



Announcer

It is time for the *IHSA Safety Podcast*.

Enzo Garritano:

Welcome to the *IHSA Safety Podcast*. I'm Enzo Garritano, president and CEO of Infrastructure Health and Safety Association. In today's episode, host Ken Rayner and Kathy Martin, IHSA's Mental Health and Wellness Specialist, continue their dialogue on mental health. This episode is focused on beginning the dialogue in the workplace. Ken and Kathy, over to you.

Ken Rayner:

Thanks, Enzo. Welcome back to the *IHSA Safety Podcast*, Kathy Martin. Today's podcast is our second on mental health, with this episode focused on beginning the dialogue in the workplace. Kathy, why should employers and supervisors initiate workplace discussions on mental health?

Kathy Martin:

That's a great question, Ken, and a tricky one to answer because it's not really mental health that needs to be discussed as much. It is what's impacting our mental health at work that needs to be discussed. So of course we all need to have a base understanding of what we mean by mental health and wellness, just as we need to understand basic concepts around impacting workplace physical safety or physical health, like ergonomics or handling toxic substance through things like WHMIS training, for example.

So do you see where I'm going with this? There is a caution here. If we only talk about injury or health status and not the causes, we really are only looking downstream, and that's just a little bit too late. We want to prevent physical injury and fatalities, but we also want to prevent mental harm. So when looking at safety from a health promotion perspective, there is this parable of a village downstream who keeps finding people in the river on their town's shore. They keep pulling these drowning victims out of the stream from where they floated from, which was obviously upstream, and they keep doing this on a regular basis. They've been doing this for months, perhaps even years on end, and they've never really looked upstream to see why there are people in the river in the first place.

As employers, you should not just be focused, of course, on how to support someone who might be struggling with mental health issues, although this is excellent to have and we must have policies and programs and supports in place like our Return to Work and EFAPs [employee and family assistance program], but we should also be focused on workplace factors that are influencing worker mental health. So it really is that two-pronged approach, looking upstream while we are pulling out our drowning victims in the workplace. You can do this through assessing and addressing psychosocial risks, just like we do for physical risks. Talking about mental health and knowing the signs and symptoms of failing mental health and suicide risk and responding to things like an opioid overdose crisis, it's really critical for saving lives, but like I mentioned, it's a downstream approach and it shouldn't be the only conversation workplaces should be focused on.

So we need to ask ourselves, what's going on in the workplace that's contributing to the root cause of why folks are in the river in the first place? For example, we know opioid use is high among construction, but why is that? Well, we know one of the root causes is chronic physical pain as a result of injuries and this “work through the pain” culture of the sector. So one of the root causes for our sector, the construction sector, is chronic physical pain as a result of injuries. They have this work through the pain culture within the sector as well. We could spend time shifting the culture, but our systems are also set up to support this working through the pain mentality.

For example, our workplace insurance system, WSIB [Workplace Safety and Insurance Board], is built on this hurt-versus-pain model. So if you can work through the pain and not get injured again or not have further injury, then you really are expected to get back to work. For us in the construction industry, because you often are doing physical heavy labour, that means you're taking extra pain medications to get through that pain. So let me give you an example, I have a desk job and I've just had a recent ankle replacement. I can work right now because I could just sit. If my job required me to stand and do heavy lifting or heavy work, I might be restricted by that pain. But I tell you, my surgeon would say, because they've said it to me, "She's not going to harm her ankle, she's just going to be in a whole lot of pain if she stands or walks too long. It's not going to damage." I'm full of titanium.

Some workplaces can accommodate my need to sit and to take it easy, but for the construction folks, especially those on the front line, it's more difficult. So often what you'll see is people are relying on painkillers, like I said, to manage the pain and get back to work. This will increase odds of developing an opioid use problem. Like I said, as you can see by that example, we can't just tell our workers to stop using things like opioids or painkillers. We need to be better at accommodating and modifying work duties and stopping the injury really from happening in the first place through good, safe work practices such as using ergonomic principles and safety, PPE [personal protective equipment]. Mental health strain, I use opioids as an example, but mental health strain is similar. We need to address what's causing mental strain and mental injury.

Ken Rayner:

Well, you've given a whole bunch of “why”, and you know what, just in terms of...I played collegiate and professional sports, and I can tell you that was always the approach from either a coach or a trainer perspective was, are you hurt or are you in pain? If you're in pain, how bad? If you're hurt, then you can't play. But if you're in pain, then can you play and can you fight through it? It's never an easy thing. Never. So if you're having to do that at work all the time, that's a real challenge.

