

Psyco-Social Risks at APC

On behalf of the working group:

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Biennale APC 2026



- 1. Information about RPS**
 - 1. Feedback from the quiz**
- 2. The “rules”:**
 - 1. what is the legal framework around RPS?**
 - 2. What are (theoretical) implementation in CNRS**
- 3. Bilan of previous CDL/working group**
 - 1. The CNRS Questionnaire - evaluation of RPS in the lab**
 - 2. List of actions proposed in the lab and follow up**
- 4. RPS at APC**
 - 1. État de lieu**
 - 2. Suggestions for actions**

01

SECTION

General Knowledge

What we know, what we should know, what CNRS wants to know.

Psyco-Social Risk – the quiz

- **Goal: evaluate knowledge about RPS in the lab**
- What they are
- How can we identify them
- What resources we have for prevention
- What can we do if we have or see an issue
- How we can contribute to improve the situation in the lab
- **> 60 people answered – thanks for participating!**
 - We were told it was hard, sorry for that!
 - But we'll explain things in this presentation :)

Psyco-Social Risk – what's that

1. **DEFINITION** : PSR are risks generated by working conditions, organisation and professional relationships
 1. They are not generated by individual fragility
 2. **63/64 got it right!**
2. **FACTOR** : There are 6 officially recognized risk factors – Gollac report (more on this later)
 1. Breakdowns, isolated accidents, weather or salary don't constitute a risk factor.
 2. **Most people got a part of the answers, 3/64 got all, less than half chose wrong answers → not bad!**
3. **RPS SITUATIONS** :
4. - not an activity in itself (thesis writing, software deployment) that can generate RPS
5. - but the CONTEXT/WAY in which it is done: lack of supervision, insufficient training, isolation, pressure without support
6. - a situation can be catalogued into one of the types of factors.
 1. A well-supervised thesis or properly deployed software are not RPS.
 2. A situation is a particular case of a factor.
 3. **Again many people got several answers right (no one all got them all)**

Psyco-Social Risk – what's that

4. **STRESS** : medically, stress is always an alarm signal from the body. It may seem motivating occasionally, but there is no such thing as beneficial long-term stress.
 1. “Good stress” is a myth
 2. **15% answers considered good stress is good...**
5. **AUTONOMY** : (in the PSR sense) employee's capacity to participate in decisions that concern them and to use their skills.
6. It is neither the absence of guidance nor remote working.
7. **This seemed to be clear**
8. **CONFLICT OF VALUES**: when one must act in contradiction with their principles or their conception of quality work. **This seemed to be clear**
9. **SPECIFIC SITUATIONS**: **RPS situation vs RPS generating??**
 1. Eating alone by choice and an isolated accident are not PSR. Faulty equipment is not a PSR if it is being dealt with.

Psyco-Social Risk – what's that

8. **SYMPTOMS THAT INDICATE AN RPS SITUATION** : there is a list of symptoms related to suffering from RPS. MSD, cardiac disorders, concentration difficulties, demotivation, unusual aggressiveness, absenteeism, difficulty switching off, addictions, medication use, withdrawal, chronic stress, burnout.
9. Talking about one's research, grumbling, eating alone or skipping a social activity are not PSR signals in themselves.

PSR vs QVCT vs Well-Being

QVCT = qualité de vie et conditions de travail (QVT until March 2022)
quality of life and working conditions — see *Labour Code*

Well-being (positive psychology) = scope larger than physical and mental health

Extend the approach of PSR prevention by targeting additional social imperatives, among which:

- Gender equality
- Consideration of the life outside work
- Inclusion of people with disabilities
- Principles of non-discrimination, diversity

PSR prevention, QVCT, and well-being are established on social dialogue, inclusion, and involvement of everyone in the laboratory.

QVCT should help protect from PSR and PSR prevention improves QVCT

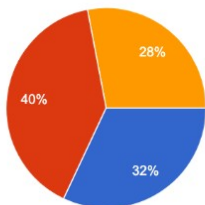
QVCT **supplements** PSR prevention, no risk evaluation or legal consequences



Some cases

Is Mary experiencing illegal retaliation?

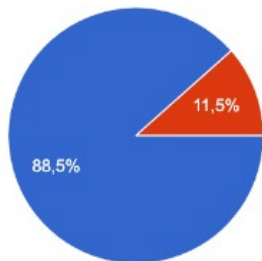
25 réponses



- Oui, son encadrant lui avait dit qu'elle irait à la conférence jusqu'à ce qu'elle contacte le référent thèse pour se plaindre de sa charge de travail/ Yes,...
- Peut-être, mais seulement si Mary avait clairement exprimé qu'elle souhaitait aller à la conférence/Maybe, but only if Mery had clearly stated she wanted to...
- Non, l'encadrant avait des raisons d'envoyer le postdoctorant à la place de Mary, mais il ne s'y est pas pris correc...

