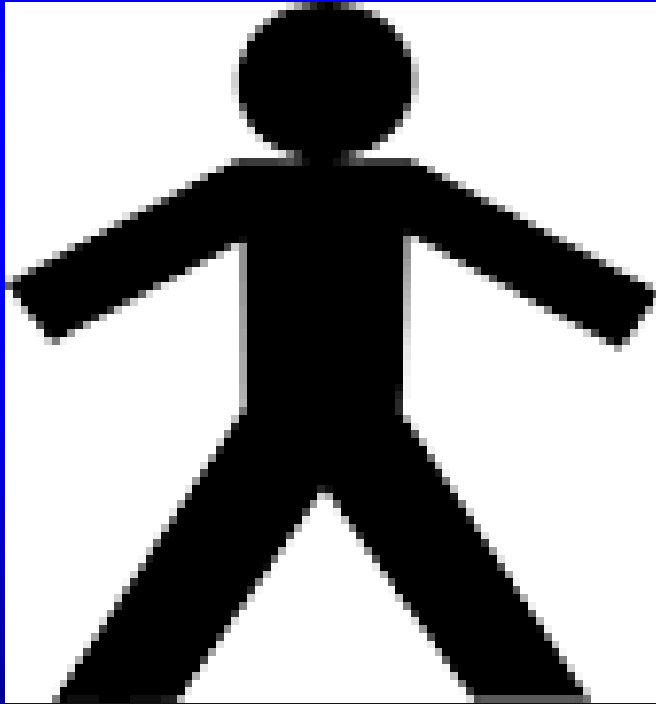
Secondary prevention (early detection)

- educate people about symptoms and on coping skills – wellness programs, screening

Tertiary prevention (help the victims)

- get good treatment, compensation recognition, return to work support – EAP, therapy

Where interventions can be focused or directed to improve mental health.....



At the person??



At how the organization functions

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

Aimed...person

Person affects environment



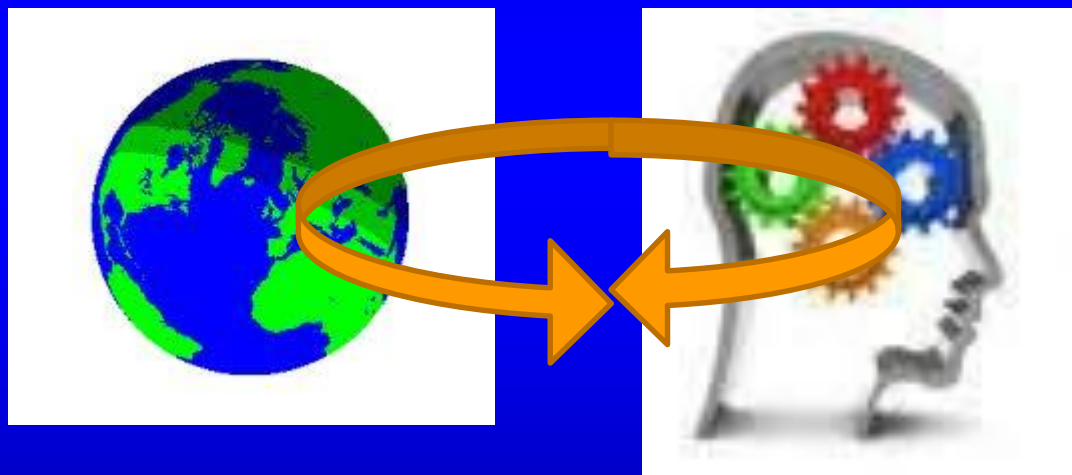
P. Schnall, Session # 1 – Part 1: Introduction to “Work and Health”, UCLA SPH EHS 270/CHS 278 Spring 2009 (March 31, 2009)



