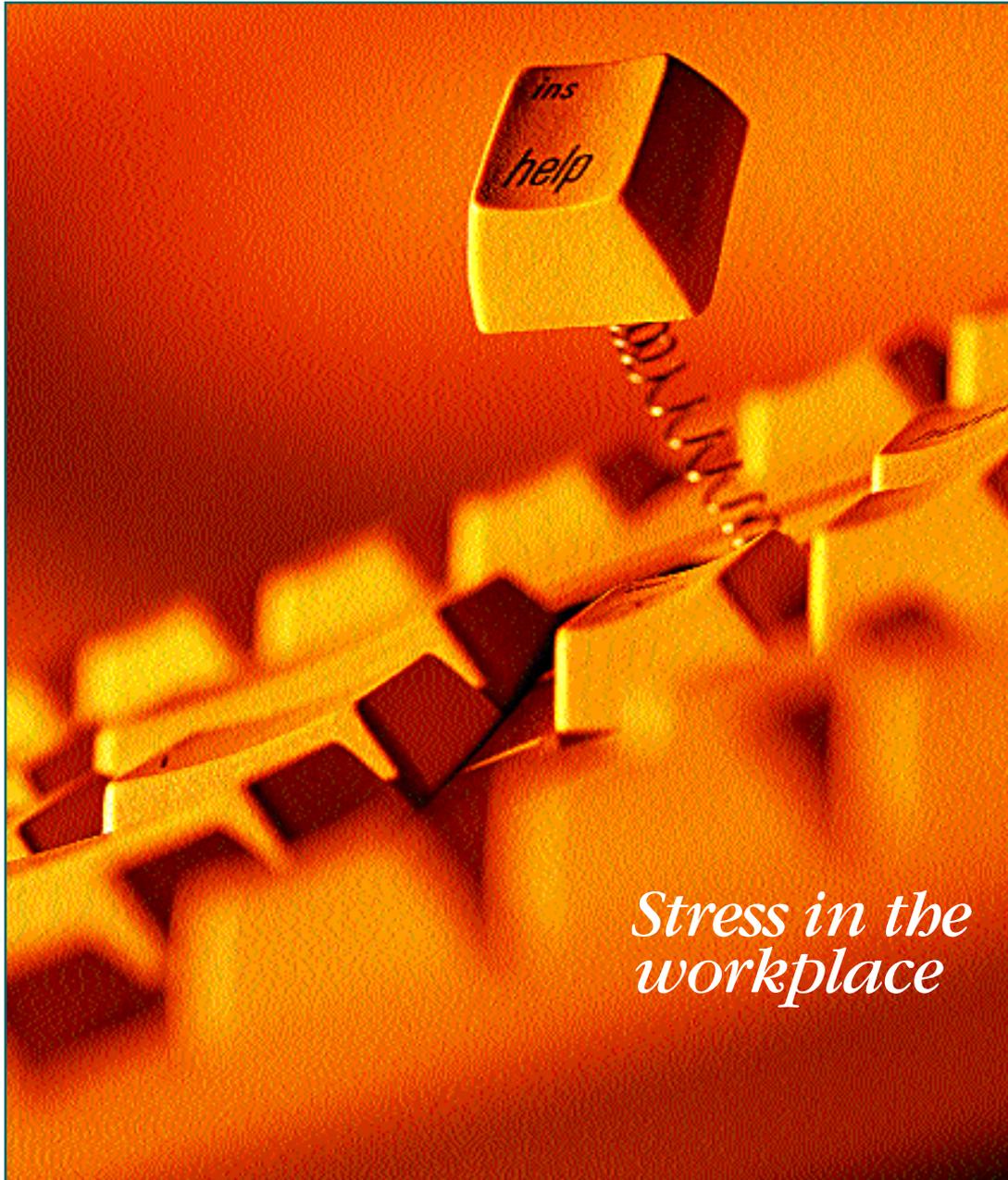


# Network

VOL 15 NO. 3

FALL 1999



*Stress in the  
workplace*



CANADIAN MENTAL  
HEALTH ASSOCIATION  
L'ASSOCIATION CANADIENNE  
POUR LA SANTÉ MENTALE

Ontario Division/Division de l'Ontario

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**Stress: The Face of a Worried Society**

**Investing in Mental Health in the Workplace**

**Mental Health: The Ultimate Productivity Weapon**

# Network

Vol. 15 No. 3 Fall 1999



Ontario Division/Division de l'Ontario

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## OUR MISSION:

*To advocate with and provide programs and services for people with mental disorders, and to enhance, maintain and promote the mental health of all individuals and communities in Ontario.*

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# Investing in People

**T**he cost of mental illness in Canada alone is estimated to represent an astounding \$8 billion a year in lost productivity. Corporations are realizing that they are being hit in the area that they are most vulnerable - the bottom line. And this recognition, this “wake-up call”, could be good news for everyone, not just mental health consumers. As CEOs and managers start to look at the ways in which they need to invest in workers and workplace structures, workplaces have the potential to become much less stressful places for all of us.

This issue of *Network* explores how corporations should be addressing the need to make the workplace more receptive to the needs of mental health consumers. It addresses the fact that mental health illiteracy is a corporate issue. In this new information age, when worker knowledge and full attention are so critical, businesses will only prosper if they invest in their employees, and in a working environment and culture that supports them.

A healthy environment would also ease re-entry into the workplace for mental health consumers. Being part of the workforce has been clearly identified by consumers, government and families as one of the needs noted most often and most emphatically.

