

visions

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workplace
working for recovery
no bullies wanted
in the workplace



visions

Published quarterly, *Visions* is a national award-winning journal that provides a forum for the voices of people experiencing a mental illness or substance use problem, their family and friends, and service providers in BC. It creates a place where many perspectives on mental health and addictions issues can be heard. *Visions* is produced by the BC Partners for Mental Health and Addictions Information and funded by BC Mental Health and Addiction Services, an agency of the Provincial Health Services Authority.

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Heretohelp is a project of the BC Partners for Mental Health and Addictions Information. The BC Partners are a group of seven non-profit agencies working together to empower people to improve their quality of life by providing useful, accurate and good quality information on mental health, mental illness, substance use and addictions. We represent AnxietyBC, British Columbia Schizophrenia Society, Canadian Mental Health Association's BC Division, Centre for Addictions Research of BC, FORCE Society for Kids' Mental Health, Family Services of the North Shore's Jessie's Legacy Program and the Mood Disorders Association of BC. BC Partners work is funded by BC Mental Health and Addiction Services, an agency of the Provincial Health Services Authority. Visit us at www.heretohelp.bc.ca.

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*pseudonym

Visions magazine brings hope to so many. The issue on Families leaves me muttering, alternately shaking or nodding my head and weeping here and there. The topic sure stirs up a lot of ache.

My daughter was 19 when she began intensive therapy unbeknownst to me. As well as mother and daughter, I thought we were best of friends. She too said as much and that she 'didn't want to hurt me.' She would request at the beginning of therapy sessions or appointments with different psychiatrists that her mother not be informed because she "wouldn't be able to handle it." I was shut out by every therapist and psychiatrist she met. Most said that they treated individuals only. I remember a well-known Vancouver shrink from the 1970s and 80s who famously said "treat the patient; treat the family." This certainly didn't happen.

Following her suicide (after perhaps 6 or 8 attempts), I spent about five years in ad-hoc monthly meetings with other grieving family members, all of whom had lost a child or someone close, to suicide. A general consensus was that we had, each of us, been shut out by the psychiatric profession. (In all fairness, I must credit the organization SAFER where I received enormous support weekly after her death.)

All this happened 18 years ago and yes, I haven't been able to handle it. I hope that *Visions* will sometime soon do a second issue on the topic of suicide. It was a landmark issue when it first came out. I admire *Visions'* positive approach to difficult topics.

— *Carole Itter, Vancouver*

editor's message

About once a year *Visions* gets a request from a past contributor of a personal experience to change their byline to a fake name. Not surprisingly, the reason always given: worry that a current or future employer googling their name and finding the article will discover they have a mental illness or addiction and discriminate against them.

While we know discrimination on the grounds of health status or disability is illegal, we probably also know that the reason many employers dig around or make assumptions is to try and make predictions about the future and to manage risk. Never mind that a history of mental illness on its own doesn't really tell you much; that person can be an excellent, mediocre or bad employee just like anyone else. But one of the greatest fears about mental illness is its unpredictability. And so people go to great lengths to hide their diagnoses. And the sad truth is that for every employer that has used the recruitment process to screen out deserving candidates who may have faced a mental health challenge, there are just as many applicants with lived experience who interview less confidently for fear of potential discrimination even from fair employers.

The other sad truth is that for any employee a mentally unhealthy work environment can trigger mental health problems—not just the diagnosable kind, though that can happen too. In fact, researchers have found that someone without mental illness but with poor mental health is as common and shows as much impairment as a person with major depression. In other words, poor mental health is as dangerous to an organization as depression. And workplaces, given the time and identity we attach to them, have a huge influence on mental health. As you read this issue, I hope you think more about the environments that influence every worker's well-being and potential. After all, to borrow a metaphor from our friends at UVic, if we find a pond where the frogs aren't thriving, do we start by blaming or even treating them? No, our first reaction would be to wonder what is wrong with the pond.²

Sarah Hamid-Balma

Sarah is Visions Editor and Director of Mental Health Promotion at the Canadian Mental Health Association's BC Division

📖 footnotes reminder

If you see a superscripted number in an article, that means there is a footnote attached to that point. In most cases, this is a bibliographic reference. For complete footnotes, see the online version of each article at www.heretohelp.bc.ca/visions. If you don't have access to the internet, please contact us for the footnotes by phone, fax or mail using the contact information on page 2.

Stepping Up to Be a Champion

Guest Editor Julia Kaisla, MA

In my work at the Canadian Mental Health Association (CMHA), I connect to workplaces. As a Mental Health Works trainer, I help workplaces respond to employees with mental health issues and assist workplaces in creating a psychologically healthy workplace.



Julia is Director of Community Engagement at the Canadian Mental Health Association, BC Division. While her more formal role with CMHA involves overseeing workplace initiatives, public relations and branch relations, she spends her days writing and working with people. She is passionate about making a difference and is committed to promotion of mental health in Canada. She is a trained Mental Health Works facilitator, has a graduate degree in Conflict Analysis and a Bachelor of Arts degree in Political Science

I also plan the CMHA annual Bottom Line Conference on workplace mental health. On paper, these are different activities. In practice, they are all interconnected. And, in practice they are all about people.

This year, during the planning for our 2014 Bottom Line Conference, we had the idea of focusing on workplace mental health champions. This idea was inspired by Lloyd Craig, the chair of our steering committee. Lloyd is the now retired former chief executive officer (CEO) of Coast Capital, and in the world of BC CEOs, he is the champion of workplace mental health.

A workplace mental health champion is someone who stands up for change and works (sometimes tirelessly) to ensure issues related to workplace mental health are on the agenda of their organization.

The question we posed was: how do we create champions?

What does it take?

Like many of you, I'm exhausted by the thought of pitching another business case to the executive team. Top-down support is important, but that surely that can't be the only way to make change.

Everyone has a story to tell, and everyone can affect change. We know 500,000 Canadians miss work each day due to a mental illness;¹ 20% of all sick leaves are due to mental health problems and illnesses;² 44% of Canadians reported experiencing a mental health issue and only 36% would talk to their manager;³ and (my favourite) while 82% of senior executives would say they have a mentally healthy workplace, only 30% of employees would say the same.³

Toward creating champions, we determined that our conference would need to inspire a personal connection to this important issue. We began asking each other and everyone we met: why is workplace mental health personal to you? (Visit us at www.bottomlineconference.ca to read the stories and to tell us yours.)

Creating a psychologically healthy and safe workplace starts with each and every one of us. It starts with being honest about the impact of our workplace on our mental and physical well-being, and then considering what kind of workplace we want. And then it's about opening ourselves up to the possibility of doing things differently.

The champions I've met

All the champions I've met are people who've been honest about their struggles.

I think about the man I interviewed recently who told me he has anxiety and that he has been public about it in his workplace (a very male-dominated, industrial setting) and in his small community. I don't know if he has experienced any negative fall-out, but I imagine it was a big decision for him to be vulnerable. He believes there are many more men like him and that by sharing his story he'll help them see that another outcome is possible if they ask for help.

Why it's personal to me

It's not easy to be vulnerable.

Throughout my life I've lived by a mantra instilled in me by my dad that I must master the art of compartmentalizing. I never considered the possibility that I could become ill from stress.

I never believed the workplace could make me sick until it almost did. It wasn't about the work or being overloaded. In my case, I was in the very common but difficult position of being an intermediary between a leader with a management approach and style I found detrimental and a team I cared about. Despite a degree in conflict resolution, my solution to this stressful placement was to be the best buffer ever to minimize my team's exposure—and not let it get to me.

But after several years of adhering to this strategy (be more resilient, and yes, Dad, compartmentalize) I began to acknowledge the toll it was taking on me.

I decided to be proactive about changing the situation. I spoke to a senior leader at the organization and we put together a step-by-step plan to make change. However, at step one of the action plan, things derailed. Following a tense group meeting, I brought up some of the key issues I was having difficulty with and was met with a wall of defensiveness and anger. Not knowing how to handle this amount of emotion or its consequences, I stopped dead in my tracks.

After this meeting, I felt myself start to fade and my thoughts spiralled out of control. At home I was having trouble sleeping. I was tearful. I didn't feel safe. I knew my mental health was in danger.

I didn't develop a diagnosable mental disorder as a result of that situation, but it was a turning point in understanding my own psychological health and safety. More importantly, it gave me

personal insight into the anxiety a person feels when the mere thought of their workplace causes fear and anger.

In the end what happened with me is that I took some days off work, worked from home a few more days, called my Employee Assistance Plan (who suggested I get a doctor's note and go on leave), had a follow-up meeting with the senior leader, and then, with much discomfort and unease, returned to the grind. Eventually, the conflict subsided, and I did see some behaviour changes. But today, I'm in a different role.

