



# The Impact of COVID-19 on Mental Health

**March 2021 - Part II - Resource Materials**

This is an **INTRODUCTORY** level presentation for the **BC Region**.  
It addresses core principles that apply across jurisdictions and provinces.

**This presentation is not about diagnosing mental health or treatment.**

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.

cope-491\*ct



March 2021  
Vancouver Sun

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



JEAN LEVAC / POSTMEDIA NEWS  
As someone who lives with depression and anxiety, Psychiatric Survivors of Ottawa's Christine Chesser says "for people who really haven't experienced depression before and it's happening during a pandemic, I can imagine that looks very, very different for them."

4

# the 4th wave is here

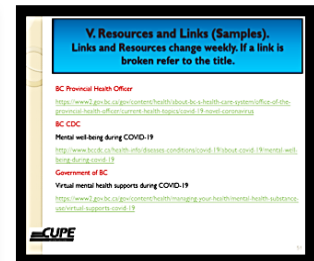
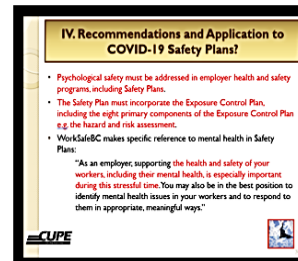
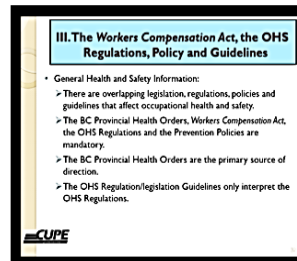
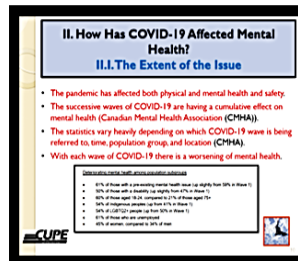
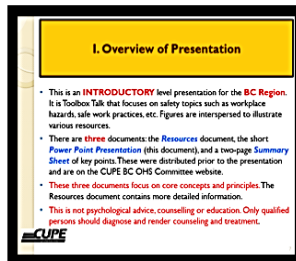
As per the March 16, 2021 Global News (BC) there has been a five fold increase in the number of people seeking assistance for mental health issues related to COVID-19. This was prior to the 3<sup>rd</sup> wave of COVID-19.

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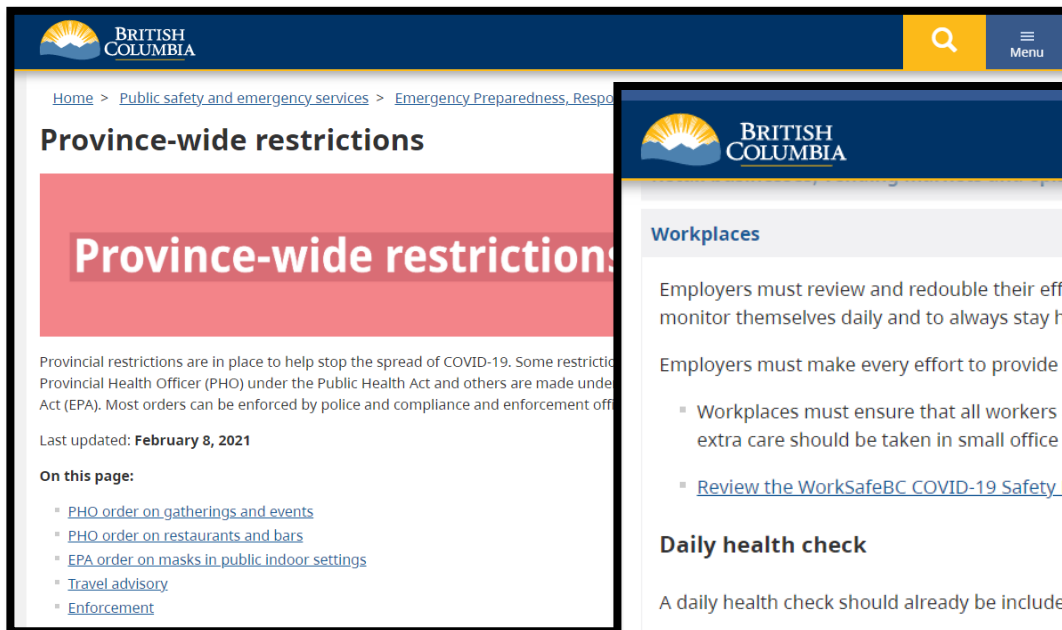
# Table of Contents. Contd.

- III. The *Workers Compensation Act* (“Act”), the OHS Regulations, Policy and Guidelines.
- IV. Recommendations and Application to COVID-19 Safety Plans.
- V. Additional Resources and Links (Screenshots, Videos).



# Table of Contents. Contd.

- ❑ Important slides are indicated by 
- ❑ Important information is in red.
- ❑ There are multiple WorkSafeBC system reviews occurring. Significant changes may occur in the next two years. Always refer to the online materials at WorkSafeBC.



The screenshot shows the British Columbia government website. The header includes the BC logo and navigation links. The main content area is titled 'Province-wide restrictions' and features a large red banner with the same text. Below the banner, there is a paragraph explaining provincial restrictions and a list of links under the heading 'On this page:'.

