CANADIAN MENTAL HEALTH ASSOCIATION, ONTARIO SPRING 2009

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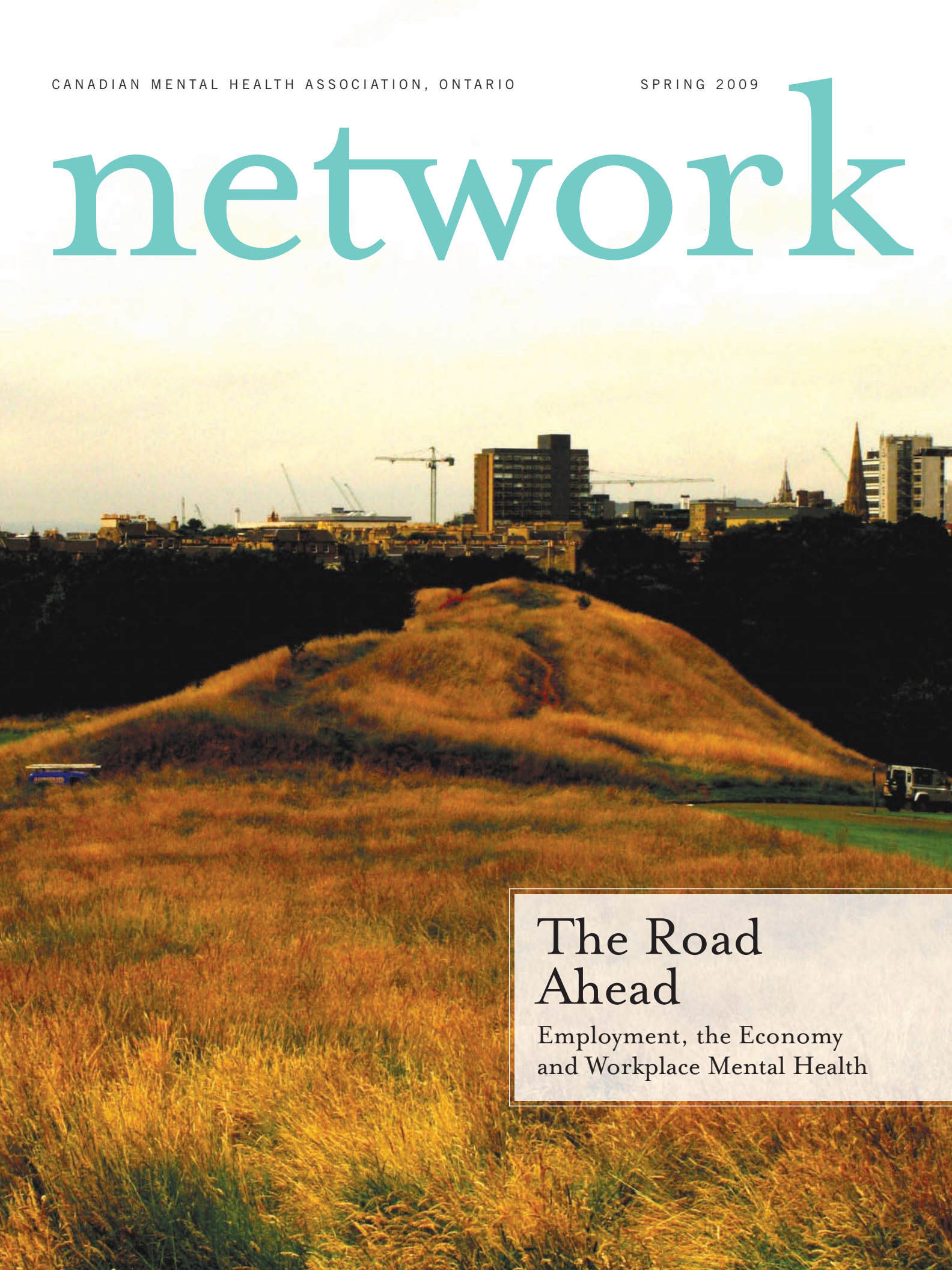

The Road Ahead

Employment, the Economy and Workplace Mental Health

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OUR MISSION
Working on behalf of, and with our branches, CMHA Ontario promotes mental health and advances excellence in the delivery of mental health services through knowledge transfer, policy development, advocacy and the inclusion of consumers and family members in decision-making.

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Rae Ganz, *Ahead* (digital photograph), 2008.

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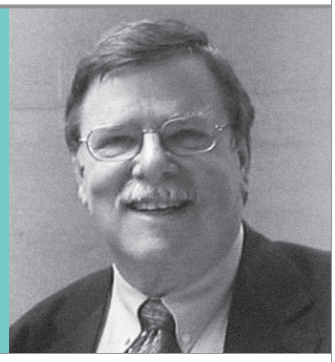
Redefining Workplace Health & Safety

Ian M. F. Arnold, MD, MSc, FRCPC (Occ Med), FCBOM, DOHS, CRSP



Reducing or avoiding the impacts of poor mental health on Canadian workplaces is one of the top challenges facing our workplace leaders, our workforces, and our communities.

Over the past two decades, Canada's workplaces have acknowledged the need to incorporate quality-based systems into how we work. They have responded to environmental issues, for example, by implementing internationally recognized standards. Similarly, more and more workplaces are continually improving health and safety by means of system-based approaches.

In the mental health arena, there are exciting advances being made as well — some of which are discussed in this edition of *Network*. But what lies ahead? Is our country where it needs to be, with respect to promoting and improving mental health in our workplaces? Research has demonstrated a strong relationship between workplace health and safety practices and workforce health. Expanding the definition of health and safety to include mental health and psychological safety in the workplace would mean greater sustainability and improved health, not only for workers but also for their families and communities. Some workplaces clearly have recognized this benefit to the bottom line, while others have yet to respond to the challenge.

The evidence is clear that companies are greatly affected by the mental health of their workforce and that employees with mental illnesses such as depression or anxiety-related disorders will often do much better in psychologically safe work environments. A number of factors that affect workplace mental health have been identified: work/life balance, engagement, the work environment, and the organization's overall approach to health and safety, to name just a few.

New tools are also being developed to help employers assess a wide range of factors that affect the mental health of their workers. Other tools can help employers to understand the mental health issues facing their workforce, while preserving personal confidentiality. Employers are increasingly providing employees with access to sources of information and help, such as programs for employee and family assistance, health-risk assessment, physicians (including workplace occupational health physicians), and web-based self-help tools.

The Mental Health Commission of Canada has formed several advisory committees to help the commission engage with stakeholders and provide advice as it develops recommendations for a national mental health strategy. One of these is the Workforce Advisory Committee, composed of 13 dedicated volunteers from many different types of workplaces across Canada. This committee, based on its assessment of the mental health needs of Canadian workforces and workplaces, has initiated three projects. When completed over the next two years, these projects should assist employees and employers to better address the needs of workers with mental illness and to improve mental health in Canadian workplaces.

The first initiative involves a senior leadership approach designed to encourage organizations to develop mental health policies. It provides direction on how to address mental health from a systematic perspective in one's own organization. Another project is the investigation of ways to prevent the development of mental health problems among employees by reducing or eliminating contributing workplace factors, and how to address these concerns appropriately when they do arise. The third project concerns the sustainability of the workforce, especially workers and aspiring employees already dealing with mental health challenges.

Very real progress is being made, and the response is encouraging. Paying greater attention to workplace mental health concerns will mean healthier and more sustainable workforces. This is one answer to dealing with today's challenging economy. It also improves the ability of people with mental illness to remain productive and be included in the workforce. The result will be of mutual benefit to Canadian workers and Canadian workplaces — just as the activities of recent decades to improve workplace quality, environment, health and safety are already contributing to enhanced workplace sustainability and competitiveness.

Ian Arnold is chair of the Mental Health Commission of Canada's Workforce Advisory Committee.

By Natalie Pona

CORPORATE

Trailbla

A decade ago, a colleague experiencing depression was likely to hide his illness, aware that if word got out at work, he might be treated differently. Maybe he would be denied new opportunities, because his supervisor was concerned he couldn't handle the responsibility. Perhaps his boss would have said "Get over it." What did he have to be depressed about, anyway?

"Ten, twenty years ago, people were just terrified to mention it. You were told to 'Just pull up your bootstraps and get on with it,'" recalls Alexandra Keay of the Canadian Mental Health Association. Keay is the national project manager for Mental Health Week (May 4–10, 2009), CMHA's annual awareness-raising event. "We're realizing now that there's excellent treatment out there and people can work and people can develop their resilience and recover."

That change from stigma to acceptance has taken time. "People are just talking more about it now. There have been ad campaigns on television ... We hear about celebrities in rehab because of depression and anxiety and substance abuse, so people are talking about it more," observes Keay.

Now, companies are realizing they have to adapt or watch profits drain away. "Open your eyes. You can see there's depression in your workplace, there is anxiety, there is stress — and if you don't do something about it, it will affect your bottom line. There are statistics to show that," says Keay. Mental health claims are the fastest-growing category of disability costs in Canada.

Big Canadian companies such as Canada Post and Great-West Life Assurance Company have taken the lead when it comes to mental health, adopting the issue as their pet cause. "In the last 10 years there's been a huge shift between employers putting out fires when there's a crisis ... to employers saying 'I want to have a psychologically healthy workplace. I want to have a place where I can recruit and retain the best people because it's a good place to work,'" says Mary Ann Baynton, program director for the Great-West Life Centre for Mental Health in the Workplace.

The Great-West Life Centre for Mental Health in the Workplace is a public service initiative focused on providing *all* employers with resources and strategies to help improve and address workplace mental health issues. Canada Post's programs focus not only on mental health for their own workers but also on community wellness.

Great-West Life began by commissioning a survey in 2006 about how workplaces address mental health concerns. The survey showed that the majority of bosses believe they should intervene when an employee is showing symptoms of depression, but fewer than one in five said they knew how to do that.

"When Great-West Life saw that, they said 'We should do something so that this type of training is available,'" Baynton says. Through Great-West's support of CMHA's Mental Health Works program, a full-day workshop called "Advanced Strategies: Working through the Tough Stuff" was developed specifically to help managers and supervisors know when and how to approach an employee who may be experiencing mental health or addiction issues. It provides the language that allows them to help the employee solve workplace problems and remain productive.

Great-West Life's online Centre for Mental Health in the Workplace offers information to raise awareness and understanding of how to improve workplace well-being and productivity. For employees it includes links to online resources such as self-assessments and discussion about approaches to asking for help at work or in the community. For the employer it also makes the business case for creating healthier workplaces and provides practical strategies to manage accommodations and the return-to-work process.

zers

Great-West Life noticed that while their Centre provided significant support, many employers were not sure where to begin or where the best place to invest scarce resources really was. To address this gap, Great-West Life commissioned the Guarding Minds @ Work project, which will provide all employers with a way to assess psychosocial risk factors in their own unique workplace. "This will provide a starting point for employers to really understand what the issues are for them and where to intervene," explains Baynton. "Lots of companies are seeing the value in addressing mental health issues. What makes Great-West Life unique is its focus on helping the employer with very practical management strategies."

