

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

Expression of Interest Application Form

Workplace Mental Health in LTC:

Training and Support Program for Implementation Teams

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 program. Names and contact information for **two additional implementation team members** from your LTC home will also be requested below.

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 [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 Workplace Mental Health in LTC program. Anonymous, aggregated application data will also be used to inform our project evaluation, in order to improve future program delivery.

LEAD PARTICIPANT CONTACT INFORMATION

This application form should be submitted by the lead participant (a member of your implementation team who will be the primary point of contact for your organization).

Implementation Team Member #1 (Lead Participant)

First name:

Last name:

Job title:

Email:

Phone:

ADDITIONAL IMPLEMENTATION TEAM MEMBERS

Applicants are invited to enroll up to two additional implementation team members to participate in core training and coaching activities. Implementation teams will be responsible for learning about the National Standard, conducting an organizational assessment, engaging others in the planning process, and developing an action plan for your LTC home.

Implementation Team Member #2

First name:

Last name:

Job title:

Email:

Phone:

Implementation Team Member #3

First name:

Last name:

Job title:

Email:

Phone:

APPLICANT EXPRESSION OF INTEREST

Briefly explain why you want to participate in the Workplace Mental Health in LTC 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
- Other:

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 (MHCC)
- Guarding Minds at Work (CCOHS)
- Psychologically Safe Leader Assessment (WSMH)
- StressAssess (OCHOW)
- Other (please describe):

Does your organization conduct employee engagement surveys?

- Yes
- No
- Not sure

If Yes, please describe (e.g., name of survey tool and/or provider, how often, how results are used, etc.):

Please describe any anticipated challenges in the next 6 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.):

PROGRAM REQUIREMENTS

Letter of Support

Upon acceptance into this program, a letter of support from senior leadership must be submitted to confirm your participation. See the [Call for Expressions of Interest](#) for more information.

Technical Requirements

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.

Active Participation

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

- Attend the orientation session
- Complete all training courses
- Participate in group coaching check-ins with other program participants
- Engage other leaders and team members in your LTC home to participate in program activities
- Complete workplan assignments, and
- Participate in program evaluation activities, including feedback surveys, an organizational readiness assessment, and a final interview.

Program Schedule

See the [Call for Expressions of Interest](#) for program dates and details.

Estimated time commitment (for implementation teams): 40 hours of scheduled courses and coaching sessions, plus reading and workplan activities. The time commitment for other managers and staff will vary, depending on their level of participation.

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

- No
- Yes
- Unsure

If Yes or Unsure, please explain:

Do you or your team members 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 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 program.

For more information, please contact:

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