Change in the workplace environment to reduce negative stress and enhance the mental health of workers is gaining increased visibility in some elements of the Ontario business community. The Canadian Business and Economic Roundtable on Mental Health has been organized in Toronto with

the objective of disseminating information on the organizational determinants of mental health, and on the link between improving the mental health of employees and enhancing the performance of firms in terms of their revenues and profitability. There have also been articles in the *Globe and Mail* on the adverse effects of negative stress on the mental health of employees and on corporate profitability. *Mindsets, Mental Health: the Ultimate Productivity Weapon*, is a recently published book which describes mental health illiteracy, and why this has become a corporate issue. It was co-authored by Dr. Edgardo Pérez, Chief Executive Officer and Chief of Staff of the Homewood Health Centre in Guelph, Ontario, and Mr. Bill Wilkerson, President of the Canadian Business and Economic Roundtable on Mental Health and Vice-Chairman of the Mayors' National Initiative on World Mental Health Day in Canada. Dr. Pérez and Mr. Wilkerson are Co-Directors of the Homewood Centre for Organizational Health.

It is in the long-term economic interest of employers to take those steps that will lead to social change, and focus on investments that will promote the mental health of all employees. By doing so they will have a profound effect - not only on their workplace but on their community and the families of their workers.



GLENN R. THOMPSON  
Executive Director

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# STRESS: The Face of a Worried Society

IN

the face of unprecedented change, the globe sits on the precipice of what the Harvard School of Public Health describes as a “largely unheralded mental health crisis.” (*Mindsets, Mental Health: The Ultimate Productivity Weapon*, published by Homewood Centre for Organizational Health).

Mental health problems make up over eight percent of the world’s diseases. Depressive and anxiety disorders account for approximately one quarter to one third of visits by individuals to primary care physicians. And mental, neurological and behavioural disorders together make up the single largest cause of years lost to disability and death.

What impact does this have on our economy? In established market economies one quarter of all years lost to disability and injury result from neuropsychiatric conditions. Alcohol-related disease affects an estimated 5 to 10% of our population worldwide. An analysis of a study conducted by the Harvard School of Public Health indicated that the number of work years lost due to neuropsychiatric conditions will increase by 50% by the year 2000. In Canada alone, the cost of mental illness represents an astounding \$8 billion a year in lost productivity. In the words of Tim Price, Chairman, Trilon Financial Corporation and inaugural Chairman of the Canadian Business and Economic Roundtable on Mental Health, “mental illness is a business issue and we simply must know more about it.”

*Mindsets - Mental Health: The Ultimate Productivity Weapon*, written by Dr. Edgardo Pérez and Bill Wilkerson, is “an attempt to create a context in which to consider mental illness and economic performance as a significant public issue in the early 21st Century”. *Mindsets* explores a world that has changed from an industrial age to an information age. From an age when machines ruled people and where business capital was invested in “things” to an age where businesses will only prosper if they invest in people. Health - physical, mental, emotional - has now become a very necessary business strategy. The following interview with Dr. Pérez explores some of the issues raised in *Mindsets*.



# Investing in Mental Health in the Workplace

***Dr. Pérez, could we start off by talking about why mental health illiteracy is a corporate issue?***

DR. PÉREZ: Many of the jobs that are now being created are related to knowledge - we are in a knowledge-based economy. Employees need to be able to use their minds more effectively, and in order to do that they need to be in a good emotional state. Here at the Homewood Health Centre we see many people with depression, and usually that depression has been precipitated by incidents related to the workplace. Frequently, this is because supervisors and managers are not able to identify early on that somebody may be suffering from a depression or other mental disorder which in turn is impacting their performance at work. In the same way that supervisors are able to recognize that working conditions may not be safe in a physical sense, they must also be able to recognize a working environment that is not "safe" as far as mental health and emotional well-being is concerned. Another major reason why mental health illiteracy should be a corporate concern is because of the impact it has economically on a company's bottom line. When employees' mental health is affected by their working environment then there is reduced productivity, increased absenteeism, etc. If we intervene early on, if we reduce illiteracy in the corporation, then we know that the productivity and financial well-being of the company will be improved.

***So part of addressing the issue of mental health illiteracy is for corporations to provide a healthy working environment for their employees?***

DR. PÉREZ: Yes, there are two major elements that are important. One is the culture of the organization and the other is the early recognition of emotional disorders which would have an impact on the ability of an individual to be productive. Both are essential elements that need to be in place in an organization.

***What are some of the elements that facilitate good mental health for employees within an organization?***

DR. PÉREZ: One of the things that facilitates good mental health is re-assessing the culture of the organization to determine how managers and supervisors are doing their job. To what extent do they provide a degree of fairness in the way they manage? To what extent do they listen to others? To what extent do they enable others to do their job? One of the ways that employees can be helped to do their job is to define what that job is. When jobs are not defined it leads to confusion and mixed perceptions as to what an employee should and shouldn't do which in turn creates anxiety for that employee. The cases we have here at the Homewood Health Centre are related to that. An employee doesn't know what expectations the employer has of him and that leads to anxiety and in turn to depression.

***In your book you talk about "effective corporate interventions" can you explain what these would be?***

DR. PÉREZ: Effective corporate interventions include looking at management practices and ensuring that supervisors are equipped with techniques on how to deal with conflict, solutions, mediation. Another important element is for the employee to have a good understanding of the goals of the organization that they work for. To

have as much openness as possible in the organization as to how resources are utilized; systems that are fair with regard to human resources: hiring practices, promotion practices, etc. And you need mechanisms to compensate people according to the job that they do. In the private sector incentive plans have been found to be quite helpful as a corporate intervention. Another important intervention is that of early identification of problems. In the area of mental health that means that there is a need to educate supervisors and managers so that they are able to understand mental illnesses and to recognize them early on and to understand the tie-in that has to productivity. If there is a good working relationship between the supervisors and managers and their staff, then it will be a lot easier to raise this issue. If there is a strained relationship between the supervisor and staff members, then it will be very difficult.

***Are you seeing corporations make a radical change in these directions or is it taking place slowly?***

DR. PÉREZ: It's slowly taking place. Some of the companies in the information technology field are beginning to do some of these things, and other Canadian companies are moving towards that direction, but it is very slow. Corporations are having difficulties in seeing the return on this kind of investment, but when they have difficulty in retaining employees, there begins to be the realization that they have to start investing in change.

