

# visions

Vol. 13 No. 4 2018

## workplace: disclosure and accommodations

spilling the  
beans at work

silence can  
be deadly



## visions

Published quarterly, *Visions* is a national award-winning journal that provides a forum for the voices of people experiencing a mental health 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 Substance Use Services, an agency of the Provincial Health Services Authority.

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# visions

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The recent Visions on Opioids highlighted the many complex factors that influence our current challenges with opioid misuse in our communities. Clearly there are many views, and it can often be a polarizing debate. The one issue that people can't lose sight of is its effect on people in all our communities. This is a public health emergency that does not discriminate based on age, race, gender, socioeconomic status, or any other demographic.

As part of the response to the number of poisoning deaths, we in BC have been allowed to set up overdose prevention sites. This has been a very successful intervention for a segment of our most marginalized community members because these sites provide non-judgmental support and connections to support an individual's recovery journey, when they are ready for it.

Yet people are still dying—most often alone, at home, having hidden their struggles with addiction from their families and employers. They aren't the picture of what most people associate a drug user to be. This is not only a homelessness or street issue. Unfortunately, the stigma related to drug use is keeping a great number of drug users from reaching out for help. We must remove the barriers that are making people stay hidden. We need to normalize the availability of support and interventions for all of our community members, just as we do for other health issues. Only then can we deal with our current public health crisis.

—Jason Harrison, Executive Director,  
Canadian Mental Health Association,  
Mid-Island Branch, Nanaimo

## editor's message

I simply adore the image on the cover of this issue; it's a perfect metaphor. Disclosing an invisible disability is still, sadly, a somewhat risky act and it takes courage for an employee to raise their hand and say what they need and why. They can feel self-conscious, different, vulnerable. That's all connoted for me in the differently-coloured umbrella being raised up. By the same measure, disclosure is usually accompanied by a request for accommodation—small changes or simple tools that can make success at work easier. Accommodations done well provide protection and support (think: umbrella) and are positive and hopeful (think: yellow?). (Okay, okay, it's possible I'm reading way too much into a piece of artwork...)

Speaking of visuals, you might have noticed we've been featuring a lot of real photos of our contributors in Visions. Unfortunately, not so for this issue. Workplace-themed Visions are always the issues with the greatest need for anonymity. Sometimes the anonymity is needed because an experiential writer is worried about disclosing a health problem in the article and being potentially discriminated against in the future. Sometimes anonymity is needed because the writer is discussing a range of less-than-ideal responses by an employer who is not there to defend its actions. So anonymity hasn't changed much over the years. The good news is I have noticed more employees trying to disclose and recognizing prejudice faster. And it's getting easier to find good-news stories.

We are about to face an unparalleled shortage of workers when baby boomers retire. Mental health and substance use disorders are very common and because they are treatable, a majority of people experiencing them are already in or will soon be joining the workforce. If you are an employer and think you can "screen" employees with health conditions and disabilities out of your workplace, I'll tell you right now: you can't. In fact, you may even be triggering or worsening them if you have a psychologically unhealthy work environment. So check your biases about what a good worker looks like, implement the National Standard on Psychological Health and Safety in the Workplace, and do the right thing around your duty to inquire and duty to accommodate. And remember accommodations aren't scary. Sometimes they can be as easy—and as helpful—as passing someone an umbrella.



Sarah Hamid-Balma

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

# Navigating Mental Health Issues in the Workplace

## A SHORT GUIDE TO DISCLOSURE AND ACCOMMODATION

Julie Menten, BA, MSc, JD

In my work with employers and employees, I am often asked to give advice to people who are either experiencing mental health problems, or, more often, trying to support employees with mental health problems.



*Julie practises workplace and human rights law at Roper Greyell LLP, in Vancouver. Previously a mental health professional, Julie takes on cases related to mental health disabilities, drug and alcohol issues and workplace misconduct and bullying and harassment investigations. Julie is Chair of the Advisory Committee for the Canadian Mental Health Association's National Bottom Line Conference on workplace mental health, as well as a director of the board for CMHA's North and West Vancouver branch*

### The disclosure minefield

#### The employee's perspective

From the employee's perspective, navigating the workplace with a mental health problem can feel like one is tiptoeing through a minefield of decisions. The consequences for one wrong step may appear disastrous. One of the potential landmines employees face is when, if ever, to disclose a mental health problem to an employer. Because of the pervasiveness of stigma, the prospect of disclosing to an employer can be frightening: *What is the best time to disclose? What do I say? What if they think I can't do my work? Will people treat me differently? Will I lose my job?*

It is no surprise that many employees choose to avoid disclosure altogether by keeping their mental health problems private.

There are times, however, when an employee may feel that full or partial disclosure is the best option. In my experience, this circumstance often occurs when the employer has started to question the employee's performance. Sometimes, performance issues are related to the cognitive symptoms of an undiagnosed, untreated or recurring mental health problem of which the employer is unaware. Lacking information, the



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An employer cannot take a one-size-fits-all approach to accommodation. Accommodation has to be based on the employee's specific needs and circumstances.

employer may mistakenly conclude that the performance issues reflect lack of commitment, lack of ability or bad attitude.

An employer may think this conclusion is further justified if the employee then takes a medical leave shortly after the performance review. The employer may not realize that the employee may have been struggling with a mental health problem in silence, and that the performance review was the catalyst that triggered the employee's decision to seek help.

### The employer's perspective

When the employer finally addresses performance issues with the employee, the issue of disclosure can have legal implications. Many people are not aware that an employer has a legal "duty to inquire" about the employee's health prior to imposing any discipline if he or she knows,

or reasonably suspects, that a mental health problem may be impacting an employee's performance. In these cases, the employer must make inquiries before disciplining the employee or letting the employee go. Typically, these inquiries will involve seeking medical information to determine whether the performance concerns are related to the suspected or known mental health problem.

It is at this point that the employer enters another minefield—that of employee privacy: *How do I talk to my employee about this? What questions am I allowed to ask? Can I ask for a diagnosis? What do I do if the employee denies there is a problem?*

### Privacy and the duty to inquire

At this point, employees may receive a letter from the employer seeking information about their medical condition from their doctor. The employee

may feel that this sort of request is harassing or an invasion of privacy. But the employer may actually be trying to meet their duty to inquire.

While employees are not obligated to provide medical information to their employer, if the request for medical information is reasonable and intended to fulfill the employer's duty to inquire, there could be employment-related consequences for not disclosing. Whether the request is reasonable can be a point of disagreement between the employer and employee, and that issue may ultimately be decided by a member of the Human Rights Tribunal (the "Tribunal"), which adjudicates complaints of alleged discrimination in employment. If the Tribunal finds that the request was reasonable, the employee is expected to participate as part of the employee's "duty to accommodate,"<sup>1</sup> which is set out in more detail below.

Employers are not entitled to know everything about an employee's medical condition, nor are they entitled to know the employee's diagnosis. An employee may decide, however, that certain trusted people at work should know and be educated about their health problem, including a mental health challenge or an addiction, in order to be able to receive better support.

The medical information the employer receives from the employee's treating physician often includes a statement about whether or not the employee has a disability and what limits or restrictions in meeting the employee's work duties are caused by the disability. It may identify

certain accommodations that might be made in the workplace to support the employee, such as flexible work hours or a temporary reduction in workload. Employers use this information to assess whether they can meet another legal obligation: the duty to accommodate the employee's disability in the workplace.

In meeting this duty to accommodate, an employer may need to seek more information from the employee. An employer cannot take a one-size-fits-all approach to accommodation. Accommodation has to be based on the employee's specific needs and circumstances.

### The rights and responsibilities of accommodation

An employer is not obligated to accommodate an employee's mental health disability if it can demonstrate that its conduct was justified or that it could not accommodate the employee's mental health disability without incurring "undue hardship."<sup>1</sup> Employers are expected to endure some inconvenience, disruption and cost in accommodating disabled employees, as long as the hardship is not excessive or undue.

Determining undue hardship is also not a one-size-fits-all assessment. An employer should consider factors such as cost, health and safety concerns, size and flexibility of the workforce and employee morale. Small employers with only a few staff may have much more difficulty accommodating mental health disabilities, particularly if they involve lengthy unplanned absences, whereas a larger employer may have greater flexibility.

The accommodation process requires everyone to meet their obligations in good faith. Employees also have obligations in the accommodation process. One of these obligations is to participate. Participation may include providing the employer with up-to-date medical information, following reasonable treatment recommendations, or accepting a reasonable accommodation that the employer has offered, even if the accommodation is not what the employee had requested or what the employee prefers.

Employees who insist on a "perfect" accommodation, and who are viewed as not meeting their duty to participate, may forfeit the right to any accommodation at all. The question of whether employees are meeting their duty to participate may ultimately be decided by a member of the Tribunal.

In unionized workplaces, unions also have an obligation to facilitate the accommodation process, which may include making changes to the collective agreement if necessary, and if those changes can be made without undue hardship. Unions who reject an imperfect but reasonable accommodation may find that this results in the employee forfeiting the right to any accommodation.

Accommodating an employee's mental health issues can lead to another minefield—the unintended impact on the morale of other staff, who may believe that the employee is getting special or preferential treatment and feel resentful. Often, this misperception can be changed with education. No one is likely to suggest that an employee in a wheelchair is getting special treatment if the employer

installs a ramp to access the front door. And no one is likely to suggest that voice-activated software for a blind employee is special treatment. These accommodations are made so that employees are able to do the job they were hired to do. Similarly, people with mental health challenges sometimes need accommodations to be able to contribute to the workplace and do the job they were hired to do.

### Resources and supports

As more and more employers embrace diversity in the workplace, and stigma becomes a thing of the past, people with mental health challenges may find that disclosure becomes less of a minefield. People with mental health issues often have unique perspectives and skills that can bring great value to the workplace. I am optimistic that there will come a day soon when the decision to disclose a mental health issue is as commonplace as letting an employer know about other physical disabilities, illnesses or injuries.

Accommodations for mental health issues can be very complex. This summary provides just a glimpse into the potential minefields employers and employees may have to navigate. As a lawyer, I always recommend seeking legal advice from an expert in the area, but there are several additional excellent resources available for employers and employees about their duties and obligations in the accommodation process. One of these, the BC Human Rights Tribunal website, includes a list of advocacy groups. You can access the Tribunal website at [www.bchrt.bc.ca/resources/advocacy.htm](http://www.bchrt.bc.ca/resources/advocacy.htm). ▼

# Spilling the Beans at Work

## A GATEWAY TO UNDERSTANDING AND GROWTH

Neil

My first workplace disclosures were recent, and they all came on in a rush.

