



Health & Safety Matters



December 2008

Managing Mental Health in the Workplace

Mental health in the workplace affects us all, whether we are employers or employees.

When mental health issues are not addressed and treated appropriately, there can be considerable personal and financial costs to individuals and organizations. Fortunately with prevention, early treatment, and support, many of these costs can be significantly reduced or eliminated.

It is expected that depression will be the second leading cause of disability in 2020. Mental health in the workplace will be a key management issue in the years to come. The role of managers and supervisors is crucial.

Mental Health Works is an initiative of the Canadian Mental Health Association in partnership with the Ministry of Citizenship and Immigration that helps organizations succeed by providing a new understanding of mental illness and a new way to talk about it. They offer

workshops and resources that tackle complex issues and provide the tools and resources to foster workplace mental health, offer clear solutions and concrete strategies for addressing workplace mental health issues. This includes informing employees of their right to accommodation and their responsibility to collaborate on solutions that enable them to perform the essential tasks of their job. The workshops also inform employers of their responsibility to accommodate and the right to avoid undue hardship in this process.

Mental Health Works provides customized workshops for managers and employees. Find out more about dealing with mental health problems in the workplace by contacting Margaret Tebbutt at **Mental Health Works**, Canadian Mental Health Association, B.C. Division, 1200-111 Melville Street, Vancouver, B.C. V6E 3V6; Tel: 1-800-555-8222 or by e-mail: mentalhealthworks@cmha.bc.ca. There is also a valuable website resource at www.mentalhealthworks.ca. Contact **Mental Health Works** to find out what resources your workplace can offer an employee who is in distress. You can also subscribe to a monthly Canadian Mental Health Association newsletter, delivered straight to your e-mail. Each issue contains news, programs, resources and events in B.C. as well as mental health news and research, new mental health programs and resources, public education events, and courses, workshops and conferences for people with mental illness including family, friends, caregivers, advocates

and health/mental health professionals. Subscribe online at www.cmha.bc.ca. Remember, no one is immune from mental health problems. ■

Submitted by Marlene Kantz, Co-Chair
CUPE BC OH&S Committee

National health and safety conference in St. John's a big success

Over five hundred delegates and facilitators representing all provinces in Canada attended CUPE National's health and safety convention October 23 to 26 in St. John's, Newfoundland – making it CUPE's largest Health and Safety conference ever.

The first day of the conference was Friday and the morning featured four speakers:

1. Cathy Walker from CAW talked about union health and safety effects and how unionized jobs are safer places to work.
2. David Bennett talked about toxic chemicals and workers rights to know about them.
3. Dr. Katherine Lippel gave a presentation on psychological harassment and bullying.
4. Dr. James Brophy discussed the importance of community and worker based research in occupational and environmental health.

...continued on back page

In this issue...

Managing Mental Health in the Workplace	1
CUPE National Health and Safety Conference Report	1
Meet your OH&S Committee	2
To Sleep or not to Sleep	2
Beware of the Bedbug	3
Creating Respectful Workplaces Conference	3
Mental Stress: what it is; what WCB does with it	4

Contact: Marlene Kantz
markan@shaw.ca/250-809-4148



CUPE Occupational Health and Safety Committee (L-R) Back row: Rod Kuhn, Bill Davyduke, Barry Jones, Tom Wiebe, Lynda Cuddy (Temp. OH&S National Rep), Susan Zander (Chair), Beverley McKeen, Reynold Sokolik, Jean Poole, Vanessa Wolff (OH&S National Rep). **Front row:** Timon Azmier (WCB Rep), Frank Lee, Marlene Kantz (Co-chair), Carlos Flores & Lorraine Prouse.

To Sleep or not to Sleep...

A study of sleep deprivation, mental efficiency and psychosis by Canadian professor of human neuropsychology and perception, Stanley Coren, has interesting implications for all of us.

Since the invention of the light bulb, sleep patterns have changed dramatically. Coren's studies show that we used to sleep an average of nine hours per night. How does that sound? Nowadays, we are lucky to get the full eight that we hear is the norm for proper rest. Since the early 1900's we actually sleep about 500 hours less per year!

Coren also studied traffic patterns during the spring and fall time change where we lose or gain an hour. His studies concluded when we lose an hour sleep, the following day there is an increase in traffic accidents of about 7%. Conversely, when we gain the hour, traffic accidents the following day are reduced by about 7%. How many times can we remember driving somewhere, and getting there safely, but really not remembering much of the drive at all? It has happened to me, I will admit.

Coren's studies show that sleep debt can create problems as the amount of sleep lost increases. His research suggests that problems are the most foreseeable during particular times of

the day because the efficiency of our mental/physical functions are cyclic (decreasing and increasing) in the form of circadian rhythms. Coren says that these cycles create the pressure to fall asleep at the strongest point between 1 and 4 am. As well, this is manifested 12 hours later when we have sleepiness during the middle of the afternoon between 1 and 4 pm. He says it is the afternoon low point that causes you to feel sleepy, and not the lunch you just ate. Coren figures this was probably the original reason for the afternoon nap.

