



# Health and Safety Guidelines

## Occupational Mental Health Guideline

**CUPE** / *Canadian Union  
of Public Employees*

Health and Safety Branch





**IMPORTANT NOTE:** This guide is intended to provide the reader with information about occupational mental health and safety and direction to additional tools found in CUPE's Mental Health Toolkit to address issues within your workplace. This is only a guide and is not intended to replace the advice of a knowledgeable health and safety professional. Always seek guidance from your Local, your CUPE Servicing Representative or the CUPE Health and Safety Specialist in your area before taking on contentious issues.

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## Introduction

Employers are required to provide a healthy and safe workplace. This includes a workplace that is free from mental health hazards. CUPE locals and their members regularly address workplace issues to make sure that the workplace is safe and healthy for everyone. Protecting workers from any form of harm includes ensuring that people have a workplace that is physically safe – and mentally healthy and safe as well.

Workplace mental health and safety focuses on identifying and addressing workplace hazards that can lead to *mental injuries*. That is, *Psychological Health and Safety* is concerned with prevention of mental injuries that are the result of being exposed to hazards in the workplace.

There are several terms to describe mental health including *psychological health* and *cognitive health*. For the purposes of this guide we will use the terms *mentally healthy and safe* and *psychologically healthy and safe* interchangeably.

**MYTH:**  
Mental Health is not  
a workplace health  
and safety issue

### What is Psychological Health and Safety?

A psychologically healthy and safe workplace is a workplace that promotes and protects psychological well-being and prevents harm by *eliminating or controlling* the risks caused by hazards in the workplace *that cannot be removed*. The World Health Organization (WHO) <sup>1</sup> defines good mental health as a state of well-being where a person has the ability to realize their own potential, cope with the normal [or ordinary] stresses of life, perform work they feel is productive and fruitful, and make a contribution to their community.

In this definition, stress is *not* considered normal simply because it happens frequently. For example, constant sexual harassment or racial microaggressions are a regular occurrence for many women and racialized people. These are hazards to mental health that no one should be expected to cope with.

Occupational psychological health and safety is concerned with protecting workers' mental well-being in the workplace and promoting good mental health. The WHO further defines health as a state of complete physical, mental and social well-being – and not merely the absence of disease or infirmity. Just as our bodies can become injured or sick due to workplace exposures, our mental health and wellness can also be affected (or injured) by negative factors or hazards. CUPE refers to this negative effect as a *mental injury*. In a workplace context; a mental injury is an injury to your mental health caused by your work environment, conditions and experiences. An injury

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<sup>1</sup> [https://www.who.int/features/factfiles/mental\\_health/en/](https://www.who.int/features/factfiles/mental_health/en/)

can take the form of mental distress or even contribute to mental illness. Though mental injuries are often unseen, they are just as serious as physical injuries.

## **Mental illness**

Mental illness refers to patterns of thinking, feeling or acting which is sustained over a period of time and which may or may not interfere with daily functioning. What is labelled as mental illness has changed over time because it corresponds to socially constructed norms existing at specific historical, scientific and social moments which have varied, and continue to vary across countries and communities. Professional diagnoses and related medical prescriptions establish specific *scholastic* definitions of the conditions classified under the current scientifically accepted “mental illness” umbrella for either legal documents or medical diagnostic or treatment. In Canada, the *Diagnostic and Statistical Manual of Mental Disorders (DSM)*, fifth edition is currently used, though even that document is frequently criticized by professionals in the field.

Regardless of how it is defined, mental illness may be caused by a combination of biological, psychological and social conditions. In other words, it can come from chemical reactions in a worker’s brain (biology), from a worker’s mind (thinking), or from the worker’s environment (psychosocial factor). Some conditions categorized as mental illness are treatable and controllable and may or may not be related to work.

As with workers who have a physical limitation, many workers can experience limitations from *mental illness*. Like physical ailments (e.g. bad back, arthritis) mental illness can vary in severity, be episodic (symptoms may come and go), be treated and sometimes healed. Unfortunately, unlike physical ailments, many people with mental illness experience stigma, alienation and discrimination in the workplace. Additional materials have been provided in the CUPE mental health kit to help support members who face mental injuries or suffer from mental illness, and to address root causes in the workplace.

## **Hazards that affect mental health**

A worker’s physical health can never be completely separated from their mental health as compromising one will cause negative symptoms to the other. While all hazards can potentially cause mental injuries, this guide will focus on *psychosocial hazards* which directly affect a person's *psychological* well-being.

All workers face different *psychological* factors which affect their well-being. Those factors are not related to hazards in the workplace and therefore are not what health and safety committees focus on. Just as a health and safety activist would never attempt to diagnose a physical condition

like carpal tunnel or a pinched nerve, health and safety activists<sup>2</sup> must never seek to attempt to diagnose a mental illness or condition. Instead, they can address workplace elements (the psychosocial hazards) that would lead to mental injuries.

### **Psychosocial Hazards**

Mental injuries are generally caused by the way work is designed, organized and the conditions in which work is carried out or managed and the level of support from supervisors or peers. When these factors lead (or potentially lead) to negative health outcomes they are known as *psychosocial hazards*. The Canadian Standard Association created a management standard that “specifies requirements for a documented and systematic approach to develop and sustain a psychologically healthy and safe workplace<sup>3</sup>”. The standard is designed to be applied by the employer, in consultation with the workers, and considers 14 psychosocial hazards.

