



# The Impact of COVID-19 on Mental Health

## March 2021 - Part I – Presentation

This is an **INTRODUCTORY** level presentation for the **BC Region**. It is general in nature and addresses core principles that apply across jurisdictions and provinces. The Resources document contains more detailed information.

Tom McKenna, National Health and Safety Representative

The information is not legal advice. The materials only address Workers Compensation and Occupational Health and Safety. Nothing in this presentation supersedes the *Workers Compensation Act*, OHS Regulations, Guidelines and Policy. There may also be Collective Agreement rights and obligations. The current law and policy should be reviewed as they change frequently. Legislative, regulation and policy changes may occur.

**Also referred to as  
the shadow  
pandemic and the  
second pandemic.**



As per the March 16, 2021 Global News (BC) there has been a 500% increase in the number of people seeking assistance for mental health issues related to COVID-19.

The impact of the 3<sup>rd</sup> Wave has yet to be seen.

# I. Overview of Presentation.

- This is an **INTRODUCTORY** level presentation for the **BC Region**. It is Toolbox Talk that focuses on safety topics such as workplace hazards, safe work practices, etc. **Screenshots of resources are interspaced to illustrate various resources and what they look like.**
- There are **three** documents: the **Resources** document, the short **Power Point Presentation** (this document) and a two-page **Summary Sheet** of key points. These were distributed prior to the presentation and are on the CUPE BC OHS Committee website.
- **These three documents focus on core concepts and principles.** The Resources document contains more detailed information.
- **This is not psychological advice, counselling or education. Only qualified persons should diagnose and render counseling and treatment.**

# I. Overview of Presentation. Contd.

- The Presentation portion (this Power Point) by the facilitator will be one third of the webinar. Participants will have the remainder to ask questions, clarify how the materials can be used, etc.
- The Presentation portion is only a general outline of the webinar.
- Each province has varying legislation, regulations, policies and practices.
- Information changes daily. Rely upon the most current information by the BC Provincial Health Officer, the BC CDC, the health authorities and WorkSafeBC, etc.

The screenshot shows the British Columbia government website. The header includes the BC logo and a search bar. The breadcrumb trail reads: Home > Public safety and emergency services > Emergency Preparedness, Response & Recovery > B.C.'s response to COVID-19 >. The main heading is 'Province-wide restrictions'. Below this is a large pink box with the text 'Province-wide restrictions' and a map of BC. To the right, there is a 'Translated content' section with links to various languages: 全省限制 (Traditional Chinese), 全省限制 (Simplified Chinese), ਪ੍ਰਾਂਤ ਭਰੀ ਸੀਮਾ, Restrictions à l'échelle de la province, Restricciones en toda la provincia, القيود المفروضة في أنحاء المقاطعة, Mga pagbabawal sa buong lalawigan, محدودیت ها در سطح استان, and 全省限制. Below the pink box, there is a paragraph of text explaining that provincial restrictions are in place to help stop the spread of COVID-19, and that some are made by the Provincial Health Officer (PHO) under the Public Health Act, while others are made under the Emergency Program Act (EPA). It also states that most orders can be enforced by police and compliance and enforcement officials. At the bottom left, it says 'Last updated: February 8, 2021'.

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CANADA

## COVID-19, lack of mental health support creating 'dual pandemic' for Indigenous Canadians

By Teresa Wright · The Canadian Press

Posted March 24, 2021 4:54 am



46% of Indigenous women and 32% of Indigenous men described most of their days as "quite a bit stressful" or "extremely stressful."

Source: Statistics Canada

WATC: How COVID-19 is impacting the mental health of Indigenous people – Jun 28, 2020



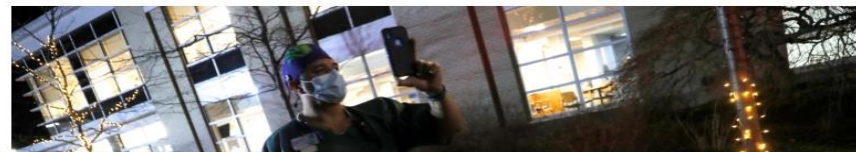
-A

Many Indigenous communities are struggling to cope with dual states of emergency, thanks to the [pandemic](#) and its effects on those with [mental illness](#) and addictions.

News

## How the COVID-19 pandemic is affecting mental health

*The World Health Organization has warned the coronavirus pandemic could have a years-long effect on mental health.*



In the US about four in 10 adults reported symptoms of anxiety or depressive disorder during the pandemic, compared with up to one in 10 adults who reported the same symptoms from January to June 2019.

In the UK, by the middle of 2020, almost one in five adults experienced some form of depression, this almost doubled from about one in 10 before the pandemic, according to the most recent data released by the Office for National Statistics.

According to a study conducted by Columbia University Mailman School of Public Health, released in March, the global prevalence of depression and anxiety during COVID-19 was 24 percent and 21.3 percent respectively.

The same report showed that prior to the pandemic in Asian countries, the estimate of depression prevalence ranged from 1.3 to 3.4 percent. Rates of anxiety in Asia prior to COVID-19 ranged from 2.1 percent to 4.1 percent, while in Europe estimates of anxiety prevalence prior to COVID were between 3 percent and 7.4 percent.