*After a lengthy career as a project manager in the public sector, Neil has recently started working as a peer support and mental health worker in two different organizations in the Lower Mainland*

*\*pseudonym*



Despite many years of employment in the area of project management, I'd never disclosed my bipolar diagnosis at work. Then, last fall, I made four disclosures in a row, all within just a few weeks of each other. Now that the dust is settling, I'm starting to gain a clearer picture of what unfolded and what the implications were (and still are) for me as an employee.

The first disclosure was to my supervisor in my temporary project management position. John\* called me in to his office to give me feedback on an incident that had occurred earlier in the week: "We've had a complaint about an interaction you had with

another team member. You left her feeling so upset that she felt she had to bring it to my attention."

I remembered the incident quite clearly. It had happened on a day that my depression and exhaustion had reached a peak. I quietly acknowledged the feedback. But John had more to say: "There's also a broader concern about how you fit in with the team as a whole, and several other managers have reported concerns about your performance." A long silence followed, with John holding my gaze.

I could hardly deny it. He was right: I had been having considerable struggles

due to depression, and I guess it was only natural that others would notice.

The silence continued.

And then, for some reason, I decided to spill the beans. I think it was because I liked John and I trusted him. I told him of my diagnosis, and of the struggles I'd had lately at work. John seemed understanding and accepting of everything I said. I felt as though a weight had been lifted from my shoulders, and I left the meeting feeling that maybe my workplace difficulties would decrease.

It was not quite so simple.

Two days later, Claire,\* another manager, called me in to her office for a debrief on a project meeting. The feedback was broadly similar to the feedback from John: "You were absent and unfocused, and you hardly contributed throughout the entire meeting." Again, I accepted the feedback. I felt I owed Claire an explanation, too, so I disclosed my diagnosis to her as well, and shared some of my struggles. Once again, my disclosure was met with sympathetic understanding, and I left feeling that my sharing had been a positive thing.

My positive feelings increased a couple of days later, when Claire told me that another manager might have a longer-term position for me, at a higher pay grade. What's more, she'd already set up an interview for me. Things were unfolding so nicely that I had no problem with her one stipulation—that I again disclose my diagnosis in my interview with the other manager.

I felt as though a weight had been lifted from my shoulders, and I left the meeting feeling that maybe my workplace difficulties would decrease. It was not quite so simple.

I met with the new manager, Joanne,\* on a Friday afternoon, the day before I was to set off on a previously planned vacation. Halfway through the interview, I made my disclosure as agreed, and I was amazed at how quickly the tone of the meeting changed—for the better. Joanne shared how a member of her family had the same diagnosis as me, and how she would make any accommodations necessary to have me be part of her team. By the end of the interview, Joanne and I were best friends, and I was all set to return from my vacation to a better job, at a higher rate of pay. I was extremely satisfied with my newfound disclosure skills!

But, of course, pride often comes before a fall. Fast-forward two weeks: I came back from vacation, eager to get started in my new position, but something was clearly wrong. A training session had gone ahead without me. The room had been rearranged, and there wasn't a workstation for me. I met with Joanne, anxious to get things straightened out.

And then the hammer dropped.

"I'm sorry, there's been a mix-up and there is no new job for you," Joanne told me. "I need you to return to your original position, which will likely end in a couple of weeks."

I was speechless and devastated.

In the tide of emotional turmoil, I was convinced I'd been discriminated against. I put my thoughts down in an email, clicked "send," and very quickly found myself in a meeting with the head of Human Resources. To my disappointment, she told me, "I'm sorry, but Joanne had no authority to offer you the job. Because of your challenges dealing with people and staying on top of details, you were quite simply never on our radar for any of the longer-term positions. If you choose to advance your allegations of discrimination, you won't have the HR department on your side."

I decided to accept the assessment I was being offered, and I quietly dropped any discussion of discrimination.

Some weeks later, my temporary position ended, and as I write this article in a JJ Bean coffee shop on a sunny winter afternoon, I am waiting for a new work opportunity to turn up. To be honest, I still feel bitter and frustrated by how bipolar disorder keeps intruding into every aspect of my life. But I'm also finding ways to learn from my disclosure experience.

First, it's important to me to find a permanent position where there is the potential to explore workplace

accommodations ahead of time—before things get out of hand. In other words, I would like to work for an employer who is open to setting up an environment that is fine-tuned to provide me with the supports I need to perform the job well, rather than me asking for support after something goes wrong.

Second, my disclosure has helped me to realize that while managers may be generally sympathetic about mental illness, their primary concern is workplace performance. I believe I'll still be ready to disclose in the future, but I'll also be more likely to come forward with realistic proposals for accommodations that could support my performance.

Finally, I'm seriously questioning whether I'm a good fit for the demands of project management, which requires constant and continuous attention to details and dates. I am exploring other career avenues, and I am considering going back to school to train in counselling and peer support. I have also started volunteering with two social service providers in the Downtown Eastside.

I'm optimistic that I'll be able to look back at my "disclosure phase" in a few years and see a time of great learning and change. I hope I will also be able to say that it was the gateway to a new and more satisfying career. ▾



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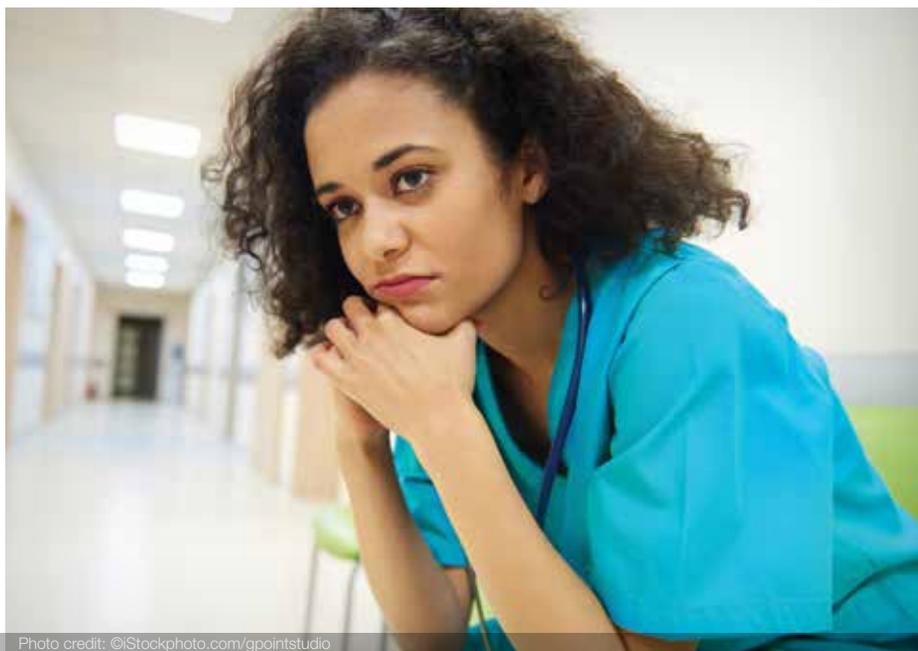


# Should You Let a Sleeping Dog Lie?

## THE STIGMA OF MENTAL ILLNESS AND THE HIDDEN RISKS OF DISCLOSURE

Emma\*

As a health care professional with a background in mental health and addictions, I always thought I would recognize anxiety and depression if they affected me. So I was surprised to learn, during the postpartum stage of each of my pregnancies, how unrecognizable each of these diagnoses could be—especially depression.



*Emma lives in the Lower Mainland of BC and works as a health care clinician*

*\* pseudonym*

My first pregnancy was wonderful, generally free of health issues and filled with all the excitement of bringing a new life into the world. I was never judgemental of friends who reported postpartum depression, but I didn't fully understand their experiences and didn't believe it could affect me—that is, until my first child was born.

During each postpartum stage, I went on to experience profound mental changes. However, I didn't

recognize these changes for what they were (serious depression), and I didn't initially see the impact they were having on our family. Symptoms I was professionally trained to recognize as classic depression were not my "clinical picture" at the time. Instead, I was a high-functioning zombie. Everything that needed to be done on a daily basis (household chores and reading to my children and taking them out to social programs) was done. I managed to respond to my family's every need, day and night,



Photo credit: ©iStockphoto.com/Wavebreakmedia

and put healthy meals on the table, all with a smile. My husband went to work and came home faithfully each day. To the outside world, we were a picture-perfect family.

Unfortunately, what I was experiencing was emotional numbing. At first, I didn't realize that I couldn't really "feel" anything anymore. It was like living in a mostly familiar world, but without colour. I could not feel joy in my heart, and I found it difficult to laugh or cry. In moments when my children were quietly playing or sleeping, I began to imagine ways of escape, such as last-minute flights to exotic places. I began to wonder how much breast milk I could pump in order to be able to leave the kids safely with a friend for a day and fly to California for an afternoon. My mind was often consumed with these thoughts. I felt it could do no harm as long as I loved my family and had no thoughts of harming myself or others.

At some point along the way, I began to realize there was something going on with my mental health. But I made

the decision to say and do nothing. I knew of a handful of friends in my social circle who had publicly disclosed their postpartum struggles, only to be shamed, back-stabbed and ostracized for it. People were superficially supportive, but on the flip-side would make snide remarks and attempt to solve the person's struggles in a single sweeping statement: "If only she would...", followed by a cookie-cutter suggestion for solving the complex problem of intense emotional struggle. The shame cut deep. For many in my social circle (and beyond), postpartum depression signifies poor parenting, weakness and a lack of gratitude for your children. I didn't want the shaming. So I kept quiet.

After my second maternity leave ended, we made a family decision for me to return to work. I felt good about the decision for a number of reasons. For starters, it would provide meaningful, adult connections—a bit of a break in my otherwise baby-focused life. Also, it was good for my self-esteem to continue using professional skills I had worked so hard to attain prior to starting a family. It seemed

like the best of both worlds: being able to juggle a professional life and a family-focused one.

Going back to work was great—at first. I worked hard to update my skills and contribute to my profession in as many ways as I could. I took on extra training for both supervisory and mentoring roles. I felt some colour returning to what had formerly felt like a black-and-white mental landscape, although I still experienced daily mental struggles. I planned to continue working and hoped to move into a role in leadership or education.

What I didn't realize was that a few co-workers had sensed my vulnerabilities and had other plans for my professional future.

