

visions

Vol. 11 No. 3 2016

workplace: transitions

making a positive mental transition to retirement
navigate the emotional
roller-coaster of unemployment



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.

editorial board	Representatives from each BC Partners member agency, guest editor, and external members Astrid Egger, Inamarié Oppermann, Lori Swanson, and Kerri Johnston
editor-in-chief	Sarah Hamid-Balma
substantive editor	Jillian Shoichet
coordinator	Paula Vaisey
design	Sung Creative/Jennifer Quan
layout	Celine Diaz
issn	1490-2494

subscriptions and advertising

Subscriptions to *Visions* are free to anyone in British Columbia, Canada. For those outside BC, subscriptions are \$25 (Cdn) for four issues. *Visions* electronic subscriptions and back issues are available for free at www.heretohelp.bc.ca/visions. Advertising rates and deadlines are also online.

bc partners and heretohelp

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

photography disclaimer: Photographs used for *Visions* are stock photographs only. Unless clearly captioned with a descriptive sentence, they are not intended to depict the writer of an article or any other individual in the article.

The opinions expressed in this journal are those of the writers and do not necessarily reflect the views of the member agencies of the BC Partners for Mental Health and Addictions Information or any of their branch offices.

Cover illustration: ©iStockphoto.com/MHJ (edited by Celine Diaz)
Pg 3 photo: ©iStockphoto.com/SergeRandall

footnotes reminder

If you see a superscripted number in an article, that means there is a footnote attached to that point. In most cases, this is a bibliographic reference. For complete footnotes, see the online version of each article at www.heretohelp.bc.ca/visions.

we want your feedback!

If you have a comment about something you've read in *Visions* that you'd like to share, please email us at visions@heretohelp.bc.ca, or you can mail or fax us at the address to the right. Letters should be no longer than 200 words and may be edited for length and/or clarity. Please include your name and city of residence. All letters are read. Your likelihood of being published will depend on the number of submissions we receive. For full guidelines, please visit www.heretohelp.bc.ca/visions



heretohelp

contact us

mail c/o 905 - 1130 West Pender Street,
Vancouver, BC V6E 4A4
phone 1-800-661-2121 or 604-669-7600
fax 604-688-3236
email bcpartners@heretohelp.bc.ca
twitter @heretohelpbc



OUT OF OFFICE

visions

background

- 4 Editor's Message
Sarah Hamid-Balma
- 5 Workplace Transitions Are Key Turning Points in Life
Lucette Wesley
- 8 Feelings of Depression after a Physical Work Injury: Six-month period after injury a potential "window of opportunity" to identify and address mental health problems
Nancy Carnide

experiences and perspectives

- 11 A Wife's Journey: Helping a spouse overcome mental illness and re-enter the workforce
Laura
- 14 The Ability to Thrive on Disability
Sandra
- 17 Half of My Life
August
- 20 The Impostor
Emmy
- 22 The Elephant in the Room: Disclosure and transitions
Kyla

alternatives and approaches

- 25 Welcome Back: The role of the workplace in employee health and well-being
Kristin Bower
- 28 How to Navigate the Emotional Roller-Coaster of Unemployment—and Thrive
Gregg Taylor
- 31 Making a Positive Mental Transition to Retirement
Cynthia Kinsella
- 33 Open Door Group: Forty years of empowering employment success across British Columbia
Naomi Bullock
- 36 [resources](#)

letter to the editor

I am a Clinical Practice Educator in psychiatry at Royal Inland Hospital. I'm not a subscriber to *Visions* magazine but one of the psychiatrists at the hospital is and they mentioned the recent article on electroconvulsive therapy (ECT) by Teri Doerksen [from *Treatments: What Works?* issue] during a conversation. They suggested I take a look at it and if it could be helpful for our unit. We get a number of patients with recurrent refractory depression and other mental health diagnoses where patients are not responding to medicines and ECT is recommended. We do have a patient information leaflet but this article gives first-hand information on what ECT is about and the "upside" of ECT through a personal experience. We will be adding the article [with permission] to our patient information brochure so patients have a different view of ECT and not the popularized general view from movies depicting ECT as cruel and inhumane. This article is a valuable resource to highlight ECT as an alternative treatment strategy and to help patients and their families understand the benefits of ECT.

— *Simomo Ndebele, Kamloops*

editor's message

The start of a new year seems an appropriate time to talk about transitions, changes and new paths. So, off the heels of our Youth Transitions issue, we bring you another Transitions issue: this one on workplaces. (Speaking of workplace transitions, a congrats to our new professional editor Jillian Shoichet on her first issue!)

What may not be very clear until you read on is that our subtheme is really about *leaving*-related transitions and work—things like retiring, going on medical or disability leave, being laid off, being fired, switching careers and so on. Given the overwhelming response from people wanting to share their experiences, we seem to have hit a chord. Mental health and substance use indeed get tangled up—in good and less good ways—with leaving the labour force, temporarily or permanently, as cause and/or effect.

Labour force statistics tend to focus on those who are unemployed but looking for work; this *Visions* asks about their stories—and beyond. So how did they become unemployed? How was mental health a factor (before or after)? And in the "employed" box, what about those on leave? Or on income assistance but working some of the time? Or among those who are part-time, full-time or self-employed, who would like to transition to another group? And what about the "not in labour force" box? We got a bit of a window into the concerns and aspirations of young people facing that transition in the last issue. But what about the recently retired or semi-retired or stay-at-home caregiver? Who's doing or did well in that transition and who needs more support? What happens after or between the goodbye or get well cards? And what of the departures that never get those kinds of cards...

A supportive workplace is so important to everyone's well-being. So is having the choice about how and when you want to work and when you want or need to leave employment. When that choice (and often timing too) is someone else's, transitions are that much harder, and how and if you'll return has a lot of question marks. Let's support our colleagues better so we have fewer exits that are traumatic and more that are liberating turning points.



Sarah Hamid-Balma

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

Workplace Transitions Are Key Turning Points in Life

Lucette Wesley

What do transitions mean to all of us? We start as children, with our parents providing for all our needs. Then we make friends, who support us as we move through our school years. Then we get a job.



©Stockphoto.com/PeopleImages

Lucette is a consultant and certified Mental Health Works trainer. She has over 25 years of experience as a manager/director of disability claims operations. Her expertise in disability management is the foundation for providing support and innovation in disability management programs. She has represented Pacific Blue Cross on the steering committee for the CMHA Bottom Line Conference and Women & Wellness events. Lucette actively promotes and supports mental health initiatives within her workplace and the community

For the unlucky few, the workplace can be a scary place, with autocratic bullies leaving no room for mistakes. Fortunately, for most of us, the workplace becomes our next home: a secure place to earn a living while interacting with others who can become like family.

Many of us spend more waking hours at work than we do anywhere else. Colleagues become our social network. Our job provides for our financial security—and if we're lucky includes robust benefits to help us with our health needs, too. Most of us will spend 35 to 45 years at work. Is it any wonder that transitioning out of a workplace can be scary as well as exciting?

Transitions take many forms

Transitions happen when you relocate to another city, get a promotion,

leave a job because it's the wrong fit for you, or move to another workplace for a more senior role. I've experienced all of these transitions, with all the stresses that come with them. But each of those transitions was ultimately an exciting and fulfilling event.

Not all my transitions were so positive. I've also had to change my workplace after spending a year closing down the office and laying off my staff—and then being laid off myself. Not having a job was frightening; I worked as hard at finding another job as I had worked before my termination date. Fortunately, I had an exciting new job within three months. It turned out to be the wrong fit for me at the time, but I still learned a lot in the short year I was there.

I am now about to transition to semi-retirement and part-time work as an independent consultant. After 42 years of full-time work, I have mixed feelings. I'm excited about having free time to pursue all sorts of personal activities. I'll have no one to be accountable to, no pressures except those I impose on myself. At the same time, I'm not sure what will motivate me to get up every morning, how I will stay energized without a series of tasks to accomplish every hour of every day. Who will I talk to? Who will I laugh with? How will I keep my brain sharp? Will I like trying to find clients? How will I find them? What if I run out of money later? What if I don't like it? What if ...? Most people ask themselves these sorts of questions when they transition out of work.

The importance of employer support

I have worked in disability case management for the past 20 years. I have seen first-hand what leaving work due to illness or injury can do to workers who can no longer do some—or all—of the tasks required in their jobs. They suddenly lose much of their support system. There is a drop in their income. They no longer have a daily routine and may struggle to find a reason to get out of bed. They often lose touch with friends at work, or are too embarrassed to contact them or too worried that their colleagues now have to work harder to make up for their absence. Their illness or injury might mean they've lost abilities; there's a constant, nagging fear that they will never get better. Sometimes the desire to

self-medicate with alcohol or drugs can seem like the only option. These transitions are very difficult. It's important for employers to understand the impact that being away from work has on their employees. Employers need to maintain a connection with those on sick leave, letting them know they are valued and missed and that when they return to work, help will be available to make the transition a successful one. Even more important is for employers to recognize the signs that someone is struggling, whether the issue is a physical challenge or a mental health challenge. Many supports can be put in place before things progress to the point that an employee is unable to work at all.

Knowing when and how to offer help

Although I have worked for years with claimants who are on sick leave with mental health disabilities, when I spiraled down into a dark period of depression and anxiety, I did not know what to do or how to take care of myself. This was 14 years ago, when I was managing a staff of 200 in a large disability claims office. At first I thought I was experiencing a longer-than-usual "mood swing" and that I would be able to snap out of it. For over a year, I refused my doctor's offer of medication. I ignored my husband's suggestions that my sadness, inability to get things done and constant anxiety were not normal. And I refused to admit that I could no longer do my job. Though I went to work every day, in reality I did nothing but hide in my office and worry over every task I managed to accomplish. I had trouble getting food down, particularly at work. I explained my weight loss to others as something I was working on.



©Stockphoto.com/asiseeit

I have seen first-hand what leaving work due to illness or injury can do to workers who can no longer do some—or all—of the tasks required in their jobs.

When I spent most of my work day in tears and in a panicked state, I finally admitted that I needed help.

My own experience allowed me to see, in hindsight, some of the mistakes I had made as a manager when others struggled with mental illness. I recalled a situation four years prior to my own experience, when I had to terminate someone's employment because she was not able to do the job she'd been hired to do. Her behaviour towards her supervisor was inappropriate. She felt she'd been hired by the previous manager to do job tasks that were totally different from what the job actually required. I see now that her behaviours and reactions indicated she was likely struggling with a mental illness. She never disclosed that she had a mental health problem, but I had noticed some signs of struggle. I did not know how to open up a dialogue in a way that would have made her feel safe to talk about her illness. Nor did I know at the time how we could have supported her in her job. We terminated her in a very short, very pointed meeting that didn't give her the opportunity to disclose her health challenges. She subsequently sued the organization. She provided medical documentation for her legal suit; her employment was reinstated, and she was approved for disability benefits.