## II. How Has COVID-19 Affected Mental Health?

### II.I. The Extent of the Issue.

- The pandemic has affected both physical and mental health and safety.
- The successive waves of COVID-19 are having a cumulative effect on mental health (Canadian Mental Health Association (CMHA)).
- The statistics vary heavily depending on which COVID-19 wave is being referred to, time, population group and location (CMHA).
- With each wave of COVID-19 there is a worsening of mental health.

#### Deteriorating mental health among population subgroups

- 61% of those with a pre-existing mental health issue (up slightly from 59% in Wave 1)
- 50% of those with a disability (up slightly from 47% in Wave 1)
- 60% of those aged 18-24, compared to 21% of those aged 75+
- 54% of Indigenous peoples (up from 41% in Wave 1)
- 54% of LGBTQ2+ people (up from 50% in Wave 1)
- 61% of those who are unemployed
- 45% of women, compared to 34% of men

## II. How Has COVID-19 Affected Mental Health?

### II.I. The Extent of the Issue. Contd.

- The effect on mental health is being called the **4<sup>th</sup> Wave** in the media (The Vancouver Sun, the Toronto Star).
- The World Health Organization has warned that the pandemic could affect mental health for years.
- In the United States (US) there has been an increase in anxiety and depressive disorder symptoms from 10% in January 2019 to 40% of people during the pandemic.
- There has been a large increase in alcohol consumption and drug use – from 29% to 400% depending on the study, the location, the age group, gender, time, which wave of the COVID-19 pandemic, etc (CMHA, American Psychological Association, Statistics Canada).

## II. How Has COVID-19 Affected Mental Health?

### II.I. The Extent of the Issue. Contd.

- 50% of Canadian's mental health has worsened during the pandemic (Morneau Shepell).
- There has been a 14% decline since 2018 in the proportion of the population who rated their mental health was very good or excellent (Statistics Canada).
- 38% of Canadians have reported that their mental health has worsened since the pandemic lockdowns (University of British Columbia (UBC), CMHA). Note: There are multiple statistics from the CMHA.
- 45% of members of the LGBTQ2+ community reported that their mental health has worsened since the pandemic lockdowns (CMHA, UBC).



## II. How Has COVID-19 Affected Mental Health?

### II.I. The Extent of the Issue. Contd.

- 43% of persons with household income under \$25,000 a year reported that their mental health has worsened since the pandemic lockdowns (CMHA, UBC).
- Nearly half of people are reporting anxiety (UBC and CMHA). In the US it was 11% prior to the pandemic compared to 43% after.
- Nearly 25% of people report feeling depressed (UBC and CMHA).
- Persons with disabilities reported significantly higher levels of anxiety and depression (CMHA, Statistics Canada).
- Members of the LGBTQ2+ community reported more than double the rate of suicidal ideation (14%) compared to the general population (6%). This increased to 28% in the second wave (CMHA, UBC).

## **II. How Has COVID-19 Affected Mental Health?**

### **II.I. The Extent of the Issue. Contd.**

- Persons with a pre-existing mental health condition had increased suicidal ideation (18%) compared to the general population (6%). This increased to 27% in the second wave (CMHA, UBC).
- Persons with a disability had increased suicidal ideation (15%) compared to the general population (6%). This increased to 24% in the second wave (CMHA, UBC).
- Indigenous persons had increased suicidal ideation (16%) compared to the general population (6%). This increased to 20% in the second wave (CMHA, UBC).
- The third wave may represent a major risk factor to any person who may have suicidal ideation.



## Impacts on Mental Health

Release date: October 20, 2020

More Information PDF Version

### Key messages:

- Youth have experienced the greatest declines since the pandemic began.
- Those already experiencing poor mental health before COVID-19 were impacted even more by the pandemic – including those from the LGBTQ community.
- Visible minority groups were more likely than Whites to report poor mental health (27.8% vs. 22.9%) and symptoms consistent with "moderate" or "severe" generalized anxiety disorder (30.0% vs. 24.2%).
- Those reporting poor mental are up to 4 times more likely to report increased substance use since the pandemic began.

### The pandemic has impacted the mental health of Canadians, with youth experiencing the greatest declines

Since COVID-19, fewer Canadians report having excellent or very good mental health – 55% (July 2020) down from 68% (2019).

Prior to COVID-19, youth aged 15-24 were the least likely to report excellent or very good mental health.

- They report the greatest declines - 20 percentage point reduction from 60% (pre-COVID) to 40% (July 2020)

Seniors aged 65 and older are the only group to date who have not experienced declines in mental health since the pandemic began.

Women continue to report lower levels of mental health compared with men – 52% vs 58%.

Proportion of Canadians reporting excellent or very good mental health pre and post COVID-19, March and July 2020.

### Those reporting poor mental are up to 4 times more likely to report increased substance use since the pandemic began

Prior to COVID...

- 14% of Canadians reported consuming cannabis
- Heavy drinking behaviours have remained relatively stable – highest rates among young males (33%)

Since COVID-19, some Canadians continue to report increases in their alcohol (16.2%), cannabis (6.1%) and tobacco (4.8%) consumption.

- Increase in cannabis use highest among youth aged 15 to 35 (12%)
- Increase in alcohol use highest among those 35 to 54
- Similar patterns between males and females

### Those already experiencing poor mental health before COVID-19 were impacted even more by the pandemic

Prior to the pandemic, LGBTQ were at higher risk of mood disorder

Since the pandemic, among respondents to a crowdsourcing survey, gender diverse individuals were...