At some point in time, when I was at work, I made the mistake of telling some co-workers that I believed I was struggling with depression and anxiety. Others decided for some reason that I was experiencing marital problems along with the natural stress of juggling a schedule of shift work and child care. Some noticed that I had lost weight in a very short space of time, and they began to harass me about my physical appearance and make allegations about my supposed "food behaviours" and other practices, all of which, aside from being cruel, were completely false. Others openly made social plans at work, making public statements that all co-workers were invited except me.

I felt I was tough and would handle it in my own way—by trying to obtain a positive work reference and applying for another job. I didn't want to stir up trouble by initiating a complaint about

bullying and workplace harassment. I felt it was best to let sleeping dogs lie.

But one night, I felt emotionally overwhelmed. The situation at work reminded me so clearly of a similar situation in my early life, in which I was badly bullied and assaulted. I decided to lodge a formal complaint with my supervisors, but both they and Human Resources responded with disbelief and hostility. The complaint was not kept confidential, which led to further harassment. Then, when the complaint moved forward, staff began to worry about losing their jobs; workplace stress increased, and staff morale plummeted. To top things off, my family life—from which I derived so much support and strength—started to suffer. I began to receive formal counselling, but the situation worsened to the point that I ended up on formal leave and was hospitalized. I could no longer deny my mental health struggles.

Because I had made the complaint, however, my employer refused to give me a reference; I had little choice but to try to return to the same job. I tried working at a new location, but I dealt

I would like to report that we live in a stigma-free country, but we are far from having achieved any such thing. There is much work to be done, and it starts with simple acceptance, continued education and awareness.

with a tremendous amount of stigma and the staff announced that they were unwilling to work with me. Few of my co-workers had my background in mental health, and I sensed a lot of the reaction I was receiving was based on fear and misconceptions about mental health issues. I ended up on another leave, was treated for depression, and finally worked hard to obtain another accommodation: a transfer to another place of employment.

Today, while my current life and work situation is not perfect, I have received quality treatment and counselling for my depression and anxiety and now work in an emotionally healthier, more peaceful employment environment free

from bullying—but I haven't disclosed my past experiences or shared my mental health challenges.

I feel the worst is behind me, but I am definitely more cautious now. In the future, I will keep my cards closer to my chest, choosing instead to let sleeping dogs lie rather than ever pursue another formal complaint. I would like to report that we live in a stigma-free country, but we are far from having achieved any such thing. There is much work to be done, and it starts with simple acceptance, continued education and awareness. I hope things are different in the workforce—for the better—by the time my kids start applying for their first jobs. ▾

# visions

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# Accommodation Works

## AN EMPLOYER PERSPECTIVE

Lisa Mort-Putland, BA, MPA

Volunteer Victoria is a volunteer recruitment and referral centre. With six staff members and more than 100 volunteers, we help place 16,000 individuals each year in various volunteer opportunities. We offer services to people of all ages and stages of life and we try to meet people where they are at—literally and figuratively.

*Lisa is the Executive Director of Volunteer Victoria, the only volunteer recruitment and referral centre serving Greater Victoria*

*Visions would like to thank Rebecca George with the CMHA At Work program in Victoria for her help securing contributors for this article*



Photo credit: ©iStockphoto.com/Steve\_Debenport

In terms of employment, we know that participating in volunteer service is often the bridge between where someone is and where they want to go. We celebrate being able to inspire people and help them find new opportunities through volunteerism.

I have been the Executive Director at Volunteer Victoria since June 2011, and I have supervised and worked alongside staff and volunteers with differing abilities for more than 25 years. My grandfather had a disability, and he taught our family that he could do anything. He just sometimes needed to do things a bit differently.

One of our volunteers introduced us to the At Work program, a Canadian Mental Health Association (CMHA) initiative that helps people recovering from mental illness or addiction find meaningful employment and connect with employment supports. When Mike came to us from At Work, we were excited to have him join us. We place volunteers in work environments every day, and we try to articulate and establish conditions for success. This was an opportunity for Volunteer Victoria to create a space for someone with unique challenges, knowing that we could all learn and grow from the experience.

We ask all our employees and volunteers to tell us what they need to feel welcome and to experience success in the workplace. Typically, we offer a quiet space where a team member can go to get away from people or stresses, as well as flexible schedules so that team members have choice about when to start and end their work day or work week. We encourage our staff members to take more breaks, go for walks and share their thoughts about their work experiences with colleagues.

We also emphasize balance in work and life commitments. As an office with many volunteers, we have great flexibility to reassign work, to shift schedules and to build paid and unpaid teams that support each other. We discuss roles and responsibilities and ensure that work is fairly distributed and that everyone is able and willing to take on their share. We sometimes sacrifice speed and efficiency in our desire to create a flexible workspace—but it is worth the effort.

A few other practices help foster a supportive environment. For example, we have office companion dogs, and supervisors make sure to verbally check in with staff on a daily basis, scheduling more formal check-ins as they are needed. As an organization, we regularly host discussions about wellness, with conversations focused on asset building and gratitude.

At the same time, we make room for statements like “This is not my best day.” We all know that everyone experiences good and bad days at the office; it’s okay to acknowledge negative stress and change.

## a few comments from staff member Mike

Throughout my life, I’ve been judged because of my mental illness; both my illness and the judgement I feel from others sometimes affect how productive I am in the workplace. But when I came to Volunteer Victoria via the At Work program, I was made to feel like I was a team member from the beginning. It makes all the difference in the world when you know you’re not being judged.

There’s something special about the people at Volunteer Victoria. They have all seen me get manic and lose control of my emotions, yet I never feel like I’m going to be treated any differently the next day. It’s as if, as far as they’re concerned, the manic episode never happened.

Because of Volunteer Victoria’s supportive environment, it was easy to talk about my mental and physical disabilities. The genuine caring relationships that are built at Volunteer Victoria daily reinforce to me that there are real people in the world. When you’re around real people, it’s easy to talk openly about your journey.

The accommodations made for me were fantastic. If I needed to, I could leave the office or take a day off to sort my head out. Knowing I could do that was priceless; being able to take a longer lunch or an extra break goes a long way.

Productivity is crucial to the success of any business. But a person is way more productive at work if they’re not trying to sort out their own stuff at the same time. The most important expectation at Volunteer Victoria is that individuals take care of themselves before they do anything else. In this kind of working environment, more and more often all I need to do to re-focus is look around the office at this supportive community of colleagues and friends.

We let team members know directly that we know everyone makes mistakes and no one is expected to finish all of the work on their desk every day. This helps reduce pressure and creates an environment where people feel safe to decide for themselves what a healthy work schedule looks like and what they might need in terms of support.

Mike was very open about his physical and mental health journey and made it easy for us to learn how to support him—on good days and on not-so-good days. We discussed

accommodation on Day One. Mike became even less anxious over time as he learned to trust that we were here to support him and that he had lots of time to learn new skills and, if necessary, to fail at new things without our judging him.

Mike’s anxiety decreased and was eventually replaced with more self-confidence and the knowledge that he is a valued member of our team. He contributed to our research and organization projects and learned new software programs and skills in data management and team communica-

tion. Our entire team benefited from Mike’s success in these areas.

Mike taught us new skills as well, including how to look for signs of his more frequent physical ailments, such as headaches, body aches, an inability to concentrate, increased anxiety and any obvious continued lack of sleep. We also learned how to watch for obsessive behaviours and over-involvement in projects, as well as a lack of communication or motivation and social withdrawal, including verbal and non-verbal cues, body language and the more obvious signs like missed deadlines or a change in the quality of Mike’s work or in his interactions with other staff and volunteers.

At Volunteer Victoria, our goal is to create a workplace where people feel safe to experience the entire continuum of human emotion and to provide team members with a range of tools to address needs and challenges and to celebrate milestone moments. We let Mike take the lead on how much he could handle on any given day. With Mike’s input, we agreed as a group that he would check in with us in writing or verbally on the days when he was not able to work so that we knew he was okay.

Mike’s ability to communicate openly with us about his mental health journey was freeing for the whole team in many ways, providing us with the opportunity to work together to find solutions for him. It takes courage to be so open.

At Volunteer Victoria, we work with a diverse group of volunteers, some of whom have physical disabilities and mobility issues and some of whom have mental health challenges. In general, it is easier for our team to openly discuss how we can accommodate volunteers with a physical disability and how we can provide services to people with mobility issues. Once the accommodation is made, it is often permanent and doesn’t need to be varied.

But mental illness sometimes requires that we pay closer attention to the subtle changes in mood or abilities that occur over time, and that we develop a deeper understanding of the positive and negative stresses that have an impact on wellness and illness. Not everyone facing mental health challenges is naturally as openly communicative as Mike. Working with people with mental health issues can be less intuitive than working with people with

physical disabilities. In all cases, we have to follow the lead of the person on the mental health journey when we consider what accommodations might be helpful.

Many people make assumptions about what it will be like to work with people on a mental health journey and what workplace accommodations will have to be made for employees facing mental health challenges. But mental illness is varied, and the accommodations needed are not always obvious. And many of the negative stereotypes I often hear about people with mental illness are simply false.

Some of our most consistent and reliable long-term volunteers are individuals on a mental health journey. In my experience, those volunteers have been caring, productive, funny and very responsible adults who greatly value an organization where they feel welcome and safe and who bring a sense of deep compassion and human understanding to their work.

### Volunteer Victoria’s five steps to clear discussion

Volunteer Victoria uses a five-step process that both supervisors and staff employ when they have to discuss difficult issues. The five steps can be used as a prompt for eliciting information from someone who is suffering or as a guide for those seeking help.

1. Specifically **name** the issue that is the source of emotional or physical discomfort (e.g., “I have anxiety”).
2. Articulate how that issue is having an **impact** on your experience, either generally or in the moment (e.g., “Anxiety impacts my ability

Mental illness is varied, and the accommodations needed are not always obvious. And many of the negative stereotypes I often hear about people with mental illness are simply false.

to concentrate for long periods of time”).

3. Talk about the potential **consequences** if the issue is not addressed (e.g., “I need to address my anxiety before it escalates into a more significant illness that will impact my work”).
4. Negotiate terms for **change** (e.g., “I have some suggestions for ways that might help me work more efficiently and reduce my anxiety, like creating a schedule with more breaks, moving my workstation to a quieter location, temporarily reducing the number of projects that require detailed work, etc.”).
5. Set a **timeline** for implementing change, and set a check-in date (e.g., “Can we make the changes and meet in a week to see how things are going and set a longer-term plan?”).

