

# MENTAL HEALTH AND WELLNESS IN THE WORKPLACE

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MIKE & LINDA

MFL OCCUPATIONAL HEALTH CENTRE

MARCH 2017

# INTRODUCTIONS

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- Name
- Workplace/Department
- Why did you become a shop steward?



# OHC

## MFL Occupational Health Centre

Healthy Workplaces. Healthy Workers. Healthy Communities.

The MFL Occupational Health Centre (OHC) is a community health centre funded by Winnipeg Regional Health Authority and donations. The Centre helps workers, employers, and joint health and safety committees to improve workplace health and safety conditions and eliminate hazards.

 **Make a Donation**  
Support the MFL Occupational Health Centre



- [Home](#)
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**Our services, available free of charge, include a medical clinic, assistance to workplaces, and informative fact sheets on a variety of topics such as preventing repetitive strain injuries, respectful workplaces, preventing workplace violence, and more.**



# SERVICES WE PROVIDE...

Medical  
Care

Illness & Injury  
Prevention Ed.

Community  
Outreach

Cross-Cultural  
Training



Respectful  
Workplace Ed.

Violence  
Prevention Ed.

Psychological  
Health & Safety

Resource & Info.  
Sharing

Ergonomics  
Training

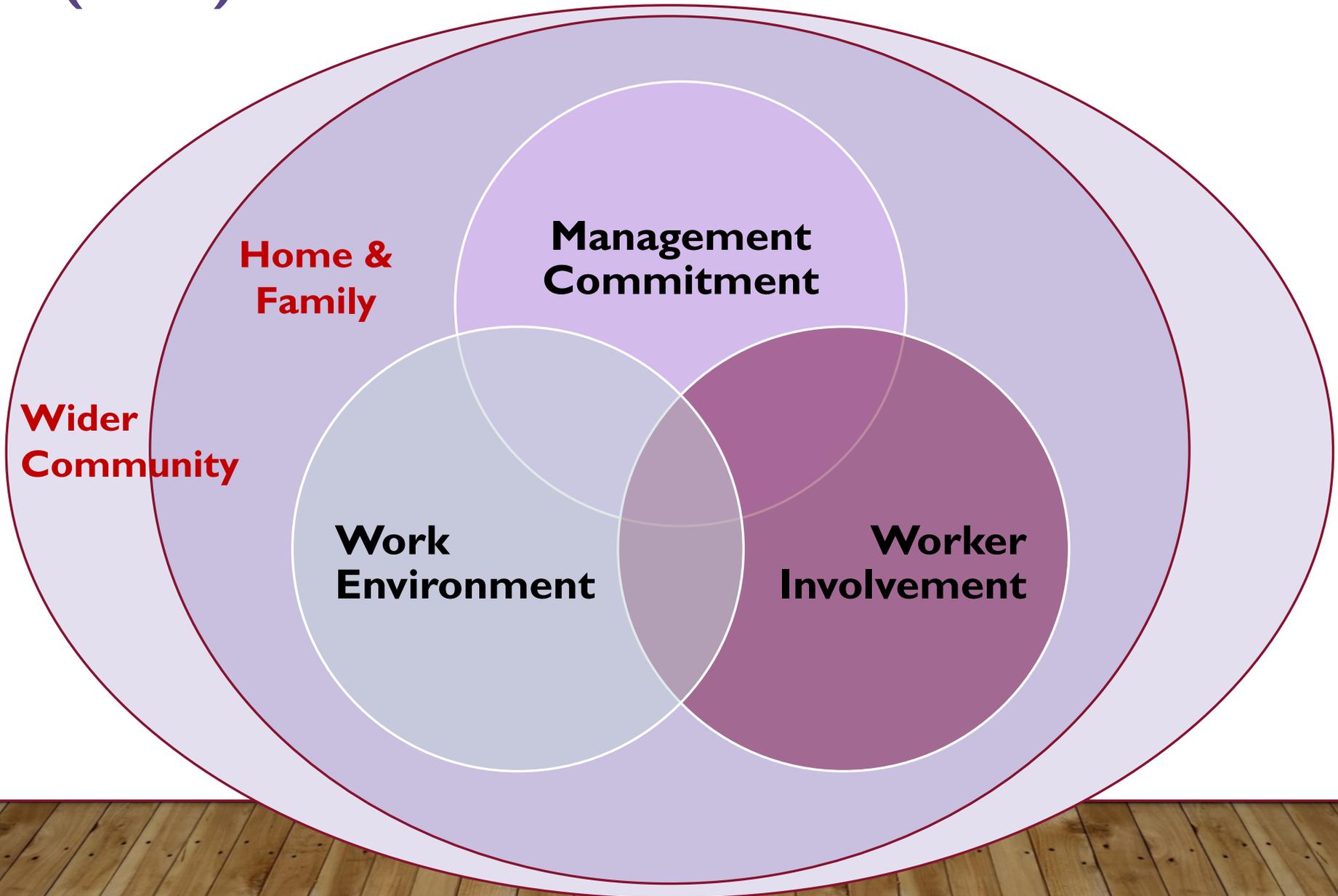
Committee  
Capacity Building

# GOALS

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- To develop a shared understanding of mental health and wellness, both personal and in the workplace.
- To empower shop stewards with knowledge and tools to contribute positively to building psychologically healthy workplaces.

# OCCUPATIONAL HEALTH & SAFETY (OHS)



# GROUND RULES

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- Have fun...
- Confidentiality
- Respectful Listening and Speaking
- Participate
- Cell phone
- Take care of your needs
- Ask questions as you think of them