- More likely to report fair/poor mental health (70%), compared with female (25.5%) and male participants (21.2%)
- Twice as likely as females and three times as likely as males to report symptoms consistent with moderate/severe GAD (62%, 29%, 21%).

These differences can be explained in part by...

- Younger age among gender diverse individuals;
- Gender diverse participants were more likely to be very/extremely concerned about the potential impacts of COVID-19; and
- Greater likelihood of job loss and inadequate financial resources.

Generalized anxiety disorder (GAD) is a condition characterized by a pattern of frequent, persistent worry and excessive anxiety about several events or activities.

## II. How Has COVID-19 Affected Mental Health?

### II.I. The Extent of the Issue. Contd.

- Women are more likely than men to report lower levels of mental health (52% versus 58%) (Statistics Canada).
- Gender diverse persons were more likely to report fair or poor mental health (70%) versus persons identifying as female (25.5%) and persons identifying as male (21.2%) (Statistics Canada).
- Persons reporting poor mental health are up to 4 times more likely to report substance use since the pandemic began (Statistics Canada).

CMHA.  
See Resources  
and Links of the  
Resources  
document.

Self-reported change to mental health

	Total	Region					
		BC	AB	MB/SK	ON	PQ	ATL
BASE:	3027	445	397	213	1137	491	343
Mental health has deteriorated since onset of the pandemic	40%	42%	40%	40%	44%	32%	36%

## II. How Has COVID-19 Affected Mental Health?

### II.I. The Extent of the Issue. Contd.

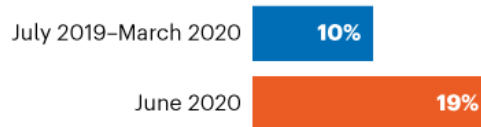
- Harvard Medical School Psychologist Luana Marques stated that the changes in US mental health may not be going back to baseline anytime soon.

#### COVID'S MENTAL STRESS

The percentage of people experiencing symptoms of depression and anxiety has surged amid the COVID-19 pandemic, data from nationally representative surveys show.

■ Before pandemic ■ During pandemic

##### UK adults reporting symptoms of depression



##### US adults reporting symptoms of anxiety or depression



©nature

Source: Office for National Statistics (UK data); Centers for Disease Control and Prevention (US data).



While indicators of mental health slightly fluctuate with economic relief programs and other factors, what remains clear is the pandemic's undeniable, prolonged effect that will likely linger long after mass vaccination efforts wrap up.

### How a year of COVID-19 impacted our mental health

Lockdown measures quickly came into effect as cases ramped up across Canada

LOCAL JOURNALISM INITIATIVE / Mar. 22, 2021 1:30 p.m. / CANADA

**The numbers are increasing with each wave of the pandemic (CMHA).**

In April 2020, a Morneau Shepell poll revealed 50 per cent of Canadians reported their mental health had worsened during the pandemic, with over 40 per cent saying they were worried or anxious. In May 2020, Statistics Canada noted a 14 per cent decline since 2018 in the proportion of the population identifying their mental health as “very good” or “excellent.”

In another May survey by the University of British Columbia and the Canadian Mental Health Association, 38 per cent of Canadians said their mental health had worsened since lockdown, with women expressing higher rates of decline. That number jumps to 45 per cent for members of the LGBTQ+ community, and 43 per cent for people whose household income is less than \$25,000 a year.

About half of those surveyed said they experienced anxiety, and 23 per cent said they felt depressed. These rates were higher for lower-income people and those with a disability, research found.



## **II. How Has COVID-19 Affected Mental Health?**

### **II.I.The Extent of the Issue. Contd.**

The following Table (the next three slides) compiles several studies and shows changing variations in data depending on numerous factors e.g. which wave of the pandemic was studied, terminology, province, aspects of mental health, etc. There are many aspects to mental health that have yet to be addressed.

The data changes significantly depending on the wave.

## II. How Has COVID-19 Affected Mental Health?

### II.I. The Extent of the Issue. Contd.

Changes in mental health (terminology used varies by source)	Canadian Mental Health Association (there are multiple statistics)	Statistics Canada	University of British Columbia (there are multiple statistics)
Gender Diverse Communities	Not reported	Almost 70% more likely report fair or poor mental health	Not reported
Indigenous persons	54% report a decline in mental health	60% report a reduction in mental health	54% report a decline in mental health
LGBTQ2+ Community	45% and 54% report a decline in mental health (multiple studies)	Not reported	45% and 54% report a reduction in mental health (multiple studies)
Persons with disabilities (all types)	50% report a decline in mental health	48% report a reduction in mental health	50% report a decline in mental health
Persons with lower incomes	Not reported	More than 40% screened positive for one of three mental health disorders (PTSD, anxiety, depression)	Not reported

## II. How Has COVID-19 Affected Mental Health?

### II.I.The Extent of the Issue. Contd.

Changes in mental health	Canadian Mental Health Association	Statistics Canada	University of British Columbia
Pre-existing health conditions (but not a disability)	Not reported	Not reported	Not reported
Pre-existing mental health conditions	61% report a decline in mental health (second wave)	68% report mental disorder symptoms intensified	43% report a decline in mental health and 61% report a decline in mental health (second wave)
Persons who are unemployed	61% report a decline in mental health	61% report excellent or very good mental health	61% report a decline in mental health
Visible minority groups	Not reported	27.8% reduction in mental health from excellent or very good	Not reported