Canada Post is another corporate trailblazer. Last year, it raised $1.2 million for its Canada Post Foundation for Mental Health through efforts such as sales of its specially designed mental health stamp, employee contributions and point-of-sale donations.

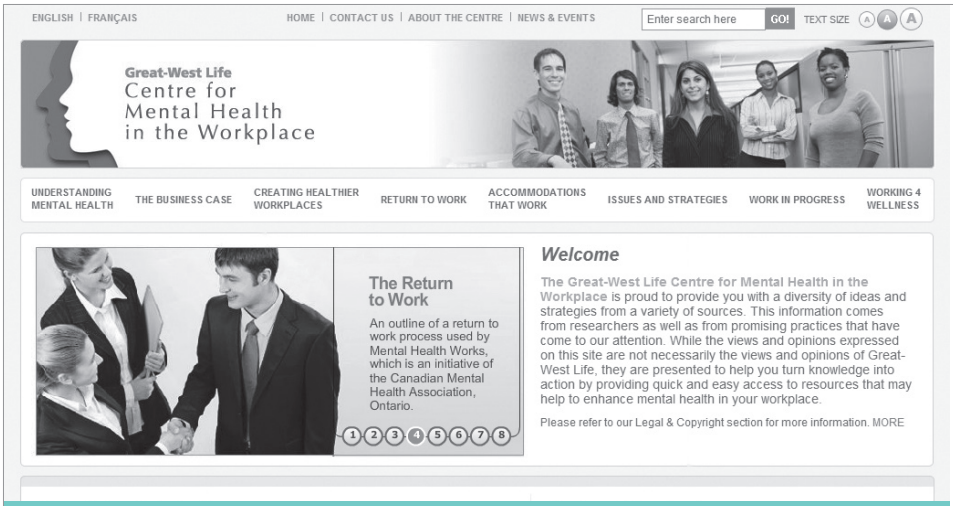
"We are the first large Canadian corporation that has taken on mental illness as its prime cause of choice," said Janie Randolph, Canada Post's director,

"Social responsibility has become a priority for virtually every major corporation in Canada. For Canada Post, it's an especially important commitment. We have the unique privilege of being present in every community across Canada. For this reason, we feel a particular sense of obligation to ensure our organization operates and acts responsibly."

Moya Greene, President and CEO, Canada Post

In October 2008, Canada Post issued a "permanent, domestic rate (52¢) semi-postal" stamp. The cost of the stamp includes a 10-cent surcharge, which will be used to fund mental health research and patient support. The concept for the commemorative stamp is based on a report co-authored by Michael Kirby, chair of the Mental Health Commission of Canada. Entitled *Out of the Shadows at Last: Transforming Mental Health, Mental Illness and Addiction Services in Canada*, the report focuses on the lack of knowledge, compassion and services that prevent mental health patients from receiving the care they need.

The digitally enhanced photograph on the stamp features a figure stepping out of the shadows, using a megaphone to broadcast the plight of people with mental illness. Alain Leduc, Manager of Stamp Design and Production at Canada Post, explains, "This figure represents all those affected, both directly and indirectly, by mental illness. By bringing this pervasive issue out of the shadows and into the open where it can best be served, it really speaks to the objectives of the Canada Post Foundation for Mental Health."



The Great-West Life Centre for Mental Health in the Workplace website offers advice on creating healthier workplaces, providing accommodations, and supporting the return to work for employees with mental health concerns. Visit www.gwlcentreformentalhealth.com.

Cause of Choice. "It's not that other large companies don't support mental health issues, and their sponsorship dollars do go there, but we're the first that has said 'This is an issue and we are going to take a leadership role.'"

Moya Greene, Canada Post president and CEO, approached the board with the idea to adopt mental health as its cause when she arrived there in 2005. Employees were surveyed, and the results showed they were in favour of the move.

"It's been stigmatized over the years but obviously, based on the outcome, employees indicated enough enthusiasm for this that the decision was then made and taken to the board," says Anthony Wilson-Smith, vice-president of communications and senior executive, Cause of Choice.

Canada Post's program has a component that supports its own staff in mental wellness through its HR department. As in many workplaces, two of the top five prescription drugs taken by its employees are for depression and anxiety. "Canada Post has productivity issues, we have absenteeism issues, and mental health–related pharmaceuticals are among the highest costs in our benefits program," Randolph says.

The employer is trying to change attitudes about mental health. "It is not only acceptable to talk about that stuff in the workplace, we encourage it," says Wilson-Smith.

This summer, Canada Post's arms-length, not-for-profit foundation will start doling out cash through grants. The foundation will support front-line organizations serving patients and caregivers, while raising awareness of how mental illness affects the lives of all Canadians and eliminating the stigma. None of the money has been allocated yet.

When you have a broken bone, "they wish you luck before you go away, and when you come back they ask you how you are," says Randolph. "It's very different if it's a mental illness. People are often afraid to ask questions; they're not sure how to respond when the individual comes back. It's important for us as a company to start sensitizing supervisors and our employees around these specific issues."

Development on the two-year-old program is ongoing.

"We are not setting ourselves up as a paragon of excellence. We understand this to be a relatively new field for awareness and ... we are committed to try to get better. We want to get better in terms of how we deal with our workers, with our people, and we're constantly asking people for ideas on how to do that and studying other environments. So we mean terribly well and because of that we hope to achieve well over time," Wilson-Smith says.

No matter how altruistic these initiatives may be, companies also have profits in mind. In Canada, disability eats up 12 percent of payroll costs.

"Absenteeism, disability rates ... and the cost of turnover is really significant. If people are finding it's not a good place to work, they leave and the cost for the employer to replace them and train someone else is huge," observes Baynton. Especially in this economy, "the employer's first focus has to be on sustainability, because if a place goes bankrupt it doesn't matter how well-meaning they are, they have put everybody out of a job."

At Canada Post, productivity is top-of-mind, right next to social responsibility. "Obviously, every business looks at productivity issues and says 'We hope we can make it better,'" says Wilson-Smith. He adds that Canada Post believes "Consistent with that is, if you have a better working environment where your people are feeling better about themselves — and that obviously includes mental health — then you're going to achieve those results."

Natalie Pona is a Toronto-based freelance writer.

fast FACTS

32%

Percentage of Canada Post's disability insurance claims due to depression and anxiety in 2007

$6 MILLION

Amount Canada Post spent on depression and mental-disorder drugs for employees, retirees and family members in 2007

$1.2 MILLION

Amount Canada Post raised in 2008 to fund its mental health strategy

Source: Canada Post

By Pam Lahey

Learning to WORK

Supported education has been described as the cousin to supported employment. In theory, the educational and employment supports family share a common goal: equipping people with serious mental illness (SMI) with the necessary tools and skills to take on meaningful roles in society. In practice, however, these cousins rarely work together in an integrated fashion.

THERE IS A considerable body of evidence telling us that, with the right combination of supports and services, someone with a serious mental illness can achieve academic success in a post-secondary setting and go on to secure meaningful employment that matches his or her skills and abilities. Education has been identified as the critical first step to accessing higher paying jobs with benefits. This first step can be made easier for students with SMI through an approach called Supported Education (SEd). Supported education is a best practice that combines mental health supports with academic supports to help students complete their courses and earn their certificate or degree. SEd programs can be offered at community mental health agencies or on-site at universities and colleges through a centre for disabilities (sometimes called an accessibility centre).

Pioneers of SEd Programs in Ontario

The first cross-disabilities centre opened at York University in 1985. Since 1992, when academic institutions in Ontario were mandated to accommodate students with disabilities, SEd programs have grown in size and number, demand for their services has increased, and they have gained recognition as essential academic supports.

York University's Psychiatric Dis/Abilities Program (PDP), modeled partly on Boston University's SEd, started in 1990 with fewer than 25 students and now serves more than 550 students each year. (As York has several independent disability offices, including one at Atkinson College for continuing education students and one at the French-language Glendon campus, the total number of students with psychiatric disabilities receiving support services at York is actually greater than 550.) The Ontario College of Art and Design's Centre for Students with Disabilities sees a significant percentage of students with mental health issues. According to Lisa Allen, adaptive technologist and

learning strategist, between 7 and 10 percent of OCAD students use the centre, and of these, 75 percent have a serious mental illness. Lisa believes there are various factors that contribute to the high numbers they are seeing, but points to the high rate of unemployment for people with mental health issues as a driving factor. "When you look at [how few choices you have] when you're unemployed," she explains "school becomes a great option." Over the years, there have also been a number of system-level changes to make financial access easier and post-secondary education more feasible for students with disabilities.

What SEd Programs Offer

Centres for disabilities are funded to provide services that can be divided into two streams: mental health services and academic accommodations. Counselling centres usually provide the mental health support while disability services provide the educational support. Mental health services can include peer support, individual counselling, monitoring of medications if there is a medical team on site, and cognitive behavioural therapy. The academic accommodations most often accessed are note taking, exam accommodations (writing exams separately with extra time in which to write them, spacing of exams if needed and memory aids if required), and negotiating with professors for extensions on papers or course work if necessary. Students also benefit from learning skills programs that include strategies for organization, time and stress management, reading, writing, exam preparation, note-taking, and knowledge of current assistive technologies, including special computer software that can help improve their concentration and pace of learning. For example, for a student whose medication may interfere with concentration, adaptive software such as a screen reader is a valuable study tool for decreasing anxiety.

James, a student at York University, believes adaptive software has made his studies easier. "This software is helpful because sometimes I don't concentrate well when I read and sometimes I don't understand what I'm reading. Instead of looking things up in the dictionary, I can use this software to explain words that I don't comprehend directly on the screen."

There is a third stream of support, however, that centres for disabilities are not funded to provide, but which is equally necessary for students to achieve academic success. Loosely defined as "aids to daily living," these services are offered informally by some counsellors and include help finding housing in the community, submitting applications to the Ontario Disability Support Program (ODSP) for income assistance, and improving time-management skills. Lisa understands the importance of offering these extra supports to students. "Our job is providing academic supports, so if a student can't do their schoolwork because they can't get out of their house with the books — perhaps because their medication is affecting their sleep, or they have trouble organizing their day — then we gotta solve the problem!"

With the aid of a wide range of funded and informally offered supports, both York University and OCAD have seen a significant rise in the graduation numbers of students with SMI. Lisa estimates that between 75 and 85 percent of the students who use the support services graduate. Enid Weiner, York's coordinator for the Psychiatric Dis/Abilities Program, is likewise confident that "a significant number [of students] who come through our program graduate."

Students Weigh In

From a student's perspective, the existence of a centre for disabilities that offers a comprehensive range of supports and services is often one of the deciding factors when choosing a school. "When I was shopping for universities, I found it to be a bonus that York had a psychiatric disabilities program," recalls Cara, a recent York graduate from the Master of Arts program. "The PDP program took into account the issues and stigma associated with my disability." Though the scope of activities, the number of resources committed, and the staff composition and expertise at centres for disabilities vary widely from school to school, the services they offer are credited with being the key to academic success.

