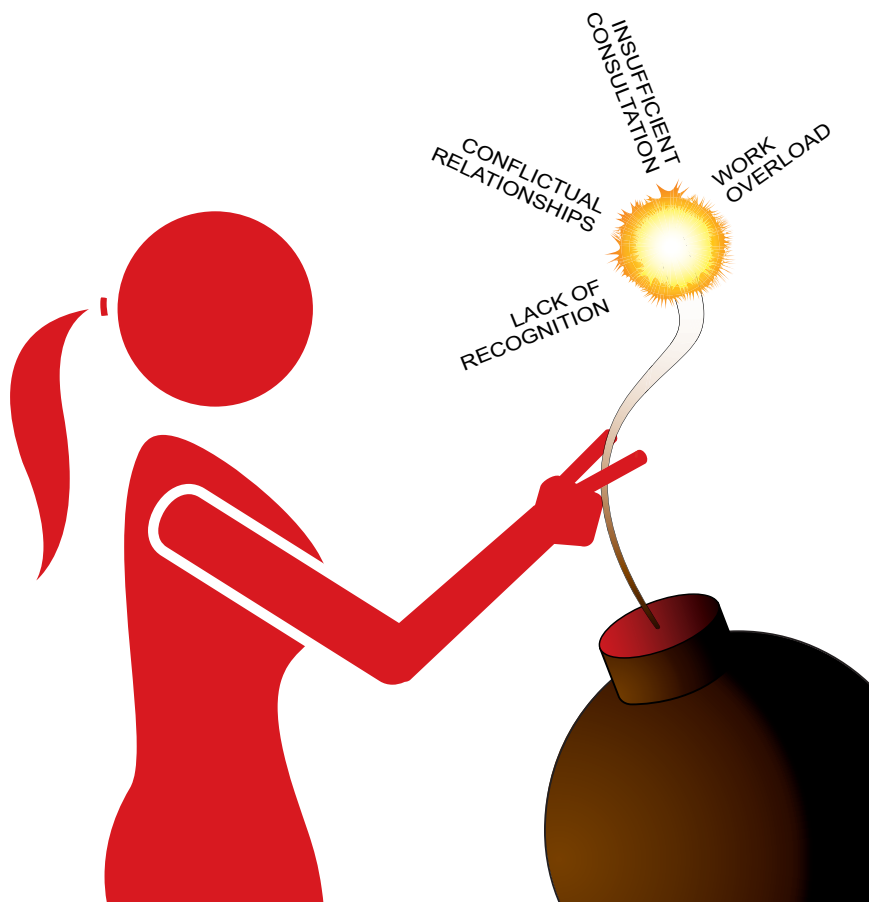


PSYCHOLOGICAL DISTRESS CAN BE DEFUSED!



**OCCUPATIONAL
HEALTH AND
SAFETY**

APTS

*Alliance du personnel
professionnel et technique
de la santé et des services sociaux*

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PSYCHOLOGICAL DISTRESS CAN BE DEFUSED!

Members of personnel in the health and social services sector are not spared the realities of psychological stress. They have to contend with major constraints including labour shortages and budget restrictions, which often have a direct effect on their psychological health. High levels of stress, anxiety and adjustment disorders account for the alarming rates of absenteeism and presenteeism¹ in the sector and, in the cases that concern us, more specifically among APTS members.

In the face of such difficulties, we might be tempted to think that there is no solution. Yet when the key actors are genuinely willing to take action, it is possible to create healthy and stimulating workplaces.

This brochure is now available to members thanks to the APTS provincial health and safety committee. It is designed to raise awareness of psychological health in the workplace and the various approaches and actions that can be taken to improve employees' well-being at work.

¹ The term "presenteeism" is used in reference to individuals who are physically present at work but mentally absent.

Drawn from an article entitled "Avons-nous les moyens de tolérer la détresse psychologique?" published by APSAM (Association paritaire pour la santé et la sécurité du travail, secteur municipal).

Consulted on the Internet, August 25, 2010:

http://www.apsam.com/publication/divers/stress_et_consequences.pdf



WHAT IS PSYCHOLOGICAL HEALTH IN THE WORKPLACE?