So what's your starting point?

Many of us realize that workplace life isn't what we want it to be. But, whether due to denial or fear, we put one foot in front of the other and get through each day. We work harder to be resilient or to compartmentalize. We put forward the image that we think will bring us a promotion, even when inside we're not thriving. Some of us find ways to escape. Others sit back and wait for things to blow up or to fail so the leadership team can fix it.

I encourage you to consider the role you play in maintaining your current situation. Talk about why workplace mental health is personal to you. I'm hopeful that by telling our stories, we will open ourselves up to the possibility of creating the change we want to see.

Maybe through this self-reflection, we will one day arrive at a new norm in the workplace, where psychological health and safety is talked about openly. Where all of us will be able to go home with our mental health intact, and with enough energy left over to contribute to our families and our communities. ▼

On Both Sides of the Desk

WORKING AS A MENTAL HEALTH NURSE WITH A MENTAL ILLNESS

Ashley Peterson, BSN, RN

When I first became a nurse and started working on a hospital psychiatric ward, I thought mental illness was something that happened to other people. I still thought that way when I first started getting symptoms of depression seven years ago.



Ashley is a community mental health nurse in Vancouver, and a student in the Master of Psychiatric Nursing program at Brandon University in Manitoba. She also has lived experience of mental illness, and is interested in increasing public awareness of mental health issues

I tried my best to pretend that everything was fine, and didn't ask for help. I kept working and managed to hide from everybody that something was wrong. Finally, the thread that I was hanging on by snapped, and I ended up on a psych ward as a patient instead of a nurse.

I faced a difficult struggle with my illness, including psychosis and suicide attempts. It was almost a year before I felt well and ready to return to work. Unfortunately, when I got back to work at the hospital, I felt like my manager expected me to fail. She had the ward educator double-checking everything I did, and even the smallest mistake or

oversight was quickly turned into a big deal.

Luckily, my co-workers were very supportive, and didn't treat me any differently because of my illness. Some of them even told me about their own experiences with mental illness, which they had been keeping a secret at work.

I know that I'm a better nurse because of my mental illness. I have a better understanding of what my clients are going through, and am less judgmental because of that. It meant a lot to me when health care professionals treated me as a person rather than an illness, and I bring that to my work in both

hospital and community settings (I've been a community mental health nurse for over four years now). I know how horrible it feels when your right to make choices about treatment is taken away, so I try to make decisions *with* my clients instead of for them. I also feel optimistic about recovery, knowing that it's possible.

I've chosen to be open with my nursing clients about the fact that I have a mental illness. I've gotten very positive responses, and probably my clients trust me more because I've trusted them enough to share my experience. Many were surprised because I didn't *look* like someone with mental illness, and some appreciated hearing about medications from someone who has actually tried them.

I try to act as living proof that recovery and a successful career are possible. Choosing to tell others about my illness was one of the best decisions I ever made, because it helped me see my illness as a strength that I bring to my work instead of a weakness I should hide.

Two years ago, I got sick again, seemingly out of the blue. At first, I was able to manage working with my clients, but my co-workers saw

me withdraw deeper and deeper into myself. It was probably hard for them; they wanted to support me but didn't know how.

My medications weren't working very well, and I was hospitalized several times. After the third hospitalization, it appeared that my manager didn't want me back at work. He didn't want to accept my psychiatrist's opinion that I was ready, and tried to insist that I be assessed by a psychiatrist of the employer's choice. My manager didn't communicate with me at all through this process, so it was only later that I found out why I wasn't being allowed back to work. It was a difficult process that left me feeling angry and hurt.

But I would not, and will not, allow anyone to take away my passion for nursing!

I had to go through multiple steps to prove that I was safe to work as a nurse, including two months of paperwork, meetings and the release of my personal medical information to various involved parties. My nursing licence was taken away, because BC law requires hospitals to report nurses hospitalized for psychiatric reasons. To get my licence back, I had to enter

into a special contract with the College of Registered Nurses of BC; part of this involves a requirement that my manager has to submit reports every three months on whether I am still safe to practise nursing. This reporting will go on for as long as the college decides to demand it.

After all of that, I am well again, and my illness is well controlled. I've been back at work for over six months, which I'm thrilled about. I feel very lucky to be able to help others with mental illness, and am grateful for all the help I've gotten along the way. Family, friends, co-workers and my psychiatrist were all important supports for me. Being a nurse is an important part of my identity, and when I'm working I feel more productive and complete.

People with lived experience of mental illness can make a valuable contribution to others. There is a lot we can learn from the challenges we go through when we are sick, and those lessons can be turned into skills that we can apply in other areas of our lives, including work. I can confidently say from experience that people with mental illness really can succeed and thrive in the workplace. ▼



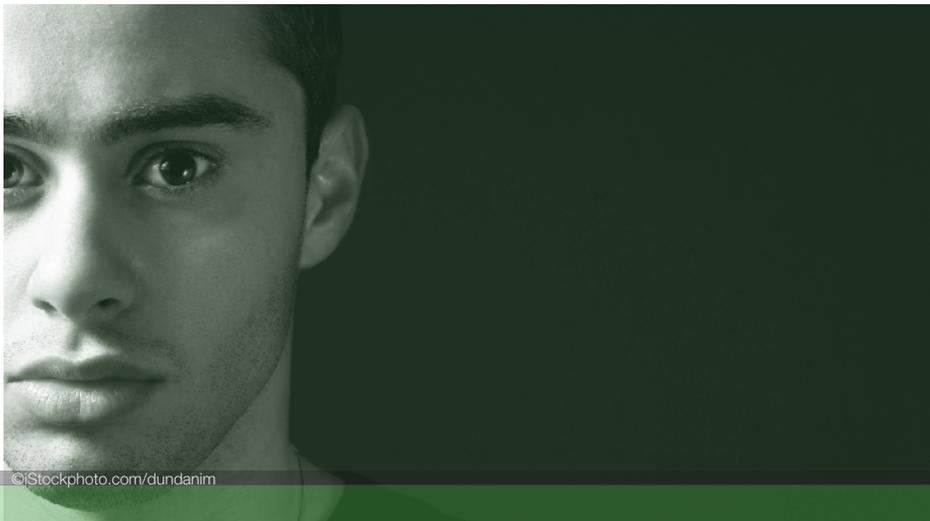
I know that I'm a better nurse because of my mental illness.

Navigating Working Life

DEPRESSION AND GENDER TRANSITION

Stefan de Villiers

It's a full-time job, except nobody pays you to have it. I was young when it started, 11 years old, maybe even younger. With it came crippling anxiety—the kind that drives you to go weeks without saying a word to anyone. Silence was my invisibility cloak. But there was nothing cool about the work of living with depression.



Stefan works full time as a copywriter at a real estate project management firm in Vancouver, BC. He lives, happily these days, with his partner and pug

The rocky road to self-recognition

My father was a psychiatrist, and when I turned 16 he brought home antidepressants that drug company sales reps dropped off at his office. He said they'd make me feel better. So I took them. Bad idea. The antidepressants just made worse the already strong urge I had to kill myself. I was too scared, though, to say anything to my parents about being suicidal; the last thing I wanted was for my family to think I was crazy.

Despite my struggles, I finished high school, started university and even won a scholarship to study French in Quebec City. I lost a semester in my final year, as a result of anxiety and

depression, but managed to graduate. After university, I worked a series of temporary jobs—selling knives door to door, data entry, that sort of thing—but none of these jobs were enough to distract me from the darkness snapping at my heels. Unable to find work I felt suited to, I ended up, briefly, on income assistance.

By 23, I had tried more than once to overdose on medication, and my wrists were scarred from cuts I'd made with a razor blade. I was hospitalized for a week when my suicidal thoughts grew stronger. My doctor told me I'd be on medication for the rest of my life. I figured I'd be dead by the time I was 30.

It wasn't that I wanted to die as much as it was that I wanted the pain to stop. What I needed was a glimmer of hope that the darkness would pass. But nothing seemed to help. Even my therapist told me at one point that she didn't have any more tools in her toolbox. It was hard not to feel like it was all my fault.

But from behind my questions of self-worth emerged a larger question about who I really was. And that involved coming to terms with a truth about myself: I was transgender. I was first introduced to the concept by a friend at university who was going through the process. Wanting to learn more, I signed up for a course in human sexuality that covered transsexual identities—I recognized myself in the stories I read.

This brought me to a crossroads between suicide and gender transition.

I asked my therapist what she thought I should do. She didn't know much about transgender issues but encouraged me to explore my masculine side. I took that as permission to proceed and was assessed by a specialist who diagnosed me with gender identity disorder. His letter was what I needed to begin hormone treatments, the first step in my physical transformation. When I got my first shot at the university health clinic, I cried with relief. It was January 2004 and I was 24 years old.