By being proactive and using a clear and thoughtful process, an employee can control the message and the emotions associated with difficult and personal conversations. It takes courage to give an employer an opportunity to accommodate one’s needs and to encourage wellness in the workplace. And it takes a flexible and compassionate employer to respond appropriately to an employee in need of support. But the benefits of retaining staff and volunteers on a mental health journey far outweigh the costs of any accommodations that might have to be made. ▽

## related resource

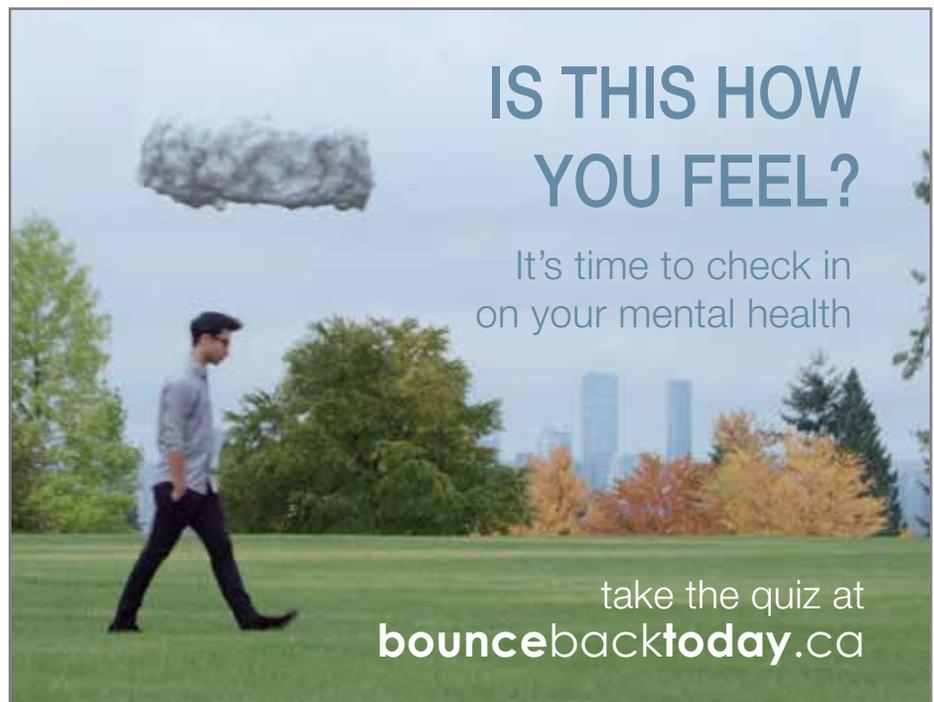
### About At Work Victoria

At Work/Au Travail is a national collaboration established by the Canadian Mental Health Association in 14 communities across Canada. Using a strength-based approach, the collaboration assists people with mental health challenges to connect with meaningful employment supports, helping to make Canada a diversified, equitable place for all people to work.

At Work Victoria serves the Greater Victoria area and the Cowichan Valley. We ensure that our job seekers are highly motivated to secure employment and possess the necessary skills needed to complete the job.

Small and medium-sized businesses are eligible to receive funding to cover the costs associated with hiring a new employee. Accessing a subsidy is easy, and the amount of the subsidy and the duration can be negotiated based on the employer’s needs.

For more information about At Work Victoria, contact Rebecca George by email at [rebecca.george@cmha.bc.ca](mailto:rebecca.george@cmha.bc.ca) or by phone at 250-858-1505.



# The Ups and Downs of Disclosure and Accommodation

## A TALE OF THREE EMPLOYERS

John,\* BA, MA

This is the story of how three employers responded to my mental health struggles and my request for accommodations at work.

*John is a resource sector consultant who works in BC. He grew up in the city and now lives in a smaller BC town, closer to the trails and woods that he loves*

*\*pseudonym*



### Employer #1: the BC government

Some years back, I moved from the city to work for the provincial government in resource management in a beautiful remote town. The work was interesting, often in far-flung areas of BC, and largely involved working with First Nations communities.

But the depression I had struggled with on and off for several years, and which I had kept hidden from those I worked with, quickly became more debilitating than it had ever been. Sometimes I would be anxious and unable to concentrate, obsessing about what I wasn't doing well in my life. When I got really low, I would

feel my brain go numb and I was unable to work. My confidence sank, my efficiency suffered and I was less willing to take on more or move up within the organization.

I also had a sense of extreme physical discomfort—a lack of safety in my own body. I was aware of how my body felt all the time. I often felt as though I was falling in terror to my death, with my stomach clenched, throat tight, and with a sense of dread. I began to fear I would never escape these symptoms. It was hard to concentrate on anything else.

I began experiencing insomnia and struggled to get out of bed most

mornings. I compared myself to colleagues who were up at 6 a.m. and somehow able to sparkle through the day. I struggled with physical fatigue as well as the consequences of my own negative self-judgement. In Buddhism, that's called the second arrow. The first arrow is our initial pain, brought on by loss or something else, something we couldn't have avoided at the time. Then we fire a painful second arrow at ourselves, an arrow of self-judgement and shame for experiencing that initial pain or sense of inadequacy.

With my continuous self-judgement and sense of hopelessness, I began having thoughts of suicide. Fortunately, I told my doctor, and he recommended I take four months' leave to seek treatment. I was just taking on some new projects, I had just hired a team: it was a lot to give up. But I was in crisis, and he was persuasive; it turned out to be the right decision.

I told my supervisor. He was supportive and immediately called a meeting with the director. Both of them were shocked that I was struggling so much. What surprised and touched me most was that they were so concerned. Across the board, my colleagues were accepting, compassionate and devoted to problem-solving—not in a let-me-fix-you way but in a let-us-know-what-we-can-do-to-help way.

I went on short-term disability. Having already received a lot of counselling, I tried a three-month intensive program in a residential spiritual centre, where I studied yoga and Buddhism. Upon completion of the program, I made the difficult decision to leave government, my friends and colleagues and seek

other work. I wanted to work with First Nations, but with their mandate, not the province's mandate. Although my colleagues were sad to see me go, I felt supported in my decision making.

### Employer #2: a resource management organization

A year after leaving my government job, I was offered work in my field with a small resource management organization. I was open about my mental health struggles. I started the job on a very part-time basis, with the organization's full support. My colleagues were accommodating of my request to increase my workload slowly. Eventually, to my surprise, I was working full-time.

Because of that flexibility, I didn't have to explicitly ask for more accommodation. If I didn't work a full week, it wasn't an issue, as long as I was still meeting our goals. Sometimes I would say, "You know, I'm not feeling great, I feel the numbness in my head coming on. I'm going to need to rest and recover and do this tomorrow." I think that kind of flexibility should be part of any job. The amazing thing about mental health is that I would be really struggling one week and not able to get through full days at all, and then the next week I could concentrate well and work hard and more than make up for the hours I had missed the previous week.

When I worked for the province, that sort of flexibility wasn't available. There, before I disclosed that I was having mental health struggles, I had requested a four-day work week. But I was told that if they did it for me, they'd have to do it for everybody.

After four years with the resource management organization, I decided to do a second master's degree in a clinical health field. For almost two years, my employer let me take a day and a half out of each week to do work for my graduate program.

Then I needed to undertake a full-time practicum. Ironically, my experience of disclosure and accommodation during my internship as a practising mental health clinician is the most difficult for me to reconcile.

### Employer #3: a clinical health centre

My internship was in a respected clinical health centre. While I was performing well in my work and studies, I still struggled underneath with low periods of despair. I explained the situation to my supervisors and asked if I could split my internship. I would still do the full amount of work, but in smaller, more manageable chunks of time over a longer period.

But there were no accommodation options. At the health centre, the interns have to commit to a full-time, year-long practice, with a heavy patient load. They reassured me that I was going to be okay and that they would provide me with a lot of support. So I thought, "Alright, I'm not at my best, but they know that and think I can do this, so maybe I can."

In hindsight, I now understand that my intuition was telling me it was too much, that I needed to be humble and compassionate with myself and accept my limits. Within a few weeks, I started experiencing insomnia, along with intense bodily and mental exhaustion.

## How an organization responds to your request for accommodation will help you decide how much of yourself you want to invest in your employer.

In all fairness, insomnia and exhaustion are pretty standard for many starting out in the clinical field: it's really difficult work. But soon I began to experience full-blown symptoms associated with post-traumatic stress disorder (PTSD)—terror, insomnia, despair and intense anxiety. My clinical work had triggered deep memories of traumatic early-life experiences that I thought I had healed. My symptoms became worse and I began to have thoughts of suicide, even planning how I would do it.

I sat down once more and talked with my supervisors.

Initially, they were concerned but optimistic that I could take a couple of weeks off and return to my practice. But after a lot of internal reflection and counselling, I knew that I couldn't continue my internship; I needed to seek intensive treatment.

In many ways, the situation was similar to what I'd experienced with the provincial government. Everyone was concerned and supportive when I disclosed that I was too unwell to do the job, but the organization hadn't offered any preventative accommodation at the outset—accommodation that may have allowed me to do a job that I loved and was good at—in a

way that better suited my capacities at the time.

While the clinical health centre was outwardly supportive, a few events left a bitter taste. When I said I needed time to heal and that I'd like to come back and finish my work, my supervisor's response was essentially "No"—that I would have to start from the bottom and reapply.

I found out later, when I received my performance review, that she had given me a score of zero on the ethics measurement. She suggested that patients I worked with could be negatively affected by having to work with new staff, and that I bore the responsibility for that.

In hindsight, I think she just didn't want to admit her own partial responsibility for the situation. I had been open with the centre about my mental health challenges at the outset and I had requested accommodation—but the supervisor's report didn't mention any of that.

So I left. It took me a year to heal my PTSD symptoms to a level where I could return to work. During that year I kept in touch, monthly, with my previous resource management employer, letting the organization

know how I was doing. When I was ready to return to work, they told me they had kept my job for me. I think they saw me as a good employee and a good investment. They were willing to wait for me.

Today, I'm doing pretty well. I'm working full-tilt, more effective and with more responsibility than ever. I've healed much of my early trauma and I'm beginning to see my existing symptoms as a helpful warning sign to step back, go slower and take better care of myself. That includes accepting rather than punishing myself for times when my symptoms impact my productivity. I'm also starting to ask more assertively for things I need. I haven't had to request many accommodations of my employer lately, but I know that if I needed to talk about something, my colleagues would be there in a heartbeat.