Home > [Public safety and emergency services](#) > [Emergency Preparedness, Response and Recovery](#)

## Province-wide restrictions

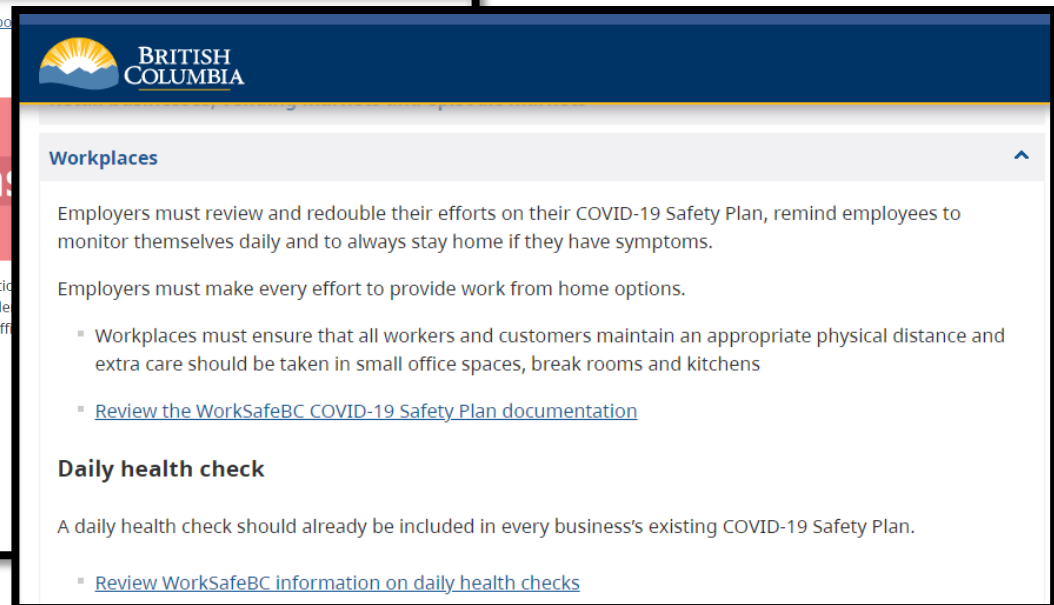
Province-wide restrictions

Provincial restrictions are in place to help stop the spread of COVID-19. Some restrictions are made under the Provincial Health Officer (PHO) under the Public Health Act and others are made under the Environmental Protection Act (EPA). Most orders can be enforced by police and compliance and enforcement officers.

Last updated: **February 8, 2021**

**On this page:**

- [PHO order on gatherings and events](#)
- [PHO order on restaurants and bars](#)
- [EPA order on masks in public indoor settings](#)
- [Travel advisory](#)
- [Enforcement](#)



The screenshot shows the 'Workplaces' section of the British Columbia government website. It includes a heading 'Workplaces' and two main paragraphs of text. The first paragraph discusses COVID-19 Safety Plans, and the second discusses work from home options. There are two bulleted lists of links related to these topics.

## Workplaces

Employers must review and redouble their efforts on their COVID-19 Safety Plan, remind employees to monitor themselves daily and to always stay home if they have symptoms.

Employers must make every effort to provide work from home options.

- Workplaces must ensure that all workers and customers maintain an appropriate physical distance and extra care should be taken in small office spaces, break rooms and kitchens
- [Review the WorkSafeBC COVID-19 Safety Plan documentation](#)

### Daily health check

A daily health check should already be included in every business's existing COVID-19 Safety Plan.

- [Review WorkSafeBC information on daily health checks](#)

NEWS

MAR 23, 2021

## CUPE mental health workers – the pandemic's hidden front line

*Vital outreach workers must deal with triple threat of COVID, opioid and housing crises*

BURNABY—Since the COVID-19 pandemic was declared last year, the efforts of B.C.'s front-line workers have been widely and rightfully celebrated. Whether it's fighting the coronavirus directly and saving lives or risking their own physical or mental health to keep vital public services running, these workers—including CUPE members from multiple sectors—have been outstanding and inspirational in their selfless dedication and commitment to helping others.



Among these front-line employees are CUPE members who work in Vancouver's Downtown Eastside (DTES) and other urban pockets of the province where poverty and substance use intersect. From ambulance paramedics and social workers to nutritionists and housing coordinators, these members' tireless commitment and sacrifices have literally saved countless lives while improving quality of life for many. But when it comes to the combined impacts of the housing crisis, opioid crisis and COVID-19 on society's most vulnerable citizens, perhaps no other category of worker knows the pain and suffering these overlapping challenges have caused more than mental health workers.

Written by [Dan Gawthrop](#)  
([@dgawthcupe](#))

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### Recent News

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



# 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. Figures are interspersed to illustrate various resources.
- There are **three** documents: the **Resources** document (this document), the short **Power Point Presentation** 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 by the facilitator will be one third of webinar. Participants will have the remainder to ask questions, clarify how the materials can be used, etc.
- Information changes daily – Rely upon the most current information by the BC Provincial Health Officer, the BC CDC, the health authorities and WorkSafeBC.

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 depression, this almost doubled from about one in 10 before the pandemic, according to 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.



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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



Source: Statistics Canada

Global  
NEWS

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



-A 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.



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## 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.*



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

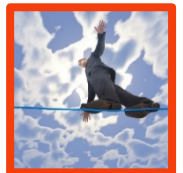
### II.I. The Extent of the Issue.

- 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.

CMHA.  
See Resources  
and Links of the  
Resources  
document.