Fears unfounded

I worried that transitioning would be the nail in the coffin for me in terms of finding employment. How would employers react? What about my co-workers?

But I was wrong. As I began to transition, my depression lifted almost immediately. Four months after

starting hormone treatments and living openly as the man I felt myself to be, I was interviewed at a self-publishing company—and offered a job. I had stability, a small but steady paycheck, and a roof over my head. I was as close to happiness as I'd ever been.

The good times didn't last, however. Instead, they more or less crash-landed to an abrupt stop. First, a close friend killed herself. The night she died she called me to say goodbye, but I wasn't home; I had gone to see a documentary at the university cinema instead. I felt guilty about not being there for her. Then, five months after that, news from home: my father had non-Hodgkin's lymphoma. He was dead three weeks after his diagnosis. And I couldn't help feeling like I had deeply disappointed him.

The loss of my friend, and my father, coincided with the loss of my family. My sisters and I had slowly drifted apart over the years, but my transition and new identity was the straw that broke the proverbial camel's back. My mother accused me of destroying our family and disowned me as her child. Her reaction, compounded by my guilt over not being able to stop my friend's suicide months earlier, left me devastated.

At work I found myself staring at my computer screen for hours, unable to focus. My manager eventually pulled me aside to tell me that I wasn't performing as well as he needed me to. Nine months after my father's death, I still felt dead inside, so I went to my supervisor and asked to be laid off. It didn't even occur to me to ask to go on sick leave. If it was an option, no one suggested it. By then the company was struggling financially, so laying me off benefited both of us.



I worried that transitioning would be the nail in the coffin for me in terms of finding employment. How would employers react? What about my co-workers?

Once on EI (employment insurance), I withdrew from the world almost completely, spending my days sleeping, eating and watching reruns of all five seasons of *Six Feet Under*. The only bright spot in my days were the occasional visit from friends, and a weekly Zen meditation group that helped my mind settle and reconnected me with my body.

My rational mind knew this way of life couldn't go on forever. I needed to do something; my money was running out, fast. With the support of a sympathetic employment counsellor I'd been assigned when I first went on EI, I applied and got into a 12-month screenwriting program. I was lucky enough to get my tuition and living costs funded through an EI retraining initiative. The courses were challenging,

but I did well. The year flew by, and when I graduated in August 2009, I sought temporary work while I tried to break into the film industry.

Life, it turns out, had plans for me other than screenwriting. A month after graduating, I got hired full-time as an administrative assistant at an engineering firm, first on contract and then permanently. I worked there for four years, later specializing in proposal writing. Today, I still work in the proposal writing and marketing field, although for a different company.

Fact is, I've been more open with my employer about my transgender status than about my history of mental illness. Legally, socially, I'm a man and no one would question it if they saw me. But maybe because I still don't trust that I've conquered depression for good, I

feel vulnerable talking about it. I just don't want anyone to question my ability to do my job.

Rebuilding my life has been a slow but steady process. I'm happy to say that I'm medication- and depression-free, and in a loving relationship. I still mourn for the loss of my friend and family, but I've also moved on with my life. Sometimes I even let myself feel cautiously, hesitantly, optimistic about what the future holds.

I don't know why some people make it through and others don't; I just know that I'm one of the lucky ones. ▾



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are you a clinician or researcher from the BC Interior or North?

Join *Visions*' Editorial Board!

Last summer, we recruited three new external members to our *Visions* Editorial Board and help plan future issues of *Visions Journal*. Now we're looking for three more individuals who meet the following criteria.

- Live in BC Interior or North
- Are a clinician or researcher in mental health or substance use fields
- Are not an employee of the members of the BC Partners (see p. 2)

Learn more and apply at www.heretohelp.bc.ca/visions
Deadline: April 30, 2014

Working for Recovery AND THE WAY BACK TO WORK...

Catherine St. Denis

As someone with the diagnosis of a major mental illness, I've found that returning to work has been the most healing thing I've done since becoming ill. But then, I work in a place where I can say I have a mental illness without fear of stigma.

Catherine is the mother of three adult children; she and two of her children have been diagnosed with severe mental illnesses. She is fortunate to have an understanding partner, a job she loves and two old cats. Catherine spends hours doing jigsaw puzzles and wants to travel more



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At the Mood Disorders Association of BC (MDABC), I not only feel supported, but the experience of my illness is an asset to my work.

The nature of my illness doesn't make my work more difficult for me, and I don't need accommodations. However, it's very comforting to work where coworkers know the symptoms of mental illnesses, and where there are activities promoting the wellness of people with mental illness.

In 2004 when I left government service after almost 10 years, I was a shell of myself. I was so ill I didn't even bother trying to go on a leave using my benefits; I simply quit. While off work for four hard years of treatment for my illness, I had two things pulling at me: the symptoms of my illness, which kept

me from working, and my need to be productive. These conflicting states created a real struggle for me, and the longer I was off work the larger my concerns about returning to work became.

I attended MDABC support groups and would just cry about my situation. With nothing to do all day, I felt so bored—and felt guilty about feeling bored. But I distinctly remember being too embarrassed about this to bring it up in group. I worried that saying I was bored and not working made me seem 'lazy' or 'dependent'—I kind of thought it did. Forgiving myself for being ill and off work was all part of the process of returning to work.

For me the chief barrier was fear that my skills were gone and that I had little to offer. I felt more vulnerable,



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I also have an appreciation for working that I never had before I became ill. I love my job. I love that I am working.

less capable and more sensitive. These feelings ate at me, and with no workplace setting to test myself in, my fears of failure ran rampant. It was hard to get my belief in my abilities back, and it didn't happen overnight.

I've heard it said that someone off work for two years or more is unlikely to go back. But I was determined to get back to work. The road back was very similar to my return to mental health—full of self-doubt, and fits and starts, and retreats to safety when I felt overwhelmed.

Within about three years of leaving work, I decided to do something productive and offered to volunteer as a facilitator of a peer-led self-help support group for the MDABC. I figured it wouldn't be so bad to lose my volunteer 'job' if things didn't work out for me and I had to retreat.

Within just a few weeks of facilitating the support group, I started to see that my abilities weren't lost. My skills were still sharp and valuable in a workplace; in fact, my skills in dealing with people and troubling situations were better than ever. And, I started to see that

my new knowledge about mental illness could really enhance any job I might have. You can't have a mental illness for long without learning about compassion and learning that there are more than one or two ways to solve a problem.

After facilitating support groups for a year or so, I applied for a part-time job as the editor and website manager of the organization, and now, five years later, I'm the operations manager.

Because of my own mental illness and recovery path, I am well able to offer my knowledge and lived experience of mental illness, and to make use of connections I've developed as a consumer. I have knowledge of Vancouver General Hospital's dialectical behavioural therapy program, of agencies like Battered Women's Support Services and of advocates at the BC Coalition of People with Disabilities. All my experiences add up and can be used to inform others.

My illness has become the catalyst for the passion in my life: helping people with mood disorders.

I also have an appreciation for working that I never had before I became ill. I love my job. I love that I am working. I love the people I serve, and I love and appreciate my own commitment to making this all happen. ▼

EAP—The Corporate Band-Aid

AN EMPLOYEE AND UNION REP PERSPECTIVE ON WORKPLACE CHALLENGES

Daat Sii*

The Employee Assistance Program (EAP): the ‘panacea for the people.’ It’s there to help you with everything from your gambling, drug or alcohol addiction, to your marital, parenting and mental health issues.

Daat Sii is from a large organization outside the Lower Mainland. She is a workplace union representative, elected to the board of her union a decade ago

*pseudonym



Where I work, the number of people accessing EAP rises every year. Why is that? Is it because EAP advertising is hitting its target more accurately? Or, is it because people have simply reached the proverbial ‘end of their ropes’ and they need fixing? I’ll bet on the latter.

I’ve worked for a large organization for 28 years and have become a senior and well-respected person in that organization. Ten years ago I was elected to the board of our union, to advocate for our more than 4,000 members. I receive phone calls from employees all around the province asking for assistance. I clarify, interpret and advise in every area of the collective agreement (which I also help

negotiate), and provide guidance early on in the grievance procedure.

Running in the hamster wheel

The corporate culture has ascended (or is that descended? I can’t tell) to new ‘heights’: “Do more work. Do it faster. With less” has become the mantra of many large corporations. I think the translation of that is: Run like hell on your hamster wheel and see if you can make it to the finish line—which, being trapped inside a circle, never happens.

Expectations in the corporate culture have become so unattainable and unrealistic, they have pushed employees to ambivalence, doubt and fear.