- Psychological Support
- Organizational Culture
- Clear Leadership & Expectations
- Civility & Respect
- Psychological Competencies & Requirements
- Growth & Development
- Recognition & Reward
- Involvement & Influence
- Workload Management
- Engagement
- Balance
- Psychological Protection
- Protection of Physical Safety
- Other physical stressors as identified by workers.

**Psychosocial hazards are those aspects of the design and management of work and its social and organizational contexts that have the potential for causing psychological or physical harm**

Source: WHO

The way these factors are managed in any workplace has the potential to either enhance or detract from the overall psychological health and safety climate of the workplace. When these factors are poorly managed or not considered in work design and resource allocation decisions, workers are put at risk of mental injuries.

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<sup>2</sup> For the purposes of this guide, any member who works as a member of a health and safety committee, is a health and safety representative, or works to create a healthier and safety workplace will be referred to as a health and safety activist.

<sup>3</sup> CSA Z1003, page

## How do psychosocial hazards cause injury?

Health and safety committees are accustomed to identifying physical hazards that may lead to injury. In these cases, there is often a clear understanding of the circumstances in which the injury occurs. This is known as the *mechanism of injury*. Psychosocial hazards on the other hand can lead to the development of stress and mental injuries. This is a commonly overlooked aspect of workplace health and safety and employers historically have not recognized them as health and safety related hazards.

### Stress

Stress is a reaction, both physical and psychological, to events or hazards that challenge or threaten us. The stress response is a powerful protective mechanism that allows people to deal with sudden changes, dangers or immediate demands (also known as a stressor). In normal circumstances, when sudden isolated danger happens there are three phases of stress:

- Stress comes (facing an immediate threat/demand);
- Stress goes (dealing with the stress);
- Stress is over (the body relaxes, no longer feeling stressed).

This response is known as a *generalized stress response* and is also called the fight or flee response, and includes a variety of physical reactions such as:

- An increased metabolism (faster heartbeat and quicker breathing);
- Increased blood pressure;
- Increased cholesterol and fatty acids in the bloodstream;
- Decreased protein synthesis, impaired digestion, immune and allergic response systems;
- Faster blood clotting;
- Increased production of stomach acids;
- Increased production of blood sugar for energy;
- Localized inflammation (swelling and pain in joints, muscles, and skin);
- Widened airways directing more oxygen into the muscles;
- Tensed up muscles;
- Increased sweating to help stay cool.

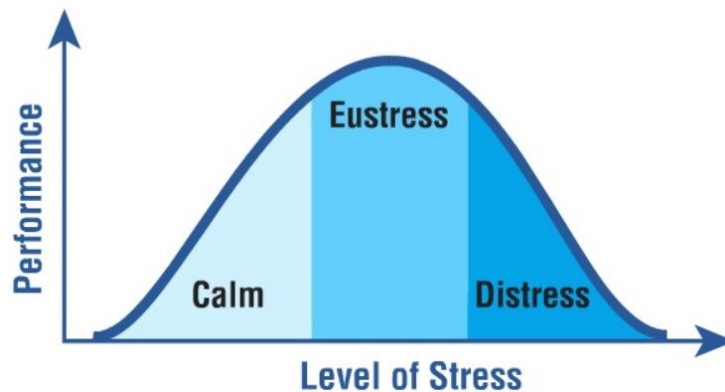
The response occurs quickly as an immediate, instinctive response to the stressor(s) and when the situation is concluded the stress ends. However, when the hazard or situation causing the stress does not go away, a person will get locked into the second phase and the body continually reacts to the stressor leading to negative and toxic stress.



## Normal versus toxic stress

An example of normal stress is short-term anxiety because you have lost something important (e.g. keys) or are feeling temporarily stressed because your bus is stuck in traffic and think you might be late for work. When the item is found, or the bus gets you to work on time, your stress drops away and is eliminated. There are many day-to-day occurrences like these that cause normal stress.

Employers sometimes say, “stress is good for you; it makes you more productive at your job.” When considering work performance, it is true that certain forms of stress increase workers’ performance. This type of stress is referred to as *eustress*, or positive stress. This type of stress motivates the worker, focuses their energy and, most importantly, is within the coping abilities and skills of the worker. The cause of this type of stress corresponds more to a challenge than to a danger.



While some stress motivates and aids in completing tasks, this is not the stress that causes health and safety issues at work. Workers must be critical of the employer perspective that claims stress is normal and unavoidable. They must be sceptical of employers who claim stress problems can be solved with stress management schemes, wellness programs, team-building exercises, and other solutions which put responsibility on workers alone. These are temporary solutions that do nothing to eliminate the hazards causing unhealthy stress. Stress management techniques only deal with the symptoms; they do not get rid of stressors. These programs do not prevent injuries or diseases and are not a solution to workplace stress.

When workers are experiencing ongoing excessive stress, it can lead to negative effects on their health. CUPE refers to this as *toxic stress*. Like biological toxins, toxic stress can lead to negative health effects. Under abnormal circumstances (e.g. highly stressful traumatic, prolonged, or chronic stress), stress overwhelms our protective mechanisms, leading to serious negative health outcomes.