In my experience, it's important to ask for the accommodation you need in order to perform your job as well as you can, and it's better to ask sooner rather than later. When an organization hires an employee, it's making an investment. Making minor accommodations so an employee can do the job they were hired to do does not need to be a significant adjustment for most organizations. But how an organization responds to your request for accommodation will help you decide how much of yourself you want to invest in your employer. It's difficult to take on an advocacy role for ourselves when we are struggling deeply with our mental health, which is why I want to speak up now in support of making flexible accommodation policies for mental health commonplace across all fields. ▼

# The Mask of a Smile

## FAKING NORMAL AT WORK WHEN YOU HAVE AN EATING DISORDER

Megan

I never planned on having an eating disorder (ED, or, as I like to call it, Ed). In what felt like the blink of an eye, Ed had convinced me to give him my heart in exchange for his mind. Ed made me feel that as long as I had him, nothing else mattered. Ed numbed the pain of everything else in my life.



*Megan lives and works as a behaviour interventionist with children in the Okanagan region of BC. She enjoys spending time outdoors*

As my anxiety and self-doubt increased, Ed was there with open arms whispering that he didn't like me very much... but here was what I could do to make it better—which worked well for me, because I didn't like me very much either, and I wanted to do anything I could to make it better.

### Ed and family

Depriving myself of food and exercising excessively became an addiction. By the end of high school, Ed had complete control of my thoughts, my self-esteem and my confidence. I'll never forget writing my English 12

provincial exam while my mom waited in the car out front to take me to my first intake meeting for therapy. I knew that my obsession with my body was getting extreme. That's why I had agreed to try therapy. But while I was trying to concentrate on passing my exam, Ed was busy trying to convince me that I was fine. I sat there at the desk, hardly able to breathe I was so nervous. My body shook violently. I feared that I was "too fat" to get help. My focus was not only not on my exam—it had completely left the room. I didn't know at the time that Ed's control over me would only increase.

I was diagnosed with an eating disorder when I was 17 and spent the next several years in and out of various treatment programs and therapy units. Ed had me on a tight leash. I was his slave. He whispered in my ear constantly—that I was stupid, worthless, ugly and fat. Because of Ed, I starved my body, my mind and my soul. Although I passed my high school final exams—barely—it soon became clear that university was out of the question. I couldn't concentrate on anything except calories and exercise, and I had difficulty putting two thoughts together. Failing grades in my university prep courses made me feel like even more of a failure as a human being.

I felt numb and became more distant from those I cared about. It pained me to watch how Ed made me push away those who loved me most. I felt as if I was behind a glass wall, screaming for help, yet no one could hear me. My parents became increasingly concerned that I was so distant, that I had started to avoid family meals and had begun to buy my own groceries. To make matters worse, my parents had their own marital problems and eventually filed for divorce.

All I wanted to do was escape—to run away and be with Ed. I decided to leave home and move to Vancouver.

### Ed and work

Vancouver excited me. There was so much happening. I loved the city's culture, its lush green trees and its charm. But what I loved most was being alone with Ed.

But living in Vancouver was expensive. My wage as a barista was not enough

to get by—especially when Ed started encouraging me to spend more money on my appearance—designer clothes, make-up, hair extensions—all the things that a girl who's "too fat" needs in order to be accepted, by Ed or anyone else. I took on a second job serving in a run-down pub downtown.

It was hard enough trying to fake happy with my family. It was another challenge trying to put on that mask of a smile for my new employer. My self-esteem plummeted further with each shift I worked.

It wasn't the customers so much as the other staff. "You need to eat a burger," the chef would say to me as I grabbed the order to take to a table.

"A burger?!" the manager replied incredulously. "She needs about 20 burgers!" She turned to me. "Do you even eat?"

I would plaster a smile on my face and try not to cry. Once, when I came out of the bathroom quickly between waiting tables, I overheard the manager say, "I bet she was making herself sick."

I didn't have the confidence to stand up to them or shrug off their comments, or—heaven forbid—admit that I really did need help. Instead, I went home sobbing, feeling like I had failed my co-workers. As punishment, I would deny myself food.

I quit the job at the pub, and Ed convinced me to apply for a position at a restaurant chain known for hiring extremely beautiful servers. Ed told me that the only reason I was offered the job was because I had become so

skinny—so I'd better stay that way. I didn't realize that working there would only make things worse.

As part of our training, the manager had us sample bites of everything from the menu. While all the other girls dug in, I fixated on finding any excuse to not take a bite. I sat in my chair, plastered another fake smile on my face and politely declined everything that was passed my way.

Serving at that restaurant was even more challenging than serving in the pub. It completely consumed me, pushing me into being somebody whom I now know is completely not me. All of the servers looked like models or actresses. What did I have? Nothing, I told myself. But Ed loved the glamour, the fashion and the fake. Ed assured me that if I stayed skinny, then maybe I would be accepted.

Soon I had guests and servers alike asking me to share my tricks for staying so slim.

But I had become a basketful of lies. My body was breaking down. I was sore, tired and cold all the time. I started feeling faint at work. Carrying the trays of food and drinks had started to feel nearly impossible. I felt like the walking dead. I knew I needed treatment. At a recent check-up, my heart rate was so low that the physician had told me I should really be hospitalized—in fact, that I would be admitted involuntarily if I didn't check myself into an inpatient program.

### Good-bye to Ed

I spent days over-thinking the stories I would tell my boss so that I could go on leave. In previous jobs, I had

requested time off for treatment, but it was always difficult to explain why I was asking for accommodation. Honesty really wasn't something I was used to, and by this point it had become second nature to lie—to myself and to everyone else.

One morning, I dressed carefully and approached my manager in my two-inch heels, which clicked against the hard floor. I remember feeling my frail frame trembling as I asked if I could speak to him.

“YOU!? You need to go into therapy? I didn't think you were that skinny! What do you weigh now? What do you have to weigh in order to get out of the hospital?”

The questions stung. I was ashamed—but I was also angry. For the first time in a long time, I felt the emotions of the real me start to rise to the surface.

I'd like to say that from that point on, I was in recovery—but it wasn't that simple. I was initially given leave from work to attend treatment, but my employers weren't happy when I told them the inpatient program required a minimum three-week commitment. Their accommodation came with pressure to provide an exact date of return, and I didn't feel that the comments were coming from a place of caring about me as an individual.

I began to realize that part of what had attracted me to the service industry in the first place was that it was a place where someone who feels worthless can feel worthy—by serving others. And I began to see that I was doing a disservice to myself. In order to feel worthy, I should be treating myself as



Photo credit: Gaelle Marcel on Unsplash

I began to see that I was doing a disservice to myself. In order to feel worthy, I should be treating myself as a worthy individual. In other words, it was time to stop serving others, stop serving Ed and start serving myself.

a worthy individual. In other words, it was time to stop serving others, stop serving Ed and start serving myself.

I quit my job, and after another long course of focused therapy and treatment, I slowly learned a new type of self-value. I can no longer imagine putting up with the type of treatment I endured in the food service industry, where so much emphasis is placed on outward appearance rather than on an individual's inner worth and beauty.

I still have days that I struggle with my sense of self-worth—and with my eating patterns—and I have made some wrong decisions. But I've made a lot of right ones, too. And I now work in a supportive environment

that fosters the sort of self-respect that I have spent years rebuilding. I go to work feeling motivated and confident enough to be myself. If I need help, I ask for it—and I know it will be given. Most important, however, I can proudly say that my heart is now mine—not Ed's—and I've exchanged his brain for my own. ▼

# Accommodating Addiction in the Workplace

Adam Picotte, CDMP, Barrister & Solicitor

Amy\* was in trouble and she knew it. As a single mom with two children requiring special care and a demanding and stressful full-time job in a health care facility, she faced financial and emotional strain. She had been coping in her own way: with cocaine. But she had finally reached the point where she was scared for her own safety.

*Adam is a lawyer for the Health Sciences Association of British Columbia (HSABC), a union that represents more than 18,000 health science professionals at over 250 hospitals and agencies in acute care, long-term care and community health. He helps HSABC members in various employment and labour matters, particularly disability management*

*\* Amy is a pseudonym. Some facts have been changed to protect the identity and privacy of the individual. Amy's experiences are common to many employees in various circumstances, communities or neighbourhoods*



Photo credit: ©iStockphoto.com/Radist

One day at work, Amy had an emotional breakdown. She started to act out towards her colleagues. She swore and was confrontational. As a result, she was called in to the human resources department to discuss her manager's concerns about her behaviour. It was there that Amy made her best possible decision. She disclosed to her employer that she had an addiction to cocaine.

Instead of disciplining Amy for her erratic behaviour in the workplace, Amy's employer was required by law to accommodate Amy's addiction. Under the BC Human Rights Code, an employer cannot discriminate against an employee because of a mental disability.<sup>1</sup> Legally, the definition of mental disability includes addiction to drugs or alcohol. This shifts the

employer paradigm from discipline-oriented to treatment-oriented.

Luckily, Amy's employer and Amy's union, the Health Sciences Association of British Columbia (HSABC), are joint sponsors of the Enhanced Disability Management Program (EDMP), which assists employees who have disabilities to successfully return to work. Disability management programs are common in BC, as employers strive to comply with the law. Smaller employers, who may not have the resources to run their own programs, often contract the services of an outside organization to help manage disability accommodations in the workplace.

In addition to being a sponsor of the EDMP, HSABC includes a full-service disability management department,

which consists of experienced labour relations officers, rehabilitation experts and lawyers. These professionals assist union members with a range of issues, including returning to work, accommodations, Workers' Compensation Board (WCB) claims and long-term disability claims.

Amy was paired with a disability advisor from her employer and a labour relations officer from HSABC. The union and Amy's employer met with Amy to discuss her addiction and set in motion a plan of action, and to determine how to get her back to work as soon as it was safe to do so. Amy was an active and consenting party in the process. Generally, accommodations are not effective if the individual with the disability does not support and participate in the plan of action.

Like most HSABC members, Amy is a paramedical professional. Paramedical professionals are employed in some of the most safety-sensitive positions in health care facilities. When a member has an addiction, HSABC labour relations officers work with employer representatives and the employee to ensure that the employee receives adequate treatment and monitoring and can eventually return to work safely and successfully.

In Amy's case, this meant taking some time away from work and undergoing an assessment to determine what steps to take.

The first step was to ensure that Amy received appropriate treatment. HSABC and the employer agreed to send Amy to an addictions specialist for treatment recommendations,

which included attending a residential treatment program, followed by two years of monitoring by an addiction monitoring company to ensure she was complying with abstinence.

