

CAREER SERVICES GUIDE

SUPPORTING PEOPLE AFFECTED BY MENTAL
HEALTH ISSUES

NEASA MARTIN AND KATHY MCKEE
CERIC FUNDED PROJECT
MARCH 2015

INDEX

INTRODUCTION

Acknowledgments, project background, purpose of the guide and adopting a recovery focus.

VIDEO STORIES

Experiences and insights

CHAPTER ONE

Employment and recovery
Mental health in the workplace
Psychological health and safety

CHAPTER TWO

Promoting personal recovery
Recovery-oriented counselling
Peer support
Managing crisis
Caring for the caregiver

CHAPTER THREE

Recovery happens in the community
Strengthening connections and roles
Stigma and discrimination
Diversity issues

CHAPTER FOUR

Messages for employers
Disclosure is personal
Legal requirements
Specialized employment approaches
Supported employment approaches
Self directed employment tools for clients

CHAPTER FIVE

Mental illness 101
Understanding complex pathways
Accessing supports

APPENDICES

CSWs tools
Stages of change
Motivational interviewing
Managing suicidal risk

INTRODUCTION

Acknowledgements

This guide builds on findings from a CERIC funded research project [Charting the Course: Mapping the Career Practitioner Role in Supporting People with Mental Health Challenges](#). The insights and expertise of our project partners, advisors and the ‘experiential expertise’ of people living with mental health problems and illnesses who deliver peer support, work as career service workers and have accessed employment services inform its content.

Sponsor

[Nova Scotia Career Development Association](#) (NSCDA) is the project sponsor and took leadership in identifying the challenges Career Service Workers face and need for this tool. The NSCDA is a not for profit organization providing strategic leadership to professionals in career development by promoting effective practices, professional development and encouraging the adoption of frameworks for promoting enhanced client-centered services.

Project Funder

A Learning and Professional Development Grant from the Canadian Education and Research Institute for Counselling [CERIC](#) made this project possible. Special thanks to Riz Ibrahim, Executive Director for his ongoing counsel and project advice.



Project Partners

Mary Ann Baynton, [Great-West Life Centre for Mental Health in the Workplace](#)

Mark Ferdinand, [Canadian Mental Health Association – National Office](#)

Roy Muise, [Healthy Minds Cooperative and Nova Scotia Certified Peer Support Specialist Program](#)

John Higenbottam, Chair, [Canadian Alliance for Mental Illness and Mental Health](#)

Other contributors

We would like to acknowledge all those from whom we sought advice for this project. An Expert Advisors Network of career services workers, employment managers, experiential experts and peer support specialists provided project advice and guidance. This diverse group, with representation from across the country, helped identify key messages, recruit experts, recommended resources and field tested the document to ensure content is aligned with the best available research and recognized best practices in employment counselling and mental health practices. ([Appendix D](#))

Sincere thanks to Project Advisors: Ann Marie Gilroy: Project Coordinator and Employment Facilitator, Conestoga College. Betsy Payne: Employment Coordinator, Job Resource Centre, Nova Scotia. Bev Regan: C.E.O. In-Focus Services Ltd. Catherine French: Coordinator, Employment Training Programs, NFL. Christie Sterns: President - Training Makes Cents Inc. Debbie Sesula: Peer Support Program Coordinator and Trainer, B.C. Denise Feltham: D.I.C.E. Assessment & Employment Counselling Services, ON. Edina Markovitz: Manager, Supported Employment Services, Agence Ometz, Quebec. Judy Slaney: Executive Director, CMHA, Winnipeg Region, Manitoba. Kate Storey: University of Western Ontario, Osprey Training & Consulting. Leanne Fournier: Business Writer, Strategist, Mighty Write. Lorraine A. Boland: Director of YES Employment Services, Thunder Bay, ON. Mandi Buckner: Return to Work Program Development, Facilitator, Career Specialist, ON. Marcie Klein: Manager - Mental Health Support Services, Agence Ometz, Quebec. Nicole Chammartin: Executive Director, CMHA, Winnipeg Region. Renee Daudlin-Iacobelli: Insight Advantage, Case Management, Vocational Rehabilitation & Labour Market Re-Entry Services, ON. Sheryl Giesbrecht: Manager, CMHA, Thompson Manitoba. Sharon Graham: Executive Director, Career Professionals of Canada. Sinead McCarthy: Vice President, Youth Employment Services, ON. Sondria Browne: Outreach Coordinator. Sujana Sapkota: Psycho-social Rehabilitation Practitioner, Employment Case Manager. Susan Fainer: Vocational Rehabilitation Consultant, ON. Victoria Froats: Economic Reintegration Specialist, Shelter, Support & Housing City of Toronto, ON. Zahir Din: Policy Analyst, CMHA ON.

Video participants: Special thanks to those who participated in the development of the supporting videos. Personal contact is what changes attitudes and beliefs and they are all change agents! Their experiential expertise added immensely to the quality of this guide. Thank you Francesco Troili, IT Manager; Wendy Mishkin, Peer Support Consultant; Jennifer Ikede, Therapeutic Recreational Diploma; Rebekah Skeete, Social Worker and Career Resource Manager; Deborrah Sherman, Executive Director, Ontario Peer Development Initiative; Jill McEwan, Career Practitioner; Donna Forget, Program Coordinator, Nipissing First Nation; Kathy McKee, Career Resource Centre Manager, Neasa Martin, Consumer and Mental Health Consultant; Paolo Scotti, Peer Support Worker CMHA; Betsy Payne, Career Practitioner; Sylvie Bouchard, Family Peer Support; Pam Garland, Career Practitioner; and Andy Cox, Peer Supporter.

Video production team: Conduit Production, <http://conduitproductions.ca/>
James Ingram – Director, Kevin Fidgeon - Creative Director, Erin Hennessey – Producer, Luke Hudgins - 1st Camera and Editor.

Layout Design: Anne Marie Olczak, <http://www.annemarieolczak.com/>

Additional Layout Design/Technology Consulting: Francesco Troili

© The Canadian Education and Research Institute for Counselling own all copyrights to this guide and associated materials. 18 Spadina Road, Suite 200, Toronto, Ontario, M5R 2S7.

Available for download: <http://ceric.ca/mentalhealth> Materials can be used freely for educational purposes with appropriate attribution.

Suggested citation: Martin, N. McKee, K. (2015) Career Services Guide: Supporting people affected by mental health problems.

NOTE

While taking a national perspective, the guide does not necessarily reflect specific provincial regulations, such as those in Quebec. Readers from Quebec should note that some interventions are legally reserved:

http://orientation.qc.ca/files/Guide_explicatif.pdf

Note from the authors:

From the beginning of the Charting the Course initiative, we adopted a ‘transformative change’ approach to our work. Through our consultations, we shared the best-practice evidence on how to enhance social and economic inclusion and reduce stigma and discrimination. Career service workers (CSW) are employed in diverse settings, providing valuable support in helping people across the life span to develop their careers goals, identify education and training opportunities and acquire the job search skills they need to find meaningful employment aligned to their skills, aspirations and market forces. We learned from CSWs that they want to be helpful and can play an invaluable role in improving employment outcomes. Most CSWs think the best way to improve their practice is to learn more about mental illnesses and their treatment. Focusing on understanding a person’s mental illness can get in the way of appreciating their unique strengths and capabilities. Adopting a recovery-oriented approach to practice will be more advantageous.

The way we frame mental health matters

This guide is part of a broader effort to create a paradigm shift in thinking on how we understand and engage people living with mental health problems and illnesses so that they are viewed as a normal part of the human experience that result from a complex interaction between internal and external factors. We hope to inspire a positive belief that everyone is capable of claiming or recovering a satisfying, hopeful and contributing life, even when mental health problems and illnesses may cause ongoing limitations.

How to use this guide

- Key messages provide a high-level overview of the content in each section
- Fact boxes provide current statistics on scope of the issues
- Personal quotes and videos provide first-person perspectives
- Reflective questions encourage consideration of how content may impact practice and organizational policies
- Canadian resources are provided first to support learning, and training

While this document is not intended as a research review every effort is made to provide evidence-based references. Some insights provided reflect over thirty years of professional and experiential knowledge of the authors. If, through this guide, we have stimulated you to think about your views on mental health problems and people living with mental illnesses and you consider ways to apply your expertise and skills to improve employment outcomes, then our efforts have been worthwhile.

THE GOAL OF THIS GUIDE IS TO IMPROVE THE EMPLOYMENT OUTCOMES FOR PEOPLE LIVING WITH MENTAL HEALTH PROBLEMS AND ILLNESSES

PROJECT BACKGROUND

Employment is a critical cornerstone of social inclusion and people living with mental health problems and illnesses are facing the highest unemployment rate of any disability group. Although people want to work and are able, for many employment remains an illusive goal contributing to material deprivation, poverty, exclusion, isolation and lessened self esteem. Stigma, discrimination, limited employment supports and restrictive policies can play a critical role in exclusion from the workforce beyond limitations imposed by illness.¹ Career Service Workers (CSWs) can play an important role in improving employment outcomes.

The Canadian Education and Research Institute for Counselling (CERIC) funded the research project [Charting the Course: Mapping the Career Practitioner Role in Supporting People with Mental Health Challenges](#) to identify the learning priorities of career service workers (CSWs) in supporting people with mental health problems.^{2 3} The term 'career service worker' is used as an overarching term to describe the range of employment and career counsellors who operate in diverse settings, with people from across the lifespan and at different stages in the career planning process. CSWs play a critical gate-keeping role in helping people gain or re-claim a foothold in the world of work by supporting career planning, teaching important job matching and work-search skills, resume writing, interviewing techniques, providing pre and post employment supports and by helping clients access education and training programs.

More people are disclosing

Career service workers and employment managers report more people are disclosing mental health problems and illnesses as a factor in their employment journey.⁴ CSWs feel challenged to support these people, handcuffed by limited knowledge about mental illnesses and a lack in confidence, tools and resources to effectively move people forward. CSWs expressed concern that because they knew so little they may cause "more harm than good." CSWs want to do better because they know employment improves mental health and recovery. There is strong agreement that people living with mental illness are capable of making an important contribution in the workforce and do NOT need to be symptom free to be successful. When properly trained CSWs will be a critical resource in helping people in their career planning process and in reaching their full employment potential.

PURPOSE

This guide is intended for all career service workers, employment counsellors and career practitioners working in non-mental health specific employment settings. The guide addresses the gaps and priorities identified through the 'Charting the Course' research and confirmed through regional meetings and national roundtable discussions. It builds on emerging 'best practices' in employment support, recovery-oriented practices and draws on the wisdom of experts in the field of career counselling and the 'experiential expertise' of people who access counselling services.

GUIDE GOALS:

1. Change beliefs that limit opportunity for people living with mental illnesses
2. Build awareness of recovery-oriented practices and those that support economic inclusion
3. Build knowledge to better serve clients
4. Link career service workers to best practice resources

The 'Charting the Course' study shows a high level of agreement amongst CSWs, program managers and clients of both the problems faced and the proposed solutions. ^{5 6}

CSWs are asking for resources on:

- Tools for work-related coaching, motivating clients and dealing with disclosure
- Knowing how peer support can enhance employment success
- Understand potential solutions for eliminating stigma and discrimination
- Building collaborative partnerships across services to support clients
- Understanding mental illness and related resources for treatment
- Best practices in supporting employment
- How to engage and support employers

ADOPTING RECOVERY-ORIENTED PRACTICES

There is a growing movement at a policy and practice level internationally and across Canada to transform mental health and related supports and services to become recovery focused. The Mental Health Commission of Canada (MHCC), launched [Changing Directions, Changing Lives - Mental Health Strategy for Canada](#) built on extensive consultations and stakeholder review. This Strategy is a blue print for improving the mental health and well-being of all people living in Canada. The adoption of recovery-oriented

practice is central to transforming supports and services to improve the health outcomes and quality of life of people living with mental health problems and illnesses, for upholding their rights and promoting social inclusion. An expanding recovery-oriented research base is helping to define the ways this is best accomplished.

Recovery is not a modality, program or tool

Recovery-oriented practice is a fundamental shift in the way we think about people living with mental health problems and how we engage people as respected partners within services and as co-creators of knowledge. Core to enhancing personal recovery is improving social and economic inclusion and having opportunities for full participation as citizens. Professionals can help to support personal recovery but recovery is a process driven by the individual. When services are aligned to support people in having control over their destiny, defining and achieving their goals, respecting their human rights and sustaining their social and economic inclusion, recovery is promoted. Recovery-oriented practice recognizes the importance of having a supporting circle of family, friends and community and the need to understand and address, as allies, the structural inequalities and barriers people face that limit their opportunities and to find ways collectively to build communities that are more inclusive. This requires all professionals to work collaboratively across systems and with other services in order to improve service access and build partnerships that will expand opportunities and create welcoming communities that are free from stigma and discrimination. Addressing the attitudinal and structural barriers that limit opportunity - including within employment counselling services - is an important start in this transformational recovery journey.

Alignment to the [Canadian Standards and Guidelines for Career Development](#)

The Canadian Standards and Guidelines for Career Development (CSGCD) are voluntary professional guidelines that spell out the competencies that career service providers need in order to deliver comprehensive services to people from diverse perspectives and across the lifespan. The recovery-oriented practice approach proposed within this guide closely aligns to the core competencies on diversity, relationship and community development capabilities outlined within the CSGCD document.

[Psychosocial Rehabilitation Canada](#) has also developed psychosocial rehabilitation practice standards and comprehensive competencies for advancing recovery-oriented mental health practices and improving the delivery of mental health services. These guidelines for practice are available at: <http://www.psrrpcanada.ca/>

Symptoms of mental illness can interfere

Mental illnesses can result in cognitive changes including:

- An impaired capacity to pay attention
- Difficulty remembering information
- Trouble thinking analytically, problem solving and difficulty categorizing and organizing information
- Slower reflexes that can affect the ability to quickly coordinate eye-hand movements
- Negative and intrusive thoughts or distorted thinking ¹⁶

Cognitive changes (concentration, indecisiveness and forgetfulness) are the most frequently occurring reason for people taking time off work. Most symptoms resolve with the use of cognitive remediation, behavioural therapy, medication treatment and adjustments in the workplace. Side effects of some medication can also lead to a loss of motivation, energy, and concentration. While most side effects of medications resolve over time, encouraging people to work with their physician to minimize these effects is important.

Mental illness is not the only cause of disability

People face challenges and barriers unrelated to their illness or its severity including:

- Stigmatizing attitudes and discriminatory policies
- Reduced self-confidence and internalized stigma
- Pessimism regarding recovery
- A limited focus on employment issues within mental health services
- Insufficient investment in employment counselling services
- Income and disability support programs that discourage employment
- Employer attitudes - fears about productivity, inability to cope, cost of accommodation - increased sick time
- The use of ineffective models of supported employment ¹⁷

Employment was paramount. It was the primary goal for my recovery. If the right opportunity exists and the right support is given people can use what can be a tragic situation as a launching pad to doing even greater and better things in their life than they can ever even imagine doing before their illness.

Paolo Scotti, Peer Support Worker

VIDEO STORIES

Available on CERIC's YouTube channel: [Career Services Guide: Supporting People with Mental Health Issues](https://www.youtube.com/channel/UC1uMBN1U-zhFPbBxMJtrcgQ)
<https://www.youtube.com/channel/UC1uMBN1U-zhFPbBxMJtrcgQ>



Click above image to view video

VOICES OF EXPERIENCE

TIME: 6':46"

Career service workers, managers, social workers, peer supporters and mental health consumers share their knowledge and experience of living with and providing service for people with mental health issues during the employment journey.

EXPERIENCES AND INSIGHTS

Click portraits to view the video



DEBORRAH SHERMAN, EXECUTIVE DIRECTOR

1:07 - <https://youtu.be/ZiT5YCZj9pw>

Deborah speaks to the importance of building capacity in organizations to serve the one-fifth of the population who present with mental health challenges.



ANDY COX, PEER SUPPORTER

1:46 - <https://youtu.be/y2WIPh8sCM>

Andy talks about how disclosure helps build relationships and how peer support can break down barriers and help ease isolation and stigma.



WENDY MISHKIN, PEER SUPPORT CONSULTANT

1:22 - <https://youtu.be/l9OfhtaVLIY>

Wendy talks about the value of peer support in programming.



*DONNA FORGET, PROGRAM COORDINATOR,
NIPISSING FIRST NATION*

0:41 - https://youtu.be/OfBTb_khjXc

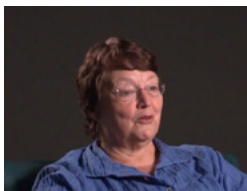
Donna speaks about the importance in finding the balance between work and self care.



SYLVIE BOUCHARD, FAMILY PEER SUPPORT WORKER

1:05 - <https://youtu.be/SNRmPv35uRQ>

Sylvie talks about the importance of including families in helping clients integrate into the workforce.



BETSY PAYNE

CERTIFIED CAREER DEVELOPMENT PRACTITIONER

2:33 - <https://youtu.be/rdx8wpZHomA>

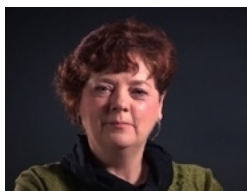
Betsy talks about the increase in client disclosure and its relationship to compassion fatigue in career service workers.



PAOLO SCOTTI, PEER SUPPORT WORKER

1:07 - <https://youtu.be/9p0mX83Fq9Q>

Paolo talks about how crucial it is for relationships to be open and honest in order to develop trust and the belief that people can achieve their goals.

