

# Welcome to the webinar: How to Assess Psychological Risk in Your Workplace

- The webinar will begin at 11:30 am Eastern Time
- Please use the Q&A at the bottom of your screen for speaker questions and we will answer them at the end of the webinar.
- Please put any commentary or technical questions in the chatbox.
- For your reference, resource material will be emailed to attendees within one business day of the webinar.
- Views expressed are those of Workplace Safety North and guests, and do not necessarily reflect the views of the province.

# How to Assess Psychological Risk in Your Workplace

Free Live Webinar  
Wed. Dec. 7



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certified Psychological Health and Safety Advisor  
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Vice President Health and Safety Services  
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**Lindsay Digby** CRSP  
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### Psychological Health & Safety

- Evolution of Safety
- Internal Responsibility System
- Hazard Management

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### Recognizing Workplace Hazards

- Common Psychosocial Hazards
- How to Identify Psychosocial Hazards

3

### Assess the Hazard

- Assessment Opportunities
- Integrate into Current Health and Safety Practices

## About Workplace Safety North

- Workplace Safety North (WSN) is one of four sector-based health and safety associations in Ontario, and the only headquartered in the north.
- WSN provides province-wide, government-approved workplace health and safety services for mining and forest products sectors, as well as for businesses and communities across northern Ontario.
- With health and safety specialists located across the province, WSN and its legacy organizations have been helping make Ontario workplaces safer for more than 100 years.
- For more information, visit [workplacesafetynorth.ca](http://workplacesafetynorth.ca).

# Speakers



**Adrienne Allam** CRSP  
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Participants are encouraged to ask questions in the webinar Q&A section.

# Workplace Hazard Management



Evaluate the Control  
Make sure it's working



Recognize Hazards  
Find out what could cause harm

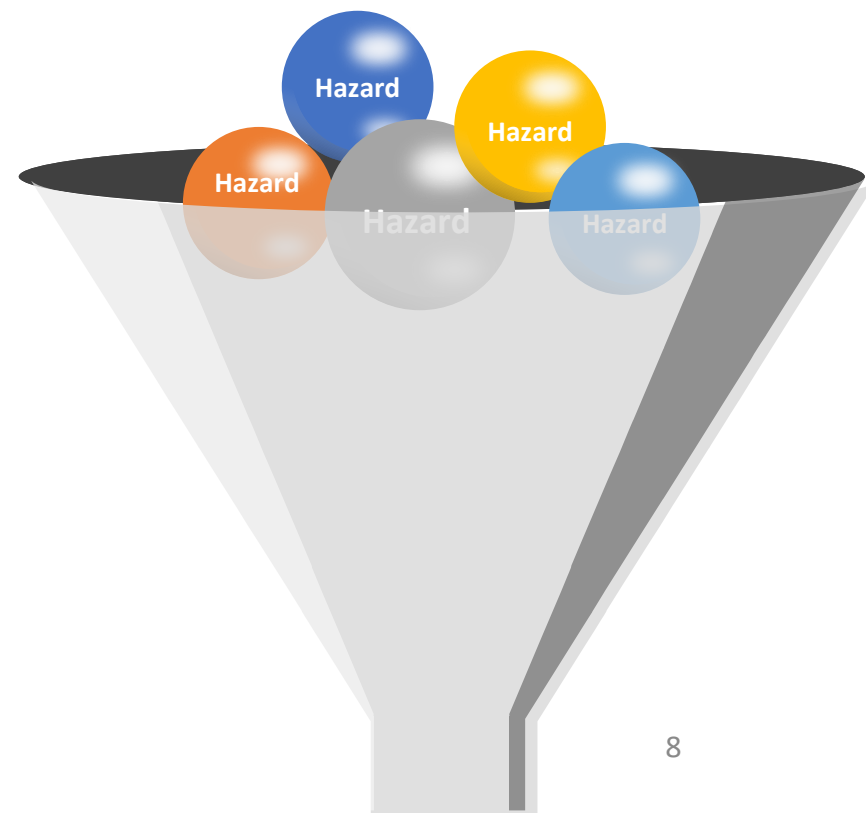
Control the Hazard  
Eliminate or minimize risk