***Are you currently working with any corporations?***

DR. PÉREZ: Part of what we do here at the Centre for Organizational Health includes working with corporations. I did something for the Conference Board of Canada and have also done some presentations to the City of Guelph, as well as presentations in Winnipeg to executives in the insurance industry and the health sector so we are starting to create this awareness. And that's the first step. It's not an easy task because people have to have evidence, but now that we do have evidence it's a matter of putting it all together in very simple terms that people can understand.

# Investing in Mental Health in the Workplace

Continued from page 7

## **What initiatives are you involved in at the moment Dr. Pérez, and are there ways that other people can become involved with you in this area?**

DR. PÉREZ: One area that I want the Centre to do more work in is working specifically with employers in the early identification of depression. This would be a good area for the Canadian Mental Health Association to work with us as I know they have done work in this area in the past. What I would like to do is go beyond just giving a lecture and really work with a corporation in setting up systems. Things such as a number that an employee could call and through an interactive program answer questions privately. The program would then tell them, for instance, that their answers indicate that they might have a mild or moderate depression and then advise them of the next step they should take. This would be a very concrete type of initiative. "Stress" and "emotional well-being" can sometimes be rather vague terms whereas people can identify more with depression.

## **Stress has become almost an overused word in our society today. When does stress cross over that fine borderline into depression?**

DR. PÉREZ: Some people may have a biological tendency to develop depression, but your question is right on target. We have a population of workers that are continually stressed and one of the major concerns is that this underlying kind of depression, that is there all the time, may have a more detrimental effect than having one major episode for which you get treatment and then move on. We know now that even low dosages of anti-depressant may help people who have a minor depression, but it needs to be recognized early on. Right now we are saying that there is close to 6 to 7% of the population who may have a major depression at any point in time, but this minor depression could be quite rampant. You

could have 15% of the working force, or maybe even more, who may have elements of a minor depression that has not been detected, even by the family doctor.

## **What are you working on now? I see that Mindsets is the first of two parts, what will the second part be about?**

DR. PÉREZ: We would like to do a more practical approach. I would like to find some Canadian companies that are beginning to do more of these things and study them. The Canadian National Quality Award have set up an Award for Wellness in the Workplace and this award covers some of the areas we have been talking about which is very encouraging.

*Dr. Edgardo Pérez is Chief Executive Officer and Medical Chief of Staff of the Homewood Health Centre in Guelph, Ontario. He is also Co-Director of the Centre for Organizational Health at Riverslea, CEO of the Homewood Behavioural Health Corporation and Vice-President of the Homewood Corporation.*

*Dr. Pérez is a graduate of Cornell University; the State University of New York Health Science Centre; Harvard University and the University of Ottawa Medical School. He is a professor of psychiatry at the University of Ottawa and McMaster University, as well as professor of both psychiatry and health administration at the University of Toronto. Dr. Pérez is also a surveyor, consultant and trainer for the Canadian Council on Health Services Accreditation, an organization that focuses on developing standards and assessing the quality of healthcare.*

**The fact is that human assets, like machines and equipment, must be maintained, supported and generally kept up. In the case of human beings, the process of doing so is complex and unique, yet the principle is the same.**

MINDSETS

# Investing in Mental Health in the Workplace

## *What Determines a Healthy Workplace?*

*The following edited excerpt is taken from Mindsets with the permission of the authors.*

**W**orkplace determinants of health is a topic of deep interest to Dr. Len Sperry, Professor of Psychiatry at the Medical College of Wisconsin and a consultant to Fortune 500 corporations on management issues. He is the author of a book called *Psychiatric Consultation in the Workplace*, and believes that corporations can have dysfunctional cultures. Like people, he says, there is such a thing as a 'Type-A' organization.

Dr. Sperry believes effective management can prevent disability. Improved health status of employees, as a measurable component of the productive company, is key to this mode of thinking.

In Western culture, one's work is central to identity, and is tied to experiences outside the job. Dr. Sperry compares organizations in a time when they were less troubled, jobs more secure and employment lifelong - to those of today, when some 35% of all middle management jobs in the United States have been eliminated, producing greater insecurity and uncertainty among working people.

Uncertainty in the workplace triggers greater instability at home, greater distress, grief and emotional trauma. The business community has responded by offering crisis counselling services, employee assistance plans and other support measures to manage the emotional effects of today's environment.

Stress, anxiety and depression diminish productivity and cost U.S. corporations \$8,000 per person per year, not to mention the dollar and productivity effects of sick leave.

Stress disability claims have increased dramatically and will lead all other work disability claims in the 1990's. Pressures on workers - and thus on their health - continue to build.

Dr. Sperry calls for comprehensive "population health" studies of American corporations to understand stress-related disorders and other sources of mental and physical distress and the conditions at work that cause them.

He also calls for an integration of primary health care and mental health services, and he believes an early warning system can be built into corporations that are becoming vulnerable to dysfunction.

Dr. Sperry says organizations have much in common with living organisms. "The health of the company bears heavily on the individual's prospects for sustainable levels of productive and functional health."

He suggests that just as living organisms can become diseased and dysfunctional, so too can organizations. Thus the importance of research into the kind of change that organizations are facing and how early diagnosis can identify dangerous trends that lead to distrust, emotional disorders and reduced productivity of workers in those organizations.

In this light, the kind of environment that will be viewed as healthy in the post-deficit era will recognize the importance of fulfillment at work, flexible work hours, opportunities for personal growth, reduced social and economic distinctions between management and other employees, clear rights to due process, information and free speech inside the workplace, the right to confront those in authority, and the right to be part of the family/team.

These kinds of "interventions to reduce stress and improve employee wellness" represent what the Ontario Institute for Work and Health describes as "workplace determinants" of human health.

# Removing the Barriers

“**D**espite evidence confirming the value of employment in promoting and maintaining mental health, efforts aimed at work integration of mental health consumers have met with limited success.” This statement introduces *Influences on the Process of Work Integration: The Consumer Perspective*, a paper produced by Bonnie Kirsh, University of Toronto, published in the Canadian Journal of Community Mental Health Vol. 15 No. 1, Spring 1996. Using qualitative research methods, the study explores factors which facilitate workplace reintegration as perceived by consumers of the mental health system. The following is an edited extract from Ms. Kirsh’s paper. The complete transcript is available for purchase through the Canadian Journal of Community Mental Health, Wilfrid Laurier University Press, Wilfrid Laurier University, Waterloo, Ontario N2L 3C5. Four primary themes emerged from the analysis of the data obtained for this paper.