Amy's case required a unique approach because of the complex practical challenges she faced during the treatment and accommodation process. As the primary caregiver of two children who required special care, Amy carried a significant financial burden and had specific childcare needs. The recommended residential treatment program was several weeks' duration. But Amy's children had no other caregiver and Amy was the only income-earner in the family. Attending a residential program meant Amy would have to find and pay for additional care during a period without income.

HSABC requested clarification from the addictions specialist about whether an intensive outpatient program could be used instead. The addictions specialist endorsed this option. Amy was able to get the programming necessary for her treatment and return to work sooner, while maintaining her role as primary caregiver for her children. An earlier return to work meant less financial strain.

Amy's privacy and her safety as a patient (and the safety of those around her) required a fine balancing act. Within a unionized context, there is always a push and pull between the need for employee privacy and the requirement for safety. Sometimes these two needs are in opposition; balancing them requires appropriate care and thoughtful deliberation.

On one hand, Amy was acting in good faith when she disclosed her addiction to her employer, and she was entitled to privacy. On the other hand, her employer needed to ensure Amy's safety and the safety of the work environment and to prevent the risk of patient and employee harm. In order to do that, Amy's employer had to disclose some of the details of Amy's personal circumstances to specific individuals who would be involved in the treatment and accommodation plan.

To fulfill Amy's particular treatment requirements, and to maintain work environment safety, Amy submitted to random blood sampling as part of the monitoring program, in order to ensure her system was free of cocaine. This in turn required that Amy leave her worksite on short notice. As in the case of most paramedical positions, Amy's job offered no back-up options—there was no “substitute Amy.” If Amy was not seeing her patients, then her colleagues would have to fill in for her. This type of situation raises questions about fairness in workload and work performance. An easy solution would be to tell Amy's colleagues that she was being treated for an addiction. This would explain the need for frequent short absences and any extended time away from work. But that would also be unfair to Amy, who has a right to privacy.

HSABC and Amy's employer agreed that Amy's direct supervisor would be advised that Amy had been ill but had been cleared to return to work. The supervisor was also told that, for the foreseeable future, Amy would need to attend medical appointments on a routine basis and on short notice. Finally,

if there were any issues with Amy's employment or workplace behaviour in the future, the supervisor was to contact the HSABC disability advisor.

In the EDMP, all medical information about employees is kept private. Amy's medical information is not in her human resources file and not shared with supervisors or managers. Instead, her medical information is contained in a separate health file, which can only be accessed by HSABC disability advisors. And before the information is shared with anyone else, Amy must first give her authorization to have it shared.

Over the next two years, Amy continued to abstain from cocaine use and her medical privacy was maintained. Amy met regularly with her labour relations officer and her disability advisor. She successfully completed her outpatient programming and obtained counselling, sponsored through the EDMP, to help her manage the ongoing stress that had initially led her to use cocaine. After two years without relapse, Amy received from the monitoring company a certificate of successful completion of her monitoring agreement.

The temporary accommodations that had been put in place during Amy's recovery are no longer necessary, and she has remained healthy at work without relapse—though should she relapse, the supports are in place to manage that possibility. But most importantly, Amy now has the tools to successfully cope with life stressors and maintain her sobriety. ▽

## employers can take a leadership role in workplace accommodation: a harm-reduction activist's view

*Brian Mackenzie*

*Brian is a peer support worker and has been a harm-reduction activist for more than 20 years. He lives with his partner on the Sunshine Coast*

Historically, our laws dealing with alcohol, opioids, cannabis and other substances have changed. But our changing laws reflect our social and economic priorities, not any underlying truth about the nature of substances or substance use.

Advocates for harm reduction have argued for changes in drug policy, including the introduction of safe-injection sites, the legalization of medical marijuana and greater user self-representation. The BC Human Rights Code now protects employees from discrimination on the basis of an addiction. But we still have a lot of work to do to combat the stigma of substance use.

Employers have an opportunity to play a leading role in this social change—by changing how substance use and recovery are supported in the workplace.

Many of us use substances for medical or other reasons—and we all have to work. One of the ways we can achieve a more supportive workplace is to normalize certain types of substance use and recovery.

In many cases, complete abstinence is neither possible nor medically recommended. For example, someone who uses cannabis for medical reasons may have to use cannabis every day. An employee on a methadone program may have to take daily supervised doses. Employees who need such a substance to function in their daily lives are likely to be working at the same time that they are using the substance—just as someone who takes medication daily will take that medication before going to work.

As an employer, ideally you should:

- 1. Educate your staff.** Combating stigma, recognizing our own prejudices and changing how we view substance use begins with education. Contact the Canadian Mental Health Association (CMHA) about education programs that can be hosted in your workplace.
- 2. Create a safe environment for disclosure.** An employee is not obligated to disclose a mental health or addiction issue unless it has a negative impact on their work. But if the workplace is a safe place to request support before there is a problem, support systems can be proactive rather than reactive. Your employees need to know that you are committed to helping—and that their job security and privacy are not jeopardized just because they've disclosed a mental health or other medical issue.
- 3. Focus on function.** Regardless of what substances your employees use in their daily lives, your focus should be on how well your employees are able to do their job. If they are doing their job well and their interactions with colleagues are positive, this is what is important.
- 4. Consider the family.** Your employees are members of wider social networks. Supporting an employee means making sure that, if appropriate, the employee's family and friends are involved in any support programs you establish.
- 5. Encourage employee autonomy.** Look to your employee for guidance. Ask your employee to suggest appropriate accommodations, and know that these may have to be modified as medical needs and treatment programs change over time.

# Silence Can Be Deadly

## CREATING A SAFE SPACE FOR MENTAL HEALTH CONVERSATIONS IN THE WORKPLACE

Gord Menelaws

I've heard it said often that talking goes both ways—meaning that you can't have a conversation unless both people are participating. When it comes to addressing mental health issues in the workplace, the same goes for silence: "silence goes both ways." In other words, if someone is suffering but stays silent, or if someone notices that someone is suffering but stays silent, the results are the same—and they can be deadly.



*Gord is a workplace trainer with the Canadian Mental Health Association's BC Division and a health and wellness consultant for several companies in BC. He has long worked in the natural resources sector and was Health and Safety Chair of United Steelworkers (Canada) for 19 years. He lives in the Kootenays*

Staying silent about mental health struggles—whether you are the person experiencing them or the person observing them—can exacerbate the individual's health problems and compromise the safety and security of the workplace.

When I decided to become a workplace trainer for the Canadian Mental Health Association (CMHA), I did so because I knew there was a need to help frontline supervisors and managers in various fields open

up conversations about mental health with their employees. When I experienced my own mental health struggles, my supervisor (at a company in the natural resources sector) found it challenging to deal with the issue. He really wanted to help me, but he didn't have the right words and didn't know what actions to take. The problems in the workplace got worse—for me, for my co-workers and for my supervisor—as the days dragged on and I didn't get the support I needed.



The best training sessions are the ones where the supervisor sits in the room with the crew and makes a commitment to help if any one of them is in need.

Years later, when I was given the opportunity to help supervisors and managers address mental health issues in the workplace through training—including the negative effects of stigma and the importance of open discussion and resources—I jumped at it. I hoped that my own story would help as part of the total training package—and so far, it has.

### Mental health conversations in unexpected places

People in what we refer to as “heavy industry” are sometimes viewed as a tough bunch. We don’t generally think of diamond miners, smelter workers, sawmill employees or pulp and paper workers as the type to open up to a co-worker or a supervisor if they are struggling emotionally or psychologically. Supervisors in these types of industries say they have difficult

conversations with their employees on a daily basis—but not usually about mental health.

That is why CMHA’s Safe and Sound training session is so valuable. The program gives supervisors more tools to use when dealing with mental health issues in the workplace. It helps them to recognize the signs that an employee may be struggling, ask the right questions in the right way, suggest avenues of support and provide helpful resources.

When I lead a session as a workplace trainer, I often use the analogy of an acute medical emergency to encourage group members to think of suitable responses to a colleague’s mental health challenges. I’ll say something like “If you were to see someone having a heart attack or

chest pains, would you turn and walk the other way? I would hope not. You would do everything in your power to help that person. The same applies when someone may be struggling with mental health issues. We cannot turn our backs on them. It is up to us to step up to the plate and help those in need.”

I remember at one particular session I led, there was not a soul in the room at the scheduled start time. I looked out the door, and the entire group was out in the hallway. Nobody wanted to make the first move to enter the room. Once we got them inside, the session was painfully silent.

And then it happened: one supervisor was brave enough to tell his story. He talked about his own struggles and how he was dealing with them, and how that had enabled him to see his crew differently and to talk to them differently about the subject of mental health in the workplace.

That was all it took. With his story, the silence was broken. Suddenly, the room was at ease. Before long, a number of people were contributing to the conversation and sharing their own stories. There were tears and there were smiles as group members opened up to each other and began engaging in those tough conversations.

But as we continued to run sessions for supervisors and joint health and safety committees, it became clear that there was also a need for a shorter session for workers on the front line. Supervisors wanted to see more than supervisors looking out for their workers; they wanted to see their workers looking out for each

other. This led to the development of the 45-minute Safe and Sound “crew talk.” In my mind, the crew talk has made an even bigger impact than the supervisors’ session. It has given me the opportunity to talk to over 1000 other workers just like me and share my own story.

When I experienced mental health issues, I was isolated—not because my co-workers didn’t care, but because when they saw the change in my behaviour, they didn’t know what to do. They walked the other way out of fear of saying the wrong thing or getting the wrong reaction. In the crew talk sessions, I focus on the fact that if this situation could happen to me, it could happen to anybody. We all have an obligation to support each other.

### Workplace as safe space

Making the workplace a safe space for conversation is the key. There will always be barriers and hurdles to overcome. Some people lack trust; they don’t want to talk about their problems with a colleague or a supervisor. Many people are nervous about what happens after they have that conversation. Will they be treated differently? Will they feel like they now have a target on their backs? Will they lose their jobs if they talk about what’s going on? Will they have to go on sick leave?

But it’s important to focus on actively making the workplace a space that encourages talk, even if individuals still struggle with the idea of sharing their personal stories. The best training sessions are the ones where the supervisor sits in the room with the crew and makes a commitment to help his or her crew members if any one of

them is in need. That is what inspires crew members with the confidence to come forward.

