

# PSYCHOLOGICAL HEALTH SELF-CHECK

Changes in mood, focus, behaviours or daily habits can be signs of stress or injury. Use the scale to reflect and check where you're at today.



<b>Mood &amp; Emotions</b>	I frequently and regularly experience positive thoughts and emotions. <input type="checkbox"/>	I experience fewer positive thoughts and emotions. <input type="checkbox"/>	I find it difficult to experience positive thoughts and emotions. <input type="checkbox"/>	I almost never experience positive thoughts and emotions. <input type="checkbox"/>
<b>Thinking &amp; Attitude</b>	My outlook is positive, and I cope well. <input type="checkbox"/>	My outlook is usually positive, but I sometimes struggle to focus and cope. <input type="checkbox"/>	My outlook is negative, and I frequently cannot concentrate or cope. <input type="checkbox"/>	My outlook is pessimistic, I cannot concentrate, struggle to cope and experience negative intrusive thoughts. <input type="checkbox"/>
<b>Performance &amp; Functioning</b>	My capacity to function is excellent. <input type="checkbox"/>	My capacity to function is good. <input type="checkbox"/>	My capacity to function is fair. <input type="checkbox"/>	My capacity to function is poor. <input type="checkbox"/>
<b>Physical Well-being</b>	My health is excellent. <input type="checkbox"/>	My health is good. <input type="checkbox"/>	My health is fair. <input type="checkbox"/>	My health is poor. <input type="checkbox"/>
<b>Substance Use &amp; Addictive Behaviours</b>	I have limited or no use/engagement with substances. <input type="checkbox"/>	I have regular, controlled use/engagement with substances. <input type="checkbox"/>	I am increasingly using substances, find it difficult to control and experience negative consequences. <input type="checkbox"/>	I frequently use/engage with substances. I am unable to control this use and have significant negative consequences. <input type="checkbox"/>
<b>Action to Take</b>	> Use simple coping tools: walk, talk to friends, music > Limit news and media		★ Time to get professional help	★ Get help now ★ Call a crisis line

Worksite: \_\_\_\_\_ Unit: \_\_\_\_\_

Give this resource to your steward, worksite joint occupational health and safety committee rep, regional mental health or OHS rep.

# IDENTIFYING CONTRIBUTING FACTORS TO PSYCHOLOGICAL INJURIES

Have you experienced or witnessed a critical incident or traumatic workplace event? ☐

Check the factors below that apply:

PHYSICAL ENVIRONMENT	WORKFLOW AND TASKS	PEOPLE AND INTERACTIONS
<input type="checkbox"/> No secure space to go to if patient/public is violent. <input type="checkbox"/> Isolated when working, no way for co-worker to come help. <input type="checkbox"/> Lack safety equipment such as personal alarm pendants or mechanical lifts. <input type="checkbox"/> Indoor air quality is compromised by smoke, unregulated substances, or pollutants. <input type="checkbox"/> Limited or poor controls to protect against exposures to hazardous substances/disease. <input type="checkbox"/> Hallway beds or other equipment impedes ability to move between patients. <input type="checkbox"/> High noise levels/overstimulation. <input type="checkbox"/> The public and patients can freely access staff areas. <input type="checkbox"/> Patients have weapons while receiving care. <input type="checkbox"/> Other: _____	<input type="checkbox"/> Insufficient nurse-to-patient ratio. <input type="checkbox"/> Short-staffed, unable to follow safe work procedures (e.g., 2-person transfer or 2-person for care). <input type="checkbox"/> High pace of work demands. <input type="checkbox"/> No cover to take breaks or lunch. <input type="checkbox"/> Required to work overtime (risk of fatigue). <input type="checkbox"/> Lack of appropriate resources to provide care. <input type="checkbox"/> Care/environment leads to patient safety risks. <input type="checkbox"/> No control in decision making/not safe to speak up. <input type="checkbox"/> Moral distress. <input type="checkbox"/> Inadequate training to complete tasks safely (e.g. how to don PPE). <input type="checkbox"/> Inadequate education on workplace hazards and controls. <input type="checkbox"/> Lack of leadership direction and/or support. <input type="checkbox"/> Critical incident supports not offered or insufficient. <input type="checkbox"/> Other: _____	<input type="checkbox"/> Verbal violence and threats from patients and the public. <input type="checkbox"/> Physical violence from patients and public. <input type="checkbox"/> Worker: worker harassment/bullying. <input type="checkbox"/> Manager: worker harassment/bullying. <input type="checkbox"/> Experiencing discrimination. <input type="checkbox"/> Experiencing negative consequences after reporting or raising issue with supervisor/leader. <input type="checkbox"/> Sexual harassment or assault. <input type="checkbox"/> Lack of communication to complete tasks. <input type="checkbox"/> Lack of communication to support change. <input type="checkbox"/> Lack of communication from leadership/organization. <input type="checkbox"/> Interpersonal conflicts on team. <input type="checkbox"/> Other: _____