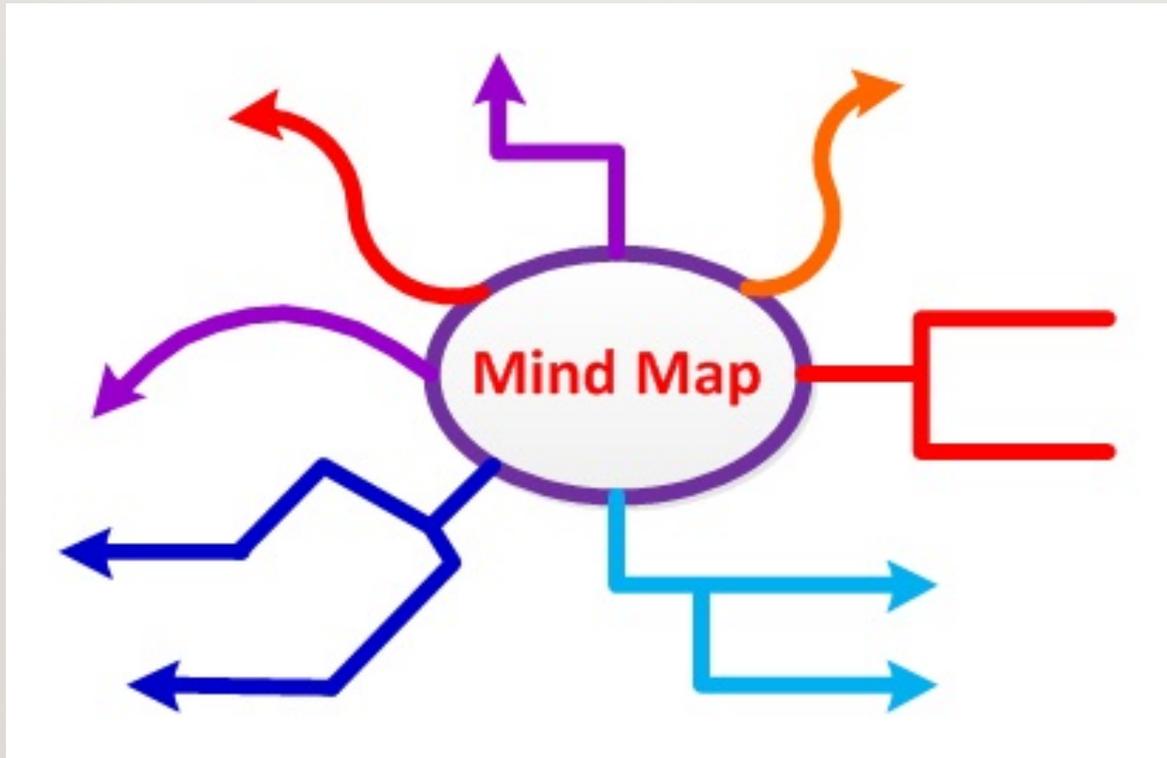
IN SUMMARY

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*Just be  
awesome...*

# ACTIVITY – MIND MAP

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# TO DO LIST

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- Mental Health and Illness in the Workplace
- Stigma
- Healthy workplaces
- Leadership
- CSA Standard Psychological Safety in the Workplace
- Communication
- Cultural context
- Respectful Workplace
- Bullying
- Resiliency
- Share resources
- Self Care

# IT'S WORTH KNOWING...

In a 5 year period, 1 in 3 adults will consult a physician for a mental health problem.

*Manitoba Centre For Health Policy*

On any given week, more than 500,000 Canadians will not go to work because of mental illness.

*Mental Health Commission of Canada*

Only 49% of Canadians said they would socialize with a friend who has a serious mental illness.

*Canadian Medical Association*

By age 40, 50% of us will experience mental illness.

*Canadian Mental Health Association*

# WHAT DO YOU SEE?

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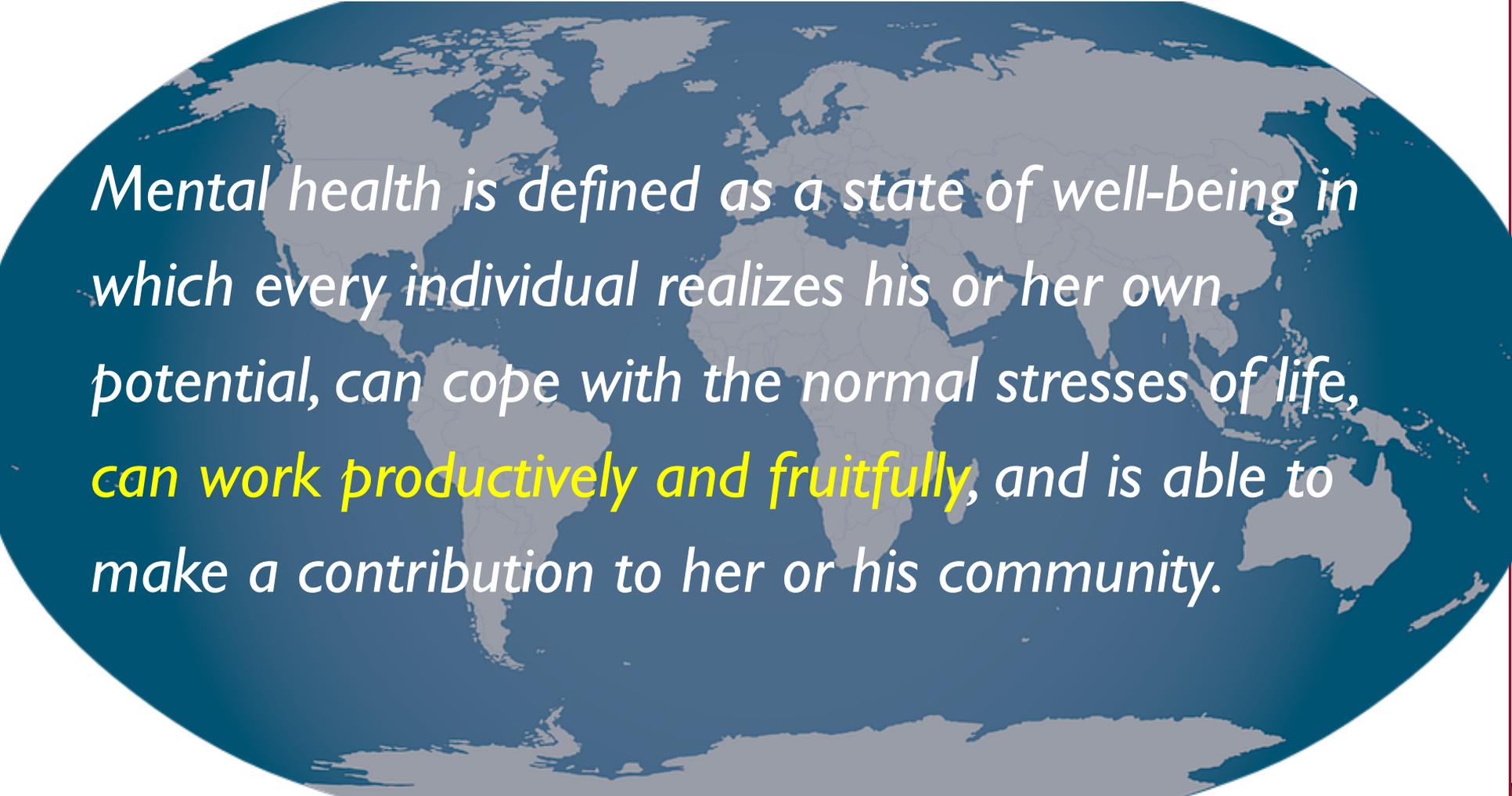


WHY IS THIS SO HARD TO  
TALK ABOUT?