“Do more work. Do it faster. With less” has become the mantra of many large corporations.

Rules no longer change once in a blue moon; they change with the tide. When Heraclitus wrote “change is the only constant,” you’d swear he must have been to our last four office meetings. I’d leave each meeting reeling with a head full of new rules, and wondering what was wrong with the last set of rules. And I’d know full well that no matter how ridiculous, or valuable, the new set of rules were, they could be changed again at the next meeting.

When rules change, the new rules often contradict past practices. Practices are under continual scrutiny. There has even been a recent instance of discipline for past actions that were done in accordance with the rules in place at the time. These conditions cause uncertainty and indecision. Oh, and that word again...*fear*.

Statistics. “Stats.” The guiding light of every large corporation. Fill in the

boxes and make sure the stats make the executive happy—even if they become the unattainable goals we’re trying to reach running on that hamster wheel.

Nevertheless, targets are created and caseloads are distributed to employees who tell management the targets are unattainable. But job evaluations have become outdated, so it’s only when employees become completely overwhelmed that the corporation realizes the caseload may be an issue.

Despite the workloads, most employees in the organization I work for are extremely dedicated to the success of the company and desperately strive to meet their goals. But often, the only way they can reach their goal is to work unpaid overtime. They regularly come in early, work through coffee breaks, eat lunch at their desk while they’re working, work late at the office or take work home with them.

At one point, working overtime without pay had almost become an expectation, with management encouraging it or looking the other way. However, people working unpaid overtime hours skewed the ‘statistics.’ As a result, unrealistic goals were set that couldn’t be met by the people who worked appropriate hours and went home to their families.

Eventually, the union remedied the situation through arbitration. During arbitration, the employer acknowledged that employees worked late, but asserted that it was up to the employee to leave early; they refused to acknowledge that there was a workload issue. Under the ruling, employees are no longer expected to give their free time, and they got reimbursed for past time they were able to prove they worked. But the employer is appealing the decision...

EAP use and sick leave on the rise

And so, is it any wonder that more and more people are accessing their EAP? Recent statistics from my workplace put the rate of EAP usage by employees and management at about 14%, which is about 700 people in a year. And, the two top causes of disability

did you know ?

- Annual losses to the Canadian economy due to mental illness in the workplace are \$33 billion.
- Mental disorders have replaced musculoskeletal conditions as the top conditions causing long-term disability.
- Work-life imbalance is on the rise, largely due to work-related factors.
- Stress at work is a common trigger for mental illness. Job stress contributes to depression as well as repetitive strain injuries, heart disease, diabetes, asthma, migraines and ulcers.
- Depression is the fastest growing category of disability costs to Canadian employers.

Source: www.health.gov.bc.ca/environments/workplace/orgwellness.html

are mental health issues (38%) and musculoskeletal issues (at about 25%). (See sidebar for national trends.)

Despite those statistics, the organization down-sized the wellness department, thus revealing their true commitment to the employees' well-being. The wellness department lost valuable employees, and the three remaining people can't keep up with the existing issues for employees that fall sick.

Let's get the 'heart' back!

It breaks my heart to have seen the decline in my employer's interest in employee well-being. There doesn't seem to be any thought about the impacts decisions have on employees. It feels like the "heart" of the organization has been ripped out.

Many managers, in fear of losing their jobs if they don't buy into the current management model, will not cross the corporation's latest directives. They are terrified to make a decision, and as a result, the friendlier relationship employees had with their managers in the past has been utterly lost.

Also, in our organization, managers no longer have autonomy to take into account an employee's history or past practice when making decisions that affect the employee. Managers now have to call the organization's labour relations department. This department is completely removed from working with the employee, doesn't know about any extenuating circumstances, and has no feeling or sympathy for the employee. Yet they are the ultimate decision makers.

So why have I hung in here for all these years? It's called the "golden handcuffs": that is, the retirement package and the fact that I have earned six weeks vacation during the middle of the summer. And, I do enjoy my advocacy role with the union. It provides me with the satisfaction I used to get from my 'real' job.

Is there a remedy to any of this? Am I naïve enough to believe that when we have a 'joint' committee, made up equally of union members and management, that it will be collaborative and co-operative and we'll all get along? No. But maybe some

naiveté is what the corporation needs... so it can find its heart again.

Here are some suggestions for how the corporation can regain its heart:

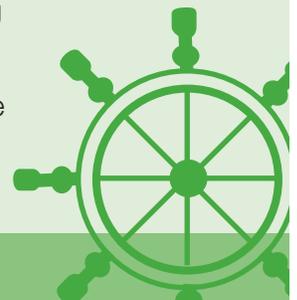
1. Trust your front-line management more to make decisions about work under their jurisdiction.
2. Trust your front-line management to make decisions about employees under their purview.
3. Trust the employees to do their jobs without so much scrutiny.
4. Recognize and respect appropriate workloads.
5. Recognize and respect the importance of work-life balance.

A happy employee makes a productive employee! ▼



System Navigation: Share your story in Visions

Our summer issue of *Visions* is System Navigation. If you have a story about navigating the mental health and addictions system in BC, for yourself or a loved one, or you're a service provider who has an innovative program to help people find the right help at the right time, contact us!



Email your interest to visions@heretohelp.bc.ca by March 15, 2014

Jumping Over the Dog

Molly*

When I think of a workplace, the immediate thought that comes to mind is making lots of money—money that can cover my costs of living. I never thought bullying existed in a workplace. But with my very first job, the nightmare started and my life changed forever.



Molly has explored almost everything but writing. So now, she is taking this journey into her writing adventure. Molly hopes the adventure will bring joy and therapy toward good mental health

*pseudonym

I was working in an office environment as a front-desk person. Work was stressful in an eight-hour-long day. The place was loud: the typewriter tapping, photocopier zapping, telephone ringing and people talking in the front reception area. I had data entry deadlines every day, but also had to answer phones and prioritize work for other people. It was a challenge trying to keep everyone happy.

In those days (1994) people voiced a lot of criticism. It wasn't about my work, and it wasn't done face-to-face. I'd overhear people saying negative things about me, because I was "different" from them. I was quieter and found it hard to blend in socially. And I wasn't

strong enough at the time to stand up for myself—I was young, just out of college, scared and ashamed—so bottled it all up inside.

After a while I didn't look forward to work, but willed myself to go each day. I would sweat and felt nervous and uncomfortable. And it wasn't easy to share my feelings and thoughts with my co-workers, because other than a couple of people, most of them weren't friendly to me. I didn't talk to anyone, not even my family.

I thought a workplace could be joyful place, but instead, this one turned out to be full of pressure. More and more I withdrew into myself; even outside

work I became afraid to go out and isolated myself socially. I became ill and had to quit work after nine months on the job.

I didn't know about mental illness back then. But my parents were very worried about me and urged me to go to our family doctor, who sent me to a psychiatrist. This started a long period of wrong diagnosis, trying different medications and ending up in hospital on more than one occasion. I wasn't stabilized, but every day I encouraged myself to go back to the workforce. I wanted to be 'normal.'

I was having difficulty finding work, so took a cooking program. After a three-year break I got a job as a part-time cook in a school cafeteria. I still had fear because of what had happened in my last job, but thought this could be a fun adventure for me, and it was at the start. When I wore my cook uniform and hat, I felt proud; I was part of a well-known team in the culinary industry.

As I worked more days, I began to know a little more about the workplace: it was noisy and so were my co-workers: yelling and arguing. Cooking environments are loud and the work can't stop when people have something to say. And, as I found out, this job was also very stressful. Even though I was part-time, the days were sometimes as long as nine hours and the work was overwhelming. Even during my coffee break, all I could think of was work, work and work.

One day I accidentally got my hand burned from splattering hot oil and had to rush to a medical clinic at the school for treatment. I only lasted for a short time at that job because I made one mistake: tired after a long shift one



I've finally found magic—I've discovered I work well with animals

day, I forgot to shut off the stove. The supervisor was mad and let me go.

Still not stabilized, I relapsed and spent about a year recovering from my illness. Then I found temporary jobs at several hair salons as a shampoo girl, practising while I studied for a year at a hair design school. One of the salons I worked for seemed all right in the beginning. However, when it came to payday, my boss underpaid me. I had to beg her nicely to pay me for my working hours. I said goodbye to that company and went to work at other salons, but I wasn't happy because they wanted me to work without pay.

Right after I graduated from hair design school, I had a job as an assistant, which I got through my school practicum. But still, I was only hired on a temporary part-time basis.

At the same time, I also provided haircuts for low-income participants

at a mental health facility. Wonderful employment counsellors in a self-employment program for people with disabilities helped me set this up. This facility closed about a year later due to lack of funding, however, and I had stopped working at the hair salons. I was still struggling with my mental health issues.