Enid agrees. "We have students saying that they could not have done it without this type of program, they would have dropped out, they would have given up. It has just made an inordinate difference in their ability to get through school." Cara concurs: "I do not think I could have done it [graduated] without that program in place." Sherri, a graduate of Seneca College, shares the same sentiment: "I graduated with honours. I think the biggest help was the double time on exams and the extension I got for research papers. Had I not had that assistance, I wouldn't have graduated. Oh yeah. I definitely benefited from accommodations."

It's Graduation Day … Will the Supports Follow?

While graduation rates are high for people with SMI, due in large part to well-developed SEds, success at school does not necessarily translate into success in the workforce. "I suspect a lot of our students who are working are underemployed," says Enid. In fact, poverty is a stark reality for many people with psychiatric disabilities, even those armed with a university or college degree. The problem can be explained in part by

While graduation rates are high for people with serious mental illness, due in large part to well-developed supported education programs, success at school does not necessarily translate into success in the workforce.

the absence of intense and coordinated supports in the workplace that students have come to rely on while in school.

Cara explains her struggles trying to find a job in the workforce without the supports she received through the Psychiatric Dis/Abilities Program: "I was trying to find supports like drug plans and accommodations, but there was no resource outside a therapist to help me navigate my work life, so I was living pretty much in poverty because I was using the money I made working part-time and on contract to pay for my medication and counselling."

Lisa sums up the consequences of not having those transitional supports available: "After you graduate, you either find a job on your own or fall back on ODSP."

Compounding the challenge of transitioning between school and work is the way in which employment supports are designed. Lisa believes employment supports are not structured to provide employment in quality jobs. "The biggest gap that we have identified," observes Lisa, "is that most employment support agencies are really geared toward clients with low-level or trade skills. The job-search coaches are so used to people getting jobs like cashiers, that when they get someone who is an advertising project leader, they don't know what to do."

This is a fault, not of the provider, Lisa asserts, but of the funding structure that dictates the type and extent of services to be delivered. Students who come out of school with a degree do not necessarily meet with success because the accommodations and mental health supports that allowed them to succeed in their studies are not available through community employment providers under the current results-based funding model. Under this model, the focus is on getting clients into the workforce as quickly as possible. Funding to providers is based on placement targets. So clients are directed to readily available entry-level positions, which tend to pay poorly. Employment service providers can't afford the money or time it would take — six months on average, according to Lisa — to ensure that students successfully transition into appropriate placements that match their skills and aptitudes.

"The biggest gap that we have identified is that most employment support agencies are really geared toward clients with low-level or trade skills. The job-search coaches are so used to people getting jobs like cashiers, that when they get someone who is an advertising project leader, they don't know what to do."

Lisa Allen, OCAD Centre for Students with Disabilities

For students with mental health disabilities at York University, services to help bridge the gap between education and employment are nonexistent, notes Enid, "with the exception of a workshop here or there." Dean, a master's student in environmental studies at York, observes that with the exception of MBA programs, the university "considers academic life and work life as completely separate from each other." Dean has reconsidered his own position on this in recent years, as he reflects on his experience in the workforce before starting his master's. "I never really thought about it until I started having conversations about the problems I had with academia that then persisted on the job. The more I think about it, the more I see education and employment as a continuum."

While Dean's own experience has been more positive than some other students, he chalks up his success in the workplace to his ability to champion his own strengths and his luck in finding the right employer. "It was difficult to make the transition, but I was aided by the fact that the person who hired me was very flexible — if you ask me to do X I will not do it so well, but if you ask me to do Y I will do it very well, and she [my employer] wiggled me around and I progressively got more advanced positions."

The Missing Link

Lisa believes that a transition process to bridge education and employment is necessary to make the changeover successful. "We know that transitions are very stressful times for students with disabilities because there are so many factors to take into consideration." For example, Lisa explains, "at the same time as looking for a job, they might have no place to live."

Lisa believes that if the type of supports delivered by SEd programs were extended to the workplace, then the rate of students returning to school because they failed to find or maintain suitable employment would decline. "They would be more successful on the job if they had a quiet room and project-focused [rather than deadline-driven] assignments. That would allow them to go away, work at their own pace in their own private space, and come back with the completed assignment. Standard [as opposed to shift work] hours are also more conducive to success."

Acknowledging the absence of a formal transition process, Lisa is developing an exit program to address some of the many issues facing OCAD students when they leave the comfort of academia for work. The program will be modelled on the one-week intensive program currently offered by the Centre for Students with Disabilities that deals with time management, self-advocacy, and disclosure. In this new, more comprehensive program, staff would teach students how to uncover transferable skills, such as negotiating with a new employer and communicating their strengths and limitations to co-workers. The program may even offer a job club and linkages to employment

> Transitional support for graduating students is "absolutely key" to finding and keeping employment, but students must "be willing to accept the need for support and then be willing to engage in it and maintain it whether they are consistently well or not."
>
> Debbie Bleier-Waters, Work on Track

support agencies. The scope of what the program will offer depends on the time and funding available, says Lisa, but "at the very least what we can do is give students enough ammunition to help them tackle the job application process and interviews."

While York University does not have plans for a similar program, Enid concurs with Lisa that making the link between education and employment is a matter of taking what is already being done on campus and applying it to the workforce. "Some of the supports we offer, such as coaching students on how to negotiate with faculty, are transferable. I imagine there needs to be a lot of negotiation with one's employer, so there are some transferable skills here."

Dean agrees that if the accommodations offered in school could be transferred to the workplace, there would be less unemployment among graduates who have a serious mental illness. His friend is a case in point. "This guy has a master's degree in political science. I know he is employable, but they stress areas he is weak in and he has lost those jobs. With the right kind of support services he would be employable and contributing to the economy. Now [after 20 years of unemployment] he is more of a deficit."

Bridging Supports in Action

Two community programs in Toronto are noteworthy for their role as bridging agents between education and employment. Work on Track is a Seneca College program, located at both the Newnham and Markham campuses, that helps student graduates with serious mental illness find and maintain a job. The 24-week program is delivered in two parts. The first 12 weeks are in class, where the curriculum covers topics such as career assessment, career planning, employability skills and job search. The next 12 weeks are spent out in the workplace putting theory into practice. Entry Point is an employment support program that helps people with disabilities who have graduated from a post-secondary institution to find employment in their field of study.

Debbie Bleier-Waters, the coordinator of Work on Track, believes that transitional support for graduating students is "absolutely key" to finding and keeping employment. She also stresses that students must "be willing to accept the need for support and then be willing to engage in it and maintain it whether they are consistently well or not."

Work on Track helps participants prepare for the challenges they may face in the workplace. People with serious mental illness, for example, often have difficulty interacting with their coworkers and supervisors. Learning new skills such as how to negotiate tasks with your employment counsellor can better prepare you to manage similar negotiations with a potential boss. For the 15 percent of Work on Track participants who have come from a post-secondary institution, this may mean expanding on the skills they learned in a supported education program.

Sherri, a Seneca graduate, is a Work on Track participant. She credits the program for the success of her current placement as a legal assistant. "With the assistance of Work on Track, I made the transition from going to school to going to work." The job preparation portion of Work on Track allowed Sherri the opportunity to think through how she would complete basic tasks in a busy, noisy law firm when she was accustomed to meeting her writing deadlines at school through extensions. "My counsellor did bring up the issue of being accommodated at work. 'How will you address taking double the time to write a letter?' It is a different language sometimes," Sherri concedes. "It's pretty formal. I was thinking maybe I can overcome the accommodation issue by using templates that can help me to be faster."

Unlike many students who venture out on their own after school to find employment, Work on Track participants can explore their career choices at their own pace through the work preparation exercises and the work placement. These steps can maximize their success in making the transition from the academic world to the world of work and improve their level of job satisfaction. Sherri's work placement experience underscores the importance of this exploratory process. "I wanted to be a legal assistant, [but] lawyers don't always have people skills and so I've been having second thoughts. My counsellor says I am a really sensitive person, so I'm thinking about being just an administrative assistant, because there would be less pressure. I have the impression that I am really helping the support staff. I think I will be fine."

Sarah Rudge, the manager of Entry Point, confirms that work-focused bridging programs are often essential for college and university grads who have a disability, to help them make the leap from education to a job that's relevant and rewarding. "George Brown College offers an excellent program called Redirection through Education, which is a supported learning environment for students. This program ultimately works towards employability and provides vocational testing and work placements for students. This experience is a great way to bridge the gap between school and work and all this is delivered by George Brown staff. Entry Point would complement these services, working with clients who later decide at the end of our program to pursue further education."

JULIA KNAPP (LEFT), DIRECTOR, PROGRAMS AND SERVICES FOR JOBSTART, THE LEAD AGENCY FOR THE ENTRY POINT PROGRAM, AND SARAH RUDGE, MANAGER, ENTRY POINT

For students who are enrolled in general education courses or have recently completed their diploma or degree, Entry Point may be a good option if they need job-search assistance. Funded by the Ontario Disability Support Program, Entry Point is a partnership between four not-for-profits serving the Greater Toronto Area: JobStart, Youth Employment Services, St. Stephen's Community House, and the Alternative Youth Centre for Employment. It works with post-secondary students, whether they are enrolled in full- or part-time courses, as well as new graduates who have left post-secondary school within the past five years.

"New graduates have invested a lot of time and energy into their studies and are often looking for career-related work experience," Sarah explains. "We assist new grads in accessing the hidden job market and finding entry-level roles that are not advertised to the general public."

According to Sarah, 15 percent of Entry Point clients self-report as having a psychiatric disability or history of mental illness and often come to the program for help "setting clear employment goals and selecting a role that will fit within their schedule while at the same time making use of the skills and experience they have to offer." Entry Point provides resume-building, self-marketing and interview tips, as well as answers to questions surrounding accommodations, employer expectations and workplace practices. "Accommodations are determined on a case-by-case basis and then employment coaches work with the client to ensure the necessary accommodations are in place for new roles they enter."

Entry Point focuses on long-term career-related placements and has placed participants in roles such as accounting, library sciences, retail, IT, financial and business administration. Although no targets are set for career placements, explains Sarah, Entry Point staff "track whether work placements are within the client's field, and then continue to support clients after they have started working in hopes of helping them retain their job or ultimately finding a job that better aligns with their academic and career goals."

According to Sarah, 89 percent of Entry Point clients are successfully placed in competitive employment.

"Often our clients will have had a modified course load through college or university and Entry Point job coaches assist them in setting clear employment goals. This means a role that will fit within their schedule while at the same time making use of the skills and experience they have to offer." Sarah Rudge, Entry Point

Maximizing Success

Educational supports and employment supports are well developed within their own spheres, but the need to invest in them as linked resources is not widely recognized. From a student's standpoint, however, it would make sense to measure the strength of one by the success of the other. Currently post-secondary institutions don't evaluate the strength of their academic support programs based on the experience of their graduates in the workforce. Dean argues that they should. "How do you measure the value? What is the cost of not providing those services? They don't see the success of their programs in terms of quality of jobs that students get after graduation. … At the very least, they should look at what services they are using in university and college and the reason for using those services and see how they can be used in the workforce."