**MYTH:**  
Stress is something that comes from your home life, not the job.

Employers might like to believe and say that stress does not exist, or that only upper management need to worry about the effects of stress. They might argue that stress is in your imagination, a personal problem, or a result of workers' lifestyle choices. They might regard stress as just part of the job.

CUPE members know this is wrong. Like violence and toxic chemical exposure, situations that lead to chronic stress are significant health and safety hazards directly related to choices employers make on how work is designed, organized and managed. Poor work organization often leads to chronic workplace stress. Discrimination, human rights harassment, and microaggressions cause chronic workplace stress. The effects of workplace stress on CUPE members are visible: illnesses and injuries negatively affecting members' health and lives.

### **Workload stress**

In many of the sectors where CUPE members work, workload is reaching epidemic proportions. Long overtime hours and constant pressure to speed up have a huge negative impact on workers and their families. One can argue that excessive workload is the number one issue affecting CUPE members' quality of working life. Overwork is not just about working longer hours or being assigned more tasks. It's about being forced to work at an accelerated and intensified pace, with fewer staff, no support when members are off sick, and under conditions of mismanagement. The result is that overwork has become a major health and safety hazard.

A worker who continually experiences the symptoms of an injury or illness should consider how workplace factors may be contributing.

A simple definition of overwork is too many duties and responsibilities for one worker, with too few hours in the day to complete all that is required or being expected to work beyond one's strength or capacity, causing physical and/or mental distress in the process.

When workload is examined, it is frequently observed that fewer workers are doing the same amount of work previously done by more workers. In short, overwork is a consequence of changes in work organization – specifically, cutbacks, privatization, downsizing and their effects.

But it's also more than this. Employer schemes to micro-manage workplaces, using total quality management (TQM) techniques, continuous improvement systems, quality circles, and “lean”, are all designed to re-organize CUPE workplaces. Control is taken from workers and placed squarely and completely with employers. For example, many CUPE members' daily duties are charted down to the minute, leaving no time to spare, and virtually no power for workers to control what they do, how they work and how fast they do it. Washroom breaks might even be scheduled.

As part of the Mental Health Toolkit, CUPE has produced a guideline and several additional resources for members to start to work to take action against excessive workload demands in their workplaces.

### **Effects of Stress and Mental Injury**

Over time, as workers are exposed to psychosocial hazards, stress reactions occur too frequently, and normal stress progresses to toxic stress because the phase of relaxation does not exist. This can lead to more negative and potentially severe physical and/or psychological symptoms. This type of situation is comparable to physical injury symptoms like sore muscles or stiff joints. The symptoms for both physical and mental health may only last for a short period of time, may not be related to the workplace, or may not even be related to a specific injury; however, a worker who continually experiences the symptoms of an injury or illness should consider how workplace factors may be contributing.

Workers who are experiencing any of the symptoms listed below should recognize them as potential warning signs that there are one or more psychosocial hazards in the workplace that are not being addressed. This is especially true if they appear frequently or last for an extended period of time. Symptoms to be aware of, and that may be connected to psychosocial hazards include:

- Sleep disruption and disorders;
- Fatigue, apathy and lack of energy;
- Increasing anxiety;
- Changes in sexual activity;
- Conflict with family, friends, and coworkers;
- Increasing self-doubt and judgment;
- Weight gain or weight loss;
- Greater susceptibility to injury;
- Headaches and tension;
- Chest and stomach pains;
- Joint and muscle pains;
- Increased use of alcohol and drugs;
- Lower interest in sex;
- Immune system depression, greater vulnerability to illness and disease;
- Chronic aches and pains in the chest shoulders, back, neck and elsewhere in the body;
- Depression and a general decrease in enjoyment of life;
- Other stress-related health problems (e.g. ulcers, heart disease, headaches, irritable bowel syndrome, diabetes, and menstrual disorders);
- Feeling angry and aggressive more often;

**MYTH:**  
Workers who are experiencing symptoms of poor mental health have a mental illness.

- Feeling anti-social and idle.

Any combination of these symptoms can be very harmful to a worker's health and well-being. Chronic ongoing stress is a known cause of many psychological diseases and disorders, as well as many social and behavioural changes such as:

- Depression, feelings of apathy and low self-worth, crying spells;
- Anxiety, increased tension, fearfulness;
- Changes in eating habits;
- Sleep disorders, insomnia, fatigue and exhaustion;
- Irritability, mood changes, constant negativity, over-reaction and irrational behaviour;
- Inability to concentrate and see tasks through to their conclusion;
- Burnout;
- Sexual dysfunction;
- Increased use of drugs, alcohol and tobacco;
- Paranoia and social isolation and withdrawal;
- Suicidal thoughts.

Workers can help each other deal with symptoms of stress which may lead to poor mental health. The role of the health and safety activist is to help determine if there are aspects of the job (psychosocial hazards) which are causing or contributing to the symptoms the worker is feeling. This is analogous to an ergonomic analysis of an office workstation to determine why a worker has shoulder or wrist pain. A separate document has been provided as part of CUPE's occupational mental health kit on talking with, and guiding people who are experiencing the symptoms of poor mental health.