You mentioned too, Kathy, our members have been discussing physical hazards for decades. There's lots of supervisors and managers and employers out there that are very comfortable when they talk about physical hazards, but I think mental hazards are something very new to everybody. While all of us have been struggling to a degree probably with mental health, as we mentioned on the last podcast, it's about starting that dialogue and how do you get up in front of a whole bunch of people and actually start to talk about mental health in the workplace and addressing that. So how could an employer or a supervisor prepare for a workplace discussion or a safety talk on mental health?

Kathy Martin:

Yeah, you're right, Ken. We know that some people, quite honestly, they feel a sense of anxiety when they're asked to start talking about this stuff in the workplace, especially if they've never done it before or they haven't even had conversations sometimes even in their own personal lives with friends and family. So it is really important, if work places are going to ask folks to start talking about that, that they get them comfortable and prepared to do this. This is really no different than getting your staff comfortable and skilled up when you're asking them to do any new task, this is really no different. So you need to have a certain level of competency, like with any task. You have to have access to the right tools and resources. Of course, if it's a difficult task, we may need some guidance on how to do the task. So this is, like I said, really no different than any other task that you might be asking a worker.

Because we know talking about mental health and related topics can be perceived as difficult, IHSA has developed a guide for supervisors and managers to give them some tips and things to consider. So to answer your question a little bit more directly on how could an employer and/or supervisor prepare for workplace discussion on mental health, well, I guess what I would suggest is that the employer, like I said, should equip their supervisors with that base level of competency for holding these discussions. They can do this by ensuring they have some base level of knowledge on the topic that they're going to be discussing, of course, and have good communication and listening skills and know where to go to get some help if they're running into questions that they can't answer or have specific concerns, so that could be an HR rep that they can go to.

For supervisors and managers, or even peers who may want to deliver a safety talk to their team, they should review the facilitator guide that's been prepared, as it will outline things on how to prepare yourself emotionally and how to check in with yourself, especially if you're anxious about it, because that comes across when you're having these discussions. So you really want to be sure you are in the right frame of mind to have the conversation. Also in the guide, there's some tips on checking in with your own stigma and biases that we might be holding around the topic too. We all have bias, and this is in itself not a bad thing, it's just something we need to be aware of and how to hold ourselves, I guess, in check and accountable for them if they're harmful or perceived to be harmful to others.

Now, if you're listening today and thinking, what does she mean by bias or stigma or checking in with yourself? Then don't worry, you're not alone. Again, I just encourage you to go to the website at www.ihsa.ca, there's my little plug, and check out the new IHSA Safety Talk and Facilitator Guide, it'll really just unpack it for you there.

Now, earlier I mentioned you also need to have good information, and the safety talks are evidence-sourced information that you can rely on. We've also developed one-page supplementary supports document to go with each of the mental health safety talks. These one-pagers will have a list of items for the facilitator to review ahead of time. There's things like a short video clip that they can watch on the topic, there's a short article and some resources you can share with your group after the talk, and this will help expand everyone's learning. There's also some tips on what next to do.

So we really are trying to... I guess what would be the word, Ken? Handhold people through that process, make sure that they're feeling well-supported in doing this. All of these resources, like I said, can be found on the website. There is also going to be some new mental health information on the website coming in the near future. So again, in the meantime, if you're struggling or can't find what you need to find on the website, listeners can also reach out to info@ihsa.ca in the meantime.

Ken Rayner:

Kathy, I would imagine some honesty too. If this is your first time giving a mental health safety talk, just letting the audience know that you might be a little bit nervous, or that you've prepared for it but this is the first time doing it, because I'm sure the audience can empathize with the speaker when they're delivering something new. I love what you said too about being in the right frame of mind. I'm sure all of us that are parents can think of times when our kids have approached us on something, and depending on the state of mind that we're in at the time, our reactions may be very different to the questions they ask or to what they're posing. So checking in with your own frame of mind as you deliver that safety talk. I can appreciate that would be very important.

Okay, so now the employer or the supervisors, they're prepared for the discussion. Well, how about the workers? What preparations should we consider for the workers who may be listening and engaging in perhaps their first discussion in the workplace?