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



Aimed...person
AND
environment

**Person affects environment AND environment
affects person**

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

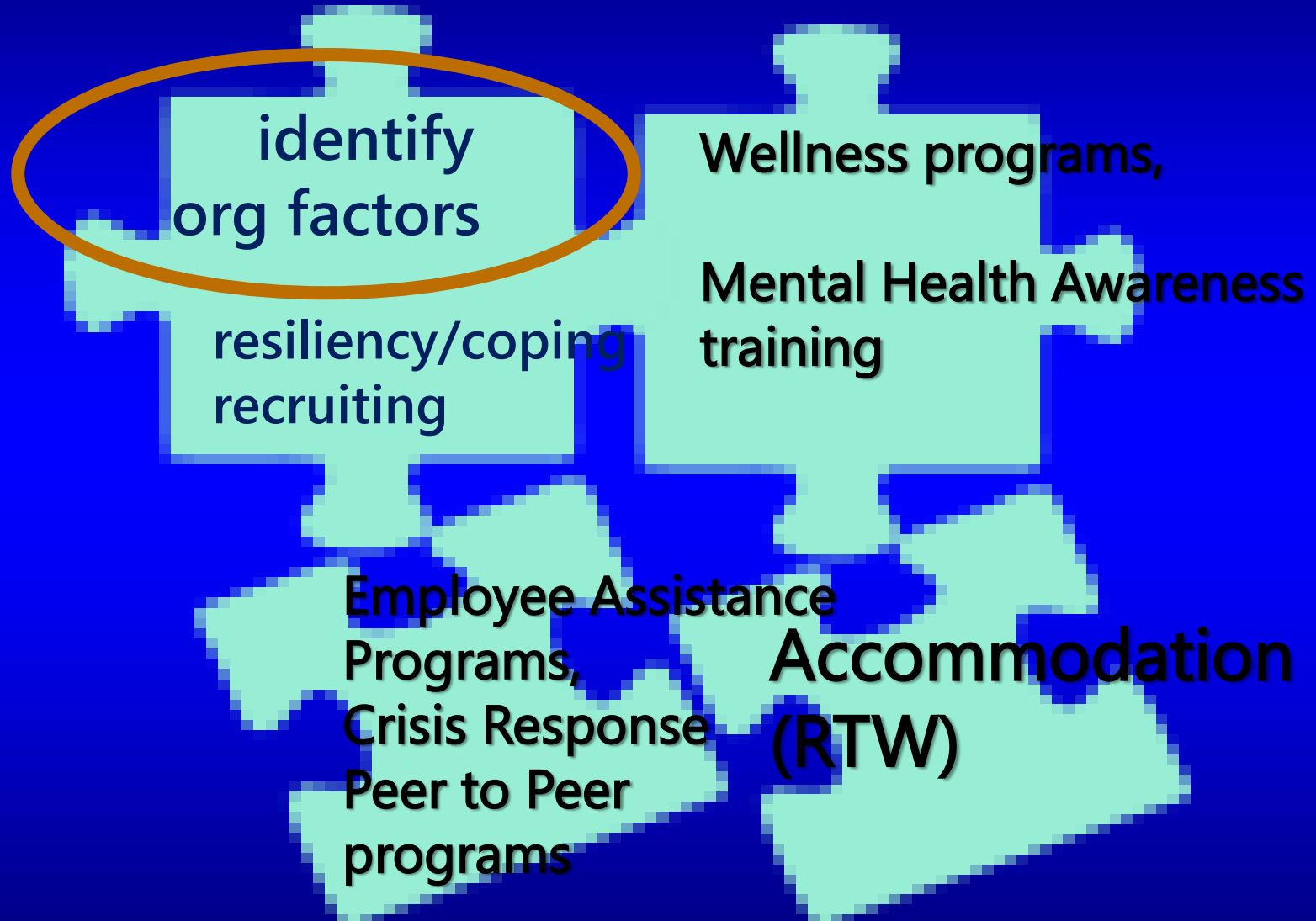


A framework/matrix to view

OSI.....

	individual	organization
prevention level	primary - coping and appraisal skills	primary – org factors
	secondary - wellness, relaxation techniques (mindfulness)	secondary - awareness, screening (surveys)
	tertiary - therapy, counselling, medication, support	tertiary - Employee Assistance Programs (EAP), Return to Work, Critical Incident Stress Management (CISM)

Cotton Report Prevention Ideas



2012: Tools created by workers and worker organizations

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Occupational
Health Clinics
for Ontario
Workers

Centre de santé
des travailleurs
et travailleuses
de l'Ontario

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MIT

MENTAL INJURY
TOOLKIT

PRESENTATIONS FROM
LAUNCH EVENT

MIT VIDEO SERIES

MEASURE
WORKPLACE STRESS
APP



Mental
INJURY
TOOLS FOR ONTARIO WORKERS

Action on Workplace Stress

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

<http://www.ohcow.on.ca/mit>

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 **Measure Workplace Stress App** to access download information for a smartphone App that lets you answer the MIT questionnaire and measure your level of stress.