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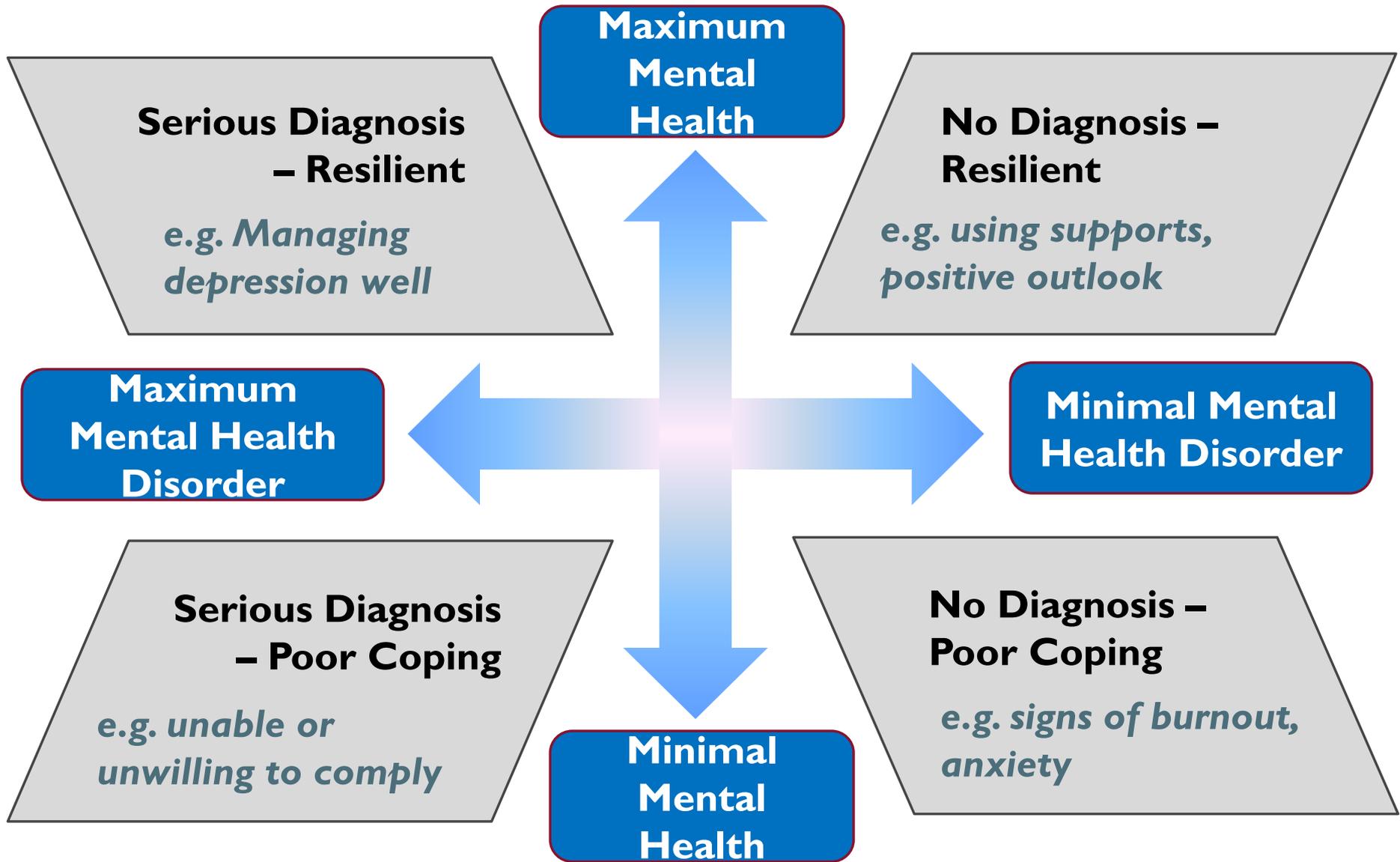


# THE WORLD HEALTH ORGANIZATION



*Mental health is defined as a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, **can work productively and fruitfully**, and is able to make a contribution to her or his community.*

# THE MENTAL HEALTH CONTINUUM



# PERSONAL MENTAL HEALTH

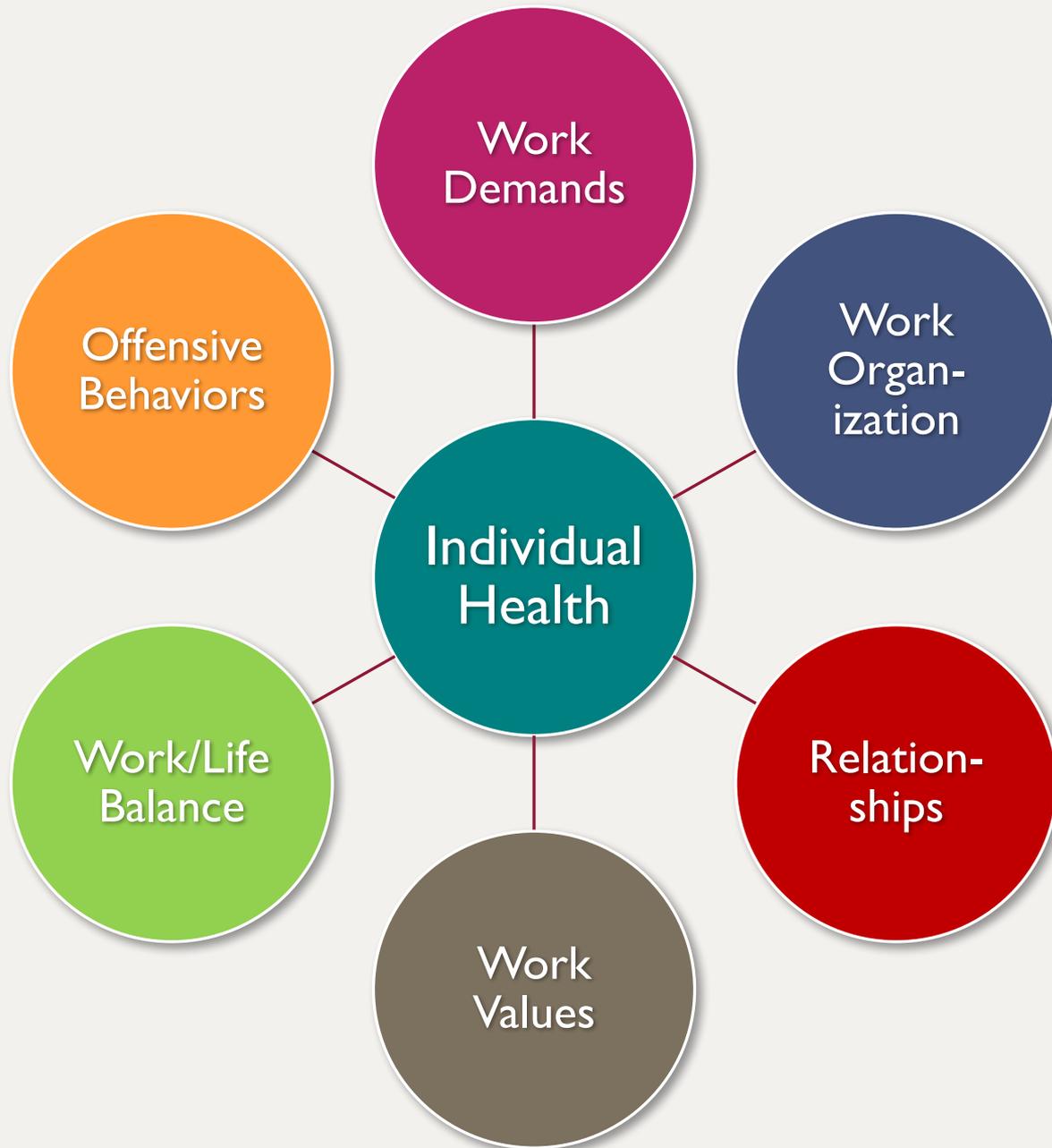
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- How do you know that you are psychologically healthy?
- What factors support psychological health?



**100,000 HOURS**





## GROUP ACTIVITY

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- How do you think poor mental health affects the workplace?