## **1. THE IMPORTANCE OF RECOGNIZING THE MIND-BODY CONNECTION**

The interview material revealed the importance placed not only on mental health in terms of minimization of pathology, as it has been traditionally defined, but on the interconnection between mind and body and the ability to nurture

oneself in both of these arenas as important influences on engagement in the world of work. This theme contains the following key elements:

- a. The significance of physical health and well being.
- b. The role of medication.
- c. The importance of self awareness and ability to identify personal needs.
- d. The impact of meaningful activity on the process of work reintegration.

## **2. THE RELATIONSHIP OF PERSONAL EMPOWERMENT TO WORK REINTEGRATION**

The second theme examines power and control as they relate to employability. Personal empowerment as a process which must be experienced includes a sense of increased control and influence in day-to-day life and community participation (Kieffer, 1984). These findings are reflected in the key elements which constitute this theme:

- a. A sense of control over the illness.
- b. The dynamic interplay between empowerment, motivation and goal development.

*INCREASED EMPLOYMENT FOR MENTAL HEALTH CONSUMERS IS A PRIORITY WHICH HAS BEEN CLEARLY IDENTIFIED BY CONSUMERS, GOVERNMENT, AND FAMILIES. A QUALITATIVE STUDY BY LORD, SCHNARR, AND HUTCHISON (1987) FOCUSING ON COMMUNITY NEEDS OF MENTAL HEALTH CONSUMERS REVEALED THAT EMPLOYMENT WAS THE ONE NEED NOTED MOST OFTEN AND MOST EMPHATICALLY.*

### 3. THE NEED FOR SKILLS AND SUPPORTS

A variety of empirical studies have shown the need to combine skill development and support interventions to improve stability in community living. Clearly, skills and supports (with an emphasis on supports) were seen to be necessary to effectively equip oneself for the stresses and responsibilities of work. This theme encompasses the following key elements:

- a. The development and generalization of life skills.
- b. The significance of emotional, instrumental, and informational support.

### 4. THE RELATIONSHIP OF THE WORK ENVIRONMENT TO THE OUTCOME OF WORK REINTEGRATION

The impact of organizational culture on productivity has been well documented (James, Joyce, & Slocum, 1988). Limited information on workplace culture as it affects persons with disabilities points to the degree of “fit” between the individual and the culture of the workplace as a determining factor in successful employment (Ochocka et al., 1994). Analysis of the interview material supports the relationship between the work environment and effective integration into the workplace. Both structural and psychosocial components of the work environment were said to be of importance. These are the key elements:

- a. Structural characteristics of the job and the workplace.
- b. The psychosocial climate and culture of the workplace.

**THE FOLLOWING INTERVIEW, CONDUCTED WITH BONNIE KIRSH, INCLUDES QUOTES FROM CONSUMERS SHE INTERVIEWED AND WHICH ARE INCLUDED IN HER FINAL PAPER.**

*In your paper you talk about the need to match the characteristics of the individual with the characteristics of the organization.*

BONNIE KIRSH: Yes, and that’s actually the focus of my subsequent research.

*How would someone going for a job interview judge whether that organization does have a climate that will be compatible for them - how do they assess the climate?*

BONNIE KIRSH: That’s the tricky part. My mission was to look at whether the work climate really does make a big difference, and indeed it does seem to. That seems to be the major difference between groups of consumers who are working and those who are not. Those who left their jobs because of an unsuccessful experience attributed it to an unhealthy work climate, or a climate that did not accommodate their needs. The climate of an organization does make a difference: the ways of determining that climate are yet to be figured out. Certainly consumers and counsellors need to get into different organizations and do some research around their

*ORGANIZATIONAL CLIMATE IS A CRITICAL FACTOR IN DETERMINING THE SUCCESSFUL INTEGRATION OF WORKERS WITH DISABILITIES. WILGOSH (1990) EMPHASIZED THAT JOB SUCCESS CAN BE MAXIMIZED IF THE CHARACTERISTICS OF THE INDIVIDUAL ARE MATCHED TO THOSE OF THE ORGANIZATION, OR CONVERSELY, IF THE CLIMATE IS MODIFIED TO INCREASE RECEPTIVITY TO WORKERS WITH MENTAL DISABILITIES.*

values. Sometimes you can glean that information from the materials that corporations publish - but not always. Finding out that information is

*Bonnie Kirsh, Ph.D., is Senior Tutor, Department of Occupational Therapy, University of Toronto.*

### STATISTICS

20 - 25% of persons discharged from psychiatric hospitals are engaged in work activity. (Anthony, Buell, Sharratt, & Altoff, 1972; Anthony, Cohen & Vitalo, 1978; Anthony & Dion, 1986).

Of 69,000 individuals with mental disorders surveyed, only 17,000 or approximately 25% were employed (Canadian Health and Disability Survey, Statistics Canada, 1984).

Compared to other forms of disability, psychiatric disorders have had the lowest success rates of vocational rehabilitation (McCue & Katz-Garris, 1983).

# Removing the Barriers

Continued from page 11

not my area of expertise but I do believe we need to work out with people in the field what they need because the fact is that it does make a difference and we need to be considering the environment much more than we are. When we find a job placement for a consumer we need to be sure that it is a good match in terms of personal and environmental values. We need to be paying more attention to that potential fit.