Assess the Risk  
Understand the harm the hazard could cause

# Recognizing Hazards



# Recognizing Psychosocial Hazards





# What Psychosocial Hazards Might Sound Like



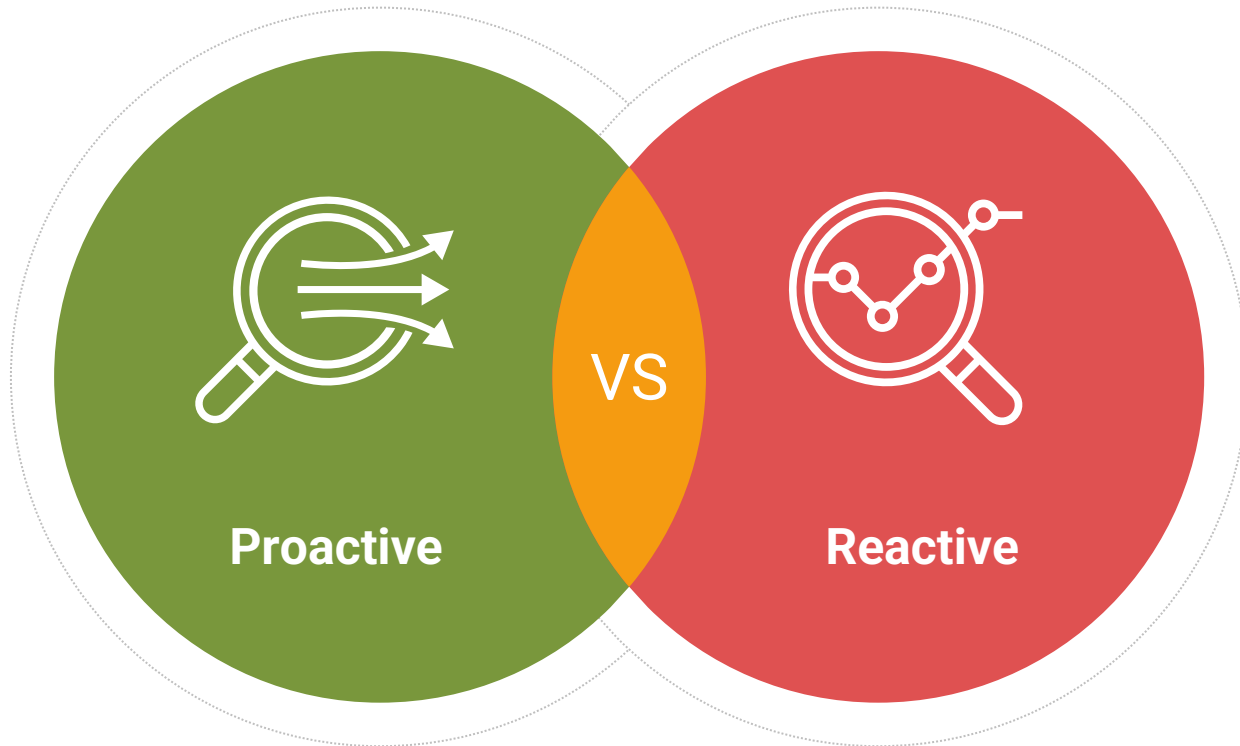
Workers might talk about their exposure to psychosocial hazards in different ways.

