

**INTERVENTIONS  
TO PREVENT  
WORK-RELATED  
STRESS AND  
SUPPORT  
HEALTH WORKER  
MENTAL HEALTH**

**Regulations.gov**  
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**REQUEST FOR  
INFORMATION**



**COMPILED BY**

**OWHC** | Ontario  
Workplace Health  
Coalition

# About the OWHC

The OWHC is a volunteer, not-for-profit, non-partisan organization, serving as a unifying structure among workplace health stakeholders, advocating for a comprehensive approach to creating healthy workplaces in Ontario. The activities of the OWHC can be categorized to include a membership option (consists of organizational members, individual members, and student members), digital media, semi-annual community of practice events, and advocacy.

## Vision:

Organizations and governments should

- Value employee mental, physical, and psychosocial health as fundamental to organizational success as well as to societal health/well-being; and
- Adopt and implement a comprehensive approach to healthy workplace as an integral part of their business strategy and operations

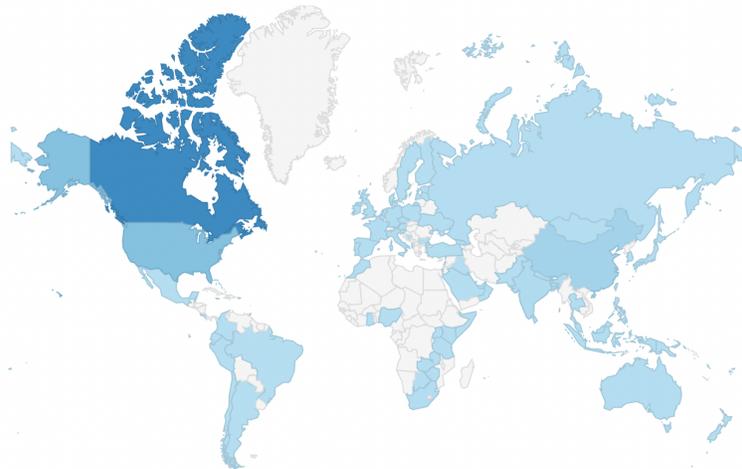
## Mission:

- Bring together, educate and support all workplace stakeholders who are working towards creating mental, physical and psychosocial healthy workplaces

## Goals:

1. A comprehensive workplace health approach is an integral part of organizational planning and management with ownership and accountabilities created
2. Healthy workplaces is a priority item on the agenda of Ontario governments
3. The full economic and social impact of comprehensive workplace health is measured

The geographic and demographic reach, an emphasis on digital reach, of the OWHC is illustrated below through Google Analytics and LinkedIn data collection.



*Website visits by Country as shown in Google Analytics.*

<p>Most Views on LinkedIn by Company Size (Top 7):</p> <ol style="list-style-type: none"> <li>1) 10001+</li> <li>2) 1001-5000</li> <li>3) 2-10</li> <li>4) 201-500</li> <li>5) 1</li> <li>6) 11-50</li> <li>7) 5001-10000</li> </ol>	<p>Most Followers on LinkedIn by Seniority: (Top 7)</p> <ol style="list-style-type: none"> <li>1) Senior</li> <li>2) Entry</li> <li>3) Director</li> <li>4) Manager</li> <li>5) Owner</li> <li>6) VP</li> <li>7) CXO</li> </ol>	<p>Most Followers on LinkedIn by Job Function (Top 7):</p> <ol style="list-style-type: none"> <li>1) Healthcare Services</li> <li>2) Business Development</li> <li>3) Operations</li> <li>4) Human Resources</li> <li>5) Community and Social Services</li> <li>6) Education</li> <li>7) Sales</li> </ol>
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## Call to Action

Website links:

- 1) <https://www.cdc.gov/niosh/docket/review/docket344/default.html>
- 2) <https://www.regulations.gov/document/CDC-2021-0106-0001>
- 3) <https://www.federalregister.gov/documents/2021/09/27/2021-20931/interventions-to-prevent-work-related-stress-and-support-health-worker-mental-health-request-for>