# WHAT IS STRESS?

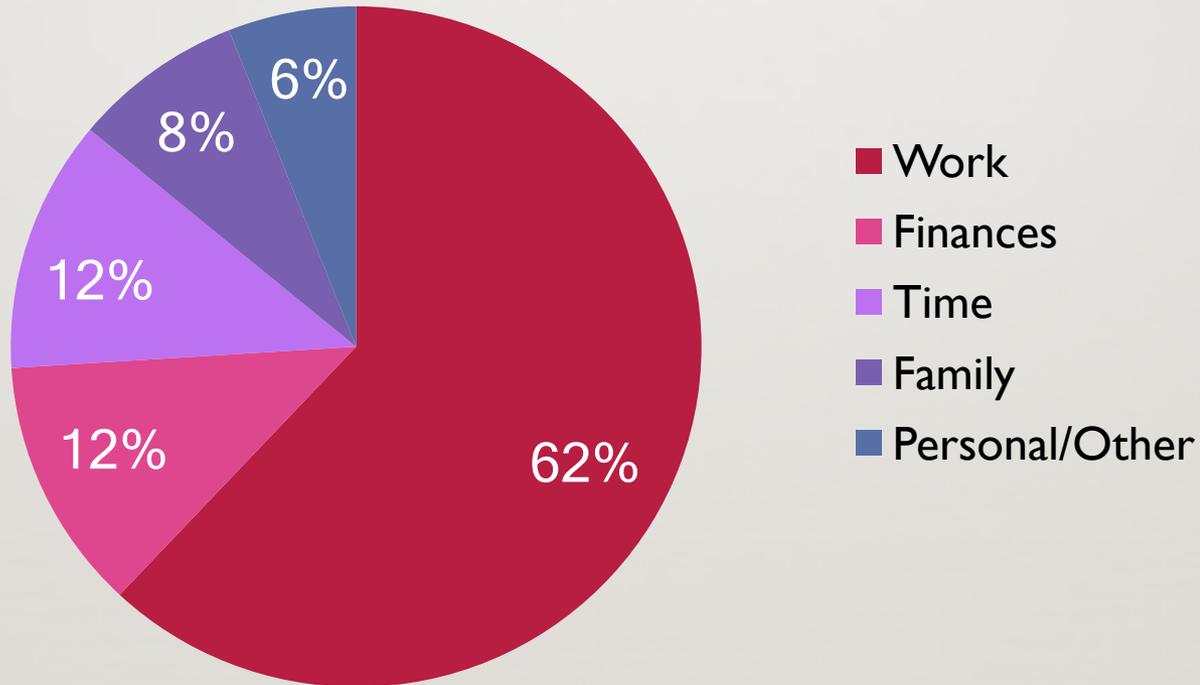
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- Stress is the body's response to physical and mental demands

- ***What is “workplace” stress?***

*When we are not able to meet the demands of our work / job, experience the stress at work.*

# Sources of Stress



- Work is the main source of stress for 6 out of 10 people

**What causes the most stress for  
you at work?**

# HOW STRESS AFFECTS THE WORKPLACE

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- Low morale
- Poor work performance (“Presenteeism”)
- Increased risk for conflict/violence
- Higher employee turnover
- Missing work/Absenteeism
- Burnout



# IMPACT ON YOUR FAMILY & COMMUNITY

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- Disharmony in family members
- Disturbs in marital relationships
- Poor social interactions / Social isolation
- Interruptions in your family and social support net work

# ACTIVITY - MENTAL HEALTH IN THE WORKPLACE

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- What factors contribute to a psychologically safe and healthy workplace?



CAN/CSA-Z1003-13/BNQ 9700-803/2013  
National Standard of Canada

# Psychological health and safety in the workplace — Prevention, promotion, and guidance to staged implementation

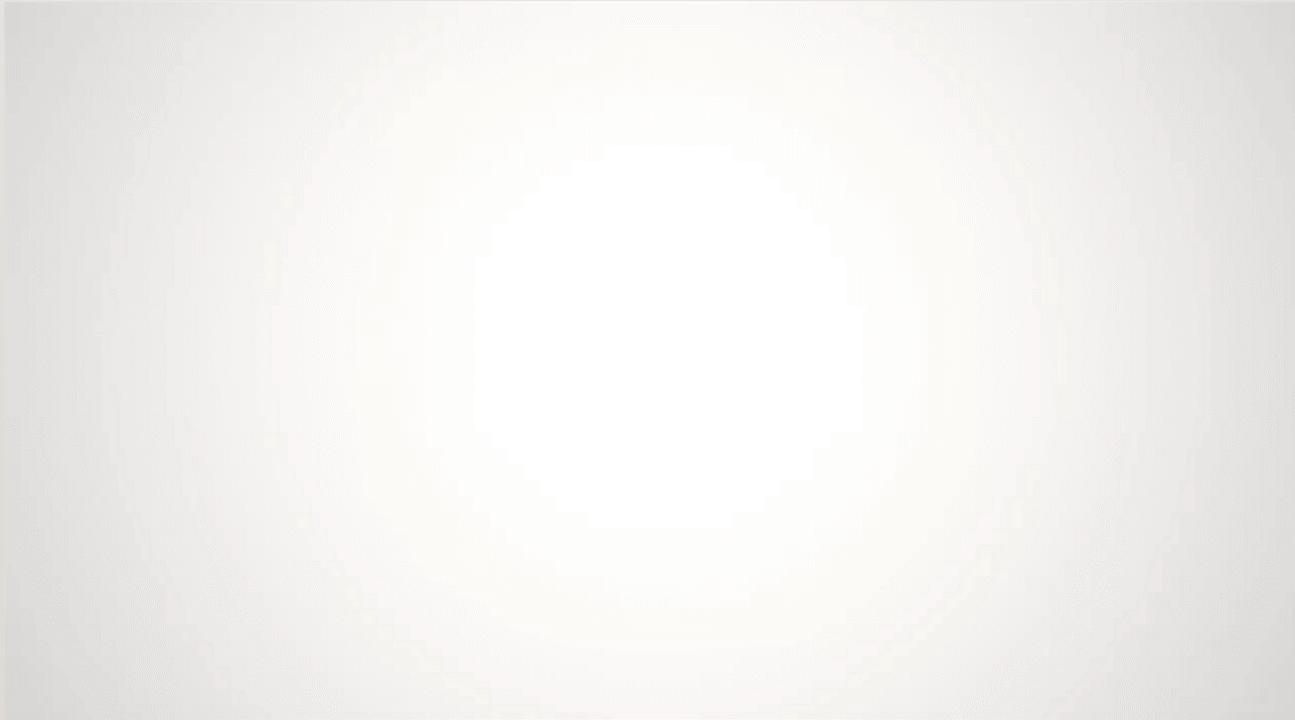
Disponible en français  
*Santé et sécurité psychologiques  
en milieu de travail —  
Prévention, promotion et lignes  
directrices pour une mise en  
œuvre par étapes*