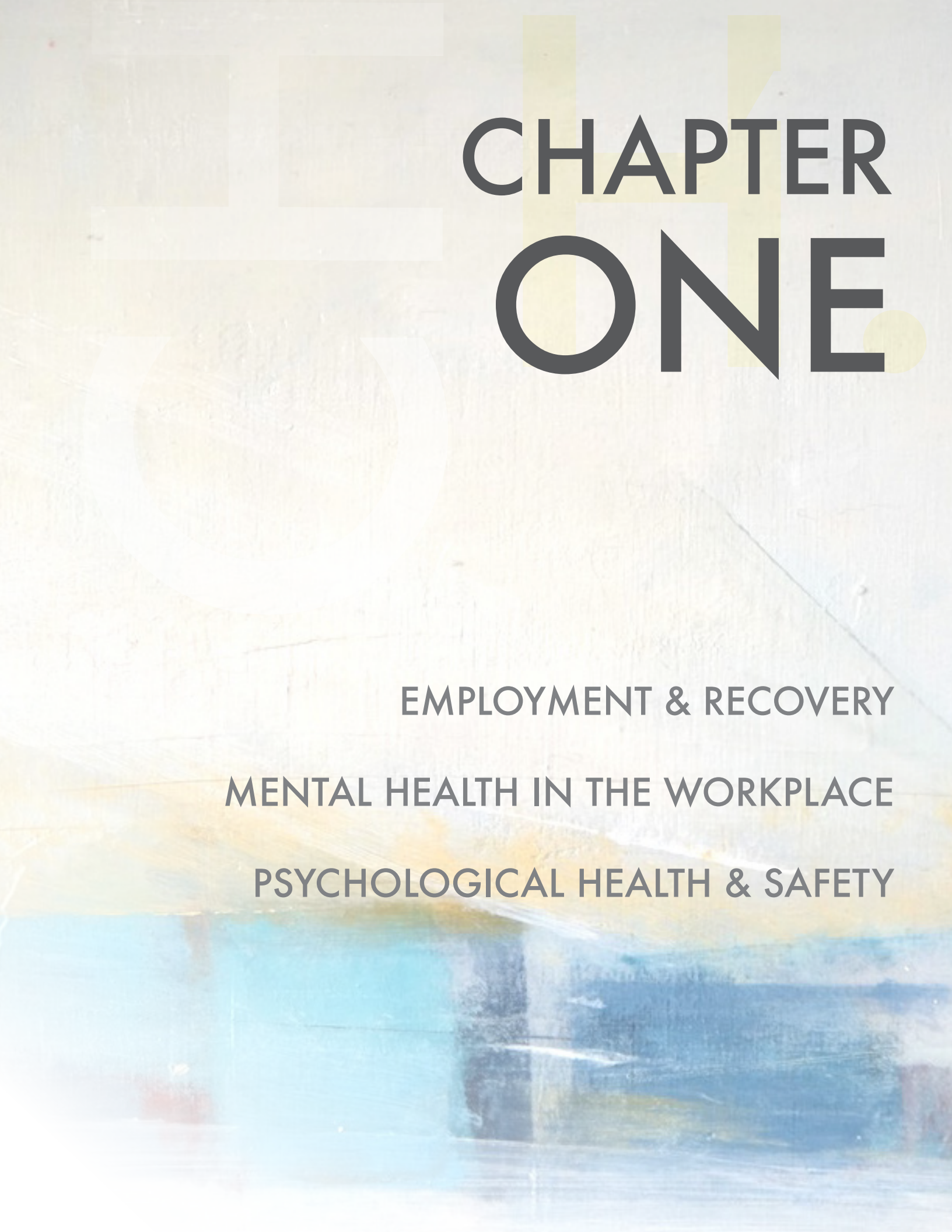


NEASA MARTIN, MENTAL HEALTH CONSULTANT

0:40 - <https://youtu.be/S5Fv3lMlkDM>

Neasa talks about the reality of mental illness and challenges: it is common and all around us.

[Return to page 2](#)



CHAPTER ONE

EMPLOYMENT & RECOVERY
MENTAL HEALTH IN THE WORKPLACE
PSYCHOLOGICAL HEALTH & SAFETY

EMPLOYMENT AND RECOVERY

KEY MESSAGES

- Appropriate employment is good for mental health
- Work can be the gateway to social and economic inclusion
- Purposeful work does not only mean paid employment
- People do not need to be symptom free to be successfully employed
- Supporting people to achieve their goals is the focus of planning
- CSWs have vital skills and can play a role in supporting employment

THE ISSUE

- 70% - 90% of people identified as having a mental illness are not working
- People can and want to work
- People are unnecessarily left out of the workforce - and are an untapped resource
- Pessimism, structural barriers and limited career planning support impede recovery ⁷

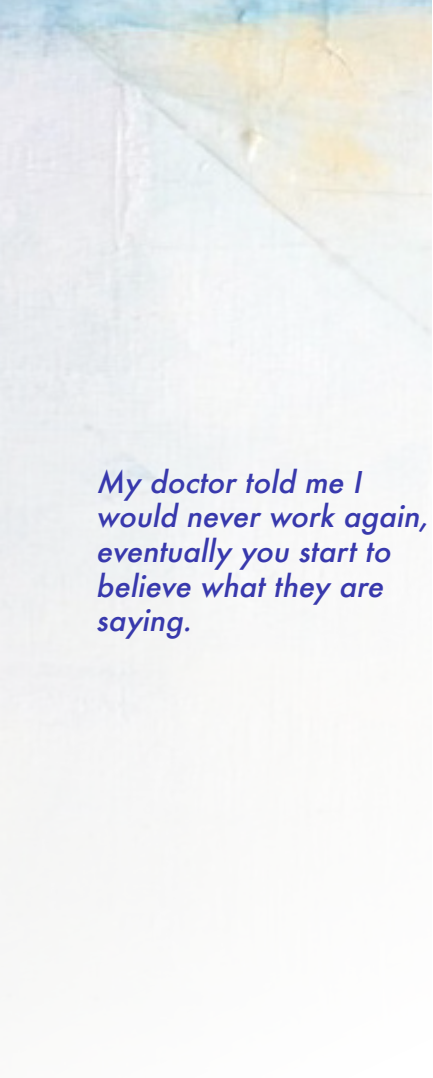
There is life and work after mental illness. Working again was my recovery. Going back to work has been life saving for me.

*Wendy Mishkin,
Peer Support Consultant*

Employment is the cornerstone of inclusion

Career Service Workers know well that employment plays a critical role in defining personal identity, connecting people to social networks and providing valued roles within the community. Employment improves material resources and provides meaningful structure to one's life. It is positively associated with improved self-esteem, hopefulness and overall better quality of life and is part of the social contract of full citizenship. ⁸ ⁹ Inadequate employment is a key risk factor for mental health problems and mental health problems contribute to unemployment. ¹⁰

Employment is not the only way people define their value or contribute to community. However, employment provides the financial resources for participating within the community, the enjoyment of good health and quality of life. Most people living with mental health disabilities report they want to work. Employment can increase quality of life, reduce symptoms and episodes of illness, the use of emergency services and hospitalization. ¹¹ ¹² The socio-economic status of people employed is improved; they have better health and live longer. ¹³ Yet people living with mental health problems and illnesses are facing the highest rate of unemployment of any disability group. Despite a strong desire to work, employment remains an elusive goal. ¹⁴ ¹⁵



My doctor told me I would never work again, eventually you start to believe what they are saying.

Pessimism regarding employment

Conventional wisdom in mental health care has been for people to wait until their symptoms of mental illness resolve before returning to work, pursuing employment or engaging in stressful activities. People report being told to 'lower their expectations' for the future or not to expect to be able to return to school or work at their former level. Low expectations for recovery can negatively affect employment and academic completion. A loss of self-confidence, fear of illness relapse, self stigma, anticipated discrimination and limiting disability income programs can all discourage people moving forward.¹⁸ Family and caregivers may also have concerns and discourage loved ones from working to avoid further stress. Pessimism regarding recovery from serious mental illnesses has led to a reduced focus on the importance of work within mental health services and limited public investment in rehabilitation and employment counselling. Vocational rehabilitation practices show differing results in helping people attain sustained, quality, and skilled employment.¹⁹ The most effective, evidenced-based programs include: Individualized Placement and Support, Supported Education, Social Enterprises, Alternative Business Models and Self Employment. [These details are in Chapter 4.](#)

Work is good for mental health

Employment is critical to long-term health, social outcomes and recovery from mental illness. Work helps to reduce symptoms of mental illness - while sustained unemployment and inactivity does not. There are no clinical studies showing the ill effects of employment on the mental health of people living with serious mental illness. The research does show that prolonged unemployment and its associated poverty and isolation, pose significantly greater stress than taking on the challenge of returning to work.²⁰ The longer a person is unemployed or out of school the more difficult it is to return. Long-term unemployment increases the risk of depression, feelings of worthlessness, leads to higher rates of substance abuse and social isolation. Returning to work or school can result in fewer hospitalizations, an overall reduction in the use of mental health services and a higher quality of life. People who do work do better when they have control over the choice of the work, feel they are using their abilities and skills and that others value the work they are performing.²¹

Employment is possible

People, irrespective of their diagnosis or duration of illness, with the right supports can successfully work or return to education and training - even while symptoms of illness are present. Through Charting the Course study, some CSWs questioned whether people living with mental illness 'belong' within their services or may benefit more from specialized mental health programming. For some people this may be true and where they would prefer to receive support. However, shifting away from seeing people living with mental illness as somehow 'different' from the rest of the community is key to transforming practice. Many people can return to work without requiring specialized mental health employment services and benefit from drawing on mainstream counselling supports.

CSWs improve long-term employment by helping people to:

- Define their career goals, identify their skills and strengths
- Identify those factors that create a good 'job fit'
- Understand employment options based on market trends
- Undertake a career planning process as a part of seeking employment
- Identify and access education, training and employment supports
- Develop practical skills in job search, resume writing and interview techniques
- Identify ways to improve skills in communications and assertiveness training

CSWs can also assist people in knowing their rights, exploring the pros and cons of disclosure, defining workplace accommodation needs and where appropriate, negotiate a return to work with employers.²² A belief that all people experiencing mental illness require specialized vocational rehabilitation services is limiting. Helping people to access education, training and employment supports is demonstrated to be a highly effective means of getting people back to work and improving long-term employment success.²³ Social and economic inclusion is strengthened when career counselling services accommodate all citizens - including people living with mental health problems and supports their right to access publicly funded programs. Some people may want or prefer accessing specialized mental health vocational services. CSWs can get help by creating collaborative partnerships with specialized vocational supports - where they exist.

The burden of care giving affects employment

Supporting a loved one living with a mental illness can take a toll on the physical, mental health and wellbeing of caregivers. The time, stress and worry involved in on-going care giving can negatively impact productivity and hinder participation by caregivers in the workforce leading to serious economic hardship. Caregivers also experience 'stigma by association' leading them to hide their struggles from employers and workmates. CSWs can help family members in their employment planning by supporting them to find the supports their loved one need and identifying self-care strategies to protect the mental health of caregivers. Employers can help by creating flexible workplace policies and adopting the psychological health and safety practices in the workplace, that support family care giving responsibilities. Improving access for their employees to information on mental health resources and access to employee assistance programs knowledgeable about caregiver issues can improve workforce attachment.

MENTAL HEALTH IN THE WORKPLACE

KEY MESSAGES

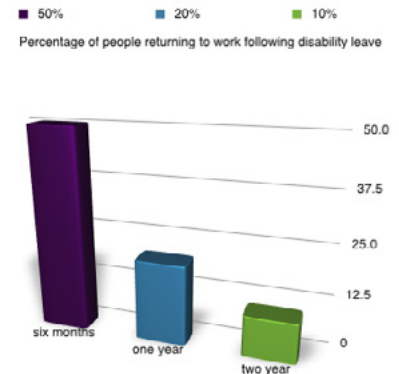
- Mental health and addictions problems / illnesses are common
- Employers underestimate the incidence, prevalence and cost of poor mental health
- This is the fastest growing cause of occupational disability
- The longer a person is off work the less successful they are in returning
- Workplaces can contribute to mental health problems
- Good workplace practices can reduce disability rates
- Early intervention improves employment outcomes
- Quick return to work following a medical leave is critical

*... one of the fundamental paradoxes we face today: Work is good for your mental health and work can make you crazy.*²⁴

*Merv Gilbert, PhD.
Senate Hearings*

Workplace mental health

- 2 out of 9 workers experience a mental illness that may impact productivity²⁵
- Mental illness and mental health problems cost the Canadian economy and estimated \$50 billion²⁶
- 30% of short and long term disability claims are related to mental health problems and illnesses
- \$28.8 billion is spent each year in disability income support alone²⁷
- 500,000 Canadians in any given week will not work because of a mental illness
- 60% work-days lost are due to depression²⁸



Short to long-term disability²⁹

Mental health is an important workplace issue

A heightened level of attention to mental health problems by high profiled public figures and successful anti-stigma campaigns is creating a positive climate for changing attitudes towards mental illnesses. CSWs also report that more of their clients are disclosing mental health problems and illnesses as a factor in people's career planning process. Mental illnesses are often viewed as an individual problem with vulnerability resting within the person. Tolerance for stress differs from person to person depending on their temperament, social supports and coping skills. However, Canadian workers are living

with high levels of work related stress and the link between workplace practices and mental health disability is strong. A shift in focus on workplace practices is placing responsibility for managing mental health problems as a shared responsibility between employees and employers.

In any given week, 500,000 Canadians will not go to work because of a mental health problem. Poor mental health and addiction problems cost the Canadian economy an estimated \$50 billion annually.³⁰ Employers are feeling the deep financial costs of mental health and addictions problems through increased sick leave, reduced productivity, staff turnover, and escalating disability claims. Mental health problems and illnesses are a leading cause of short and long-term disability claims and are the fastest rising cause of employment disability.³¹ In 2012, 28.4% of working Canadians reported most days at work are quite a bit stressful or extremely stressful³² an increase from 1 in four in 2010.³³ According to [Statistics Canada Community Health Survey 2010](#), 62% identify the workplace as their major source of life stress. Key sources of workplace stress include having little control over the terms and conditions of the work one is doing, occupying a job that does not match one's skills and abilities (either too demanding or not demanding enough) and having insufficient support from supervisors and/or colleagues. Factors associated with unhealthy workplaces include poor work-life balance, harassment, bullying and a lack of effective conflict resolution practices causing psychological stress. Ninety percent of those bullied at work will suffer depression and/or sleep disorders. Long-term workplace stress increases the risk of depression, anxiety and chronic physical illnesses for both men and women. Illness most often emerges in adolescence and early adulthood - during the productive earning years of life and when education, training and career development is not yet complete. People living with mental illness may also face additional pressures due to prejudice-based bullying and harassment because of their disability with almost universal negative effects on self-esteem.

Most mental health providers do not have a clue – I say respectfully – about what goes on in the workplace. Typical GPs faced with a patient coming in tears with a diagnosable disorder and being asked to make decisions about whether or not to stay at work, to return to work, how to deal with workplace issues, often are poorly informed.³⁴

Merv Gilbert, PhD. Senate Hearings

Returning to work

Statistics on the rates of return to work following a mental health disability leave tell a disturbing story. The longer a person is on leave, the less likely they will make a successful return to work. Once a short-term leave becomes long-term the rate of return declines precipitously. Only 50% of people will return to work after a six month leave, less than 20% after one year and only 10% of workers will return to employment if the disability leave extended beyond two years. Only a third of employers feel they are knowledgeable about mental health issues impacting the way in which mental health problems are managed. A rapid return to work, with support and accommodation, can reduce prolonged disability. When people have a clear strategy for managing work-related stressors they are more successful in getting and managing employment.³⁵ Diagnosis, severity of illness and social skills are poor predictors of successful work outcomes. Whereas having a strong sense of self-efficacy, motivation and confidence are much more significant indicators of positive return to work. These same factors improve when people return to work. CSWs can support people to better understand and put into a context those work-base factors that may have contributed to their disability leave.

What supports a successful return to work?

- Early problem identification without 'medicalization' of the problem
- Providing active support and negotiating accommodations
- Offering a graded or stepped approach to returning to work
- Maintaining positive workplace relationships during a leave and after return (supervisors, colleagues)
- Providing education to employees on how to provide support during and post leave
- Providing case management to coordinate re-instatement and clinical management
- Access to cognitive behavioural therapy helps return to work

Barriers to a successful return include

- The breakdown of workplace relationships
- Stigma and fear of discrimination
- Not asking for assistance early enough
- Pressures and / or a lack of support outside of work
- Lack of employment advice from general practitioners and/or mental health workers
- Decreased confidence
- The loss of work habits and routines
- Returning to the same pressures that triggered the initial mental health problem³⁶



Early intervention is critical

If an employee is not recovering as expected then early proactive intervention is important. This can include:

- Providing employees – particularly managers - with information and training on best practices in managing workplace mental health
- Actively keeping in touch with an employee throughout their mental health leave (managers and colleagues) helps communicate respect, care and maintains an important bridge to the workplace
- Reaching out to employees to understand their support needs and help to coordinate clinical management and link people to services if required
- Adopting a supportive stance, keeping people informed and reflecting their value to their team helps employees to rebuild confidence
- Negotiate work accommodations and strengthen support within the workplace including: exploring ways to enhance coping skills, the availability of peer support, job coaching and providing flexible supervision that responds to changing needs to support a successful return to work.