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

Worker Action Resource Kit – Structure

- PART 1—Why should we care?
- PART 2—“Workplace Stress”: Assumptions, terminology, and approaches
- PART 3—What are other jurisdictions doing?
- PART 4—What are my legal rights and protections? (focus on Ontario)
- PART 5—What does a workplace action plan look like?
- PART 6—Resources

App

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



Based on the
Copenhagen Psychosocial Questionnaire
(COPSOQ II)



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



Mobilizing Action:

- Mental Injury Tool Group (MIT) looked at theories of jobs stress:
 - Job Demand – Control model (Karasek)
 - Effort – Reward Imbalance model (Siegrist)
 - Transaction Process model (Lazarus & Folkman)
 - HSE, NIOSH, GM@W, SOBANE and others
- Looked at survey instruments and tried them out – compared experiences



COPSOQ

Copenhagen Psychosocial Questionnaire (COPSOQ II – short version)

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

MIT Additions:

- Safety questions
- two more offensive behaviours:
 - “discrimination” (undefined – ask respondent for definition)
 - “vicarious offensive behaviours” (ask respondent to identify all)
- a global question rating the psychological health & safety climate
- questions about behaviour based safety attitudes

COPSOQ Psychosocial

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

COPSOQ health measures:

- Self-rated overall health status
- Burnout
- Stress
- Sleeping troubles
- Somatic stress symptoms
- Cognitive stress symptoms

Using the health measures allows us to do a factor analysis and look for any statistical associations between the factor and the health.

We also have a population comparison (Denmark) to compare results

Method:

1. Recruit coordinator/champion
2. Get support (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 2nd 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.

7-Step Plan

**1. Select
Coordinator**

2. Gather emails

**3. Local endorse
and announce.
ER?**

**4. COPSQQ
Blast**

**5. Data
gathering
& reminders**

**6. Strategize
Results**

**7. Workplace
Action Plan**



Getting Management Support and Participation

Co-operative Approach
Crisis Approach

Will mgmt
See the light
.....or
Feel the Heat?



COPSOQ is a
mobilizing
tool

- Members have anonymous way of sharing
- It is a collective activity
- Everyone brainstorms recommendations

An intervention in Community Nursing...

1 yr
later... "The air
is different
here"

Gets Outside
investigator!

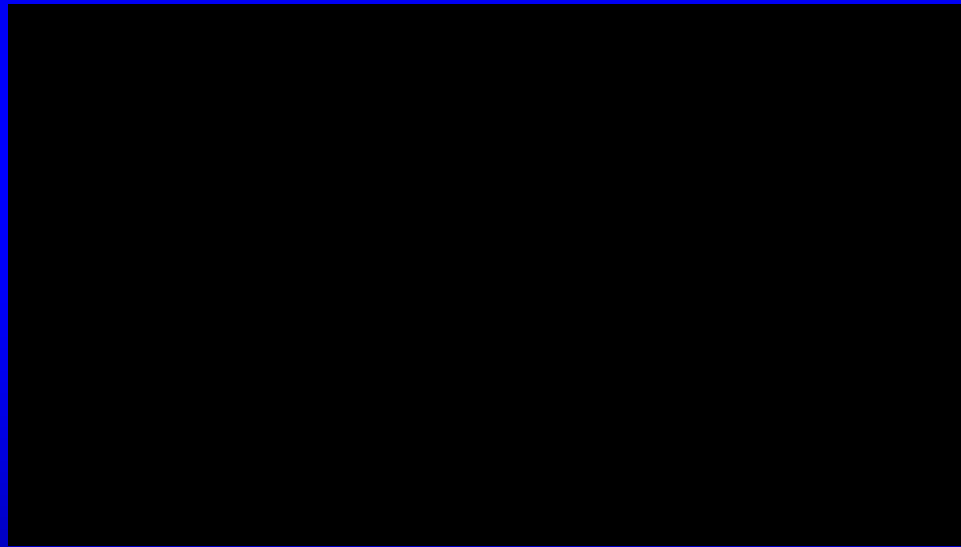
46 signed
group
grievance

46 signed
omnibus
harassment
complaint

COPSOQ
data to back
them up

- City-wide dispatching work org changed to zone based dispatch system where nurses selected their zone. Additional ones hired.
- The change:
 - reduced emotional demands,
 - addressed quantitative demands, stopped the forced overtime
 - and reduced workplace bullying.
 - In the end, the organization adopted a collaborative and supportive management style.