Cara would also like to see educational support programs adopt a more forward-looking approach. Students need a map to guide them through the support options available to help them find employment appropriate to their skills. "Essentially, it would be nice to have an expert lead you through the different layers of support that exist out there."

Perhaps it is time to start thinking about supported education and supported employment as twins — not cousins — and start building the relationship that would lead to full integration for persons with serious mental illness.

Pam Lahey is a community mental health analyst at CMHA Ontario.

By Wendy Fields

PEER SUPPORT IN UNIFORM

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IN THE MID-1990s, *the stigma of mental illness was equally as entrenched in Canada's military culture as within the civilian workforce. Some would suggest that military culture, with its emphasis on physical and mental toughness and its macho attitude toward suffering, amplified the effects of the stigma. Being labelled with a mental health problem was viewed not only as an indicator of human weakness but also as a reflection of incompetence, leaving the individual in fear of losing his job or compromising his career.*

IT wasn't until Lieutenant General Romeo Dallaire's public admission in 1998 of post-traumatic stress disorder (PTSD) and his subsequent advocacy efforts for appropriate mental health resources that the issue surfaced on the public agenda and began to get serious attention from the military leadership.

In 1994, Dallaire commanded the United Nations Assistance Mission for Rwanda (UNAMIR), where 800,000 Tutsi and Hutu moderates were killed in 100 days despite his efforts to warn the U.N. about the impending genocide. After Rwanda, he blamed himself.

"I plunged into a disastrous mental health spiral that led me to suicide attempts, a medical release from the Armed Forces, the diagnosis of post-traumatic stress disorder, and dozens upon dozens of therapy sessions and extensive medication, which still have a place in my life," wrote Dallaire in his 2003 book about the mission, *Shake Hands with the Devil*. "It took me seven years to finally have the desire, the willpower and the stamina to begin to describe in detail the events of that year in Rwanda."

Since his retirement from the military, Dallaire has worked to bring an understanding of PTSD to the general public.

The Canadian military is this country's largest public service employer. With more than 111,000 people on the payroll, of which 88,000 are force members, the Department of National Defence (DND) and Canadian Forces (CF) are in the business of managing a significant segment of our workforce. Woven into their daily operations is the recruitment, training and retention of qualified personnel. The military leadership's decision in the late 1990s to take action on operational stress injuries holds promising lessons about the value of supporting and retaining employees who live with a mental health condition.

Operational stress injury (OSI) is a term coined by Lieutenant Colonel Stéphane Grenier and used in the Canadian military to describe psychological illnesses resulting from traumatic events experienced by soldiers during operational duties. OSI includes conditions such as post-traumatic stress disorder (PTSD), depression and substance abuse.

The first military-run mental health clinics, called Operational Trauma and Stress Support Centres, opened in September 1999 in five cities across Canada to provide assistance to serving members of the CF and their families who were dealing with operational trauma and stress arising from military operations.

In 2003, Veterans Affairs Canada (VAC) established a joint network of Operational Stress Injury Clinics in response to an increased need for assessment, treatment, prevention and support services for Veterans, CF members, families, and eligible RCMP. By the end of 2009, VAC will have a total of 10 OSI clinics across Canada. As of January 1, 2009, there were 11,707 VAC clients in receipt of disability benefits related to psychiatric conditions. According to VAC records, 67 percent of these clients have PTSD.

Within the military workforce, however, the stigma and shame associated with having mental health problems continues to be one of the greatest barriers to care provision, not unlike the felt experience of scores of workers in the general population.

"TO THOSE WHO UNDERSTAND, NO EXPLANATION IS NECESSARY; TO THOSE WHO DON'T UNDERSTAND, NO EXPLANATION IS POSSIBLE. THE PEER HELPER REPRESENTS A BEACON OF HOPE TO SOMEONE LIVING IN A HOLE OF DESPAIR BECAUSE HIS EXPERIENCE SENDS AN UNSPOKEN MESSAGE OF RECOVERY." — LIEUTENANT COLONEL STÉPHANE GRENIER

Grenier was one of the soldiers who returned from Canada's peacekeeping mission in Rwanda a changed man. During his tour of duty in 1994, he witnessed human atrocities of killings and rape that left him traumatized and suicidal. He felt alone in his thoughts, and while he did reach out for medical help on three occasions over the following six years, he denied that he had any mental health problem.

He consistently threw away the pills given to him by doctors who had initially labelled him as having a personality disorder. Paralyzed by the fear of being branded as weak or a malingerer as a result of this new found diagnosis — as had been the norm for fellow soldiers before him — he chose to deal with his condition on his own. He immersed himself in work, engaging in additional tours of duty to overseas destinations like Cambodia, Haiti, Lebanon and the Persian Gulf area where he received daily doses of trauma.

"The military member's identity is closely tied to his work," explains Grenier. "Living in a closed and controlled work environment, where one's neighbours, friends and work colleagues are often the same people, the effects of stigma in the workplace can become rapidly universal."

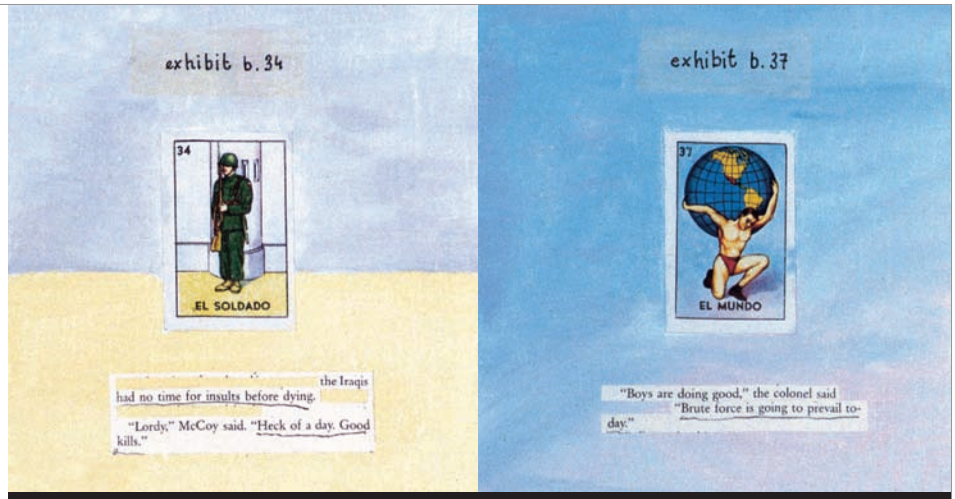
Today, Grenier is OSI Special Advisor for the Chief of Military Personnel, a role he was appointed to after serving for five years as co-manager of the Operational Stress Injury Social Support (OSISS) program which he founded in 2001. His time is divided between overseeing OSISS and his involvement with a peer-based National Mental Health Education Campaign to raise awareness and counter stigma. Grenier also shares his expertise as a current member of the Workforce Advisory Committee of the Mental Health Commission of Canada.

The turning point in Grenier's recovery came from an unexpected source — a superior of his within the chain of command. After several failed attempts to seek treatment, Grenier explains that "the understanding and empathy which Colonel Chris Corrigan showed me was probably the most significant event that had occurred since my return from Rwanda. He acknowledged that I had endured a significant amount of hardship, and that my behaviour seemed inconsistent with my reputation as an armoured corps officer." It was the compassion and support that Grenier received at last which gave him the confidence he needed to accept professional help and tend to the "emotional blood" that had stained him.

With the dawning of the new millennium, Grenier began his long journey toward recovery from PTSD, which he now accepts as a legitimate and treatable condition. As he began therapy and learned how to cope with his PTSD symptoms, his concern toward helping other victims of military-induced psychological trauma intensified. He wondered how many others were still trying to deal with the demons of operational stress injuries on their own? These thoughts drove him to search for a solution to the stigma, shame and isolation that serve to sustain these "mind" injuries and to destroy social, familial and work relationships in the process.

After combing through the literature, Grenier discovered an unequivocal association between the absence of social support and the subsequent development of PTSD. Although there were few studies that measured the impact of positive social support on treatment of operational stress injuries, Grenier felt convinced that the presence of social support was central to the recovery process. He believed that traditional medical intervention was essential but not sufficient. His life was testament to this.

Not long after, Grenier found himself in the role of "peer helper" when he voluntarily reached out to Corporal Christian McEachern after learning that his fellow forces member had driven his vehicle through a building as a result of experiencing flashbacks while self-medicating. With three provinces between them, the francophone Quebecer Grenier and anglophone Albertan McEachern were



ELYSA MARTINEZ, *THE GAME OF WAR: SPEAKING IN TONGUES* (2 PIECES, MIXED MEDIA). REPRODUCED BY PERMISSION. THIS WORK APPEARED IN THE BEING SCENE ART EXHIBITION, CENTRE FOR ADDICTION AND MENTAL HEALTH, TORONTO, 2004.

What Is PTSD?

Whether in the military or as a civilian, at some point during our lives nearly all of us will experience a traumatic event that will challenge our view of the world or ourselves. Depending upon a range of factors, some people's reactions may last for just a short period of time, while others may experience more long-lasting effects. Why some people are affected more than others has no simple answer. In Canada, it is estimated that up to 10% of war zone Veterans — including war service Veterans and peacekeeping forces — will go on to experience a chronic condition known as post-traumatic stress disorder (PTSD), while others may experience at least some of the symptoms associated with this condition.

PTSD is a psychological response to the experience of intense traumatic events, particularly those that threaten life. It can affect people of any age, culture or gender. Although we have started to hear a lot more about it in recent years, the condition has been known to exist at least since the times of ancient Greece and has been called by many different names. In the American Civil War it was referred to as "soldier's heart," in the First World War it was called "shell shock," and in the Second World War it was known as "war neurosis." Many soldiers were labelled as having "combat fatigue" when experiencing symptoms associated with PTSD during combat. In the Vietnam War, this became known as a "combat stress reaction." Some of these people continued on to develop what became known, in 1980, as post-traumatic stress disorder.

Traumatic stress can be seen as part of a normal human response to intense experiences. In the majority of people, the symptoms reduce or disappear over the first few months, particularly with the help of caring family members and friends. In a significant minority, however, the symptoms do not seem to resolve quickly and, in some cases, may continue to cause problems for the rest of the person's life. It is also common for symptoms to vary in intensity over time. Some people go for long periods without any significant problems, only to relapse when they have to deal with other major life stress. In rare cases, the symptoms may not appear for months, or even years, after the trauma.

Source: Veterans Affairs Canada, Post-Traumatic Stress Disorder (PTSD) and War-Related Stress

united by shared traumatic experiences that enabled one to show the other that there was hope for recovery.