Could Nina's comment be a warning sign?

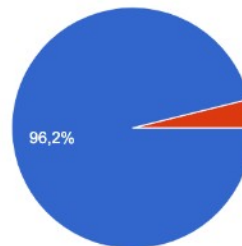
26 réponses



- Oui, le commentaire de Nina est maladroit et manque de sensibili Nina's comment is insensitive
- Seulement si Anne se sent bless contrariée par cette remarque./ (Anne gets upset by it
- Non. Nina a simplement posé ur question/ No. Nina just asked a question.

Is the group, and Rob, showing signs of discrimination?

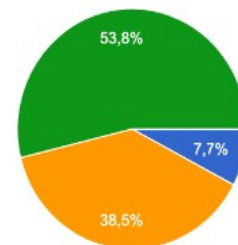
26 réponses



- Oui, c'est un signal d'alerte de discrimination fondée sur la grossesse de Jessica/ Yes, it's a warning sign of discrimination based on Jessica's pre...
- Peut-être, cela dépend de l'interprétation que Jessica fait de sa réponse/ Maybe, depends on how Jessica interprets his response
- Non, ils ne montrent aucun signe d'alerte de discrimination, au contraire, ils prennent soin de la santé et de la c...

You witness the conversation – what do you do?

26 réponses

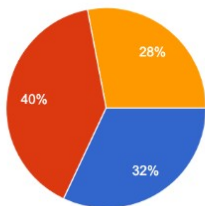


- Vous l'ignorez, pour ne pas risquer de plus blesser Pablo/You ignore not to offend him more
- Vous riez avec les collègues, Pablo parle toujours de perdre du poids/ You laugh with your colleague , Pablo is al...
- Vous mettez court à la blague devant Pablo en disant à vos collègues que c'...
- Vous vous taisez mais allez parler à vos collègues plus pour leur dire d'arrêter...

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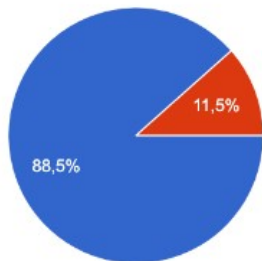
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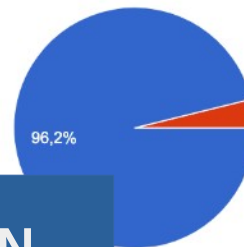


COMMUNICATION AND EMPATHY ARE KEY

- Seulement si Anne se sent bless contrariée par cette remarque./ (Anne gets upset by it
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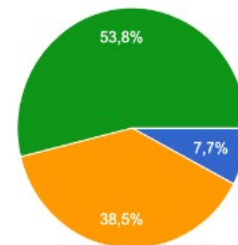
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Psyco-Social Risk – Who to talk to/contact

- **List of potential people to talk to**
 - **Discussed adding information in welcome booklet...**
 - **Idea to put this and other information in “Santé au Travail” to make it easier to find**

Actors of RPS prevention — Contact people

- Everyone
- Supervisors
- Assistant-e-s de prévention
Lydie Pavili-Baladine, Ronan Oger
- Occupational physician
Dr Viggiano (CNRS), SST (Paris Cité)
- Worker's representatives:
CNRS, Paris-Cité, syndicats
- Sauveteur secouriste du travail
- Assistante sociale
- Référents handicap
- **Directeur d'unité**
- CNRS: regional commission for professional and social development (CRDSPS)
- HR of the CNRS delegation
- Cellule médico-socio-professionnelle CNRS (CMSP): occupational physician, social worker, HR
- CNRS ombudsperson (Pascale Beyma)
Contact by third party, response within 48h
- Reporting units (“cellule signalement”) CNRS or University
- Association France Victimes
Dedicated phone number/email for CNRS employees

- [Official bulletin of the minister of higher education and research 2026](#)
- [General code for civil servants](#)
- [Website of the delegation \(DR01\) about prevention and safety](#)
- [Webpage of Université Paris Cité about prevention and safety](#)
- [Webpage of APC about workplace risks \(hygiene and safety\)](#)

Just a reminder that this is a specific – and quite present – type of RPS and that there are specific ways and actions for addressing it:

- **Contact diversité/parité CNRS in each lab**
- **Mandatory signaling method (in universities and CNRS)**
- **There is a CNRS network of parity/diversity contacts**
 - **They meet 3 times per year**
 - **Have a website with useful content: <https://ressources.parity-egalite.in2p3.fr/>**
 - **In particular, there's many options for formation to prevent VSS risk**
 - **Some are event free → potential to implement**
 - **Discussed in previous working groups: implement a mandatory short auto-formation for all newcomers**

02

SECTION

Legal Context

Courte description ou sous-titre de la section présentée

PSR laws and rules — Overview

- **Labour code: section about health and safety at work**
 - Duties of the employer and of the agents, general principles of prevention
 - Definition of sexual and psychological harassment, penal sanctions
 - Role of the occupational physician and of the workers' representatives

⇒ **Document Unique d'Evaluation des Risques Professionnels (DUERP)**

- List the risk factors at the workplace
- Should be updated each year, include results of risk evaluation
- Propose plans to reduce risks (deadlines + designated people)
- Should be accessible by all agents

PSR legal frame — CNRS and University

- **2013:** “Accord cadre” for civil servants
 - Integrate PSRs in the “document unique” (DUERP)
 - Set up an action plan: training, PSR referents, counselling unit
 - Define PSR indicators
- **2014:** Ministerial bulletins — Raising awareness + simplify reporting + remind the role of the workers’ representatives (F4SCT)
- **2015:** CNRS Action plan “Conditions de vie au travail et prévention des RPS”
 - PSR prevention training for all supervisors
 - Integrate PSRs in the DUERP
 - Develop tools: guides, units for reporting abuse and counselling victims
- **2020:** Decree for institutions of higher education and research (now in the civil servant general code)
Mandatory to set up procedures for reporting and inquests + counselling victims

Rules at the workplace

- Who is responsible of the health and safety of employees at work?
CNRS/University presidents and Laboratory directors (DU)
- PSR referents:
 - **Regional engineer for safety and prevention** (IRPS, delegation):
direct relationship with DU, in charge of implementing safety and prevention policies
 - **Assistants de prévention** (AP, laboratory): advice, assist with the implementation of prevention policies, raises awareness, makes assessments, contact person for reporting, advises agents
- DUERP prepared par l'AP and validated by the DU
- PSR evaluation: **in principle** overseen by the IRPS, an HR member (delegation), the occupational physician, and a workers' representative

Santé au travail – quelques points d'accès à l'APC

(à minima, pour vous orienter vers les bons interlocuteurs / interlocutrices)

Risques sécurité, hygiène ou accident travail

Assistant-e-s de prévention :

Lydie Pavili-Baladine, Ronan Oger
assistants_de_prevention@apc.in2p3.fr

UPCité : Service Accident du Travail et Maladie Professionnelle
atmp.drho@u-paris.fr

Numero d'urgence : 01 57 27 59 01

Burn out / Stress...

Médecine du travail :

CNRS : [Médecine de prévention](#)

UPCité : [Médecine de prévention](#)

Assistante sociale :

CNRS : Louisa Oberland louisia.oberland@cnrs.fr

UPCité : assistantessociales.drho@u-paris.fr

Harcèlement moral / Discriminations /VSS

Réferent.e.s APC :

CNRS : Matthieu Laporte, Giulia Vannoni

UPCité : Giulia Vannoni

Cellules de signalement :