#### 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.

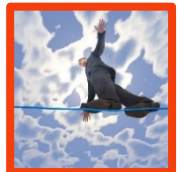
- 50% of Canadian's mental health has worsened during the pandemic (Morneau Shepell).
- There has been a 14% decline since 2018 in the proportion of the population who rated their mental health was very good or excellent (Statistics Canada).
- 38% of Canadians have reported that their mental health has 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

### 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.

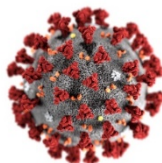
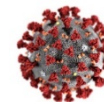
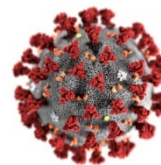
## Those reporting poor mental are up to 4 times more likely to report increased substance use since the pandemic began

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?

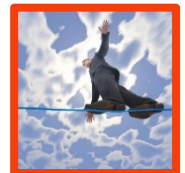
### II.I. The Extent of the Issue. Contd.

- 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.

More than 42% of people surveyed by the US Census Bureau in December reported symptoms of anxiety or depression in December, an increase from 11% the previous year. Data from other surveys suggest that the picture is similar worldwide (see 'COVID's mental stress'). "I don't think this is going to go back to baseline anytime soon," says clinical psychologist Luana Marques, at Harvard Medical School in Boston, Massachusetts, who is monitoring the mental-health impacts of the crisis in US populations and elsewhere.

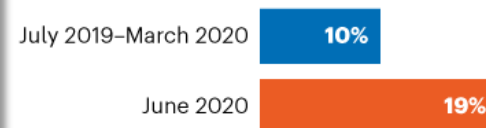
**There has been nearly a 300% increase in reports of anxiety and depression symptoms in the US .**

#### COVID'S MENTAL STRESS

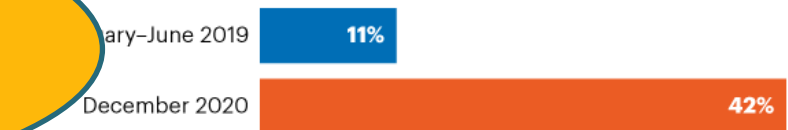
The percentage of people experiencing symptoms of depression and anxiety has surged amid the COVID-19 pandemic, data from nationally representative surveys show.

■ 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

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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.

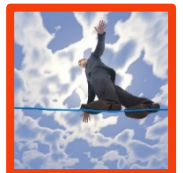
Suicidal ideation was also flagged through these polls. Six per cent of respondents said they thought of suicide, but alarmingly, that rate more than doubled to 14 per cent for LGBTQ+ people and those who are low-income.

**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.**

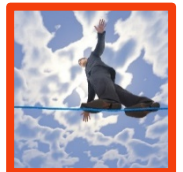
- These may or may not meet the DSM-5 diagnostic criteria (Diagnostic and Statistical Manual of Mental Disorders, American Psychiatric Association <https://www.psychiatry.org/psychiatrists/practice/dsm>).
- These will vary depending on population group and numerous other variables e.g. the wave of the 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



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

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

- Restrictions such as quarantines and resulting social isolation
- 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

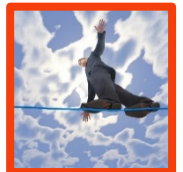
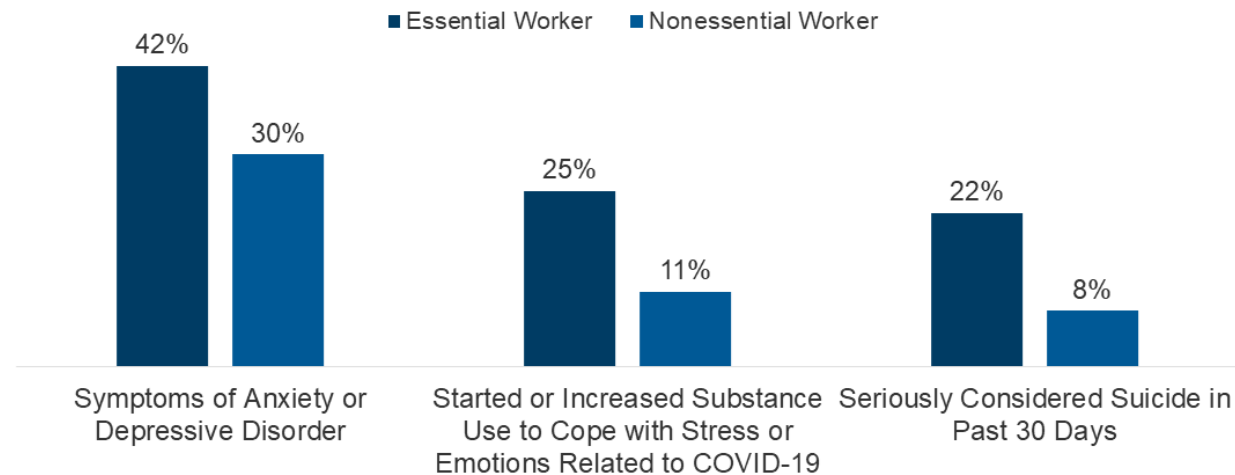


Figure 8

## 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 RI, 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.**

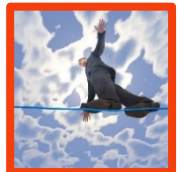
- Persons from the following groups are at higher risk of the impact on mental health from COVID-19 and report a change in mental health:
  - Indigenous persons
  - Younger women
  - Women in general
  - Younger persons in general (e.g. age 15 to 25)
  - Visible minority groups
  - Persons from the LGBTQ2+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



# Addressing the mental health effects of COVID-19 in the workplace

## A guide for workers

It's normal to feel worried, distressed, or overwhelmed as we all process the impact of the COVID-19 pandemic. It takes time to adjust and find ways to cope with all the changes happening around us. The outbreak of COVID-19 affects most people at both work and home, which can take a toll on our mental health. As humans, we're naturally built to experience an array of emotions in times of uncertainty. Some common reactions include feeling helpless, sad, stressed, lonely, or afraid for your health or the health of loved ones.