[Bell Let's Talk Video](#)

Employers are taking action

Decreased work productivity, and the escalating health, disability, and social costs related to mental health problems are mobilizing the business community to take steps to improve workplace mental health management. Those in the helping professions such as nurses, police, emergency responders, military etc. also experience higher levels of mental health problems associated with work-place stress, [compassion fatigue and burnout](#). Provincial Occupational Health and Safety Acts are expanding to include harm to psychological well-being as part of safety planning and assessment. Successful legal challenges against employers who do not provide employees psychologically safe environments, or fail to make reasonable accommodations when mental illness is a factor are resulting in costly settlements in favour of employees. This trend is also reflected in Human Rights Tribunal, Workers Compensation rulings, Labour and Common Law. An increasingly litigious workforce is focusing the attention of employers, the media, governments, and policy planners to address mental health work-related issues. ³⁷

Employers are also recognizing stigma and discrimination as having a real cost through the loss of skilled and capable employees, increased health and disability costs and lost



productivity.³⁸ Employers who take steps to reduce workplace stress, create healthy work environments, support people in their jobs and help employees get back to work quickly following a mental illness can prevent long-term disability and improve their bottom line. This growing awareness is the result of collaborative multi-stakeholder partnerships (such as Global Business and Economic Roundtable on Addictions and Mental Health) that have helped to mobilize action to benefit those who are employed and lay the foundation to better accommodate people living with mental health problems and illness in their return to the workplace.³⁹

PSYCHOLOGICAL HEALTH AND SAFETY IN THE WORKPLACE

The creation of [National Standard of Canada on Psychological Health and Safety in the Workplace](#) provides voluntary standards and an organizational framework to support stakeholders in assessing current practices and ways to develop a psychologically safe and mentally healthy workplace that supports all workers in being safe, engaged and productive. Workplace accommodations will become the standard course of business in dealing with unique and changing needs of all employees, not just those identified as 'disabled.' An approach that builds psychologically safe and mentally healthy workplaces can be leveraged to help people living with mental health problems negotiate accommodations that support their employment.

Creating psychologically healthy workplaces

Canadian and international studies have shown that a mentally healthy workforce is linked to lower medical costs, absenteeism and higher productivity. Improving workplace culture to one where people can discuss issues openly, seek support when they need it and address workload management issues improves employee performance.

There are many workplace-related factors affecting workplace health. [Guarding Minds at Work](#) suggest thirteen factors to consider including:

- Psychological Support
- Organizational Culture
- Clear Leadership and Expectations
- Civility and Respect
- Psychological Job Fit
- Growth and Development
- Recognition and Reward
- Involvement and Influence
- Workload Management
- Engagement
- Work-life Balance
- Psychological Protection
- Protection of Physical Safety

What can CSWs do to enhance their practice?

- Do you review past employment challenges to help people identify those factors that may have contributed to their mental health and employment problems (work-life balance, supervision style, flexibility, workload etc.)?
- How do you use this information in helping people to assess employment prospects?

- Learn more about workplace mental health (see resources below).
- In what ways is your workplace supportive of mental health and wellness? What steps could further enhance mental health and psychological safety?

Organizational change

- Learn more about mental health and psychological safety in the workplace.
- In what ways can you include employees in practice reviews to strengthen workplace mental health?
- Does your human resource practice reflect best-evidence in managing mental health problems, reduce long-term disability and support employees to return to employment with appropriate accommodations?
- What mechanisms can you use to assess and respond to stigma and discrimination within the workplace?
- How can you incorporate mental health training as part of professional development?
- How do your complaints and resolution mechanisms support continuous improvement?

Workplace Resources:

[Supporting Employee Success: A Tool to Plan Accommodations that Support Success at Work \(2013\)](https://www.workplacestrategiesformentalhealth.com/pdf/Supporting_Employee_Success_EN.pdf). https://www.workplacestrategiesformentalhealth.com/pdf/Supporting_Employee_Success_EN.pdf

First person stories

[Working Through It: Great-West Life Workplace Strategies for Mental Health](http://www.workplacestrategiesformentalhealth.com/wti/HomeCaptionsTruePage.aspx)
Available at: <http://www.workplacestrategiesformentalhealth.com/wti/HomeCaptionsTruePage.aspx>

[What Better Feels Like: Answers from People Who Have Experienced Depression](http://www.mooodisorderscanada.ca/page/what-better-feels-like), MDSC
What Better Feels Like: A Guide to Maintaining Wellness, MDSC
Available at: <http://www.mooodisorderscanada.ca/page/what-better-feels-like>

[Antidepressant Skills At Work: Dealing With Mood Problems In The Workplace](http://comh.ca/antidepressant-skills/work/workbook/index.cfm)
Available at: <http://comh.ca/antidepressant-skills/work/workbook/index.cfm>

[Mental Health Works](http://www.mentalhealthworks.ca/): Is a nationally CMHA program that builds the capacity of workplaces to address workplace mental health issues. <http://www.mentalhealthworks.ca/> Includes resources for employers and employees.

[Building Mentally Healthy Workplaces](http://www.conferenceboard.ca/e-library/abstract.aspx?did=4287): Perspectives of Canadian Workers and Front-Line Managers, Perspectives of Canadian Workers and Front-Line Managers, 2011. Available at: <http://www.conferenceboard.ca/e-library/abstract.aspx?did=4287>

[Workplace Strategies For Mental Health](https://www.workplacestrategiesformentalhealth.com/). An on-line tool for employers to improve psychological health and safety in the workplace and tools for supporting employee success. Great-WestLife Centre <https://www.workplacestrategiesformentalhealth.com/>

[National Standard of Canada on Psychological Health and Safety in the Workplace](http://www.mentalhealthcommission.ca/English/node/5346)
Access the guidelines and related resource: <http://www.mentalhealthcommission.ca/English/node/5346> Learn more about the Standards: <https://www.youtube.com/watch?v=w-Geb1fkM58#t=129>

Access free monthly webinars on Workplace Mental Health Promotion: <http://www.mentalhealthcommission.ca/English/issues/workplace/workplace-webinar-series>

[Mary Walsh and the Standard](http://www.mentalhealthcommission.ca/English/node/20131) Jan. 2014. A comedic look at the importance of workplace mental health standards. <http://www.mentalhealthcommission.ca/English/node/20131>

Workplace bullying

[Bullying in the Workplace](http://www.ccohs.ca/oshanswers/psychosocial/bullying.html): Canadian Centre for Occupational Health and Safety. <http://www.ccohs.ca/oshanswers/psychosocial/bullying.html>

[Managing Bullying - A Resources for Employers](http://www.guardingmindsatwork.ca/info)

<http://www.guardingmindsatwork.ca/info> <https://canadasafetycouncil.org/workplace-safety/bullying-workplace>

On-line learning:

[Managing Mental Health in the Workplace](http://cmha.scholarlab.ca/): A Three-Part Online Learning Series, offered by CMHA. <http://cmha.scholarlab.ca/>

CHAPTER TWO

PROMOTING PERSONAL RECOVERY
RECOVERY-ORIENTED COUNSELLING

PEER SUPPORT

MANAGING CRISIS

CARING FOR THE CAREGIVER

PROMOTING PERSONAL RECOVERY

Recovery refers to living a satisfying, hopeful and contributing life even when mental health problems and illnesses cause ongoing limitations. Recovery-oriented practices enhance health outcomes and quality of life for people with lived experience and their families.

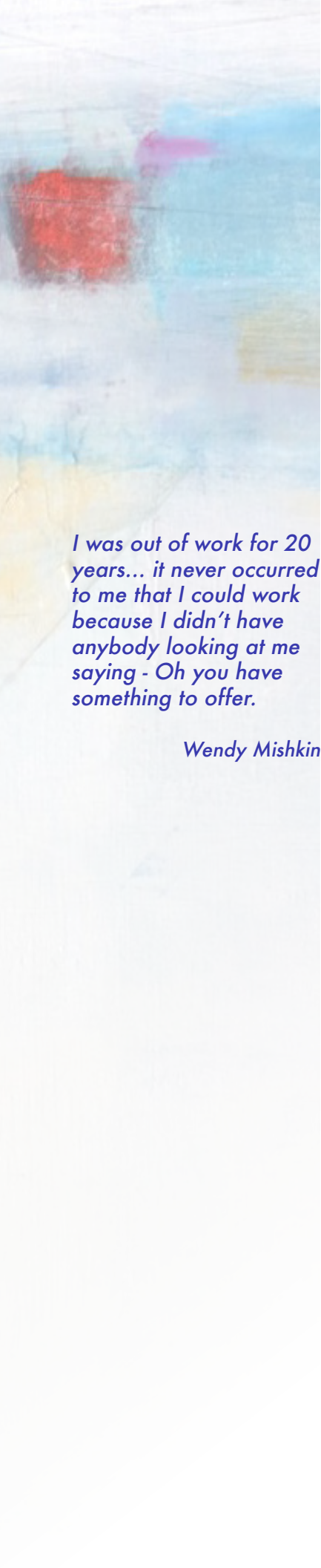
KEY MESSAGES

- Everyone is capable of recovery
- Recovery is a individual process - there is no single pathway
- Recovery is a uniquely personal, non-linear, self-determined and self-managed process
- Recovery is not a journey taken alone - supportive family, friends and community aid recovery
- Recovery is supported by having choice in accessing supports, services and treatments
- For most people employment is seen as pivotal to recovery
- Career service workers can play a vital role in improving employment outcomes

Advancing Recovery-Oriented Practice

Recovery-oriented practice is not a new idea. It has been developed and championed by people living with mental health problems and illness over decades and strengthened by drawing on first-person stories and through psychosocial rehabilitation research. Recovery-oriented practice is comprised of a set of core values, beliefs, knowledge and skills that in combination effectively support people in being actively engaged in their journey of well-being and in achieving the life they choose to live. It is a holistic approach adopting a 'whole person' understanding how an individual's state of mind, body, family and community are interrelated and inseparable. Recovery is not a journey undertaken alone but one that builds on individual, family, cultural and community strengths. It can be supported by many types of services, supports and treatments that, when aligned, can help people achieve their full potential, exercise all their rights as citizens and enjoy a meaningful, engaged life within their community.

Career service workers can play a role in promoting personal recovery, by helping people claim or reclaim a foothold in the world of work and in overcoming the very real barriers that get in the way. By developing collaborative partnerships with mental health and addictions services and strengthening partnerships with community resources



I was out of work for 20 years... it never occurred to me that I could work because I didn't have anybody looking at me saying - Oh you have something to offer.

Wendy Mishkin

CSWs can improve service accessibility and community inclusion. Most critical for CSWs is making a commitment to work with people as partners, respecting their experiential knowledge and collaborating to tackle structural inequalities, stigma and discrimination which limit their opportunities.

Recovery-oriented approach stands on two fundamental pillars:

1. Each person is a unique individual with the right to determine their own path towards mental health and well-being;
2. We live in complex societies where many intersecting factors (biological, psychological, social, economic, cultural and spiritual) have an impact on mental health and well-being.

The Mental Health Commission of Canada (MHCC) has released the [National Recovery-Oriented Practice Guidelines](#) (French version [here](#)) that provide a detailed foundational orientation to the core principles, values and attitudes, knowledge and skills, reflective practice and leadership questions and opportunities for implementing recovery. Adapting recovery principles across supports and services is critical to improving recovery outcomes and this career-focused guide builds on that foundational document. The MHCC Recovery Initiative is working with recovery champions across the country to advance the uptake of recovery-oriented approaches across Canada by creating:

An on-line searchable [Recovery Inventory](#) of Canadian and International recovery research, best practices and supporting policy resources developed based on recommendations from the field. Accessed here: <http://www.mentalhealthcommission.ca/English/inventory>

[Recovery Collaborative Spaces](#) to encourage communities of practice, discussions and resource sharing: <http://www.mentalhealthcommission.ca/English/groups/15996/recovery>

[Recovery Declaration](#) to encourage dialogue, identify champions and build support for the adoption of recovery-oriented practices at a system, service and practice level. Accessible here: <http://www.mentalhealthcommission.ca/English/document/25671/recovery-declaration-brochure>

[Personal Video Compassion for Voices: a tale of courage and hope](#)

IMPORTANCE OF HOPE

- Hope is the foundation on which recovery builds
- Hope can be in short supply
- Creating a hopeful vision for future employment is critical for success
- Hope is inspired by focusing on strengths, abilities and potential for growth
- Career resource centres can model and communicate a culture of hope

Hope is the foundation of recovery

Promoting a culture of hope and optimism is a cornerstone of recovery-oriented practice and a key factor when working with people with mental health issues.⁴⁰ With the onset of mental illness, well-intentioned physicians, mental health professionals, family and caregivers can discourage the pursuit of education and employment for fear of illness relapse. Because of self-stigma, many people begin to believe this lowered expectation and accept that their illness reduces their ability to manage stress. Within this context, self-confidence and personal self-efficacy can take a beating. Lowered expectation that people can work and a lack of optimism for the future can crush hope and limit recovery. Hope is the fuel they need to sustain interest and overcome the employment challenges ahead.

There is good reason to be optimistic

A recovery-oriented approach assumes that everyone has the capacity to recover, to reclaim and transform their lives - irrespective of their diagnosis, duration of illness, or disability. Given the right conditions, supports and resources, each person's capacity to learn and grow can be mobilized. In addition, longitudinal studies are dispelling myths that 'serious mental illnesses' such as schizophrenia, bipolar and major depressive disorders are disabling, progressive brain disorders requiring long-term maintenance to manage. Effective treatments are improving clinical recovery including advances in neuroscience that show promising recovery of cognitive, behavioral, social and psychological disability and in preventing cognitive decline reversing negative symptoms of illness often associated with chronicity.⁴¹ ⁴² Insufficient funding for mental health and psychological services limits choice and access to evidence-based approaches that can help support recovery.⁴³

Activating hope

CSWs and the people who use their services agree it is essential to inspire hope in the possibility of work. People come to CSWs for support in transforming their lives and finding meaning, acceptance and security through employment. CSWs are powerfully positioned to model and communicate a culture of hope and to inspire a sense of possibility by exploring past successes, identifying interests, encouraging positive risk-taking and helping people to ignite their dreams for a better future.

Hope is strengthened in three essential ways:

1. Activating the person's internal resources
2. Hope inspiring interpersonal practices
3. Accessing external supports and resources ⁴⁴

Recovery-oriented practice starts with respect and valuing the person's inherent worth and importance. By building interactions based on kindness and mutual respect that demonstrate genuine concern for a person's well-being - hope and healing are activated. Recovery is nurtured when people are able to acquire a sense of mastery, personal control over their life and recovery journey. A key source of hope is the ability of CSWs to look beyond the limitations of illness and help people see their unique strengths and capabilities and mirror these back. They can encourage people to set employment goals aligned to their aspirations and interests and by providing decision-making control and choice. By helping people monitor their progress in attaining their employment goals, CSWs can help demonstrate progress and inspire renewed confidence. ⁴⁵ Having a strong sense of self-efficacy, motivation and confidence are the most significant indicators that a person will have a positive return to work. ⁴⁶

Language matters

Avoiding labels and use positive and 'person-first' language to reduce pessimism. By emphasizing that mental health problems and illnesses are a frequently occurring and broadly shared human experience, CSWs can help to reduce the shame many people associate with mental illness and feelings of being fundamentally broken and different. Helping people positively reframe their experience of illness from one of loss, to an opportunity for growth and transformation supports people in finding new purpose and meaning within their experience. For example, participating in public education and advocacy activities can inspire empowerment and strengthen hope.

[Personal video](#)

What can Career Service Workers do to enhance hope in their practice?

- How do you create a safe, welcoming and hopeful workspace?
- How do you model positive, optimistic and supportive behaviour?
- Do you use positive inspiring language when exploring career interests and options?
- In what ways do you provide people opportunities to express their career goals – without judgment?
- By what means do you communicate positive expectations for employment?
- How do your assessment, recording and planning processes focus on people's strengths and achievements?
- How do you help people to reframe losses and setbacks as learning opportunities and support perseverance?
- Are there opportunities to learn about positive psychology, resilience and coping?
- How do your own beliefs about mental health recovery influence your practice?

Resources:

[Hope Studies Centre](http://www.ualberta.ca/hope): A research centre committed to the study of hope in human living.
www.ualberta.ca/hope

Slade, M. (2103) 100 Ways to Support Recovery: A Guide for Mental Health Professionals. 2nd edition. http://www.rethink.org/media/704895/100_ways_to_support_recovery_2nd_edition.pdf

Russinova Z. Providers' Hope-Inspiring Competence as a Factor Optimizing Psychiatric Rehabilitation Outcomes. *Journal of Rehabilitation* 1999; Oct-Dec:50-57.

Leamy M, Bird V, Le Boutillier C, Williams J, Slade M (2011) A conceptual framework for personal recovery in mental health: systematic review and narrative synthesis, *British Journal of Psychiatry*, 199, 445-452.

RECOVERY: Hope Changes Everything A tool for starting conversations about recovery and recovery-oriented mental health services. Produced by the Manitoba Schizophrenia Society.

[Watch the video https://www.youtube.com/watch?v=5Q2zkeirxK4](https://www.youtube.com/watch?v=5Q2zkeirxK4)

NOTE FROM THE MANAGER'S DESK

Creating welcoming spaces

We can't underestimate how difficult it can be for a client living with a mental health problem to enter an employment resource centre for the first time and ask for help. They may be fearful, confused and unsure of what to expect or wonder whether they are even welcome. Are our employment centres places of welcome for everyone?

People strongly identify with space - and the environment we create can support or hinder our relationships with the people who use our services. Creating hope-filled, culturally safe and socially inclusive environments are designed with intent and careful consideration for what motivates people to use our centres. The way the physical space of our centres are designed and the processes used to manage engagement can dictate and focus the experience of those who walk through the doors.

Inclusive design also considers how staff engages with people and each other. Do you ask people to take a number, wait for service, or tell them there is a waiting list before they get a chance to engage with staff? Can they develop a relationship with one staff member? Can people easily access the resources they need? Do people want to come back? Have you considered the layout and structures of your workplace from the perspective of the people who use your service?

Take time to explore your space and consider the impression you make.