***I really liked the comment made by one of the people you interviewed when you talked about the need to make the workplace more receptive to mental health consumers: "to make the workplace more workable, more humane for people like us is making it more humane, more workable for people, period. Let's build in ramps for everybody."***

BONNIE KIRSH: Absolutely. When you look at the organizational behaviour literature and look at ***"WORKING FEELS GREAT. TO BE BACK AT WORK IS EVERYTHING, BECAUSE I'M INDEPENDENT AGAIN, LOOKING AFTER MYSELF, MOTIVATING ME AND GIVING ME A CHANCE TO FEEL THAT I HAVE POWER AGAIN...."*** the emphasis that is placed on, for example, the supervisory relationship and the impact that it can have on productivity and on tenure in the workplace, you realize that organizational behaviourists have

incorporated this into their work and yet it hasn't trickled down to the day to day vocational counselling and planning for people with mental health problems. These issues are not emphasized in the same way.

***How do you see the move by corporations to go to more contract and part time positions. Does this create more stress?***

BONNIE KIRSH: Well there is the side of the coin where we see this is creating stress for many Canadian workers, but there is also the other side

of the coin. Along with contract positions, part time and short term positions comes a great deal of flexibility. Which is a plus. And that flexibility is a major issue, a major determinant of the fit. The ability to work on a project for a short term and be able to determine their own hours and the ways in which they are going to divide up their hours - perhaps work very hard when they are feeling well and do a little bit less when they are not feeling quite as well - could actually be a bonus for people who are struggling to maintain consistency in the workplace.

***So it could be better than a very structured 9 - 5 working day?***

BONNIE KIRSH: Well again, it's not for everybody but there are people who could truly benefit from the flexibility that it offers. I think one of the things that consumers face is the difficulty balancing challenge and predictability. So many consumers have said to me that they really would like to fulfil their potential and take on new challenges but they are frightened that this will place undue stress on them and exacerbate their illness. Rather than simply finding people jobs, we need jobs that have that balance, that have the challenge that people are looking for, but moderated by the predictability that's going to operate as a safety zone.

***One of the people you interviewed said that "just realizing my energy is a little low today...I shut the door for a little while..." Are the mental health days that some corporations are putting into effect a way of "shutting the door for a little while" for consumers who feel overwhelmed at times in the workplace?***

BONNIE KIRSH: I think that is one strategy, but I think that what

***"THERE ARE VERY FEW PEOPLE WHO COME UP TO YOU AT THE END OF A REALLY DIFFICULT DAY...AND SAY DON, GOOD WORK. AND THAT LITTLE PIECE OF INFORMATION JUST CARRIES ME ON FOR AT LEAST A WEEK. I JUST FEED ON IT."***

***"I ASSUMED THAT MY SO-CALLED ILLNESS WOULD INTERFERE FOR THE REST OF MY LIFE...THE MOST HELPFUL THING FOR ME HAS BEEN REALIZING THAT I'M NOT CHRONICALLY ILL AND THAT I'M A SURVIVOR. BECAUSE OTHERWISE YOU THINK THAT YOU'RE PRESENTING AN EMPLOYER WITH A DEFECTIVE PRODUCT...."***

really needs to be done is to sit down with the individual and figure out how their set of needs can best be accommodated. Some people will very much appreciate the flexibility offered by a mental health day. Other people would like to know that they could juggle their duties - still come to work but perhaps perform tasks that may not involve such intense levels of concentration as they normally do. So again the freedom to discuss these issues, to accommodate needs I think lies at the core of many of these issues. There are a

number of provisions being proposed but until the workplace is made stigma free, so that consumers can discuss their needs, the solutions will work for some people but not others.

*“I WENT TO MY SUPERVISOR AND SAID...I HAVE AN ILLNESS...I NEED ALL THE CONCENTRATION I CAN GET AND ANY DISTRACTION IS NOT GOING TO HELP ME...SO I LET HIM KNOW AND HE WAS A LITTLE MORE SENSITIVE TO MY NEEDS...AND OTHERS ARE GLAD THAT I ASSERTED MYSELF BECAUSE IT’S AFFECTING THEM AS WELL.”*

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## Work Adjustment and Employment Support Program, Centre for Addiction and Mental Health

**T**he Work Adjustment and Employment Support Program works with people who have experienced a serious mental health problem, and who may have been out of the mainstream workforce for a number of years, but now want to return to work. The program offers consumers an opportunity to “ease back” into the workforce in the particular area in which they have had previous work experience, or in a new area that they are interested in exploring. The program works with employers in the Toronto area who offer placement sites for people to work in a specific area, on a volunteer basis, for at least three half days a week. It provides consumers with much needed recent work experience. Working with a counsellor at the Work Adjustment and Employment Support office, program participants look at their goals, how they can be achieved and examine the need for additional skill training. The consumer, counsellor and employer meet regularly to discuss the volunteer placement and work performance. Wendy Nailer, the Program Director, says there has definitely been an increase in the amount of interest expressed in this program by corporations. They are familiar with the idea of internship and volunteerism, and the need to provide a good working experience - not just

having volunteers do the jobs that nobody else wants.

Are there enough of these types of programs?

According to Wendy Nailer the answer is no.

“People need a variety of work options and there just aren’t enough. We ourselves have a waiting list of four to five months just for intake, and that’s not good. Consumer/Survivor businesses also have long waiting lists. Options need to be expanded so that people who want to get back to work can do so more quickly. Part of the challenge for programs like this is the fact that the workplace has changed tremendously in the last few years.

We have to let people know how it’s changing and let them know what the expectations are”, says Ms. Nailer.

“There are demands for better communication and technical skills, for being a team player, greater flexibility, the ability to deal with change and so on. I think if companies are starting to pay more attention to what people like Dr. Pérez are saying about mental health being the ultimate productivity weapon then there will be more sensitivity, more understanding, less stigma, and it will be easier for people with mental health problems to get accommodations in the workplace.”