Commissioned by the  
Mental Health Commission of Canada



# CSA STANDARD FOR PSYCHOLOGICAL HEALTH AND SAFETY IN THE WORKPLACE



# THE THIRTEEN WORKPLACE FACTORS



Psychological Support



Civility & Respect



Recognition & Reward



Balance



Organizational Culture



Psychological Job Fit



Involvement & Influence



Psychological Protection



Clear Leadership & Expectations



Growth and Development



Workload Management



Engagement



Physical Protection

# HEALTH AND SAFETY COMMITTEE

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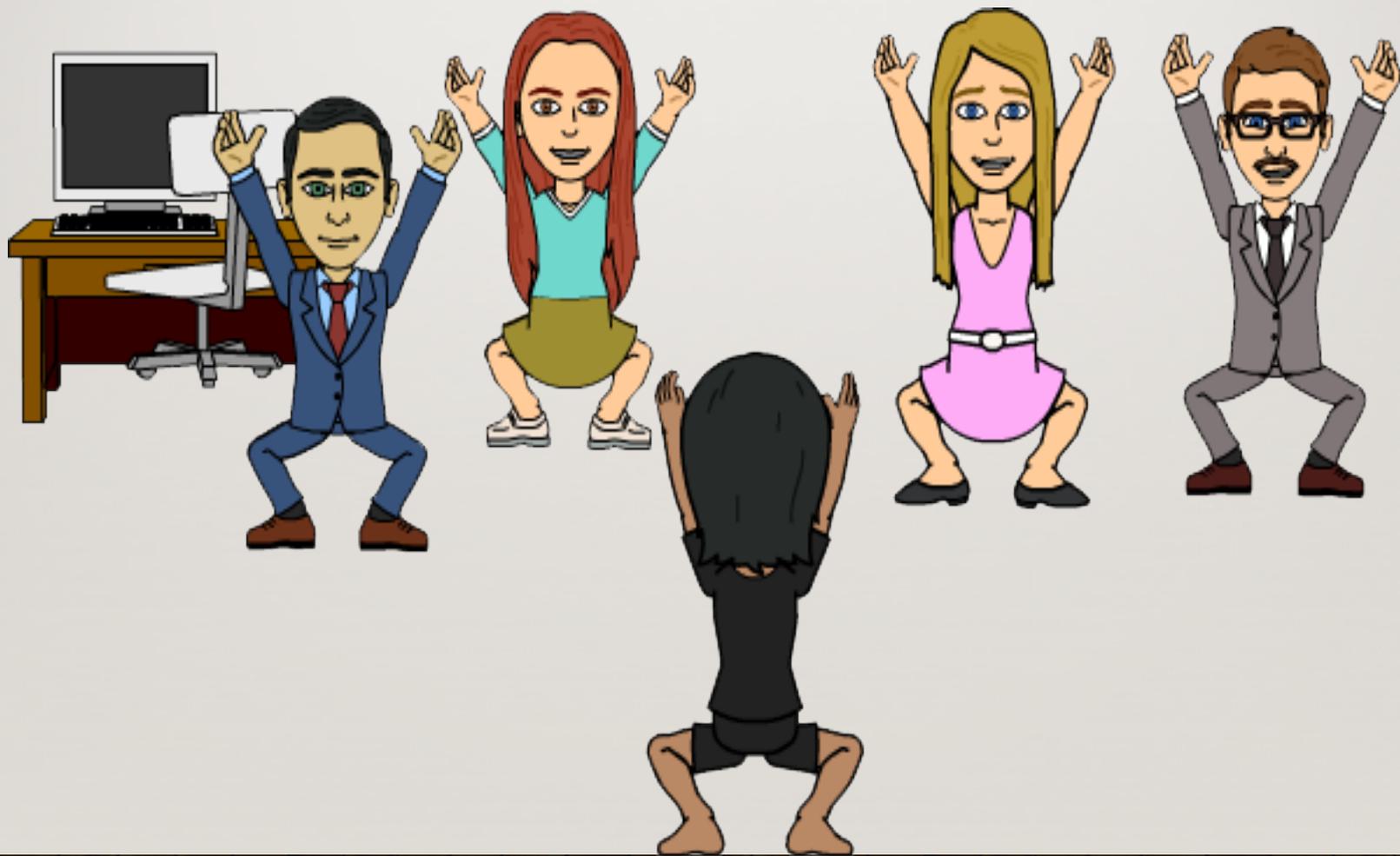
- Joint between workers and management
- Responsible for assessment of hazards and risks
- Responsible for investigation of incidents
- Advocates for safer work
- Can include psychological safety in their mandate – some organizations have done this

# LUNCH

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Finally.....





# DEFINITIONS

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## MENTAL DISORDER

- Medical diagnosis with diagnostic criteria
- Significant changes in thinking, behaviour, emotion
- Disrupts life and relationship
- Impacts ability to work

## MENTAL HEALTH PROBLEM

- Broad term (includes disorder)
- May be symptom of mental disorder
- May be normal reaction to life events e.g. illness, divorce, death, stress
- Can impact life, relationship, work

# COMMON MENTAL HEALTH DISORDERS

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- Anxiety Disorders
- Mood Disorders
- Psychotic Disorders
- Substance Related Disorders (Addiction)

# ANXIETY DISORDERS

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An anxiety disorder differs from normal anxiety:

- more severe or intense
- long lasting
- interferes with the person's ability to function
- occurs when the person is not in danger

# PANIC / ANXIETY ATTACK

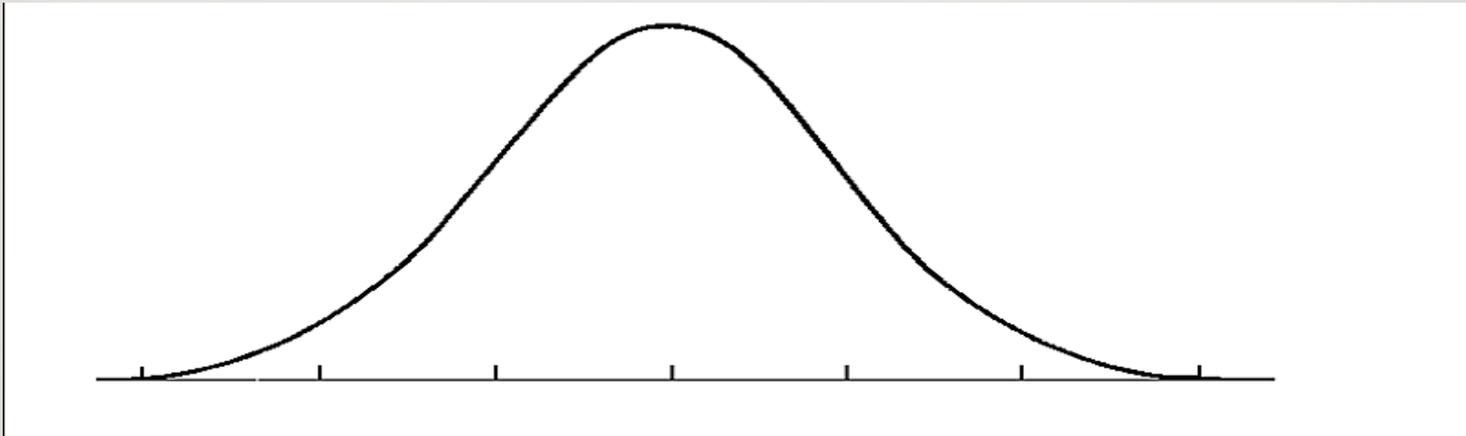
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- Sense of impending doom or danger
- Fear of loss of control or death
- Rapid, pounding heart rate
- Sweating
- Trembling or shaking
- Shortness of breath or tightness in your throat
- Chills
- Hot flashes
- Nausea
- Abdominal cramping
- Chest pain
- Headache
- Dizziness, lightheadedness or faintness
- Numbness or tingling sensation
- Feeling of unreality or detachment

# MOOD DISORDERS

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- Moods that fall outside the normal range



- ↑ Severity and duration
- Debilitating

# MOOD DISORDERS - TWO TYPES

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## 1. **Depression**

- *“characterized by either a depressed mood or the loss of interest or enjoyment in nearly all activities, as well as additional symptoms, for a period of at least two weeks”*

## 2. **Bi-Polar (Manic Depression)**

- alternating episodes of depression with episodes of mania

# DEPRESSION SIGNS AND SYMPTOMS

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## Physical Appearance

- Look sad, dejected or anxious
- Speak slowly, in monotones
- Unkempt
- Slowed thinking & body movements **or**
- Agitation, unable to sit still, pacing, hand wringing
- Decreased energy, tiredness & fatigue

# DEPRESSION SIGNS AND SYMPTOMS

## Attitudes

- Negative views in/outwardly
- Hopelessness & helplessness
- Blaming oneself, guilt & perceived personal failure