To participate in the Request for Information about Interventions to Prevent Work-Related Stress and Support Health Worker Mental Health for The National Institute for Occupational Safety and Health (NIOSH), within the Centers for Disease Control and Prevention (CDC), the following Ontario Workplace Health Coalition (OWHC) Board Members have answered the proposed questions of #2 to #6. This subset of OWHC Board Members are: Nivith Balasupramaniam, Tanya Hickey, Alex Petrisano, Tahliya Shariff, Wayne Clancy, Allan Smofsky, and Nathan Kolar.

# Questions for Workplaces With Interventions and Services in Place

2. Please tell us about your experience with the development of any diagnostic and/or therapeutic services offered in your workplace by the employer or union to health workers who are experiencing stress or difficulties with their mental health and well-being. Describe the services' origins and bases, their target population, evaluation or outcome measures, challenges and successes, as well as any other information you think is noteworthy.

We led an ongoing Pandemic CheckUp study across Canada and the USA which gathered data from before the pandemic period to now in four key areas; organizational culture, organizational strategy, wellbeing and human environment (humanity) (i.e. how people treat each other). We looked at each of the areas and how they interrelated with each other. The target audience was broad and included those who are currently employed and recently unemployed in all sectors.

We measured key factors in four key areas; culture, strategy, wellbeing and interpersonal or 'humanity' metrics.

There was a minor drop in the areas of strategy and culture as organizations attempted to adjust to the ongoing social change and were challenged with clarity in communications and strategy especially as it related to workplace location and dynamics.

There was a very significant drop in Wellbeing in all areas including physical, mental and emotional sectors. In many areas the drop was more than 12 to 14 percent which is the highest our systems have ever seen in the last 23 years of measurement. Much of this was resultant to people not having the human connections that they had been accustomed to and losing their healthy patterns of living.

One area that was hopeful out of the research was the significant improvement in what we refer to as 'Humanity' metrics. These are measurements on how people treat each other. The scores in these categories increased significantly. Contrary to much of the current media, in many cases people are showing more compassion, generosity, empathy and respect amongst many others. This is a good story and leads us to the question... how can we retain that increased humanity while we adjust and emerge from the pandemic era and not go back fully to the ways things used to be?

3. For both preventive interventions and diagnostic/treatment services in your workplace, please describe how widely the services are used, how stigma associated with seeking mental health care is addressed, and how health workers are encouraged to participate. In your experience, how does the workplace benefit from implementing interventions or offering services to health workers to prevent/reduce work-related stress, to decrease stigma related to seeking and receiving care, and to improve the mental health and well-being of health workers?

Interventions and diagnostic/treatment services in workplaces, in general, can be evaluated by what degree they are used. Enrolling (or signing up), is different from continual engagement, with the latter being more positioned to sustainable behavior change. According to a health insurer that an OWHC Board member works with, typical engagement for workplace mental health technology-based applications for small and medium-sized businesses is about thirty percent (30%), whereas initial enrollment is closer to seventy percent (70%). Note, what can be unique about services done through the built/physical environment, such as air quality or access to natural light, is that these types of offerings do not require a sign up, as they are embedded into the daily living/work as the default choice for workers.

In terms of using services, this answer mentions three approaches for how stigma can be addressed - through understanding the types of stigma (i), defining the scope of mental health (ii), and involving employees in solutions (iii).

i) For understanding types of stigma, there is more than solely internalized stigma, with other types of stigma being public and structural stigma (Stevenson et al., 2017). For public stigma, it is important for workers to be given the opportunity to express to fellow coworkers how they can be supportive, and further, for employers to express how the organization can be supportive as well. Opportunities for such respective expression of support from coworkers and the organization can ensure workers do not feel prejudice, discrimination, nor feel intentionally or unintentionally disadvantaged with their mental health experience.