If you're a front-line worker in health care, food services, transportation services, or other essential services, you may face unique challenges so take extra care to balance the demands of work with the health and well-being of you and your families.

This guide suggests healthy ways to manage stress and anxiety so you can better take care of yourself, support others, and maintain productivity at work. Note that this resource focuses primarily on your mental health. For information about protecting your physical health and safety at work and accessing WorkSafeBC services during this time, visit [worksafebc.com](https://www.worksafebc.com).

### Fight fears with facts

The first line of defence against fear and anxiety is knowledge. Given the amount of misinformation that exists on the web about COVID-19, you can reduce stress by educating yourself on the facts. Trusted sources you can refer to include HealthLinkBC, the BC Centre for Disease Control,

the Public Health Agency of Canada, and the World Health Organization.

As many people's work environments are changing due to COVID-19, it's more important than ever for workers and employers to cooperate on making sure the workplace is healthy and safe. Whether you're in your regular workplace or you're working from home, you and your employer have responsibilities to ensure your health and safety, including your mental health. For more information about your rights and responsibilities, see [WorkSafeBC's COVID-19 updates page](#) or talk to your manager or supervisor.

Finances can also be a huge source of stress for people in this ever-changing employment landscape. Having reliable information about what government assistance is available may not entirely eliminate financial concerns, but it can help you feel less anxious about how you'll make things work. Both the [Government of B.C.](#) and the [Government of Canada](#) provide benefits relating to a range of services, including employment, finance, and housing. These benefits continue to be updated, so be sure to check their websites regularly for the latest information.

### Take care of your mental health

Self-care strategies can help you regain a sense of control during times of stress. This allows you to function better at home and at work. Here are some ideas:

- Set limits on accessing the news, and try to focus on information from reliable sources that is relevant to you and your situation right now.

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See Resources  
and Links of the  
Resources  
document.

Spending too much time reading about what's going on in other parts of the world can skew your perspective and make you feel even more anxious.

- Maintain a routine: set a schedule that can provide you with structure and keep you on track in your day-to-day. Getting dressed, eating breakfast, having regular work hours with scheduled breaks, and having time for exercise and self-care can all help in managing work-life balance and stress.

- If you have a pre-existing health condition, times of stress can make symptoms worse. Monitor your health and address any additional symptoms appropriately.

- Take care of your physical health: exercise regularly and eat a balanced diet, and try to avoid sleeping too much or too little.

- Practise stress-reduction techniques, such as yoga, mindfulness practices, and deep breathing.

- Use healthy coping strategies, including being mindful of sleep routines, exercise, eating a healthy diet, and maintaining social contact can help you avoid falling into problematic patterns, such as turning to alcohol, cannabis, gambling, or other unhealthy ways of coping with stress.

- Pay attention to your moods and how you're feeling. Recognize these can change frequently and that is normal.

- Set boundaries to maintain healthy relationships. If you're working at home with a full house, try to find a quiet and private space. Make sure you get what you need, so that you can be your best for the people who depend on you.

- Reach out by phone or online to other informal supports in your life, such as family, friends, your faith community, or other groups you're a part of.

- Look for opportunities to help others, especially those who are vulnerable or may have to stay

home. Finding meaningful ways to be of service to others or contributing to the community can be beneficial for you and everyone involved.

During this time, it can also help to reflect on the ways you've dealt with and overcome hardships in the past. Remember, you're not alone and help is available if you need it (see the list of resources at the end of this guide).

### Staying connected in the workplace

Whether you're in your usual workplace or at home, staying connected with your co-workers and your employer during this time can reduce anxiety and feelings of isolation. Think of creative ways you can reach out to co-workers while continuing to practise physical distancing. Also, touch base with your manager or supervisor regularly so that you're up to date on organizational changes and how they may affect your work duties or expectations.

### Supporting your co-workers

Notice a co-worker is feeling overwhelmed and you want to support them? It can be hard to know how to talk about what's going on. Below are some simple conversation starters you can use whether you're talking to co-workers in person at your workplace or remotely from home:

- How are you doing today?
- I know there is a lot changing around us, how are you managing?
- You seem a bit unsettled. Want to talk about what's happening?
- I've been feeling [share appropriate personal experience]. How are you feeling?
- What can I do to support you?

Not sure what to say? Be honest about that. We don't always have all the answers or know the "right" thing to say and that's okay. Here are some responses when you don't know what to say:

- It sounds like you're going through a lot. I'm not sure what to say, but I can listen.
- I haven't been through what you're experiencing, but I'm here to support you.
- I don't have the answers, but let's look for resources together.
- I can only imagine what that might be like. Tell me more so I can try to understand.