# Employee Assistance Programs

*The CMHA, Windsor-Essex County Branch, has been providing employee assistance programs - EAP services - and work place health services for 15 years. At this point in time the program provides service to approximately 8,500 employees in the Essex, Kent and Lambton counties which cover Sarnia, Chatham and Windsor. Partnerships are being encouraged with the other Branches in Ontario, and discussions have taken place with the provincial division in British Columbia.*

*The program started through some work that CMHA did with the former Addiction Research Foundation and the Windsor-Essex Public Health Unit in terms of looking at workplace wellness and also doing workplace health assessment. Three years ago a partnership was developed with Greenshield Canada (an insurance company) who have their head office in Windsor. The program offers organizations a very broad range of both preventative and reactive services from over 25 different health promotion workshops right through to clinical intervention and counselling, a 24-hour crisis line, management consultation on labour management issues, and critical incidents stress de-briefing. Thom Morris is the Manager of the EAP Program, CMHA, Windsor-Essex County Branch.*

## ***What typically are the types of problems you are seeing with employees? What is causing their stress?***

THOM MORRIS: I have a pie chart of presenting problems over the last two years and I think it's pretty consistent with what we see generally in the industry. 45% of all of the presenting problems that we handled over the last few years addressed marital and family issues. That might sound odd when you are looking at a workplace health issue, but it's not really because a lot of people, if they do have a workplace health issue or a workplace stressor, a lot of times will not display any kind of symptomology in the workplace but will take it home where it's a safer environment. And then it turns into a marital dispute or some difficulties with parenting and so on. Depression and anxiety account for 38% of the

problems we deal with and addictions (drugs, alcohol or gambling) is actually quite low at 2%. Actual workplace related issues account for 6% and this could be related to downsizing, a labour management dispute or a personality conflict between an employee and a supervisor. One area that we've seen growth in is that of parent care giving which over the last four years has gone from 1% to 5%.

## ***What does that cover?***

THOM MORRIS: It's where the 30 - 50 year old employees have older parents that are not ready to go into a care facility but need some kind of supervision. So you are dealing with care giver stress, placement issues, those kinds of things.

## ***When you work with organizations, the management, are you working***

***with them to help build a healthy working environment?***

THOM MORRIS: Absolutely. The organizations that call on us to do that kind of consultation are the ones that have a very healthy mindset in terms of workplace wellness. They are normally very participatory and involve the frontline staff in the decision making process. When they see problems arising they are willing to go through a process to try to address the issues and have everyone be part of the solution. We will go in and help with that process, and help them deal with change, negativism and stress management in the workplace.

***Are employers becoming more sensitive to stress in the workplace and is there more emphasis now on valuing people?***

THOM MORRIS: Yes, definitely. I think everyone realizes that stress is real in the workplace and that it has a negative consequence if it is not addressed. The workplaces that are providing services to address stress related illnesses are the ones that are having a better experience with their short term disability, achieving higher productivity and reducing long-term disability (LTD) claims. I think most organizations who partner with an EAP supplier quickly realize the benefits and this results in a long term relationship. I monitor a lot of periodicals and quarterlies from insurance companies, human resource magazines etc., and there is well documented research in terms of the shift organizations have made towards supporting the bio-psychosocial wellness of employees and what they can do to reduce short term disability, increase productivity and address stress related compensation and LTD claims. A lot of that research has driven a large percentage of organizations over the last 15 years to really take a look at workplace wellness and EAP programs as well as other health promotion initiatives. One of the biggest things we stress when called upon to talk about EAP is that an EAP program is not going to cause a significant change in productivity or short term absenteeism unless it is coupled with an appropriate type of management style in the

workplace. A style that brings about an environment where staff can go and speak to a supervisor, where there is a relatively healthy relationship between front line staff and the various management levels in the organization. Good communication, a good milieu that supports wellness. Those kinds of things. Then you see a real benefit. Having said that, there is still a significant organizational benefit in supporting employees that are experiencing stress and other mental health related illness through an EAP program even if that supporting management environment is not there. Even if a workplace has a rather autocratic management style, an EAP program can provide their employees an opportunity to resolve some of their issues and keep them at work.

***There's a real bottom line economic consequence now to an organization which is not looking at doing some of these things isn't there?***

THOM MORRIS: Yes, you need only look at some of the penalties and replacement costs for short term disability for employees who have psychological or psychosocial problems. It's expensive. The long term disability costs for insurance companies have taken a large increase over the last 10 years so there is a very real cost factor to be considered.

***Is there less stigma in the workplace towards those who have a mental illness?***

THOM MORRIS: There will always be stigma and it's one of the CMHA's major roles in our community to work on reducing that stigma. Even with EAP we've had some employees say that they didn't want to come into the CMHA office for counselling - that's stigma. We do have other options such as our affiliate clinicians who are off-site and, if someone really has a problem, we give them that option. But yes, the stigma is still there in some places but the more we come out with public service announcements and special programs like employee assistance, the more we will reduce that stigma and normalize stress and mental health in our community.

# Consumer/Survivor Development Initiative

**T**he Consumer/Survivor Development Initiative (C.S.D.I.) began operation in the late spring of 1991 when the Ministry of Health announced that \$3.1 million of Anti-recession Program funding was to be committed to a special project of the former Community Mental Health Branch (C.M.H.B.). The C.S.D.I. is a project designed to tap the skills, knowledge and commitment of people with direct experience in the mental health service system, "consumer/survivors". In line with policy recommendations from reports such as *Towards a Shared Direction for Health in Ontario* (Evans, 1987), and specific mental health reports such as *Building Community Support for People* (Graham, 1988), the initiative was intended to focus on directly supporting people who use services to develop new programs and gain new skills. The underlying belief was that consumer/survivors could, if given the tools, play an important role in both supporting themselves and working to make the provision of mental health services and supports more effective and accountable.

A proposal call was sent to over six hundred contacts representing community mental health programs, addictions programs and consumer/survivor organizations across Ontario. A team of six people were assembled to become the C.S.D.I. staff team. Three members of the initial team had direct experience with the mental health system.