## II. How Has COVID-19 Affected Mental Health?

### II.1. The Extent of the Issue. Contd.

Changes in mental health	Canadian Mental Health Association	Statistics Canada	University of British Columbia
Women	45% report a decline in mental health compared to men (34%)	52% report lower good mental health than men (58%). 25.5% report fair to poor mental health compared to men (21.2%)	Not reported
Younger people in general (age 15 to 25)	60% report a decline in mental health	20% reduction in mental health from excellent or very good	Not reported

McKenna, March 28, 2021

**The impacts on mental health vary widely. Does the employer know how to recognize and address mental health in the workplace as per the Safety Plan?**

## Helpless and hopeless: How a year of COVID-19 has impacted our mental health



By **Nadine Yousif** Local Journalism Initiative Reporter  
Mon., March 22, 2021 | 9 min. read

[JOIN THE CONVERSATION \(9\)](#)



Experts are sounding the alarm on an impending fourth wave of the pandemic — a wave characterized by psychic trauma, burnout, mental illness and economic injury that is projected to be the largest, most enduring health footprint of COVID-19.

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NEWSLETTERS

In April 2020, a Morneau Shepell poll revealed 50 per cent of Canadians reported their mental health had worsened during the pandemic, with over 40 per cent saying they were worried or anxious. In May 2020, Statistics Canada noted a 14 per cent decline since 2018 in the proportion of the population identifying their mental health as “very good” or “excellent.”

In another May survey by the University of British Columbia and the Canadian Mental Health Association, 38 per cent of Canadians said their mental health had worsened since lockdown, with women expressing higher rates of decline. That number jumps to 45 per cent for members of the LGBTQ+ community, and 43 per cent for people whose household income is less than \$25,000 a year.

About half of those surveyed said they experienced anxiety, and 23 per cent said they felt depressed. These rates were higher for lower-income people and those with a disability, research found.

As people lost their jobs or income, financial concerns became a major point of stress. Other stressors were the fear of becoming ill, having a family member die of COVID-19 and, above all, being separated from friends and family.

Suicidal ideation was also flagged through these polls. Six per cent of respondents said they thought of suicide, but alarmingly, that rate more than doubled to 14 per cent for LGBTQ+ people and those who are low-income.

**Some groups  
of workers are  
affected more  
than others.  
Are there  
supports in  
place?  
Do workers  
know how to  
access  
supports and  
assistance?**



## II. How Has COVID-19 Affected Mental Health?

### II.II. Common Symptoms.

- Common symptoms (and diagnoses) of mental health issues related to COVID-19 as per the CDC, CMHA, Canadian Psychological Association, American Psychological Association, etc.:
  - Post-Traumatic Stress Disorder
  - Anxiety and Generalized Anxiety Disorder
  - Depression, including clinical depression
  - Drug and alcohol use
  - Stress
  - Insomnia
  - Fear
  - Aggravation of pre-existing mental health conditions

## **II. How Has COVID-19 Affected Mental Health?**

### **II.II. Common Symptoms. Contd.**

- These may or may not meet the DSM-5 diagnostic criteria (Diagnostic and Statistical Manual of Mental Disorders, American Psychiatric Association <https://www.psychiatry.org/psychiatrists/practice/dsm>).
- These will vary depending on population group and numerous other variables e.g. the wave of the pandemic, province, rural versus urban communities, etc.
- This does not address Post COVID Syndrome/Long Haul Syndrome psychoneurological symptoms from having COVID-19 (CDC, Long-Term Effects of COVID-19 <https://www.cdc.gov/coronavirus/2019-ncov/long-term-effects.html>).

## **II. How Has COVID-19 Affected Mental Health?**

### **II.III. Causes of Mental Health Injury.**

- There are many causes of mental health injuries due to COVID-19 (CDC, CMHA, Psychiatric Times, Statistics Canada). For example:
  - Working as an essential worker and associated high stress, increased hazards and risk of exposure, longer hours, etc. e.g. healthcare
  - Fear of infection, disease and fatalities
  - Stigma associated with working in environments where infection may occur
  - Discrimination e.g. racism
  - Violence
  - Restrictions such as quarantines and resulting social isolation

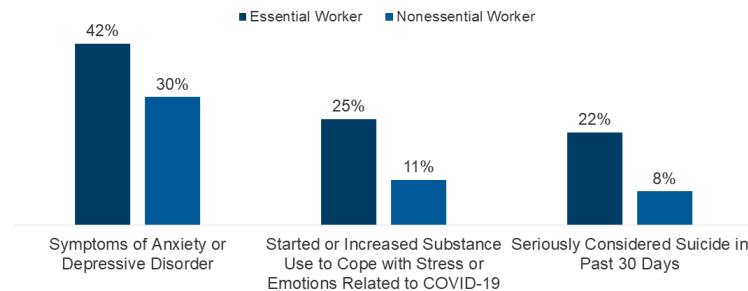
## II. How Has COVID-19 Affected Mental Health?

### II.III. Causes of Mental Health Injury. Contd.

- Inability to grieve due to social distancing and other restrictions
- Grieving the loss of others
- Income security e.g. loss of employment
- Not being able to access mental health supports
- Not being able to access treatment e.g. chemotherapy

Figure 8

Among Essential and Nonessential Workers, Share of Adults Reporting Mental Distress and Substance Use, June 2020



NOTES: Data is among adults ages 18 and above. Essential worker status was self-reported.