In 1948, the World Health Organization (WHO) chose the following definition of mental health that was approved by its 191 member states: "Health is a state of complete physical, social and mental well-being, and not merely the absence of disease or infirmity."²

At present, the concept of "psychological health in the workplace" is used instead, which refers to a harmonious, pleasant and effective way of working, with flexibility in the face of difficult situations and the ability to re-establish one's balance.³

² **R. Faucher**, "La santé psychologique au travail: une responsabilité partagée ", Psychologie Québec, November 2004.

Consulted on the Internet July 18, 2010:

http://www.ordrepsy.qc.ca/pdf/PsyQc_Dossier_Sante_Nov04.pdf

³ **Brun, Jean-Pierre; Biron, Caroine; St-Hilaire, France**. "Guide pour une démarche stratégique de prévention des problèmes de santé psychologique au travail", page 3 (Guide RG-618, Montréal, IRSST / Québec, Université Laval, Chaire en gestion de la santé et de la sécurité du travail, 2009)

Consulted on the Internet July 8, 2010, http://www.irsst.qc.ca/fr/_publication_irsst_100471.html



WHAT ABOUT STRESS AND PSYCHOLOGICAL DISTRESS?

The mechanism of stress was explained by Montreal researcher Hans Selye in 1936. According to him, stress refers to a person's reaction to a given situation, called the "general adaptation syndrome". Stress corresponds to a chronic state of tension that is both physical and psychological, which stems from an inadequate way of managing psychological pressure for an extended period of time.⁴

Certain factors play a role in creating stress, such as:

- an environment involving psychological pressure over an extended period (otherwise, it would only involve a passing tension);
- an inadequate way of reacting to this situation.⁵

The concept of psychological distress refers to various symptoms associated with depressive states, anxiety, cognitive disorders and irritability. To put it metaphorically, psychological distress is to mental health what fever is to infectious diseases.⁶

⁴ **Encyclopaedia Britannica:**
<http://www.britannica.com/EBchecked/topic/533770/Hans-Selye>

⁵ **Consulted on the Internet on August 23, 2010**
Infopsy, <http://bit.ly/buvrsG>; and Encyclopaedia Britannica, <http://bit.ly/cE2isI>

⁶ **Drawn from an article by Jean-Pierre Brun: "Programme stratégique de prévention en santé psychologique au travail: le défi des universités"**
Consulted on the Internet, August 25, 2010
http://www.acpum.umontreal.ca/documents/CACPUQ/CACPUQ_2003_Sante_mentale.pdf (see page 4)



SOME DATA ON PSYCHOLOGICAL HAZARDS AT WORK

According to a survey conducted for ASSTSAS (*Association paritaire pour la santé et la sécurité du travail du secteur affaires sociales*) entitled "*Et la santé, comment ça va?*", six out of ten of the Quebeckers surveyed considered themselves to be stressed at work, and 57% of that group exhibited a high level of psychological distress.⁷

In 2002, 39% of people working in Québec considered that most of their work days were quite or extremely stressful (Vézina, Bourbonnais et al., 2008).⁸

From 1990 to 2006, the number of employment injuries in Québec for which compensation was paid dropped by almost 50%, while the number of psychological disorders steadily increased.⁹

The results of the survey entitled "*Au travail 2007: présence efficace au travail*" indicate that mental health problems are one of the main reasons for requests for short-term disability and long-term disability.¹⁰

⁷ **Drawn from:** "*Et maintenant, comment allez-vous?*", Objectif prévention, vol. 31, no. 3, 2008, page 14

⁸ **Drawn from:** "*Guide pour une démarche stratégique de prévention des problèmes de santé psychologique au travail*", Chaire en gestion de la santé et de la sécurité du travail, IRSST, page 2

⁹ **Drawn from:** "*Se préoccuper de santé dans une optique de développement durable*", Revue prévention, page 18
Consulted on the Internet, July 20, 2010: <http://bit.ly/cgvFAA>

¹⁰ **Drawn from:** "*Au travail! 2007: présence efficace au travail [S.I.]*": Watson Wyatt, 16 pages
See also on the Internet: http://www.crise.ca/pdf/Dupuis_inst2009.pdf (page 13)



SOURCES AND CONSEQUENCES OF STRESS AND PSYCHOLOGICAL DISTRESS

SOURCES OF STRESS

Although our ability to adapt to a new situation of stress is also linked to personal character traits or factors that are external to the workplace, we will focus mainly on causes that are directly linked to the organization of work. Studies show that stress at work involves a process that begins with factors in the work environment.¹¹

According to the *Chaire en gestion de la santé et de la sécurité du travail*, the four main sources of stress at work are:

- work overload;
- lack of recognition or esteem from one's colleagues;
- poor or non-existent relations with superiors;
- insufficient consultation in decisions and circulation of information.