Currently, the C.S.D.I. provides on-going support to mental health consumer/survivor groups across the province, both provincially based organizations and those that operate locally or regionally. Organizations sponsored by the C.S.D.I. work in one or more of the following areas of focus:

- developing and maintaining self-help groups and offering peer support;
- developing and operating small community-based businesses;

*"We have a level of understanding and acceptance in the workplace now for those who have physical handicaps. To attain that same level of understanding and acceptance for those who have mental disabilities it is necessary to demystify it. To face the fears, the assumptions and the pre-judgments. A few years ago, when it looked like the former government was going to endorse employment equity, I was involved with an organization which was looking at how they could best incorporate employment equity within their organization. We sat down and said what kind of accommodations do we need to make for people in the workplace? Some of the common ones were ramps, the location of bulletin boards etc. Then we started to name some accommodations that we thought would apply to people who had a psychiatric history and what we found, as time went on, was that there were very few that we could actually say were accommodations that belonged exclusively to people with a mental health background."*

**MARNIE SHEPHERD, COORDINATOR**  
CONSUMER/SURVIVOR DEVELOPMENT INITIATIVE

- providing education, sensitization and training to the public and mental health professionals;
- advocating for better mental health and related social services;
- providing opportunities for skills development by consumer/survivors;
- creating and distributing resources based on the knowledge of consumer/survivors;
- pursuing artistic and cultural activities.

# Reducing the Barriers to Employment

**T**he following is extracted from the **Restoration of the Social Safety Net and Reduction of Barriers to Employment for Persons with Mental Health Illness, a document produced by the CMHA, Ontario Division dated June 1999.**

## THE POTENTIAL OF EMPLOYERS TO ASSIST PERSONS WITH MENTAL ILLNESS

The rapid erosion of the social safety net in Ontario that has occurred in the 1990s raises the question of what is the potential for groups outside government to compensate for the diminishing role of government in assisting those who are most vulnerable in society, including persons with mental disabilities. This section of the paper discusses the potential of one of the most important non-governmental groups, namely employers, in assisting persons with mental illness or disabilities.

For the first three decades after World War Two, relatively little thought was given by employers to human resource management (HRM) practices in Canada generally, and in Ontario in particular. By and large business was good, employment was steady, and the prevailing practices to industrial relations and personnel administration were perceived as effectively balancing the interests of employers, employees, and society within the context of an expanding social safety net. Up to the mid 1970s, the principal alternative human resource strategies followed by employers were two-fold: first, the "industrial" or blue-collar model (typically, though not exclusively, applied to unionized settings), under which employers had considerable flexibility to determine the size of their work force, but much less flexibility to determine how work was organized and assigned; second, the "salaried" model, under which employers had greater flexibility to organize and assign work, but less flexibility to decide on the total complement of employees.

Over the past quarter century since the mid 1970s however, the environment for the Canadian economy has become much less favourable than it was in the previous three decades. The secular trend of over-all economic performance has deteriorated. Productivity and income growth slowed down considerably in the second half of

the 1970s, and even more in the 1980s and 1990s. The secular trend has been for unemployment rates, inequality of earnings, and general economic insecurity to go up. Business competition has intensified, particularly with the significantly increasing globalisation of markets, creating immense pressures on employers to reduce costs and/or to improve the quality of their products and services. Furthermore, the revolution in information technology over the past quarter century has dramatically altered the production process, and with it traditional notions of hierarchy, skills, and efficiency.

Within the context of global competition and the information technology revolution, many Canadian and Ontario employers over the past quarter century have increasingly perceived the need for dramatic changes in their human resource strategies in order to achieve greater entrepreneurial flexibility and maintain or enhance their key objective, namely profitability. Broadly speaking, two main alternative and competing HRM strategies have emerged in the 1980s and especially the 1990s: first, the "low labour-cost" path where employers focus on cutting costs, through increased readiness to downsize, to introduce new labour-saving technology, and to rely on non-standard employment (defined here as consisting of part-time employment, short-tenure full-time employment, and independent contracting); second, the "high performance" path where employers focus on increasing revenues rather than cutting costs through the development of a more skilled, motivated and healthy workforce which will contribute to innovation and better quality products and services.

The potential for employers to assist persons with mental disabilities is clearly different, depending on whether the employer is essentially following a "low labour cost" or a "high performance" HRM strategy. On the one hand, employers that adopt a "low labour cost" strategy place a low priority on human resources based on a low level of commitment between them and their workers. Such employers are very unlikely to have much potential to assist workers with mental disabilities, tending to see them as having a high

*The potential for employers to assist persons with mental disabilities is clearly different, depending on whether the employer is essentially following a "low labour cost" or a "high performance" HRM strategy.*

risk of imposing additional costs through absenteeism and lower productivity. On the other hand, employers that adopt a “high performance” HRM strategy are considerably more likely to focus on ways in which the culture of their firm might be changed in order to reduce negative stress and enhance the mental health of their workers, to the extent that they are convinced that enhancing the health of their workers will generate increased productivity, revenues and profits. However, given the high level of competition in today’s market place, even employers that follow a “high performance” HRM strategy are more likely to limit their focus to changes that they can make in the workplace environment which reduce stress and enhance the mental health of their existing workers. They may shy away from the perceived higher cost of

changes which reduce barriers to access for the large number of persons with mental illness who are currently not in the labour force.

Maximizing the potential role that employers can play in promoting worker mental health under a high-performance HRM model will require a commitment to social change. Reform will simply not occur unless employers, together with workers and unions, are prepared to rethink and reshape long standing, often adversarial, roles and responsibilities.

Social change is not easy. It involves taking risks and changing attitudes. However, a strong case can be made that it is in the long-term economic interest of employers, as well as the interest of workers, to focus on investments which promote the mental health of employees.

*Maximizing the potential role that employers can play in promoting worker mental health under a high-performance HRM model will require a commitment to social change.*

## Consumer Survivors Become Entrepreneurs

Able Enterprises in Simcoe is an example of a consumer survivor business. Now in its twentieth year, there have been many different initiatives tried, all of which have been directed to giving people an earning capacity. Mary Taylor, Executive Director, believes that it is important to be open to the many different ways of achieving this. For instance their business has been involved in making high quality furniture for some of the social housing programs in Toronto; they have operated a fast food outlet; been custodians of a 12-acre cemetery for the local cemetery board; run an outdoor landscaping program, as well as a store called *Our Place* where items made by the members in their workshop are sold in the store.