CNRS : signalement@cnrs.fr

UPCité : signalement@u-paris.fr

Infos dans livret d'accueil
More info in the Welcome booklet

03

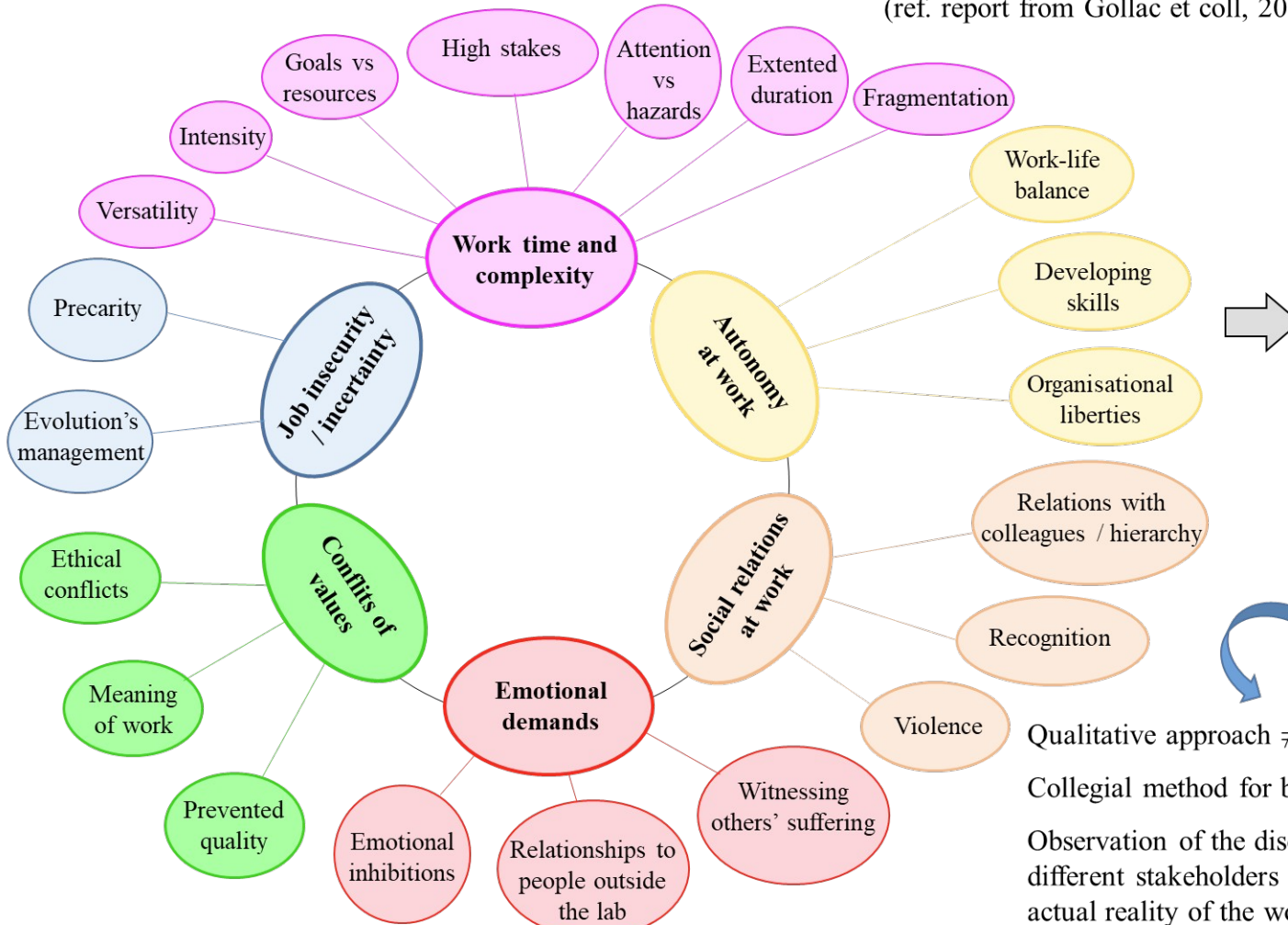
SECTION

RPS in our lab

RPS Evaluation in the lab: the “CNRS questionnaire”

- Following the implementation of RPS evaluation in CNRS, lab is requested to fill in a “form”, the “questionnaire”
- But it’s not a list of questions, more of a base for discussion where the lab needs to evaluate what is the level of each type of risk
- This was done last year and results returned to the DRH.
-

CNRS evaluation → based on a list of 6 main risk categories, broken down into sub-factors
 (ref. report from Gollac et coll, 2011)



Indicateur	Sous-facteurs	Exemples de situations à risque	Niveau de risque
	Cconciliation entre vie professionnelle et vie personnelle	Difficultés à trouver l'équilibre compte tenu de la forte charge de travail, la sphère privée souvent impactée par le fort investissement dans le travail	
Rapports sociaux au travail	Relation de travail avec les collègues	Conflits ou tensions interpersonnels, soutiens insuffisants de la part des collègues	
	Relation de travail avec la hiérarchie et/ou les acteurs institutionnels	Soutien insuffisant de la part de la hiérarchie et des acteurs institutionnels en cas de difficultés Fable gestion des conflits	
	Reconnaissance	Manque de participation aux décisions, aux changements Recevoir trop rapidement lors de demandes sur des sujets administratifs ou RH ou lors des évaluations	
	Violence interne au travail	Conflits parfois très forts, situation de harcèlement avec prise en charge insuffisante	
Exigences émotionnelles	Relations avec des acteurs externes	Pression médiatique, enjeu de partenariats, collaboration avec des institutions étrangères	
	Confrontation à la souffrance d'autrui	Gestion des collègues en difficulté notamment d'un point de vue social et/ou psychique	
	Maîtrise des émotions	Enjeu d'image et de posture au sein des laboratoires qui conduit à devoir sans cesse faire bonne figure	
Conflit de valeurs	Qualité empêchée	Induite par le manque de temps lié au temps passé sur des tâches annexes à la recherche	
	Conflit éthique	Tâche, manipulation de données, manque d'équité	
	Sens du travail	Décalage entre la vision du métier et celle exercée, sentiment d'utilité professionnelle	
Insécurité de la situation de travail	Insécurité socio-économique (emploi, salaire, carrière...)	Précarité de l'emploi, instabilité professionnelle, manque de perspectives	
	Conduite du changement	Défaut d'anticipation, d'explication et d'implication des agents dans la conduite du changement: reorganisation, fusion, déménagement...	

