How do you really feel: 

**fine or phine?**

**Definition (adjective)**

Saying you’re fine when you are not

Destimatizing Mental Health in the Work Place

Donna Bowyer
Friends for Life
• Last year we asked Canadians if they were fine or phine. Too often people claim to be feeling fine when they are not, they are only ‘phine’. As a result, approximately seven million Canadians — 20 per cent of the population — live with mental illness, often silently hiding their problems because of the associated stigma and discrimination.

• Lets Get Loud and give people permission to ask for help
Impact of Mental Illness on Business

In 1998 mental illness in Canada cost $7.9 Billion

In 2010 the cost was:

a) $5 Billion,
b) $12 Billion, or
c) $18 Billion

The cost to our economy was?
• The economic burden of mental illness in Canada is estimated at $51 billion per year. This includes health care costs, lost productivity, and reductions in health-related quality of life.

» CAMH
“To break it down, mental health issues cost businesses almost **$1,500 per employee per year**, which can add up pretty quickly in larger organizations. There is a clear business case for organizations large and small to invest in understanding and managing mental wellness in their organizations, yet traditional stigmas keep this important issue off the agenda in many companies.”  

- Globe and Mail (April 12, 2016)
2012 Survey on Depression in the Workplace

• Q: Is it easier for workplaces to deal with physical disabilities than with mental health conditions?

Study done by Great West Life
2012 Survey on Depression in the Workplace

Q: Respondents with depression reported receiving the most support from Group A or B?

Group A
- Co workers
- Direct manager
- Supervisor

Group B
- Human resources
- Health and Wellness Staff
- Union Reps

Sunday, October 2, 2016
2012 Survey on Depression in the Workplace

• Did people feel more Physically OR Psychologically safe in their workplace?

• Did more Men or Women report a higher level of concern?

• Did more Union or Non-Unions members express concern?
Work-life Stress
COMMON EXTERNAL CAUSES OF STRESS

• Major life changes
• Work
• Relationship difficulties
• Financial problems
• Being too busy
• Children and family
COMMON INTERNAL CAUSES OF STRESS

• Inability to accept uncertainty
• Pessimism
• Negative self-talk
• Unrealistic expectations
• Perfectionism
• Lack of assertiveness
Depression Doesn't Discriminate
Hard Work Beats Depression
It's a Real Illness
It is all in your head.

Sunday, October 2, 2016
The brain: a user’s guide

Employing a variety of imaging techniques that peer inside the brain, researchers are pinpointing where thought occurs.

- **Spatial analysis**
- **Anticipation (interior)**
- **Working memory**
- **Abstract reasoning (throughout frontal lobe)**
  - Mathematical calculation
  - Moral debate
- **Speech production**
- **Analytical reasoning**
- **Understanding spoken language**
- **Face recognition**
HELLO
my name is
Anxiety
Anxiety Disorders

- Most common of all mental health problem
- Affects 1 in 10 people
- More prevalent among women than men
- Affects children as well as adults

**IS TREATABLE**
Normal Response to Anxiety

Fight  Flight  Freeze

Sunday, October 2, 2016
If you are **DEPRESSED**, you are living in the **PAST**.

If you are **ANXIOUS**, you are living in the **FUTURE**.

If you are **AT PEACE**, you are living in the **PRESENT**.

Lao Tzu
2012 Study on Canadian Workers

What percentage of Canadian Workers suffer from high levels of “total role overload” meaning they are constantly struggling with excessive demands at both work and home.

• 20%
• 40%
• 60%
Psychological Health and Safety in Workplace Standards
Taking steps to improve psychological health and safety can help employers better manage risks such as:

Financial – including costs related to disability, staff turnover, recruiting as well as loss productivity from absenteeism and presenteeism.

Legal and reputational – issues related to human rights, occupational health and safety, workers compensation, collective agreements and employment contracts.

Morale – potential costs due to lack of morale, a sense of unfairness or unresolved workplace issues including conflict, complaints and/or grievances.
Psychological Health and Safety in Workplace Standards

• Enhance what you may already have by enhancing programming that builds upon each core area.
  – Resilience
  – Recognizing Risk
  – Recovery
  – Return to Work
  – Removing stigma
Factors to Assess should include:

a) Psychological support
b) Organizational culture
c) Clear leadership and expectations
d) Civility and respect
e) Psychological job demands
f) Growth and development
g) Recognition and reward
Factors to Assess should include:

h) Involvement and influence
i) Workload management
j) Engagement
k) Work/life balance
l) Psychological protection from violence, bullying, and harassment
m) Protection of physical safety; and
n) Other chronic stressors as identified by workers
Framework to Enable Change

Identify an Executive Champion

- To ensure workplace MH is a priority and can help leaders walk the talk and be the face of communication with employee

Assess and benchmark where the Organization is currently

- can include – analyzing absence and claim data
- look at trends – such as location within the organization that seems to be over-indexing with mental health issues
Framework to Enable Change

**Build a Team** — with solid data build a team or use existing workplace health and safety teams (representation from across the organization – all levels) to build a mental wellness plan to identify resources, education and program to support the organization.