After my own experience and mistakes, mental health workplace issues became my passion. I became involved with the Canadian Mental Health Association (CMHA) and participated in the Mental Health Works training program four times, both as a learner and as support to the trainer. I learned how to recognize

Accommodations can be made to support the employee and allow recovery, and these accommodations need not be costly.

mental health issues in the workplace, how to approach staff and what actions to take. I then championed this training until all supervisors and managers had taken it in my own office and in the organization's other offices across the country. I have told my story many times in my workplaces and at the CMHA Bottom Line Conference on workplace mental health. I've presented on mental health topics at other conferences in both Canada and the United States. I am now certified as a Mental Health Works trainer; I am also certified in Mental Health First Aid.

Today, I can recognize the signs that someone is struggling with a mental health issue. Accommodations can be made to support the employee and allow recovery, and these accommodations need not be costly. If performance issues are a concern, I can have those difficult discussions and determine if there are underlying mental health issues. If necessary, I help individuals to understand that although their current role may not be the right one for them, there are other opportunities where their skills will allow them to be successful. And if I need to make that difficult decision to end someone's employment, I can do so with compassion, allowing the individual to retain his or her dignity. Surprisingly, two individuals whose employment I had previously terminated later told me that losing that particular job had been a turning point

and that they were now more settled in their lives. One acknowledged it was time to retire, and the other changed careers completely.

My experiences fired my passion for supporting people in need. I learned, and now share, tools and resources so others can successfully navigate transitions in their lives. ▾

Feelings of Depression after a Physical Work Injury

SIX-MONTH PERIOD AFTER INJURY A POTENTIAL “WINDOW OF OPPORTUNITY” TO IDENTIFY AND ADDRESS MENTAL HEALTH PROBLEMS

Nancy Carnide

Mental health problems are not just an issue among workers who are away from work on “stress leave.” They may also affect workers who are away from work because of a physical injury.

Nancy Carnide is a Research Associate at the Institute for Work & Health, a not-for-profit research organization based in Toronto. She is also a PhD student in epidemiology at the University of Toronto



©iStockphoto.com/geotrac

If you work with injured workers or have been injured on the job yourself, you should be aware that feeling depressed—and by that I mean frequently feeling many of the symptoms of depression—is common among people who have been physically hurt at work and need to take time off to recover.

About half of workers without a diagnosis of depression in the year before a work-related injury may feel depressed at some point during the year after their injury, and one in four may feel depressed at the one-year mark. Importantly, symptoms of depression are common among those

who are not working one year after their injury, or who try to go back to work but are unable to continue.

These statements are based upon the results of a study¹ by a team of researchers at the Institute for Work & Health, a not-for-profit research organization based in Toronto. I was a member of this team and led the analysis and write-up of the part of the research that considered what happens to the mental health of people during the first year following a work injury.

Our findings suggest that the first six months after a workplace injury are particularly important to an injured

worker's future mental health. This six-month period may be a window of opportunity to screen for symptoms of depression (and to provide the necessary support to those who need it) in order to prevent mental health problems in future.

How did we do our study?

We interviewed 332 people who were off work for at least five days due to a work-related musculoskeletal injury, though many were off work for longer than this. That is, they had injured their back, neck, shoulder, elbow, wrist or hand at work and had filed a workers' compensation claim. For this study, we included only those people who reported no physician-diagnosed depression during the year before their injury.

We interviewed all study participants by telephone 1 month, 6 months and 12 months after their injury to see how they were doing. We asked about their workplace, their injury, their health and whether they were working or not. We also specifically asked about 20 symptoms of depression, including sadness, poor appetite, difficulty concentrating, restless sleep, crying spells and more—if they were feeling them and, if so, how often.

What did we discover?

Our key findings included the following:

- During the first 12 months after participants' work injury, symptoms of depression were common. About half of the workers in our study frequently felt symptoms of depression at some point in the 12 months following the injury. Almost 1 in 10 were diagnosed by a physician with depression during this period.

7 out of 10 injured workers in our study who reported frequent systems of depression at 1 month and at 6 months also reported frequent systems of depression at 12 months.

- The mental health of most participants in our study improved over time during the 12 months after injury. Only 1 in 10 workers worsened in terms of their depressive symptoms over the 12-month period; about 25% of participants saw improvement in their depressive symptoms. At the 12-month mark, 75% reported not feeling depressed (although 25% reported they did feel depressed).
- Not feeling depressed 1 month after a work injury seemed to be a good indication that an injured worker would remain feeling that way over the course of the next 12 months. In our study, about 60% of all participants did not feel depressed at the 1-month mark, and most of them (9 out of 10) still felt that way when we talked to them at 6 and 12 months.
- For workers who experienced frequent symptoms of depression at 1 month, the picture seemed to be a little more complicated. In our study, 40% of all participants felt depressed at the 1-month mark. By 6 months, half of these people continued to feel depressed; the other half did not. How they felt at the 6-month mark, however, did turn out to be a good indicator of whether they would feel depressed at 12 months. 7 out of 10 injured workers in our study who reported frequent symptoms of depression

at 1 month and at 6 months also reported frequent symptoms of depression at 12 months.

- Frequent symptoms of depression were more common among participants who were having trouble returning to work. Among workers in our study who reported feeling depressed at 1 month, 6 months and 12 months after the injury, only 10% were able to return to work and stay at work. The remaining 90% either had never made a return-to-work attempt or had tried to return to work but had at least one recurrence of work absence.

In other words, in our study, of those who were not working 12 months after their injury, about half reported frequent symptoms of depression. In comparison, among those who were working at the 12-month mark, approximately 20% reported frequent symptoms of depression at the 12-month mark.

What does it mean?

Our findings support the idea that feeling depressed is a natural response to having a workplace injury. They also show that, for the most part, how injured workers feel about their mental health at the six-month mark is a good indication of how they are going to feel 12 months after the injury.

unemployment and mental health

My colleagues at the Institute for Work & Health (IWH) took a look at the research on mental health and unemployment³ to find out what we know. (Someone who is “unemployed” is someone who is not working for pay but is actively looking for paid work.)

They found evidence that becoming unemployed has a negative effect on mental health. Those whose mental health is fine beforehand are at risk of developing mental health problems when they are no longer going to work.

The link between loss of employment and poorer mental health could be related to a number of things. Job loss often means a drop in one’s standard of living or, at the very least, increased anxiety and insecurity about future income. It can also result in loss of status among family and friends, as well as loss of contact with an important social circle—work colleagues. Interestingly, some studies have shown that it’s the non-financial issues (the drop in quality of life and a decreased sense of well-being)

that have a greater effect on one’s mental health during unemployment.

It’s likely that losing a “good” job is even harder on one’s mental health. Research suggests that poorer-quality jobs (those that don’t pay well, don’t provide enough hours of work, etc.) are linked to a higher likelihood of mental health problems while one is working than are higher-quality jobs. My IWH colleagues also found that people with mental health problems are more likely than others to become unemployed.

Since loss of work increases the risk of mental health problems, and since mental health difficulties increase the risk of job loss, it is important not only to help unemployed workers find new jobs quickly but also to help workers manage mental distress.

For more IWH findings on mental health and work, visit our website at www.iwh.on.ca/topics/mental-health-at-work. To keep up on all the latest research from IWH, sign up for our monthly e-alert at www.iwh.on.ca/e-alerts

to work. It does beg the question: Do symptoms of depression contribute to difficulties in returning to work, or does having difficulties returning to work contribute to symptoms of depression? Our study couldn’t answer that question, but we suspect there is a complex interaction between the two factors.

Being at work is important. Research has clearly shown that returning to work after a work injury is good for both physical *and* mental health.² It’s a virtuous circle: people who return to work are likely to feel better mentally, and people who feel better mentally are more likely to be working. ▾

This suggests to me that what is done during the first six months post-injury is important to the future well-being and mental health of injured workers. This six-month period represents a chance to screen injured workers to detect those at risk of clinical depression. Even though workers who are experiencing some symptoms of depression are not necessarily clinically depressed and do not necessarily require medical treatment, it’s still important for them to make their health care providers aware of these symptoms so that appropriate supports can be put in place.

With effective support, injured workers who are frequently feeling symptoms of depression following their injury may receive the help they need to feel better by the six-month mark. According to our study, if an injured worker feels better at 6 months, he or she will likely also feel better at 12 months.

Symptoms of depression are also linked in some ways to returning to work, given that our study found that only 1 in 10 who reported frequent symptoms of depression at all three points during the year had returned

A Wife's Journey

HELPING A SPOUSE OVERCOME MENTAL ILLNESS AND RE-ENTER THE WORKFORCE

Laura*

For various reasons, my husband Ben* was unable to stay employed for an extended period of time. Our family often made do with little income because Ben would not make it past his employment probationary period.



Laura is a Vocational Counsellor working for a health authority in BC. She has a bachelor's degree and has been providing vocational services to individuals with mental health and substance use issues for over 10 years. She wanted to share her story so that she could inspire other families to support their loved ones with their recovery and employment goals

Shoestring budgets and the prospect of no vacations loomed over our household for several years. There were fewer opportunities for Ben in our hometown as time went on, so we decided to move to BC to seek more opportunities in his field.

We rented an apartment in Greater Vancouver and began to look for jobs. Within a few months, I secured a position with a local restaurant. But before I had the opportunity to begin, my husband was admitted to the hospital.

For a couple of weeks leading up to his hospitalization, Ben had been anxious and hyper-vigilant. He was sure our apartment was bugged and that the government had set other traps to monitor our movement and conversations. Initially, I dismissed these bizarre thoughts. I told myself that Ben was just tired and overwhelmed at the prospect of having to look after our infant daughter while I went to work. But I soothed myself: this was just going to be a temporary arrangement until Ben was able to secure full-time

* Pseudonym

employment. Once that happened, our daughter would be in day care and Ben's anxieties would fade.

Then, late one night before my new job was to begin, I woke up around 2:00 am to check on our daughter. I discovered that Ben had left our apartment. I thought at first that he may have gone outside for a walk but a quick check revealed he hadn't taken his keys and the front door was still locked. I walked towards the window and looked out. With growing horror I realized that Ben had exited our second-floor apartment by jumping from our bedroom window.