ii) Defining the scope of mental health in terms of sharing with workers the definition of mental health, and encompassing how mental health can be related to thriving in everyday life and managing change, not to mention different from mental illness, can help workers understand the impact cultivating mental health can have on their lives. As such, Galderisi et al. (2015), shares the World Health Organization (WHO) of definition of mental health, "a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community."

iii) For a third approach in this answer, stigma can be addressed by involving employees into decision-making and uncovering solutions. Whether it be through involving employees in surveys, workshops, or focus groups, hearing from employees themselves and how they think about stigma in their specific context should be addressed for co-creating solutions. A term in this regard is "participatory" design and planning, and note the On The Agenda workshop

series, a resource created by Workplace Strategies for Mental Health\*. For an OWHC Board Member, conducting focus groups within their organization with individuals at different working locations helps to determine if managers are communicating both current solutions and content to support worker mental health, and also asking workers themselves for how their mental health can be supported.

*Galderisi, S., Heinz, A., Kastrup, M., Beezhold, J., Sartorius, N. (2015). Toward a new definition of mental health. World Psychiatry, 14(2): 231–233, doi: 10.1002/wps.20231*

*Stevellink, S., Coleman, S., Hatch, S., Denny J., Greenberg, N. (2017). Stigma-related barriers and facilitators to help seeking for mental health issues in the armed forces: a systematic review and thematic synthesis of qualitative literature. Psychological Medicine, 47(11):1880-1892, doi: 10.1017/S0033291717000356*

\*On The Agenda workshop series by Workplace Strategies for Mental Health:

<https://www.workplacestrategiesformentalhealth.com/resources/on-the-agenda-workshop-series>

4. Please describe any programs you are aware of that help employers to fund or otherwise develop interventions or services to support health worker mental health and well-being.

Over recent years, organizations have been looking to the *CSAZ1003 Psychological Health and Safety in the Workplace (The National Standard)* for a systematic approach to developing and sustaining a psychological health and safety management system. This standard was a world first in attempting to establish an official standard in this area. The standard is very comprehensive, and a common barrier for organizations to implementing the Standard is the complexity of implementing it in its entirety. It should be noted that the standard is not prescriptive and is meant as a guide for organizations to benchmark current psychological health and safety practices, as well as identify areas for improvement. The following resources are either based on, or can be used to, implement some or all elements of the Standard in more manageable sections.

Workplace Safety & Prevention Services (WSPS), in partnership with the Conference Board of Canada has developed a [Mental Harm Prevention Roadmap](#). The purpose of the Roadmap is to create a user-friendly interface, based on the National Standard, for organizations to advance psychological health and safety programs and interventions in the workplace. The Roadmap was created using a building block approach, so organizations can choose to implement either some or all of 8 building blocks, creating a more digestible version of implementing a program based on the Standard.

[The Working Mind](#), created by the Mental Health Commission of Canada (MHCC), is a three stream course which equips organizations with the knowledge to create a culture that fosters an increased level of awareness and support for workplace mental health and well-being. This course is offered for employees, managers and on a train the trainer basis so

organizations can then deliver in-house training moving forward. The MHCC also published an [Action Guide for Employers](#) to act as a step-by-step guide to establishing a psychological health and safety program using the P6 framework - Policy, Planning, Promotion, Prevention, Process and Persistence.

The CMHA compiled [The Takeaways Toolkit Project](#) in response to research on organizations who successfully implemented the National Standard. These helpful toolkits were compiled to guide other workplaces looking to put elements of the Standard into practice in their organizations. Similarly, the Canadian Centre for Occupational Health and Safety (CCOHS) created the [Assembling the Pieces Toolkit](#) as a means to provide practical advice and tools for implementing a psychological health and safety program.

## Questions About Workplaces

5. Please tell us about your experience with any workplace policies designed to protect workers from stress and adverse mental health outcomes and to address these issues. Describe the part(s) of your organization involved in work-associated stress prevention efforts.