With help from my family, I moved on and was able to find part-time work at a grocery store. The work was physically demanding, but I managed to last there for several years. My boss was picky and yelled when he was stressed, but he wasn't usually around when I worked. And I met many good co-workers there. I had also by now gotten the right diagnosis (schizophrenia) and medication (olanzapine), so my illness was stabilized. That was about 10 years ago.

I was looking for better a work environment, though, so after four years I quit

the grocery store and got a job at a retail shop. It didn't require me to do a lot of lifting and the atmosphere was more relaxed. And I liked that my boss increased my pay every year for the hard work I had put into my job.

After a few years at the retail shop I got bored and wanted to find something I'd like better. I had tried so many jobs, but the one I found, and still work at, is the sweetest: I've been working at a dog grooming shop for a couple years now.

The customers may think the work and place can be fun. I thought so too—and yet it can be stressful when they are running toward a deadline or when the boss is stressed out due to some challenge and is having a meltdown. This workplace is also noisy when the commercial pet dryers are turned on.

But every day when I go to work, I'm greeted by lots of cute dogs, their paws jumped up to the gate and their tongues panting. I feel very welcomed. And the dogs aren't noisy; they're amazingly well behaved and all lie down quietly on the floor to nap.

Working with dogs is comforting and soothing to my mind. They don't complain or criticize the things I do at work. They're friendly to me and know I'm kind.

I've finally found magic—I've discovered I work well with animals. I forget about my disability and instead feel great. I've learned that dogs and I have something in common: they, too, experience stress. Some dogs are nice and some are tough to handle, but I've learned that when I'm calm, these dogs pick that up.

I have worked hard to learn better skills in communicating with people. I now know how to handle harsh criticisms made in the workplace.

I'm glad every day that I have a place to go to work. I also have my family, friends and doctor for support and life direction. My parents encouraged me to ask God to help heal my mental illness. Ever since I accepted God into my life, my life has gotten better. I approach every day with optimism.

Sharing my stories with people I know helps them know what's going on inside me and takes away the burden I have in my head. In the past I didn't tell people my story because I was afraid of how they would react. While it's still hard to share my experiences, especially with people I don't know, I believe that it not only helps me, but helps other people as well. Perhaps you can learn something from my work experience stories. ▽



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To the Brink and Back

ONE HUMAN RESOURCE MANAGER'S JOURNEY THROUGH BURNOUT

Ingrid Vaughan

At 10:00 a.m., sitting in front of my computer with a lengthy to-do list, I was already exhausted. For months I'd been struggling with fatigue and a deep sadness that permeated everything in my life. It had gotten harder and harder to find the mental focus and physical energy to put in a day's work.

Ingrid lives and works in Victoria BC as a Human Resources Manager. She is the author of I'm A Circle, You're a Square, a book about increasing the effectiveness of workplace communication. Ingrid also has experience as a small business coach, employment counsellor, business writer and corporate trainer



I forgot things, missed deadlines, made mistakes and got more and more frazzled. Then I spent my evenings trying to meet the needs of my family.

I felt like I was losing my mind but did the only thing I knew how to do—suck it up, push on and keep going. I thought if I could just get over the next little hump, things would get better. And when things didn't get better, I still continued to plow through.

My friends and family were very concerned—they'd never seen me so fragile. I could hardly carry on a conversation without dissolving into tears. I felt hopeless and trapped and wanted to sleep all the time.

Then, in bed one night, something came over me...it felt like my brain was an electrical outlet that had overloaded. I couldn't speak. I could hardly breathe. I lost sensation in my hands and feet. I was incapable of doing anything but lying there.

That terrifying moment made me realize I needed help.

When I was ready, help came in a number of ways

I work as a human resources manager and had signed up for a mentoring program through the BC Human Resource Management Association. The first time I met with my mentor, she shared her story of burnout and

depression that had her off work for almost two years. Her story resonated with me, but I didn't make a connection to what I was experiencing—I hadn't yet had that terrifying wake-up call.

At my follow-up mentoring meeting, I was to come prepared to discuss human resources (HR) issues. But no matter how hard I tried, I couldn't focus on HR. I decided to share what I was feeling at that time. I got two sentences out and burst into tears. Everything came pouring out: the exhaustion, lack of focus, feelings of helplessness and lack of control, inability to manage my emotions, and the utter despair I felt at not knowing how to fix what was happening.

When I was done, she looked at me and said, "You are so close to the edge you can't even see it. If you don't give yourself a break, you're going to be in serious trouble."

I made an appointment with a psychologist, through the employee assistance program (EAP) at work. Again, the tears came almost as soon as the psychologist said, "So, tell me what's going on with you." She also recommended I take time off work immediately. This was the same message I'd heard from my husband, my mentor and a number of my friends. I could no longer deny what was happening.

The psychologist helped me explore my resistance to taking a leave from work. I discovered I had a deeply rooted fear of inadequacy—of people thinking me incompetent. I was an HR manager, after all. How would it look for me to have a breakdown?

I summoned the courage to talk to my boss about what was happening.

I needed to acknowledge that my value came from who I was, not what I did. I had to understand that taking care of myself was not "selfish."

He was relieved to put some context to what he'd been noticing. Our company didn't have short-term disability benefits, but he supported my request for two months unpaid leave of absence, with the understanding that it could be longer based on my rate of recovery. I also applied for Employment Insurance (EI) sickness benefits to help with the financial impact of time off.

Leave to make sense of it all

I chose to go away for those two months, with my husband, to a family cabin on a lake. At home I had all the comforts and resources I was accustomed to, but there were also a million distractions to take me away from the work I needed to do.

After unpacking, I sat on the deck overlooking the lake. If your mind can be tired the way your body feels tired, mine was exhausted. Thoughts came and went but I couldn't actually hold on to one long enough to process it. I picked up a magazine, but couldn't read. I tried to watch a TV show, but couldn't concentrate. So I just stared at the lake for hours.

I gave in to my body's need to rest, even though my mind screamed for me to do something productive. I felt guilty for taking time off work and felt I should at least be actively doing something to get myself better. But I had to let go of my expectations of even the daily demands. Hot dogs and

peanut butter sandwiches for dinner were okay. I could wear a dirty T-shirt. And the winter's dust and grime on the porch floor could wait. I slept for three weeks before I was ready to dig in to the "work" of recovery.

My husband and I talked for hours about what had led me to the brink. And I journalled—a lot! Journaling was a very effective way to get in touch with my inner self and reach some of the places I had long buried by "soldiering on."

I read books on burnout, boundaries and self-care. I began to see that my obsessive need to keep everyone thinking I was superwoman started as a child seeking affirmation through getting good grades, participating in school activities and volunteering—being the good girl, the girl no one needed to worry about. This habit grew with me, leading to a relentless pursuit of doing well.

I also stayed in touch with my psychologist by phone during the time away. She helped me unravel some of my unhealthy thinking and behaviour patterns. I needed to stop thinking I could handle everything on my own and be willing to ask for help. I needed to acknowledge that my value came from who I was, not what I did. I had to understand that taking care of myself was not "selfish."

If you think you or someone you work with may be experiencing chronic stress leading them to burnout, don't delay in seeking help or in encouraging your co-worker to seek help.

I thought about how I needed to approach life in order for this not to happen again. I made lists of things I needed to change, and strategized how I'd go about changing them. I needed to stop running on a treadmill of endless tasks and pursuits and see life as a series of lessons and relational encounters. I needed to have more fun!

I had arrived at the cabin with my physical and emotional tank full to the brim with all kinds of unhealthy stuff, and there was no room for anything else. During my time of rest, it was as if a small hole was drilled into the tank, and very slowly the bad stuff drained out and made room for me to think. As the space in the tank grew, I felt myself breathing more deeply, noticing the daily things that made life beautiful.

Time off allowed me to recuperate physically and emotionally so I could return to work with a healthier outlook. I returned to work half-time, after the two months away. This modified return allowed me to regain my equilibrium at work slowly and gave my mind and body time to adjust. It was another two months before I was back to full-time.

Keeping the life ledger in balance

People often think of burnout only as it relates to work overload, but I believe it can happen when the combined stresses of life supersede your emotional and

physical capacity to cope. A number of traumatic events and losses had taken their toll on me. I became a single parent, with all that entails, at a very young age. I had to deal with financial challenges, work stress and job loss. I eventually remarried, and my husband now struggles with chronic pain. I took care of everyone else and everything, without a thought to taking care of myself—until I couldn't do it anymore.

My burnout experience has changed the way I approach my work. I understand, in a way I couldn't before, the way stress impacts people in the workplace. I've learned how important it is to lean on others when going through stressful times. And I've learned the importance of establishing healthy habits when things are going well.