Four years ago they went to what they call their “Entrepreneurial Initiative”. A plan was written for members showing what it would look like if everybody became an entrepreneur. Able Enterprises has a factory complete with tools, safety equipment, etc., and this has been made available to members at no charge. “We have a system” Ms. Taylor explains. “If someone comes in and says I would like to make a rocking horse, our carpenter will sit down with them, and if they think that person has the skills to do that particular job will help them design it on the computer, or will come up with a plan for making it. Then we will write up a cost control on all of the wood and other materials that will go into it.” Training, mentoring and materials are made available and when items are completed they are placed in their store (*Our Place*). Once the item is sold, the member pays for the materials they used from the factory and keeps the profit.

There are currently 50 people participating in this program. Funding for part of the operational costs are provided through the Ministry of Health, the rest is funded independently.

# Your response to our recent issues...

Dear Editor:

I am disappointed. Mental health reform means empty assurances and broken promises. I suppose you deserve some congratulations for even daring to suggest that there is a problem; but the entire magazine needs an emotion injection. Talk of "reform" in the realm of mental health has become a tired joke. A decade and more of meaningless promises and empty assurances did not just happen - there are causes for actions in physics, and there are causes for inaction in politics. The CMHA's magazine does not demonstrate the passion and determination which are needed by "reformers".

The interview with Michael Bay about his efforts to dispel the myths about the Mental Health Act could have had more of a good news/bad news element to it. Mr. Bay would like to see more physicians and psychiatrists involved in his educational efforts - but that is a great improvement over the virtual boycott which greeted similar efforts when the act was amended so that the Charter of Rights could be said to apply to everyone, even "patients".

A critical element of reform, which the CMHA has endorsed, is missing entirely from your report. What about quality?

The editorial goal for the issue is laudable: "where have we come from and where are we headed".

These are important questions. But there is an element of "where are we now" that should have had more of a focus.

HUGH TAPPING, TORONTO, ONTARIO

Dear Editor:

I found your *Focusing on Women's Mental Health* issue particularly interesting in that many of the antecedents linked to mental illness among women are precisely those affecting men's mental health, e.g. "...poverty, violence, sexual abuse, social and economic stresses, and inequitable burdens imposed by role expectations." In other words, despite the differences between women and men, there are many fundamental similarities between the genders in terms of their human needs which, when not met, can result in mental illness. And, hopefully, the mental health needs of both women and men will be treated with equal care and consideration.

If you are planning to do an issue on *Focusing on Men's Mental Health* you might consider addressing: the epidemic of male suicide, boys' and men's covert

depression; the higher rates of addiction, risk taking behaviour among men and the prevalence of mental illness among the male prison population; sexual and physical abuse of boys and men; the limited range of emotional expression for males and its consequences; and men's reluctance to seek help for psychological or emotional symptoms.

GARY WESTOVER, LONDON, ONTARIO

Dear Editor:

I am interested in receiving *Network* magazine on a regular basis. I am in the Drug and Alcohol Counsellor Program at Sir Sanford Fleming College. I do not know what has been published in the past but if there is any information on seniors and mental illness/substance abuse I would be very interested.

JANE KIMMERLY, PETERBOROUGH, ONTARIO

*This column is designed for you, our readers. Due to space limitations, letters may be edited. Please take a few moments to send your comments for publication to:*

The Editor,  
Network,  
Canadian Mental  
Health Association,  
Ontario Division,  
180 Dundas St. W.,  
Suite 2301, Toronto,  
Ontario M5G 1Z8

*or fax them to  
(416) 977-2264.*

*Letters may also be  
e-mailed to:  
division@ontario.cmha.ca*

## CALENDAR

### October 4 - 10, 1999

**Mental Illness Awareness Week (MIAW).** This eighth annual MIAW public education program is led by the Canadian Psychiatric Association and the provincial psychiatric associations with the support of a host of allied mental health care organizations and volunteers. The theme of MIAW is *Mental Illness: Coming Together to Care*.

### October 24-26, 1999

**Winning Together - Sharing Our Strengths**, jointly hosted in Hamilton by the Ontario Community Support Association (OCSA) and the Ontario Association of Non-Profit Homes and Services for Seniors. For information: [www.ocsa.on.ca](http://www.ocsa.on.ca), [www.oanhss.org](http://www.oanhss.org) (905) 851-8821 or (416) 256-3010.

### October 28, 1999

**An Orientation to Program Development and Practice for People with Concurrent Disorders.** CMHA, Ontario Division presents a workshop featuring Dr. Kim Mueser, Psychologist, Professor in the Departments of Psychiatry and Community and Family Medicine at the Dartmouth Medical School, NH, and leading expert in the field of concurrent disorders. Holiday Inn, Yorkdale, 9:00 a.m. - 4:30 p.m. For more information contact Allen Flaming (416) 977-5580 ext. 4121. Fax: (416) 977-2264 or e-mail: [aflaming@ontario.cmha.ca](mailto:aflaming@ontario.cmha.ca).

### November 22-24, 1999

**Caring Connections** - Ontario Hospital Association Convention & Exhibition, Metro Toronto Convention Centre, Toronto, Ontario. For more information contact the Ontario Hospital Association, Education & Convention Services at (416) 205-1362, fax (416) 205-1340 or e-mail: [convention@oha.com](mailto:convention@oha.com). Visit the website at [www.oha.com](http://www.oha.com).

# BEFORE STRESS TURNS INTO DISTRESS

Nobody is immune from stress, it's a part of everyone's life practically every day. But negative stress can become distress, causing emotional and physical pain and can even lead to mental illness. One out of five people in Ontario will suffer from a mental illness at some point in their lifetime.

That's why the Canadian Mental Health Association exists - to help you help yourself and those you know and love.

Before your stress turns into distress, call us.



CANADIAN MENTAL  
HEALTH ASSOCIATION

L'ASSOCIATION CANADIENNE  
POUR LA SANTÉ MENTALE

## Network

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