For health and safety advocates, it is important to note that a worker describing a feeling or symptom does not mean they have a mental illness. It is not the role of the health and safety activists to try to diagnose an illness. For example, a worker who states that they feel depressed does not automatically mean they have clinical depression. Unless specifically trained and doing so within the scope of their work practices, CUPE members should not attempt to diagnose or suggest treatments. Only trained professionals can make diagnosis and prescribe treatments.

### **Mental Trauma**

Trauma is a severe psychological or emotional response to an upsetting, shocking, disturbing, distressing event or experience or ongoing exposure to high levels of stress. It is sometimes called *critical incident stress reaction*. Left untreated, this type of stress can lead to post-traumatic stress disorders (PTSD), post-traumatic stress injuries (PTSI) or other mental health conditions. The event can be a single, severely stressful circumstance such as a natural disaster, road accident, or the witness of a murder or assault. Critical incident stress is a serious condition that requires professional treatment and care beyond the scope of this document. For additional

information, please consult CUPE's occupational Mental health kit for separate fact sheet on critical incident stress and PTSD and how the effects of critical incident stress can be reduced.

### **Resiliency controversy**

Mental resilience can be thought of as an individual's ability to recover or rebound from any adverse situation or remain mentally strong when faced with ongoing stress or a traumatic or adverse event. Like physical stamina, every person has different mental resilience levels as part of their biological makeup and life experiences, both positive and negative.

Many employers will offer wellness programs that are designed to teach workers how to cope with the stress which they are experiencing. These types of programs are equivalent to employers offering wellness-based programs that include gym memberships or sports activities that increase a worker's physical strength and stamina. On their own, these programs can be positive. Many workers choose to participate in and enjoy programs that teach mindfulness, relaxation and other techniques that enable them to control the effects of stress that they experience both at work and in their daily life.

**MYTH:**  
Workplace wellness programs are the answer to all workplace stress.

However, even workers in top physical shape will eventually be injured by work that is too strenuous. The same applies to mental resilience, as all the techniques which can be learned to help improve a worker's ability to cope with stress created by exposure to hazards will be insufficient and eventually be overcome and result in a mental injury.

In some high stress sectors, some employers are attempting to use tests or interview processes to hire workers that have a higher resiliency level rather than alter the work or simply hire additional staff to reduce workload.

Finally, many workers are turning to medication to treat symptoms of mental injuries or illness which are directly caused or worsened by psychosocial conditions in the workplace. Like physical ailments, doctors frequently do not ask about the work a person performs, they are most concerned with treating the patient so that they are better. While there have been many breakthroughs in helping people experiencing poor mental health with pharmaceuticals, workers should ensure that their doctor is aware of ongoing psychosocial hazards in the workplace. It may be useful for the worker to request a referral to consult with a mental health specialist, or even have their physician take steps to reduce or stop the time spent at the workplace until the hazards can be corrected and the worker properly healed.

**FACT:** The existence of a mental health-based wellness program does not remove an employer's requirement to address hazards related to mental health at their source.

CUPE argues that the goal can not be to build more resilient human ‘punching bags’ able to absorb more harm from psychosocial hazards. Regardless of how many workers take advantage of wellness programs, employers still need to change the workplace or work organization by reducing or removing hazards. Where hazards can not be removed, employers need to control remaining risks. In short, the existence of a mental health-based wellness program does not remove an employer’s requirement to address hazards related to mental health any more than a strength-based wellness program allows employers to force workers to lift or carry dangerous amounts of weight.

In conclusion, voluntary and confidential wellness programs can be an excellent choice for workers and should be encouraged. But CUPE does not advocate wellness programs as a control measure to reduce injuries related to psychosocial hazards. Relaxation techniques, counselling and coping mechanisms offer only temporary relief from stress. Workplace stress hazards must be dealt with at their source through primary prevention –not after the fact. Preventing exposure to the causes of stress is the only way to truly eliminate negative health effects.

## **Workers divided**

Workplaces with poor work design, high workloads, and lack of control can create conflict in the workplace that shows up as anger, frustration, envy, and mistrust. These can be destructive forces in a CUPE workplace, especially if directed at other CUPE members. Employers will often play workers against each other, blaming them for work not being done when in fact it was directly related to a lack of workers or workload expectations. This deflects blame to someone other than the employer. Coworkers, stewards, staff representatives, and other union workers might become targets of this frustration. Conflict can isolate workers from one another. Some may even blame themselves for issues in the workplace, compounding the problem.

Periods of restructuring or merging organizations are highly stressful times for workers who usually do not know who will be laid off or how working conditions will change. During these periods, competition among workers can easily increase and exacerbate the already stressful environment. Responsible organizations can reduce this stress by keeping workers and their unions informed and decrease workers’ uncertainties.

These circumstances divide workers and undermine union solidarity. It is vital to understand that workplace stressors – such as how work is organized and managed by your employer – cause the stress, not coworkers or the union. Be aware of the impacts of employer tactics such as performance monitoring and surveillance, and how they can lead to, or create competition and resentment. In a divided workplace, the employer gains and the workers lose. Be organized and openly discuss the possible scenarios to develop your union’s response. There is strength in

numbers. When confronted by stress hazards, members need to remember that solutions and strategies for change depend on worker solidarity.

## Discrimination in the workplace

Discrimination is an action or a decision that disadvantages a person or group for reasons such as race, age, sexual identity, or disability. These reasons, also called grounds, are protected under the [Canadian Human Rights Act](#) and provincial Human Rights legislation.