My burnout was one of the most difficult things I've ever gone through, but it was also one of the most life-changing. It gave me wisdom, perspective and self-awareness that helped me find balance and joy in my work and my life.

On the job: some recommendations

Working in human resources I have worn many hats: recruiting, hiring, coaching, training, program development, employee retention and culture development, to name a few. In my current role, I do all these things.

Because of my experience, I've become keenly aware of the signs of burnout in others. Conversations with employees take place as soon as I see them sacrificing their mental health to long hours and high-stress work environments. I also help employees honestly assess their workload and capacity, and look for ways to lessen the load.

If you think you or someone you work with may be experiencing chronic stress leading them to burnout, don't delay in seeking help or in encouraging your co-worker to seek help. The first step is informing your physician about what's going on physically. Second, seek out a professional counsellor or therapist who can help you make sense of what's happening and come up with strategies to make necessary changes. Third, be honest with your employer or human resources department about what you're going through. It's far better if they know ahead of time than having to scramble to cover your work role if you suddenly drop out of the picture.

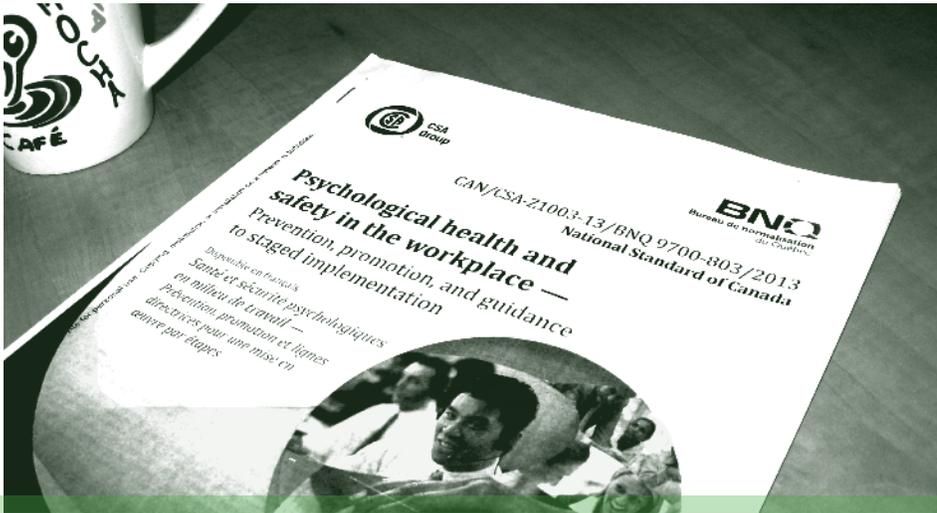
Most employers will be keen to find a win/win situation. Help could include an EAP program if they have one, assistance with applying for EI sickness benefits, a reduced work week, time off, short-term disability, health benefits that pay for psychologist fees, and work sharing, to name a few possibilities.

Finally, open up with your social network. For me this was the most difficult; I didn't want to admit to others that I was 'weak.' But in the end, vulnerability with the people who cared about me was key in gaining the support I needed to navigate my recovery. ▽

The Standard on Psychological Health and Safety in the Workplace

Mary Ann Baynton, MSW, RSW

The workplace plays an essential part in maintaining positive mental health. But it's not always clear how a workplace can be made psychologically healthy and safe, especially in times of economic uncertainty, organizational change or high demand.



A copy of the new standard on a worker's desk.

Mary Ann, as principal of Mary Ann Baynton & Associates Consulting, works with employers to improve or resolve mental health issues in the workplace. She is also Program Director for the Great-West Life Centre for Mental Health in the Workplace, a public service initiative to help with prevention, intervention and management of workplace mental health issues

That's why the *National Standard of Canada on Psychological Health and Safety in the Workplace (Standard)*, a framework to help organizations, was released in January 2013. To create a Canadian standard, a committee comprised of a balanced mix of stakeholder representatives is formed. These representatives come together to bring their combined knowledge, experience and points of view to the table. Stakeholders included employees and worker representatives, employer representatives, service providers, regulators and policy makers.

The *Standard* on psychological health and safety in the workplace was developed by the CSA Group (formerly the Canadian Standards Association) and the Bureau de normalisation du Québec (BNQ), in collaboration with the

Mental Health Commission of Canada. It was developed to help business owners cut through the hype of 'feel good' approaches and understand what factors actually impact psychological health and safety in the workplace. Many of these factors come down to the way we interact on a daily basis (see sidebar, next page).

The *Standard* defines a psychologically healthy and safe workplace as one that promotes workers' psychological well-being and that actively works to prevent harm to worker psychological health, including in negligent, reckless or intentional ways.

The *Standard* states that improving psychological health is a voluntary, ongoing process of continual improvement rather than a minimum

related resources

For Mary Ann's list of workplace mental health resources, please see the back cover of this issue of *Visions*

standard to be imposed by regulators. It is based on a psychological health and safety management system (PHSMS) that supports organizations through five main stages: commitment and leadership, planning, implementation, evaluation and corrective action, management review and continual improvement. A PHSMS is similar to other management systems and should be integrated with existing systems, policies and processes.

Although having a broad strategy and total adoption of all aspects of the *Standard* are ideal, employers don't need this to get started. An employer might pick a particular area, take some action and assess the results. The key is to make a start, then assess, improve and keep building.

Part of the motivation to develop the *Standard* now was the fact that many tools and resources to help employers maintain a psychologically healthy and safe workplace now exist, at no cost, in the public domain. Many of these credible and practical resources are described in the "Annexes" of the *Standard*.

The message is that it is not necessary to wait for additional budget allocation or significant resources. The call to action is recognizing the value of a psychologically healthy and safe workplace for all organizations and being motivated to begin the journey of continual improvement. ▼

psychosocial factors for a healthy workplace

The following psychosocial factors, which can impact psychological health and safety in the workplace, were identified by the Centre for Applied Research in Mental Health and Addiction (CARMHA). These factors are based on extensive research and review of data from national and international best practices, as well as a review of existing and emerging case law and legislation. They were developed as part of the Guarding Minds @ Work program, and adapted for inclusion in the *Standard*.

Psychological support: The environment is supportive of employees with psychological and mental health concerns, and responds appropriately.

Organizational culture: The work environment is characterized by trust, honesty and fairness.

Clear leadership and expectations: Leadership effectively supports employees in knowing what they need to do, how their work contributes to the organization, and whether there are impending changes.

Civility and respect: Workplace interactions are respectful and considerate.

Psychological competencies and requirements: There is a good fit between employees' interpersonal and emotional competencies and the requirements of the position.

Growth and development: Development of employee interpersonal, emotional and job skills is encouraged and supported.

Recognition and reward: Employees' efforts are given appropriate acknowledgement and appreciation in a fair and timely manner.

Involvement and influence: Employees are included in discussions about how their work is done and how important decisions are made.

Workload management: Tasks and responsibilities can be accomplished successfully within the time available.

Engagement: Workers feel connected to their work and are motivated to do their job well.

Balance: There is recognition of the need for balance between the demands of work, family and personal life.

Psychological protection: Psychological safety is ensured; workers feel able to ask questions, seek feedback, report mistakes and problems, or propose a new idea without fearing negative consequences.

Protection of physical safety: Appropriate action is taken to protect the physical safety of employees.

No Bullies Wanted in the Workplace

WORKSAFEBC POLICIES SPELL IT OUT

Joe Pinto

When you think of bullying, you probably think of a schoolyard bully or a neighbourhood tyrant chasing kids down the block. But unfortunately, bullying doesn't always end after the grad prom.

Child bullies often grow up to be adult bullies, moving the intimidation out of the classroom and into the workplace. Bullying can have a devastating effect on everyone in the workplace—it's not just the victims who suffer. It can lower productivity, cause physical illness and even increase the risk of injury. In extreme cases, bullying and harassment can lead to mental disorders: anxiety, depression and/or post-traumatic stress.

That's why, in recent years, many employers have launched anti-bullying and harassment programs in their workplaces. And that's why it's now mandatory for all employers in BC to have such a program.

New anti-bullying prevention policies now in effect

On November 1, 2013, WorkSafeBC introduced three new occupational health and safety policies—one for BC's 215,000 employers, one for supervisors and one for workers—to help prevent and address bullying and harassment in the workplace.

The policies were issued under Part 3 of the Workers Compensation Act. They were introduced at the request of the provincial government, on the heels of extensive consultation with workers, employers, unions and other workplace parties.

The policies describe bullying and harassment as "any inappropriate

conduct or comment toward a worker by a person who knew, or reasonably ought to have known, that it would cause the worker to be humiliated or intimidated." The definition excludes any reasonable action taken by an employer or supervisor relating to the management and direction of workers or the place of employment. Besides defining bullying and harassment, the policies also clarify everyone's role in preventing it.