Other sources of stress are:

- the complexity of the work;
- time constraints;
- conflicting roles;
- ambiguous roles;
- lack of autonomy;
- decision-making power;
- irregular schedules;
- unsatisfactory environmental conditions;
- a centralized organizational structure.¹²

¹¹ Drawn from: <http://bit.ly/a8rzt0> (page 28)

¹² Drawn from: "La santé psychologique au travail... de la définition du problème aux solutions" *Chaire en gestion de la santé et de la sécurité du travail dans les organisations*, section 2.

Consulted on the Internet, August 20, 2010: <http://bit.ly/9W917Y>



CONSEQUENCES OF STRESS

Stress has many consequences for individuals and organizations. The human body always ends up reacting negatively to the devastating effects of one or more uncontrolled stressors. As a result, a person may suffer a number of symptoms or exhibit unusual types of behaviour that represent warning signs.¹³

The physiological symptoms of stress include high blood pressure, muscular tension, stomach ulcers and cardiovascular disease. As for psychological symptoms, a person may experience anxiety, irritability, exhaustion, memory problems, insomnia or difficulty concentrating. Aggressive or intolerant behaviour may also develop.

For organizations, stress has a myriad of consequences as well. An increase in absenteeism and presenteeism is found, as well as high turnover rates, poorer work performance, lower productivity and an increase in compensation claims. Given the evidence, we find that it is in any organization's interest to invest in stress prevention.¹⁴

¹³ **Consulted on the Internet, August 20, 2010:** <http://bit.ly/dxAm1A> and <http://bit.ly/cVZAIV>

¹⁴ **Drawn from:** "Avons-nous les moyens de tolérer la détresse psychologique?"
Consulted on the Internet, August 25, 2010: <http://bit.ly/bow5Yr>



Burnout is a psychological hazard that cannot be ignored. Caused by work overload and an unconditional commitment to the organization, this problem develops in four gradual stages:

1. idealism (intense investment by the individual in the organization);
2. hitting a wall: despite all the person's efforts, the organization fails to recognize his or her contribution; the person tries harder;
3. disillusionment: the person is tired, disappointed and full of frustration;
4. demoralization: the person loses interest and becomes unable to work.¹⁵

KEY ACTORS

Promoting health in the workplace depends on the collaboration and investment of all the actors in the organization. That is the only way to obtain tangible results.¹⁶

The key actors are:

- the employees concerned;
- senior management and the board of directors;
- immediate superiors and managers;
- unions;
- occupational health and safety officers, and safety representatives.¹⁷

¹⁵ **Drawn from:** "La santé psychologique au travail... de la définition du problème aux solutions", section 1, page 12.

¹⁶ **Drawn from:** "La santé psychologique au travail au service de la réduction des efforts excessifs", *Objectif prévention*, ASSTSAS, pages 20 and 21. <http://bit.ly/bMasBq>

¹⁷ **Drawn from:** "Et si la santé des collaborateurs... 10 propositions pour améliorer la santé psychologique au travail"
Consulted on the internet, August 20, 2010: <http://bit.ly/cYXRvp>
See also: *Santé des personnes et des organisations*.
Oser faire autrement: <http://bit.ly/bhQJwC>



TOOLS TO ASSESS PSYCHOLOGICAL HEALTH

The *Institut national de santé publique du Québec* proposes a chart to identify psychological hazards in the workplace. This chart makes it possible to do a summary assessment of a given group's psychological health, using recognized indicators that determine the level of psychological risk.

The assessment is generally conducted by people who know the sector or department, such as a department head and a union representative. The questionnaire is administered beforehand by a resource-person who leads the meeting and is familiar with the rating system. Individual meetings with the actors can nonetheless be used if the discussions might become conflictual. Issues related to management of human resources often lie at the root of potential conflicts. It is preferable, then, to call in an outside resource person.

This report is confidential and is only accessible to participants.

Here are the different indicators on the chart:

Part 1, basic data on the organization's context:

- employment context;
- absenteeism due to illness;
- policy on health in the workplace;
- policy against psychological harassment;
- return-to-work activities or program;
- activities or program to ensure a better balance between work and personal life.