**“I’m a failure.”**

**“No one loves me.”**

**“I’m worthless.”**

**“I am so alone.”**

**“Things will always be bad.”**

**“It’s all my fault.”**

# BIPOLAR DISORDER SIGNS AND SYMPTOMS

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## DEPRESSION

- Look sad, dejected or anxious
- Speak slowly, in monotones
- Unkempt
- Slowed thinking & body movements
- **or**
- Agitation, unable to sit still, pacing, hand wringing
- Decreased energy, tiredness & fatigue
- Blaming self, guilt
- Feelings of perceived personal failure
- Hopelessness, helplessness

## MANIA

- Euphoria
- Delusions
- Impulsivity,
- Overconfidence
- Elation
- Creativity
- Racing thoughts
- Hyperactivity

# PSYCHOTIC DISORDERS

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- Lose touch with reality
- Disturbance in behaviour, thinking and emotions
- Can severely disrupt a person's life
- Experience psychosis or have psychotic episodes
- Less common than other mental health problems
- Even severe psychotic disorders can be treated

# EXAMPLES OF PSYCHOTIC DISORDERS

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- **Schizophrenia** :
  - changes in behavior and other symptoms -- such as delusions and hallucinations.
  - Affects people at work or school, as well as their relationships.
- **Delusional disorder** :
  - A false, fixed belief involving real-life situations that could be true but aren't
  - E.g. feeling of being followed, being plotted against, or having a disease.

# SCHIZOPHRENIA

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## **Positive symptoms**

(not normally present)

- Delusions
- Hallucinations

## **Negative symptoms**

(loss of behaviours, feelings, and thoughts normally present)

- Loss of drive
- Blunted emotions
- Social withdrawal
- Cognitive impairment

# SUBSTANCE RELATED DISORDERS

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- Addiction – a workplace issue – 75% of people suffering from addiction are employed
  - Alcohol
  - Prescription Drugs
  - Gambling
  - Nicotine
  - Illicit Drugs
  - Sex
- Addiction Risk:
  - history of trauma, abuse

# MENTAL HEALTH PROBLEMS

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- Stress Based illness (Burnout)
- Post-Traumatic Stress Disorder (PTSD)
- Dementia
- Grief

# BURN OUT OR STRESS BASED ILLNESS

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- Physical, emotional or mental exhaustion, created by work stress, work environment or other unhealthy workplace practices.
- Symptoms include lack of motivation and enthusiasm, extreme lethargy, feeling that you lack value.
- **Not compensable through WCB.**
  - But very real!

# WHAT IS BURNOUT?

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“Burnout is characterized by emotional exhaustion, cynicism and ineffectiveness in the workplace, and by chronic negative responses to stressful workplace conditions.”

- Workplace Strategies for Mental Health

# Burnout Basics...

Hope

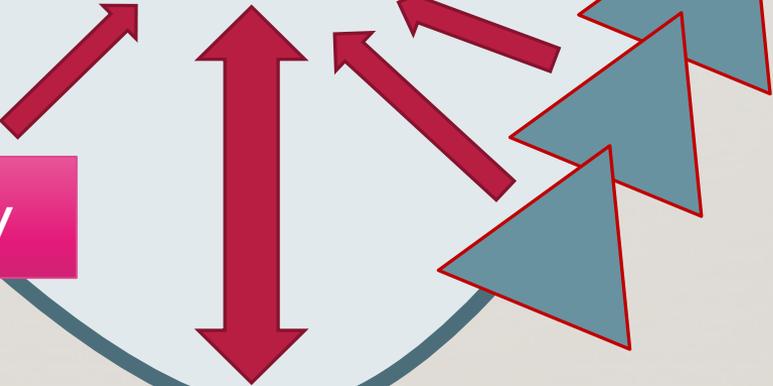
Frustration

Anger

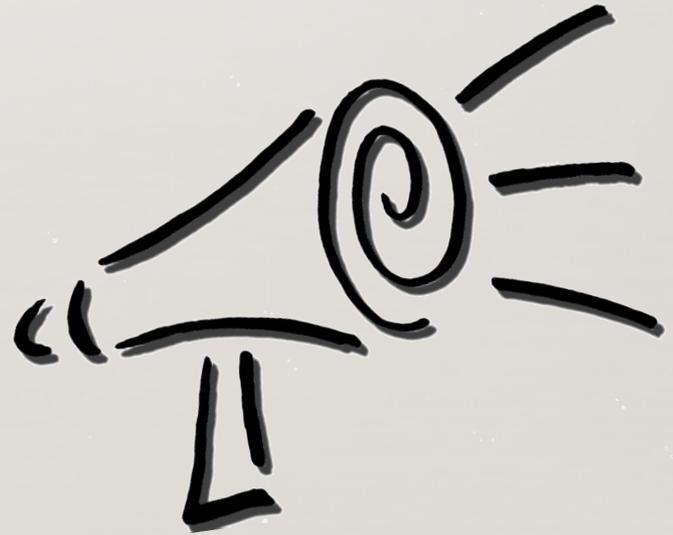
Apathy

Full Tilt

"New Contract"



***What are the underlying reasons why someone might feel “burned out”?***



# POST TRAUMATIC STRESS DISORDER (PTSD)

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- Follows exposure to a traumatic event or events.
- Symptoms include:
  - deep sense of helplessness or vulnerability
  - anxiety
  - flashbacks
  - a feeling of numbness
  - aversion to social contact, or
  - avoidance of situations that might trigger memories of the event.
  - Sleep disturbances
  - Difficulty with concentration or memory
  - Feeling overwhelmed by even very small tasks

# DEMENTIA

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- Gradual, long term loss of memory, thinking, and social function
- Not a disease – a group of symptoms with many causes

# SUICIDE

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- 4000 people die of suicide.
- Suicide is preventable and is a public health epidemic.
- How many people said they would associate with someone who has a mental illness?

# SIGNS OF SUICIDE RISK

- Saying things like: “If I were gone...”, “I can’t see the point of living anymore”, “They’d be better off without me”, “I want to die”, “I want to kill myself”
- Increasing their use of drugs and/or alcohol
- Lacking a sense of belonging, worth or purpose in life
- Feeling more distressed, nervous and anxious than usual
- Feeling like there is nowhere to go/no way to make this better
- Feeling that life has no meaning and that there is no hope for the future
- Feeling helpless to change the situation and move forward
- Withdrawing from friends, family and activities that once brought pleasure
- Being angrier or more irritable than usual
- Engaging in risky and/or careless behaviour
- Showing marked differences in mood: depression, sadness, elation, anxiety etc.



# BUT WHAT CAN I DO?...SAY?...

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- Ask directly
- Be non judgmental
- Listen well
- Do not minimize or silver line
- **Do not be sworn to secrecy**
- Seek support
- Know personal limits
- Call 911?

# CRISIS INTERVENTION



Mental Health  
Commission  
of Canada

Commission de  
la santé mentale  
du Canada

[https://www.youtube.com/watch?v=9n\\_5vMgKaY](https://www.youtube.com/watch?v=9n_5vMgKaY)

# AIMS OF A 2-DAY MHFA COURSE

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- 1) Preserve life where a person may be a danger to themselves or others
- 2) Provide help to prevent the mental health problem from becoming more serious
- 3) Promote the recovery of good mental health
- 4) Provide comfort to a person experiencing a mental health problem

# MHFA TEACHES PEOPLE TO...

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- Recognize the symptoms of mental health problems
- Provide initial help
- Guide the person to the appropriate professional help

*MHFA does not teach people to be therapists*

# Mental Health First Aid **ACTION PLAN**



- A**pproach, assess and assist with any crisis
- L**isten non-judgmentally
- G**ive support and information
- E**ncourage appropriate professional help
- E**ncourage other supports



# WHERE TO FIND A MHFA COURSE

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Mental Health Commission of Canada (MHCC)

<http://www.mentalhealthfirstaid.ca/en>

Canadian Mental Health Association (CMHA)

<https://mbwpg.cmha.ca/programs-services/courses/mental-health-first-aid-basic/>

Typical Cost = \$120-150 pp

# EXERCISE

TWO  
TRUTHS



A LIE



# EXERCISE

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Raise your hand if:

- You went to a doctor's appointment in the past year.
- You were admitted to a hospital for any reason over the past year.
- You took any medication over the past year.