### Mental health resources

#### Workplace resources

Your organization may have resources and programs that you and your family can access. Talk to your supervisor or employer to see what's available. These may include:

- Employee and Family Assistance Program
- Organization peer support team
- Occupational health nurse
- Extended health benefits provider (for mental health benefits)

#### Community resources

There are many community and government resources that you may find helpful, including:

- **Managing COVID-19 Stress, Anxiety & Depression** — Tips and resources from B.C.'s Ministry of Mental Health and Addictions | [webpage](#)

- **BC COVID-19 Symptom Self-Assessment Tool** — Developed with the B.C. Ministry of Health, this tool helps determine whether you need further assessment or testing for COVID-19 | [covid19.thrive.health](#)

- **The Crisis Intervention and Suicide Prevention Centre of BC** — This crisis line provides 24/7 support if you or someone you know is having thoughts of suicide | [crisiscentre.bc.ca](#); 1.800.SUICIDE (1.800.784.2433)

- **310Mental Health Support** — Emotional support, information, and resources specific to mental health | [crisislines.bc.ca](#); 310.6789 (no need to dial area code)

- **Red Book Online** — Provides information and referrals to community, government, and social services in B.C. | [redbookonline.bc211.ca](#); 2-1-1

- **Mental health tips for working at home** | [Government of Canada](#)

#### Self-care resources

These online tools and resources can help support your positive mental health:

- **heretohelp** — Strategies to help you take care of your mental health and learn how to support a loved one | [heretohelp.bc.ca](#)
- **MindShift CBT app** — This free app, provided by Anxiety Canada, helps you learn ways to relax, be more mindful, develop more effective ways of thinking, and better manage anxiety. | [anxietycanada.com](#)

- **MoodFX** — This tool includes online and self-guided resources to help people manage anxiety and mood difficulties | [moodfx.ca](#)

- **Bounce Back Online** — Online learning modules and resources to help manage depression and anxiety | [online.bouncebackonline.ca](#)



# 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.

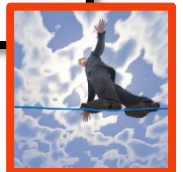
# III. The Workers Compensation Act, the OHS Regulations, Policy and Guidelines. Contd.

- 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.

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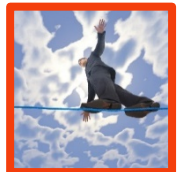
## Division 4 — General Duties of Employers, Workers and Others

- 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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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;

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Home > COVID-19 > Health and safety > COVID-19 FAQs

**COVID-19**

Health and safety

What employers should do

What workers should do

## COVID-19 FAQs

Below are answers to frequently asked questions from British Columbian workers and employers focusing on how to maintain a healthy and safe workplace during the COVID-19 outbreak. Questions and answers are grouped under various topic headings.

The information on this page is based on current recommendations and may change. For the latest guidance, please see the following websites:

**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.  
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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.

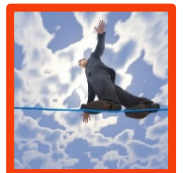
- [COVID-19 Psychological First Aid Service: Information and Signup](#)  (British Columbia Psychological Association) – Free virtual counselling provided by registered psychologists.
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- [Taking Care of Your Mental Health](#)  (COVID-19) (Public Health 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.



## 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 (see the screenshots in Section III above):

“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.”



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See Resources  
and Links of the  
Resources  
document.

## COVID-19 Safety Plan

**COVID-19 Safety Plan for: Company name and location**

Employers must develop a COVID-19 Safety Plan. To develop your plan, follow the six-step process described at [COVID-19 and returning to safe operations](#).

The planning tool will guide you through the six-step process. This may use this document, or another document that meets your needs, to document your COVID-19 Safety Plan.

Employers are not required to submit plans to WorkSafeBC for approval but, in accordance with the order of the Provincial Health Officer, the plan must be posted at the workplace, and on the website if there is one. This Safety Plan can also be completed from any mobile device using the [COVID-19 Safety Plan app](#).

**The risks at your workplace**

COVID-19 spreads in several ways. It can spread in droplets when a person coughs or sneezes, through contaminated surfaces, or through close physical proximity. The greater the risk, the more people you should consider the issue you come to other people, the more time you spend with them, and when many people contact the same surface and when those contacts are close together.

**Ways to reduce the risks**

To minimize the risks of transmission, look to the following for information:

- ☐ Provincial workers, supervisors, and the joint health and safety committee (or worker health representatives).
- ☐ Orders, guidelines, and notices issued by the provincial health officer and relevant to your industry.
- ☐ Your health and safety association or other professional and industry associations.

WorkSafeBC **Print**

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 about COVID-19 are also available, including a [guide](#) to reviewing and updating your safety plan in response to changing conditions or Provincial Health Officer orders.

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

Share via Email (Anonymously)



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## Mental health

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



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

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

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

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Workplace injury or disease > Critical incident response

## 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.

## 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.

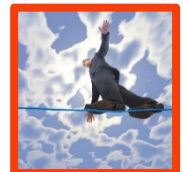
The role of the CIR provider is to offer critical incident intervention to employers and workers following a traumatic event in the workplace. Although exceptions may occur, the CIR provider is contracted to provide short-term support in the form of a critical incident intervention, which is separate 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.

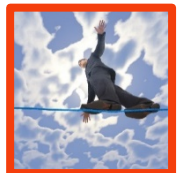
During an intervention, the CIR provider explains the intent of the intervention and provides education around why participants may be experiencing strong reactions. Interventions are led by trained, qualified professionals who can address any strong emotions —

Page 1 of 2 Critical Incident Response (CIR) Program WORKSAFE BC



## 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.





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## 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



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document.