- How does your space make people feel?
- Is your space designed to create a good client experience?
- Do you convey a sense of value, welcome and safety to those that walk through the doors?
- Does the physical space and staff behaviour convey a clear message - we care - you matter - you belong?
- Do your program materials and documentation reflects a strength-based approach?
- Is the cultural diversity of your community reflected in the physical space and represented in staff hiring?
- Do your program materials reflect hope and optimism - including mission statement, policies, programs, assessment processes, forms, brochures etc.
- Do you convey welcome to groups who often feel left out i.e. posting a rainbow flag, mental health posters (MIAW) or a MHCC Recovery Declaration to let everyone know they are welcome?

Our organizations are called 'Career Resources Centres' - but they should be called 'Hope Centres' because that's what we sell. That's our product!

*Kathy McKee, Manager,
Job Resource Centre*

Ask yourself - have you created an environment that communicates hope? If not - consider how you can.

RECOVERY IS PERSONAL

I am more than my illness. Have your people not be therapists... but be knowledgeable about the people they are trying to help integrate back into society. We want to be part of the workforce but may only dip our toes in and then back away, come back and test the water again... sometimes several times before we are really ready.


*Charting the Course
Participant*

KEY MESSAGES

- Every person has the potential to recover, reclaim and transform their lives
- Each person's journey is unique and influenced by multiple internal and external factors
- It is critical to support the resilience, strengths and capacities of each person to achieve their potential
- A strong sense of self-agency, efficacy, motivation and confidence are tied to successful return to work
- Recovery-oriented practices are tailored to a person's preferences, life circumstances and aspirations
- Recovery is strengthened by taking responsibility for one's own well-being
- Recovery is an ongoing journey, marked by achievements and setbacks
- Recovery practice is built on a mutually and respectful, trust-based and collaborative partnership
- Reflective practice strengthens the therapeutic alliance

Confidence and satisfaction

Through the Charting the Course study CSWs reported a high degree of satisfaction in working with people with mental health problems in their practice when they are able to gain trust, see improvements in confidence and self-esteem and see people become connected to their community, family and friends. Satisfaction also comes from supporting change and assisting people in meeting their employment / career goals. However, CSWs also express a lack of confidence in their knowledge and skills in providing appropriate support and have concerns that without more knowledge about mental illnesses they may cause more harm than good. This confidence gap plays a role in why people are denied service or referred on to specialized mental health vocational services. Some CSWs report feeling frustrated by people with mental illnesses who they feel lack insight, have limited motivation, hold unrealistic expectations regarding employment and present with 'challenging' behaviours. Adopting a recovery-oriented approach to counselling means aligning support in ways people find most helpful - not based on the judgement of the counsellor. Adopting a recovery-oriented practice approach helps to reduce pessimism, frustration and improves practitioner satisfaction.⁴⁷



Recovery is 'Person-First'

A recovery-oriented approach recognizes that each person is a unique individual with strengths and capabilities, a strong urge to succeed, to explore the world around them and have value and can make a contribution to community. Mental health problems and illnesses can disrupt this innate drive. People are not 'schizophrenic', or 'depressive' and their identity and personhood is not be defined by their mental health diagnosis, disability, or limitations. Adopting a strength-based approach helps people to identify and resolve the challenges they face in pursuing work by focusing on their internal strengths and by building their external resources.

Adopting a strength-based approach requires:

- Creating a trusting and workable relationship
- Empowering people to lead their own recovery progress
- Working in collaborative ways to achieve mutually agreed upon goals
- Helping people to draw on personal motivation and hope
- Creating sustainable change through their learning and experiential growth

By focusing on an individual's strengths and abilities CSWs help to rebuild the confidence, resilience and self-agency needed to pursue work.⁴⁸ A recovery-oriented approach recognizes that each person's life experience is distinctive and that each person inherently knows their own needs. Focusing on their symptoms of illness does not help to support people in re-establishing vital roles and relationships. Helping people stay focused on their employment goals and finding ways to move forward supports recovery. CSWs can facilitate recovery by engaging people as partners in all aspects of decision-making, by strengthening personal control and supporting choice as fundamental to empowerment. Essential to recovery practice is helping people to explore their options and making specific workable plans that reconnect them to the people and roles they value. Personal recovery is supported when people can identify ways of monitoring their progress forward and are helped to make necessary adjustments to meet their goals. Paid employment is not the only way people engage in meaningful work and volunteering and service to others is equally important.⁴⁹ However, paid employment is for many people the pathway out of poverty and a key that opens doors to social and economic inclusion.

[Personal story videos](#)

A Collaborative Partnership

A recovery-oriented partnership is built upon mutual respect and an open collaborative partnership. This requires that career services are designed to ensure people have choice and can develop an ongoing relationship with a counsellor they trust. Demonstrating kindness, honesty, flexibility and empathy are the foundations of a building a trusting relationship. Through Charting the Course service users expressed concern that disclosure required assurance that their privacy would be respected. Feeling safe and accepted is a critical factor in promoting disclosure. A recovery-oriented partnership requires reaching consensus on the proposed approach and ensuring the person's individual goals take prominence in planning. A therapeutic alliance is strengthened by respecting the 'experiential expertise' people bring to the relationship and by having a willingness to learn from each other. Adopting a 'coaching' rather than directive approach conveys a sense of confidence in the person's ability to make good decisions. The professional expertise, knowledge and skills of the CSWs are best presented as options to help inform people in their decision-making. Through Charting the Course, CSWs reported that program design and funding practices place constraints on the focus, timing and direction of service to the detriment of people accessing support. The priority of recovery-oriented focus is on adapting services to the person and their career goals - not aligning people to the objectives of the program. CSWs and program managers may need to advocate with funders to reflect on their practices and consider ways to align programs to meet individual needs and remove systemic barriers that limit opportunity. Developing meaningful recovery-outcome measures in partnerships with service users can help strengthen accountability.

HAVE PATIENCE.... we will jump in when we are ready; just offer the tools and services so that we can make an informed decision. Do not force us. We have enough struggles already, this has to be something that we do for ourselves...and we will...trust me! :0)

Charting the Course Participant

Unique experience

Recovery-oriented support takes into account people's values, beliefs, preferences and life circumstances in helping them identify and access the support they may need from a diverse range of services. This may include biological, pharmacological treatments, cognitive behavioral, psychological and psychotherapeutic therapies, psychosocial rehabilitation services, peer support, physical health care, alcohol and drug treatment and counselling, nutrition, activity and recreation interventions, traditional healing in different cultures and alternative and complementary treatments, such as yoga, acupuncture, Ayurveda etc.

People have many different ways of experiencing, explaining and coping with their mental distress. For some people being diagnosed with a mental illness can bring a sense of relief. It can help make sense of disturbing thoughts, feelings and behaviours and there is less isolation knowing that others share their experience. A diagnosis of mental illness can also create a sense of order for what may feel chaotic thus opening up promising pathways for treatment to alleviate distress. Framing mental health problems as illnesses can also help to engage the care of others, making it easier to ask for assistance and helps people feel more comfortable taking time from responsibilities to heal. However, caution is required to avoid 'painting people with a single brush' and help people to see themselves beyond their diagnosis.

However, this is only one way to explain distressing experiences. For some people receiving a psychiatric label can cause distress, alter their self-identity and lead to others seeing and treating them differently. A diagnosis of mental illness can overshadow a person's life, taking on a defining role. This can include others viewing natural emotions as an expression of illness, questioning judgment and competency, lead to receiving poorer physical health care, others being overly protective in a way that restrict opportunities for decision-making, personal responsibility and/or taking steps to limit people's rights.⁵⁰ People from different cultures may also make sense of their mental health problems in ways that CSWs may find difficult to understand. People may also draw on traditional healing approaches reflecting cultural practices and alternative and complementary treatments, such as yoga, acupuncture, Ayurveda etc.

Listening without judgment, being open to learn and explore ways people can manage their distress, within their belief system, helps build trust and can open the door to exploring other approaches to support and treatment.

Recovery is not a linear process

Experiencing a mental health problem or illness can have a profound impact on a person's life. It can take time to process what has happened and make the needed internal adjustments to move forward. Recovery is not a linear process and the pace of change is different for each person. People may take many steps forward and then need time to regroup and then try again. Some CSWs report experiencing frustration working with clients who they feel 'lack motivation' or 'insight' into their illness. The cyclic nature of illnesses and what are felt to be 'difficult' and 'challenging' behaviours can make their work feel more stressful. This frustration is deeply felt by the people they serve and can harm the therapeutic alliance. However, sometimes what seems like resistance or interpreted as 'laziness' is something else. Symptoms of illness and side effects of medication can impact cognition and energy levels. Ambivalence, resistance and decreased motivation can be a natural part of the recovery journey. Being patient and supportive, while helping people to stay focused on their employment goals, can help people shift attention away from their symptoms of illness and onto achieving their work related goals.

A lot of people don't like to think they may have biases - but every single person has a bias in the way we think about things... we need to be aware of them because they are going to influence our decisions and how we treat people.


*Career Services
Manager*

Using the [Stages of Change Model](#) will help guide CSWs to better understand the complex, dynamic and ongoing process of recovery. Adapting support and information to the person's stage of change along with using motivational interviewing tools to help people to see a better future and clarify their goals can strengthen and sustain motivation. By being able to gauge readiness to take on new challenges, CSWs can promote a deeper sense of self-determination and help to move people from a sense of anguish to well-being and empowerment. A modified version has been developed drawing on the core mechanisms people living with mental illnesses associate with positive change.

⁵¹ [Appendix A](#)

Importance of risk-taking

People living with mental illnesses report that they are often discouraged from pursuing their employment goals or in returning to school because mental health professionals and/or CSWs do not think it is a good alignment to their aptitude or because of concerns about their ability to function in that role. Risk taking is an essential part of human growth and development. Creating a safe environment where positive risk taking is encouraged, set backs are viewed as opportunities for learning and where people are encouraged to explore a full range of options for employment - without judgment - builds confidence and resilience. CSWs are highly valued when they encourage self-directed



action and by aligning their support to follow the lead of the person. Providing people with employment, training and market-based information helps people to consider those options that align to their goals, beliefs and values information.

Self-reflective practice

People living with mental health problems do experience prejudice when trying to re-integrate into employment - including from mental health and employment professionals who are entrusted to provide them with support. Through the Charting the Course study people reported that they have been denied career counselling services because they have a mental illness, told their career goals are unrealistic or have been encouraged to 'get better' before seeking career planning services. People felt they are less likely to be considered for training - a finding that is consistent with the broader research. For example tying a person's medication use and treatment compliance to accessing supports and service (including referral to training programs) is experienced as coercive and not an uncommon experience. This approach can have devastating impact on confidence and can result in years of unnecessary delay in people returning to work and engaging in treatment. A high-quality therapeutic relationship requires CSWs to undertake careful, ongoing self-reflection to understand their own personal beliefs, values and attitudes toward people with mental health problems. Forging a strong working alliance is improved when CSWs are able to reflect personally on differences of perspective and discuss them openly with the people they work with. Understanding the privileged position that counsellors hold and how differences in power can influence feelings of safety are of particular importance when working with people who have experienced significant marginalization. Reflective practice also requires considering how program or organizational biases may limit opportunity and consider ways to remove barriers.⁵²

More than symptom management

CSWs recognize that people face multiple compounding challenges including greater poverty, housing instability, loss of family and social support, difficulties accessing transportation, childcare, overall poor health, and legal and financial issues. These barriers are both a cause and a consequence of unemployment and cumulatively are harmful to a person's mental health. Helping people secure employment is one important way of alleviating many of these stressors. Everyone of us can be battered by life's forces and some people, at different times in their life, are being battered by more of them, or have fewer supports or resources to draw upon. A focus on the symptoms of mental illness can lead to limited attention being paid to, or priority placed on, understanding and

addressing the complex internal and external conditions, as well as social factors that influence physical and mental health. To alleviate barriers to employment CSWs need to help people identify and connect to resources such as housing and income support programs, childcare, legal services and health care etc.

While resolving distressing symptoms is important in reducing disability, recovery is about the extent to which people can make meaningful sense of their experience, find ways of integrating mental health challenges into their lives and enjoying valued roles within their community, good housing, secure income, a sense of purpose and meaningful relationships. Recovery is not something undertaken after treatment is complete and symptoms are resolved but is an ongoing journey towards overall health and maintaining wellbeing.

SEEKING HELP

Recovery is an ongoing journey and there are supports – both formal and informal – that can help people along the way. Sometimes the most difficult challenge for people struggling with mental health problems and illnesses is in knowing where to turn for help. Often people know there is something wrong but not necessarily that they are in need of professional help often leaving them struggling unnecessarily and alone for years. People report being afraid to tell others what is going on or to seek professional help for fear of being negatively judged. However, people often say they wish they had figured out what was wrong and sought out help sooner. Research supports that early treatment can lead to better long-term mental health outcomes and reduce functional disability. Finding help can be particularly challenging during times of crisis so advanced planning is helpful. CSWs can play a vital role in reducing the sense of shame attached to mental illnesses; encouraging people to seek help, exploring their options and supporting them to find the access points to care. [Mental Health 101](#)

Service inaccessibility impact employment

Through Charting the Course many CSWs expressed frustration with the lack or inaccessibility of mental health services - particularly in small towns and rural communities. Long wait-times and insufficient resources make it challenging for CSWs to support people with complex, multi-faceted needs. Difficulty accessing a timely consultation with a mental health professional heightens the sense of CSWs feeling lost, hopeless and powerless in providing career planning services to people living with mental health problems. CSWs also expressed frustration that too much attention is being paid to medication and treatment compliance and not enough on providing psychological counselling and psychosocial support. People living with mental health problems agree. CSWs can better empathize with the people they serve by acknowledging these service limitations, the structural deficiencies that impede recovery and by helping people to find the supports and resources they need. By developing collaborative service partnerships with mental health services and peer support, career services can help increase community support capacity. Undertaking collective advocacy with government to address mental health supports and service inequalities is required to build recovery-enhancing environments.

You alone can do it - but you can't do it alone – seek out assistance.



Building a personal support team

- ✓ Encourage people to talk with supportive friends and family, share with them what helps them stay well and ask them to be part of their support team
- ✓ Connect with their family doctor to ensure physical and mental health needs are addressed.
- ✓ Connect with local community mental health clinics, mental health organizations and local community health care centres – which may have many different professionals to help.
- ✓ Call the help line to provide support and help find other resources in your community.
- ✓ Encourage people to learn more about mental health problems and illnesses and to access credible resources on-line.
- ✓ Connect with others who have personal experience such as peer support groups / organizations.
- ✓ If you are working, connect with your Employee Assistance Program.
- ✓ Go to education sessions and workshops hosted through hospitals, community centers, self-help groups, colleges or universities.
- ✓ Connect with cultural centers and your faith group.

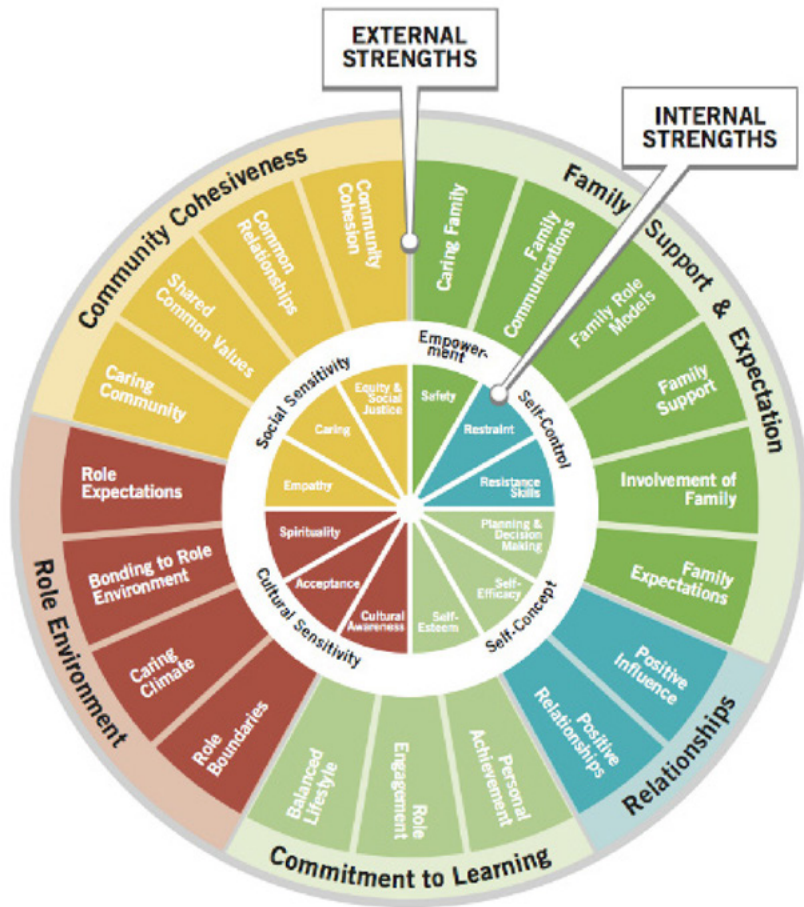
Finding a good 'fit' is important and it may take trial and error for people to find the support they need. CSWs can help by re-enforcing that it is worth the effort to keep trying and not give up hope.

HOLISTIC APPROACH

A comprehensive, holistic recovery-oriented approach to mental health care shifts the focus from deficits, limitations and problems to helping people to mobilize and build on their strengths, resilience and internal and external resources to promote mental health and facilitate healing. A holistic approach includes:

- Looking after oneself and remaining healthy and independent
- Participating fully as active members of community
- Having choices and accessing the type of help people want and need - when it is required

A holistic approach to mental health and addressing employment challenges, places emphasis on the social context of people's lives, understanding the value people place on family and community and on understanding the multiple and complex influences that impact work. It requires focusing not just on supporting the individual but the community



Graphics source:
<http://www.resil.ca/services/assessment/>

in which they live. A recovery-oriented approach requires creating a safe space and taking time to listen for and respond to the multiple and often compounding influences that affect a person’s health and well-being.