Depending on the jurisdiction of your workplace (provincial, territorial or federal), your list of prohibited grounds of discrimination can include:

age, sex, race, gender, colour, creed, religion, ethnicity, pregnancy, ancestry, political belief, marital status, family status, language, citizenship, civil status, nationality, place of origin, physical disability, mental disability, criminal conviction, Aboriginal origin, social condition, sexual orientation, gender identity, gender expression, source of income, linguistic background or other grounds.

There are various ways through which discrimination in the workplace is a hazard to mental health and well-being. Here are some of them:

- Macro-level structural biases in the labour market result in the over-representation of Indigenous, Black or racialized workers, women, LGBTQ2+, and members with disability in low-paid and precarious jobs where they have little control over their work. We know that financial stress and low control over the amount and nature of our work increases the risk of mental injuries;
- Workers in precarious jobs are also more likely to be exploited and overworked, which causes their mental and physical resiliency to decrease over time;
- Persons or groups that experience discrimination are more likely to face harassment and violence thus resulting in negative consequences to their mental health;
- Discrimination in the workplace could systematically expose workers or groups of workers to isolation.

**FACT:** There are various ways through which discrimination in the workplace is a hazard to mental health and well-being.

Studies show that:

- Marginalized workers' well-being is impacted negatively due to their exposure to subtle pervasive discriminatory acts (sometimes called "microaggression");

- Because of discrimination and prejudice and intolerance and violence Workers who are LGBTQ2+ tend to present greater distress and lower job satisfaction than their co-workers;
- Age discrimination increases feelings of uselessness, powerlessness and lower self-esteem;
- Racialized workers, workers with disabilities, Indigenous workers, and women, when compared with their co-workers, show higher levels of job stress and psychological distress symptoms; higher number of ill health conditions; and higher rates of hypertension, depression and substance abuse.

In summary, a psychologically safe work environment should be free of discrimination. This includes systematic as well as isolated discriminatory acts.

## **Health and Safety Law and Psychosocial Safety**

Canadian law is slowly changing to specifically recognize psychological safety. Changes in the federally regulated health and safety law includes a purpose *'to prevent accidents, occurrences of harassment and violence and physical or psychological injuries and illnesses'* from work. However, even in jurisdictions which do not specifically identify psychological safety, evolving case law has made it clear that employers are not able to simply ignore psychological safety. The general duty clause in health and safety legislation across all jurisdictions in Canada makes it clear which it is the employer's duty to provide a safe and healthy workplace. Governments and employers tend to move slowly, leaving it to workers to demonstrate that psychosocial hazards are causing injury. While it takes time for the law to catch up with best practices in occupational health and safety, workers can help it along by building the case for change in their own workplaces. This includes responding to issues as they arise and bargaining collective agreement language around psychological health and safety.

## **Bargaining**

One of the best ways to protect workers from hazards is to develop collective agreement language which compels employers to address psychosocial hazards. Specific contract language for psychological health and safety can take many forms including:



**FACT:** One of the best ways to protect workers from hazards is to develop collective agreement language that compels employers to address psychosocial hazards

- Recognition of psychosocial hazards causing harm in the workplace;
- Agreements to address workplace specific factors such as workload, harassment, discrimination, bullying, critical incidents, etc.;
- Provision of training to address psychosocial hazards that increase the risk of injuries, including the topics mentioned above, as well as anti-oppression training;
- Adoption of standards to address psychological health and safety;
- Adoption of protocols to respond to critical incidents.

Bargaining priorities are set by the membership. Raise awareness in the workplace to highlight some of the benefits which can be realized by addressing psychosocial hazards. Gain member support to include these topics in the bargaining package and make them a priority. Discuss psychosocial hazards and their effects at membership meetings. Not only will this increase awareness of the issues, but it may also get more people involved in brainstorming potential solutions.

CUPE has prepared a brief guide on the type of language that can be bargained as part of this kit. To develop specific language, work with the CUPE Health & Safety Representative, and your CUPE Servicing Representative.

## **Creating a Mentally Healthy and Safe Workplace**

Many workers know that a workplace which is not mentally healthy and safe causes stress. This stress can cause damage to our health, job satisfaction, morale, and cause family and personal relationships to deteriorate. Though it may take more time, effort, or convincing, the process to work through health and safety concerns related to psychosocial hazards is the same as working to solve physical hazards.

### **The Health and Safety Process**

In poorly designed and run workplaces, the 14 psychosocial factors highlighted above (page 3) can act as workplace hazards. The process for making the workplace safer has three basic steps:

- Identifying hazards;
- Assessing hazards and determining appropriate controls (changes);
- Implementing controls (changes) and inspecting to ensure hazards are properly controlled and new hazards have not been created.

We will summarize the steps in this guide, but please note that CUPE has developed extensive resources to help navigate the process for improving health and safety in the workplace, including the Health and Safety Committee Resource Kit, and many fact sheets on specific hazards faced by CUPE members. All this material is available to download [cupe.ca/health-and-safety](http://cupe.ca/health-and-safety).