Kathy Martin:

Oh boy, Ken, another great question. We often get so wrapped up, like I said, in preparing ourselves when we're about to lead a meeting or any discussion and we forget to consider the needs of those we'll be talking to. This might be okay for a safety talk about guardrails or scaffolding, but not so much for mental health and related topics.

So something to consider when preparing participants, I guess, is to mention ahead of time what the topic of the discussion will be about and let them know what the expectations might be from the group, such as ground rules or things like is it voluntary or mandatory to attend? Well, of course, ground rules such as maintaining respect and confidentiality should be given, that's always a good practice. Especially if we're going to be talking about personal stories, if something came up in the discussion, you might at the end want to reinforce that. Another thing to consider in preparing, I guess the listener or the person who's going to be participating in the talk, would be this concept of a trigger warning. Trigger warnings are just simple statements that really will just help someone realize that the topic that we're going to talk about could be triggering, it could raise some emotional response based on past experiences or traumas for those who are participating in the topic.

Ken Rayner:

When you say that, I think back to Jennifer Wright, who joined us on a podcast recently with Threads for Life, and she said that every time she hears about a workplace fatality and that the Ministry of Labour is investigating, it takes her right back to the fatality with her dad. So is that what we're talking about when it comes to triggers?

Kathy Martin:

Yeah, absolutely. Anything can trigger anyone, it really just depends on your life experience and what's happened to you in the past. Certain colours, certain smells, certain environments that you're in can be a trigger. So when we are talking about sensitive issues, we know that it can be triggering. So when we do talk about mental health issues, we often will give trigger warnings letting people know that. Like you mentioned with your colleague there, even topics such as safety guardrails or scaffolding might be

triggering if you've just had a job site accident or fatality because of a failure of one of these, to not use one of these properly.

So anything can be a trigger and talking about mental health, like I said, or addiction issues in the workplace can be difficult depending on the person's experience. It's good to recognize this and be sensitive to others' needs and emotional responses by acknowledging that the conversation might be difficult. Then of course, asking them just to make sure that they're taking care of themselves throughout the conversation.

So there is a general rule of thumb when discussing issues like I mentioned that are sensitive in nature, such as suicide and other topics like opioid overdose or racism or sexual violence or harassment. These definitely should get a trigger warning because we know of the trauma nature that they are.

Ken Rayner:

Kathy, we've talked about preparing the speaker, now you've just shared us some information on preparing the listeners or the workers. What about the logistics of an optimal mental health discussion? From your perspective, what would be the ideal setting, circumstances for a workplace discussion on mental health, the size of the group? Is it a presentation versus a dialogue, or is it a dialogue versus a presentation? I don't know, time of day, day of the week? What are some of the things that people should consider when giving a safety talk?

Kathy Martin:

Well, this is one of those "it depends" answers. I guess my general advice to those who might be listening today is to keep it on the smaller size versus larger groups because it's really hard to gauge when someone might be having an emotional response. We just talked about triggers. It's also harder to follow up and check in with others to see if everything's okay and offer support if you do notice if someone's struggling. So the smaller the group, in my mind, is always better.

To answer your question about presentations versus dialogue, well it's important to give some space for dialogue in the workplace on these topics, and it'll be really up to the employer to figure out how best to do this, so that's where the it depends. Safety talks certainly are a good way to begin some dialogue and they're often delivered in smaller groups, so they are pretty conducive to beginning the conversations, in my opinion. But again, that will depend on the workplace. Some use very large groups to deliver safety talks as well.

So when you want to deliver information-based education, presentations can be good. So things like understanding why we have an opioid crisis, so the stats around it and how to tackle stigma are really more informational-based safety talks, but it's the resulting discussion, like I said, in my opinion, where the sticky learning happens. The sticky stuff is the stuff that you remember. It's the stories that we as adult learners really gravitate to and remember, so we need to give some space for that.

Another reason I'd keep things on the smaller size, and when I say smaller, I'm thinking like eight to 12 people, is that adults just like to chat. They like to chat about this stuff. Some people think, oh no, you're going to hear crickets when you bring this up. But you'd be surprised, if you keep the group small, how

one or two people will start the conversation and then it really starts to flow after that. When you're in larger groups, that's really difficult and you often don't get that same level of engagement.