What it means for employers, supervisors and workers

Employers, supervisors and workers all play an important role in bringing the policies to life.

For employers, it means they must do the following:

- Develop their own anti-bullying and harassment policy, and inform workers about it
- Develop and implement procedures for reporting and dealing with incidents and complaints
- Train their workers and supervisors on how to recognize potential bullying and harassment, how to respond and how to report incidents
- Review their policy statement and procedures activity

For supervisors and workers, it means they must comply with their employers' policies and report any bullying or harassment they observe or experience in the workplace.

Joe is a senior program consultant at WorkSafeBC. He was responsible for overseeing the implementation of the Bill 14 legislative amendments, which changed coverage for work-caused mental disorders. He continues to provide support and guidance to WorkSafeBC's new Mental Health Claims Unit. Previously, he served as chief review officer for WorkSafeBC



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And, of course, all three groups—employers, supervisors and workers—must not engage in bullying and harassment in the workplace.

Tools for workplaces

To help workplaces apply the new policies, we at WorkSafeBC have developed an online toolkit that contains a wealth of resources—from fact sheets (in seven languages) to checklists, multimedia tools and posters.

In addition to the toolkit, we've developed simple templates that will help employers craft reporting procedures and anti-bullying and anti-harassment statements, and will assist them in investigating reported incidents. And, for small business

owners, we've developed resources specific to their needs.

We offer training tools as well, in the form of PowerPoint presentations and short video animations, which employers can use for their safety meetings. And, an in-depth handbook provides details on what employers must do to meet their legal obligations.

To develop these resources, WorkSafeBC partnered with experts, as well as worker and employer groups from various industries and backgrounds, all of whom provided valuable feedback. We also searched for the best practices around the world to ensure BC's workplaces remain at the forefront of prevention.

We've also introduced a team of specialized prevention officers. Through education and consultation sessions, they help employers and supervisors understand their new obligations.

Highlighting awareness and demonstrating prevention sends a strong message—that we don't tolerate bullying or harassment. Let's stop it in its tracks.

For more information and details about accessing our anti-bullying and anti-harassment toolkit, visit www.worksafebc.com/bullying. ▾

WorkSafeBC now assists workers suffering mental disorders

WorkSafeBC has also taken steps to assist workers who suffer mental disorders as a result of their work. Here's a quick summary of the changes.

The provincial government's Bill 14, an amendment to BC's Workers Compensation Act, was proclaimed on May 31, 2012. The amended Act expands workers' compensation in British Columbia to include diagnosed mental disorders caused by single traumatic events, or caused by the cumulative effect of traumatic events and significant work-related stressors, including bullying and harassment.

Those events and stressors must arise out of, and in the course of, the worker's employment. (Previously, coverage was available only for acute reactions to a sudden and unexpected traumatic event arising out of, and in the course of, employment.) In all instances, diagnosis by a psychologist or psychiatrist is required.

Coverage is not available if the disorder is caused by decisions of the employer, such as those relating to disciplinary actions, termination, working conditions or changes in the nature of the work. In making or conveying those decisions, however, the employer cannot act in a way that's abusive or threatening, or that otherwise bullies or harasses the employee.

Specialized team now handles mental health claims.

WorkSafeBC has set up a specialized mental health claims unit to investigate and make decisions about which claims can be accepted, and to assist with treatment and return to work. The team is composed of case managers, psychologists and other mental health specialists, medical advisors, nurse advisors, vocational rehabilitation specialists and team assistants.

From July 2012 through to September 2013, the team handled 2,650 claims. Of those, 500 were accepted, 1,100 were disallowed, and 800 were suspended or deemed ineligible because the claimants decided not to proceed or they didn't miss time from work or need medical treatment.

The records of claimants are subject to the strict application of the Freedom of Information and Protection of Privacy Act. Nonetheless, we make it clear to applicants that their employers are entitled to request disclosure in the event of an appeal.

For more information on how Bill 14 impacts workers, employers and health care professionals, visit www.worksafebc.com/claims/MentalDisorders/

Substance Use and the Workplace

WAYS TO INCREASE WELL-BEING AND REDUCE RISK

Bette Reimer

Alcohol and other drug use affects workplace safety and performance. Substance use is linked to workplace injuries, absenteeism, poor productivity and job turnover.¹ But it is important to note that, just as substance use can affect performance, the workplace can affect health and well-being,² including behaviour related to alcohol and other drug use.



Bette is a Research Associate with the Centre for Addictions Research of BC. She is a member of a team that communicates current research on substance use in a way that supports the development of effective policies and practices

A stressful work environment and poor supervision, for instance, may contribute to problematic substance use.¹

Some organizations in Canada have put in place drug-testing programs to address substance use in the workplace. However, these programs have not proven to be effective in determining whether a person is fit for work. Other factors, including fatigue and failure to follow procedures, also affect safety. For these reasons, other approaches are preferable for preventing accidents and helping employees deal with issues that may affect their performance.³

So, what is an alternative approach that would both reduce risk and increase health and well-being in the workplace?

A health promotion approach

Studies show that healthy employees are good for organizations. Poor health weakens productivity⁴ while well-being is linked with good job performance.⁵ Given this, it's no surprise that workplaces with a happy and engaged workforce are associated with lower turnover and higher productivity.⁵

Health in the workplace is influenced by the interplay of various factors: physical environment, workplace culture, organization of the work, and individual choices and behaviours including personal health practices. How work is organized and managed, for example, may impact an employee's stress, which in turn may affect their health and productivity.²

A health promotion approach offers a way for employers to influence multiple factors that increase employee well-being and address safety and performance issues. Health promotion is about enabling people to increase control over their health. Effective health promotion strikes a balance between personal choice and social responsibility, between people and their environments.

A comprehensive approach to workplace health promotion involves the efforts of both employers and employees. Employers need to create a supportive environment and employees need to care for their own well-being. It's most effective when multiple strategies address interconnected areas of occupational health and safety, voluntary health practices and organizational culture.⁶

Here are some practical strategies^{7, 8} to help address safety and performance issues, increase employee health and build a supportive workplace environment.

Healthy workplaces

Workplace health is nurtured by ensuring practices contribute to a positive and well-functioning work environment.

Enhance practices that promote well-being and reduce risk of harm and injury.

- Develop and implement policies and procedures on substance use and safety issues.^{9, 10} Areas to address include alcohol and other drug use related to the workplace, how to recognize troubled employees, and support for treatment and recovery.

- Regularly review how workplace practices might influence risk and make changes to minimize the risk.
- Encourage individual responsibility and safety. For example, discourage drinking on-site after work hours, practice responsible hosting at workplace social events, conduct regular safety audits and attend to all factors related to safety.

Build an environment of inclusion.

- Engage employees in identifying concerns and issues related to the work environment.
- Involve employees in developing policies and guidelines.
- Develop communication mechanisms that keep employees informed, and that also provide avenues for employee input and for acknowledging their input.

Healthy employees

Employee well-being develops in contexts that encourage personal responsibility and build individual capacity.

Help people to manage their own personal health effectively and to support others.

- Examine all policies and processes in relation to the goal of helping people to increase control over their own health.
- Promote personal responsibility for health and provide resources and supports. This might include information about community resources, access to an employee and family assistance program, or flexible working conditions.
- Encourage peer support mechanisms.¹¹ Engage employees in exploring ways they might

support each other, both informally and within more formal structures such as a peer support program.

- Help employees to understand the impact of substance use on performance and safety, including the potential effects of prescribed and over-the-counter medications. This might include providing print and other media sources of information and facilitated discussions.

Implement practices that diffuse immediate risk related to harmful substance use and then address the underlying issues. The former might include a "fitness for work" plan and the latter a brief intervention and referral strategy.

- Make sure supervisors have the skills to intervene and make appropriate referrals when employee performance may be affected by substance use.
- Provide straightforward and confidential access to treatment, recovery and support services.

All of the above strategies are important individually, but it is collectively that they have the greatest benefit. Adopting a comprehensive approach to workplace health promotion provides a framework for planning and implementing complementary activities that interact with one another to help reduce risk and increase health and well-being. It offers a way for employers and employees to work together to build a healthy workplace. ▼

Mental Health and Today's Entrepreneur

THE CHALLENGES AND BENEFITS OF SELF-EMPLOYMENT AS A CAREER AND CHOICE

Chantal Orr, BCom

Self-employment is becoming an increasingly viable option for people living with disabilities or chronic health issues, particularly with the growth of technology and the Internet.