In the fall of 2001, Grenier's vision of a nationwide peer support program for the Canadian military workforce came to fruition. With the unwavering support of both DND and VAC, a partnership was formed and the OSISS program became a reality. From a modest caseload of 11 participants, the program has since supported over 4,500 CF members, Veterans and families. Usage has been steadily increasing. This trend partially reflects an increase in mental health literacy amongst military personnel and a concurrent gradual decrease in the stigma associated with mental illness. Michael Kirby's 2006 Senate report, *Out of the Shadows at Last: Transforming Mental Health, Mental Illness and Addiction Services in Canada*, recognized OSISS as a best practice and recommended stable and appropriate funding to strengthen existing peer initiatives.

Today, Major Mariane Lebeau (DND), Grenier's successor, co-manages the DND-VAC OSISS program with Kathy Darte (VAC), a registered nurse by training. This joint departmental initiative ensures seamless program delivery to those currently serving in the Canadian Forces, Veterans and their respective family members. In order to appreciate how this model works in practice, CMHA Ontario conducted interviews with Grenier and Darte, who generously shared their time and insights.

Both interviewees stressed the significance of understanding "peer support" as "an umbrella term used to describe a sanctioned program where individuals receive appropriate training and supervision, so that formally and informally they can offer assistance in a variety of ways to individuals who, *based on their situational defined similarities*, would refer to themselves as peers." OSISS emphasizes the importance of structured and supported peer relationships that are viewed as "professional," one-way helping relationships based on self-identified shared life/work experiences, as distinct from "personal" friendships that are established on the basis of reciprocal support.

"Self-help," "consumer-driven services," "social support," and "recovery model" are all terms used to describe the growing peer movement in the broader community. The philosophy of mental health care has expanded during recent decades to recognize the necessary inclusion of peers, or consumers who have themselves suffered a mental illness, as part of the front-line care team and as active participants in overall mental health program planning and development. The OSISS model is most similar to a consumer or peer-run service where peers are paid employees, although there are also OSISS volunteers involved in providing mutual support. This model closely resembles mental health consumer/survivor–run organizations.

Powerful aspects of peer support include the almost immediate ability to identify with the member's experience, and the instant credibility and acceptance of this experience that the peer support worker is able to convey. Grenier describes the relationship: "To those who understand, no explanation is necessary; to those who don't understand, no explanation is possible. The peer helper represents a beacon of hope to someone living in a hole of despair because his experience sends an unspoken message of recovery." He adds, "Social relationships tend to quickly erode for OSI sufferers as a result of their symptoms (e.g., avoidance, isolation, lack of energy and decreased self-esteem). In an environment where team cohesion is an imperative of the job, re-establishing the ability to build trust through an empathic peer relationship can be invaluable."

Darte observes that "the peer support model is intrinsically grounded in recovery, with a strong focus on wellness. The peer support coordinators would not be paid peer support workers had they not reached a stage of healthy recovery themselves."

A quick glance at the program structure reveals that paid Peer Support Coordinators (PSCs) and paid Family Peer Support Coordinators (FPSCs) are at the core of the OSISS model.

ROLE OF PEER SUPPORT COORDINATORS

PEER SUPPORT COORDINATOR (PSC)	FAMILY PEER SUPPORT COORDINATOR (FPSC)
Focus on military members and Veterans	Focus on families of OSI victims
Provide one-on-one assistance: Listen, Assess and Communicate	Provide one-on-one assistance: Reach Out, Inform and Connect
Organize and conduct peer support groups	Organize and conduct psycho-education groups
Select, train and manage volunteers	Select, train and manage volunteers
Provide program outreach briefings	Provide program outreach briefings

The program started off with four PSCs and has expanded ten-fold in the past seven years. Military members, Veterans and families in many Canadian communities now have access to the OSISS program.

Volunteers complement the work of the PSCs and FPSCs in their role as Peer and Family Peer Support Volunteers (PSVs, FPSVs). All have previously received support from the OSISS peer support network and wish to give back by volunteering their time to assist a fellow military member, Veteran or family member in need of support. This allows OSISS to reach greater numbers and also plays a significant role in helping the volunteers to re-establish their own self-confidence.

The OSISS program policy is very clear about who can participate and the process that must be followed for those interested in becoming involved. All PSCs must be survivors of an OSI (such as PTSD). In the case of those hired to provide family support, all have lived with or supported a CF member or Veteran suffering from an OSI. OSISS is one of the only government-mandated peer support programs

"Social relationships tend to quickly erode for OSI sufferers as a result of their symptoms (e.g., avoidance, isolation, lack of energy and decreased self-esteem). In an environment where team cohesion is an imperative of the job, re-establishing the ability to build trust through an empathic peer relationship can be invaluable."

Lieutenant Colonel Stéphane Grenier

available to families. In the 2008 report by the Ombudsman of the Department of National Defence, it was acknowledged that much work remains to be done in this area. Families are the ones who tend to be the recipients of angry or reclusive behaviours at home for years before giving their spouse/dependent an ultimatum to get help or get out.

PSCs must be screened by their primary health care practitioner to ensure that they are at a healthy stage in their recovery and rehabilitation process to take on this role. They are also required to remain in a therapeutic relationship with a mental health clinician throughout their employment. PSCs are never more than a phone call away from local mental health professionals in their own community whom OSISS is linked with to encourage ongoing access to support, guidance or direction concerning their work, as well as their own health and well-being.

Mandatory peer support worker training, which is provided by a multidisciplinary team of mental health workers, must be attended by all PSCs and FPSCs prior to working in the program. The curriculum development and majority of training is provided by VAC staff, which includes psychiatrists, psychologists, clinical nurse specialists and social workers.

The Peer and Family Peer Support Training Course covers topics such as peer support, helping relationships, boundary concerns, conflict resolution, crisis management, suicide intervention, confidentiality and self-care. Coordinators also receive information on government and community referral sources, and ongoing professional development through biannual national conferences and workshops. Those who volunteer with the program also receive mandatory peer support worker training.

OSISS' main goal is to equip the PSCs and FPSCs with the basic knowledge, information and practice tools useful for establishing "functional helping relationships." The PSC and FPSC are there to identify with and validate the peer's traumatic experiences. This involves engaging the person in a process of exploring, understanding and reframing the past, and guiding him or her in accordance with that person's free will toward the appropriate resources. Grenier and Darte both agree that developing this relationship is a "complex dance that must be handled with care if it is to be an effective helping process. Their job is not to give advice, but to provide alternatives." Peer and Family Peer Support Coordinators are able to provide emotional and practical support. They function as information and referral agents, not as therapists.

When asked about the success factors and challenges of implementing OSISS, Grenier and Darte agree that the key to success lies in leveraging the natural tendency of Canadian Forces members, Veterans and families to draw social support from one another, while minimizing some potentially negative elements that can arise from informal socialization such as drinking and using illicit drugs that are counterproductive to recovery. Essentially, OSISS formalizes the development of peer support skills to ensure that the support that members, Veterans and families draw and provide to each other within the context of OSIs would be positive rather than negative.

"One of the greatest strengths of this program lies in the peer relationships that are grounded in shared lived experiences and nurtured by built-in safeguards," explains Darte. "These include medical screening prior to employment, formal training,

From the Military to Main Street

Can a peer support model advanced by the Canadian Forces and Veterans Affairs Canada be adapted to civilian workplaces? While formal research has yet to be conducted, awareness of the Operational Stress Injury Social Support model has definitely travelled to mainstream organizations like the Mental Health Commission of Canada, chaired by former Senator Michael Kirby. Stéphane Grenier, founder of OSISS, currently sits on the commission's Workforce Advisory Committee. Their broad mandate is to help workforce leaders change the way they deal with mental health matters. The very inclusion of military peer support "expertise" on the Workforce Advisory Committee sends a message about its potential applicability on a broader scale.

Mandi Luis, a certified Peer Support Specialist and career consultant based in Ontario, thinks so. Her focus is on facilitating a successful return-to-work process that is in the best interests of both the employee and employer. In a recent article, Luis wrote about her struggles with mental illness in the workplace. "I needed to know I was not the only one that had experienced this. I felt isolated at work. I was not understood and stopped sharing my thoughts. I started to disengage and my productivity declined. I wish I had someone to talk to at work who had experienced depression."

Grenier's message to Canadian employers is straightforward. Living with a mental health issue is a powerful connector that draws people together. He advises employers to not underestimate the value of workplace peer support. If it can transcend rank and command, as was his experience, then mental health concerns can transcend whatever organizational culture exists in the workplace.

working in collaboration with multidisciplinary mental health teams, and a strong focus on self-care and boundary setting." Grenier echoes this statement by emphasizing that Peer and Family Peer Support Coordinators must clearly understand their role, they must stay within the confines of that role, they must be aware of their own "triggers" and remember that they are there for the peer/client and be willing to refer this person to a professional resource.

A particularly unique aspect of this program is the commitment to cooperation between the clinical mental health professionals and the peer support network. OSISS functions with its own autonomy yet does not do so in isolation of necessary clinical treatment. This partnership encourages a smoother transition from OSISS to formal treatment and the other way around. OSISS was envisioned as a complement to formal mental health services and not a replacement. While Grenier admits that the initial goal of OSISS was not to foster treatment compliance, this emerged as an unexpected positive outcome because of the established partnership between clinicians and peer support workers.

An additional advantage of the OSISS network is its independence from the military chain of command. This has increased the comfort level of those seeking assistance who still fear that their career will be compromised as a result of suffering from an OSI.

At the outset, clinicians were concerned about the boundaries between themselves and the peers they might work with. They were not sure what to expect from a self-help model, and initially they struggled with the relationship shift from being the caregiver to becoming a colleague. Clinicians warned of the dangers of involving people suffering from OSIs in helping others suffering from the same injuries. In the spirit of a true partnership, OSISS did not dismiss these concerns but rather acknowledged that exposure to this kind of work could place peer support workers and volunteers at an increased risk of relapse. OSISS accepted the need to devote a great deal of training to issues of boundaries and self-care. A clinical psychologist at the VAC National Centre for OSIs is responsible for delivering this training and promotes a strict regimen of self-care which he monitors regularly. These measures have successfully minimized burnout and revisiting of their own traumatic life events.

> "One of the greatest strengths of this program lies in the peer relationships that are grounded in shared lived experiences and nurtured by built-in safeguards. These include medical screening prior to employment, formal training, working in collaboration with multidisciplinary mental health teams, and a focus on self-care and boundary setting." Kathy Darte, Veterans Affairs Canada

Grenier and Darte admit that innovative programs like OSISS do not get launched without someone in a position of influence to lead and champion the cause. By the year 2000, senior officials at DND and VAC understood that the human and financial costs of not dealing with trauma-induced mental health issues far outweighed the costs of intervention. The DND Ombudsman released a 2002 report which documented that the minimum cost of developing a basic infantry soldier to the point of combat readiness is approximately $315,000, whereas the cost of treating one soldier for OSI is about $5,000. Undoubtedly, the costs of treating CF members with OSIs are insignificant compared to the cost of recruiting and training a replacement, which does not even account for the experience and expertise that the organization has lost.