SOURCE: Czeisler ME, Lane RJ, Petrosky E, et al. Mental Health, Substance Use, and Suicidal Ideation During the COVID-19 Pandemic — United States, June 24–30, 2020. MMWR Morb Mortal Wkly Rep 2020;69:1049–1057. DOI: <http://dx.doi.org/10.15585/mmwr.mm6932a1>

KFF

## **II. How Has COVID-19 Affected Mental Health?**

### **II.IV. Who Is Affected – At Risk Groups.**

- Persons from the following groups are at higher risk of the impact on mental health from COVID-19 and report a change in mental health:
  - Indigenous persons
  - Younger women
  - Women in general
  - Younger persons in general (e.g. age 15 to 25)
  - Visible minority groups
  - Persons from the LGBTQ2+ community
  - Gender diverse communities
  - Persons with lower incomes

## **II. How Has COVID-19 Affected Mental Health?**

### **II.IV. Who is Affected – At Risk Groups. Contd.**

- Persons with pre-existing mental health conditions, including substance use
- Persons with other pre-existing health conditions
- Persons with disabilities
- Persons who are unemployed, underemployed or otherwise financially impacted

**The mental health pandemic overlaps with pre-existing epidemics e.g. opioids.**



# COVID-19 Safety Plan

Download PDF

Also available in: Tiếng Việt, ਪੰਜਾਬੀ, 한국어, 中文 (繁體), 中文(简体), Español, Français

Publication Date: Jan 2021

File type: PDF (299 KB)

Asset type: Checklist

Form: 12E54

Safety Plans.  
WorkSafeBC.  
See Resources  
and Links of the  
Resources  
document.

Employers are required to develop a COVID-19 Safety Plan that outlines the policies, guidelines, and procedures they have put in place to reduce the risk of COVID-19 transmission. This tool will guide you through a six-step process to help you create your plan. The tool is provided as a fillable PDF you can download and save with the details of the plan for your workplace.

The COVID-19 Safety Plan can also be completed on any mobile device using the [COVID-19 Safety Plan](#) app.

Additional resources and information are also available, including a [guide](#) to updating your safety plan in response to changing conditions or Provincial Health Officer orders.

COVID-19 safety plans

Employer obligations

Joint health and safety committees and worker representatives

Mental health

Incident investigations

Exposure control plans

Illness in the workplace

Workplace entry restrictions

Health monitoring and temperature checks

Workers moving between locations

Personal protective equipment

COVID-19 safety in vehicles

Worker accommodation

Resolving concerns about unsafe work

## Mental health

### What can I do to support the mental health of workers?

Workers in the workplace may also be affected by the anxiety and uncertainty created by the COVID-19 pandemic. It's important to remember that mental health is just as important as physical health, and to take measures to support mental well-being.

As an employer, supporting the health and safety of your workers, including their mental health, is especially important during this stressful time. You may also be in the best position to identify mental health issues in your workers and to respond to them in appropriate, meaningful ways.

Safety Plans.  
WorkSafeBC.  
See Resources  
and Links.

## Mental health

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





As an employer, supporting the health and safety of your workers, including their mental health, is especially important during this stressful time. You may also be in the best position to identify mental health issues in your workers and to respond to them in appropriate, meaningful ways.

### What are some resources to assist with maintaining mental health in the workplace during this time?

WorkSafeBC has produced a guide for employers that explains how the COVID-19 pandemic can have an impact on mental health and suggests ways you can support the mental health of your workers. We also have a guide for workers that offers advice about how they can manage stress and anxiety so they can better take care of themselves.

- [Managing the mental health effects of COVID-19 in the workplace: A guide for employers](#)
- [Addressing the mental health effects of COVID-19 in the workplace: A guide for workers](#)

You may also wish to refer to the following resources to assist with maintaining mental health in the workplace during this time.

- [COVID-19 Psychological First Aid Service: Information and Signup](#)  (British Columbia Psychological Association) – Free virtual counselling provided by registered psychologists.
- [COVID-19: Staying Well In Uncertain Times](#)  (Canadian Mental Health Association – B.C.) – Tips and information on how to reduce and manage anxiety in the workplace due to the COVID-19 outbreak.
- [Managing COVID-19 Stress, Anxiety and Depression](#)  (Ministry of Mental Health and Addictions) – Tips and resources on things we can do as individuals and collectively to deal with stress and support one another during these challenging times.
- [Mental Health and Psychosocial Considerations During COVID-19 Outbreak](#)  (World Health Organization) – These mental health considerations were developed by the WHO's Department of Mental Health and Substance Use as messages targeting different groups to support for mental and psychosocial well-being during COVID-19 outbreak.
- [Mental Health and COVID-19](#)  (Conference Board of Canada) – Videos on different aspects of mental health, including coping with anxiety, job loss, and dealing with isolation.
- [Taking Care of Your Mental Health](#)  (COVID-19) (Public Health Agency of Canada) – Tips and resources for taking care of your mental health during the COVID-19 outbreak.
- [Mental Health and Cultural Supports During COVID-19](#)  (First Nations Health Authority) – Comprehensive mental-health and cultural supports during COVID-19.

**WorkSafeBC  
has numerous  
different  
resources to  
assist in  
maintaining  
mental health.**

### III. The *Workers Compensation Act*, the OHS Regulations, Policy and Guidelines.

- General Health and Safety Information:
  - There are overlapping legislation, regulations, policies and guidelines that affect occupational health and safety.
  - The BC Provincial Health Orders, *Workers Compensation Act*, the OHS Regulations and the Prevention Policies are mandatory.
  - The BC Provincial Health Orders are the primary source of direction.
  - The OHS Regulation/legislation Guidelines only interpret the OHS Regulations.