Distraught, I immediately called the police. I was told a missing person report could not be filed until 24 hours had passed. They asked me to call back later to provide an update. Somehow, I managed to find the courage and composure to phone family members. I prayed for several hours until dawn. I sat by the window in the living room all day, praying and hoping that Ben was alright.

At around 4:00 that afternoon, I got a phone call from Ben. He told me that he was downtown and that I should not worry. I calmly asked him to catch a bus and come home. I then called the police. The police were so supportive. In fact, one of the constables gave me his direct phone number so that I could alert him when Ben arrived back at the apartment. It took Ben an hour to get home. The police arrived about 10 minutes later. The officers asked him a few questions, and it was evident from Ben's answers that he was paranoid and delusional about a number of things. He spoke again about government conspiracies. One of

His doctor explained that employment was an important part of his recovery and he supported Ben's interest in returning to work.

the officers asked him if he would be willing to go the hospital, and he said he would be.

During Ben's stay at the hospital, I met some hard-working and empathic professionals who helped me to understand schizophrenia and the treatment options available. When I first heard Ben's diagnosis, I was devastated. I knew nothing about the condition, and I worried about the stigma of having a family member with a mental illness. I also worried about how I would look after him. Later, I realized there was relief in finally knowing why he couldn't remain employed. I began to look ahead to the next steps in his treatment and his eventual discharge from the hospital.

In hindsight, I can now recognize in Ben's employment history signs of what was to come. He had always been guarded when he worked for the government. He had left his last two government jobs abruptly, feeling that he would be asked to carry out assignments that were "unsafe." His last manager was so disappointed to see him go that he phoned him and asked him to rescind his letter of resignation because he was so hard-working and highly qualified. I now also recognize the patterns of delusional thinking that would often lead to his resignation within four to five months of being hired.

During the three weeks that Ben stayed in the hospital, he was heavily sedated. One of his psychiatrists explained that he would eventually be placed on a dose that would work for him. When Ben was discharged, he was referred to a community psychiatrist, who turned out to be one of the kind physicians we had met on Ben's admission to the hospital.

During Ben's hospitalization, a non-government employer contacted him about a possible position. I explained that Ben would contact them once he was discharged from the hospital. The employer did not ask about the nature of Ben's hospitalization.

Three weeks after he was discharged, Ben had a follow-up meeting with his psychiatrist. I was invited to this meeting as well. During the course of the meeting, I had an opportunity to ask about his ability to return to work. His doctor explained that employment was an important part of his recovery and he supported Ben's interest in returning to work. He believed that Ben could find employment in his field, but he would need to take his medication in order to avoid a relapse. I agreed and felt hopeful after the meeting, knowing that Ben would get support from the psychiatrist.

Ben called the employer who had contacted him while he was in the hospital. The employer asked him to come in for an initial interview and

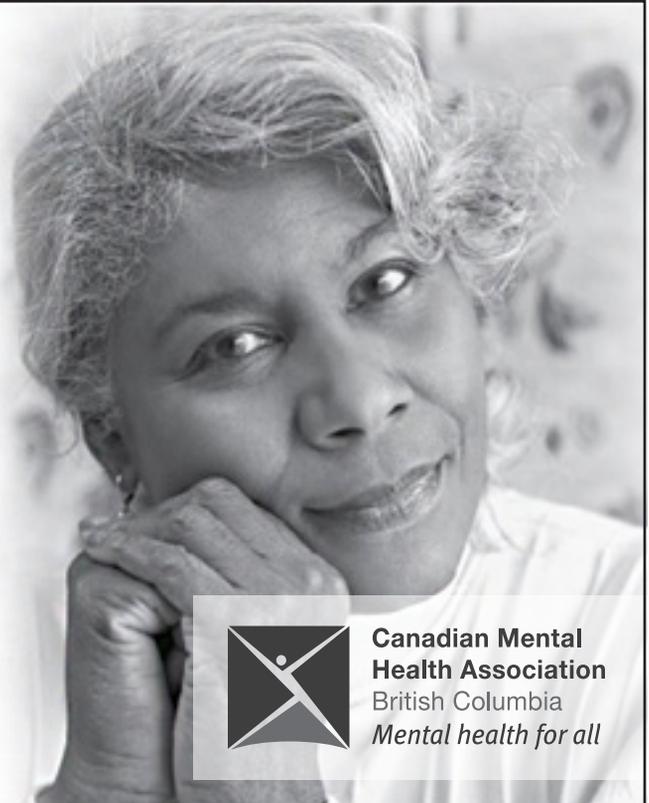
then a second interview. Ben was hired following the second interview. Ben adhered to his medication regimen, and kept all his appointments with his psychiatrist. He never felt the need to disclose his illness to his employer or co-workers because he did not have any side effects from the medication. He did not have any anxiety or other ailments often associated with schizophrenia. On his return to work, he had told me that he wanted to be open about his illness only if it was affecting his ability to work. He worked with this employer for 10 years before deciding that he needed a change and applying to another company. He continues to see his psychiatrist for follow-up and has stayed on his medications. He has not been in the hospital since that initial stay.

As Ben settled into his first job after his diagnosis, I decided that I wanted to pursue work for a non-profit agency that provides psychosocial rehabilitation to people recovering from mental illness. Although I was a generalist, I gravitated towards working with clients to find employment. I quickly learned that the benefits of employment to recovery are significant! ▾

Understanding Addiction

A unique online training program for those who work directly or indirectly with people who face challenges with addiction:

- Gain a better understanding of addiction
- Learn how to respond in a positive and respectful way
- Work with challenging clients while protecting workplace safety
- Promote inclusion and healthy communities



**Canadian Mental
Health Association**
British Columbia
Mental health for all

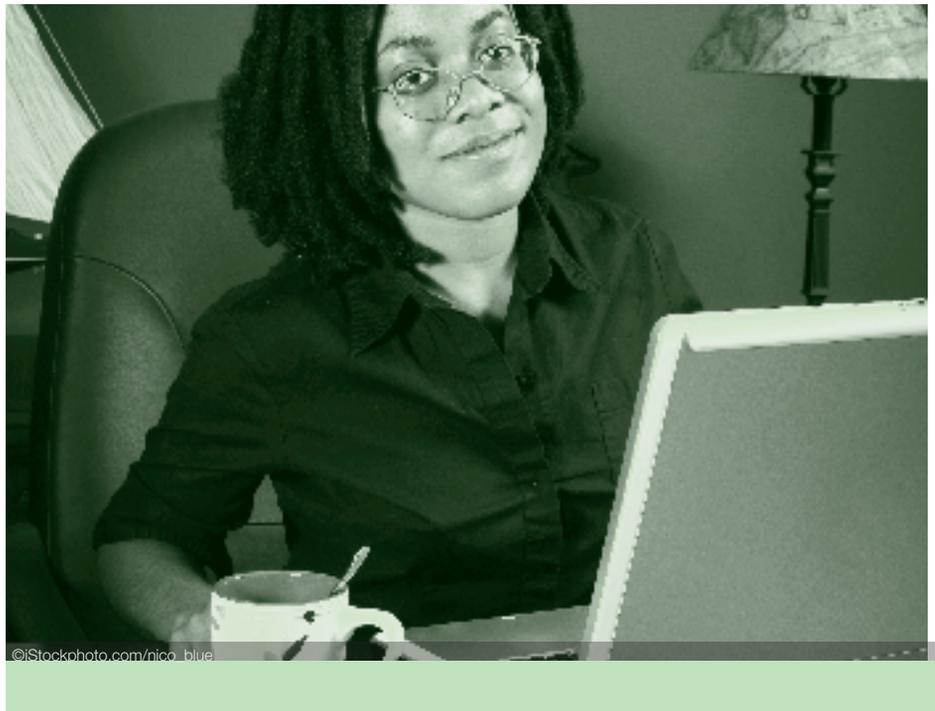
Learn more and register at www.UnderstandingAddiction.ca

The Ability to Thrive on Disability

Sandra

My memory is hazy, but that's part of my mental state. I've been in and out of hospital dozens of times with bipolar I, and I received three courses of electroconvulsive therapy (ECT), which caused permanent memory impairment.

Sandra is a mental health writer, anti-stigma advisor, suicide prevention volunteer and member of the Mental Health Commission of Canada Advisory Council. She receives a Canada Pension Plan and provincial disability benefit, along with a rent supplement, while living well managing bipolar I, OCD, and migraines



Over a decade ago, I was doing clerical work. Because I was ill, however, my work performance was poor and I lost my job. Repeated bipolar episodes meant a chaotic work history—I would get a job, do well for a while, then become ill and quit or be fired, or change careers suddenly. My psychiatrist suggested it would be a good idea to apply for disability and stop trying to get jobs I might lose. I agreed that I needed the stability of a pension.

A Canada Pension Plan (CPP) Disability Benefit application took four months

to process. During the wait, I couldn't afford my Vancouver rent on only welfare, so I sublet my apartment and moved in with family temporarily. This was a hard choice, and the stress affected all of us poorly. After a suicide attempt, I was hospitalized for two months. Finally, when my CPP application was approved, I was discharged from the hospital and moved back into my apartment. But I still couldn't afford the rent, and I was too ill with frequent episodes of hypomania to manage money well. When I tried to move in with someone else, I suffered domestic violence. I became homeless.

Luckily, I wasn't sleeping rough on the streets. I ended up in a women's transition house, which led me to services I wouldn't have had access to otherwise. An outreach social worker helped me find a space in a rooming house and adjust to a new suburban community. In time, living in a quiet environment with lots of green space and making lifestyle adjustments, including regulating my sleep, I experienced less stress and my bipolar episodes eased up a bit. But I continued to wake up with migraines on some mornings, which prevented me from working a regular daily schedule. I still have migraines to this day.

Vitaly, I was approved for the BC Housing Health Services Rent Supplement; I could then afford to move into a small studio apartment. The base provincial disability housing allowance of \$375 per month isn't enough to rent an apartment, so the supplement helps a lot. I was glad to regain liberty, and I felt safer and happier in my new home, with a positive relationship with my landlord.

With improved mental health and increased knowledge of recovery resources online, I wanted to start giving back to society. I joined the board of directors of the Canadian Mental Health Association North & West Vancouver Branch, and later the Marineview Housing Society board. I had always been uplifted by beauty and culture, so I began to volunteer at a community art gallery. It felt good to help others and to feel useful—a boost to my self-esteem.

Still, recurring and cyclical bipolar episodes kept me from working a regular job, so I looked for alternatives.

Recurring and cyclical bipolar episodes kept me from working a regular job, so I looked for alternatives.