Qualitative approach ≠ quantitative (questionnaire)
 Collegial method for building collectively a relevant diagnosis
 Observation of the discrepancies between the experiences of different stakeholders (staff, managers, directors) and the actual reality of the workplace

➤ Process launched by lab management end of 2024 (following CNRS instructions)

➤ Methodology used = Consultations of several (~5) persons per college; working groups driven by board + members CDL
 ↳ either directly from CNRS criteria sheet, either preceded by a discussion meeting within group, either using an « more relative scale» to better identify and prioritize main high risks

ITA {at least 1 person / technical department}
 ITA CDD {1 person / technical department}
 PhD {1 person / research group}
 Post-doc researchers {5 persons among 3 research groups}
 Researchers {2 persons}

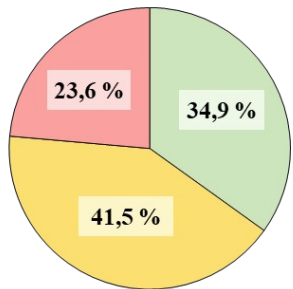
3 risk levels



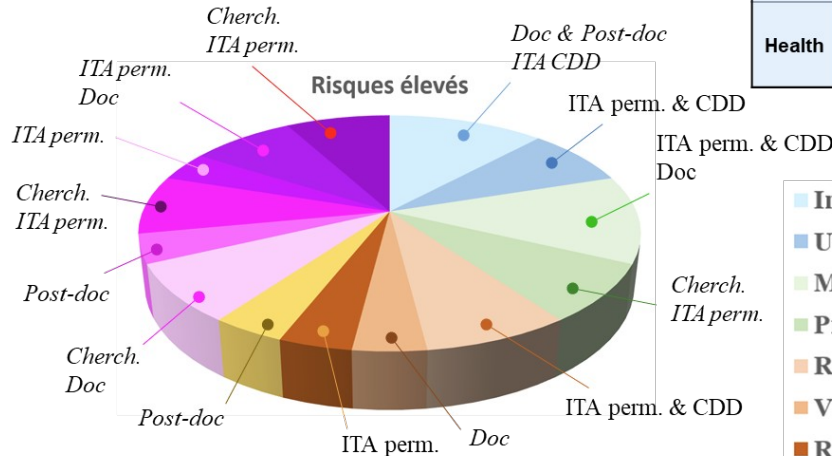
	Low	Moderate	High
Work	Minor disturbances without impact on work and objectives	Work disturbances managed by the team	Disruptions of the work or others activities; Objectives impacted
Social	Fine atmosphere	Noticeable tensions; Disturbed communication	Recurring disagreements; Deadlock situation; "Halo"
Health	Familiar situation, annoying or irritating	Short work stoppages	Frequent work stoppages; Serious health concerns

➤ Summary

Répartition des risques



■ faible ■ modéré ■ élevé



- Insecurity
- Work-life balance
- Uncertainty prof. evolution
- Work duration
- Meaning of work
- High stakes
- Prevented quality
- Fragmented work
- Recognition
- Suitability high goals vs resources
- Violence
- Intensity
- Relation with hierarchy
- Versatility

Comments and Conclusions

- **Feedback : Strong schedule constraint = 2 weeks !**
 - Understanding and use of the CNRS evaluation tool felt not so easy
 - Misunderstanding about differences between researchers and ITA criteria
 - (sub-factors « ethical conflict » & « high stakes » non evaluated for ITA ; examples less relevant)
 - Some things are not clear
 - Did feedback on the questionnaire go back to the DRH?
 - Will we be asked to do this with some periodicity?
- **Conclusions:**
 - Very positive opinion of the CDL on this approach: the discussion helped understand the situation in the lab
 - It is definitely a useful tool → Is there a way to do it better? Involving more people/making it more quantitative?
 - **We should repeat the exercise every year**, independently of whether CNRS asks us.