Part 2, key organizational factors:

- workload;
- recognition at work;
- moral support of superiors;
- moral support of co-workers;
- decision-making latitude;
- information and communication.

For details on the entire screening process, you can consult the APTS Intranet portal under the heading SST.¹⁸

With this assessment, a resource-person in occupational health and safety can then administer more detailed individual questionnaires (the questionnaire in Appendix D of the document accessible via the Intranet portal, or the GRISMT questionnaire¹⁹).

This initial step will be an invaluable aid in subsequently developing an action plan based on targeted actions for situations needing improvement that were identified by participants in the preliminary phase of screening.

¹⁸ **Drawn from:** "Grille d'identification des risques psychosociaux au travail. INSPQ", page 23. **This chart is available at:** <http://bit.ly/9LDdmK>

¹⁹ **Consulted on the Internet, August 24, 2010:** <http://bit.ly/a9gAki>



APPROACH FOR TAKING ACTION IN PSYCHOLOGICAL HEALTH

This section proposes an action strategy in prevention that targets the organization of work. This said, we will not address the different types of personalities or individuals who have negative behaviour.²⁰

Prevention of psychological hazards in the workplace takes three forms:

1. Primary prevention

Lessening the impact of sources of stress by reducing the workload or improving channels of communication.

2. Secondary prevention

Working on the symptoms of stress that an individual experiences, by developing stress management strategies or adopting a better lifestyle.

3. Tertiary prevention

Offering treatment to people who are suffering or in psychological distress by implementing an Employee Assistance Program (EAP) or a return-to-work program.²¹

²⁰ Drawn from the facilitator's guide, "La santé psychologique au travail: agir par la prévention" consulted on the internet, August 24, 2010: <http://bit.ly/b7X5Cz>

²¹ Drawn from: "La santé psychologique au travail...de la définition du problème aux solutions", section 3, pages 2 and 3.



The organizational process can be implemented in six stages

- 1.** securing the commitment of senior management and the surrounding entourage;
- 2.** forming a joint safety committee on psychological health, or a sub-committee of the joint health and safety committee (CPSST);
- 3.** circulating information in the surrounding milieu;
- 4.** developing an action plan based on targeted actions (see previous section);
- 5.** implementing solutions and incorporating them in the organization;
- 6.** ensuring evaluation and follow-up.

To ensure that their approach in psychological health is on-going and permanent, a number of government agencies are now trying to attain the “Healthy Enterprise” standard. This standard helps key actors in the organization incorporate tangible measures to improve the health and well-being of workers.

The four areas of action targeted by the “Healthy Enterprise” standard are the following:

- 1.** personnel’s lifestyle;
- 2.** work/personal life balance;
- 3.** the work environment;
- 4.** management practices.²²

²² **Drawn from:** “La norme – Entreprise en santé”
Consulted on the Internet, August 24, 2010: <http://bit.ly/deM6h3>
and “Santé et mieux-être”, *Objectif prévention*, vol. 31. no 3, 2008, page 28



A number of other programs can help organizations develop healthy lifestyles at work, as well. Here are a few:

- *"Défi santé 5-30"* - Developing healthier lifestyles
- *"Ici ça marche"* - Promoting walking
- *"Rendez-vous d'automne"* from the ministry of education, recreation and sports
- *"Augmenter vos actifs"* from Kino-Québec
- *"La vie active au travail"* from the Public Health Agency of Canada - Promoting physical activity²³

PSYCHOLOGICAL HEALTH: ARE THERE COST BENEFITS?

Studies show that every dollar invested in such programs generates a five-dollar gain in productivity in the five years following their implementation. In addition to reducing direct costs (disability) and indirect costs (salary for replacement staff), prevention work in the area of psychological health has invaluable repercussions. Retaining and attracting personnel are concrete examples.²⁴

²³ **Drawn from:** *"Saines habitudes de vie en milieu de travail"*
Consulted on the internet, August 24, 2010: <http://bit.ly/cvDF5T>

²⁴ **Drawn from:** *"Le travail... c'est la santé"*
Consulted on the internet, September 2, 2010: <http://bit.ly/c374lj>