I'd always been a good writer, and through its blog ad I found a part-time online job writing for the mental health website PsychCentral. My boss at the site accommodates my recurrent mental health challenges, allowing job flexibility. I'm not paid a huge amount for the work I do, but that's fine since on disability my earnings are restricted. A bit of extra money each month allows me a more "normal" lifestyle. When I'm too sick to work at all, it's a relief to know I can return to work without difficulty. And working from home is more comfortable for me than working in an office, without all the stressful office politics and social anxiety that come with an office job.

After a few years, a chance came up with the Mental Health Commission of Canada (MHCC). The At Home/Chez Soi Project, a \$110 million mental health and homelessness research project in five Canadian cities, sought people with lived experience to join advisory groups (among other opportunities). I applied and was accepted, and became a member of three advisory groups. We met by phone and in person, and also via email. I helped write reports, gave talks at conferences, and co-authored a scientific poster on peer work. The experience was enriching, and I felt that my work—volunteer but recognized with an honorarium—was valued.

After that project ended, the new MHCC Advisory Council advertised

for experts, including those with lived experience. Part of the 2% of applicants who were successful, I was appointed to one of the three seats on the council reserved for people with lived experience. Now I provide input to the MHCC about its strategies and initiatives, through teleconferences and in-person meetings. I'm given nice catered meals, while I sit shoulder-to-shoulder with other experts from across Canada. I feel I belong, and my contributions are respected. This feeling means a lot to me, since in the past with episodes of depression I've felt so worthless and hopeless at times.

On my own, I use social media for online suicide prevention with my Twitter account @unsuicide, sharing resources and pointing people to crisis help, along with giving peer support. I created a website, Online Suicide Help (unsuicide.wikispaces.com), a global directory of services for people who don't want to call a phone helpline and would rather connect to a crisis chat service, text-line, forum, or smartphone app. As a suicide attempt survivor who knows how hard it is to access services, I want to help people find the kinds of services and self-help they need, when they need it.

My suicide prevention work led to a tweetchat and webinar project with UBC's CREST.BD bipolar disorders research group. Now, I'm a "Me Too: Conversations" advisory panel



©Stockphoto.com/andresr

If we can't volunteer or work part-time, we shouldn't be begrudged assistance. Disability income provides me with a safety net.

member helping with an anti-stigma speaker series by the VGH & UBC Hospital Foundation.

I keep pretty busy, but I still experience health and life challenges. I had to stop all my work and volunteering completely for about six months while I underwent cancer treatment and recovery. I fought the illness successfully, but I still have some long-term physical and emotional side effects. This was another time I was especially grateful for the government safety net, since for a long period I couldn't work at all.

Often, I've felt I had to prove myself "worthy" of income assistance. I'm keenly aware there are those who think people on disability are fakers and lazy loafers who don't deserve the small amount of money provided to us. I've experienced discrimination, even from landlords when I searched

for housing. Sometimes I think I've overcompensated to prove the doubters wrong, out of self-stigma.

The truth is that everyone on disability needs the money badly and isn't getting enough. We would all rather be working if we could. But even if we can't volunteer or work part-time, we shouldn't be begrudged assistance.

My mental health has improved, and I'm more stable and productive now. But as I live with bipolar I, obsessive-compulsive disorder, and migraines, episodes can and still do send me crashing down (or too far up, or into a mixed state) at any time, and migraines appear suddenly, rendering me unable to work without notice. I need to be financially safe. Disability income provides me with a safety net.

Disability income and a rent supplement cheque also mean I have stable, safe housing. I've been living in a studio apartment for more than six years—in a house with a kind, supportive family who know about my mental health issues. I'm grateful to be there. And I've never been late with rent.

I will continue to volunteer, work part-time for the advisory council and as a blogger, and find other ways to give back to society. Knowing my disability and rent supplement income is secure gives me serenity and helps keep me mentally stable so that I can contribute as much as I'm able to, thrive and appreciate life. ▾

Half of My Life*

August**

I will start by saying that I had a very happy childhood. I grew up next to a park, was very active in sports, and had a large circle of friends—many of whom I still see to this day.



August grew up in Vancouver and now resides in Burnaby. He plays soccer and has coached soccer in the past. He also plays bass guitar

Since I was young, two things have always played a big part in my life: sports—mainly soccer and hockey—and music. Having older brothers and sisters, I was introduced to rock n’ roll at an early age.

My sister, whom I love dearly, took me to Seattle to see the Who when I was 10 years old. That was the first time I was witness to a certain side of life that really grabbed my interest. There was long hair, crazy dancing and people smoking drugs.

In my early teens, though I still played sports daily, I started to get into more trouble in school, and my grades began to slip. I wouldn’t say I was a bad kid. I never did anything really

mean. I just enjoyed having fun—and for me, school wasn’t fun.

The summer after Grade 9, I tried smoking weed. I liked it, and by the middle of Grade 10, my friends and I were smoking regularly. In Grade 10, I had my first psychedelic experience on LSD. I enjoyed it immediately. It just felt right somehow—it suited my personality and it was a big part of the music scene that interested me at the time.

Fast-forward to graduation: I was a member of a rock band, and I was attending a lot of music concerts. My best friends and I used lots of drugs, still mainly weed and LSD, although by then I had tried cocaine a few times.

* The title is from a line in the Grateful Dead’s “Wharf Rat.” The author’s pseudonym is inspired by the same song.

** Pseudonym

When I was about 20, one friend and I started separating ourselves a bit from the crowd, not really intentionally but because we both had a stronger desire to party. The opportunity to use harder drugs presented itself: my friend had an older brother who was a dealer, and he introduced us to certain things—mainly more cocaine, crack and heroin.

At first I didn't really want to get too involved, but eventually those harder drugs reeled me in, and I found myself experiencing the physical aspects of dependency—like withdrawal when I didn't get my fix. I didn't like that feeling; I distanced myself from my friend a bit, and I was able to stop using—for a while.

But a few years later, when I was working my first full-time day job, got my own place and had a regular disposable income, I found myself

falling back into a pattern of using heroin: with my old connections, it was all too easy for me to make that phone call and get that delivery right to my door. Addiction began to take over.

I was living a double life. I would smoke heroin throughout the day, whether I was at work or at home. I spent most of my days high. But I was still able to keep up with my work and my friendships. I had a tight circle of friends who didn't really use, or at least didn't use like I did, and we all bonded over sports. I was able to hide my addiction from them.

But a few years later, when I began smoking crack again, things went downhill in a hurry. For me, a crack addiction was a lot harder to hide. Colleagues and friends became aware quickly that something wasn't right. I spent a lot of time in the bathroom at

work, smoking to maintain my high. And I was spending more time with my girlfriend, who worked in the same company and was also using. We were less available to other friends.

One morning, my girlfriend phoned me at my desk to tell me she'd just been called in to talk to HR about her drug use. She figured I was about to be called in too. She was right.

When I was confronted, I was basically honest. I admitted I had some problems with drug use. The company suggested that both my girlfriend and I first try a detox centre—we agreed to go, but after a few days, we skipped out.

Work was keeping tabs on us: they called the detox centre and found out we'd left. When they finally caught up with us, we were put on short-term disability, our families were told and it was decided that we would be sent to live in separate treatment facilities. To be honest, I'm not sure I was ready for treatment. I wasn't finished being a drug addict. But I completed a six-week program at the facility.

After that, I went back to work. It was a bit awkward. Word had spread and rumours were passed around—picking up BS along the way. I heard that my girlfriend and I had been doing all sorts of things that sounded way more exciting than anything that had actually happened. But I stuck it out, and eventually the rumours faded into the background.

Yet even after that, I continued to struggle with drugs; I just became really good at hiding it. Although my company had been fairly supportive up to that point, I'm not sure what



©Stockphoto.com/KatarzynaBialasiewicz

I was living a double life. I would smoke heroin throughout the day, whether I was at work or at home. I spent most of my days high.

would have happened if they had found out I hadn't completely changed my ways. Though they never came out and said so, I suspect I'd already used up my "Get Out of Jail Free" card. I think I probably would have been fired.

After a number of attempts to clean up my act over the next six years, something inside of me said, "No. Enough. I'm done." It was like a switch had been turned off. I finally realized I was tired of the life I was leading—of spending my last 20 bucks on drugs for one more high that was never as good as the first one. And having no food to eat grows pretty tired pretty fast. I envied the freedom of those people who weren't imprisoned by their addiction, who could just go have

a coffee and a muffin in a café with a friend and not have to worry about their next high.

I think that's the key to getting clean: you have to want it, and you have to have had enough of the addict's life.

I had definitely had enough. By the time I got clean—and basically I cleaned up on my own—I had been using on and off for about 15 years.

It has been eight years now, and I would say I lead a fairly healthy life these days. I eat well, I play lots of soccer, and I use the gym regularly. I still drink in moderation—though not alone—and I still go to music concerts. But when I think about my old life, I have no desire to go back. I enjoy

where I'm at. I live a life of balance now, rather than a life of extremes. For me, that's the real high. ▾



thinkFull™

A free IOS app that helps manage stress to enrich your life:

- Record your stress levels
- Try personalized life tips
- Recognize stress patterns

Created by TELUS in collaboration with CMHA BC, Dr. Stan Kutcher, HeretoHelp, mindyourmind, MJB Technologies and Kely Resource Centre

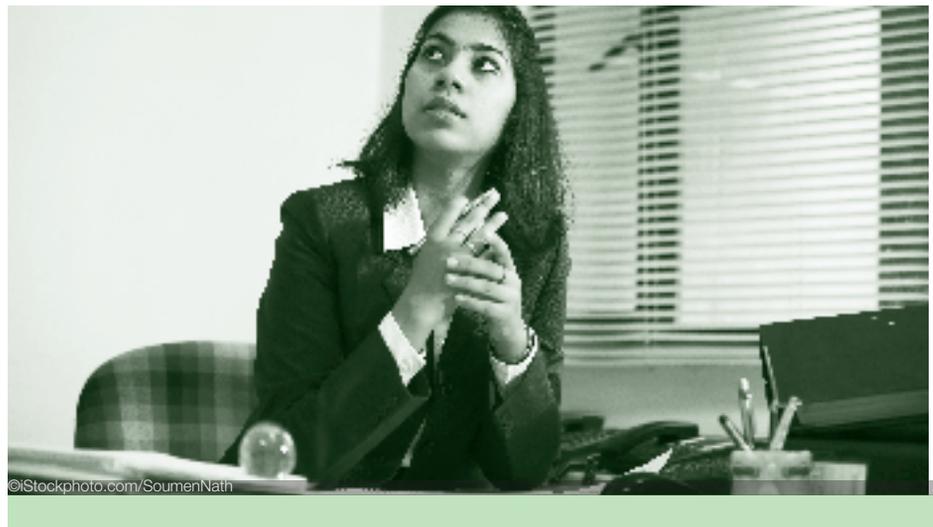
Download on the  App Store

The Imposter

Emmy

I'm an impostor. That was all I could think as I shopped for a business outfit to wear for a meeting three hours later with a former colleague who wanted to hire me as a part-time consultant. You see, this was to be my first work exposure since I'd been diagnosed and hospitalized with obsessive-compulsive disorder (OCD), extreme exhaustion and depression. In the spring of 2012, I had spent a whole month in the mood disorder unit of a local hospital.