In December 2008, the DND Ombudsman released "A Long Road to Recovery: Battling Operational Stress Injuries," a second review of the progress made by the Canadian Forces in response to the original recommendations. "The OSISS group continues to be incredibly successful in dealing with the continuum of operational stress injury issues," says the report. "The Canadian Forces need to continue to support this initiative. Canadian Forces members who are suffering from an operational stress injury are not only effective, credible educators, but more importantly, are the people that, in many cases, members will initially approach for help and support."

Grenier confirms that the peer support program is making a difference. "People are connecting with OSISS much earlier on in their suffering than when the program started, which enables a greater number of forces members to stay in the workplace as a result. Earlier intervention is associated with significant reductions in human suffering and treatment costs because there is less of a chance for co-morbid conditions, like alcoholism or depression, to develop."

When he first began recruiting volunteers to participate in awareness-raising videos about OSISS, recalls Grenier, he had to search long and hard to find any CF members willing to disclose their OSI on camera. "Now," he says, "many forces members readily volunteer and want to spread the word about OSISS to help fellow soldiers, Veterans and their families." While there is still a lot of work to be done in reducing stigma, Grenier sees this willingness to step forward as a positive sign that cultural attitudes toward mental illness and treatment in the military are shifting.

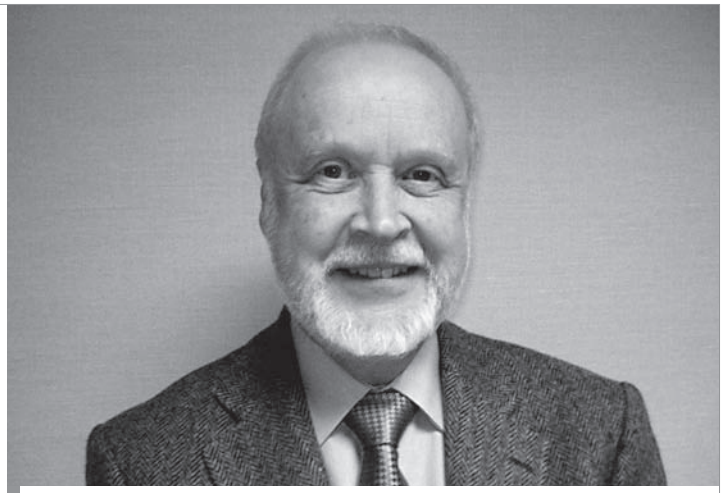
Wendy Fields is a researcher, writer and advocate in the areas of social, health and human rights issues.

By Diana Ballon

PSYCHOLOGICAL Safety at WORK

Guarding Minds @ Work is a web-based resource to help employers identify and address areas of risk to their employees' mental health. One of the first such resources, it provides a standardized approach to issues of psychological safety in the workplace. The launch of this resource is planned for Health & Safety Canada 2009, the Industrial Accident Prevention Association (IAPA)'s conference and trade show in Toronto, on April 20–22.

Guarding Minds is the brainchild of Dr. Martin Shain, the director and founder of the Neighbour @ Work Centre. Network interviewed Dr. Shain, who brings his legal expertise to the project (he holds a doctorate in law), and Dr. Joti Samra, a clinical psychologist and research scientist in BC at the Consortium for Organizational Mental Healthcare (COMH) at Simon Fraser University's Faculty of Health Sciences. As project leader, Dr. Samra makes good use of her research and clinical experience in workplace mental health issues.



"There is no uniform, consistent and comprehensive framework for the protection and preservation of mental health in the workplace. … In many ways, we're talking about the transformation of a culture toward a benchmark of fundamental civility and respectfulness. What it comes down to is emotional intelligence."

Dr. Martin Shain, Neighbour @ Work Centre

What was the inspiration for this program?

Shain: I've been appalled at the degree to which the protection of mental health in the workplace has, in many ways, been given such a low priority. I've been trying to shine a light on those aspects of work that in law are seen as giving rise to "mental injury." This could be anything from bullying to harassment, discrimination, gross acts of incivility and disrespectfulness, emotional abuse, abuse of power — anything that causes unnecessary or avoidable suffering. Anywhere from 15 to 30 percent of this kind of harm can be avoided — so this is the percentage we'll be targeting.

What kind of material will you be making available to employers?

Shain: The assessment part will provide tools that employers — whether managers, owners of smaller organizations, or HR or occupational health departments of larger ones — can give to their employees to measure when there are risks that they need to pay attention to. For instance, it will include a simple six-question tool, the Stress Satisfaction Index or SSIX, to assess organizational risks to mental health, and a more detailed survey that employees will fill in, giving the organization a "risk report card" to tell them what areas they need to work on. Or, employers could access a self-audit tool to do this assessment on their own.

Samra: There will then be detailed response sheets to help employers address the issues that surface through these assessments. This could be anything from how to cope with leadership problems, to ways to provide psychological supports in the workplace — for instance, through lunch-and-learns, a contract with an EAP [employee assistance program], or including access-to-resource information with their pay stubs.

Why [on your website] do you use the term "psychological safety" to refer to your mandate of promoting or protecting employees' mental health in the workplace?

Shain: By using the term "psychological safety," we are deliberately trying to "locate" the protection of mental health in the same framework as the protection of physical health.

By deliberately naming this resource "Guarding" Minds and talking about safety, are you implying that employees are unsafe, or are not protected in the workplace?

Shain: It depends, because some employers guard or protect the psychological safety of their employees better than others. What I can say is that there is no uniform, consistent and comprehensive framework for the protection and preservation of mental health in the workplace. In other words, how managers recruit, select, train and promote employees is often discretionary. And while managers have a disproportionately large role to play in how employee standards are maintained, it is a joint responsibility of everyone, not just managers, to create a psychologically healthy workplace. In many ways, we're talking about the transformation of a culture toward a benchmark of fundamental civility and respectfulness. What it comes down to is emotional intelligence.

So has something changed to make the need to establish standards of psychological safety in Canada more pressing?

Samra: Psychological health [as an issue] has been around for decades, but the notion of psychological safety and protection of psychological health — the notion that workplaces have to care about psychological health — that's new. And it's

"Psychological health [as an issue] has been around for decades, but the notion of psychological safety and protection of psychological health — the notion that workplaces have to care about psychological health — that's new."

Dr. Joti Samra, Consortium for Organizational Mental Healthcare

starting to emerge in case law in Canada, but we don't have any national strategy or standard or legislation or best practice strategies to address it. We're probably about 10 years behind some other countries — most notably the UK, New Zealand and Denmark — who all have some kind of national strategy or standard in place.

Shain: Canadian law is increasingly holding employers and employees accountable to a standard of psychological safety by awarding larger settlements to employees who can now sue their employers for "mental suffering." Before, employees used to simply be able to sue as part of a complaint for unjust dismissal. Now, they can sue or grieve under a separate head of damages that may or may not be part of a suit for unjustly firing someone.

Samra: There is also more willingness on the side of arbitrators not only to compensate the individual, but to look at "systemic remedies" — how the employer can implement broader-based solutions to address whatever is creating a poisonous work environment. As well, legislation has been passed in two provinces, Quebec and Saskatchewan, prohibiting harassment under the Employment Standards Act.

Will this be a hard sell — that is, to get employers to buy into the idea of wanting to make their workplaces psychologically safe?

Samra: No, I don't think it's a hard sell at all. There's a real appetite for people to address these kinds of workplace concerns, but there aren't free resources readily available to help them. Guarding Minds @ Work will be something people can use for free [it's in the public domain], and they can basically implement it on their own, which is a real bonus for a lot of organizations.

Presumably, employers' main motivator will be concern about lost productivity?

Samra: I would say that, for most organizations, there are cost implications that end up being the driving force, whether it's claims, absenteeism, extended benefit rates, conflict between employees at work, high turnover, or low productivity. Increasingly, too, the threat of legal action is in itself also an incentive to act.

What makes Guarding Minds @ Work unique?

Samra: We're not simply providing resource materials. We're very intentionally connecting with the Mental Health Commission of Canada with the hope of informing the development of standards to deal with psychological safety — by consulting with international experts, looking at what other countries are doing, and reviewing the case law and scientific literature to see what direction we need to go in.

How will this site be launched?

Samra: At the IAPA conference, we will have computer stations available for people to try it out. The next year will consist of field trials with workplaces across Canada. We'll pick ideally two to four pilot sites and be available as they walk through each step, so we can find out what's working well, what's not, what other supports they might need.

Who is involved in Guarding Minds @ Work?

Shain: The concept of the project was my brainchild. Over a year ago, I approached Great-West Life Centre for Mental Health in the Workplace, per Mary Ann Baynton, who teamed me up with COMH. Great-West Life Assurance Company has been our funder. There are now four joint owners, myself and three psychologists from Simon Fraser University in BC: Dr. Samra, along with Dr. Merv Gilbert and Dr. Dan Bilsker. Together we have turned the concept into a reality.

Dr. Shain, your Neighbour @ Work Centre is well-established as an organization promoting fairness, civility and respect for the well-being and productivity of the workforce. How does the Neighbour @ Work Centre differ from Guarding Minds @ Work?

Shain: The Neighbour @ Work Centre is my own private business. Guarding Minds @ Work is completely consistent in

mission and philosophy with the Neighbour @ Work Centre. The real difference is that rather than hiring consultants to go into the workplace and implement a program [as we do for the Neighbour @ Work program], Guarding Minds @ Work will give organizations the tools to do this themselves.

Can you give me an example of a workplace issue where a worker's psychological safety is at risk?

Shain: The 2003 case of a woman in Smiths Falls, Ontario who sued for mental suffering is a pretty typical case of what can and often does happen when a worker is put under increasingly stressful conditions and the employer does nothing to prevent what are clear warning signs of trouble to come. In this particular case, the woman was the acting assistant manager at a small branch of a bank. She was someone who had always been well-liked by her colleagues and hard-working. She started being moved from one branch to another, to come in evenings and weekends, and to plead for relief. After the stress continued to multiply, she ended up on a disability leave and then a second leave, during the course of which she was fired. Eventually, she sued and was awarded a small amount — about $15,000 — for mental suffering along with the usual amount for unjust dismissal (16 months' salary plus some other expenses). These days, that amount has catapulted. In BC, in the case of Sulz v. Canada (Attorney General), a female RCMP officer claiming she was harassed by her immediate supervisor was awarded a total of $950,000 in damages — including $125,000 for mental injury, and the rest for lost earnings — after she became clinically depressed, with little hope of full recovery.

How do you maintain some kind of psychologically healthy workplace in times of economic hardship?

Shain: The duty [to provide a psychologically safe workplace] becomes even more poignant in difficult times. Sure, we all have to do more with less. No one's arguing with that. But that has to be tempered with a duty to provide reasonable care for the mental health of people who have to carry out the work. The law is not arguing with the part about doing more with less, but to do it in a way that is the least harmful.