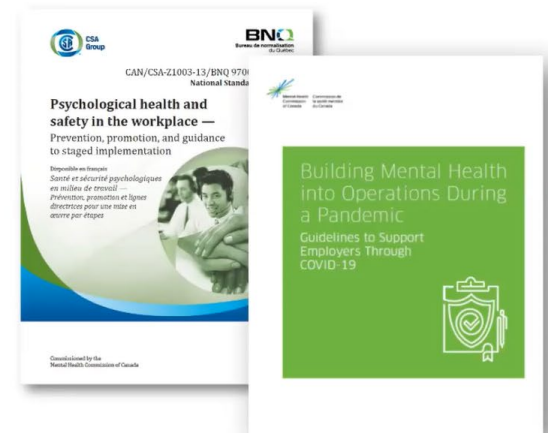
This is not a diagnostic tool. Refresh the page to clear.

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

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Resources  
document.

## Workplace Factors

Organizational culture	Psychological and social support	Clear leadership and expectations	Psychological demands
Growth and development	Recognition and reward	Workload management	Engagement
Balance	Civility and respect	Involvement and influence	Psychological protection
	Protection of physical safety	Other chronic stressors	



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.



CSA Group.  
See Resources  
and Links of the  
Resources  
document.



*"The uncertainty and unpredictability related to the COVID-19 pandemic may have significant psychological effects on workers."*

Managers and supervisors must be trained to recognize cognitive, emotional, and behavioural symptoms of distress and to support workers in seeking appropriate intervention. Research suggests that workers who feel supported and who have undergone training are likely to experience better psychological health outcomes [220]. Managers and supervisors should also practice self-care if they find themselves struggling or in need of support.

Thirteen psychosocial risk factors relating to the workplace have been identified, including organizational culture, psychological demands, workload management, clear leadership, and expectations [221]. Each play an important role within an organization and greatly affect various aspects of work, such as productivity, psychological health, and job performance [221]. The 13 psychosocial risk factors are described in CAN/CSA Z1003-13 (R18) *Psychological Health and Safety in the Workplace – Prevention, Promotion, and Guidance to Staged Implementation* (CSA Z1003), also known as the National Standard for Psychological Health and Safety in the Workplace. This is a voluntary Canadian standard that organizations can adopt in guiding the promotion of mental health and prevention of psychological harm at the workplace [222]. Complementary to this standard is the Mental Health Commission of Canada's "Psychological Health & Safety: An Action Guide for Employers" [223].

Resources from mental health and psychological associations such as the Canadian Mental Health

Association, Canadian Psychiatric Association, Canadian Counselling and Psychotherapy Association, Mental Health Crisis Line, and the Mental Health Commission of Canada are also available and can be accessed online [224]. For some workers, Employee Assistance Programs (EAPs) may be available. EAPs include training and provide resources and guidance on psychological health and resiliency at all stages of the pandemic [225], [226]. Employees should be made aware of the available resources.

#### 5.3.3.8 Worker Accommodations during COVID-19 Pandemic

Employers must also equitably address new COVID-19 related accommodation requests. The need for accommodation may arise for several reasons, including being a member of a high-risk COVID-19 group, workers with caregiving responsibilities, and those facing mandatory quarantine or isolation periods. It is also possible that changes to work tasks and the workplace may lead to additional accommodation needs for workers.

Accommodation policies and procedures should be developed, updated periodically and based on objective criteria to avoid the impacts of unconscious bias. According to the OHRG, the employer's duty to accommodate to the point of undue hardship remains unchanged during COVID-19 pandemic. Experts suggest that employers should make it a habit to check in with employees, especially in the early stages

#### 5.3.3.7 Psychological Health

The uncertainty and unpredictability related to the COVID-19 pandemic may have significant psychological effects on workers. These effects may stem from the disease itself, the prospect of financial stress due to loss of employment, additional caregiving burdens, and interactions with the public and clients who are themselves anxious [216], [217]. Health care workers, the elderly, and those with compromised immune systems, as well as individuals with substance abuse issues and pre-existing mental health conditions, are thought to be more susceptible to psychological distress [216], [218], [219]. During COVID-19, younger Canadians, women, and those with children in the home have been more likely to report anxiety and feelings of depression, independent of work status or exposure to COVID-19 [59].

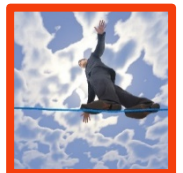


## IV. Recommendations and Application to COVID-19 Safety Plans? Contd.

- **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.



WorkSafeBC.  
See Resources  
and Links of the  
Resources  
document.



Additional resources and information about COVID-19 are also available, including a [guide](#) to reviewing and updating your safety plan in response to changing Officer orders.

WorkSafeBC.  
See Resources  
and Links of the  
Resources  
document.

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Home > COVID-19 > Health and safety > COVID-19 FAQs

**COVID-19**

Health and safety

What employers should do

What workers should do

## COVID-19 FAQs

Below are answers to frequently asked questions from British Columbian workers and employers focusing on how to maintain a healthy and safe workplace during the COVID-19 outbreak. Questions and answers are grouped under various topic headings.

The information on this page is based on current recommendations and may change. For the latest guidance, please see the following websites:

### 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

WorkSafeBC.  
See Resources  
and Links of the  
Resources  
document.

## 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.

### 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.

7 pages

## CUPE BC REGION COVID-19 RESOURCES

This is a list of resources for SARS-CoV-2 and COVID-19 (the pandemic) from the CUPE BC Region, CUPE National Health and Safety Branch and CUPE Ontario. The CUPE Health and Safety Representatives from across Canada regularly coordinate and jointly work on pandemic-related resources. This document also contains information for filing a WorkSafeBC claim for SARS-CoV-2 and COVID-19 (BC).