Emmy is the proud mother of two children, aged four and six. She works full-time in a management position and volunteers as a director for AnxietyBC, a Vancouver-based organization that strives to increase awareness about anxiety disorders, promote education and increase access to evidence-based resources and treatments (www.anxietybc.com)



It was during the seventh month of my year-long maternity leave that I hit rock bottom: Although I had a few compulsions, mostly around germs and superstitions, the most debilitating symptoms of my OCD were the constantly intrusive thoughts—non-stop worries that occupied all my waking moments. I knew I needed help when I was so anxious that I hadn't slept in three days, convinced that I would wake up in a trance and hurt my children. I left the children sleeping at home in the care of my husband and drove myself to the hospital that night.

But I was lucky in many ways. Towards the end of my maternity leave, my employer significantly

downsized, and I was let go from my job. This might not sound so "lucky," but it meant that I didn't spiral down in front of my colleagues; I never had to ask for a sick leave or resign. With a healthy severance package in my bank account, but also a complete absence of self-esteem, I had no desire to rejoin the workforce anytime soon. Destiny had a different plan.

About eight weeks after the end of my maternity leave, I got an email from a former colleague who had been laid off at about the same time. She was now in an executive position in a new start-up and was looking for someone like me to work on a part-time basis. I felt like I had won the lottery—a part-time

gig with a former colleague whom I also considered a friend and mentor! First she wanted to catch up and give me some information about her company, so we made plans to have coffee together on a sunny afternoon. It should have been easy, no?

Well, about three hours before our informal meeting, it suddenly became clear to me that I didn't have anything to wear—or, at least, that I didn't feel good in any of the many outfits I tried on at home. I rushed to the mall to my favourite store, in which I normally find more outfits than my budget can bear. Without warning, I suddenly became completely overwhelmed by the options. Save for what little dignity I miraculously still had within me, I would have curled up in a ball on the floor of the store right then and there. It felt like the store was spinning around me, and I wanted to cry.

And then the thought came: "You don't feel like this because this is a huge milestone in your recovery. That's not why you feel anxious. You feel anxious because you know. You know that the OCD broke you, but you will be going to that meeting and pretending that you are the same old person. You are an impostor." I still don't remember how I got home after that. But once I was home, I knew there was only one option available to me at that point—one that I had sworn I would never use again ... I popped a fast-acting anti-anxiety pill.

What a failure, I kept thinking. Lucky for me, and for the rest of my career, I was meeting with a mentor whom I could not stand to disappoint. Not showing up was out of the question. So I let the little green pill do its magic, and I made it (in an oh-so-boring

Setbacks are speed bumps; they slow you down, but they ultimately make you a better driver.

outfit!) to our coffee meeting. And the meeting went perfectly well. I met with the rest of the management team a few days later—without repeating the same mistakes, though! I got my outfit over the weekend and carefully prepared my presentation. I had planned to take another Ativan an hour or so before the meeting, but I felt good enough that I didn't have to take it. I got the gig, and many others in the following months. So many, in fact, that less than one year after my stay in the psychiatric hospital, I was billing more than 250 hours a month to four different clients. Not bad for a "crazy"!

It has been three years since the infamous coffee date, and I'm proud to report that I am a happy, full-time-working parent and that my OCD is well under control. Of course, I made mistakes along the way, just as anybody does (with or without a mental illness), but the experiences have taught me a couple of life lessons that I will forever remember:

1. Setbacks are not failures

Even though the meeting with my colleague had gone well, I became increasingly anxious about it in the hours following because I'd become so debilitated in the mall. Since I'd left the hospital, my anxiety management skills had improved so much that I felt increasingly as if the worst was behind me and that anxiety would never disable me again. Having to take the anti-anxiety pill just to make it to the meeting was a real blow. I

contacted my cognitive-behavioural therapist, convinced that I was back at square one. Caught up in my anxious thoughts, I forgot a key cognitive-behavioural therapy (CBT) concept: It is impossible to "un-know" your diagnosis. I would never be back at square one again because I now know that having intrusive thoughts does not mean that you will act on them. My thoughts do not have control over me! Yes, I had to take an anti-anxiety pill to help me regain control, but I didn't spiral back down to rock bottom: I hadn't "relapsed." Setbacks are speed bumps; they slow you down, but they ultimately make you a better driver.

2. You are not alone

It took me a long time to share even tidbits of my story with people outside of my immediate circle of family and close friends. When I finally did (and I didn't necessarily disclose the whole story, just enough to show that I have lived experience), the reactions were all overwhelmingly positive. Never once did I feel negatively impacted or judged following my confessions. In fact, many of my confidantes actually came back to me to ask for help with their own anxiety or with the anxiety of a family member or friend. ▾

related resource

For the complete story of Emmy's journey, go to www.anxietybc.com/whats_new.php and search for "Pure O—My Lived Experience."

The Elephant in the Room

DISCLOSURE AND TRANSITIONS

Kyla*

When you live with a mental illness, an elephant is always in the room. Do you disclose what you are going through, and risk exposing yourself to discrimination, or do you keep silent about your experiences?

Kyla grew up in a small town in northern BC. She experienced a rich childhood and was raised by caring parents, a WWII veteran father and homemaker mother. Kyla has called southwest BC home for more than 20 years. She loves animals, time spent in nature and West Coast swing



In the fall of 2015, I landed a new job as an insurance broker. In my last role, I had spent three years working in administration for a reputable life insurance company. Getting a new job was quite the feat, considering I was not able to use my last employer as a reference.

In the months before I was offered the new job, from January to August 2015, I had been on short-term disability. Prior to my going on disability, the life insurance company I was working for had experienced two years of chronic understaffing. Staff morale was low. Repeated requests by supervisors for additional staff had gone unheard.

In addition to being overworked, I had recently been diagnosed with bipolar depression, and I was adjusting to new medication. The combination of work pressure and a new mental health diagnosis was challenging, but I continued to do my best.

One morning I received an odd email from my new supervisor, Bertha.* Bertha informed me that I owed the company work time and that I would have to make up the hours during that pay period or the equivalent amount would come off my next cheque. This made no sense to me: I had already banked so much extra time! I went to speak with Bertha in person: I couldn't

* Pseudonym

afford to take a smaller paycheque, and I wanted more time to look into the discrepancy myself. But Bertha dismissed my request without even looking up from her computer!

I emailed the manager of the department, Jane,* and asked for a meeting in order to sort out the confusion. Jane called me into her office, and I immediately described the distressing interaction I'd had with Bertha. Jane explained that she was trying to teach Bertha how to relate to people. Before I'd had a chance to process this, Jane asked, "Kyla, you don't seem like your normal bubbly self lately. Are you okay?"

A harried work environment, unhappy co-workers, new meds ... and I'd just had a horrible interaction with my immediate supervisor: Jane's question took me off-guard. I was honest and said, "Actually, not really. The truth is, last year I was diagnosed with bipolar disorder. I am adjusting to new medications and the workload here is too much."

Suddenly, the meeting went in a completely new direction. Jane seemed to ignore all my feedback about Bertha. Instead, the subject of the meeting became mental illness. Jane talked for what seemed like an eternity about her best friend who had bipolar disorder and had to talk herself out of bed every day. Jane told me that she understood and that she would tell no one.

At the end of the meeting, we resolved the hours discrepancy. In fact, the hours had been recorded incorrectly, and the company actually owed me a half day off. Then Jane hugged me

A close friend told me that by disclosing my mental illness, I had committed career suicide.

and told me to do my best. It was then that the stress of the situation caught up with me and I began to cry. It was embarrassing as hell.

Following my disclosure, the atmosphere at work began to change. My first clue was a note from Jane informing me that I was to work an additional three hours, which would be added to the half day I was owed to equal a full day—which I was not allowed to take earlier than October. What?!? The company owed me time—not the other way around! The tone of emails began to shift. Though my co-workers remained supportive, I began to receive the silent treatment from Jane and Bertha.

A close friend who has held various senior management positions later told me that by disclosing my mental illness I had committed career suicide. She thought two consequences were likely. First, I would never get another promotion or raise. Second, there would suddenly be reasons found (or created) to fire me.

I found her predictions hard to believe. Three short months prior I had been promoted and sent to the head office in Quebec to help develop a training program for our department. My January 2014 review stated that I stood out amongst my peers, that I continuously sought ways to improve procedures—that I met company expectations in all areas.

But by January 2015, five months after I made my disclosure of mental illness, my review was overwhelmingly negative. I was at risk of being fired. I was being put on an improvement program and, if I did not meet expectations, there would be consequences. Jane informed me I was not the right fit for the company, that I had been hired and promoted by mistake. That I was an embarrassment to the company and to her.

On the day of the 2015 review, I was subjected to two hours of tag-team-style criticism by Jane and Bertha. Their comments were full of embellishments and untruths, and things were taken out of context. I was repeatedly asked, "So you only do your best depending on your mood swings?" It was mentally devastating.

The truth was that I was good at my job and took pride in the quality of my work. Though I had struggled with my diagnosis, I received no accommodations from supervisory staff, even after I made my disclosure and admitted that I found the workload overwhelming. Quite the opposite: even though Jane had told me she "understood," she also made clear to me that I was to leave my mental illness at home.

I left the review feeling worthless. The next day, I returned to the office to quit. My old supervisor urged me not to and to see my doctor instead.

Just because an organization recognizes Mental Health Awareness Week does not necessarily mean it cares about your mental health.

My doctor had been documenting the change in the workplace following my disclosure of mental illness. During that period, he had continued to make medication adjustments so I could cope with the stress of work. As time went on, he felt we might have a case for workplace discrimination. That day, after I spoke with my old supervisor, I made an appointment. What happened next was nothing short of a miracle. My doctor phoned HR and told them I would not be coming in the next day and that he was putting me on immediate medical leave.

With the stress, I turned to alcohol as a coping mechanism. My doctor sent me to my local public health unit for emotional support. My concurrent disorders counsellor referred me to SMART Recovery meetings at Daytox.

SMART helped empower me to make healthy choices to cope with the emotional toll of this experience. I also found *The Mindful Way through Depression*¹ to be a helpful tool.