## Hazard Identification

There are many ways which hazards can be identified in the workplace including:

- Health and Safety reports
- Inspections
- Surveys
- Mapping

**FACT:** Health and safety committees function best when they receive information from the members about hazards

## Reporting

Health and safety committees function best when they receive information from the members about hazards. CUPE has created a sample hazard/incident reporting form, specifically focused on psychosocial hazards. The form is part of CUPE's occupational mental health kit as an example of what can be used to report hazards, incidents and unsafe conditions to the employer (through a supervisor) and health and safety committees. It is critical that members feel safe to report without fear of reprisals.

## Inspections

One of the main goals of health and safety activists is to identify hazards so that they may be eliminated, or so that proper controls can be put in place to prevent workers from being injured. Identifying psychosocial hazards is not as easy as pointing out physical hazards, however proactive inspections are the best way to find hazards before workers are injured.

CUPE has prepared a sample inspection checklist as part the occupational mental health toolkit on the types of questions that may be asked while performing workplace inspections for psychosocial hazards.

When trying to determine if psychosocial hazards are present in the workplace, health and safety advocates will need to speak with employees as part of the inspection process. Some workers may not feel comfortable speaking about these issues, especially if the inspections are jointly performed by workers and management. If it seems like workers are hesitant about participating, a confidential survey may help collect more information.

## Conducting Surveys

Surveys and questionnaires are great tools for gauging the extent of a health and safety issue. Often the employer claims there is no evidence for a problem like workplace stress. When members can show results from a questionnaire or survey, they take a major step towards addressing stress by demonstrating the impact of the hazard. Conducting a survey can help improve workplace culture by giving members more information on the topic and generating conversations that reduce stigma. Additionally, the results can be useful to your members on the Joint Health and Safety Committee and to the bargaining committee when preparing for contract negotiations. Depending on the purpose of the survey, there are several options. Some are more complex but can offer deeper insights into the workplace. It is a good idea to work with your CUPE Service Representative or Health and Safety Specialist Representative to determine which is the best option.

For an informal, non-standardized questionnaire, CUPE has prepared a sample as part of this kit. It can be used in full or in part. If it is too long, remove the questions which are not relevant. CUPE Health and Safety Representatives can assist your local in developing one specific to the issues in your workplace.

For more in depth studies of the workplace, there are many scientifically researched and developed surveys to choose from. These are ready-to-use survey tools such as The Copenhagen Psychosocial Questionnaire (COPSOQ) (<https://stressassess.ca/>) or the Guarding Minds at Work (<http://www.guardingmindsatwork.ca/info>). While these are free resources to assess exposure to psychosocial hazards based on 13 psychosocial hazards discussed above, they take more planning and the results are more complex. However, the payoff is that the results are very difficult to dispute. Additionally, these tools produce a report that compares your results with a general population survey to see how the surveyed workplace contrasts with the general population.

Once the type of survey is determined, the Health and Safety Committee can make a recommendation to the employer to conduct such a survey. A survey can be carried out solely by the union, but there are benefits to having the employer's support. With the employer on board, distribution, filling out the surveys, and collection can be done on work time which will improve the chances of participation.<sup>4</sup> However, the following conditions should be met before you proceed with a joint survey with the employer:

- The employer and the union have a full and agreed upon understanding that the purpose of the survey is to identify hazards which may cause injury or illness.
- The employer and the union agree on the questions being asked.

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<sup>4</sup> Locals considering doing a survey in an online format should contact their CUPE health and safety representative who can provide support for the process.

- Union members will distribute and collect the survey on work time.
- The survey design and implementation will ensure that participants are not identified, and their individual responses are kept confidential.
- The employer will not receive any of the hard copies of the survey or raw data, only summarized results so that individual worker confidentiality can be further assured.
- Broad results of the survey will be shared with all employees.

If the above conditions are not met, or the employer does not support the idea of a survey, then the local should proceed with its own survey. This survey would need to be done outside of work hours or in keeping with established workplace practices and applicable collective agreement provisions, requiring more time to ensure that everyone has a chance to complete the survey. The union health and safety committee or the union executive can develop the survey and distribution plans.

Once the survey is developed and approved, the health and safety committee (or the union if the employer is not involved) should develop a letter explaining the purpose of the survey and provide contact information for members who have questions. If the survey is being done in collaboration with the employer, ensure that the letter contains information about the time available to complete the survey at work. Whether the employer is involved or not, it is a good idea to have a special union meeting to describe the purpose of the survey, how results will be used, confidentiality, etc.

Most surveys will take the form of symptom surveys. It is important that members feel comfortable, that their personal data will be protected, and that only those who have the absolute need to know will have access to the raw data. Any data released regarding results should be presented as aggregate statistical data and should not allow for any identification of individual members.

To maximize survey participation, it helps to have individual health and safety activist members take responsibility for distributing the survey to specific areas, departments or units. To ensure that people actually fill out the form, limit the response time to a few days and have the health and safety activist check in. Have the same person who distributed the forms collect the completed surveys.

Finally, once the surveys have been collected and the results tabulated, the health and safety committee or the local should have a special meeting to discuss the results. Using the survey, pinpoint problem areas, causes and factors which increase the risk of mental injuries and use the meeting to start to plan for ways the union can work to fix any issues that have been identified in the survey.

## **Mapping**

Mapping is based on the idea that a picture is worth a thousand words. It uses basic visual techniques and group participatory action research principles. By representing hazards and their effects visually, they can be more easily recognized and more clearly expressed than by written explanations.