I've got a quick story I can share with you on this, but again, I've got to give a trigger warning here. I'm going to be talking a little bit about suicide, as I gave a suicide presentation. When I was a post grad student, I was asked to deliver a talk on police suicide to a group of 125 officers. It was mandatory for the new rookies to attend, but voluntary for everyone else. But this was a little while back now, and it was really at that time a real political and sensitive issue, so all the senior leadership was there, including the chief of police. So as you might imagine, there was dead silence in the room. You could have heard a pin drop. There I was on stage rambling about suicide and asking them to reach out for support before taking their own lives.

It would've been nearly impossible to engage the audience on this topic in such a large group. You've got 125 people, you've got everyone from the chief of police right down to the newest recruit. However, this topic would've been really valuable to been able to engage with conversation for folks. So if done in such a way that the officers, like I said, could have talked about their unique stressors on the job that often lead to things like PTSD [post-traumatic stress disorder] and mental health challenges and where to go find supports within their workplace and community, that would've been really valuable and probably more memorable, quite frankly, than just having me up on the stage talking from an academic perspective.

Ken Rayner:

That's all the upstream things you're talking about, is that right? When we were talking about upstream before, some of those things, that's some of the upstream items?

Kathy Martin:

Well, the topic was really police suicide and all the stats and recognizing the stressors of the job and how this can lead to PTSD. I took a very information, academic approach to talking about it and giving them that information. But I bet you, you ask any of the seasoned officers sitting in that crowd, they didn't need me to tell them that. They're living it. So if I said, okay, we're going to get in small groups now, and I want you between five of you to get together and talk about your experiences and learn from each other, and what do you do for support? How do you handle the stressors of the job? It probably would've been a much richer, fuller conversation, and quite, like I said, that sticky learning for them versus just some social worker up there yacking at them. Two, I think it was a missed opportunity in a sense that it could have been a good mentoring situation. You could have paired up some of the rookies that were told to go with some of those senior officers and had those open conversations.

So hey, it was a learning experience, I think for everyone. I was asked to do a presentation, so I don't say no to the chief of police. I come up and give him what he wants. It was my first ever public talk on mental health, so as you can imagine, it was pretty stressful for me. I was nervous. Public speaking is always nerve wracking. I had pretty much a panic attack during the presentation. I drank I think three bottles of water on stage to get through the dry mouth, but I survived and you will too. If I can survive standing up there my very first time in front of 125 uniformed officers with pistols on, their sidearms, I know people listening will be able to have small group discussions on this topic.

Ken Rayner:

Kathy, was there anything that they could have done? Let's use your story on the police officers and the talk that you delivered. The chief of police at that time, could that chief of police have taken any steps prior to inviting you? Before they even said, "Hey, come in and do a presentation," could they have tried to gauge or evaluate their current mental health environment within their workplace? Would that have helped?

Kathy Martin:

Oh boy, Ken, you really are full of great questions today. Yes is a simple answer, but this is a little bit complex, again, versus a straight, short answer, of course like many workplace mental health issues are. Workplaces we know really should be talking about mental health and the related topics like opioids misuse, but it really should be done as part of a larger plan to address, like I mentioned earlier, the root causes. So to do that, you need to get a feel for what's going on in the workplace.

So one way workplaces can do this is through evaluation tools, like looking at the Stress Assess survey, which the Occupational Health Clinics for Ontario Workers puts out, or you might try using an audit tool like Guarding Minds at Work, they have an organizational review tool. This helps workplaces gauge what's going on, where are the hot button issues. But of course, like I said, in my opinion, it's never really the wrong time to talk about supporting someone who might be drowning in the river, those downstream approaches. We just don't want to forget that we've got a plan to address those upstream root causes, and we won't be able to do that unless we are doing those larger assessments. So my advice, I guess, is to really just get the conversations going, because there's really no harm in taking that lead and there really is a risk from holding back. So I would encourage people to talk and certainly listen, and then learn and plan for change together and grow together.

Ken Rayner:

Kathy, thanks so much for joining us again on the *IHSA Safety Podcast* as we look at this series on mental health. It's great to have you and I know you've given a lot of great advice that our listeners and the members of IHSA can utilize, so thank you again.

Enzo Garritano:

Thank you for listening to the *IHSA Safety Podcast* and our series on mental health. Be sure to subscribe and like us on your podcast channel and visit us on ihsa.ca for our wealth of health and safety resources and information,

Announcer:

The *IHSA Safety Podcast*. For more episodes, tips, and all things safety, go to IHSA safetypodcast.ca. Thanks for listening.