**How did it feel to answer these questions in this group setting?**



# NOW...

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Raise your hand if:

- You saw a mental health professional over the past year.
- You took any psychiatric medications over the past year.

**... How did that feel?**

**... What was different?**

# STIGMA

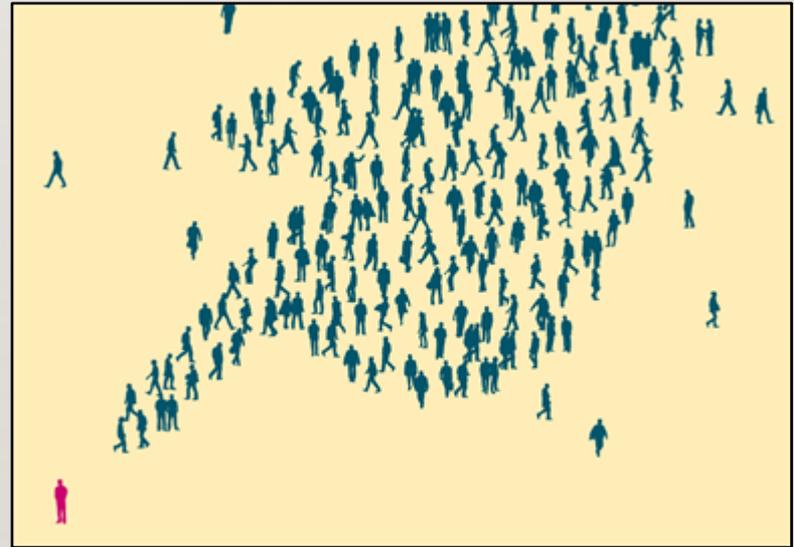
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# DEFINING STIGMA

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"Stigma refers to attitudes and beliefs that lead people to reject, avoid or fear those they perceive as being different."



# QUESTIONS:

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- Have you experienced stigma?

In your Groups:

- What are the effects of stigma?

# STIGMA AT WORK

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- 77% of employees with a mental illness were afraid to tell employer and coworkers.
  - Why?

# STIGMA AT WORK

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- Number of individuals with a mental health disorder who said they would not tell their...
  - Employer 37%
  - Union 36%

# STIGMA

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Canadian survey done in 2014

- 19% of employees indicate they believe that whether or not someone gets a mental illness is fully within their control;
- 12% of employers indicate that they believe this as well.

# WHAT IF WE TREATED ALL ILLNESS LIKE WE TREAT MENTAL ILLNESS?

REACH  
OUT.COM

*Yeah.. you just think you need your Asthma puffa because you can't deal with reality.*

*I'm getting very tired of this 'cancer' of yours.*

*Sigh. I had to work over time again because Adam went and had a heart attack or some shit.*

# ENDING STIGMA

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# MARY WALSH

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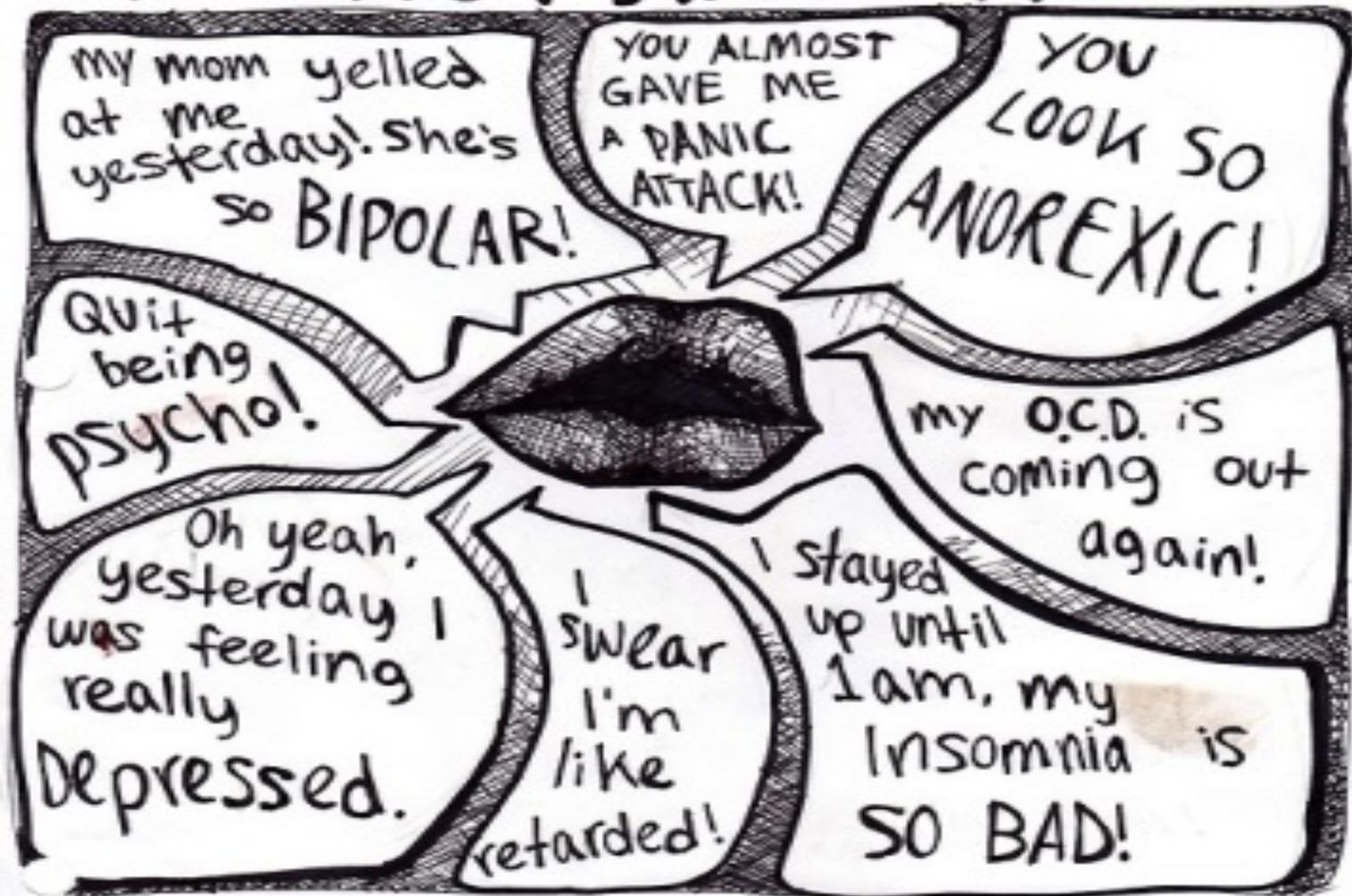


# I. LANGUAGE MATTERS

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2 in 3 people suffer in silence  
fearing judgment and  
rejection.