# III. The Workers Compensation Act, the OHS Regulations, Policy and Guidelines. Contd.

- Sample key sections of the revised **Act** related to Mental Health/Psychological Safety/Violence (as it relates to COVID-19 and does not include WCB claims) include:
  - There is general language that can be used in Division 4, Sections 21, 22, 23, etc.

WorkSafeBC.  
See Resources  
and Links of the  
Resources  
document.

## Division 4 — General Duties of Employers, Workers and Others

- 21 General duties of employers
- 22 General duties of workers
- 23 General duties of supervisors
- 24 Coordination at multiple-employer workplaces
- 25 General duties of owners
- 26 General duties of suppliers

# III. The Workers Compensation Act, the OHS Regulations, Policy and Guidelines. Contd.

- Sample key sections of the **OHS Regulations** that relate to the Mental Health/Psychological Safety/Violence:
  - 3.12 Right to Refuse
  - 3.23 Young and new worker orientation e.g. 3.23(2)(d) to (f) regarding violence and working alone (put in Safety Plans as well)
  - 4.28 to 4.31 Violence e.g. violence related to the public refusing to comply with the Provincial Health Officer's Orders
  - 6.33 Precautionary principle should always be applied to every aspect of health and safety
  - The OHS Regulation Guidelines that apply to the OHS Regulations
  - The role of the Joint Health and Safety Committee (including the Joint Health and Safety Committee Terms of Reference)

# III. The Workers Compensation Act, the OHS Regulations, Policy and Guidelines. Contd.

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document.

In sections 4.28 to 4.31,

"*violence*" means the attempted or actual exercise by a person, other than a worker, of any physical force so as to cause injury to a worker, and includes any threatening statement or behaviour which gives a worker reasonable cause to believe that he or she is at risk of injury.

## **3.23 Young or new worker orientation and training**

- (1) An employer must ensure that before a young or new worker begins work in a workplace, the young or new worker is given health and safety orientation and training specific to that young or new worker's workplace.
- (2) The following topics must be included in the young or new worker's orientation and training:
  - (a) the name and contact information for the young or new worker's supervisor;
  - (b) the employer's and young or new worker's rights and responsibilities under the *Workers Compensation Act* and this Regulation including the reporting of unsafe conditions and the right to refuse to perform unsafe work;
  - (c) workplace health and safety rules;
  - (d) hazards to which the young or new worker may be exposed, including risks from robbery, assault or confrontation;
  - (e) working alone or in isolation;
  - (f) violence in the workplace;



# COVID-19 IMPACT INDEX

ANGUS REID INSTITUTE

## HARDEST HIT 26%



Both mental health and household finances have worsened since the COVID-19 shutdown



Three-in-ten adults under the age of 55



32% of Alberta residents

24%



rate 0-3 on 10-point life self-assessment scale

## MENTALLY STRUGGLING 24%



Mental health has worsened, but household finances have either stayed the same or improved

Male 18-34 23%  
Male 35-54 19%  
Male 55+ 20%  
Female 18-34 30%  
Female 34-54 26%  
Female 55+ 26%

Higher proportion of women than men in each age group

41%



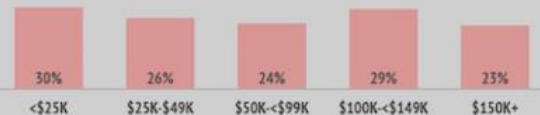
rate 3-5 on 10-point life self-assessment scale

## FINANCIALLY STRUGGLING 16%

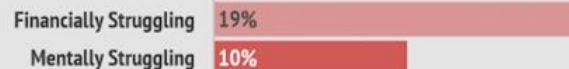


Household finances have worsened, but have maintained or improved their mental health

Near equally represented across every income level



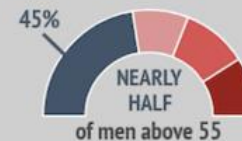
2x more likely to rate 8+ on 10-point life self-assessment scale:



## MANAGING WELL 34%



Mental health and household finances are either unchanged or better since COVID-19 shutdown



44% of Quebec residents

35%



rate 8 or above on 10-point life self-assessment scale

## IV. Recommendations and Application to COVID-19 Safety Plans?

- Psychological safety must be addressed in employer health and safety programs, including COVID-19 Safety Plans.
- The Safety Plan must incorporate the Exposure Control Plan, including the eight primary components of the Exposure Control Plan e.g. the hazard and risk assessment.
- WorkSafeBC makes specific reference to mental health in Safety Plans:

“As an employer, supporting the health and safety of your workers, including their mental health, is especially important during this stressful time. You may also be in the best position to identify mental health issues in your workers and to respond to them in appropriate, meaningful ways.”

# IV. Recommendations and Application to COVID-19 Safety Plans? Contd.

- The employer should also have a Critical Incident Response Program.

WorkSafeBC.  
See Resources  
and Links of the  
Resources  
document.

The screenshot displays the WorkSafeBC website's 'Critical Incident Response (CIR) Program' page. The page is titled 'Critical Incident Response (CIR) Program' and includes a brief description of the program as a confidential, early intervention initiative. It also features sections for 'What is a workplace critical incident?', 'What is an intervention?', and 'What to watch for after a critical incident'. The page is part of a two-page document, as indicated by the 'Page 1 of 2' footer.

