

EXAMPLE ONLY — All expressions of interest must be submitted via the online application form.

## *Expression of Interest Application Form*

# Workplace Mental Health in LTC for Early Adopters: Leadership Training and Support Program

*Deadline to submit Expressions of Interest: **May 31, 2021***

### Who Should Fill Out This Form?

The Expression of Interest Application Form should be completed by the individual who will be your organization's **lead participant** in the Workplace Mental Health in LTC for Early Adopters: Leadership Training and Support Program.

**NOTE:** Only **one application** should be submitted per LTC home or LTC management organization. Separate applications will be accepted from **both** an LTC home and its management organization, and/or separate LTC homes within the same organization.

*For more information, see the “Eligibility” and “Requirements” sections of the Call for Expressions of Interest.*

### Confidentiality Notice

**We respect your privacy.** Your responses are confidential and will not be shared with anyone outside the Ontario CLRI project team. The information you provide will be used only for the purpose of selecting participants to join the early adopters program. Anonymous, aggregated application data will also be used to inform our project evaluation, in order to improve future program delivery.

## APPLICANT CONTACT DETAILS

First name:

Last name:

Email:

Phone:

Job title:

LinkedIn profile (if applicable):

## APPLICANT EXPRESSION OF INTEREST

Briefly explain why you want to participate in the Workplace Mental Health in LTC for Early Adopters program and what you hope to learn (max 250 words):

How familiar are you with the National Standard of Canada for Psychological Health and Safety in the Workplace?

- I've never heard of it until now
- I'm aware but don't know much
- I know a few things
- I know a lot
- I'm an expert

Briefly describe your organizational role, including any functions that relate to supporting workplace psychological health and safety (max 250 words):

Have you previously completed any of the following certificate courses (check all that apply)?

- I have not completed any of these courses
- Certificate in Psychologically Safe Leadership (University of New Brunswick)
- Certified Psychological Health and Safety Advisor Training (CMHA)
- Master Certificate Program in the Management of Workplace Mental Health and Psychological Safety (Excellence Canada)
- Mindful Leader (Mindful Employer Canada)
- Psychological Health and Safety (University of Fredericton)
- Psychological Health and Safety Certificate (York University)
- Workplace Mental Health Leadership Certificate (Queen's/Morneau Shepell)
- Other:

## ABOUT YOUR ORGANIZATION

Organization type:

- Long-term care home
- Long-term care management organization
- Other:

Organization name:

Organization postal code:

Briefly describe your LTC resident population (e.g., number of residents, language, culture, geographical region served, etc.) (max 250 words):

Is your organization accredited (or currently undergoing accreditation review) by one of the following?

- Accreditation Canada
- CARF
- No, our organization is not accredited
- Not applicable

Do any of the following unions currently represent employees in your organization (check all that apply)?

- CLAC
- CUPE
- ONA
- OPSEU
- SEIU
- Unifor
- Other:
- Our organization is not unionized

Does your organization have a formal strategy to promote and protect employee mental health?

- No, we do not have a formal mental health strategy
- We are in the process of developing our mental health strategy
- Yes, we recently launched our mental health strategy
- Yes, we have a mental health strategy, but we have struggled to make progress
- Yes, we have been actively implementing our mental health strategy for awhile
- Yes, we have a long-standing, fully implemented mental health strategy
- Not sure

If Yes, briefly describe how your organization evaluates the effectiveness of your workplace mental health strategy (max 250 words)?

Does your organization have any of the following policies or practices in place (check all that apply)?

- Joint health and safety committee
- Psychological health and safety committee

- Employee assistance program (EAP or EFAP)
- Employee wellness program
- Equity, diversity and inclusion policy
- Mental health accommodation policy
- Mental health awareness/anti-stigma training program
- Peer support program
- Return to work policy
- Suicide prevention policy
- Violence prevention policy
- None of the above

Briefly describe any significant one-time or ongoing activities your organization has undertaken in the past 2-3 years to promote employee well-being and/or workplace psychological health and safety (max 250 words):

Briefly describe any successes, challenges, and/or lessons learned from the activities described above (max 250 words):

Has your organization accessed any mental health-related training and/or consulting services provided by the Public Services Health and Safety Association (PSHSA) in the past 2-3 years?

- Yes
- No
- Not sure

If Yes, please describe:

Has your organization ever conducted a psychological health and safety assessment using one or more of the following tools (check all that apply)?

- No assessments conducted
- Not sure
- Caring for Healthcare Workers: Organizational Review for Healthcare (MHCC)
- Caring for Healthcare Workers: Psychosocial Survey for Healthcare (MHCC)
- Guarding Minds at Work (CCOHS/WSMH)
- Psychological Health and Safety Program Checklist (PSHSA)
- Psychologically Safe Leader Assessment (WSMH)
- StressAssess (OCHOW)
- Other (please describe):

Please describe any anticipated challenges in the next 6 to 12 months that might interfere with you or your organization's ability to participate in the Workplace Mental Health in LTC program (e.g., merger, relocation, large program implementation, parental leave, vacation, etc.):

## COURSE SCHEDULE

The following dates and times have been scheduled for the instructor-led portion of the Psychological Health and Safety Certificate course. Please confirm your availability.

### Summer 2021

Dates: July 19, 20, 21, 22 and August 16, 17, 18, 19

Time: mornings, 9:30 am-12:30 pm ET

### Fall 2021

Dates: September 20, 21, 22, 23 and October 18, 19, 20, 21

Time: mornings, 9:30 am-12:30 pm ET

Are you available for the SUMMER 2021 course?

- Yes
- No
- Maybe (I may need to reschedule other activities)

Are you available for the FALL 2021 course?

- Yes
- No
- Maybe (I may need to reschedule other activities)

## PROGRAM REQUIREMENTS

Upon acceptance into this program, a **letter of support** from senior leadership must be submitted by June 21, 2021. See the Call for Expressions of Interest for more information.

Successful applicants are expected to **actively participate** in all elements of the Workplace Mental Health in LTC Early Adopter program:

- Attend the orientation session (2 hours);
- Complete the Psychological Health and Safety Certificate course (42 hours);
- Participate in a community of practice with other program participants;
- Facilitate an organizational self-assessment to identify existing resources, risk factors and opportunities for growth;
- Engage leaders and team members in your LTC home to conduct planning activities;
- Serve as a liaison with the Ontario CLRI; and
- Participate in evaluation activities to assess and improve the Ontario CLRI program.

The Psychological Health and Safety Certificate is an online course. To ensure a high-quality learning experience, you will need the following to participate:

- Desktop or laptop computer with a camera, microphone and speaker;
- Access to a phone to ensure the audio experience is consistent;
- Access to high-speed Internet; and
- A quiet and private space for the learning sessions.

The certificate of completion will not be issued if the following requirements are not met:

- Attendance at all scheduled sessions;
- Completion of all on-demand learning; and
- Participation in the Action Learning Project.

Do you anticipate any barriers or challenges to meeting the requirements listed above?

- Yes
- No
- Unsure

If Yes or Unsure, please explain:

Do you require any accommodations to fully participate in this program? If Yes, please describe:

### **Comments or Questions?**

Do you have any final comments or questions about the Workplace Mental Health in LTC for Early Adopters program or the Call for Expressions of Interest?

### **Thank You**

Thank you for submitting your Expression of Interest to participate in the Workplace Mental Health in LTC for Early Adopters program.

You will be notified about the status of your application in mid-June 2021.

For more information, please contact:

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