# MENTAL DISORDERS ARE NOT ADJECTIVES.



# HOW WE COMMUNICATE MATTERS

<b>Respectful Language</b>	<b>Disrespectful Language</b>
"Person with schizophrenia" "Person with bipolar" "Person with a disability"	"Schizophrenic" "Manic Depressive" "Handicapped Person"
<b>Empowering Language</b>	<b>Disempowering Language</b>
"Person with a mental illness"	"Mentally ill" "Victim" "Crazy" "Lunatic" "Insane"
<b>Preferred Language</b>	<b>Outdated Language</b>
"That bothers/annoys me" "It was a busy/chaotic/wild time" "This is interesting/wild/funny"	"That drives me crazy" "It was a crazy time" "This is nuts"

# 2. EDUCATE YOURSELF

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Once depression is recognized, help can make a difference for 80% of people.

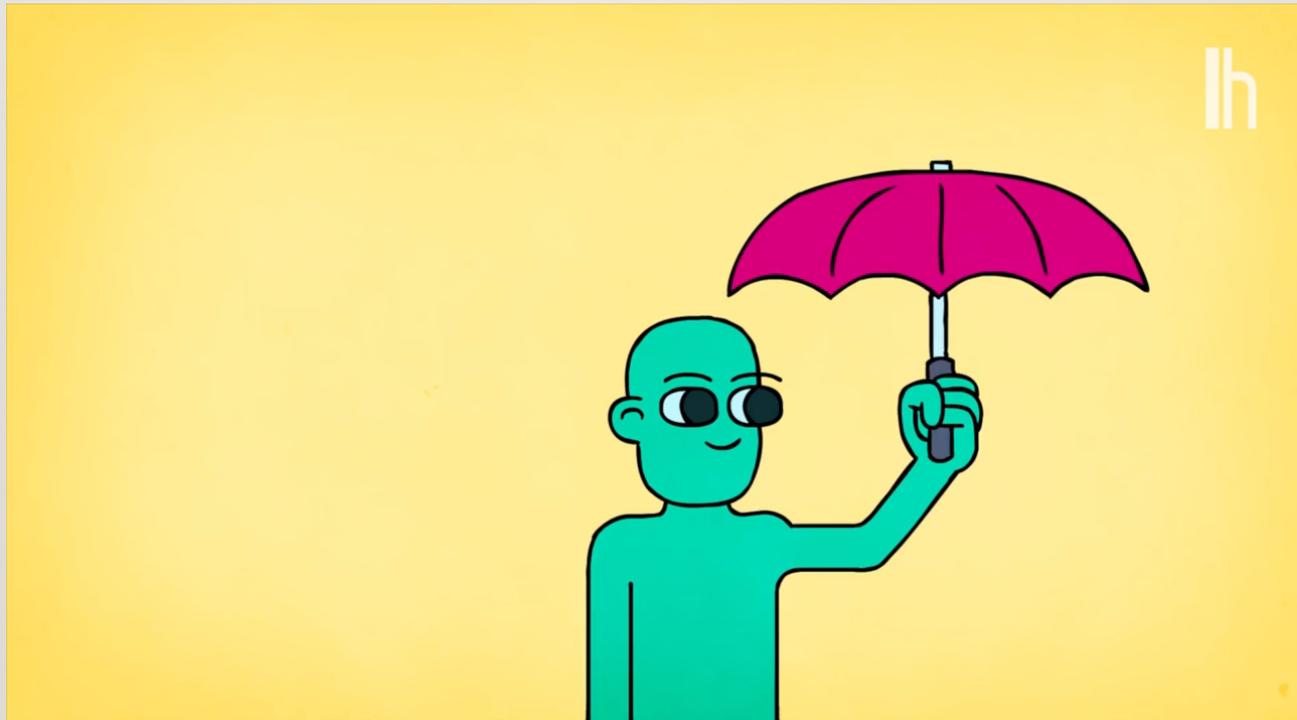
# 3. BE KIND

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Only 49% of Canadians said they would socialize with a friend who has a serious mental illness.

# IMPORTANCE OF EMPATHY

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# 4. LISTEN AND ASK

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# 5. TALK ABOUT IT

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# DESTIGMATIZING MENTAL ILLNESS – YOUR JOB

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- In your groups brainstorm some actions you could take when you return to your workplace.
- Consider both:
  - Individual change?
  - Organizational change?

# IDEAS

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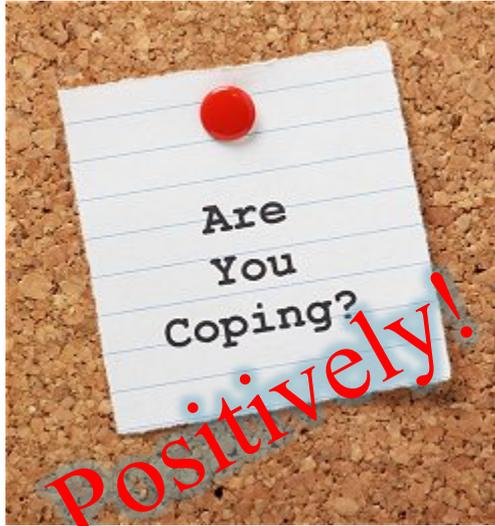
- Pledge to surf
- Taboo corner
- Mental health quiz
- Brainstorm ideas
- True or False
- Elephant in the room
- Every meeting
- Posters (myth busting)

# WRAPPING IT UP.

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# Resilience



Problem-Focused  
Emotion-Focused



Self-Confidence

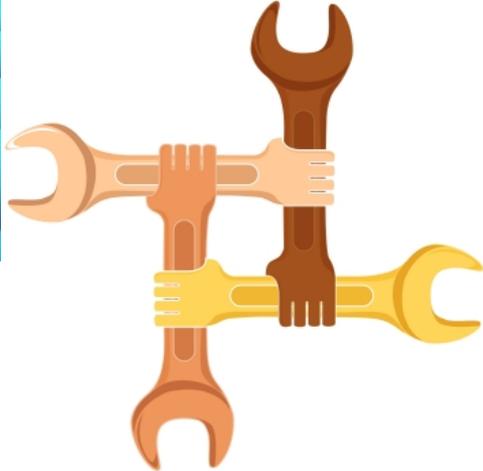
Optimism



Purpose



Support-Seeking



# Resilience



- The Worst Myth of All: “Resilient Types”
- Resilience is complex & individualized
- Strengths are often situational in nature
- Past adversity swings both directions

# PLAYING DOCTOR – CAUTION

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- To co-worker – “I believe Candace is bipolar. Her moods are so extreme. She was so happy last week but this week she’s not talking to anyone and I saw her crying in her office. She’s so depressed.”

# PLAYING DOCTOR - CAUTION

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- Co-worker to wife – “You know Candace at work? She’s manic-depressive. She’s all over the map – one week she’s laughing and the next she’s crying. I don’t know if she’ll last.”

# PLAYING DOCTOR - CAUTION

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- Wife to mutual friend –  
“It’s terrible about Candace....”

# PLAYING DOCTOR - CAUTION

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- Candace to sister – “John and I broke up last week. I really thought it was working between us but...”

# WHEN ASKING QUESTIONS...

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## DO

- Start with concern
- Focus on observation – what has been noticed
- Offer support
- Follow up

## DON'T

- Ask for medical information or diagnosis
- Take on role of treatment provider
- Ask personal questions

# WRAPPING IT UP.

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