Promoting Self Management

Medication and treatment can be invaluable in helping people gain control over distressing symptoms but maintaining health and well-being may have ongoing challenges. Mental health problems often occur across a mental health continuum and people can learn to take steps to activate self-righting strategies in managing distressing thoughts, feelings and behaviours that interfere with work.

Mental health and mental illness are not mutually exclusive. The absence of a mental illness is not the same as having good mental health. Mental health and well-being is about promoting a good life, where people can flourish, feel happy, capable and engaged. Mental health is fostered by giving of oneself, being actively engaged in things you enjoy, embracing new experiences and becoming a life-long learner. Learning to be aware and mindful of what is happening and nurturing a sense of gratitude and abun-

dance can improve well-being. Feeling connected to others in reciprocal relationships of care, being connected to ones social network and community also fosters good mental health.

Recovery is not a passive process and there are many ways in which people can take responsibility for their own health, manage their illness to prevent relapse, build resilience, avoid crisis and promote good physical and mental health including:

- Creating healthy sleep/wake patterns
- Exercise, diet and proper nutrition
- Balancing work, rest, play, spiritual and creative pursuits
- Finding ways to be involved in community and having a sense of purpose and meaning in life

By exploring with people the support network and resources they can draw to manage their illness and stay healthy, CSWs reinforce the importance of self-efficacy, resilience and self-care. People benefit from having a set of evidence-based self-care tools. In preparation for returning to work, training or school, CSWs can support recovery by exploring what tools people have in their 'self-care toolkit' including:

- Does the person have access to the professional services they need to support their recovery?
- How do they recognize and manage stressors?
- What has worked in the past when the person faced mental health challenges?
- What are the wellness practices that work for them (exercise, meditation, recreation, artistic, spiritual)?
- Who do they include in their circle of support?
- Have they engaged their supporters to provide feedback and assistance?
- Do they know about and connect with peer support?
- What are their distress triggers? How can they be avoided or managed?
- Are there people or situations that they need to avoid?

If the person has not yet developed a wellness strategy then CSWs can encourage them to create a personalized wellness action plan as part of their employment strategy. This can help build confidence and reinforce a sense of personal responsibility for their own health and well-being.

Self-help and peer support groups are the incubators of individual recovery and a key sustaining force behind the broader acceptance of recovery as the guiding principle for all that occurs in the formal system.

Senate Hearing Participant

Wellness, Recovery Action Planning (WRAP)

WRAP is an evidence-based, peer developed set of tools built on experiential expertise and evidence-based research to promote wellness, anticipate and manage mental health problems and find ways to grow through experiences of crisis. ⁵³ Based on the belief that people are experts in their own experience and that there are no limits to recovery, WRAP helps build self-awareness, empowers people to take responsibility for their own lives and well-being, advocate for themselves and grow from the support of others. This self-management approach does not mean that people recover alone. Instead it is a part of the personal and professional supports and services people use to support their recovery. People who chose to disclose their mental health challenges with their employers can use this tool to provide guidance on what might help them or the steps employers can take when problems arise. Those who use this tool report feeling more comfortable advocating for themselves, engaging in job counselling sessions and more prepared for their return to employment and/or school.

The core elements of a WRAP plan include:

- Wellness toolkit
- Daily maintenance plan
- Identification of triggers and an action plan
- Identification of early warning signs, what to do when things break down
- Crisis plan and post crisis planning.

An on-line self-directed tool is available at <http://www.mentalhealthrecovery.com/wrap/>

Mental Health Resource:

Mental Health Promotion and Mental Health Promotion Train-the-Trainers Manual Available at: <http://www.cmha.ca/public-policy/mental-health-promotion/>

Five Ways to Wellbeing: A best practice guide (2009) Mental Health Foundation of New Zealand <http://www.mentalhealth.org.nz/assets/Five-Ways-downloads/mental-health-5waysBP-web-single-2015.pdf>

PEER SUPPORT

Peer support is helpful and encouragement from a peer can feel more powerful.

KEY MESSAGES

- Peer support is an evidence-based best practice in mental health care
- Peer support is a mutual relationship between people who have a lived experience in common
- Empathy and connection fosters hope – a starting point of a recovery journey
- A recovery-orientation and fostering empowerment are critical elements of peer support ⁵⁵

MENTAL HEALTH AND PEER SUPPORT

People living with mental health problems report the valuable support and encouragement they receive from peers as part of their recovery journey. A strong sense of connection and empowerment can result from hearing, “I’ve been there and found my way and I believe you can too.” Peer support workers draw from their own experience to mirror a hope-filled vision of future possibilities and inspire people to take steps toward their own recovery. Central to peer support is helping a person explore the path that is best for them. Amongst peers, people are able to practice disclosure free of judgment, which can help to lessen the sting of self-stigma. People learn about community resources and explore self-care strategies that help to support wellness. Peer support can also help to cut the painful sense of social isolation that many people feel.

Through Charting the Course almost all CSWs (97%) reported having a low level of understanding about the value of peer support in mental health care or way to connect people to this valued resource. Peer support is provided in both group and one-to-one relationships, informal and formal settings and in community groups, clinics, schools, workplaces, etc.

Peer support within employment

Peer support is about providing all the tools besides medication – the tools for the other 80% of your life.⁵⁴

The presence of peer support workers within career resource centres is a powerful representation of hope and recovery. They can add significant value by helping people to explore their interests, strengths and goals, develop self-care plans and through job clubs to learn important job search, interviewing and work preparation skills. The presence of peer support workers within professional teams can add a valuable service-user perspective, help to reduce stigma and shift ‘corporate culture’ to become more inclusive towards people living with mental health problems. ⁵⁶ The inclusion of peer support

is an evidence-based best practice increasingly incorporated into services. A national voluntary certification process is now in place in Canada for mental health peer support workers based on peer developed standards and practices. More information is available at Peer Support Accreditation Canada.⁵⁷

CSWs are not immune

CSWs who also have experienced a mental health challenge can use this experience to model disclosure, recovery and provide hope.

CSWs are not immune from experiencing mental health problems and illnesses with in their lives. Within many helping professions, there are people, (referred to as 'prosumers') who have a mental illness themselves but do not disclose that fact to others for fear of stigma and discrimination. Although disclosure is often discouraged within professional training, drawing on this personal experience and using positive self-disclosure in a therapeutic way builds an empathic bridge and can powerfully demonstrate hope and the possibility of recovery. Creating a peer support group for prosumers can be a way of supporting people in managing the inherent challenges of this dual identity.

What can CSWs do to enhance their practice?

- Learn about peer support, its fundamental concepts and impact on the recovery process.
- Identify peer support resources within your community.
- Provide information about peer support and refer people where it is available.

Organizational practice

- Explore hiring an Employment Peer Support worker within your agency.
- Provide staff training on peer support in mental health and ways to incorporate this approach in career counselling practices.
- Collaborate with community-based peer support programs on program planning, education advocacy and support issues.

Resources:

Nova Scotia Certified Peer Support Specialist Program. http://www.healthyminds.ca/index.php?page_id=52

Sunderland, Kim. Mishkin, Wendy, Peer Leadership Group, Mental Health Commission of Canada, (2013) Guidelines for the Practice and Training of Peer Support, Calgary, AB; Mental Health Commission of Canada. <http://www.mentalhealthcommission.ca>


[Making the Case for Peer Support](#), Mental Health Commission of Canada, 2010.

MANAGING A MENTAL HEALTH CRISIS

CSWs may counsel people at difficult times in their lives. Job loss, uncertainty for the future, economic stress and hopelessness can contribute to feeling overwhelmed. Recent loss of employment and entry into the workforce are times of increased vulnerability. Thoughts of suicide and self-harm during stressful times are not uncommon and are a normal part of the human experience when there is great suffering. It is not a sign of weakness or a character flaw. Very few people go on to take action on these suicidal thoughts. However, a mental health crisis can be avoided or better handled through early identification, response and supportive intervention. CSWs can benefit their clients by understanding suicidal risk and ways to manage emotional distress that may present within their practice. When people do disclose it is important to thank them for their trust, appreciate how courageous it is to be willing to discuss what must feel like a scary experience. The goal for CSWs is to assist people in activating their internal strengths, linking them to appropriate professional resources and provide support until the crisis resolves. More information is available in [Appendix C](#).

These brief videos provide a good overview for improving your practice in managing suicidal ideation. Consider using these videos as a means to engage staff in a discussion about suicide.

[Preventing Suicide - Mary-Jo Bolton, CASP](#) <http://suicideprevention.ca/lets-talk-about-suicide/>



[Person-Centred Care Video - John Draper, PhD. Suicide Prevention Resource Centre-
https://www.youtube.com/watch?v=k3DGSdJ7R8Y](https://www.youtube.com/watch?v=k3DGSdJ7R8Y)

Mental Health First Aid is a structured program designed to improve mental health literacy and the skills and knowledge people need to better manage potential and developing mental health problems in oneself, a friend, family member, client or colleague. This training teaches people how to identify the signs and symptoms of mental health problems and illnesses, ways of providing initial help and how to guide people towards appropriate professional help.

Resource:

Mental Health First Aid Canada: <http://www.mentalhealthfirstaid.ca/EN/course/Pages/default.aspx>

CARE FOR THE CAREGIVER

Supporting people during times of deep distress and listening to stories of trauma can take its toll on the mental health and wellbeing of CSWs. Over time, the demands of maintaining a strong emotional bridge and listening compassionately to the struggles people experience can lead to withdrawal. Many of the challenges people are facing are structural problems or issues outside of the CSWs capacity to address. Organizational policies and funding practices can also create tension when CSWs feel overtaxed or constrained in providing the kind of support they feel would be most beneficial. The result can lead to feelings of anger, hopelessness, frustration and despair.

Compassion fatigue refers to the emotional and physical exhaustion professionals and caregivers can feel when supporting people in social, emotional, psychological and physical pain. It can lead to the erosion of feeling empathy or hope and can result in boundary violations within the care giving relationship. It is referred to as 'the cost of caring' or vicarious trauma and left unmanaged compassion fatigue can result in demoralization within the workplace, decreased productivity, cynicism and conflict amongst staff, as well as high levels of disability leave and staff attrition.

Signs of compassion fatigue include: difficulty concentrating, exhaustion, irritability, and feelings of discouragement, hopelessness and despair, experiencing intrusive imagery

and thoughts. There are both personal and workplace factors that can heighten the risk for compassion fatigue in care giving professionals. Compassion fatigue can result from both internal and external factors.

Internal factors	External factors
<ul style="list-style-type: none">• Stressful life situation• Personal histories of trauma• Coping styles• Personality• Levels of support	<ul style="list-style-type: none">• Working conditions• Control over the work environment• Priority on administrative duties over caring role• Organizational change and uncertainty• Inadequate resources to do ones job.

Steps to manage compassion fatigue include: developing a personal wellness plan, making self-care a priority, assess life/work balance, seeking professional help, identifying triggers and seeking the support of peers. However, care is required when seeking the support of peers to avoid sharing 'war stories' which can lead to vicarious trauma. Creating psychologically safe and mentally healthy workplaces can go a long way in reducing the risk for compassion fatigue. [Psychological Safety](#)

Adopting recovery-oriented practices within counselling can reduce the risk of compassion fatigue by:

- Focusing counselling on strengths and resilience vs problems and limitations
- People drive their own recovery process - it is a shared process
- Choice and decision-making rests with the person - enhancing empowerment
- The focus of support is goal directed, hope based and future oriented
- CSWs act as an 'expert advisor' and 'coach' - not as the director of care
- Value is placed on reflective practice and negotiating differences directly alleviates stress

Resources:

Figley, C. R. (2002), Compassion fatigue: Psychotherapists' chronic lack of self care. J. Clin. Psychol., 58: 1433-1441. doi: 10.1002/jclp.10090

Running on Empty: <http://www.compassionfatigue.org/pages/RunningOnEmpty.pdf>

Treating Compassion Fatigue, Edited by Charles R. Figley. <http://www.compassionfatigue.ca/>

TOOLS FOR CAREER SERVICE WORKERS

[The Stages Of Change - Appendix A](#)

[Motivational Interviewing - Appendix B](#)

[Managing suicidal risk - Appendix C](#)

[Pros and Cons of Disclosure Appendix D](#)

CHAPTER THREE

RECOVERY HAPPENS IN THE COMMUNITY
STRENGTHENING CONNECTIONS & ROLES

STIGMA & DISCRIMINATION

DIVERSITY ISSUES

RECOVERY HAPPENS IN THE COMMUNITY

KEY MESSAGES

- Recovery is sustained by valued roles, responsibilities and significant relationships
- Employment recovery is strengthened when people have a strong social network
- Employment is improved when a circle of support is engaged and encouraging
- Helping people to connect to their communities, as fully engaged citizens, is core to recovery
- People are entitled to the same social, economic and employment opportunities as everyone else
- Unequal access to the social determinants of health is a barrier to employment
- People face significant stigma and discrimination - intensified by race, gender, sexual orientation and immigration status - limiting hope and reducing opportunity
- Address systemic discrimination by reviewing organizational policies, program design, management practices

A recovery-oriented approach recognizes that the majority of a person's recovery occurs outside of mental health services and within the community. Sustainable career development is enriched when people are actively connected and involved within their community.

Strengthening social roles and relationships

Mental health symptoms, stigma and prolonged unemployment can result in a loss of valued roles and the withdrawal of support from colleagues, friends, family and neighbours, leading to diminished hope and self-confidence. People benefit from participating in meaningful roles, supportive relationships and by seeing themselves beyond the limitations of their illness. Engaging in meaningful roles (family member, friend, student, volunteer, worker...) is also an important part of active citizenship. CSWs can help by knowing about diverse community resources that assist people to strengthen self-management skills, make contacts and learn about employment opportunities within their community. Helping people to connect with social networks within the community (faith groups, student services, clubs, creative, recreational and social programs) also helps to restore a sense of normalcy and inclusion. Finding the right supports that align with a person's needs, beliefs and values is a process that takes time.

People living with mental illness highly value the support of family and friends who can be important carriers of hope by helping them to recall and build upon their past suc-



cesses, interests and positive experiences. However, family is also identified as a major source of stigma. Family and friends can feel confused, frustrated and lose hope. They may also discourage loved ones from taking risks, pursuing employment or education for fear of illness relapse. Helping families may require education on the value of work in promoting recovery. Although not all family members are supportive, CSWs can help people reconnect by identifying ways to strengthen family bonds, or create a broader social network and a supportive 'family of choice.'

Supporting Citizenship

People living with mental health problems should be able to enjoy the same social, economic, educational and employment opportunities as everyone else. Stable housing, transportation, employment, education, income security, health care and civic participation are some of the important determinants of health. Promoting recovery includes recognizing the potentially negative impact of poor and unequal living conditions on people, challenging social exclusion and supporting people to access services and exercise their rights. By taking the time to understand each person's current living situation and identifying the barriers they face, CSWs can help them to identify community services and resources they can draw upon and ways to strengthen their social support network.⁵⁸ Research into supported employment reinforces the importance of counselors in strengthening social connections, roles and relationships within their community in attaining and maintaining employment. [Supported Employment](#)

What can CSWs do to enhance their practice?

- In what ways can you make social inclusion and citizen participation a focus within career counselling services?
- Do you understand the impact of the social determinants of health on employment and mental health problems and apply this knowledge within your practice?
- Do you make available up-to-date information about community services and resources for housing, education, transportation, childcare and income support?
- In what ways can you reflect an understanding and address the negative impact of poor and unequal living conditions on the recovery of people using your services?
- How can you, within your role, challenge barriers to social inclusion and advocate for equity, including within your network and own service?

Organizational change

- Are there potential community partnerships you can build or be involved in that can improve multi-sector planning and service access?
- How can you work collaboratively with service users to identify and address structural barriers to employment?

Resources:

Social Determinants of Health: The Canadian Facts by [Juha Mikkonen](http://www.thecanadianfacts.org/) and [Dennis Raphael](http://www.thecanadianfacts.org/The_Canadian_Facts.pdf) <http://www.thecanadianfacts.org/> http://www.thecanadianfacts.org/The_Canadian_Facts.pdf

[Supports that may be available](http://vimeo.com/32455938) Mental health works series. <http://vimeo.com/32455938>

National Guidelines for a Comprehensive Service System to Support Family Caregivers of Adults with Mental Health Problems and Illnesses - See more at: <http://www.mentalhealthcommission.ca/English/document/8601/national-guidelines-comprehensive-service-system-support-family-caregivers-adults-ment#sthash.OACrCHUd.dpuf>

A Practical Guide for People with Mental Health Conditions Who Want to Work, Temple Collaborative on Community Inclusion for Individuals with Psychiatric Disabilities http://tucollaborative.org/pdfs/Toolkits_Monographs_Guidebooks/employment_circles_of_support/A_Practical_Guide_for_People_With_Mental_Health_Conditions_Who_Want_to_Work.pdf

STIGMA & DISCRIMINATION

KEY MESSAGES

- Stigma, discrimination and social exclusion is real, widespread and damaging
- Stigma is experienced as the number one barrier to employment
- Self-stigma limits pursuit of opportunities
- Education, positive contact, protest and empowerment reduces stigma
- There is no 'us and them' - we are all in this together
- Reducing systemic discrimination is a social justice issue and a shared responsibility

We realized that we might have been creating barriers for clients based on our internal beliefs that present a stigmatized and discriminatory attitude.

It was eye-opening for us to realize that the limiting factor in our clients' progress [was] our inability to see a limitless future for every client.