My current workplace is a large health care facility with more than 11,000 employees including administrators, nurses, physicians and allied health professionals. This organization does not have specific policies related to stress and adverse mental health outcomes, rather broad, generalized policies on respectful workplace, health and safety, and workplace violence prevention. Although these policies are designed to maintain a safe environment that is supportive in meeting the needs of employees, “workplace wellness” is new to my organization. My organization has recently expanded the Employee Health and Safety Department to include Wellness. The Employee Health, Safety and Wellness is part of the People's Practices (HR) department, and is responsible for work associated stress prevention efforts. Over the past two years, my organization has developed the resilience model to address the mind, body and spirit. This model acknowledges the following elements for healthy employees; Body – Physical energy and self care; Mind – Perspective and empathy; Spirit – purpose/values and connectedness. Additionally, my organization has adopted a number of COVID 19 toolkits and created initiatives for self-care during the pandemic. Further employee stress and mental health assistance is available to employees through external resources and the Employee Family Assistance Program (EFAP).

## Questions About Health Workers' Communication Preferences

6. Please tell us about your workplace's most effective methods of informing health workers about available interventions, services, and workplace practices and policies, including but not limited to: Notification channels, trusted messengers ( e.g., upper management, front line supervisor, union representatives), and efforts to reach workers who are underserved by mental health/behavioral health resources.

With a workplace population that is diverse in age, race, geographical location and language, it is essential to have several modalities of communication available. The communication will vary depending on the type of messaging. For workplace practices and policies, these are usually held in a digital repository and available on the organization's website. Any changes are communicated through department leads.

For interventions and services a multitude of modalities are used. Information has been mailed to the employee home to ensure all family members see the services that are available. Intranet sites are set up specifically for the content. We have external websites and apps available and this information is shared via email, posters, QR codes, electronic messaging on the shop floor, news articles and in communications from leaders. We also use internal social media as a tool to help spread the word as well.

7. In your experience, do workers seek mental health and well-being information outside the workplace and, if so, where ( e.g., community-based, faith-based)? Do health workers generally find sources of information outside the workplace more trustworthy and credible than employer-based programs? If so, what is the basis for this understanding and what efforts have you undertaken to address such concerns?

In regards to physical health and wellbeing information, there has been mistrust in both the employer & government level in regards to how the pandemic response was managed. Although the approach was relatively consistent at a federal level (social distancing, school/business closures etc) their timing and approach varied. Conflicting information and unclear communication was common in the very beginning of the pandemic. For the two provinces with the highest population, the response was mild in comparison to other parts of the country like British Columbia, and as a result had much higher infection rates, more deaths and less coherent communication. (Migone, 2020) In regards to supply of ventilators and PPE, Canada's procurement issues with the international supply chain caused strain in health care settings, especially with rising infection rates and mortality rates with Covid.

For Mental Health and Wellness, social proof has always been important to validate information and accessible support. The Social Norms Approach is one which operates on the premise that there is a greater likelihood to engage in the activities which reflect the perceived behaviours and attitudes of their peers. To increase engagement in positive & healthy behaviour change, the goal should be to highlight actual positive behaviors amongst a group and use that

pressure to conform to the healthier norm. Information coming from these groups tends to be more credible and relevant. Community groups and social groups have the most trust and influence. High trust cultures are conducive to promoting positive psychological health in the workplace, and are the foundation for any initiative, which can be built by understanding the 13 psychological factors of National Standard of Canada for Psychological Health and Safety in the Workplace.

In the age of social media, there is a greater degree of interconnectivity than there has been in the past, and media outlets (Twitter, Instagram etc) tend to be the first-place health related information disseminated and shared by an online community, which hold influence and sway over behaviors and attitudes. As much as it has the potential to feed misperceptions of social norms and feed negative behavior, it can be used as a tool to promote positive healthy behaviors and normative feedback.

*Andrea Riccardo Migone (2020) Trust, but customize: federalism's impact on the Canadian COVID-19 response, Policy and Society, 39:3, 382-402, DOI: 10.1080/14494035.2020.1783788*