When an organization goes through downsizing or a major organizational shift, two things can happen: "participation failure" and "information failure." Managers and others running the organization forget to involve people in decisions (a failure of consultation) and they don't take time to share information with their staff. They become involved in a chain of events that lead to conflict and workplace disruption.

So are you saying that employers have choices about how to cope in times of hardship?

Shain: Exactly. The law speaks to fairness and reasonableness. When you don't involve people, when you keep them out of the loop, they feel unfairly treated [and abused], and they start to think the worst of others around them. It's that feeling of unfairness that creates a toxic brew, and things tend to spiral out of control quite quickly after that. It's not surprising that people end up feeling resentful when they get left out of decision-making. Information failure is not just a product of hard times. It can happen at any point.

A lot of this seems to be about uncertainty and lack of control, or at least perceived lack of control.

Shain: At the end of the day [in difficult times], there may be nothing we can do — but at least there's a sense that we're all in the same boat.

I've often noticed how people who are competent in the workplace tend to get assigned more work. But that's not illegal, right, that certain employees can be forced to do more than their colleagues and end up burnt-out as a result?

Shain: In a lot of ways, that is what the case with the female bank manager was about. She was essentially being asked to do more and more because she was the one you could ask. Her only fault was she didn't say no, though there is certainly evidence that she pulled back. This kind of thing is on the cusp of illegality simply because it's the breeding ground for more harmful activities — relationship issues, people disagreeing more, yelling at one another — the low legal-threshold-type things that can subtly flourish and blossom into fully conflictual situations that, if you tip the balance a bit, you've got harassment or discrimination.

Can the workplace be psychologically safe if the very nature of the work exposes someone to risk; for example, for front-line workers working in emergency departments or under conditions that might make them susceptible to vicarious trauma or compassion fatigue?

Shain: Employers need to direct their attention to modifiable aspects of their work. In certain jobs, people will come in bloody and wounded, certain things are a given, but hopefully the right people are being hired for that kind of work, people with a certain inoculation [resistance] to that kind of trauma.… But there is a lot of discretion in how workplaces are organized or managed. How we relate to each other as a team and how we support each other as a team can make all the difference.

Diana Ballon is a Toronto writer and editor specializing in mental health issues.

GuardingMinds @ WORK

www.guardingmindsatwork.ca

 By Kendal Bradley

Managing Workplace Stress *in a* Declining Economy

When the economy falls, stress rises. Stressed people tend to neglect their personal health, and chronic high levels of job stress make employees and employers alike more vulnerable to burnout and depression. Suicides and hospital admissions for mental illnesses increase.

Desjardins Financial Security's 2008 survey, "Health is Cool," found that 43 percent of 1,600 respondents reported money problems as their top source of stress. One can only imagine how much higher that percentage must be today, as our economy declines.

In the face of a global economic crisis, organizations must deliver strong business results without compromising their employees' mental health. Dr. Carolyn Dewa, a leading Canadian researcher on work and well-being, estimates that about 8 percent of the working population has a diagnosable mental disorder.[1] If you manage a team of a dozen staff or more, chances are good that at least one will experience mental illness at some point in time.

It takes strong leadership to keep a workplace mental-health-friendly while still performing strongly as a business.[2] In the words of Bill Wilkerson, CEO of the Global Business and Economic Roundtable on Addiction and Mental Health, "The value of a company's people is in their productivity, which decreases when they have to work in an atmosphere of fear, frustration, ambiguity and uncertainty. People will not be productive if you treat them poorly or unfairly."

Healthy employment relations are supported by four interrelated factors: fair decision-making, trust, commitment, communication.[3]

Employees trust leaders who demonstrate their fairness through consistent, predictable, coherent and transparent actions.[4] The perceived presence of workplace fairness and respect are essential to ensuring that employees can transition through this turbulent period with their health intact.

Through workplace benefit plans, employers — not hospitals and not the government — bear most of the costs of supporting and treating employees and family members with mental illness.[5] When the bottom line dictates that costs must be cut, acting to protect employees' mental health makes good sense — both financially and ethically.

As a manager or employer, the power to create and preserve a mentally healthy work environment in times of added stress is in your hands. The following tips will help you reduce workplace stress and increase productivity at the same time.

Kendal Bradley is a program developer with CMHA Ontario.

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WORKPLACE STRESSBUSTERS = LOW COST + HIGH RETURN

COMMUNICATION

BE TRANSPARENT. Let your staff know how the economic downturn is affecting your organization. It is the best way to keep staff productive, healthy and loyal during uncertain times.

ATTEND TO EMPLOYEES WITH FAMILIES. Parents are especially stressed when their employment situation seems insecure. Provide take-home materials for employees that increase their awareness of the family resources and supports available through your organization's employee family assistance program or through community programs and services.

BE AS HONEST AS POSSIBLE. Whether news is good or bad, staff will be grateful for being kept in the loop. Job insecurity is a major source of stress. You can reduce the uncertainties by answering questions as honestly as possible. Productivity drops when employees become consumed with protecting their individual positions.[7]

ENHANCE EMPLOYEES' SENSE OF CONTROL OVER THEIR WORK. Perceived control encourages employees to believe that they have the power to make changes, improve results and better succeed. Employees that feel some control over work scheduling report higher performance ratings, less stress, greater overall well-being and reduced work interference with family life.[7]

AVOID MISUNDERSTANDINGS AND CONFUSION by keeping the lines of one-on-one communication open with each employee. Your workers have complex and multifaceted lives outside of the job, just like you. Changes and stress in one's personal life can affect work and vice versa. If a normally productive employee is not meeting your expectations, ask how you can offer support.

FRAME YOUR FEEDBACK in an honest and respectful way that adds as little stress as possible.[8] Make sure that you are not being perceived as a bully. Receiving negative feedback can be difficult at the best of times.

LET EMPLOYEES KNOW THAT THEY ARE APPRECIATED. Feedback and recognition are essential to performance management. Continuing to provide feedback is important whether or not times are stressful.

PROVIDE OPPORTUNITIES FOR EMPLOYEE ENGAGEMENT, CHOICE AND CONTROL

ENSURE THAT EMPLOYEES WORK WITH YOU, individually or in teams, to create work plans and schedules. Contributing to the planning process can increase employees' sense of control and consequently reduce stress.

PROMOTE STAFF ENGAGEMENT by allowing employees to make some decisions about how they work, and by explaining the impact of their work on the organization. When employees participate in the decision-making process, productivity rises by an estimated 2 to 5 percent.[9] Regardless of the final decisions made, employee resistance to change has been shown to decrease as their sense of personal ownership and understanding of the decision-making process increases.

DISCUSS THE JOB DEMANDS and associated stressors with each employee. It's important to clarify employees' expectations about how they prefer to be managed and the amount of control they would like to have on the job. High demands and minimal control over outcomes often result in feelings of stress and a tendency to interpret their situation as unfair.[10] High levels of perceived control are generally associated with greater job satisfaction, commitment, involvement, performance and motivation alongside reduced emotional distress, physical symptoms and absenteeism.[11]

WALK THE TALK

LEAD BY EXAMPLE. How leaders behave has a strong effect on an organization's climate.[12] Walk the talk: exemplify behaviours and attitudes that promote mental health such as striving to find your own work/life balance, building healthy relationships with colleagues, and taking control and ownership of work outcomes.

KEEP CONNECTED

PRESERVE POSITIVE RELATIONSHIPS. Downsizing and other bad news can drive employees away, end friendships and damage relationships. Reconnect periodically with employees who have been let go to reduce feelings of isolation and to keep the doors open for when you'll be hiring again. If you're uncomfortable with a particular employee, ensure that another manager who has worked with him or her (closely, if possible) follows up. Alternatively, refer the employee to a counsellor or career coach.

FOR ADDITIONAL INFORMATION, VISIT:

www.mentalhealthworks.ca • www.ontario.cmha.ca
www.cmha.ca • www.mooddisorders.on.ca •
www.gwlcentreformentalhealth.com

Q&A

By Mary Ann Baynton

ASK A Mental Health Works Trainer

Q: I know that accommodating employees with mental illness is the right thing to do, but in this economy, how can I afford for someone to give less than 100 percent?

A: One thing that is often misunderstood about accommodation is that it necessarily means doing less work. Many accommodations for employees with depression or anxiety-related disorders actually help them to contribute more than they did before the accommodation and as much or more than the average employee. Mental Health Works has developed an approach to help employees get beyond the obstacles to productivity, which may include lack of clarity, misunderstandings, communication barriers, memory challenges, fears, apprehensions, or difficulty in focus. We work with the individual to create a unique plan that looks at what that person needs to be successful in completing their tasks, what they can commit to doing to help themselves and what is required to address any possible ongoing issues. Further, this process significantly improves the individual's ability to remain productive and to contribute to the organization.

Q: How can I justify to co-workers why someone is getting special treatment? Won't an accommodation create an extra workload for others?

A: Some people, when their illness is acute or when they are first returning to work, may temporarily require an accommodation where they do less work. An employer's responsibility to accommodate them is prescribed under the Canadian Human Rights Code (see www.mentalhealthworks.ca/employers/rights_and_responsibilities.asp for more information). Co-workers, however, may be feeling pressure to take on the burden of doing the rest of the work. We have a few suggestions that may be useful in that situation:

- Engage the co-workers in deciding how the extra work will get done rather than simply delegating.
- Listen to and respond to co-workers who need help in prioritizing or managing their workload.
- Check to see if there are tasks that the co-workers are doing that can either be postponed or dropped.
- Ask the entire team to take on a small part rather than asking one person to do it all.
- See if there are other tasks the individual being accommodated may easily take on to reduce the burden on the co-workers. Sometimes what is easy for the individual may be tasks that others are less than pleased to do.
- Recognize and acknowledge those who take on more work.

Q: How can I protect my employee's confidentiality when dealing with an accommodation for mental health issues?

A: In order to be able to discuss the workplace situation while protecting confidentiality and respecting an individual's right to privacy, we suggest having a conversation with the employee about how they would like to have this handled. Some people prefer to be open about what they are experiencing so that they can develop a working relationship with their colleagues, based on understanding, that allows them to overcome challenges. In these situations, you may explain that there is a medical condition that requires some accommodation, how this will affect the co-workers, and that it would be up to the employee if they wish to discuss their personal situation further with anyone. Others prefer to keep their situation private, especially where they feel people may treat them differently if they disclose. While keeping personal medical information confidential, you can still support the employee to develop answers to questions co-workers might pose, such as "Why can't you do this?" "How are you feeling?" "What did the doctor say?" and so on. For more helpful information, check out www.mentalhealthworks.ca/employers/talking_to_other_staff.asp.

Mary Ann Baynton is the director of Mental Health Works, a program of the Canadian Mental Health Association, Ontario. Mental Health Works trains employers to recognize and respond to mental health issues in the workplace. For more information, visit www.mentalhealthworks.ca.

RESEARCH SNAPSHOT

By Wendy Fields

Workplace Health Promotion

Workplace health promotion programming (WHPP) covers the growing menu of employer-initiated activities designed to promote employee health and wellness. With most adults spending so many of their waking hours at work, the workplace environment is now acknowledged as a key determinant of health.