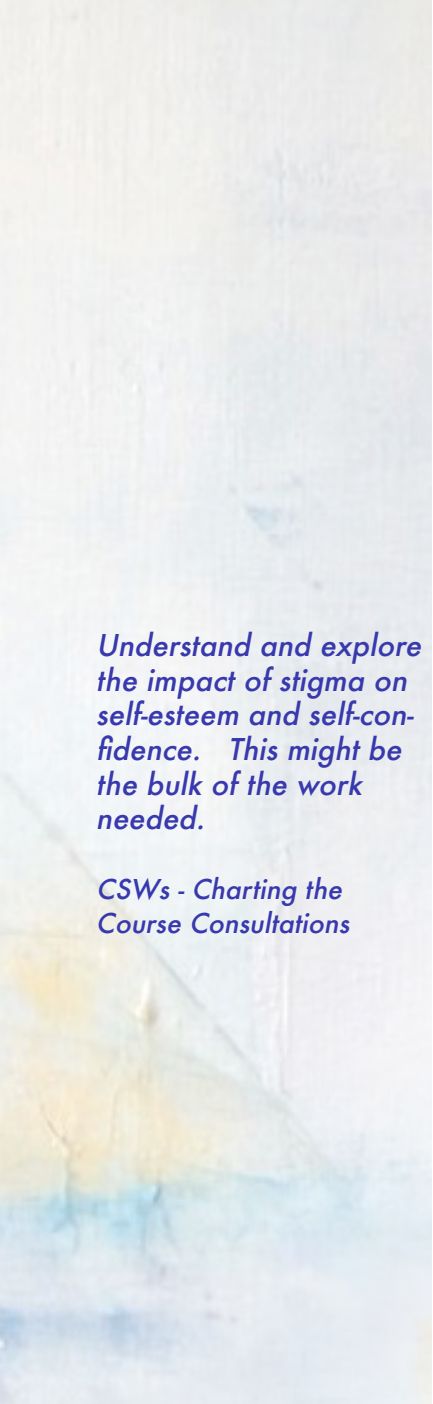
CSWs - Charting the Course Consultations

The most significant barrier to employment people report is not the limitations of their condition, but the disabling attitudes of others. Understanding how stigmatizing attitudes develop and how discriminatory practices limit opportunity is a starting point for improving employment outcomes. According to the Universal Declaration of Human Rights, access to education and meaningful, paid employment free from discrimination is a basic human right.⁵⁹ Yet, 70% - 90% of people identified as having a mental illness are not working and want to! People living with mental illnesses are one of the most socially excluded groups within our society. Discrimination is experienced in lower educational achievement⁶⁰; higher rates of un/underemployment,⁶¹ and by being encouraged to work in positions below their skills and training. Unemployment and poverty are closely linked and persistent, where prolonged poverty results in isolation, poor health, homelessness and housing instability etc.⁶² Being diagnosed with a mental illness can open the door for stigma and discrimination, alters family and other relationships, prejudices work and limits employment and lifestyle opportunities.⁶³ The withdrawal of support from friends and family and rejection by neighbours heighten a sense of devaluation.⁶⁴

⁶⁵

Stigma impacts treatment

Sixty percent of people needing help do not seek the care they need, or prematurely drop out of treatment service because of fear of being labeled. People also report experiencing significant stigma within health, mental health and social services, feeling disrespected in their contact with the very services they turn to for help. These experiences of discrimination intensify symptoms of illness, worsening mental health problems.



Understand and explore the impact of stigma on self-esteem and self-confidence. This might be the bulk of the work needed.

CSWs - Charting the Course Consultations

Families and caregivers also report experiencing stigma from mental health and service providers, family and friends. Psychiatrists and mental health care providers report facing stigma too through devaluation within health care services and inadequate funding by government of the resources needed to fulfill their role. ⁶⁶

People report experiencing stigma through government disability pensions and support programs that penalize or fail to reward earned income, insufficient funding for treatment and psychological counselling support, a limited focus on employment as a recovery goal in mental health services and barriers in accessing training, education and skill development. ⁶⁷ People also experience multiple intersecting stigmas because of their race, class, gender, age, sexual orientation, addictions, physical illnesses or disabilities, religion and cultural differences that have a compounding effect and intensifies the experiences of discrimination. ⁶⁸ A key consequence of stigma and discrimination is the lower expectations for people with a mental illness, and a public willingness to accept a diminished quality of life most people would not tolerate for themselves. ⁶⁹

Despite legislation to protect against discrimination, people face arbitrary restrictions on their rights and opportunities, which weave into policies and practices creating structural stigma. ⁷⁰ Institutional practices of discrimination cannot be resolved at an individual level and require collective action to resolve. If we are serious about preventing distress we need to tackle deprivation, abuse and inequalities. Addressing stigma and discrimination at a structural level is essential to removing the barrier to mental health treatment and improve attachment to support and counselling services.

CSWs are not immune

Forty-six percent of CSWs participating in Charting the Course report having mental health problems - a rate significantly higher than the population average of 20%. However, disclosure in the workplace is seen as 'risky' as colleagues are not always supportive. The need to maintain secrecy is reinforced when CSWs observe incidence of discrimination by staff members towards people using career planning services. This has important practice implications because people who experience high levels of self-stigma are more likely to negatively judge other people with mental illness.

SELF-STIGMA

Self-stigma happens when people agree with and internalize negative stereotypes about mental illnesses, and then limit their own opportunities. Because of its impact on self-esteem and self-efficacy CSWs need to help people understand and address self-stigma that may interfere with pursuing employment and education, connecting with friends, being involved in community and feeling entitled to exercise citizen rights. Self-stigma leads to feelings of shame and self-blame resulting in avoidance of treatment and increases the risk of suicide. Hiding mental health problems / illness can be exhausting and a fear of being 'discovered' is disempowering.

Who experiences self-stigma?

Not everyone experiences self-stigma and for some people receiving a psychiatric diagnosis brings relief by explaining distressing experiences and instilling hope for effective treatment. However, those who too closely identify with their 'diagnostic label' and agree with negative stereotypes are more likely to see having a mental illness as a personal failure, experience lessened self-efficacy, have a lower level of identification with their peers and a heightened fear of disclosure.⁷¹ Some people feel empowered in the face of discrimination and become active in challenging inequalities. Groups, such as Mad Pride and the Icarus Project, offer alternative approaches to understanding and managing mental distress, celebrating mad culture and promoting the right to be different.⁷²

Self-stigma 'circuit breakers'

People can inoculate themselves against self-stigma by:

- Building a strong peer support network
- Reframing their experience of mental distress as an opportunity for growth
- Focusing on strengths and resilience
- Challenging negative attitudes and stereotypes
- Affirming human and civic rights
- Participating in public education and advocacy activities
- Using positive self-disclosure to inspire others and share hope





WHAT FACTORS CONTRIBUTE TO STIGMA

Limited disclosure:

Mental health problems and illnesses are common, affect people across the age span and in every walk of life and yet remain primarily an 'invisible' disability. Although the discouraging statistics about employment levels for people living with mental illness may suggest otherwise - the majority of people living with mental illnesses are working productively everyday, at every level of the employment spectrum and are playing an active role in the lives of their family and community. You just may not know it. People's reluctant to share their experience of mental illness results in a distorted sense of who we consider 'mentally ill' and who is not.

Framing of mental illness:

Despite decades of public education to reduce stigma - it remains a significant problem. ⁷³ The most frequently used approach has been promoting mental health problems as biological illnesses and was intended to decrease blaming of patients for their problems and increase compassion. However, promoting mental illnesses as biologically driven genetically based and chemically mediated disorders of the brain, has led to a deepening of stigma. Stressing medication as the primary treatment and focusing on individual limitations and suffering contributes to a heightened sense that the 'mentally ill' are somehow fundamentally different from everyone else. Teaching the signs, symptoms and treatment of mental illness enhances knowledge but does not reduce stigma, address discrimination, or improve quality of life. Framing distressing symptoms as bio-medical disorders is also found to reduce compassion by clinicians - critical in forming a positive therapeutic alliance. There is greater compassion when mental health problems are presented as the consequence of early childhood experiences and/or stressful life circumstances. ⁷⁴

Promoting mental illnesses as 'an illness like any other' can minimize attention paid to the environmental, psychological, social, cultural, spiritual and broader economic forces that affect people's mental health. Bringing public thinking into alignment with a medical framing of mental illness may increase support for treatment but the unanticipated consequence is a deepening of public stigma; increased desire for social distance,

tolerance for the use of coercive practices and limitations on opportunities – particularly in relationship to work.⁷⁵ Although well intentioned, this public education approach contributes to self-stigma, a sense of immutability and pessimism about recovery.

5 WAYS TO REDUCE STIGMA

1. **Language matters – words can hurt.** Words can help...but they can also hurt. Pay attention to the words you use.
2. **Educate yourself.** Myths exist about mental illness that contribute to stigma. Learn the facts.
3. **Be kind.** Small acts of kindness speak volumes.
4. **Listen and ask.** Sometimes it's best to just listen. "I'm sorry to hear that, it must be a difficult time. Is there anything I can do to help?"
5. **Talk about it.** Start a dialogue, not a debate. Break the silence. Talk about how mental illness touches us all in some way.

Reference: <http://letstalk.bell.ca/en/end-the-stigma/>

EFFECTIVE WAYS OF REDUCING STIGMA AND DISCRIMINATION INCLUDE:

Education

Providing targeted education to powerful groups on the experience of having a mental health problem and illness, sharing the personal journey of recovery - including challenges and triumphs, experiences of discrimination and stories on what promotes inclusion, optimism and rights - not just education to improve knowledge of mental illnesses - has a long-term lasting impact. A focus on normalizing the experience of mental health problems and illnesses as part of our shared humanity, influenced by life events and circumstances, promoting social inclusion in valued roles within the community and creating a positive climate that supports personal disclosure helps shift attitudes. Education is best designed and delivered in partnership with people living with mental health issues.

Contact

Having positive interactions with people living with mental illnesses who are peers, who challenge negative stereotypes, promote a sense of competence, capability and reinforce the benefits of treatment and possibility for recovery in a context that encourages ongoing discussion, has the greatest impact in shifting negative attitudes and beliefs. Encouraging a safe environment for disclosure, can help remove secrecy and expand contact. When positive contact is coupled with education on recovery there can be a deep resonance between the storyteller and audience that helps people understand and re-imagine what they believe and they see people living with mental health problems and illnesses in a new and different way. Providing access to recovery-oriented stories can shift public attitudes.

Protesting negative media

The media plays a significant role in shaping attitudes towards people with mental illnesses who are often depicted as violent, impulsive and incompetent - myths that persist despite evidence to the contrary.⁷⁶ Reducing stigma requires working with media to set standards, protesting negative depictions and encourage coverage that promotes diversity, recovery and positive portrayals of people living with mental health illnesses as actively engaged and valued members of community.⁷⁷ Journalists in Canada have developed Mindset Media Guide: Reporting on Mental Health, to deepen understanding of the impact reporting has on public attitudes and to improve the coverage of mental health problems and mental illness in the media.⁷⁸

Promoting citizenship and rights

A high level of personal empowerment is a positive indicator for successful employment. However, most people living with mental illness do not know their rights of protection under Human Rights Legislation or are reluctant to pursue them for fear of disclosure. Affirming and promoting people's rights can help them to address systemic discrimination and find avenue of redress. Addressing systemic barriers through policy and practice change can improve opportunities and service accessibility. Creating collaborative partnerships, including people with experiential expertise, to address underlying inequalities and challenging policies and practices that limit opportunity helps to promote systemic change. Participating in peer support can lead to positive group identification, empowerment and a desire to effect change.

Using a targeted approach

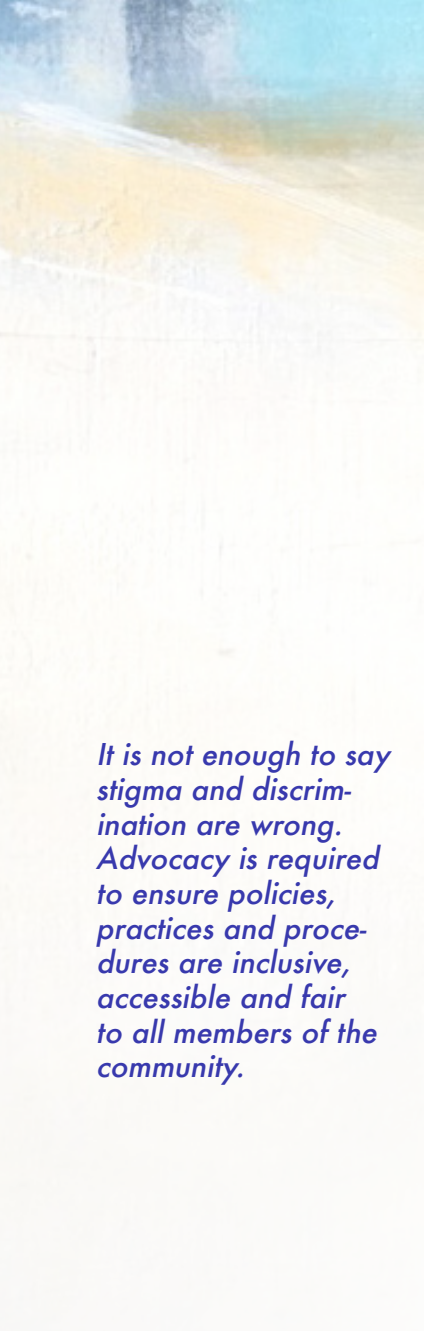
Changing attitudes alone does not improve quality of life. Focusing on how to improve economic stability and social inclusion within community is also necessary. This requires taking a targeted approach to reduce stigma and discrimination amongst powerful groups⁷⁹ to change negative attitudes and beliefs that lead to labeling, stereotyping, devaluing and by addressing policies and practices that limit opportunity.⁸⁰ This includes working with employment counsellors to open up opportunities for employment support. Workplaces are another important environment for addressing stigma and discrimination by working with employers to remove barriers to employment, improve management of mental health disabilities and create psychologically safe workspaces. Beyond treatment, benevolent changes in the social climate toward mental health problems may play a positive role in reducing the prevalence and severity of mental illnesses.⁸¹ This guide has been developed to specifically target and support CSWs because of their critical role in supporting economic inclusion.⁸²

When any of us encounter prejudice, oppression and negative attitudes, our knowledge, skills, experience and values are undermined, which can erode self-efficacy and disrupt our identity and sense of competence.

Angela Londoño-McConnel CSW

The Role of Career Service Workers

Fundamentally, stigma and discrimination is about the loss of respect and opportunity. A starting point in changing employment outcomes is re-conceptualizing the relationship we see between work and people living with mental illnesses. CSWs and program managers hold a powerful position by virtue of their specialized skills, knowledge and resources that people value and need. CSWs can positively change individual lives by helping people explore the impact of discrimination, affirm their rightful entitlements, help them unpack self-stigma and connect people to their peers. CSWs also help inspire people by providing them with tools to understand their strengths, resilience and capacities, how to align their talents to market needs and by helping people to access skill training and education that supports employment.⁸³ CSWs can take a leadership role in educating stakeholders (funders, mental health and other professionals, media, policy



makers, etc.) on the vital role that CSWs play in enhancing economic inclusion and by promoting the employment capabilities of people living with mental health problems - particularly those who are systematically left out of the workforce.

Speaking up

CSWs can also raise awareness of the impact of stigma by speaking up when they hear hurtful or stigmatizing comments or identify unfair practices. For example, organizational policy, which automatically re-directs people who disclose mental health issues to specialized mental health employment programs, communicates a sense of not belonging and is discriminatory. Change requires leadership and a shared commitment by all stakeholders to address inequalities in accessing resources and in building welcoming services and accepting communities.

It is not enough to say stigma and discrimination are wrong. Advocacy is required to ensure policies, practices and procedures are inclusive, accessible and fair to all members of the community.

Adopting a social justice approach

The factors that contribute to mental health problems are much more complex than an individual health issue and reducing unemployment cannot be tackled at the individual level alone. CSWs have a history of advancing social justice by removing structural barriers and challenging prejudices that limit economic inclusion. This includes encouraging changes around the societal and cultural forces that affect people directly and indirectly. Working as allies with consumer advocates and drawing on their experiential expertise, CSWs can help to identify and address structural barriers to employment, recommend improvements to the incentives to work within income support programs and advocate for better coordination across services.

Working collaboratively on advocacy

Career planning leaders can play a role in strengthening planning, improving access to services and removing funding barriers that limit employment and access to education and training. Broad-based coalitions are required to knit together the various government ministries such as housing, health, welfare and disability supports etc. to identify creative solutions reflecting local and regional gaps to address complex issues that cannot be resolved alone by any one department or agency of government.⁸⁴ Educating funders, health care providers, employers and community members about people's capacity to work is part of overcoming stereotypes that limit opportunity.

Personal story

Creating partnerships


The goals of collaborative partnerships are to strengthen civic participation and create supportive communities that benefit from diversity and that are more inclusive. Through Charting the Course, CSWs acknowledged that where there is a strong collaboration with mental health services, employment outcomes are improved. Increasingly employment counsellors are an embedded element of mental health services. CSW's can be important 'connectors' by creating collaborative partnerships with mental health services to include mental health professionals within career planning resources centres. This would help build the skills and confidence of CSWs in counselling people with mental health issues and significantly increase access to employment services. CSWs also require the cultural competency and skills needed to support all members of the community and provide services that are welcoming to everyone. By learning about community resources and developing relationships with local organizations, agencies, businesses and community leaders, CSWs help address barriers to access, facilitate linkage and identify employment and training opportunities.

CSWs can have a significant impact on two critical areas of community partnerships:

1. Collaborating with mental health services to improve service delivery and employment outcomes.
2. Working with employers to improve employment opportunities.

Steps to building collaborative partnerships

- ✓ Host roundtable discussions with stakeholders and people with lived experience to define community challenges, identify strengths and capacities, gaps and unmet service needs.
- ✓ Identify potential partners, stakeholders and community resources with an interest in a collaborative approach to service delivery.
- ✓ Informally explore interest in partnering, seek agreement on the proposed approach and willingness to act.
- ✓ Define objectives for partnership; identify organizational roles, staff responsibilities and intended client, program and system level goals.
- ✓ Align the proposed approach to strengths and needs. Include mental health service users and caregivers in all planning and decision-making.
- ✓ Seek agreement on values, define outcomes and measures for determining success.
- ✓ Review proposed approach through a recovery-oriented practice lens.
- ✓ Ensure commitment of senior leadership is in place.