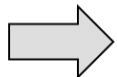
RPS evaluation in APC – next steps/discussion

- **Define a tool to evaluate the RPS in the lab – but there are some caveats:**
 - CNRS tool is not ideal but we might need to fill it in every ~year → we should do things in a way that allow to fill it
 - We cannot just “make” a new form or evaluation ourselves → these are done by specialists, based on studies, to avoid having biased questions etc.
 - Can we “improve” an existing one (or the CNRS one?) to make it better adapted to the lab?
 - For example: we could add questions to understand people’s awareness of actions that have been taken/existing resources
- **Should we have a working group/commission dedicated to performing the RPS evaluation?**
- **How often should we do it?**

Questionnaires

- Several categories related with different goals → overwhelming choice

- + Repérage par des tiers de situations stressantes
- + Situations de travail perçues
- + Évaluation du stress perçu
- + Stratégies d'adaptation au stress
- + Symptômes de stress
- + Atteinte du rapport psychologique au travail
- + Atteinte à la santé physique et mentale
- + Violences internes au travail
- + Questionnaires transversaux portant sur plusieurs objectifs à la fois



<https://www.inrs.fr/risques/psychosociaux/questionnaires.html>

or <https://prevpourtous.fr/questionnaire-rps/>

- Adaptation to CNRS criteria sheet → not easy as compliance of scientific rules required (psychometric criteria of validity, reliability and sensitivity) ; possible but needs expertise
(cf proposed questionnaires as support for discussion ?)

Possible use of transversal questionnaires

(free access ; french / english languages vs cultural bias ?)

- COPSOQ III (Copenhagen Psychological Questionnaire)
french short version V3 (46 items) ou V4 (54 items)
international middle version (60 items)

- RPS-DU tool from INRS for companies (26 items)

- Belgium federal public service questionnaire (83 items)
based on Job Demands-Ressources theoretical model

Gender differentiated assessment guide of PSR

(Agence Nationale pour l'Amélioration des Conditions de Travail)
→ needs some conceptual work (and adaptation to CNRS ?)

Self-assessment for specific topics (burnout, stress, ...)

- Maslach Burnout Inventory [MBI-GS] (16 items ; not free ; USA)

- Oldenburg Burnout Inventory [OLBI] (16 items; Europe, fr / en version)
burnout based on Job Demands-Ressources theory

- Stanford Professional Fulfillment Index [PFI] (16 items)
for doctors and scientists (medicine field)

- Mini-Z Single-Item Burnout scale (10 items ; version en



RPS at APC: actions/suggestions taken in recent years/previous CDL



[PhDs]

- Appointment of thesis referents → **done...** but do people know who they are?
- Working group « Phd & Post-docs » for the biennales → **done**
- PhD supervision training → **not clear**
 - Some training available via CNRS/University → is it always available? **Could be actively proposed?**
 - ED does an informative meeting (not formation)
- APC guide for PhD and thesis supervisors (≠ from charter of the doctoral school) → **done**

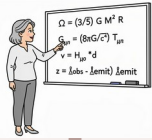


Postdocs/CDD:

- Relax expectations and responsibilities during application periods → **not done? Would an email to APC-tous during CNRS applications be a good start?**
- Information on recruitment processes in ESR (meetings; alumni feedback) → **done.. but keep it up!** → **is there are organisation in place?**

Note: categories from CNRS form

RPS at APC: actions/suggestions taken in recent years - discussion



[Researchers]

Feeling of a lack of opportunity to provide feedback

- Yearly interview to get feedback, discussions about work experiences.. with whom?

- **Training about management of time, of projects**

- Many formations available via CNRS → propose actively?

- **Workspace for meetings**

None implemented – Ideas?

[ITA et CDD ITA]

- **Group responsables/project managers:**

- Improve management practices and collaboration with formations

- **Evaluation with manager supplemented by an interview with another person, close to their activities**

- **Expand the welcome booklet with a section for CDD (rights, bonus, CAES, job opportunities...)**

- **Initiate « discovery reports » ?**

- **Global action “live my life” ?**

Guide de Comportement/ Behaviour Guidelines

- **Discussed in Biennale 2022, note:**
 - There is nothing on “correct/good behaviour” in our internal lab rules
 - There is a short section in the Welcome Booklet
- **Why have something “in addition” to “the law”:**
 - cultural differences, internalized (unconscious) ways of discrimination, inexperience of being in a professional environment can cause harmful situations
 - An explicit reminder/explanation could help reduce situations
- **It’s not a crazy idea: In addition to "the law" many conferences and organizations request people to sign a "good behaviour" document**
 - In general, they state things like commitment to openness, diversity, against discrimination of all kind, forbid all harmful comments on appearance etc, remind that a joke is not always a joke for everyone, etc etc
- **Propose to create a document/extend welcome booklet with general directives following examples → need a working group**