**Establish a communication strategy** to keep the initiative top-of-mind within the organization to raise awareness of what is available and make the organizations position clear.
Framework to Enable Change

Stay on top of it and revisit the benchmarks regularly.

External Resources

- EAP programs may have tools to build mental wellness programs
- External and internal training resources such as Mental Health First Aid
- Mental Health Commission of Canada provides a variety of resources for all sizes of organizations.
• Successful workplace mental health programs are a blend of preventive wellness, expert support for employees and managers, clear leadership, and a culture that encourages open and thoughtful discussion.
Prevention may be a matter of just one caring person with the right knowledge, in the right place, at the right time.
Steps

• The first step is to take on a new attitude towards mental illness, one that makes mental health an everyday priority.

• Don’t wait until someone is sick – assess mood issues – not from an illness point of view - but from a mentally healthy perspective – do an organizational check up

• Addressing the issues and improve the situation in the long run for everybody.
Strategies to include

• Preventing mental illness through programs that encourage physical activity and nutrition
• Early Detection - There are programs such as ‘Check up from the Neck up” a step by step questionnaire by the Mood Disorder Association of Ontario.

(http://checkupfromtheneckup.ca/)
Strategies to include

• Education – specific educational programs on depression, stress and anxiety can lay a good groundwork throughout the organization.

• Training – should be not only for managers but also for front line staff. Studies have found that only 18% of managers had training in depressions.
Strategies to include

• Communications – newsletters can reinforce messages and can sponsor guest speakers for workshops and educational sessions

• Build good relationships – nothing will help if the organizations doesn’t value their employees. People need some sense of achievement and belonging.
Strategies to include

• Formal policies – people with mental illness don’t need assistive devices but they do need assistive people and assistive policies (such as a “time-out” space such as a quiet corner, empty office where workers can relax and take a quick breather when they need to)
Strategies to include

• Employee Assistance Programs – an off-sire partner can contribute to different stages of an employee’s treatment for anxiety and depressive disorders. It has to be easy to access and anonymous. Some may need only a few visits while others may need long term counselling.
Strategies to include

• Drug Benefit Plan – medication can be an important part of recovery
• Other Off-site programs – sometimes you may need to contact other agencies that may have some expertise in the area.
Strategies to include

• What happens when an employee does get sick?
  – It’s up to the employer to help them recover, whether they continue to work or not.
  – The illness will often dictate what kind of accommodations and employer makes
  – Accommodations is about flexability
Strategies to include

• If someone is ready to return to work a contract can be drawn up between the employee, employer, the physician, and the union that outlines what everyone’s role is. They must comply with the treatment plan and to be accountable.
Return to Work (1)

• Being back to work doesn’t mean an employee’s treatment is done. Reintegration can cause many challenges for employee, their manager and their co-workers.
  – First consideration should be –what does the employee need to make their return easier and what they’ll need to resume their responsibilities.
• The same conversation should take place with ill people that stay on the job. Questions such as:
  – What are their challenges?
  – What supports will help them?
  – What’s stressful for them? (this can be as small as a fluorescent light that is humming, or as major as a manager who constantly criticized them in front of others.
  – How much can the employee handle at one time?
Return to Work (3)

• Return to work can be phased in gradually, coming in one or two days a week and eventually making their way back to full time work.

• They may require a different job altogether.

• Set up a return to work team which could include: doctor, EAP, disability management plan – others helpers.
Return to Work (4)

• A lifestyle coach can help with compliance – can support the employee by phone or in person.
• Occupational health Workers – like a company nurse can also play a role in recovery
• Consultants may step in to help resolve lingering workplace challenges or conflicts.
Return to Work (5)

• Group input can often round out the ease of the employee’s return-to-work.
  – When a not from the doctor says “reduce stress”
  – they don’t have any meaningful direction. Generalized directions often has everyone around the person and the person themselves walking on eggshells.
Return to Work (6)

• Returning to work is a critical part of an employee’s recovery.

• The social interaction they get at work, as well as the sense of identity and achievement they get from their work can actually help make them feel better, fast.
Remember

• FLEXIBILITY
• Given the cyclical nature of our mental health, someone who may have been requiring very little support over the past several months, might suddenly need more.
• Ongoing and flexible support needs to be viewed as health and not as a dysfunctional need
Simple Do’s

• Find out what resources your organization offers
• Think about the person’s strengths and contributions – let them know they are valued.
• Raise the possibility that they can get accommodation if needed

• LISTEN, Listen, LISTEN; Listen;
Simple Do’s

• Help them stay connected with the workplace
• Let them set the pace, don’t rush them
• Assure them of confidentiality
• Let them know that you care about THEM

• LISTEN, Listen, LISTEN; Listen
Things that Sustain my Life...

- Medical support
- Responsibilities
- Hope
- Religion
- Hobbies/recreation
- Faith
- Work
- Family
- Health
- Financial security
- Things to do in the future
- Mental health support
- Friends
- Help
- Neighbors

Things that Sustain my Life...
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