Sleep debt is known to have consequences such as attention lapses, poor short-term memory capacity, impaired judgment, and the occurrence of "micro sleeps". These are described as short periods of time, usually between 10 seconds to about a minute long.

The person's brain actually enters a state of sleep, no matter what you are doing at the time. Coren believes that sleep debt is the cause of many large-scale disasters such as the spilling of the oil from the Exxon Valdez, the Chernobyl nuclear accident, the tragic loss of Challenger (space shuttle) and Three Mile Island.

A pattern of mental deterioration that mimics psychotic symptoms is



shown in many more studies of sleep-deprived people or extreme sleep losses. His conclusion is that prolonged sleep deprivation does lead to the appearance of mental symptoms, and these are leading to losses in mental efficiency, threatening public and personal safety.

Another noted sleep researcher, Dr. Christiane Northrup, recently appeared on the Oprah Winfrey show, discussing sleep and women's health, in particular. She stated catching up on sleep was one of the healthiest things we can do, and to forget about beating ourselves up for sleeping in. Dr. Northrup suggested getting as much as 15 hours of total sleep in one night/day, was significant to recharge our 'batteries'.

Would you want to go flying on a plane in which the pilots were partying hardily the night before and did not get much sleep? Hmmm. Sweet dreams everybody... make sure you get your zzzzzzzzz's. ■

Respectfully submitted,
In solidarity, safety and sleep,
Beverley McKeen

Creating Respectful Workplaces Conference

Approximately 60 delegates attended CUPE's first conference about combatting Workplace Bullying at the University of Victoria on November 11 – 14, 2008.

CUPE BC sent two representatives from the Committee Against Racism and Discrimination (CARD) and two representatives from the Occupational Health and Safety (OH&S) committee. Staff representatives from both committees also facilitated in the workshops and participated in the evening panels.

At the first evening session, delegates heard from well-known anti-bullying educator, Barbara Coloroso. The theme of her speech was "The Bully, the Bullied, and the Bystander: Breaking the Cycle of Violence in the Workplace".

Delegates were also fortunate to hear her the following day in a workshop continuing the themes she introduced in her evening lecture.

A workshop facilitated by Leo McGrady and Conni Kilfoil, dealt with Bullying and Psychological Harassment through labour arbitration cases – citing examples of well-known personal harassment conduct.

The evening session included panels on #1: Root Causes & Remedies and #2: Creative Ideas for changing Workplace cultures.

The following day's workshops were the continuation of the McGrady and Kilfoil legal workshop (with the focus on arbitral remedies and tort damages), and an experimental workshop by Learning Works – titled "Understanding and Responding to Bullying and Psychological Harassment".

Keynote speaker, Dr. Gary Namie, who spoke on "Workplace Bullying: Health Hazard, Moral Quagmire".

On the final day of the conference the workshops were by Dr. Namie:

"Coaching Skills for Union Stewards and Reps of Bullied Members" and Vanessa Wolff: "Violence and Bullying from the OH&S perspective".

In summary, this was the first CUPE conference of its kind. The amazing speakers, panellists, and facilitators have set the bar high. The content and resources provided in this conference will lead activists in the right direction to stop bullying and provide healing for the bullied. While this conference has enriched the lives of CUPE member/activists, the campaign must continue, and further conferences should be planned for different regions to provide anti-bullying tools to more activists. ■

Respectfully Submitted,
Frank Lee
CUPE BC OH&S Committee

Beware of the bedbug

Bedbugs are often carried into a home on objects such as furniture and clothing.

Bedbugs are insects that, as adults, have oval-shaped bodies with no wings. Prior to feeding, they are about 1/4 inch long and flat as paper. After feeding, they turn dark red and become bloated. Eggs are whitish, pear-shaped and about the size of a pinhead. Clusters of 10-50 eggs can be found in cracks and crevices. Bedbugs have a one-year life span during which time a female can lay 200- 400 eggs. Eggs hatch in 10 days.

Bedbugs prefer to feed on human blood, but will also bite mammals and birds. Bedbugs bite at night, and will bite all over a human body, especially around the face, neck, upper torso, arms and hands. Bedbugs can survive up to six months without feeding. Both male and female bedbugs bite.

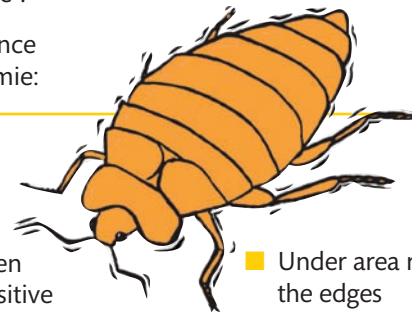
There are no known cases of infectious disease transmitted by bedbug

bites. Most people are not aware that they have been bitten but some people are more sensitive to the bite and may have a localized reaction. Scratching the bitten areas can lead to infection.