Pandemic-related resources are constantly changing and being updated as per the CUPE National Health and Safety Branch website. CUPE creates four pandemic-related resources per month, on average. Most of these are located on the CUPE National Health and Safety Branch website. These are in addition to resources from the CUPE sector specific social media pages and websites, BC Centre for Disease Control, the Office of the Provincial Health Officer (BC), WorkSafeBC, CSA Group, various health authorities, the Federal Government, OHCOV, and other resources.

The resources from the Office of the Provincial Health Officer (BC), BC Centre for Disease Control, health authorities and WorkSafeBC are usually directory, while CUPE resources are for guidance purposes. WorkSafeBC also has documents, forms and other materials for use.

For labour relations, Collective Agreement, human rights, and other health and safety matters please contact the CUPE National Representative.

The science and medical literature regarding the pandemic change, income protection and other resources for workers. Ensure the information and resources are being used (and for the correct jurisdiction).

Where links have changed or are broken, please refer to the CUPE National Health and Safety Branch website.

Tom McKenna, CUPE National Health and Safety Representative  
October 2020

34 pages

## CUPE BC REGION

### I. COVID-19 RESOURCES FOR CUPE NATIONAL REPRESENTATIVES

This is a list of resources for SARS-CoV-2 and COVID-19 for CUPE National Representatives in the BC Region. This document also contains information for filing a WorkSafeBC claim for SARS-CoV-2 and COVID-19 (BC). **This document is an internal document and not meant for distribution with the exception of Section II** (which is on the CUPE BC OHS Committee website).

Screenshots of various resources are included to show the appearance of websites.

Pandemic related resources are constantly changing and being updated as per the CUPE National Health and Safety Branch website. These are in addition to resources from the CUPE sector specific social media pages and websites, BC Centre for Disease Control, the Office of the Provincial Health Officer (BC), WorkSafeBC, CSA Group, various health authorities, the Federal Government, OHCOV, and other resources. Ensure the most current information and resources are being used (and for the correct jurisdiction).

The resources from the Office of the Provincial Health Officer, BC Centre for Disease Control, health authorities and WorkSafeBC are usually directory, while CUPE resources are for guidance purposes. WorkSafeBC also has documents, forms and other materials for use. **The Office of the Provincial Health Officer and the relevant health authorities should always be the primary source of information.**

Please search for the document link using the title.

For the other CUPE National Health and Safety Representatives, please contact the CUPE National Representative with this document, and, in particular, I would like to thank Paul Sylvestre.

Tom McKenna, CUPE National Health and Safety Representative  
November 2020

7 pages

## SARS-CoV-2 / COVID-19 Mental Health Resources and Links for CUPE Members - BC Region

January 2021

Tom McKenna, CUPE National Health and Safety Representative BC Region

The pandemic has caused a significant increase in mental health issues across Canada and for Indigenous persons, the LGBTQ2+ community, persons with disabilities, women, younger people, the unemployed, and persons with pre-existing mental health issues in particular. As per News 1130:<sup>1</sup>

**"While 40 per cent of the 3,027 Canadian adults surveyed said their mental health has declined since March, 21 per cent of Canadians said they are hopeful.**

However, the survey was executed in September, before major spikes in daily case counts, increased restrictions, and the recent spate of record-setting deaths in B.C.

**Increased feelings of despair and hopelessness were more pronounced in people who identified as Indigenous (54 per cent), LGBTQ2+ (54 per cent), disability (50 per cent) or women (45 per cent).**

**Those who are unemployed (61 per cent), have a pre-existing mental health issue (61 per cent), and younger people aged 18-24 (60 per cent), also experienced heightened anxiety and stress above the national average."**

(Emphasis added)

<sup>1</sup> Kelly, A. December 03, 2020. "Such despair they can't see past it": Pandemic-driven mental health crisis on the rise in Canada." City News. News 1130. Retrieved January 26, 2021 from <https://www.citynews1130.com/2020/12/03/covid-19-pandemic-mental-health-crisis-canada/>

## **V. Resources and Links (Samples).**

**Links and Resources change weekly. If a link is broken refer to the title.**

### **BC Provincial Health Officer**

<https://www2.gov.bc.ca/gov/content/health/about-bc-s-health-care-system/office-of-the-provincial-health-officer/current-health-topics/covid-19-novel-coronavirus>

### **BC CDC**

Mental well-being during COVID-19

<http://www.bccdc.ca/health-info/diseases-conditions/covid-19/about-covid-19/mental-well-being-during-covid-19>

### **Government of BC**

Virtual mental health supports during COVID-19

<https://www2.gov.bc.ca/gov/content/health/managing-your-health/mental-health-substance-use/virtual-supports-covid-19>



## V. Resources and Links. Contd.

### BC Federation of Labour

#### Mental Health First Aid

<https://www.healthandsafetybc.ca/course-calendar-old/course-descriptions/mental-health-first-aid/>

### BC Government COVID-19: WorkSafeBC Claims Frequently Asked Questions – Ministry of Labour

[https://www2.gov.bc.ca/assets/gov/employment-business-and-economic-development/employers/employers-advisers-office/01 - claims faqs docfinal.pdf](https://www2.gov.bc.ca/assets/gov/employment-business-and-economic-development/employers/employers-advisers-office/01_-_claims_faqs_docfinal.pdf)

### BC Psychological Association

<https://www.psychologists.bc.ca/covid-19-resources>

<https://cpa.ca/corona-virus/>

## V. Resources and Links. Contd.

Canadian Centre for Occupational Health and Safety (CCOHS)