In my own work as a trainer and as a colleague and peer, I encourage that idea of safe space in a few different ways. First, I always make time for everyone—whether that means staying to talk to someone privately after a training session, or making sure that my door is always open to chat. And I don’t limit that safe space to the work environment. I encourage people to think of any place as potentially safe to talk about mental health issues. It’s my job as a trainer and as a peer to create that feeling of safe space—whether it’s the safe space of my office or the “safe space” of the telephone when someone needs to talk. Creating that safe space is what provides the opportunity for people to break the deadly silence.

I also create that safe space by openly sharing my own experiences with mental health struggles. For the most part, I have found that most people want to talk to someone with lived experience. They want to tell their own story of struggle and recovery, but they also want to feel as if their experience is shared by others.

Finally, it’s important to make time to listen. No matter what the story involves or where you are, show the person you care, and openly state your commitment to help in any way you can.

### Taking the first step

I really didn’t know what to expect when I began the CMHA training program. I knew I was willing to tell my story, and I hoped others would be willing to tell theirs. But it wasn’t

## related resource

For more information on CMHA’s Safe and Sound training programs, see [cmha.bc.ca/workplace](http://cmha.bc.ca/workplace). To book a Safe and Sound session at your organization, contact me at [gordon.menelaws@teck.com](mailto:gordon.menelaws@teck.com) or Ashley Rinas, Workplace Programs Manager, at [ashley.rinas@cmha.bc.ca](mailto:ashley.rinas@cmha.bc.ca).

so simple: not everyone is as willing to share their experiences. For the most part, the stigma around mental illness is so strong that people just don’t want to share their personal stories.

As a trainer, I have also learned that each CMHA workplace session is unique. Some are emotional, filled with personal stories of struggle and recovery—from employees, their co-workers and their families. Some are quieter, with less personal sharing. I’ve learned to respond to the natural flow of the session and be prepared for anything.

But one thing is clear: when we end the silence and open up the space for conversations about mental health, the workplace—and the world—will be a better place. ▼

# Disability Disclosure and Accommodation at Work

Shelley Hourston

Whether you are looking for a job or already working, having a chronic health condition—including a substance use problem or a mental illness—can complicate life. The stigma surrounding mental illness and substance use creates stress and a layer of uncertainty.

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Photo credit: ©Stockphoto.com/tharakorn

If you are seeking employment, you may wonder if and when you should disclose your condition. Perhaps you are convinced that you should never disclose—or that disclosing your chronic health condition would be like raising a red flag that labels you as a problem employee. If you have been working with an employer for a while and you become ill or your condition worsens, you may face similar uncertainty about whether, when and how to disclose.

When I worked at Disability Alliance BC, we often received questions about when to disclose a disability

or chronic illness to an employer and how to ask for appropriate accommodation. This article is based on Disability Alliance BC's *Disclosing Your Disability: A Legal Guide for People with Disabilities in BC*, a resource funded by the Law Foundation of BC to help people understand their rights and to help them prepare for disclosure when necessary.<sup>1</sup>

## Knowing your condition is key

If you are living with a chronic health condition, it's important to understand how your condition affects your work and how to accommodate your health needs. It's common for people

with a chronic health condition to experience low self-esteem and loss of confidence. It's important, however, to balance a negative or "deficit" view with the complete picture. This means acknowledging the strengths and adaptive skills you have developed to cope with your illness.

At first it can be difficult to recognize your own capabilities or see how your adaptive skills can be used in the workplace. Discussing your strengths and abilities with a trusted friend, family member or colleague can help you identify ways that your skills and knowledge might be transferred to an employment setting. For example, persistence, creative thinking and problem solving are all highly valued by employers.

Knowing how your strengths and skills might be used in a workplace, and what supports you may need, means you must also have a clear understanding of the job (or the potential job). Clarify with human resources or another appropriate contact any terms or tasks that are not well defined. It is normal for most job descriptions to include a general statement such as "additional duties as required." Though you can ask for examples of what those duties might include, you likely won't discover everything that may be asked of you. But knowing as much as possible about your employer's expectations will help you make disclosure decisions.

### To disclose or not to disclose?

Deciding whether to disclose a chronic health condition raises many questions. Some of the most common questions include

- Am I legally required to disclose my disability during the job application process?
- If my illness gets worse, what should I say to my employer?
- How much information am I legally required to give? How much information can my employer legally ask for?
- Could I simply say nothing at all?

It's important to know that the only time you must disclose your condition is when it prevents you from doing your job properly or when it presents a safety risk to you or others. It's vital that you understand the job, specific duties and the employer's expectations in order to decide whether disclosure is necessary.

### Before you're hired

When you are preparing for a job interview, you may wonder if an employer is legally entitled to ask questions about illness or substance use issues. The fact is that an employer can ask you any questions about your ability to perform the duties required by the job. You might be asked about your ability to work night shifts, lift heavy items or travel if that's what the job requires. You may also be asked if you have any physical or mental conditions that would affect your ability to perform job tasks. The employer's questions must focus on the job function. The employer does not have the right to ask explicitly for your diagnosis or to inquire about your treatment.

If you suspect that you will need accommodation to do any of the duties of the job, you must respond honestly to an employer's questions. Having a clear understanding of your own strengths and coping skills will

enable you to respond positively about your ability to do the job with accommodation, and to briefly and confidently describe the accommodation best suited for you.

If you don't need accommodation to participate in the interview and you're not asked about your ability to perform specific tasks, many employment advisors recommend that you not disclose a chronic health condition until after you receive a job offer.

### After you're hired

If the conversation about your health condition and accommodation takes place after you have accepted a job offer, or even later in your employment with an organization, similar principles apply. Your employer is legally entitled to ask questions about the functional limitations caused by your health condition, as well as your prognosis—a doctor's opinion about how your condition will change over time. But all of the employer's requests for medical information must be made with the intention of creating appropriate accommodation. In all cases, your privacy must be protected. And in no circumstances does your employer need to know your diagnosis, although this issue may come up in a discussion of accommodation.

For more information on how and when to disclose, see *Disclosing Your Disability*.<sup>1</sup>

### Accommodation

Under the *BC Human Rights Code*, people with disabilities are protected from discrimination.<sup>2</sup> According to the courts, employers have a "duty to accommodate" an employee's health

condition or disability, with two exceptions: in cases of “undue hardship” and when there is a “bona fide occupational requirement” (BFOR). Both of these conditions are unique to the particular working environment and must be determined on a case-by-case basis.

An accommodation would be an undue hardship if it imposes unreasonable financial costs or health and safety risks or is unreasonable given the size and flexibility of the workplace. A BFOR is a job requirement or qualification that is essential to completing the job safely and efficiently. If a specific job duty or requirement is a BFOR, then the employer is not required to provide accommodation for that task. Usually, however, workplace accommodation for mental illness or substance use is inexpensive and may simply involve a change in policy or workflow.

### Know your options

Discussing your disability and accommodation needs with your employer will be more comfortable and effective if you are well informed about suitable accommodation options.

The Job Accommodation Network<sup>3</sup> (see [askjan.org/media/Psychiatric.html](http://askjan.org/media/Psychiatric.html)) lists examples of accommodation arranged according to type, including accommodations for health conditions that affect concentration, memory, organization, anxiety, sleep, personal interactions and time management. Accommodations may include workplace modifications to manage noise and visual distractions, flexible scheduling, work-from-home options, conflict resolution training and procedures in the workplace and day-to-day guidance and feedback.

## tips for disclosure

### 1. Don't disclose your health condition in your job application unless the position specifically seeks an individual with lived or personal experience.

While some people wonder if they should disclose their disability in their resumé or job application, most employment advisors recommend avoiding disclosure at the application stage. Think carefully about whether to include in your resumé or cover letter any activities that indicate your involvement in disability-related sports, hobbies or arts.

For tips and advice about writing a resumé, see the Alberta Learning Information Service's tip sheet “Talking about Invisible Disabilities” at [alis.alberta.ca/ep/eps/tips/tips.html?EK=7371](http://alis.alberta.ca/ep/eps/tips/tips.html?EK=7371).

### 2. Write a script and practise with a friend or family member.

Writing a script ahead of time is a good way to prepare for a job interview or a discussion with an employer. You may have to write a few drafts to find the tone you like. Begin with one or more strengths, identify your limitations or challenges, discuss accommodations that have worked for you and then close with another positive feature or strength. Some advisors suggest that you end your script by naming a reference who can confirm the success of your work with accommodations.

Make your script short and use conversational language. For more on preparing a script, search online for **disclosing disability script**.

### 3. Prepare your references.

At some point in your job application process, you will be asked for references. If your references know about your disability or chronic health condition, let them know whether you have disclosed your condition to your potential employer. Discuss with your reference your job-related strengths as well as any special skills you have developed to manage your disability. Knowing your approach will enable your reference to provide a positive and appropriate assessment to your potential employer.

If you decide to disclose your health condition to your employer, become knowledgeable about accommodation options and be confident about your strengths, skills and resilience. This confidence in your abilities will inspire the confidence of others and will enable you to better communicate your needs. Don't be afraid to ask for accommodation. Accommodations are, after all, only workplace tools that we use to achieve our best possible performance.

For additional resources, worksheets, tips and real-life experiences, see *Disclosing Your Disability* at [disabilityalliancebc.org/disclosureguide](http://disabilityalliancebc.org/disclosureguide). ▽

# Creating Inclusive Workplaces through Accommodation

Laura Track, LLB, JD

Under Canadian human rights law, employers have an obligation to adjust workplace rules, policies and practices that have a negative impact on employees or job applicants with disabilities. In other words, employers have a duty to accommodate disability in the workplace.



Photo credit: ©Stockphoto.com/juanmonino

*Laura is a lawyer and educator in the Community Legal Assistance Society's Human Rights Clinic, where she advocates on behalf of people who have experienced discrimination and assists complainants to navigate BC's human rights process*

An employer's failure to accommodate an employee or job applicant's disability may result in a claim of discrimination under BC's *Human Rights Code*.

A disability can be a physical disability or a mental disability. The legal definition of "disability" also includes substance use disorders. "Disability" in human rights law indicates a state that is involuntary and has a degree of severity, persistence or permanence. Generally, the disability impairs a person's ability to carry out the normal functions of life to some degree, and poses an impediment to a person's participation in the work force and other areas of life. So, for example, a bout of the flu would not be considered a disability under the *Human*

*Rights Code* because it is temporary and does not create the kind of impediment to employment that the *Code* is designed to address.