## Recognise the signs.



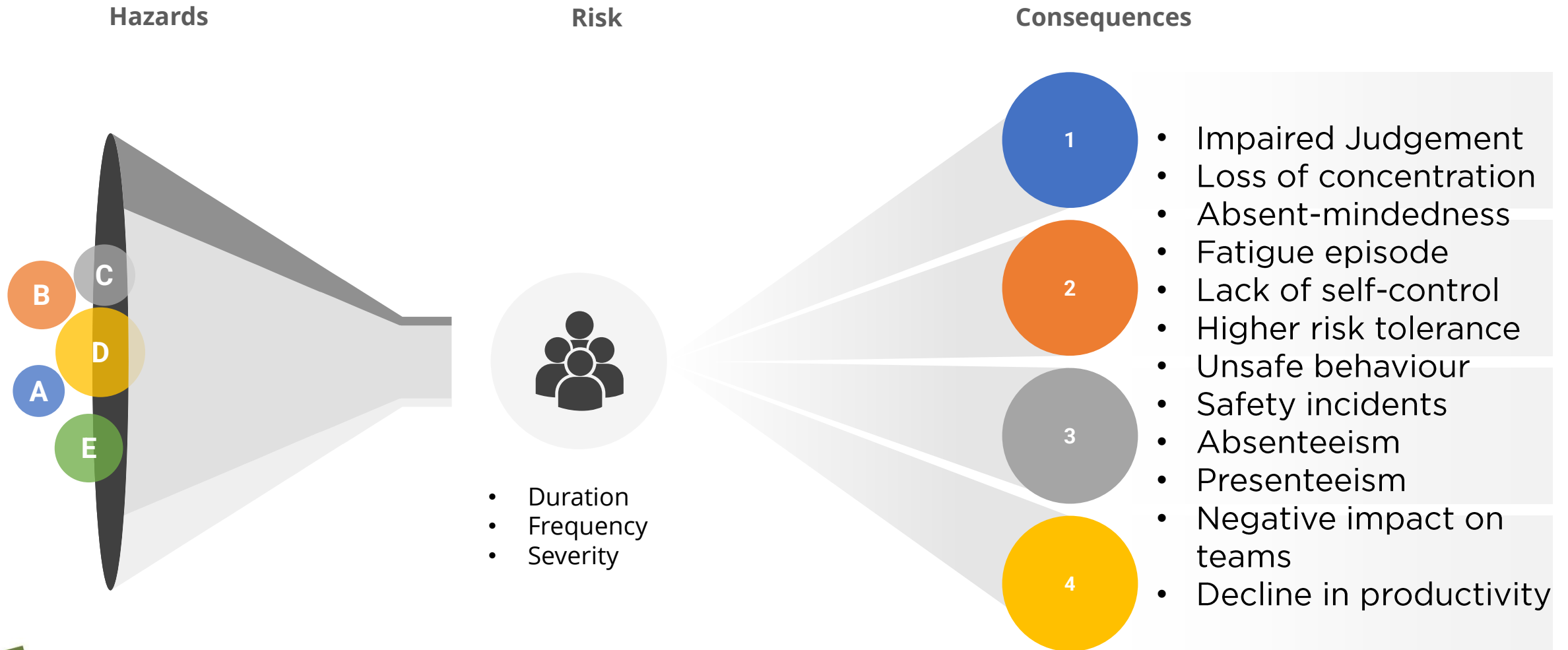
For information on psychosocial hazards and how they can be managed see the [model Code of Practice: Managing psychosocial hazards at work](#).