- 
- ✓ Recruit project champions.
 - ✓ Identify funding sources, resource needs and ensure budgets are in place.
 - ✓ Develop a Project Charter and Memorandum of Understanding.
 - ✓ Create a project partners Advisory Group to monitor progress and advise on direction.

What can CSWs do to change their practice?

- How can you apply your understanding of stigma, discrimination and self-stigma in your practice?
- What can you do to create safe spaces that supports disclosure?
- In what ways do you explore with clients the impact of stigma and discrimination on their employment journey?
- Are your counselling practices strength-based vs focused on diagnosis and disability?
- Do you empower clients by providing them with information on their rights?
- How do you positively represent people living with mental health problems in your workplace?
- Do you encourage participation in community based peer support?
- What are the opportunities available to partner with people living with mental health issues and their caregivers to protest discrimination and advocate for equitable access to service?
- How has the information provided affected your attitudes, values and beliefs about mental illnesses?

Organizational change

- Are you aware of your legal obligations under the law related to disability rights and protections?
- Have you identified barriers to inclusion within your protocols, programs and practices?
- Do you have anti-harassment and anti-discrimination policy is in place?
- Is there a clear internal complaint mechanism tied to continuous quality improvement?
- Do you include contact-based in-service education programs that foster discussion?
- Are service users with mental health problems included in this process?
- Do you encourage and support staff to work with community partners to create more welcoming and socially inclusive communities?

[Equality rights](#)

Resources:

Mindset Media Guide: Reporting on Mental Health <https://sites.google.com/a/journalismforum.ca/mindset-mediaguide-ca/mindset-media-guide-eng>

Livingston, J. 2013. The Downward Spiral of Systemic Exclusion Final Report - See more at: <http://www.mentalhealthcommission.ca/English/node/35901#sthash.ERVjZbHK.dpuf>

Framework to help eliminate stigma: Workplace Strategies for Mental Health. <https://www.workplacestrategiesformentalhealth.com/psychological-health-and-safety/framework-to-help-eliminate-stigma>

Stigma: What are the issues? <http://www.mentalhealthcommission.ca/English/issues/stigma>

Stigma: Summary of International Conference on Stigma. <http://www.mentalhealthcommission.ca/English/node/16436>

Bell: [Let's talk](http://letstalk.bell.ca/en/end-the-stigma/videos/) Personal stories and PSAs <http://letstalk.bell.ca/en/end-the-stigma/videos/>

Partnership for change exemplar: [Canadian Alliance for Mental Illness and Mental Health](http://www.camimh.ca/) <http://www.camimh.ca/>

Mental Illness Awareness and Champions Awards: <http://www.camimh.ca/mental-illness-awareness-week/about-miaw/> and <http://www.camimh.ca/champions-of-mental-health/>

Community-based activism: Everything is going to be alright - stop stigma - change the system www.thisvideo.ca



DIVERSITY MATTERS

KEY MESSAGES

- Diversity and inclusion can be Canada's great strength
- Many populations within Canada experience poorer mental health outcomes
- Racisms, sexism, ageism, homophobia etc. harms mental health
- Many intersecting experiences of exclusion compound mental health problems
- Applying a diversity and anti-oppression lens improves practice




Graphics source:
www.sonoma.edu

The diversity of Canada's population is multi-faceted, complex and a source of great strength. The population of every province and territory is becoming increasingly diverse. Understanding the rich cultural traditions, practices, histories and spiritual beliefs of Canada's Aboriginal Peoples and ways different communities contribute to our shared understanding of mental health and wellness helps to advance recovery practices. Racial, ethno-cultural, LGBTQ2, age and gender inequities currently exist within Canada and consequently many populations experience poorer mental health outcomes and higher rates of un/under employment than the population as a whole. Some ethnic groups may be less likely to access mental

health and support services because of a variety of barriers to support. Achieving equitable care requires reducing the incidents of mental illness, improving access to services and requires different sectors to work together including health, employment, housing, transportation etc.

While race is not a risk factor for poor mental health and employment outcomes - racism is. Racialized groups⁸⁵ face serious challenges that put their mental health at greater risks including experiencing poverty, difficulty accessing adequate housing and despite higher education - being more likely to be unemployed, precariously employed and underemployed. Many immigrants and refugees are confronting challenging circumstances such as restrictive immigration policies, denial of work permits or problem having their credentials recognized, separation from family and friends, histories of war, trauma and human rights violation and often a sense of cultural dislocation. Experiences of social and economic exclusion, difficulty in accessing culturally responsive mental health and social services, unequal access to the determinants of health, stigma and discrimination



can cause and intensify mental health problems and contribute to a deep sense of marginalization.⁸⁶

Stigma and discrimination based on sexual orientation have an impact on the mental health and well-being of lesbian, gay, bisexual, two-spirited, queer, trans-gendered and trans-sexual (LGBTQ2) people. High rates of sexual and physical assault, exclusion and bullying increase the risk to mental health and for suicide. The support and acceptance of family and connection with other LGBTQ2 youth reduces risk for mental health problems and substance abuse amongst youth. However, family is not always supportive nor is the community necessarily accepting. CSWs can reflect through their practice respect for the diversity of sexuality, sex and gender. Recovery concepts of self-determination, self-management, personal growth, empowerment, choice and meaningful social engagement are consistent with affirmative practice and with the processes of coming out. Linking people to resources helps them build a community of support and creates an accepting 'family of choice.' A willingness to learn about LGBTQ2 culture and understand the challenges and strengths of the community can help CSWs to create a safe and welcoming space.

[Personal video: Face-to-Face with Jack Saddleback](#)

<https://www.youtube.com/watch?v=gJs4fy-XDrI>

Intersectional Inequality

The intersection of multiple identities (i.e. being gay, a person of colour and elderly) has a compounding adverse impact on mental health, social and economic opportunity. Recovery-oriented employment services are alert to the impact of exclusion and discrimination, the systemic disadvantage and barriers to services related to being part of a marginalized community. By acknowledging the historic biases and discrimination experienced by different groups within services, CSWs can begin to bridge this divide.

Aboriginal People

A recovery-oriented practice approach reflects long-held Aboriginal understandings of mental wellness. While First Nations, Inuit and Métis people have unique and distinct histories, cultures, languages and rights, they share many common principles with respect to their understanding of health and wellness. Principles, such as promoting self-determination and dignity, adopting a holistic approach to care, fostering hope, purpose and meaningful relationships are the foundational concepts of a recovery orientat-



ed practice. This holistic vision of well-being is based on a balance of spiritual, mental, emotional and physical health, as well as social and economic well-being. These elements are not separate but fully integrated components of wellness. Aboriginal Peoples' way of life is built upon values, spirituality, culture and relationship with the land. This way of life includes an emphasis on creating well-functioning societies that value the role played by each person within the community, at each stage of life, including women, men and two-spirited people.

Many First Nations, Inuit and Métis people are currently facing poorer health outcomes, higher rates of anxiety, depression, substance abuse and suicide than in the general population. Aboriginal communities may also experience complex problems such as family violence and high rates of involvement in the criminal justice and child welfare systems. High levels of persistent poverty, shortages of adequate housing, unsafe drinking water and a lack of educational, employment and economic opportunities, all undermine individual and community health and well-being. The underlying causes of individual, family and community distress are linked to the historical legacy of colonization, residential schools, ignored treaty rights, legislation and self-government agreements and other policies that sought to assimilate Aboriginal People. ⁸⁷

A recovery-oriented practice places emphasis on the on-going efforts by First Nations, Inuit and Métis families and communities to heal from the intergenerational impacts of colonization. This includes strengthening individual, family and community networks, enabling and preserving language, culture and traditional ways of knowing and by providing service that recognize their resilience, strengths and creativity. ⁸⁸ There is also a need for career-planning supports that address the unique needs of Aboriginal People as part of a coordinated continuum of recovery-oriented mental wellness services (mental health and substance use services). Recognizing the impact that trauma, racism, unequal access to services, discrimination and marginalization has on shaping life opportunities such as employment, health and mental health status, income and class, is vital to providing inclusive support. Recovery-oriented practice requires an understanding of how to deliver culturally responsive services that create a safe therapeutic alliance. CSWs need to learn about the legacy of colonization and its ongoing impact on Aboriginal People and acquire knowledge and skills in delivering culturally safe and trauma informed services. The Manitoba Trauma Information and Education Centre provides comprehensive support for understanding the impact of traumatic grief, adverse childhood events and trauma recovery in general and in supporting Aboriginal peoples specifically. This resource includes training and webinars to improve practice.

Supporting diversity

Recovery-oriented service is founded on respect for and being responsive to, the diverse backgrounds, sexual orientations, religious beliefs, spiritual practices, language groups and communities and by building on their existing strengths. Culturally responsive and competent employment counselling provides a safe environment in which all people are able to express themselves and deal with work-related problems without fear of judgement. It requires paying attention to issues of power and discrimination that contribute to employment challenges, and poorer health outcomes for some groups and to the diminished quality of care they receive. Knowing about the diversity of supports and resources available and linking people to community can increase access to a broad range of services.⁸⁹ Culturally safe services also require CSWs to reflect on their own background and possible biases as well as the potential for discrimination within their services.

Building respect for diversity into services requires organizational leadership and a commitment to reflect the breadth and diversity of the community within the workforce. Building collaborative partnerships with community leaders can also help create inclusive planning processes, program development and address policies and practice issues which may lead to marginalization. This approach will build trust, deepen mutual understanding and create opportunities for shared learning.

What can CSWs do to improve their practice?

- What ways can you learn about the cultural diversity and needs of your community?
- How can you acquire knowledge and skills in working with diverse communities?
- What resources are available to learn about the experiences of immigration, refugees, LGBTQ2 communities and how to respond to their needs?
- How can you learn more about the history of Aboriginal people and the impact of colonization, intergenerational trauma and policies of assimilation and their impact of the mental health and well-being of individuals, family and community?
- Have you considered ways to deepen your understanding of concepts of power, privilege and oppression ways to apply these concepts to your practice?

Improving organizational practice

- Have you undertaken an environmental scan to understand the diversity of your community and needs?
- Does your staff hiring and resources reflect the cultural diversity of your community and are they responsive to the community's needs?
- How have you provided staff with opportunities to learn about cultural safety and diversity?
- How have you included members of the community in the design of programming and educational opportunities?
- Are there opportunities to collaborate with and support diverse communities in the development of culturally specific employment programming?

Resources:

Improving Mental Health Services for Immigrant, Refugee, Ethno-Cultural and Racialized Groups: Issues and Options for Service Improvement - See more at:

<http://www.mentalhealthcommission.ca/English/document/457/improving-mental-health-services-immigrant-refugee-ethno-cultural-and-racialized-groups>

Weisser, Morrow, Jamer - Exploration of social inequities in the Mental Health Literature

http://www.socialinequities.ca/wordpress/wp-content/uploads/2011/02/Recovery-Scoping-Review.Final_.STYLE_.pdf

[The Manitoba Trauma Information and Education Centre: http://trauma-informed.ca/](http://trauma-informed.ca/)

Trauma-informed Care Toolkit (2014) Canadian Centre on Substance Abuse <http://www.ccsa.ca/Resource%20Library/CCSA-Trauma-informed-Care-Toolkit-2014-en.pdf>

[Indigenous Cultural Competence Training Program](http://www.culturalcompetency.ca/). An on-line training tools for professionals including mental health and addictions capabilities. <http://www.culturalcompetency.ca/>

Egale Canada Human Rights Trust (Egale) is Canada's only national charity promoting lesbian, gay, bisexual and trans (LGBT) human rights through research, education and community engagement. <http://egale.ca/>

<http://www.heretohelp.bc.ca/visions/lgbt-vol6/lgbt-people-and-mental-health>

CHAPTER FOUR

4

MESSAGES FOR EMPLOYERS

DISCLOSURE IS PERSONAL

LEGAL REQUIREMENTS

SPECIALIZED EMPLOYMENT APPROACHES

SUPPORTED EMPLOYMENT APPROACHES

SELF DIRECTED EMPLOYMENT TOOLS

WORKING WITH EMPLOYERS

KEY MESSAGES

- Having a mental illness does not mean people can't work or make great employees
- Mental health problems / illnesses can bring advantages
- CSWs can provide information on dispelling common myths and misunderstandings
- Creating psychologically safe environments improves productivity and enhances the bottom line
- Asking all employees about their accommodation needs reduces stigma

Employers play a leading role in creating opportunities for work and they report that they struggle more with hiring people with mental health issues than more visible disabilities. Improving the employment outcomes requires addressing myths and misunderstandings people hold about mental illnesses. Common employer concern centres on the costs associated with workplace accommodations, uncertainty regarding legal requirements and in knowing how to implement accommodations. Employers are concerned that hiring people with mental health problems will lead to:


- Poor work performance
- Increased absenteeism
- Higher risk for disability costs
- Legal obligations related to Human Rights
- Fears of impulsivity and violence in the workplace
- Negative impact on other employees

Changing mindset

Addressing common myths and misunderstandings is required to remove attitudinal barriers that limit hiring. Mental health problems are common and most employers are already employing people with mental health problems and illnesses on their team and at all levels of the organization. It just may not be known because stigma and discrimination makes employees reluctant to disclose.

People with disabilities do make good employees

According to Statistics Canada survey in 2001, 90% of people with disabilities did as well or better at their jobs than non-disabled co-workers, 86% rated average or better in



attendance and staff retention was 72% higher among persons with disabilities. There is a strong business case for employing disabled people and reflecting community diversity in the workforce not as an act of charity but as a means of improving the financial bottom line. As Canada's population ages workforce supply and demand will shift and people traditionally left out of the workforce represent an important untapped pool of talent. Employment and Social Development Canada in 2013 estimates that 795,000 working aged disabled Canadian are not working – who could be. Almost half of these people have a post secondary education. The percentage of people living with disabilities will rise and companies that recruit for diversity will have better insights into their customers needs.

Diversity makes for good business

Usually mental health problems and illnesses are framed as deficit-based disorders with little focus placed on potential advantages they may incur. An increasing focus on neuro-diversity is helping frame differences not as deficits but as different ways of thinking that can confer advantage. High tech companies are now preferentially hiring people with autism spectrum disorders because of unique skills of precision, diligence, attention to detail and ability to sustain focus.⁹⁰ There is a strong evidence-base on the positive connection between mental illness, adversity, and creativity. Bipolar and psychotic disorders can result in more creative and original association, high energy, drive, and comfort with risk.^{91 92 93} There is also evidence that people who experience mood disorders make good managers because they have a more realistic understanding of potential problems and in assessing risk.⁹⁴ Overcoming adversity can also strengthen resilience, self-management, and deepen relationships. For many it leads to greater compassion, generosity, courage and deepening spirituality.⁹⁵ These qualities may in part explain the high rate of mental illness found in the corner office of corporations and within creative professions.^{96 97} Corporations are recognizing the value of having diversity of thought, values, cultures, and belief systems in stimulating creativity and competitive advantage. Recruitment for diversity includes building a workforce that reflects age, race, gender, ethnicity and sexual orientation. One area companies recognize where they have not done a great job is in recruiting within the disability sector.⁹⁸ Expanding recruitment to include selection for neuro-diversity as an advantage is a paradigm shift in thinking.

Accommodations cost little

Most accommodations cost nothing, are simple (allowing for breaks, flexibility to attend treatment, adjustments to workload scheduling, access to natural light... etc.). Many changes are attitudinal, improving communication and matching supervision styles to the employee. Royal Bank of Canada reported that the average one-time cost of accommodation was \$500. Having an inclusive hiring practice helps employers to strategically reach out to community partners to identify qualified candidates. Reflecting on screening, interviewing and selection processes to ensure they do not unfairly limit opportunities are an important step. Asking all employees what accommodations they may require lifts the stigma and the burden on employees with disabilities in asking for accommodations.⁹⁹ CSWs can play a valuable role educating employers to address common myths of mental illness, provide information on legal responsibilities and strategies for workplace accommodation. It is important when working with employers that the strengths, skills and abilities of the individual are the focus. They can also help promote the importance of improving workplace mental health for all employees to improve productivity, staff retention and reduce disability costs.

Employment exemplars

Career resource centres are also employers and can become 'exemplars' by creating inclusive hiring practices.¹⁰⁰ When interviewing, consider asking people to self identify - this acknowledges that discrimination exists. Then consider ways to create equivalency of experience, for example when there are gaps in work history. Managers can model social inclusion by ensuring the staffing complement reflects the diversity of the community.

PSYCHOLOGICAL SAFETY

DISCLOSURE IS PERSONAL

Key messages

- Positive disclosure can reduce stigma and discrimination
- Disclosure in the workplace can lead to discrimination
- Non-disclosure can also cause harm
- Disclosure has the potential to be a tool for empowerment
- The decision to disclose is personal

Charting the Course Research Results

- 56% of CSWs report disclosure is increasing
- 80% of people would disclose to CSWs - if it would increase access to resources (funding)
- 46% of CSWs also have a personal experience of mental health problems / illnesses
- 78% of CSWs have family or friends living with mental illnesses
- 86% CSWs feel their co-workers have mental health problems
- Three quarters of CSWs feel their boss would be supportive yet only one quarter would be willing to disclose

When talking about someone with good skills and employment history, returning to employment after a period of unemployment, a prospective employer looked at the resume and noted this period of employment over here and that period of employment over there and asked "Why are there these gaps?" The career counsellor replied, "Oh, those were the periods of great bravery."