**WorkSafeBC** Forms & Resources Law & Policy About Us Contact Us Log in / Create an account

Search worksafebc.com

Claims I Am a...

place injury or disease > Critical incident response

## Critical Incident Response (CIR) Program

The WorkSafeBC Critical Incident Response (CIR) Program is a confidential, early intervention initiative that provides critical incident intervention to workers and employers who have experienced a traumatic event in the workplace. The goal is to reduce the distress that workers and employers may experience immediately following an event, and to mitigate the development of further, more serious difficulties.

### What is a workplace critical incident?

A workplace critical incident is a sudden and unexpected workplace situation or event that causes a person to experience unusually strong emotional reactions that have the potential to interfere with his or her ability to function. Such events are markedly distressing and usually involve a perceived threat to one's physical integrity or the physical integrity of someone in close proximity. Examples of a critical incident can include witnessing or responding to a fatal accident, sustaining a serious physical injury, being assaulted, or being robbed by someone with a weapon.

Generally, an intervention is arranged for workers and employers who have witnessed, or been directly involved in an event. Interventions are offered to groups as well as to individuals. Through the CIR Program, an initial intervention can be accessed up to three weeks from the date of the critical incident.

### Who can request an intervention?

Anyone can initiate the request for an intervention. When an incident occurs, please contact the CIR Program as soon as possible to give the program, the employer, and/or worker, the opportunity to determine whether an intervention is appropriate and/or necessary.

### Who provides the intervention?

When the CIR Program receives a request for intervention, these services are provided by a qualified mental health professional located in the employer's or worker's community. Providers are registered counsellors, social workers, and psychologists who have specialized training to work with people who have been through traumatic incidents. If a local provider is not available, a qualified provider can be brought in from another area.

The role of the CIR provider is to offer critical incident intervention to employers and workers following a traumatic event in the workplace. Although exceptions may occur, the CIR provider is contracted to provide short-term support in the form of a critical incident intervention, which is separate from the more extended treatment that may be necessary for some individuals.

### What is an intervention?

A critical incident intervention is a structured individual or group process in which a provider helps the affected worker(s) to cope with the continuing effects of a traumatic incident. This kind of intervention ideally occurs within 24 to 72 hours of the event, but can be accessed up to three weeks after the incident. Participation is always voluntary. The purpose of the intervention is to focus on the well-being of the worker(s), not to find the cause of the incident or to assign blame. Discussions about non-incident related emotional issues or labour relations concerns would not be part of the intervention. To ensure that each situation is attended to in the most appropriate way, we ask our providers to first assess the needs and then proceed with the appropriate intervention.

During an intervention, the CIR provider explains the intent of the intervention and provides education around why participants may be experiencing strong reactions. Interventions are led by trained, qualified professionals who can address any strong emotions —

## Critical incident response

A sudden and unexpected incident in the workplace, like witnessing the serious injury of a co-worker, responding to a fatal incident scene or being robbed at gunpoint, are examples of a critical incident. This kind of powerful event can impact the emotional well-being of workers and employers who are directly exposed to the incident. Our Critical Incident Response team is there to help. It offers free support from trained professionals.

### What to watch for after a critical incident

A critical incident can lead to more accidents, sick time, disability claims, and staff turnover. Here are some warning signs to watch for, in yourself and in your co-workers:

- Feeling jumpy, anxious, moody, or irritable
- Having difficulty concentrating, making decisions, or thinking clearly
- Having trouble going near the accident scene
- Having trouble going to places that trigger memories of the incident
- Having trouble being around people
- Having difficulty being alone
- Having sleep disturbances or nightmares

It can help to know that these are normal responses to stressful or abnormal events.

Page 1 of 2 Critical Incident Response (CIR) Program

**WorkSafeBC**

## IV. Recommendations and Application to COVID-19 Safety Plans? Contd.

- Consider cumulative stress, secondary trauma and vicarious trauma.
- Consider EAP/EFAP and Collective Agreement entitlements.
- Consider protection for workers in high-risk settings e.g. provide additional supports.
- Ensure there is proper training for managers and supervisors.
- Have clear leadership and expectations. E.g. communicate about:
  - The Safety Plan including signs and symptoms of COVID-19, health and safety measures, etc.
  - Reporting structures
  - Accommodation of workers at high risk
- Use the CMHA Mental Health Continuum Model.
- Use the CMHA Workplace Factors Model.

CMHA.  
See Resources  
and Links of the  
Resources  
document.



## The Working Mind – Mental Health Continuum Model

HEALTHY	REACTING	INJURED	ILL
Normal fluctuations in mood	Nervousness, irritability, sadness	Anxiety, anger, pervasive sadness, hopelessness	Excessive anxiety, easily enraged, depressed
Normal sleep patterns	Trouble sleeping	Restless or disturbed sleep	Unable to fall or stay asleep or sleeping too much
Physically well, full of energy	Tired/low energy, muscle tension, headaches	Fatigue, aches and pains	Exhaustion, physical illness
Consistent performance	Procrastination	Decreased performance	Unable to perform duties
Socially active	Decreased social activity	Social avoidance or withdrawal	Isolation, avoiding social events
No trouble/impact due to substance use	Limited to some trouble/impact due to substance use	Increased trouble/impact due to substance use	Dependence
			Suicidal thoughts and/or intentions



CMHA.  
See Resources  
and Links of the  
Resources  
document.