# Assessment Opportunities

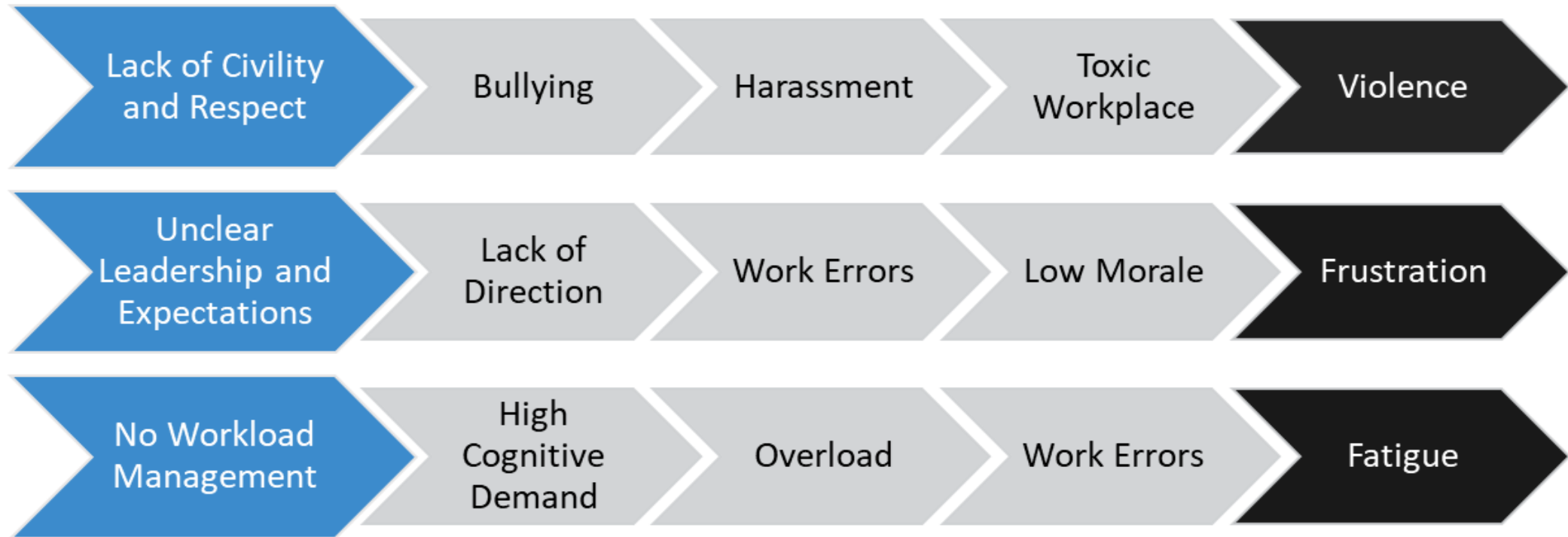


- Awareness Campaigns: Mental Health Continuum
- Field Level Risk Assessment
- 1 to 1 - Planned Employee meetings or check-ins
- JHSC Workplace Inspections (Include Psychosocial Hazard checks)
- Incident Investigation

# Assessing Psychosocial Hazards



# Assessing Psychosocial Hazards



# Self-Assessment: Mental Health Continuum



## Signs and Indicators

- Normal mood fluctuations
- Calm/confident
- Good sense of humour
- Takes things in stride
- Can concentrate/focus
- Consistent performance
- Normal sleep patterns
- Energetic, physically well, stable weight
- Physically and socially active
- Performing well
- Limited alcohol consumption, no binge drinking
- Limited/no addictive behaviours
- No trouble/impact due to substance use

- Nervousness, irritability
- Sadness, overwhelmed
- Displaced sarcasm
- Distracted, loss of focus
- Intrusive thoughts
- Trouble sleeping, low energy
- Changes in eating patterns, some weight gain/loss
- Decreased social activity
- Procrastination
- Regular to frequent alcohol consumption, limited binge drinking
- Some to regular addictive behaviours
- Limited to some trouble/impact due to substance use

- Anxiety, anger, pervasive sadness, hopelessness
- Negative attitude
- Recurrent intrusive thoughts/images
- Difficulty concentrating
- Restless, disturbed sleep
- Increased fatigue, aches and pain
- Fluctuations in weight
- Avoidance, tardiness, decreased performance
- Frequent alcohol consumption, binge drinking
- Struggle to control addictive behaviours
- Increase trouble/impact due to substance use

- Excessive anxiety, panic attacks, easily enraged, aggressive
- Depressed mood, numb
- Non compliant
- Cannot concentrate, loss of cognitive ability
- Suicidal thoughts/intent
- Cannot fall asleep/stay asleep
- Constant fatigue, illness
- Extreme weight fluctuations
- Withdrawal, absenteeism
- Can't perform duties
- Regular to frequent binge drinking
- Addiction
- Significant trouble/impact due to substance use

# Assessing Hazard: Field Level Risk Assessment

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My Mental Health is essential to my overall wellbeing and it's okay to not be okay. Please use the MH Continuum to self-check your current state and see corresponding actions to help ensure a 'healthy state'. You are encouraged to speak to your supervisor for assistance. \*

## Mental Health Continuum Model



Ill (Red) Injured (Orange) Reacting (Yellow) Healthy (Green) Prefer not to say

Current State

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I have self-assessed my physical and mental state and have determined that \*

- I am fit for duty
- I may not be fit for duty (do not proceed, please speak with supervisor)

# Assessing Hazard: Worker Check In

- What challenges have you faced this week?
- What part of the workday/job/task do you find most stressful?
- Does the way you are given instructions and/or direction cause stress or confusion? How could we resolve this?
- The errors I have made this week are (and I need help to correct them, or I corrected them this way).
- How do you feel about receiving negative feedback? How would you like to receive positive or negative feedback?
- Do you experience stress about work relationships? Do you feel supported and recognized at work? How would you like to be recognized?