Chantal, a Business Coach with the Canadian Society for Social Development, works with clients living with a diverse range of mental health issues. She was a managing partner of Synergy, a company specializing in sustainability and marketing consultation. Currently, Chantal serves as external liaison for Women in Leadership, Calgary

As a business coach for the Canadian Society for Social Development, my role is to provide virtual business planning support to people who face challenges to employment, including those living with mental health issues. I help clients define their entrepreneurial objectives and develop a business plan.

Starting your own business comes with a range of benefits and also poses several challenges. It would be easy for me to paint a pretty picture of self-employment by glossing over the actual challenges involved. However, to provide an accurate picture of being self-employed means highlighting both the positive and the negative aspects. Recognizing the challenges and having strategies to overcome them is an important first step when setting out to start a business.

To gain deeper insight into the topic of starting your own business as a person

living with mental health issues, I asked one of our clients who faces mental health challenges for his thoughts about entrepreneurship. He said:

“The challenges of starting a business are the same for everyone, whether they live with a disability or not. But it takes a greater level of commitment and discipline to overcome these challenges when you face mental health issues.”

Pros and cons to self-employment

Some of the benefits of self-employment include: you get to follow your passion, you work a flexible schedule and you are your own boss.

But it's important to understand that every benefit associated with owning a business has a negative flip side. Take the major benefit of being your own boss, for instance. You call the shots, lead the strategy, choose employees, choose your suppliers and so on.

To be a successful entrepreneur, you have to love what you do. Passion will help you get through all of the tough stuff that comes with owning a business.

However, the flip side is that, because you are the major decision maker, the accountability falls heavily on your shoulders. When something goes wrong, you must assume responsibility and clean up the mess.

Yes, you may have the flexibility to work when you are most productive, but you must also strongly commit to, and maintain, a regular work routine. When working from home, be aware that your work productivity can quickly deteriorate because of small changes to your routine. For example, sleeping in past noon or spending even an hour cleaning your kitchen will eat into your available working hours. Suddenly, you find it is 4 p.m. and you haven't even checked your email. You need to treat your business with the same level of respect as you would a corporate nine-to-five office job.

Routine can be especially difficult if you are living with a mental illness. For example, a depressive disorder can greatly affect your workflow—some days it may feel impossible to get anything done. This means that an even deeper level of commitment and discipline will be required to complete your tasks and maintain your routine.

Working from home can also be lonely. And if you're dealing with social anxiety, depression or another mental health issue, working from home

can act like a crutch that will require a greater level of commitment and discipline to overcome. What do I mean by this? Well, since you hardly ever have to leave the house, you may be at risk of reinforcing self-imposed social isolation. Be aware that home offices can provide the perfect excuse to stay behind the walls of your own home.

To minimize isolation and loneliness, take time to catch up with an old friend over coffee, putter in your vegetable garden or visit your local museum. Exercise is another great activity to help break up your day. Not only does exercise provide several important health benefits, there is usually a strong social component to exercise. Why not try that new cardio class you've been putting off joining? I guarantee you'll return to your home office feeling more focused and productive.

One of my clients curbs her social isolation by scheduling time for face-to-face social interaction each day. We are social animals, so we need interaction and feedback from others. Ultimately, you have to find an approach that works for you.

There is another very important point to mention. To be a successful entrepreneur, you have to love what you do. Passion will help you get through all of the tough stuff that comes with owning a business. Also,

getting up in the morning will be much easier. No one is going to tell you to get up and go to work every day; it's your responsibility and choice as a business owner. But if you are passionate about your business, it will just be another day doing what you love!

But as powerful as passion can be in fuelling your business enterprise, it's important to realize that passion is no guarantee of success. However, when passion is paired with hard work, success is more likely to be achieved.

Another important component of success is completing the groundwork of a sound business plan. A business plan is a necessary first step in creating any successful business. Business planning can be exciting, but also daunting, challenging and sometimes boring. Some clients find it hard to be passionate about a balance sheet, but it is an important financial planning tool.

But I have to earn a living...

The financial instability that can come with business start-up is a reality. Many budding entrepreneurs need to have part-time jobs while growing their business. One of my previous clients worked part-time for a call centre while growing her client roster for her Web design company, all from her home office. Working part-time reduces financial stress and allows you to grow at a pace that respects your health boundaries.

Income reporting programs can help to lower stressors that come from financial instability. This minimizes the repercussions financial stress can potentially have on underlying mental health conditions.

Each Canadian province has some form of income reporting program, sometimes called a self-employment program or self-employment benefit. Anyone on income assistance should consider this option, as these programs allow entrepreneurs to earn a certain amount of business income without putting their base income into jeopardy. Programs vary by province, so be sure to research the details carefully.

Are you cut out for entrepreneurship?

Starting a business is not for the faint of heart. Many people have all the right intentions but despite their best efforts, watch their businesses fall apart before them. There are many possible reasons for business failure including mismanagement of funding, inexperience of key personnel, and poor marketing decisions, to name a few. Many entrepreneurs fail their way to success, discovering a business model that works on the third, fourth or even fifth attempt to be self-employed.

Self-assessment is an important first step in determining suitability for self-employment. In the initial stages of our program, clients assess their entrepreneurial spirit, business skills, self-employment desire, support systems, areas requiring development, health situation, financial circumstances and business goals.

When living with a mental health issue, you should carefully consider your personal situation in assessing whether entrepreneurship is appropriate. For example, a client with mental health issues was intent on starting a music production company. However, by working through our process of self-discovery, he realized that he needed to gain experience in the field before attempting such a lofty and costly goal.

Helping those who face employment challenges

The Canadian Society for Social Development (CSSD) is a national non-profit and charitable agency that provides employment and skills training to Canadians who face challenges to employment. Clients include people living with a disability or chronic health issue, youth, stay-at-home parents, older workers, Aboriginal peoples, new Canadians, LGBTQ (lesbian, gay, bisexual, transgender, queer) people, and people living in rural areas.

CSSD (www.cssd-web.org) develops programs in the areas of entrepreneurship, leadership and distance learning. It currently offers business start-up and entrepreneurial training, as well as Web technology training. This training is delivered online across Canada and features a self-paced and supportive learning environment.

CSSD programs include:

Business Abilities (www.businessabilities.ca): Provides online business planning resources, from easy-to-follow modules to interactive virtual classroom sessions, and your own personal business coach. Program participants have the opportunity to network and connect with other participants during online learning sessions and in CSSD's vibrant and growing social networks. The program has facilitated several joint projects between clients, bringing clients greater efficiencies and mutual benefit. Funded by the Government of Canada through the Opportunities Fund for Persons with Disabilities, the Business Abilities program is free for qualified applicants.

Internet Business Development for Entrepreneurs (IBDE) (www.ibde.ca): Provides introductory and advanced college certificates in Web technologies and design. Learning material is accessed from the ibde.ca website, and students receive one-on-one assistance via video messaging, email and telephone, and interactive learning sessions in a virtual classroom. IBDE is accredited and offered in co-operation with Selkirk College in Castlegar, BC. IBDE is fundable under provincial skills training programs, the Opportunities Fund for Persons with Disabilities, RESPs, and RRSP withdrawals (Lifelong Learning Plan).

So instead of continuing in the path of self-employment, he chose to volunteer in the field with a national network. Today this client is thriving.

Self-assessment for entrepreneurial suitability and a well-researched business plan are essential to the launch of a business. Passion and hard work will be your greatest allies in best managing the heavy workload. Of my clients as a whole, those who embrace

the extra commitment and discipline required to tackle business planning are the ones showing the best progress. This relentless level of commitment and discipline, which plays a major role in a business's success, applies even more to people living with mental health issues. But if you think you've got what it takes and you've done your homework, then entrepreneurship could be an excellent career move. ▼

resources

National Standard of Canada on Psychological Health and Safety in the Workplace

www.csa.ca/z1003

While national standards normally sell for over \$100, the Mental Health Commission of Canada has arranged for the National Standard of Canada on Psychological Health and Safety in the Workplace to be free for downloading for a limited time.

Great-West Life Centre for Mental Health in the Workplace

www.workplacestrategiesformentalhealth.com/phsms

Mental Health Works

www.mentalhealthworks.ca

Guarding Minds @ Work™

www.guardingmindsatwork.ca

A self-service resource that can help employers assess the psychological health and safety of their workplace, take action and evaluate the results of their actions. Content for the program was developed by the Centre for Applied Research in Mental Health and Addiction (CARMHA).

Working Through It™

www.workplacestrategiesformentalhealth.com/wti

A series of online video interviews of real people sharing their experiences and strategies of working through times of mental health pressures. It was developed by Mental Health Works, an initiative of the Canadian Mental Health Association and the Mood Disorders Association of Ontario.

 This list is not comprehensive. List of resources provided by Mary Ann Baynton



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