Not all disabilities are visible. Disabilities that are episodic in nature—mental illnesses and substance use disorders, for example—may be hidden from view. Stigma and fear of discrimination may keep people from disclosing their disabilities if they are not already visible. But this may prevent someone from getting the support and assistance they need or accessing accommodations that may be available to them at work.

It can be challenging for employers to navigate situations involving

employees with invisible disabilities, including addiction issues. Sometimes it can feel as if the employer's duty to inquire, the requirement to ensure employee privacy and the need to develop appropriate accommodations for disabled employees all compete with each other for the employer's care and attention. While every situation must be assessed on a case-by-case basis, employers can foster a culture of respect and inclusion by thinking proactively and building accommodations into the way they do business.

### The duty to inquire

It's usually up to employees to bring their need for accommodation to the attention of their employer. But if an employer has reason to suspect that an employee may have a medical condition that is affecting the employee's work, then taking disciplinary measures without first making inquiries about the employee's health may constitute discrimination.

Sometimes circumstances give rise to a duty to inquire whether an employee has a disability. Warning signs of a possible mental disability could include a sudden and dramatic change in the employee's behaviour or performance, an increase in the employee's sick leave or statements by the employee indicating that they feel overwhelmed or unable to cope. In the case of substance use, there may be personality changes or erratic behaviour, signs of impairment at work or consistent lateness or absenteeism.<sup>1</sup>

While it's important not to jump to conclusions prematurely, when employers observe behaviour that could indicate a disability, they have a legal obligation to begin a discussion

with the employee and determine if there is any need for accommodation.

### Maintaining employee privacy

Talking about mental health and addiction challenges can be extremely difficult for people who are suffering. In the case of substance misuse, it's important to remember that the person may be in denial about the fact that they have a problem. It's essential that employers keep their conversations with the employee confidential and reassure the employee that privacy will be maintained. The employer should always take a respectful, compassionate and non-judgemental approach, and inform the employee about workplace accommodation policies and any available workplace support.

In some cases, an employer may need information from a medical practitioner in order to understand the nature of the employee's disability, its impact on their ability to do their job and the accommodations the employee may need. Employers should be as minimally intrusive as possible when requesting medical information. From a privacy standpoint, it is better to ask for a little medical information from the practitioner at the outset, and then request more if it is needed, than to collect more information than necessary. The employer only needs information relevant to the work situation and the accommodations the employee requires. In most situations, the employer does not need information about the employee's specific diagnosis, their medical history or the details of the treatment they are receiving.

But it is not always necessary for employers to gather medical information in order to make decisions about

accommodating an employee who seems to be struggling with a disability at work. In a recent decision, the BC Human Rights Tribunal noted that "medical evidence is not the only basis upon which a mental disability [under the *Human Rights Code*] can be proved."<sup>2</sup> In another recent case, the Supreme Court of Canada found that the heightened requirement for medical "proof" of mental disability is often founded upon stigmatizing and dubious perceptions of mental illness: that it is "subjective" or otherwise easily feigned or exaggerated.<sup>3</sup> Generally, employers should not feel they have to wait for medical evidence of a disability before they start to consider potential accommodation options.

### Providing effective accommodations

The goal of an accommodation plan is to ensure that an employee who is capable of working is supported to do so. The employer's aim should be to keep the employee at work where appropriate, or to facilitate the employee's return to work as soon as possible.

The Supreme Court of Canada has said that an employer has a duty to accommodate a disabled employee to the point of "undue hardship."<sup>4</sup> It is expected that the employer may have to incur some hardship—for example, by modifying the workplace or incurring some expense—in order to provide a reasonable accommodation to a disabled employee.

Reasonable accommodations for an employee with a physical disability might include modification of the nature of the tasks they're required to do, changes to their physical environment or workspace or time off to recover from an injury. Reasonable accommodations

for an employee with a mental disability or substance use disorder might include schedule changes that enable the employee to attend treatment or therapy, adjustments in the employee's job description or performance requirements, reassignment of the employee to another position (to a non-safety-sensitive role, for example, or away from a workplace situation that is a source of stress) or the provision of short- or long-term leave to allow for the employee's treatment and recovery.

Undue hardship can arise for an employer when an employee is incapable of performing their job for a prolonged and indefinite period of time due to their disability. If the employer has made reasonable adaptations but the employee is still unable to fulfill their basic employment obligations for the foreseeable future, the employer will likely have met the duty to accommodate.

In my experience, accommodating disabilities effectively requires creativity, flexibility and a commitment on the part of employers to understanding the employee's disabilities, free of assumptions and generalizations.<sup>5</sup> The main barrier to effective accommodation of disabilities is often the employer's unwillingness or inability to devote the time, energy and creativity necessary to find appropriate accommodations.<sup>6</sup>

I have seen an employer resist an accommodation as simple as a tall chair that would allow a customer service representative with chronic back pain to sit down from time to time. On the other hand, I have also seen an employer enthusiastically invest in screen magnifiers and text-to-speech programs that allowed a visually impaired employee to do their

computer work. As a result, the entire workplace benefited from this employee's contribution to the workplace.

Finally, the employee should be included in the design of any workplace accommodation. Employees have an obligation to participate in the search for a meaningful accommodation of their disability, and to accept

a reasonable plan, even if it is not their idea of the "perfect" resolution. Employees with disabilities will have critical insights into their own needs, capacities, strengths and challenges. When an employee experiences the accommodation process as responsive, empowering and supportive, the employee's performance—and the entire workplace—is likely to benefit. ▾

## do you have a human rights complaint?

The BC Human Rights Code protects people in British Columbia from discrimination on the basis of race, sex, religion, sexual orientation, gender identity or expression, disability, age, family status or (in the case of employment) an unrelated criminal conviction. The Code offers protection in the following six areas:

- Employment (e.g., an employee's getting fired, not getting promoted or being harassed at work)
- Tenancy (e.g., the landlord's refusal to offer a rental suite on the basis of one of the grounds listed above, or the unwillingness of a landlord to accommodate a tenant's disability)
- Services and facilities (e.g., bad treatment by a security guard, business owner or other service provider)
- Membership in a trade union or occupational association (e.g., the inclusion of a discriminatory term in a collective agreement)
- Purchase of property (e.g., the refusal of a seller to sell a home to a buyer on the basis of one of the grounds listed above)
- Publications (e.g., the publication of anti-Semitic literature or the delivery of a hateful pamphlet)

If you've faced negative treatment in one of these areas because of discrimination, you may have a human rights complaint. If you are able to prove that you have a valid complaint of discrimination, the person or organization you're complaining about will have a chance to prove that their conduct was justified—that they did everything they could to accommodate you or that their conduct was otherwise reasonable.

If you think you have a human rights complaint, you can get advice from an advocate at the BC Human Rights Clinic, which is open on Mondays between 9:30 a.m. and 4:00 p.m. at 605 Robson Street, Vancouver, BC, on the 12<sup>th</sup> floor. You can also call the clinic at 604-673-3128.

The clinic also provides free legal assistance to people who have filed a human rights complaint and have had their complaint accepted by the Human Rights Tribunal. Advocates can assist you with mediations, document disclosure and preliminary applications. In some cases, a lawyer can represent you at a hearing.

To see if you qualify for assistance and to learn more about the clinic's services, please visit [www.bchrc.net/clinic\\_program](http://www.bchrc.net/clinic_program).

# resources

## Disclosing Your Disability:

### A Legal Guide for People with Disabilities in BC

Visit [www.disabilityalliancebc.org/disclosureguide](http://www.disabilityalliancebc.org/disclosureguide) for *Disclosing Your Disability: A Legal Guide for People with Disabilities in BC* from Disability Alliance BC. This publication explains the rights of employees who experience a visible or invisible disability (including a mental illness) and discusses risks and benefits of disclosure, accommodations, and strategies for people who plan to disclose.

### Workplace Strategies for Mental Health

Visit [www.workplacestrategiesformentalhealth.com](http://www.workplacestrategiesformentalhealth.com) for *Workplace Strategies for Mental Health*, a free resource centre provided by the Great-West Life Centre for Mental Health in the Workplace. You'll find resources for employers and employees on disclosure, accommodation, and return to work, as well as information on psychological health and safety, strategies for employers supporting employees, and employees managing mental health and wellness at work.

### Canadian Mental Health Association BC Division's workplace program

Visit [www.cmha.bc.ca](http://www.cmha.bc.ca) for information about workshops and training opportunities for employers and employees, including Awareness of Mental Health at Work, Mental Health Works, Safe and Sound, Suicide Prevention Training, and Understanding Addiction. Mental Health Works in particular has numerous resources for employers and employees navigating disclosure and accommodation at [www.mentalhealthworks.ca](http://www.mentalhealthworks.ca).

### BC Human Rights Clinic

Visit [www.bchrc.net/duty\\_to\\_accommodate](http://www.bchrc.net/duty_to_accommodate) for legal information on the duty to accommodate, with tips for employers and employees seeking accommodations.

### Mental Health Commission of Canada: Workplace

Visit [www.mentalhealthcommission.ca/workplace](http://www.mentalhealthcommission.ca/workplace) for the National Standard of Canada for Psychological Health and Safety in the Workplace, a voluntary standard to maintain mentally healthy workplaces. Find the Standard as well as tools to help employers implement the Standard and training resources and opportunities like Road to Mental Readiness for first responders, The Working Mind, and Being a Mindful Employee.

### Job Accommodation Network

Visit [askjan.org/media/Psychiatric.html](http://askjan.org/media/Psychiatric.html) for the US-based Job Accommodation Network's series on workplace mental health and accommodations. Learn more about possible accommodations that can help people who experience mental health concerns stay at work and work effectively.

### Canadian Human Rights Commission

- ***Impaired at Work: A Guide to Accommodating Substance Dependence.*** Visit [www.chrc-ccdp.gc.ca/sites/default/files/impaired\\_at\\_work.pdf](http://www.chrc-ccdp.gc.ca/sites/default/files/impaired_at_work.pdf) to learn more about the duty to accommodate as it relates to substance use problems, talking to employees about substance use concerns, accommodations, and considerations around drug testing at work.
- ***Policy and Procedures on the Accommodation of Mental Illness.*** Visit [www.chrc-ccdp.gc.ca/eng/content/policy-and-procedures-accommodation-mental-illness](http://www.chrc-ccdp.gc.ca/eng/content/policy-and-procedures-accommodation-mental-illness) to read about a model that workplaces can adopt or adapt, with information about legal requirements and strategies for managers supporting an employee disclosing a mental illness or returning to work.

 This list is not comprehensive and does not necessarily imply endorsement of all the content available in these resources.



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