Most bedbug bites go away by themselves and don't need treatment. Keep the skin clean and try not to scratch. If the bites are very itchy, your doctor may prescribe cream or antihistamines to relieve the itchiness. Antibiotics may be prescribed for any secondary skin infection from excessive scratching.

If you think you have a bedbug problem, check for live bedbugs or shells in the following areas:

- Seams, creases, tufts and folds of mattresses and box springs
- Cracks in the bed frame and head board; under chairs, couches, beds, dust covers; between the cushions of couches and chairs



- Under area rugs and the edges of carpets; between the folds of curtains; in drawers; behind baseboards, and around window and door casings; behind electrical plates and under loose wallpaper, paintings and posters; in cracks in plaster; in telephones, radios, and clocks

Bedbugs can also travel from apartment to apartment along pipes, electrical wiring and other openings. If the infestation is heavy, a sweet smell may be noticed in the room.

For more information on what you can do if you have bedbugs in your home go to:
<http://www.cupe.bc.ca/403#factsheets>

Stay tuned for our new Fact Sheet on Bedbugs coming in early 2009.

Submitted by Vanessa Wolff

Health and Safety Conference

Continued from page 1

In the afternoon we broke out into the following workshops:

1. Privatization and Health and Safety – We learned how to develop strategies for success to counteract and resist privatization, to protect workers from privatization, and to create community alliances.
2. State of CUPE Members' Health – How to change legislation and enhance workers rights, how to protect workers from injury and illness, and how to increase workers' participation and solidarity.
3. Current Threats: Harassment, Bullying, Violence, Pandemic Influenza and Asbestos – How to protect workers from these threats.
4. Ramping Up Health and Safety Activism/International Health and Safety Perspectives – How to improve workers' rights in Canada and other countries.

Saturday morning delegates listened to the following four speakers:

1. Dr. Barbara Neis talked about bringing the natural and social sciences together to analyze the impact of restructuring and globalization on women.
2. Larry Stoffman provided information on the worldwide asbestos epidemic.
3. Charley Richardson spoke on how workplace re-organization affects our health and safety.
4. Nancy Lessin addressed the U.S. experience with contracting out and privatization.

Saturday afternoon delegates again broke out into workshops and Sunday was the plenary wrap-up.

Sister Beverly McKeen sang a beautiful song for the delegates and Brother Claude G n reux closed the conference.

For photos of the conference go to: <http://cupe.ca/gallery2/v/ohsconf2008/>

Submitted by Reynold Sokolik

Mental Stress: what it is and what WCB does with it

Stress and Tension are normal reactions to events that threaten us. Such threats can come from accidents, financial troubles and problems on the job or with family.

Workers Compensation Act in British Columbia addresses Mental Stress under section 5.1. It states:

Mental stress

- 5.1** (1) Subject to subsection (2), a worker is entitled to compensation for mental stress that does not result from an injury for which the worker is otherwise entitled to compensation, only if the mental stress
- (a) is **an acute reaction** to a sudden and unexpected traumatic event arising out of and in the course of the worker's employment,
 - (b) is diagnosed by a physician or a psychologist as a mental or physical condition that is described in the most recent American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders at the time of the diagnosis, and
 - (c) is not caused by a decision of the worker's employer relating to the worker's employment, including a decision to change the work to be performed or the working conditions, to discipline the worker or to terminate the worker's employment.
- (2) The Board may require that a physician or psychologist appointed by the Board review a diagnosis made for the purposes of subsection (1) (b) and may consider that review in determining whether a worker is entitled to compensation for mental stress.
- (3) Section 56 (1) applies to a physician or psychologist who makes a diagnosis referred to in this section.
- (4) In this section, "psychologist" means a person who is registered as a member of the College of Psychologists of British Columbia established under section 15 (1) of the Health Professions Act or a person who is entitled to practise as a psychologist under the laws of another province.

WorkSafeBC defines an '**acute reaction**' as coming to crisis quickly. The reaction is typically, but not necessarily, immediate. Examples of acute reactions include severe emotional shock, helplessness or fear and may be the result of seeing someone die or threatened with death, seeing someone seriously injured, seeing a personal assault or other violent crime, or a threat of serious physical harm to yourself.

WorkSafeBC defines a '**traumatic event**' as a severely emotionally disturbing event. It can include any of the following: a horrific accident; an armed robbery; a hostage-taking; an actual or threatened physical violence; an actual or threatened sexual assault; or a death threat.

NOTE: Changes in your employment circumstances including general workplace conditions, workload issues, discipline or dismissal are not considered traumatic events. ■

For frequently asked Questions and Answers about dealing with mental stress and WCB, go to <http://www.cupe.bc.ca/403#factsheets>