Mapping techniques have been developed so that they can also be used in your workplace, both to identify hazards and health effects. CUPE has used mapping extensively in workshops, schools and research projects to help identify problems that affect members across an entire workplace.

Mapping is a participant-driven form of collecting information that recognizes workers as a source of valuable information and producers of knowledge. The benefit of mapping is that it shows members that they are not alone in the problems they are facing or with the symptoms they are experiencing.

Three types of mapping are typically used to assess a health and safety hazard:

- body mapping, which shows the physical and psychological effects of stress hazards;
- hazard mapping, which looks at the layout of a workplace, charting where hazards exist,
- your world mapping which paints a wider picture by looking at how workplace hazards affect workers beyond the workplace, for example, how stress hazards affect family life.

These three forms of mapping provide a complete picture of health and safety hazards. CUPE has developed extensive mapping materials. These materials are available as part of CUPE's occupational mental health toolkit and are used in many of the workshops offered in CUPE's Health and Safety Learning Series.

## **Response to Psychosocial Hazards**

Whenever possible, identified hazards should be removed from the workplace. The same is true for psychosocial hazards.

Some hazards cannot be removed from the workplace. In that situation, the employer, in consultation with the health and safety committee and the workers who perform the tasks being examined should determine how to control the hazard. To control a hazard means to either remove the hazard or reduce the exposure to an acceptably safe level. This is done by determining how workers could come into contact with the hazard (exposure) and prevent that from occurring. Health and safety activists are in an ideal situation to propose control measures as they offer knowledge of how the work is done in the entire workplace.

To be effective, a control must meet four criteria:

1. It must adequately prevent the hazard from causing harm.
2. It must protect everyone who could be exposed to or harmed by the hazard.
3. It must not create new hazards, production, or quality control problems. If it does, workers may be motivated by heavy workloads or employer pressure and expectation to subvert it.
4. It must not create a hazard to the environment or public outside of the workplace.

An example of this could be a situation where many workers in a department become distressed after a recent change to the workplace. This is observed as workers presenting signs of sadness, anxiety, tiredness, or as an increase use of sick leave. When investigating, it is determined that most workers have problems implementing a new service that the company added because it now relies on the input of another department, which works differently and during different hours. Workers also report that their supervisor has not helped implementing the new service and has made derogatory remarks when work is not completed in time. This makes workers feel incapable of fulfilling their tasks and harassed by their supervisor.

Neither the new service nor the supervisor will be removed, but measures to control the hazards can be applied. First, a task analysis could be performed so that the job could be reorganized to change how it is to be completed, including ensuring role clarity between different departments. Other measures include adopting and communicating a policy establishing rules of respect and civility to be applied to everyone, and training supervisors on how to appropriately manage workers through times of change and beyond.

**FACT:** Whenever possible, identified psychosocial hazards should be removed from the workplace.

## The Hierarchy of Controls

The hierarchy of controls is a ranked list of control options for hazards, with the most effective controls listed first. It can be applied using five questions;

1. Can this hazard be eliminated?
2. Can this hazard be substituted with something less harmful?
3. Can we apply an engineering control (physically separating the workers from the hazard)?
4. Would administrative controls reduce the risk (including rules such as controlling the way work is performed; scheduling, staffing, policy, safe work procedures, etc.)?
5. Is personal protective equipment required?

### **Hierarchy of Controls**

- Elimination/  
Substitution
- Engineering Controls
- Administrative  
controls
- Personal Protective  
Equipment

Moving through these questions in order allows health and safety activists to choose the most effective control, as the first “yes” answer is the best possible control. In some cases, the risk related to hazards may require the use of multiple layers of controls (both engineering and administrative for example).

Employers will argue that the hierarchy of controls does not appear to apply to psychosocial hazards; however, there are many options available when an employer cannot completely remove a hazard in the workplace:

#### **1. Elimination**

To eliminate psychosocial hazards, they must first be identified. Some factors to consider when designing work is how the worker will interact with the entire system and how the system itself will increase stress. Many psychosocial hazards can be removed if the employer considers:

- the attention required to perform the job;
- distractions that may lead to error caused by work organization;
- memory requirements and information processing required of the work;
- how the work system, process, or equipment can create or lead to error;
- the sensory environment (how much information does a worker need to receive to do the job safely);
- human-computer and equipment interaction.

#### **2. Substitution and engineering controls**

Where hazards cannot be eliminated, employers should ensure that residual risks are minimized as much as possible. Options for minimizing risk may include changes to work design and work organization by:

- substituting something which is a physical hazard with something less hazardous will make the workplace safer and reduce the worker concern over using it;
- substituting hazardous ways of working with less hazardous alternatives by redesigning the work or the system of work;
- isolating the hazard to eliminate exposure to the person.

#### **3. Examples of administrative controls include:**

- allowing enough time for tasks to be completed in a safe way;
- allocating work tasks to appropriate number of staff;

- allowing workers to take breaks as needed to manage fatigue;
- consulting workers about major organizational changes that may affect them;
- improving the work environment by reducing the physical demands of the job through appropriate design (e.g. reducing noise, ensuring proper lighting levels);
- Ensuring workers have the proper tools, equipment and materials to do the job;
- clearly defining workers' roles and reporting structures.