The 2006 release of *Out of the Shadows at Last*, Canada's first national report on mental health and mental illness (under the leadership of Senator Michael Kirby), brought recognition to the fact that "There is no health without mental health." Mental health — defined as maintaining a positive balance between the social, physical, spiritual, economic and mental aspects of one's life — was shown to be as important as physical health in leading a productive and meaningful life.

The Canadian Mental Health Association, Ontario is no stranger to working collaboratively with the business sector in assisting employers to manage and maintain the mental health of employees — particularly those living with a mental illness. Over the past seven years, the Mental Health Works project has provided training and workshops to numerous employers on how they can accommodate employees with mental illness without unduly impeding the workplace. This first-hand exposure to the impact of workplace environments on the mental health of employees with mental illness sparked CMHA's interest in exploring the current capacity of Canadian organizations to create mentally healthy workplaces for all their employees, and raised the question as to what role CMHA Ontario could play in facilitating this process.

The first step in the program development process was to assess the needs of employers. Extensive reviews of directories of "top employers" in Canada and listings of healthy workplace awards led to the identification of 10 organizations nationwide with apparently successful initiatives for workplace health promotion — initiatives that are comprehensive and replicable. Data collected from environmental scans of these organizations provided CMHA Ontario with a basis for extrapolation.

"We were motivated to understand what these recognized organizations were doing to address mental health promotion as part of their broader WHPP approach," explains Kendal Bradley, program developer at CMHA Ontario. The objective was to learn about the resources and tools that leading organizations have used or would like to have used when developing and implementing workplace mental health promotion programs. Bradley continues, "We were interested in learning about challenges that were encountered during program

With most adults spending so many of their waking hours at work, the workplace environment is now acknowledged as a key determinant of health.

Without a firm ROI, senior executives are generally hesitant to invest the financial and human resources necessary to implement a comprehensive workplace health promotion program.

development and implementation, strategies used to overcome these barriers and, most importantly, current needs in the workplace with respect to mental health promotion."

The people responsible for the daily operations and maintenance of these selected WHPP initiatives were approached individually to be interviewed, with guarantees of anonymity, privacy and confidentiality. Those who agreed were representative of almost every province and spanned the public service, financial, industrial and information technology sectors. The environmental scan included semi-structured telephone interviews conducted with voluntary recruitment techniques, followed by completion of a 16-question online questionnaire.

The findings reported here are based on aggregated data that were transcribed, coded, and then further grouped into general themes, from which conclusions could be drawn.

Overall, respondents indicated the main driver for implementing WHPP in their organization was concern for employee health, which was tied to retaining talent and reducing indirect health costs such as absenteeism and lowered productivity. Respondents further described an "increase in employee health" as not necessarily being about increasing muscle mass or decreasing waistlines, but as empowering employees to live healthier, more fulfilling lives through healthier living habits, and as encouraging involvement in the surrounding community, with accompanying increases in community capacity and cohesion in the work environment. Such a definition of employee health definitely encompasses mental health and goes far beyond past practices, which were focused on protecting employees from physical dangers and hazards in the workplace through health and safety measures.

The majority of respondents indicated that WHPP initiatives within their own organization were generally oriented to one of three categories: physical activity and fitness, mental health, and organizational culture. The most popular types of WHPP identified by respondents were recreation and wellness benefits, followed by mental health and stress management, manager training programs, and employee assistance provider (EAP)–based programming. Biometric clinics, suggestions or opportunities for community involvement, onsite fitness facilities and programming, weight management, cold/flu prevention, employee resource centres and fundraising initiatives were less popular.

Fully half of respondents indicated that "mental health" was specifically targeted through their WHPP, with a primary goal of de-stigmatizing mental illness. This was achieved through educating employees about the facts and myths associated with mental illness and by training managers on how to identify and assist employees who are struggling with mental health issues.

It became readily apparent that the different types of WHPP initiatives revealed in this sample were related to the motivations, goals and management supports distinct to each organization. Respondents indicated that most of the resources available for WHPP planning and implementation were either already in use by the organization (e.g., through an EAP) or were tools or publications acquired at no direct cost from publicly funded sources (e.g., government and not-for-profit agencies). Moreover, many individuals involved with WHPP were forced to split their time between this role and their other job duties (usually in human resources) and to rely on volunteers for assistance. Although all respondents expressed management support of WHPP, this failed to translate into sufficient funds to develop a comprehensive program that could engage employees from varied and diverse populations. Many respondents commented that participants in WHPP were consistently the same 30 to 35 percent of employees.

There are as yet no Canadian benchmarks for workplace mental health promotion. Neither do organizations implementing such initiatives engage in communication and networking. Respondents felt that the exchange of information and resources between similar types of organizations would be beneficial to WHPP initiatives, especially in the context of limited time and funds within each organization for program development.

The challenge most cited by respondents was lack of a proven Canadian business case to show return on investment (ROI) for WHPP. Without a firm ROI, senior executives are generally hesitant to invest the financial and human resources necessary to implement a comprehensive WHPP. The "catch-22" is business plans rely on access to properly collected program data, which requires money and skills to obtain. In reality, it takes an average of three to five years and an assembly of dedicated resources (such as WHPP professionals and qualified epidemiologists) to prepare a business case and demonstrate ROI. This long-term commitment and costly expertise have been significant obstacles to legitimizing and measuring the value of WHPP, even among leading organizations in this field. Some respondents conveyed that WHPP had not yet achieved status and recognition on any par with EAP and occupational health and safety programs.

Most organizations had strategies in place to alleviate some of the pressures and meet challenges associated with WHPP. Despite a general consensus that the greatest support would result from the development of a Canadian business

plan, their most valuable, immediately usable apparatus for the development, implementation and maintenance of a WHPP was the ability to tap into employee volunteers, students or EAP expertise. Making maximum use of a number of readily accessible WHPP resources through government and not-for-profit organizations was also identified as advantageous.

Not surprisingly, when respondents were asked to consider what tools could assist them, there was unanimous agreement that resources to help track and analyze WHPP-related data would be extremely useful. They also spoke of the importance of knowledge transfer. Access to some type of databank housing WHPP information from similar types of organizations could serve as a helpful tool for benchmarking results as well as sharing ideas and experiences.

When asked what respondents would suggest to organizations that are just beginning to implement WHPP, the consensus was to adopt an incremental approach: Start small and build toward a comprehensive program. Numerous health promotion resources that can be readily adopted and implemented have already been developed and are available through government, research and not-for-profit organizations at no cost. There's no need to reinvent the wheel! Respondents also emphasized the importance of looking to employees for programming suggestions, which offers a two-fold benefit. First, it empowers individuals to take control of improving their health; and second, it encourages inclusive programming with a focus on employee needs. Where resources permit, planning, thorough needs assessments, proper data analysis and consistent evaluation (both process and outcome) were also advised as best practices.

CMHA Ontario is forging ahead with the development of a new workplace initiative, appropriately titled "WorksWell." From the needs assessments done, it is clear that organizations are not looking for more resources, but rather a toolkit — one that draws on existing promising practices and will "walk" organizations through the process of creating mentally healthy workplaces. Stay tuned for further updates on the progress of this program-in-development.

For further information on this study and the development of WorksWell, contact Kendal Bradley, Program Developer at CMHA Ontario, at 416-977-5580 ext. 4133 or by e-mail at kbradley@ontario.cmha.ca.

Wendy Fields is a researcher, writer and advocate in the areas of social, health and human rights issues.

CALENDAR

May 2, 2009
On the Frontlines: Family Matters Learning Institute. Presented by Mood Disorders Association of Ontario, Ontario Federation of Community Mental Health and Addiction Programs and Schizophrenia Society of Ontario. MaRS Centre, Toronto, and video simulcast to 13 Ontario cities. www.mooddisorders.on.ca, www.ofcmhap.on.ca, www.schizophrenia.on.ca.

May 2-9, 2009
Children's Mental Health Week. Organized by Children's Mental Health Ontario. www.kidsmentalhealth.ca.

May 4-10, 2009
"Now More Than Ever: Invest in Yourself." Mental Health Week 2009. Canadian Mental Health Association. 613-745-7750, akeay@cmha.ca, www.cmha.ca.

May 14-16, 2009
International Conference on the Use of the Internet in Mental Health. Presented by Douglas Mental Health University Institute, McGill University. Montreal. www.douglas.qc.ca/internet-mental-health.

May 28, 2009
Diversity and Equity in Mental Health/Addiction: From Policy to Practice to Policy Conference. Hong Fook Mental Health Association. 416-493-4242 ext. 2243, mho@hongfook.ca, www.hongfook.ca.

May 28-30, 2009
"The Next 10 Years: Advancing the Vision and Voices of Collaboration." 10th National Conference on Collaborative Mental Health Care. Hamilton, Ontario. www.shared-care.ca.

May 29, 2009
Workplace Mental Health: A Platform for Action. Ontario Hospital Association. Toronto, Ontario. www.oha.com/mentalhealth.

May 31-June 3, 2009
e-Health 2009: Leadership in Action. Presented by COACH and the Canadian Institute for Health Information. Quebec City. www.e-healthconference.com.

June 7-9, 2009
41st Annual Addictions Conference. Presented by Addictions Ontario. Toronto, Ontario. 1-800-965-3307, www.addictionsontario.ca.

July 17-19, 2009
"Into the Light: Transforming Mental Health in Canada." Mental Health Commission of Canada, Vancouver Coastal Health and Simon Fraser University. Vancouver, BC. www.mentalhealthcommission.ca.

September 22-25, 2009
"Recovery: Practicing in Partnership." Psychosocial Rehabilitation Canada 2009 Conference. Thunder Bay, Ontario. www.psrrpscanada.ca.

October 26-28, 2009
Law and Disorder: Creating Momentum for Change. Presented by the Provincial Human Services and Justice Coordinating Committee. Niagara Falls, Ontario. 1-866-306-5714 (toll-free), sally@f2fe.com, www.hsjcc.on.ca.

October 29-30, 2009
"We Can Do It: Evidence and Interventions for Transforming Mental Health in the Workplace. " 4th Annual Canadian Congress for Research on Mental Health and Addiction in the Workplace. Organized by the Centre for Addiction and Mental Health. Toronto, Ontario. www.wwrepcamh.org.

November 2-4, 2009
"Making Gains in Mental Health and Addictions: The Future Is Now." Conference hosted by Addictions Ontario, Canadian Mental Health Association, Ontario, Centre for Addiction and Mental Health, Ontario Association of Patient Councils, Ontario Federation of Community Mental Health and Addiction Programs and Ontario Peer Development Initiative. Toronto, Ontario. www.makinggains.com.

November 5-14, 2009
Rendezvous with Madness Film Festival. Presented by Work Arts, Centre for Addiction and Mental Health. Toronto, Ontario. www.rendezvouswithmadness.ca.

For complete calendar listings, visit www.ontario.cmha.ca/events

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