In the end, I decided against taking legal action. Instead, I focused on myself. I looked at what the job had given me, what I was grateful for. I had met many wonderful people, some of whom I am still in touch with today. I then posted my resume on an insurance broker job site and got offers from four different employers. After a lengthy interview, my current employers send me an offer without ever contacting my references.

I hope that if you can take away anything from this story, you will consider the following: weigh carefully

your decision to disclose your mental illness to HR or management—you can never “undisclose” something. Just because an organization recognizes Mental Health Awareness Week does not necessarily mean it cares about your mental health.

But I also advocate getting mental health help in whatever form speaks to you. My experience has been that the professionals in the mental health field actually do care.

My new employer is highly ethical, respectful and trustworthy. I am thriving there and will be continuing my education with their support financially and otherwise. I have been given a new lease on my professional life. Gratitude has become my daily focus. Hope sustains me in moments of self-doubt and insecurity. If I survived this experience, then I can handle whatever happens! ▼

Connected to a lot of networks?

Join the Visions editorial board!

Editorial board members shape the topic and direction for each issue of *Visions*. A \$75 honorarium is available and only a 3–4 hour per year time commitment.

Apply online by March 1, 2016 at www.heretohelp.bc.ca/visions

Welcome Back

THE ROLE OF THE WORKPLACE IN EMPLOYEE HEALTH AND WELL-BEING

Kristin Bower

Remember the days when employees were encouraged to leave their personal lives at home—and even admired for doing so? As long as you came to work, performed your job with a smile on your face and didn't make any waves, all was good. Health problems or challenges in your personal life? Keep them to yourself. The workplace was not a place for sharing.



Kristin's 15-year HR career has taken her from luxury hotels to employment agencies to banking. Her role as People Solutions Advisor, Innovation and Impact for Canada's largest credit union combines her love of HR and dedication to social advocacy and disability awareness. Kristin also authors "Adventures of a Survivor," a mental health blog

Chances are you may still work in an environment like that. Maybe you even manage one. But times are changing, and so should employers. We currently live in a world where many generations work together. Different generations have different ways of working and interacting. They also have different expectations of an employer and different visions of what a career or job should be. Smart employers are actively seeking ways to adapt to changing demographics such as an aging population, new immigrants and more people with disabilities entering the workforce.

As a human resources professional for the past 15 years, I have seen work environments and management styles change. My own workplace has shifted over the past decade to one that places more emphasis on diversity of thought, experience and background and places a greater value on individualism in terms of personality, learning and creativity. True diversity can bring with it innovation and adaptability. With greater employee diversity, however, we all have a responsibility to embrace inclusion and recognize individuals' unique needs. How well

are we Canadians doing that? In my estimation, not always so well.

We are probably all familiar with that one employee or colleague who calls in sick a lot. Perhaps we think it's annoying. We might wonder to ourselves, 'Why can't that person just get it together, show up, and do the job like everybody else?' In the old-school workplace scenario, the manager's first instinct was likely towards discipline. The employee does something wrong. The employee is punished. Followed, more likely than not, with: The employee goes on "stress leave."

Imagine, now, if employers turned that scenario upside down—if, instead of taking a disciplinary approach immediately, the manager asked the employee to share why he or she had been taking more sick days. How might a caring, human-centred approach change this situation? Sometimes an employee is abusing the system, and a disciplinary approach is the right way to go. But increased sick days can also signal a different type of problem. A common sign of mental health issues such as depression or addiction, and of chronic physical illness or even caregiving, for example, is increased absenteeism. Many managers get busy with the "work" and forget that managing their employees and removing barriers to their doing good work is actually their key responsibility.

Miscommunications and misunderstandings about employee health and well-being happen every day in workplaces across Canada. According to the Mood Disorders Society of Canada, 78% of depressed Canadians at work are concerned that they will lose their job because of their depression.¹ They are afraid to disclose their illness to employers, managers, or colleagues because of stigma and discrimination. In general, it's safe to say that we still have a workplace culture that discourages signs of vulnerability. But is asking for help or seeking to understand another person a weakness? I think it's actually a sign of strength.

Employers are beginning to come around, but we still have far to go. The fastest growing category of disability costs to Canadian employers is that of depression.¹ How we currently react to this reality is telling. The Mood Disorders Society of Canada reports that 84% of employers have no process in place to address the significant changes in employee productivity and behaviour that often accompany a mental illness.¹

As a person who has experienced several episodes of major depressive disorder over the past 20 years, I have taken four disability leaves from work. In the first instance, I resigned from my job after I had been on leave

for a month because I was simply too embarrassed to return—the self-stigma that I experienced was overwhelming. My manager supported me, but I didn't have faith that my colleagues would.

That was 13 years ago, and I have progressed along the path of self-acceptance and understanding of my illness. But employers have been slower to make that journey. I have become much more open about my mental health challenges and what I need to be healthy and to do my best work. My openness hasn't always been met warmly by past employers, however. I returned from one leave to find that my desk had been reassigned; the new occupant had left her things all over it. When I moved to my new desk, the computer didn't work. This was all on day one. A warm welcome back? Not really.

In my current role, my focus is on diversity and inclusion. I consider how to create a more inclusive workplace for employees from all backgrounds, disabilities, ages and stages of life. But just as the old proverb tells us that it takes a village to raise a child, it takes an entire organization of committed employees to create a welcoming and inclusive workplace. Most notably, our Diversity and Inclusion Alliance, an employee resource group, is dedicated to raising awareness of diversity and inclusion through campaigns and conversations throughout our organization. I am reminded often when I speak with colleagues and fellow employees that we all go through difficult times at some point. Do employers have a responsibility to help their employees through these times? Yes, I think so.

84% of employers have no process in place to address the significant changes in employee productivity and behaviour that often accompany a mental illness.¹



©iStockphoto.com/DOUGBERRY

It's not uncommon for employers to focus on the absent employee's current disability, forgetting about all the things the employee will be capable of once he or she returns.

In my informal conversations with friends and employees who have taken a leave of absence from work for disability reasons or for personal or parental reasons, a common theme of exclusion keeps coming up:

- "When I was on leave, I felt like my manager and colleagues forgot about me."
- "Things changed at work, but nobody let me know about things that would affect me."
- "Once I was on leave, I didn't hear from anybody at work."
- "Before I went on my planned leave, my colleagues started to slowly not include me in work discussions."

Is any of this intentional? I don't believe so, but that doesn't necessarily lessen the negative impact on the person who feels forgotten or undervalued. There are also many amazing managers and

employers out there doing great work to ensure that employees are supported. Here are some tried and true tips on how to support your employees about to go on leave:

- Ask the employee how he or she would prefer to maintain contact during the leave.
- Don't make assumptions about what an employee may need leading up to parental leave or retirement. Many employees still want to be part of work conversations; don't discount them as uninterested or disengaged.
- Ensure that your employee has access to benefits information and employee assistance resources.
- If your employee is on a disability leave, ask what he or she would like communicated to colleagues. It is the employee's choice what to disclose, if anything—not yours.

- When planning for your organization, consider the career plans, skills and abilities of the person on leave. It's not uncommon for employers to focus on the absent employee's current disability, forgetting about all the things the employee will be capable of once he or she returns.
- Connect with your employee a few weeks before he or she returns to work. Ask if any accommodations will be needed (a modified work space, reduced hours, etc.). And ask how the employee would like to be welcomed back. For example, a large group of colleagues gathered around a returning colleague's desk may be anxiety-inducing.

Creating a welcoming, empathetic and inclusive workplace isn't that difficult. It takes intention and commitment. The question is simple: Will you remain that old-school employer, or shall we build healthier, stronger workplaces and communities together?

The answer is as simple as the question. ▾

How to Navigate the Emotional Roller-Coaster of Unemployment—and Thrive

Gregg Taylor, MA, RCC, CCDP

There are many reasons that people may find themselves suddenly unemployed. People are laid off as their company downsizes or shuts down, they quit a poor job in frustration, they are fired with or without cause, or perhaps they simply come to the end of a contract or are making the transition from school to work. Whatever the cause, being unemployed can be a very stressful time—a period that can affect someone's outlook, self-esteem, and emotional balance and well-being.

Gregg is a Registered Clinical Counsellor and Certified Career Development Practitioner who provides counselling services through his private practice (www.greggtaylor.ca) and workplace mental health services as a workplace consultant with FSEAP (www.fseap.bc.ca). His passion and purpose is to help people thrive through the challenges and transitions of life and career



One research review looking at how unemployment affects mental health found that people who were unemployed experienced psychological problems at twice the rate of those who were employed (34% versus 16%); unemployment was a direct cause of distress.¹ Other studies have found that unemployment is a significant risk factor for the development of substance abuse problems and that it increases the risk of relapse for those in recovery.²

Having delivered group and individual career transitions programs for thousands of unemployed clients, I have witnessed first-hand the strength and resilience that people display when they face adversity, and how a job or career change can lead to new and better opportunities. At the same time, however, I have also seen how hard it can be to keep hope alive and to maintain a positive outlook throughout the period of unemployment, especially if it seems to go on longer than expected.

If you are currently unemployed or are supporting and encouraging someone who is, then I encourage you to consider the following ideas and helpful strategies.

Change vs. Transition

Author and speaker Charles Swindoll once said, “I am convinced that life is 10% what happens to me and 90% how I react to it.”³ This statement points to the difference between change and transition. Change is the event that takes place at a specific moment in time—what happens to me. Change is the loss of my job, my move to a new city, or my return to school. Transition is the personal, emotional process I go through as I deal with the change event—how I react to it. It’s the (sometimes slow) process of coming to terms with the loss, figuring out what to do next, and stepping out, making new choices and taking new actions. Being mindful of how we are reacting to a change and how the transition is affecting our emotions and mental health can be crucial to maintaining our well-being during unemployment.

The Transition Process

I find it useful to put the experience of unemployment into a framework that helps normalize the experience and sets out a way forward. In his classic book *Managing Transitions* author William Bridges describes what he calls the “transition process.”⁴

The transition process helps explain the emotional experiences we have along the way and provides a framework for moving ourselves through the transitional period in a healthy way.

Transition occurs in three distinct stages:

1. Endings

The loss of a job can be an emotional experience. It is quite normal to have strong reactions to the news. The less warning we have, and the more we feel we depend on our job for our income and well-being, the stronger our reaction will be. In this first stage, we have our initial emotional reactions to the news of the loss of our job. We must also begin to disengage from the old ways of doing things, letting go of our connection to that workplace and to our colleagues and to who we were in that situation. This can bring up deep feelings of loss, a desire for closure, and the need to say good-bye.