Additionally, many administrative controls are part of the everyday operation of the workplace. It is important that these practices are clear and concise and that workers have had the time and training to know and understand them. Guiding documents can include:

- organizational policies and standard operating procedures;
- violence, harassment and sexual harassment prevention or workplace civility policies that provide clear descriptions of expected work behaviours for supervisors, workers, clients or customers;
- clear processes for reporting and responding to psychosocial hazards or hazardous conditions;
- training to develop awareness and appropriate skills in relation to psychosocial risks.

The category each solution fits in is less relevant than whether or not the control actually makes the workplace safer.

#### 4. Personal protective equipment

Where psychosocial hazards cannot be removed or reduced using other mechanisms, employers must provide personal protective equipment (PPE). Hazards like distracting noise can be reduced with earplugs and light glare can be controlled with protective eyewear.

It is important to note that the category each solution fits in is less relevant than whether or not the control actually makes the workplace safer. Additionally, it may be necessary to use several controls in combination. CUPE has provided additional materials on the hierarchy of controls and the health and safety process in CUPE's Health and Safety Committee Resource Kit.

#### Routes of Exposure

When addressing physical hazards, we often look at where, in relation to the worker, hazard controls can be placed, particularly when dealing with chemical hazards. There is an important parallel to physical health and safety; hazards can be controlled at the source, along the path, or at the worker. Following our hierarchy of controls, we prefer to control hazards at the source where possible; controlling it at the worker still allows exposure to happen. Many of the controls we see employers exploring for psychological health and safety are examples of resilience training. They focus on helping the worker deal with more stress or trauma. Good health and



safety practices challenge us to find controls at the source; to prevent or minimize exposures to stress or trauma.

### **Monitor and evaluate controls**

Once new control measures have been put in place, the health and safety committee should review the new work configuration to ensure that they are functioning as planned and have not created new hazards. The committee should ask:

- Have the controls solved the problem?
- Can the worker still be exposed to the original hazard, and can it cause harm?
- Have any new hazards been created?
- Are new hazards appropriately controlled?
- Are risks caused by any new hazards less severe than the original risk being addressed?
- Do the monitoring processes determine when or where the control is or is not working?
- Have workers been adequately informed about the situation?
- Have orientation and training plans been modified to deal with the new situation?
- Are any other measures required?

Additionally, the committee should remember that if a new work process or piece of equipment has been brought into the workplace, then both training and emergency plans must be re-evaluated to ensure that the changes have been incorporated into the plans.

### **What can I do today to improve Psychological Health and Safety in my workplace?**

Together we can take many steps to protect our members from psychosocial hazards.

#### **Workplace Culture**

Workplace culture can be described as “the degree to which a work environment is characterized by trust, honesty, and fairness.”

Our culture is what we as a group have come to tolerate, encourage or condone over time. For example: every sexist, racist, homophobic, transphobic, or offensive comment or joke which is tolerated poisons our workplace culture. The targets feel increasingly isolated and unwelcome in the workplace while every observer begins to view such behaviour as normal in their workplace. Conversely, with every act of kindness and compassion or every time people are treated with dignity and respect, we are building a positive culture. The most important thing to remember about workplace culture is that it can be changed by the workers at the level where the work is done.

To begin to change our workplace culture:

- a. Look at it objectively and determine what elements are positive and which have the potential to cause harm. Just because no one has ever complained about offensive jokes doesn't mean they are not hurting someone.
- b. Determine if the culture discourages members from speaking up about factors that may cause mental injury. Can people express concerns about issues such as workload without being made to feel they "can't cut it" in their job?
- c. Begin a conversation about psychological health and safety within your local. Emphasise that workplace factors that cause them harm can be addressed if we work together on shared concerns.

## External Resources

Psychological Health and Safety is an emerging field within Occupational Health and Safety however there is already a growing body of evidence to support the harm that workers are experiencing. One organization that provides a lot of data on mental health and its application to the workplace is the Mental Health Commission of Canada (<http://www.mentalhealthcommission.ca/>). There you will find resources to help generate meaningful conversation about mental health in the workplace. Knowledge is power!

In 2013, the Canadian Standards Association (CSA) developed Canada's national standard on psychological health and safety. The CSA standard on psychological health and safety, unlike other CSA standards, is currently free to all and provides a comprehensive framework for workplaces to address psychological health and safety. Copies can be downloaded from [www.csagroup.org](http://www.csagroup.org).

As Z1003 is a *management* standard, CUPE locals would not be able to implement the standard on their own without the support of the employer. However, the following steps can help to bring the employer on board:

- The Health and Safety Committee can make a recommendation to the employer that such a standard is adopted by the workplace, or;
- It can be addressed by the local during contract negotiations (see section 5 for more information).

Additional resources to support member and build a healthier workplace can be found on the External Resources Page as part of CUPE's Mental Health Tool kit

## **Conclusion**

Though it may seem daunting, building a healthier and safer workplace through the identification and removal of psychosocial hazards is possible. Health and safety activist need to stay focused, and not be discouraged by setback, or employer push back. The role of the workplace on the mental health of workers is becoming more accepted every day and is the result of health and safety activist pushing the issue through the health and safety process. CUPE has a number of resources as part of the Occupational Mental Health, Violence Prevention and H&S Committee Tool Kits, as well as dedicated health and safety staff who can provide guidance and support.

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