04

SECTION

Conclusions

An action strategy based on 4 main steps:

- **Risk Assessment**
 - Développement du premier point avec plus de détails et données complémentaires
- **1st level prevention = risk anticipation**
 - Précisions sur les méthodes et les incertitudes statistiques associées
- **2nd level prevention = take action when signs appear**
 - Analyse et interprétation physique
- **Critical Situation resolution**

1 - Risk Assessment

- **“Mandatory” assessment → CNRS tool**
 - Improve implementation
 - Be prepared to hand in an answer with short anticipation, when requested
- **“Improved” assessment → a yearly(?) evaluation of RPS in the lab that:**
 - Can be reproducible and feasible: done by a “changing” team, with not a big working load
 - Is “well done” (i.e. based on professionally made tools)
 - We consider that gives a good view of what is happening in the lab
 - Can allow to fill the CNRS form if necessary
- **Self assessment?**

Action items:

- have a wg in charge
- define an evaluation procedure
- Implement periodically

2 – Prevention

- **Better assessment of workload/resources for projects**

- CSI? CSP?

- **Forecast of risk situations:**

- Prevention based on known behaviours, limitation of resources, precariousness, tight deadlines...)

- **Organization of reporting paths:**

- On working conditions, missions, stress, harassment...
- But to whom?

- **Training/Formation:**

- “Good” management/bienveillant (vs toxic/pathologic)
- Helps to understand how to improve work organisation, task distribution, communication...
- Many available in CNRS!!some are good → active proposal via dedicated mails
- “Mandatory” for people with responsibilities? (direction, group leaders, service leaders, supervisors..)

Action items:

- section of available resources in APC intranet
- request specific people to do formations + suggest to others

2 – Prevention – some other ideas resulting from quiz and discussion

- Budget pour une association de jeunes chercheurs et chercheuses et soutien actif du laboratoire (mention dans livret d'accueil et par les encadrant-e-s)
- Organisation d'événements conviviaux (exemple: café laboratoire hebdomadaire après déjeuner?)
- Déjeuners/café informels thématiques où les agents pourraient discuter de leurs expériences liées à différents types de RPS
 - Tested strategy → talking about things makes them better already
 - Presentation RPS au Jeudi APC → pour mieux nous informer/former
 - Par un “pro” → formation collective
 - À la journée de bienvenue (presentation on RPS and welcome booklet)
- Former aux membres des CSI pour pouvoir évaluer facteurs RPS dans leurs échanges avec les doctorants et encadrants?
- Intranet section “Santé au Travail” where it is easier to find all related information and contacts (in addition to the welcome booklet, which is great but has become huge)

Sensibilisation aux Risques Psychosociaux

- ☐ Affiches exposées dans certains lieux



(par ex. affiches de l'INRS)

- ☐ Quizz (comme celui de biennale isabelle & sonia)

- ☐ Organiser une présentation de sensibilisation lors d'un jeudi de l'APC (sur le modèle de ce qui a été fait pour la Charte Environnementale, mais par un.e "professionnel.le")

☐ Formations CNRS

- Direction ✉ webinaire d'accompagnement des D (<https://www.canal-u.tv/chaines/cnrs-drh/aide-a-l-integration-des-rps-dans-le-duerp>)
- Formations spécifiques aux Risques Psycho-sociaux
 - ❖ Sensibilisation des agents aux Risques Psycho-Sociaux (RPS) [1j] (<https://formation.ifsem.cnrs.fr/training/1728/4996>)
 - ❖ Managers: comment prévenir les risques psycho-sociaux dans son équipe [1j] (<https://formation.ifsem.cnrs.fr/training/1729/5001>)
 - ❖ Sensibilisation pour tous aux violences sexistes et sexuelles [1j] (<https://formation.ifsem.cnrs.fr/training/1726/4991>)
 - ❖ Sensibilisation en santé mentale [1/2j] (<https://formation.ifsem.cnrs.fr/training/1712/5061>)
 - ❖ Premiers secours en santé mentale [2j] (<https://formation.ifsem.cnrs.fr/training/985/3103>)

3 – Addressing the signs

- **Deal with problems before they get worse:**
 - Important to be able to identify situations before they escalate
 - Facilitate reporting → provide a list of potential contacts
 - Support, counseling, mediation...
- **Suggestions of trainings that can help specific situations:**
 - Conflict resolution, stress/time management,
- **Creating well-being activities in the workplace**
 - Closely related to QVCT

Action items:

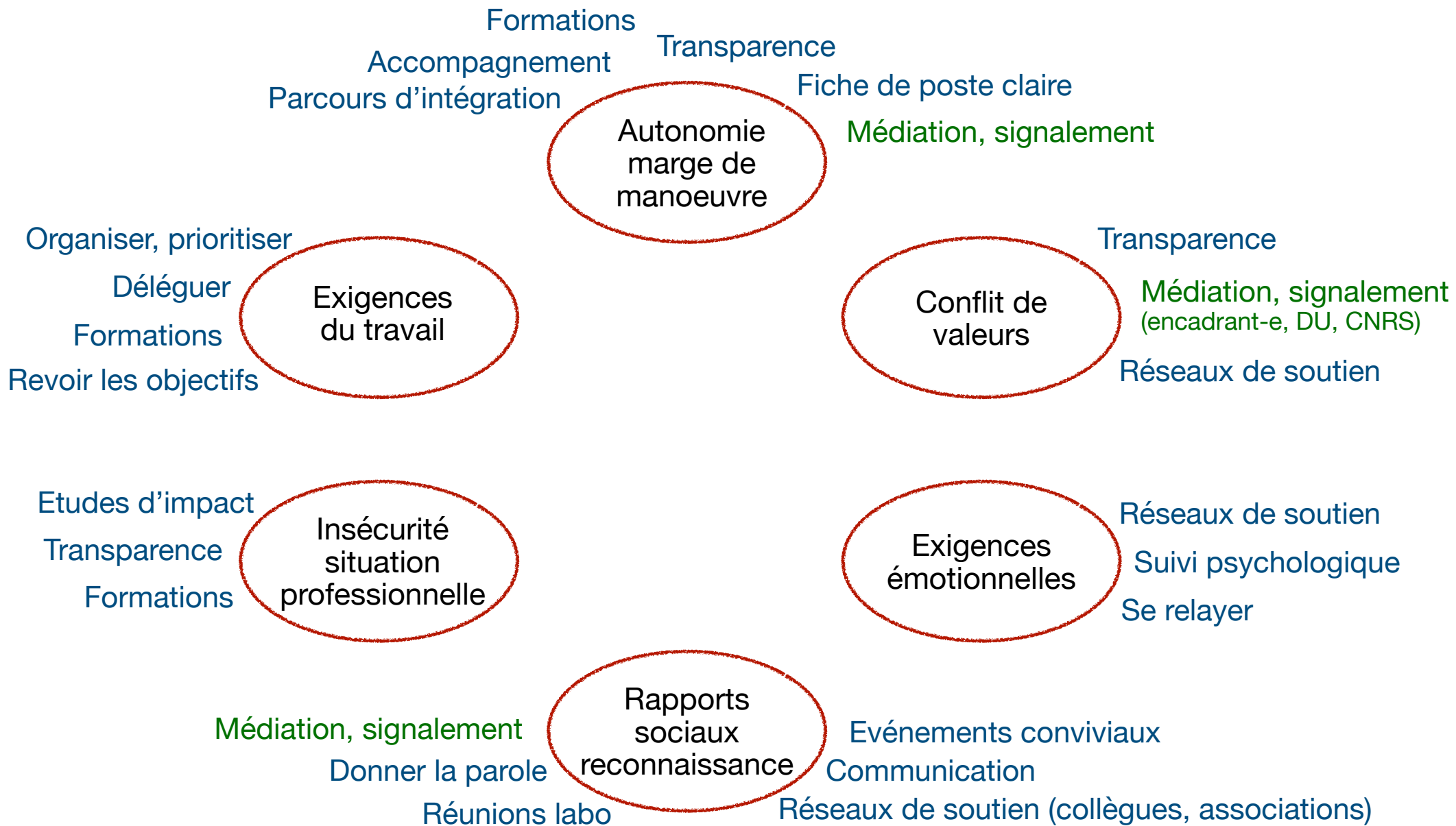
- List of contacts and procedures in APC intranet
- List of resources in lab website
- insist with useful trainings
- Interphase with QVCT

3 – Solving critical situations

- **External mediation**
 - Need to be able to identify critical situations → best way of reporting?
 - Provide easy to find list of potential mediators and advice on how to deal with situations
 - For example: ref. thèse, HR advisor at DR2, Unions, CNRS ethics officer, Collaboration Ombuds (if part of a collab)
- **Medical/psychological help:**
 - Can ask for appointment with “*medicin du travail*” → (in principle)

Action items:

- List of specific resources and contacts in APC intranet
- Caveat: “official” channels, not clear to us if/how they work... further investigation needed.



Merci pour votre attention

Questions & Discussion

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