<https://www.ccohs.ca/products/publications/covid19/>

CAMH

<https://www.camh.ca/-/media/files/pdfs---public-policy-submissions/covid-and-mh-policy-paper-pdf.pdf>

Canadian Mental Health Association

<https://cmha.bc.ca/covid-19/>

<https://cmha.ca/news/covid-19-and-mental-health>

<https://cmha.ca/wp-content/uploads/2020/12/CMHA-UBC-wave-2-Summary-of-Findings-FINAL-EN.pdf>

[https://ontario.cmha.ca/wp-content/uploads/2020/08/CMHA\\_ReturnToWorkplace-Toolkit\\_EN-Final.pdf](https://ontario.cmha.ca/wp-content/uploads/2020/08/CMHA_ReturnToWorkplace-Toolkit_EN-Final.pdf)

## V. Resources and Links. Contd.

### Canadian Mental Health Association contd.

Training and education (BC and National)

<https://cmha.bc.ca/programs-services/workplace-workshops/>

<https://cmha.ca/workplace/training>

<https://www.careforcaregivers.ca/>

<https://cmha.bc.ca/programs-services/bottom-line-conference/>

<https://cmha.bc.ca/types-programs-services/workplace/>

## V. Resources and Links. Contd.

### Canadian Mental Health Association

Return to the Workplace: A psychological toolkit for heading back to work; various resources

<https://cmha.ca/news/covid-19-and-mental-health>

[https://ontario.cmha.ca/wpcontent/uploads/2020/08/CMHA\\_ReturnToWorkplace-Toolkit\\_EN-Final.pdf](https://ontario.cmha.ca/wpcontent/uploads/2020/08/CMHA_ReturnToWorkplace-Toolkit_EN-Final.pdf)

### Canadian Union of Public Employees National Health and Safety Branch

COVID-19 Resources

<https://cupe.ca/covid-19-health-and-safety-practices-0>

Domestic Violence and the workplace

<https://cupe.ca/domestic-violence-and-workplace>

## V. Resources and Links. Contd.

Canadian Union of Public Employees National Health and Safety Branch contd.

Improving mental resiliency during COVID-19

<https://cupe.ca/improving-mental-resiliency-during-covid-19>

Joint Health and Safety Committee Resource Kit

<https://cupe.ca/health-and-safety-committee-resource-kit>

Health and Safety Learning Series

<https://cupe.ca/health-safety-learning-series>

Violence Prevention Kit

<https://cupe.ca/orders/violence-prevention-kit>

Various resources

<https://cupe.ca/mental-health>

## V. Resources and Links. Contd.

### CDC

Coping with Stress; How to Cope with Job Stress and Build Resilience During the COVID-19 Pandemic

<https://www.cdc.gov/coronavirus/2019-ncov/community/mental-health-non-healthcare.html>

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/mental-health-healthcare.html>

<http://www.bccdc.ca/health-info/diseases-conditions/covid-19/about-covid-19/mental-well-being-during-covid-19>

### CSA Group

COVID-19 Response Standards and Handbooks

<https://www.csagroup.org/news/covid-19-response-standards-handbooks/>



## V. Resources and Links. Contd.

### CSA Group contd.

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

<https://www.csagroup.org/article/canrsa-z1003-13-bnq-9700-803-2013-r2018/>

Psychological Standard Z1003-13 and the Implementation Handbook Z1003

<https://www.csagroup.org/article/canrsa-z1003-13-bnq-9700-803-2013-r2018/>

<https://www.csagroup.org/article/spe-z1003-implementation-handbook/>

Workplaces and COVID-19: Occupational Health and Safety Considerations for Reopening and Operating During the Pandemic

<https://www.csagroup.org/article/research/workplaces-and-covid-19-occupational-health-and-safety-considerations-for-reopening-and-operating-during-the-pandemic/>

## V. Resources and Links. Contd.

### CUPE BC

[https://www.cupe.bc.ca/cupe\\_mental\\_health\\_workers\\_the\\_pandemic\\_s\\_hidden\\_front\\_line](https://www.cupe.bc.ca/cupe_mental_health_workers_the_pandemic_s_hidden_front_line)

### First Nations Health Authority

Mental Health and Cultural Supports During COVID-19

<https://www.fnha.ca/Documents/FNHA-COVID-19-Mental-Health-and-Cultural-Supports.pdf>

### Government of Canada

Mental health and COVID-19 for public servants: Get help

<https://www.canada.ca/en/government/publicservice/covid-19/mental-healthhelp.html>

## V. Resources and Links. Contd.

### Institute for Work & Health

Mental - Health and the Workplace

<https://www.iwh.on.ca/topics/mental-health-in-the-workplace>

### Government of BC

Managing COVID-19 Stress, Anxiety and Depression

[https://www2.gov.bc.ca/assets/gov/health-safety/covid19\\_stressmanagement\\_5\\_accessible.pdf](https://www2.gov.bc.ca/assets/gov/health-safety/covid19_stressmanagement_5_accessible.pdf)

Virtual mental health supports during COVID-19

<https://www2.gov.bc.ca/gov/content/health/managing-your-health/mental-health-substance-use/virtual-supports-covid-19>

WorkSafeBC Claims Frequently Asked Questions – Ministry of Labour

[https://www2.gov.bc.ca/assets/gov/employment-business-and-economic-development/employers/employers-advisers-office/01\\_-\\_claims\\_faqs\\_docfinal.pdf](https://www2.gov.bc.ca/assets/gov/employment-business-and-economic-development/employers/employers-advisers-office/01_-_claims_faqs_docfinal.pdf)