This is not a diagnostic tool. Refresh the page to clear.

Mental Health Continuum Self-Check				
	Healthy	Reacting	Injured	Ill
<b>Changes in Mood</b>	Normal mood fluctuations Calm Confident	Irritable Impatient Nervous Sadness	Angry Anxious Pervasive sadness	Easily enraged Excessive anxiety/panic Depressed mood, numb
<b>Changes in Thinking and Attitude</b>	Good sense of humor Takes things in stride Ability to concentrate and focus on tasks	Displaced sarcasm Intrusive thoughts Sometimes distracted or loss of focus on tasks	Negative attitude Recurrent intrusive thoughts Constantly distracted or cannot focus on tasks	Noncompliant Suicidal thoughts/intent Inability to concentrate, loss of memory or cognitive abilities
<b>Changes in Behaviour and Performance</b>	Physically and socially active Present Performing well	Decreased activity/socializing Present but distracted Procrastination	Avoidance Tardiness Decreased performance	Withdrawal Absenteeism Can't perform duties/tasks
<b>Physical Changes</b>	Normal sleep patterns Good appetite Feeling energetic Maintaining a stable weight	Trouble sleeping Changes in eating patterns Some lack of energy Some weight gain or loss	Restless sleep Loss of appetite Some tiredness or fatigue Fluctuations or changes in weight	Cannot fall/stay asleep No appetite Constant and prolonged fatigue or exhaustion Extreme weight gain or loss
<b>Changes in Addictive Behaviours</b>	Limited alcohol consumption, no binge drinking Limited/no addictive behaviours No trouble/impact due to substance use	Regular to frequent alcohol consumption, limited binge drinking Some to regular addictive behaviours Limited to some trouble/impact due to substance use	Frequent alcohol consumption, binge drinking Struggle to control addictive behaviours Increasing trouble/impact due to substance use	Regular to frequent binge drinking Addiction Significant trouble/impact due to substance use

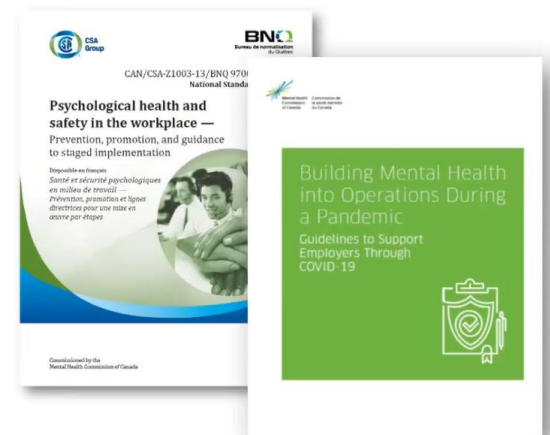
CMHA.  
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document.

## Workplace Factors



Download free:

<https://theworkingmind.ca/workplace-resources>





## **IV. Recommendations and Application to COVID-19 Safety Plans? Contd.**

- Summarized Recommendations from Centre for Addiction and Mental Health (CAMH) (three slides):
  - Expand and provide a range of mental health resources, supports and care.
  - Focus on at risk population groups e.g. essential workers, so they can access mental health care and treatment.
  - Tailor mental health resources, supports and care to a variety of population groups including culturally relevant materials.
  - Specialized mental health care and treatment must be readily available to those with pre-existing mental issues and others who may develop mental health issues.

## **IV. Recommendations and Application to COVID-19 Safety Plans? Contd.**

- Include rapid access to mental health care for people who are at risk of suicide or experiencing a suicidal crisis.
- Prioritize workplace mental health as a key health and safety issue. Even before the pandemic hit, many workers were already struggling with their mental health.
- Prioritize the mental health needs of employees. See CAMH's Workplace Mental Health Playbook for Business Leaders which provides evidence-informed advice on how to support employee mental health.
- Create a long-term organization wide mental health strategy, mental health training for leadership and tailored mental health supports for different mental illnesses, diverse identities and different workplaces.

## **IV. Recommendations and Application to COVID-19 Safety Plans? Contd.**

- Adjust mental health strategies to reflect remote workplaces.
- Create stigma and discrimination-free work environments.
- Strengthen legislation to improve workplace mental health, provide incentives to employers for implementing mental health strategies or investing in premium benefits coverage and influence health and disability insurance providers to provide full entitlements and supports for workers.
- Address social conditions that contribute to and exacerbate poor mental health - social determinants of health such as (not an exhaustive list): structural racism, sex and gender inequality, poverty, precariousness of employment, and social exclusion should be considered as part of efforts to improve mental health in the wake of COVID-19 and beyond.

## IV. Recommendations and Application to COVID-19 Safety Plans? Contd.

- Summary:

- Apply the CAMH recommendations and the CSA Group Psychological Standard:

CAN/CSA-Z1003-13/BNQ 9700-803/2013 –  
Psychological Health and Safety in the Workplace

- Ensure there is a Critical Incident Response Program
- Psychological health and safety **MUST** be part of the Safety Plan, based on the Exposure Control Plan with a hazard and risk assessment of violence (all forms of violence), working alone, etc.
- Be aware of EAP/EFAP and Collective Agreement entitlements

**You are not alone. There are supports and assistance.**

CSA Group.  
See  
Resources  
and Links.

## V. Questions



# Questions?

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