You may experience:

- The grieving process: denial, shock, anger, bargaining, sadness, depression, acceptance
- A mix of excitement and worry

Healthy self-care includes:

- Acknowledging the change—recognizing what you will lose or miss, letting go of the past, allowing yourself some down time

to rest, maintaining or beginning an exercise routine, and eating well and addressing any health concerns

- Continuing to connect with the outside world—maintaining connections with friends and family, seeing a counsellor who can help you work through any strong feelings you are having and help to build your confidence and self-esteem

2. Neutral zone

During the second stage of transition, we find ourselves in a confusing in-between state: we are not who and where we were, but we are also not yet who and where we are going to be. This can be a period of both chaos and creativity, a time to evaluate the past and plan for the future.

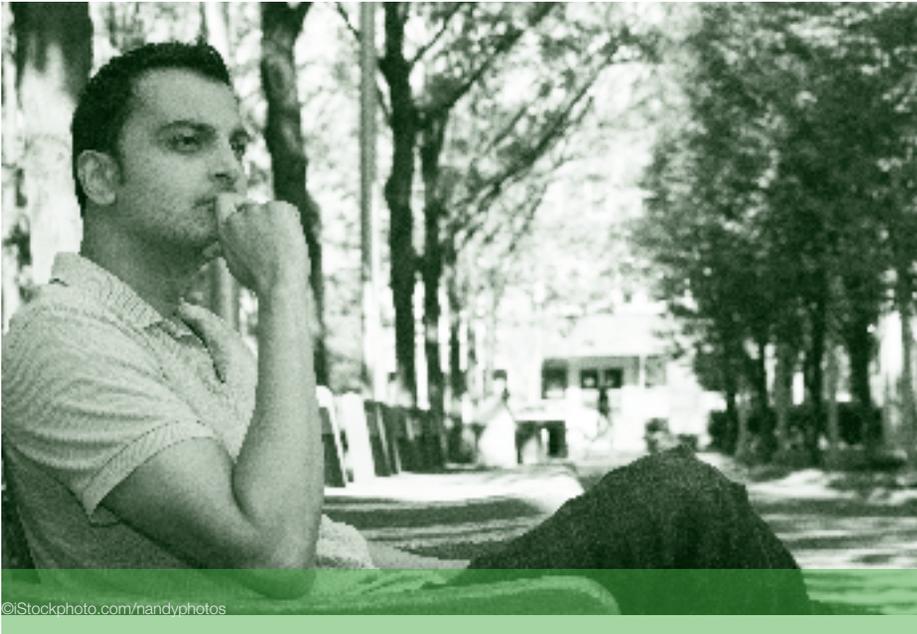
You may experience:

- Introspection, a sense of renewal, anxiety, confusion, a feeling of being “stuck,” hope and/or enthusiasm

Healthy self-care includes:

- Staying connected to others—within your current personal and professional networks as well as in new networks available to you through local professional and business associations and other groups (in person, or online with LinkedIn or Meetup.com)
- Seeking out help as you explore career options—by hiring a career coach or accessing free community-based services and workshops through your local WorkBC Centre (www.workbc.ca)
- Evaluating and exploring your options, researching career and job opportunities
- Keeping a daily gratitude list of the people and things that support you as you make this transition

Transition is the (sometimes slow) process of coming to terms with the loss, figuring out what to do next, and stepping out, making new choices and taking new actions.



©iStockphoto.com/nandyphotos

Explore how the change has affected us and assess carefully and intentionally what we want, and what new options and opportunities may be opening up.

When change occurs in either our work life or our personal life, we may be tempted to ignore our feelings about how the change has affected us, causing us to quickly jump into the first opportunity that comes along (a job or relationship, for example). If we do this, we may miss a real opportunity—an opportunity to explore how the change has affected us and to assess carefully and intentionally what we want, and what new options and opportunities may be opening up. And remember: while we all want our progress through this life transition to get better every day, there will be days when we will slip back into the emotions of the endings stage or the uncertainty of the neutral zone. So be patient with yourself, and know that you are on a journey that will include twists and turns, successes and challenges—all of which are part of the transition on the way to your next opportunity. ▽

- Creating a weekly “work” schedule to structure your time
- Scheduling time for learning (with free training programs online, for example, such as those on YouTube), exploring and researching careers, meeting with friends and mentors
- Doing some of your research work outside of the house—a local library, a coffee shop, a business resource centre or a shared workspace

3. New beginning

We enter the third stage of transition as we grow familiar with and accept the new reality that change brings. We start to feel “with it” again, begin a new chapter, enter into a time of renewal, and connect with new employment options, networking, jobs and opportunities.

You may experience:

- Happiness, fear, excitement, anxiety, increased energy and hopefulness

This is the time for:

- Moving forward, taking risks, making contacts, saying “yes” to new opportunities

Healthy self-care includes:

- Pacing yourself, building rest and mindfulness into your new schedule, writing down your successes and acknowledging the efforts that have got you here
- Sending out thank-you cards to anyone who helped you through the endings and neutral zone stages of your transition or who provided contacts and leads that turned into a “new beginning”

Making a Positive Mental Transition to Retirement

Cynthia Kinsella

The term “retirement planning” is taken by most people to mean preparing financially to retire. While being able to afford to retire is critical, it’s just as important to prepare yourself mentally to ensure a smooth transition to this next phase of your life.



Cynthia is Vice President, Employee Support Solutions – West, for the human resources consulting and outsourcing company Morneau Shepell. Based in Vancouver, she is responsible for leading the sales and account management for employee and family assistance programs and other support solutions for organizations based in Western Canada

If you have worked full-time all of your adult life, the transition from work to retirement can be difficult. One day you are at work among your colleagues, with a set of specific responsibilities, and the next you are unemployed, with no schedule to keep and no specific tasks to perform, and much less social interaction. Initially, you go through the “honeymoon stage,” when retirement seems like a long holiday. Once this period is over, however, retirees may become bored, lonely and even depressed.¹ They see the next 15 to 20 years looming in front of them, with no life task or passion to keep them focused or bring them joy.

The time to start thinking about how you want to live when you retire is before you actually make that

transition. Think about what you find personally fulfilling (what you want to explore) and how you could make a difference (what you have to offer). Ensure your plans are practical: consider your health and the fact that you’re likely to be on a fixed income. And, if you’re living with a spouse or partner, make that person part of the discussion, even if you retire first. If you know what you’re after and it’s achievable, enjoying a satisfying retirement lifestyle will be easier.

Retirement anxiety

Even with a plan, you can expect to experience feelings of uneasiness as you begin your retirement. The key is to understand that these feelings are normal and to consider how to deal with them.

Loss of identity

After many years in the same profession, some people make the assumption that “they are what they do for work.” This is not entirely true. A person may work as an accountant; however, he or she may also garden, play golf, do home woodworking, and so on. These are defining interests as well, and just the types of activities that can become a focus in one’s retirement.

Of course, there are certain elements of the job that tend to become part of our identity, and these may need to be replaced. Routine is one. No longer being tied to a schedule can be a little bewildering at first, but refocusing on new interests is the key to coping with the loss of old routines, establishing new ones and creating a new sense of purpose.

Job satisfaction—doing a job well, working with co-workers—is a major part of a successful career. Continuing to find fulfillment in retirement is important. Doing volunteer work, taking self-improvement courses and developing hobbies into small businesses are just a few ways that retirees continue to realize “job” satisfaction.

Achievement is another element that is clearly defined during working years. During this time, achievement is measured in promotions, paying the mortgage and raising a family. With retirement, these goals, for the most part, have been accomplished. New goals must be set. These new goals will depend on you, and your talents and desires.

Getting your golf game down to under 90, making a difference through a

non-profit organization, learning a new language or taking dance lessons at the local community centre—these sorts of activities can become your new life goals and help you to make social connections.

Boredom

A second common cause of retirement anxiety is boredom, especially among those who are used to a busy schedule. The best way to fight boredom is through planning, over the long term and in the short term.

This sort of planning goes beyond simply creating a “bucket list.” Long-term planning means focusing on an objective and then taking the time to investigate it and iron out all the details so that you can achieve it.

Suppose you’re thinking of operating a bed and breakfast during retirement. Before taking that leap into a new business, there will be books to read, questions to ask, research and investigations to carry out. Any big event or project will probably require a significant amount of preparatory work to achieve maximum success. But give yourself a timeline to meet your objective, or you may find that you get stuck in planning mode.

Short-term planning means focusing on day-to-day activities. Having a list of jobs to do, home repairs to complete, people to visit, places to go or recipes to try is a good way to keep time from dragging.

Losing a sense of one’s personal value

Just because your career has ended doesn’t mean that you’ve lost value. You have skills and talents honed over many years; now you’re simply using them in a different way—whatever way you choose!

Most people want to be useful, even in retirement. If you don’t have anything to do, you may feel guilty about being idle. The solution is simple: Keep busy.

Work for the political party of your choice, offer tutoring free or at a nominal charge, spend time with your grandchildren, coach a sports team, do volunteer work, become involved in your religious group—you can think of many more areas in which you can be of value and service to your community and your family.

Does this sound like you’re creating a new job for yourself? That may be what you need to do initially as you transition to retirement. Over time, as you adjust to your new life, you’ll likely find that you don’t have to work so hard at staying busy. In the beginning, however, this approach will help give you a sense of purpose and accomplishment.

Retirement can be the best time of your life. But it can also be a major disappointment. The choice is up to you. Don’t wait to begin preparing, even if the prospect of retirement seems a long way off. Employers can support employees who are starting to think about retirement with in-house education sessions. Some sessions are designed to be more informative and to get employees thinking along productive lines; others are more in-depth, with a very practical focus on topics such as learning to invest, the impact of not having an employee health benefit plan, and so on. Morneau Shepell offers workplace training seminars that help employees successfully prepare for and transition to retirement, from both a personal and a financial perspective. ▽

Open Door Group

FORTY YEARS OF EMPOWERING EMPLOYMENT SUCCESS ACROSS BRITISH COLUMBIA

Naomi Bullock

British Columbia has come a long way since 1976, from Expo to the Olympics—and so too has Open Door Group (ODG). As we approach our fortieth anniversary, we look back on our humble beginnings in the mid '70s, when we offered woodworking and sewing classes to people with disabilities in Vancouver, to our role today, providing clients with programs and projects at more than a dozen locations across the province.