- Workplace Strategies for Mental Health

Check-In: 1-on-1 Meeting			
Team Member:		Date:	
<b>4. Holistic Pulse Check</b>			
<b>4.1. Stress Level:</b> How would you rate your level of stress all things considered? Is action required to balance? If yes (orange or red), what needs to be done?			
Not stressed	Manageable	Difficult to Manage at Times	Too much
No Action Required		Action Needed to Balance (detail below)	
<b>4.2. Workload Level:</b> How would you assess your workload? Is action required to help balance this? If yes (orange or red), what needs to be done?			
Perfect	Busy but Manageable	Busy and Feeling it	Overloaded
No Action Required		Action Needed to Balance (detail below)	
<b>4.3. Psychologically Health and Safe Workplace:</b> How would you assess the impact that your internal client and external client interactions are having on your overall mental health and well-being? Is action required to help address this? If yes (orange or red), what needs to be done?			
Interactions are great	Interactions are good	Interactions are challenging	Interactions are Unacceptable
No Action Required		Action Needed to Balance (detail below)	
<b>5. Other:</b> Is there anything else I can do to help you succeed?			

discussion points.

ve needs to be known:

ek?

# Assessing Hazard: Workplace Inspections

Psychosocial Hazards	Y/N	Notes
A protocol is established for working alone or in isolation		
Workers are trained on the protocol for working in isolation		
Those who work alone have access to communication devices		
There is a check-in system to monitor those who work alone		
Workers are trained on psychological health and safety hazards		
Workers know how to access mental health support (EFAP or community resource)		
Workers know whom they are to approach to report psychosocial hazards		
Worker scheduling is used to reduce the risk of fatigue		
Workers are trained on the mental health continuum and the importance of self-care		
Signage indicating mental health indicators (continuum) is posted		
Workers are aware of the importance of taking regular breaks		

## Observe work and behaviours

- Are workers isolated or exposed to poor working conditions?
- The work and how work is performed (workers rushed, delayed, confusion or mistakes)
- Interactions with each other including workers, customers, clients [are they respectful or harmful]

## Ask Questions during inspection

- Role Clarity, Support, Workload

## Check in on New and Young Workers



# Assessing Hazard: Incident Investigations

CHECK OFF ALL STATEMENTS THAT BEST DESCRIBE THE INCIDENT				
<input type="checkbox"/> Physical Injury	<input type="checkbox"/> First Aid Injury	<input type="checkbox"/> Medical Aid Injury	<input type="checkbox"/> Lost Time Injury	<input type="checkbox"/> Fatality
<input type="checkbox"/> Critical Injury	<input type="checkbox"/> Occupational Illness	<input type="checkbox"/> Psychological Stress	<input type="checkbox"/> Near Miss	<input type="checkbox"/> Discrimination
<input type="checkbox"/> Bullying	<input type="checkbox"/> Working Alone/ Isolation	<input type="checkbox"/> Workplace Incivility	<input type="checkbox"/> Verbal Abuse	<input type="checkbox"/> Threat
<input type="checkbox"/> Motor Vehicle Incident	<input type="checkbox"/> Property Damage	<input type="checkbox"/> Fire/Explosion	<input type="checkbox"/> Chemical Spill	
<input type="checkbox"/> Other, please explain				
WAS THE INCIDENT		<input type="checkbox"/> SUDDEN EVENT/ OCCURRENCE	<input type="checkbox"/> GRADUALLY OCCURRING OVER TIME	
DESCRIBE WHAT HAPPENED IN DETAIL (Include who was involved, what happened including any details involving machinery/equipment, when it occurred, where it occurred, what the injury/illness was and why) <i>*Note, that if the employee cannot fill this section in, it becomes the responsibility of the supervisor</i>				
WHAT FACTORS CONTRIBUTED TO THE EVENT (relevant background/underlying/root causes)				
HOW COULD IT HAVE BEEN AVOIDED/PREVENTED?				
WAS FIRST AID / MHFA ADMINISTERED?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	If yes, by whom?	
WAS MEDICAL TREATMENT ADMINISTERED?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	INDICATE HEALTH CARE PROVIDER	
MENTAL HEALTH PULSE CHECK – R <u>U</u> OK? (Please indicate where your mental health and wellbeing is currently because of this incident)				
<input type="checkbox"/> HEALTHY	<input type="checkbox"/> REACTING	<input type="checkbox"/> INJURED	<input type="checkbox"/> ILL	
POST INTERACTION ACTIONS OR SUPPORTS REQUIRED (please include any supports or actions you did or would benefit from to ensure your mental health is supported post incident)				
WSN EAP 1.866.644.0326 OR 1.866.361.4853 (French)				

# Taking Action: Next Steps



- Integrate into existing practices
  - Do not reinvent the wheel
- Manage Psychosocial Risks
- Build Momentum

**Thank you for helping make workplaces  
and communities safer.**

**Contact**

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705-474-7233

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