CONCLUSION

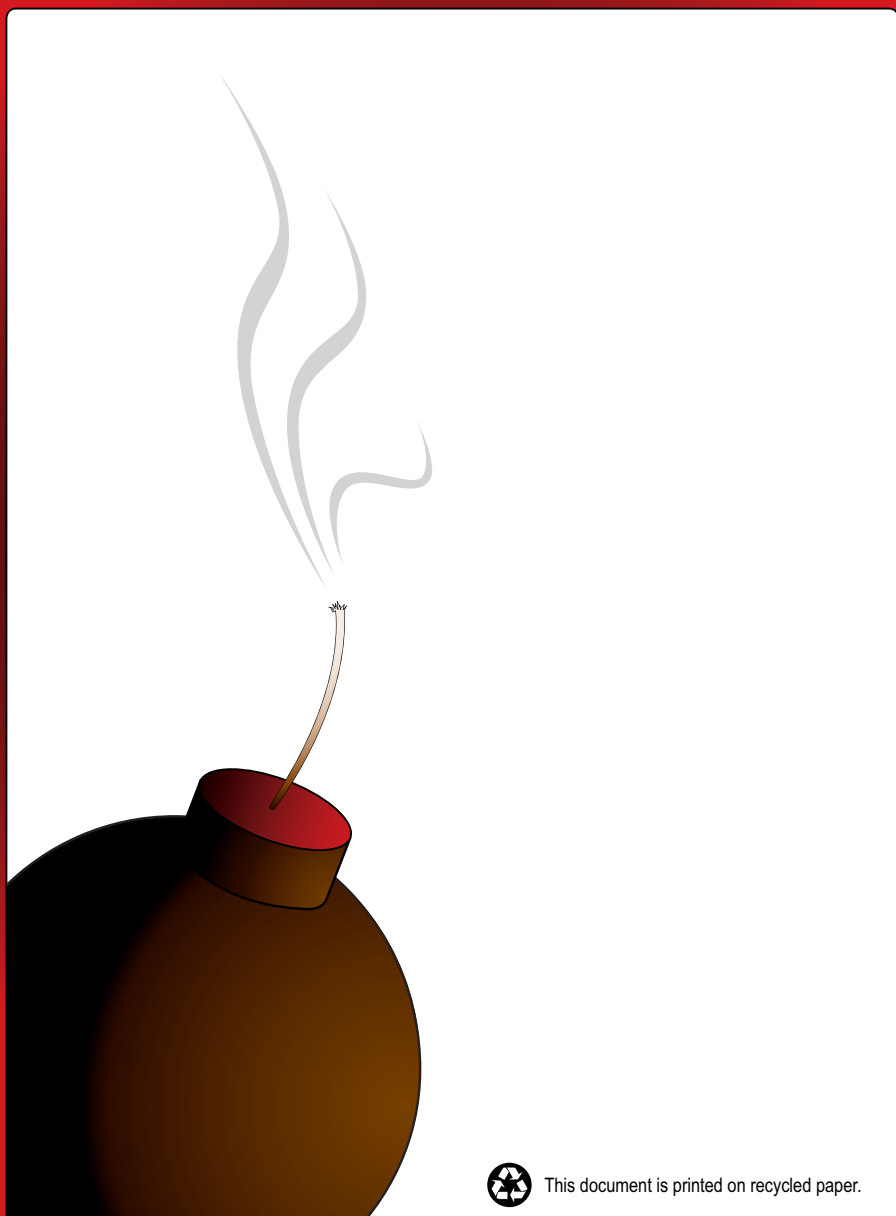
It is imperative that organizations invest in preventing psychological distress. Prevention ensures better health among personnel, and more efficient operations in general for the organization. It constitutes a staff retention and attraction measure that is in no way negligible. A prevention-based approach is also considered part of a sustainable development perspective in Québec.²⁵

The health and social services ministry (MSSS) and the Québec government are unreservedly supporting initiatives designed to enhance people's well-being in the workplace, and we mustn't forget that. We've had promising tools and strategies for a few years now. We want to point out once again how crucial it is to have each of the key actors dynamically involved, to promote a comprehensive, constructive approach.

For more information, please contact the APTS occupational health and safety sector or your union counsellor.

²⁵ Drawn from the website of the *Association canadienne pour la santé mentale*: <http://bit.ly/a2fuXW>
and the website of the *Groupe de promotion pour la prévention en santé (GP2S)*: <http://bit.ly/dC0ohh>





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