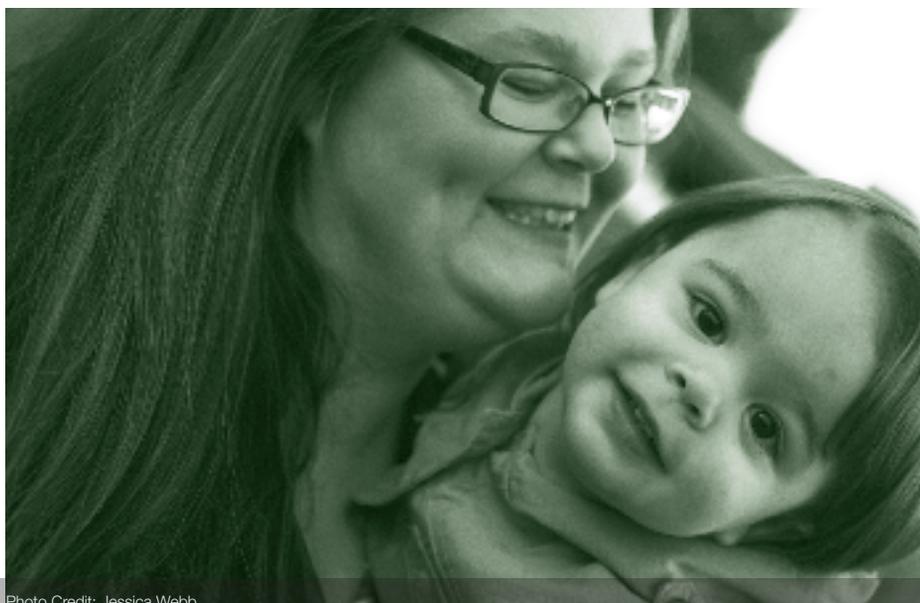


Photo Credit: Jessica Webb

Robynn with her daughter at Kinsmen Tot Lot, Kamloops BC - November 2015.

Naomi is Executive Director of Program Management and Development at Open Door Group. She has over 17 years' experience working with multiple-barriered clients and persons with disabilities. After a decade with the organization, Naomi now develops employment-service-related tools and programming specific to serving disability and other specialized population groups

Our team has grown from a dedicated band of volunteers to become a leading partner in collaboration with provincial ministries, international corporations and social enterprises.

Most people know Open Door Group as the largest non-profit organization in BC providing employment services. In addition to operating WorkBC employment service centres, Open Door Group is deeply involved in supporting

success, from pre-employment services to lasting job placements.

But Open Door Group offers much more than employment services. We're proud of our leading role in Project EveryBODY, a community collaboration in the Lower Mainland that hosts five events (including a film festival and a hiring fair) leading up to the United Nations International Day of Persons with Disabilities.

“One day, I finally went in and my life changed. I met two fantastic support workers who greeted me as a person—not just an ‘out-of-work mother.’”

Our UNTAPPED conference series hosts employer-focused breakfasts aimed at breaking down hiring barriers in key industries. At the same time, we remain focused on our core vision: empowering everyone to succeed.

New mother and Open Door Group client Robynn Smith recently shared her experiences with us. “You don’t know how many times I walked by the Open Door Group service centre but never went in,” she explained. “Two years [ago], I was an operations and revenue manager at a boutique hotel. [Next,] I was an unemployed single mother battling postpartum anxiety so crippling that I could barely leave my home.”



“As a new mother, I was overcome with fear,” Robynn confided. “I rarely slept for fear my baby would stop breathing. I was suffering from debilitating panic attacks, and trying to find a job in my condition was overwhelming. I had called the employment centre several times and hung up. I just couldn’t do it.”

At Open Door Group, we offer both group-based programming and one-to-one services. Before someone enters (or re-enters) the workforce, we help him or her develop a set of employment skills. When clients like Robynn come to us, we meet them where they are, mentally and emotionally, assessing their skills and matching them with services that address their barriers to employment.

Robynn related how Open Door Group’s focus on the individual affected her on a very deep, very personal level: “One day, I finally went in and my life changed. I met two fantastic support workers who greeted me as a person—not just an ‘out-of-work mother.’ It’s hard to put into words how something as simple as a warm greeting completely changed my mindset. That very same day I sat down at a computer and started looking for work.”

Open Door Group programs combine guidance from recreational therapists with specific skills coaching to enhance and develop an individual’s abilities

and interests. For example, the Thrive program includes health and wellness workshops that focus on everything from yoga and community walks to staying positive and learning how to be more assertive. Kitchen skills programs (from beginner to intermediate) focus on cooking for one person or meal planning on a budget. Even parenting and “good neighbour” workshops can help change someone’s life experience. Building natural support networks, positive relationships and healthy lifestyles spurs personal development and empowers people to become genuinely independent.

Since Open Door Group is in 14 different communities across BC, we have a unique perspective on the varied issues our clients face. Our specialized employment programs are designed to support a variety of diverse populations, from persons who experience addictions, to youth, to Aboriginal people, to individuals living with disabilities.

When we meet a client for the first time, we start with case management and work towards lasting job placement and meaningful career choices. Not all people know immediately what employment is a good fit for them; our employment advisors and vocational counsellors have the tools and training to conduct in-depth career planning with clients and provide them with guidance. We offer essential skills training and specialized employment readiness workshops and services to help clients prepare for, find and maintain work. This training includes workplace literacy/communication, short-term certification training, sector-specific training and work/education placement and follow-up services.

Robynn's experience at Open Door Group illustrates how valuable these programs can be: "Over the next [few] months I became a regular at the employment centre. My employment advisor Geoffrey was encouraging—always speaking to my strengths, always instilling confidence and genuinely engaged. I saw a posting for an administrative assistant for ODG. I let it pass—not wanting to take away the safe feeling of this place. Then I started thinking, 'I'm already there five days a week—I love the people there, why wouldn't I want to work in such a great environment?' The next time a position became available, I applied. After an anxiety-ridden pair of interviews, I was terrified and grateful when I was finally offered the position. There was hope! Since then, I've risen to work as the executive assistant to the executive director. I puked—I panicked—I didn't sleep—I cried—I doubted—I almost self-sabotaged. But I worked with my team to overcome these challenges, and I'm so grateful for the opportunity to share my skills with the team and how in turn I can provide for my child."

Because our funders trust Open Door Group to empower individuals across the province, especially in at-risk communities, many of our programs are targeted to address specific issues. One of our longstanding commitments is to the promotion of mental well-being.

Clients are invited to participate in addiction and disability management workshops, where they create individualized management plans. These plans support their journey back to wellness and ultimately back into society. In Kamloops, for example, Open Door Group has a program aimed at solving an issue many Canadians struggle with: having access to the healthy and nutritious food that allows for positive mental well-being. The Gardengate Horticultural Program promotes healthy eating and active living for persons living with mental health problems. Gardengate provides rehabilitation for participants while providing volunteer opportunities for members of the community. Healthy living workshops through Gardengate include sessions on gardening, nutrition, cooking, food preservation, building, crafts, mechanics, pre-employment skills, vocational skills and life skills. Programs take place in a greenhouse, a vegetable garden and our kitchen classroom. Participants and volunteers increase their own food security by taking home organic produce in exchange for their help in the garden, while increasing the food security of the community by producing up to 18,000 lbs. of organic fruits and vegetables each year for local food charities.

Robynn's enthusiasm for Open Door Group's approach is clear in her final

thoughts on her experience: "The warmth of that first greeting was the first step on the path to [my] success, and while it's scary to share my story, I hope it can inspire someone else to make that first anxious step for themselves."

As Open Door Group looks out across the future employment landscape, our goal is to reach out to all communities. We have no doubt that we've charted an inspiring course for the next 40 years! ▾

related resource

If you'd like to learn more about our free services in your area, visit our website, OpenDoorGroup.org, or find us on Facebook: facebook.com/OpenDoorGroup.

Not all people know immediately what employment is a good fit for them; our employment advisors and vocational counsellors have the tools and training to conduct in-depth career planning.

resources

Mental Health Works

www.mentalhealthworks.ca

A CMHA initiative, Mental Health Works provides one- to six-hour workshops on workplace mental health for both employers and employees, teaching skills for responding to challenging situations.

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

www.mentalhealthcommission.ca/English/issues/workplace/national-standard

The Standard is a voluntary set of guidelines, tools and resources focused on promoting employees' psychological health, and preventing psychological harm due to workplace factors.

Mental Health and Work online course

caps.sheridancollege.ca/products/HEAL78032__MentalHealthAndWork.aspx

Using online tools, exercises, and case studies, this web course enables participants to develop effective skills and strategies for returning to work. Registration is free for a limited time.

Working Through It

www.workplacestrategiesformentalhealth.com/wti

In this video series real people share their experiences of working through times of mental health pressures at work, off work, and returning to work. It also features free downloadable resources.

Mental Health in the Workplace, Manager's Guide

www.managers-gestionnaires.gc.ca/eng/mental-health-guide-workplace

A Canadian-government-authored guide to help managers cope when they believe an employee might be dealing with a mental illness.

Unemployment and Mental Health:

Shoring yourself up for the long-haul

bit.ly/unemployment-and-mental-health

In this slideshow, a Boston College (USA) professor gives advice on dealing with the stress of unemployment, and reviews sources of support and job search strategies.

Institute for Work and Health: Unemployment and mental health

www.iwh.on.ca/briefings/unemployment-and-mental-health

Ontario's Institute of Work and Health summarizes key research that shows the negative impacts of unemployment on mental health. This briefing also explores the implications of this for government policy-makers, and for health and safety service providers.

Unemployment, Mental Health and Substance Use info sheet

www.heretohelp.bc.ca/factsheet/unemployment-mental-health-and-substance-use

HeretoHelp, the group that brings you *Visions*, examines the effects of both employment and unemployment on mental health, and why it's often more difficult for people with a mental illness to find and keep employment. It also offers helpful advice for coping with unemployment.

BC Centre for Employment Excellence:

Employment programs search tool

www.cfeebc.org/program-search

This useful search tool from the BC Centre for Employment Excellence helps employment advisors identify publicly-funded employment programs for their clients (other than the widely used Employment Program of BC (EPBC) offered at WorkBC centres).

If you are no longer at work for any reason, there are many enjoyable and meaningful ways to fill your time, socialize and meet others with common interests. Here are two examples:

Meetup

www.meetup.com

A Meetup Group is a local community of people that hosts face-to-face meetings that are a great way to meet people and try out activities. Find 'Meetups' in your local area that cover most activities—from salsa dancing, to politics, to rock climbing.

VolunteerBC

www.volunteerbc.bc.ca

Find your local volunteer centre and join the 1.5 million people who volunteer in BC each year.

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



Suite 905, 1130 West Pender Street
Vancouver BC V6E 4V4 Canada