Action on Workplace Stress



The Report

**How do
reps
Succeed
?**

Making Participation Work in the New Economy Final Report to RAC, WSIB

Alan Hall, Andy King, Wayne Lewchuk, John Oudyk and Syed
Naqvi

August 26, 2013



Type 1

Technical Representation

Focus on activities such as inspections, meetings, reports—technical and traditional OHS things

- Reliance on the law to push employers
- Focus on legislative requirements
- These are the ones who rely on litigious strategies to try to win changes

Will this work for occupational stress?



Type 2

Knowledge activists

actively and consciously collect and use scientific, legal, and expertise-based knowledge to persuade and pressure employers to address not only traditional health and safety issues but also complex ones—LIKE STRESS

- Representatives These reps do not dismiss law, meetings, inspections and other technical aspects of the role—rather they use them strategically
- These activists use social skills, links, alliances, information, and any tools available to them as strategic choices and to their advantage in seeking their change
- They bring solutions—and compromise

Knowledge Activists.....

Research

Talk to people
face to face

prepare

Cultivate strategic
relationships

Bring solutions

Finesse
management

Insert heart
and common sense

Be persistent
build your
case

Ask for advice but use
in tandem with
your own mind

Educate the
employer

Knowing
and using the law

Assertive
yet polite

Recognize
the power and
interests in the room

Working with
different people

Side by side with
workers

Third Group

Transitional Representatives

- spend much of their more limited overall time attending meetings, dealing directly with workers issues, getting training and education for themselves, and doing research, with little attention to inspections or reports

*transitional in that many of these representatives are newer to representation and show signs of going either way – technical or knowledge activist).

5 Steps:

Like, but more fulsome
than...

Plan, Do, Check, Act....

- 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

MIT Tools:

- Website <http://www.ohcow.on.ca/MIT>
- Guide
- Survey (often use Survey Monkey)
- You-Tube videos
- Posters, cards
- [training materials]*
- [mini-MIT: shortened guide for workplaces]*
- App <http://www.ohcow.on.ca/MITApp>
- Webinar
http://www.ccohs.ca/products/webinars/workplace_stress/



ILO Stress Prevention:

- checkpoint format
- lists specific hazards
- identifies prevention strategies



English version of SOBANE psychosocial screening & observation tools

The SOBANE strategy
applied to the management of
psychosocial aspects



Février 2008



SERIE STRATEGIE SOBANE
GESTION DES RISQUES PROFESSIONNELS

www.deparisnet.be/PSY/Eng/Sobane_guide_psychosocial_aspects.pdf

SOBANE checklist example:

V.4. Guide for the Observation discussion

A Autonomy and individual responsibilities

A. 1. The degree of initiative, autonomy

- Everyone is informed of his daily or weekly workload and can organize his work as he wants.
- Everyone can plan his work and decide in which order and when it will be carried out.
- Everyone can take initiatives and adapt his work method without disturbing the team work.
- The work procedures are not too rigid. Everyone can choose his own work rhythm without disturbing the team work, instead of having to follow the rhythm imposed by the machine or the team.
- Everyone can leave his workstation and take a short break (toilets, drinks) without disturbing the work.
- Each worker can reasonably take his days off when he wishes it.
- The localization of the people in the operating areas allows them a minimum of private life (to telephone...).
- The person in charge is involved in the choice of his collaborators (the decision is not taken solely by the direction).

What can be done in practice to improve the situation directly?

What needs to be studied more in details?

Main messages

- A comprehensive strategy and approach is needed for mental health—including for PTSD
- Consider all workers and environments
- Prevention is the key
- Workers, their unions and organizations need to be involved
- (as knowledge activists)
- It is a journey

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QUESTIONS.....??