Positive contact with people living with mental illnesses plays an important role in shifting negative attitudes, making disclosure an important tool in reducing discrimination. However, people are often discouraged from disclosing their mental health problems – particularly within the work context. Disclosing a mental health problem may place a job applicant at significant disadvantage and reduce the likelihood of being hired unless the employer has had a positive experience in hiring people with mental health problems.

¹⁰¹ Many people avoid disclosing their condition to employers and workmates, due to experiences of discrimination or anticipated unfair treatment. This fear creates a significant barrier to seeking care or adhering to mental health treatment. Discrimination in employment is real and harmful. Exposure of a mental illness in the workplace can result in demotion, termination, reduced wages and tension with co-workers and supervisors. ¹⁰² Ongoing exposure to stigma creates psychosocial stress that aggravates symptoms and can lead to people unnecessarily withdrawing from the workforce. Although avoiding employment may bring short-term relief, it leads to long-term disability, stagnation and social marginalization.



Non-disclosure has its costs.

Maintaining secrecy can be exhausting, disempowering and leads to a sense of shame and confusion. Many people feel tremendous relief and a sense of pride in speaking about their experiences as a tool in changing public perception towards mental illnesses. Disclosure has the potential to become an empowering 'tool' when a person feels confident about story they want to tell, their experience of mental health challenges and what supported their recovery. Using one's story effects change and supports others reframe the experience positively and deepens a sense of purpose and meaning. The way in which disclosure is first received has a long-term impact. Employees who had a bad experience chose to remain silent. Those who had a positive experience tend to be more open about sharing their experience and disclosing mental health problems to their employers. Although many people fear speaking openly, co-workers are often aware that something is wrong. Practicing disclosure with people who are more likely to be accepting can help lessen fear.

Disclosure can lead to accommodations

Although fear of disclosure within the workplace is high, employers report a preference to having this information as an aid for accommodation planning.¹⁰³ Opening up a discussion early, on the best way to provide accommodation and support, can lead to better employment outcomes – on both sides. Under the Canadian Human Rights Act, employees are entitled to accommodation and have a responsibility for making their accommodation needs known. Non-disclosure precludes the ability to request reasonable accommodation guaranteed under law. Employers and prospective employees share responsibility for designing accommodation plans and in cooperating to make these plans work. Employees need to provide sufficient information for the employer to determine accommodation options and if possible, suggest the types of accommodation that would be most appropriate.

Providing advice on disclosure

The decision to disclose in the employment context is a difficult one to make. Recovery-oriented practice includes protecting people's rights and entitlements by providing accurate information and supporting decision-making. While there are few studies on interventions to support decision-making in an employment context there are some best practices, which help reduce decision-making conflict:

- The right of disclosure rests with the individual and should not be a requirement or eroded through the implementation of employment programs.
- Acknowledging the difficulty of the decision.
- Creating a safe space where privacy is assured.
- Encouraging active participation in disclosure decision-making.
- Helping people explore the risks and benefits of disclosure (see chart).
- Providing factual information to help people understand their rights and entitlements.
- Exploring the need to disclose as it relates to required accommodations.
- Helping people to clarify their personal values, the meaning of their illness on identity and the impact of disclosure on self-stigma.
- Explore intersecting discrimination where issues of race, religion, gender, age, sexuality, addictions, can make decision-making more complex.
- Using a structured decision-making tool to reduce decisional conflict i.e. CORAL (Conceal or Reveal)
- Supporting the person's choice – even if there is disagreement.
- Modeling positive self-disclosure when the CSW has a lived experience of mental illness.
- Connecting people to peer supports where disclosure can be practiced in a non-judgmental environment.

When people have the information they need, and are provided opportunities to reflect on the pros and cons and can explore the different ways disclosure can take place, they have a greater ability to apply this knowledge to specific employment situations and to make informed decisions.

Additional resources:

Do I have to tell my employer that I'm ill? Mental Health Works. <http://www.mental-healthworks.ca/employees/faqs/rights-and-responsibilities/disclosure>

Aspiring Workforce, (2014) MHCC : <http://www.mentalhealthcommission.ca/English/node/7606>

Granger, B., & Gill, P. (2000). Strategies for assisting people with psychiatric disabilities to assert their ADA rights and arrange job accommodations. *Psychiatric Rehabilitation Skills*, 4(1), 120–135. doi: 10.1080/10973430008408399


Brohan, E. et al (2012) Systematic review of beliefs, behaviours and influencing factors associated with disclosure of a mental health problem in the workplace. *BMC Psychiatry* 2012, 12 :1. <http://www.biomedcentral.com/1471-244X/12/11>

Bell: Let's Talk Toolkit: How you can join the conversation about mental health. <http://letstalk.bell.ca/en/toolkit/>

EQUALITY RIGHTS

Career Service Workers can play an important role in empowering people by providing them with information on their legal rights and entitlements. This is particularly important in the area of workplace accommodations. [Convention on the Rights of Persons with Disabilities](#), to which the Canada is a signatory, recognizes the right of people with disabilities to employment and the opportunity to earn a living by participating in the labour market. Governments have an obligation to prevent employment discrimination, ensure equality in the workplace, provide access to education and training, technical and vocational assistance, and in the provision of assistance in finding and maintaining employment. Under the Convention rights also include assurance of reasonable accommodations, affirmative action programs, opportunities for self-employment, and entrepreneurship. The [Canadian Human Rights Act](#) extends the law to ensure people have equal opportunity and freedom from discrimination based on disability, sex or religion with opportunity for redress through the [Canadian Human Rights Commission](#) (CHRC). The CHRC is also empowered under the Employment Equity Act to require employers (including not-for-profit and governments) to engage in proactive employment practices that will increase the representation of people with disabilities, Aboriginal peoples, women, and visible minorities. The [Charter of Rights and Freedoms](#) affirms equality rights and freedom from discrimination based on race, national or ethnic origin, colour, religion, sex, age or mental or physical disability. Each of the provincial and territorial Human Rights Codes has slightly different grounds for discrimination. However, discriminate based on a person's addiction or mental health disability in employment relationships and the working environment (application and hiring procedures, training, advancement, internal transfers, layoffs or dismissal) is a violation of an individual's human rights. There is a duty placed on employers to customize individual accommodations and to ensure that employees have the means necessary to perform their duties. The [BC Human Rights Clinic](#) provides a detailed on-line list of resources and links to Canada-wide Human Rights organizations.

Discrimination can take many different forms based on negative attitudes, stereotypes and biases. According to the Ontario Human Rights Commission (OHRC) discrimination happens when employers specifically exclude people with mental health disabilities or addictions in the workplace, withhold benefits available to others, or impose additional demands without a legitimate reason. People with mental health or addiction disabilities who also identify with other Code grounds (such as sex, race or age) may experience multiple forms of intersecting disadvantage when they try to find or keep employment. Negative stereotypes may exist that intensifies discrimination and place people with



these multiple identities at greater disadvantage. Rather than waiting for complaints or individual requests for accommodation to emerge employers are advised to undertake a voluntary review of hiring policies and employment practices that may present a barrier to employment (Source: Preventing discrimination based on mental health and addiction disabilities. An overview for employers. OHRC). Effective inclusive universal design in the workplace reduces the need for people to ask for individual accommodation and employers should apply these principles when creating policies, programs, procedures, standards, requirements and facilities.

Legislation is a blunt instrument – but litigation is on the rise

Although legislation is in place to protect the rights of people with mental health problems, these rights are violated on a regular basis. However, people are becoming increasingly aware of their rights, more ready to disclose experiences of discrimination and are willing to use Human Rights legal environment, Employment Standards, Tribunals, Contract Law and the Civil Court as a vehicle for redress. Beyond responding to a duty of accommodation, the creation of psychologically and mentally safe and healthy workplaces is demanding careful consideration.

Duty to Accommodate

Some people with mental health disabilities may need accommodation so they can equally benefit from and have access to employment. Usually the accommodation process starts with the person asking for help. However, because of the nature of the disability, a person with a mental health disability may be unable or unwilling to ask for assistance. Where an employer, housing provider or service provider thinks that someone has a mental health disability or addiction and needs help, there is still a duty to take steps to accommodate that person. It is also the responsibility of Unions to work with employers to ensure the accommodation needs of its members are addressed. Accommodation is viewed a shared responsibility and the process used to find solutions is as important as the accommodations made. Everyone involved, including the person seeking accommodations, needs to cooperate, share information and look for solutions together.

The OHRC identifies three key primary principles in making accommodations:

1. Respect for dignity
2. Individualization
3. Integration and full participation.

Many accommodations can be made easily and at little cost (often less than \$500). Here are some examples:

- Flexibility in work schedule, providing breaks that are more frequent or having access to short-term leave.
- Job coaching (someone available to help employee adjust to the workplace).
- Modifying the physical space to improve focus and concentration (i.e. change of lighting, use of partitions, access to a quiet work space).
- Providing different ways of communicating with employee (use of written instructions).
- Opportunities for training or delivering training in a different way.
- Alternative supervision (ensure a good 'fit', exploring options for more frequent meeting).
- Collaboratively identify coping strategies, triggers and early indicators of distress.
- Identifying an employee's personal support system and calling a support person if they experience a crisis.
- Facilitating an employee's access to employee assistance services, medical, psychological and/or addictions programs. Allowing the person time off to attend.
- Getting information about community resources and supports.
- Depending on the circumstances, job restructuring, retraining, or assignment to an alternative position.

If putting the best solution in place immediately may result in "undue hardship" due to significant costs or health and safety factors, employers still have a duty to look at and take next-best steps that would not result in undue hardship. Such steps should be taken only until better solutions can be put in place or phased in.

An employee who needs a disability-related accommodation is required to:

- Provide the employer, and union with information in writing about what are their work related disability-related needs.
- Provide supporting information about what enhances their capability to perform their job and any needs or limitations related to their disability.

- Provide supporting information from health professionals where appropriate and as needed to define needs.
- Employees are required to provide on-going cooperation with the employer to manage the accommodation.

Resources:

[Help Your Supervisor Support You.](#) Working Through It series. mentalhealthworks.ca
<http://vimeo.com/32455290>

[Recognizing symptoms:](#) Working Through It series. <http://vimeo.com/32455696>
<http://www.workplacestrategiesformentalhealth.com/display.asp?l1=175&l2=6&d=6>

[Accommodation.](#) Great-WestLife Workplace Strategies for Mental Health.
Available at: <http://www.workplacestrategiesformentalhealth.com/display.asp?l1=175&l2=6&d=6>

[Job role: Small business owner.](#) Great-WestLife Workplace Strategies for Mental Health.
Available at: <http://www.workplacestrategiesformentalhealth.com/display.asp?l1=253&d=253>

[Policy and Procedures on the Accommodation of Mental Illness \(2008\).](#) Canadian Human Rights Commission.
http://www.chrc-ccdp.ca/sites/default/files/policy_mental_illness_en_1.pdf

[Preventing discrimination based on mental health and addiction disabilities: An overview for employers.](#)
http://www.ohrc.on.ca/en/preventing-discrimination-based-mental-health-and-addiction-disabilities-overview-employers-brochure#_edn4

[Duty to accommodate:](#) Workplace Strategies for Mental Health. <https://www.workplacestrategiesformentalhealth.com/managing-workplace-issues/the-duty-to-accommodate>



INDIVIDUALIZED PLACEMENT AND SUPPORT (IPS)

- Every person has skills and something unique to offer
- People living with serious mental illnesses have the capabilities to make a contribution to society
- With the right kind of support everyone can be gainfully employed
- Partnerships between CSWs and IPS increases effectiveness
- Not all supported employment approaches are equally effective

Providing the 'right' employment support

The majority of people seeking career counselling services will not need specialized mental health employment programming. When they do, it is important that CSWs know not all approaches are equally effective in returning people to work. Pre-vocational training, work hardening, sheltered workshops, club houses and segregated employment programs are not effective in achieving long-term, paid, employment success – often due in part to low expectations of employability.

Evidence-based supported employment approaches include:

- Individualized Placement and Support (IPS)
- Supported Education Support
- Social Purpose Businesses and Alternative Businesses run by peers
- Self-Employment Support

Individualized Placement and Support (IPS)

Individualized Placement and Support (IPS) is an evidence-based employment strategy that is effective in returning people to steady, mainstream, competitive employment that enhances quality of life and economic and social inclusion.¹⁰⁴ Typically, services are delivered in the community by mental health agencies. Research shows that up to 80% of people accessing IPS services are successful in getting and retaining work¹⁰⁵ The strength of IPS, is its focus on strengths and abilities vs. disabilities and limitations. People once thought to be incapable of work are helped to rapidly enter the world of paid employment. IPS has no exclusion criteria and anyone with a desire to work is accepted. This includes people perceived to lack work readiness, substance abuse issues, history of violence, intellectual impairment or residual symptoms of illness. IPS is also effective for young people with significant mental illness or complex needs. The focus of IPS is to find, place and support people in competitive jobs, within the open labour market

without extensive preparation and by providing ongoing, intensive on-the-job support. A customized approach is not just about getting 'a job' but helping to place people in jobs that align with their personal career aspirations, capabilities and skills. The goal is for people to quickly return to work in an integrated setting, performing comparable jobs to other employees and at a competitive wage for the position. The goal is for managers and colleagues to value the work and that people have similar hours, wages and working conditions as other employees. People often try out a number of jobs until they find the right 'fit'. Changing jobs is not a failure but an opportunity for learning. In this way people can gain insight into they do well at, what they want and need. It is an approach that strengthens positive risk taking, choice, self-determination and independence. IPS services include components such as job development, job searching and work related training, job coaching, etc. Partnerships are developed with employers who are supported in recruiting and hiring qualified employees and through providing ongoing flexible support. IPS may also include advising the employer / company of hiring and accommodation planning.

The key principles of individual placement and support (IPS) ¹⁰⁶

- Competitive employment is the primary goal.
- Everyone who wants to work is eligible.
- Job search is based on individual preferences.
- Job placement is rapid: within one month.
- Employment specialists and clinical teams work and are located together.
- There is no time limit on support and is individualized to both the employer and the employee.
- Counselling on disability benefits supports the person through the transition from benefits to work.

Predictors of employment success have less to do with the individual and more to do with the program characteristics. Fidelity to the IPS principles and practices is critical to ensure close alignment to the factors, which support success. ¹⁰⁷ ¹⁰⁸ Better short and long-term employment outcomes are associated with an approach that provides people with information to help them make informed decisions about returning to work and through the creation of partnership between vocational counsellors and mental health services. Addressing systemic disincentives within disability income benefits helps to remove barriers to employment. Employment programs that demonstrate effectiveness share similar beliefs and practices.

IPS beliefs and attitudes

- Emphasize the possibility and the value of work.
- Mental health clients are viewed as wanting to and being able to work.
- Societal stigma is not seen as a barrier to program performance.
- Potential loss of benefits is handled through information, negotiation and not a major barrier to work.

IPS practices

- Employ a strength-based practice.
- Evaluate and use employment outcome data to improve programs.
- Share stories that reflect a belief in the person's ability to succeed.
- Conduct regular case management meetings.
- Staff and therapists are proactive in their support of employment goals and efforts.

However, an identified limitation of an Individualized Placement and Support approach is that it is not as effective in helping people attain skilled work or as a means of getting and keeping professional careers. People are constrained by a 'ceiling effect', which limits their opportunity to work in skilled, more lucrative and satisfying roles. ¹⁰⁹

SUPPORTED EDUCATION SUPPORT

In the current labour market, workforce participation is closely tied to education – particularly post-secondary education. A diploma or degree is critical for moving out of low paid jobs, insecure jobs and rising out of poverty to attain a good quality of life. People living with mental health problems are increasingly expressing a desire to start or return to college. ^{110 111} This is of particular importance to young adults whose education and training may be interrupted by mental illnesses often presenting at this formative time. CSWs can play a critical role in encouraging mental health providers and families to support a return to school accompanying support. The benefits of having a higher education go beyond employment and include opportunities for personal development, enhanced critical thinking, building a social network, social skills and self-confidence and the personal empowerment necessary for entering the workforce and overcoming other challenges.

Without some sort of post-secondary education you are limited. I didn't have enough skills really that I could get a good job.

I think being out in the real world, it kind of helps, because it makes you feel like a person. You're not just a person with a disability.

Integrating Supported Education and Individualized Placement and Support

Integrating IPS with Supported Education aims at helping people access and graduate from post secondary education leading to higher paying careers with more opportunity for ongoing growth and development. This approach involves modifying academic programming to meet the needs of individual students and consists of counselling and support such as learning-related skills (attention enhancement, work-load management) and achieving accommodations (extensions, extra time on exams) along with ensuring that there is adequate clinical support in place. Studies show high student satisfaction, completion and employment rates and employment at higher rates of pay than with IPS alone. ^{112 113}

Supported Employment Resources:

Valuing People Now - Employment: http://base-uk.org/sites/base-uk.org/files/%5Buser-raw%5D/11-06/supported_employment_and_job_coaching_best_practice_guide....pdf

Handbook Supported Employment: <http://www.wase.net/handbookSE.pdf>

Supported Education Resources:

Your education – Your Future: A Guide to College and University for students with psychiatric disabilities. <http://www.cmha.ca/youreducation/>

To learn about academic adjustments, <http://cpr.bu.edu/resources/reasonable-accommodations/jobschool/academic-adjustments>

SOCIAL PURPOSE ENTERPRISES / ALTERNATIVE BUSINESS

Social purpose enterprises are community economic development initiatives focused on building both economic and social capital through a commercial venture. They respond to the economic needs of a particular community who are socially marginalized and economically disadvantaged. Social and economic inclusion is strengthened through a community development process that focuses on work. ¹¹⁴

Alternative Businesses

Alternative business models also provides a valuable consumer-led approach to employment and peer support. They are a unique type of social purpose enterprise that are developed, operated and staffed by consumer/survivors. ¹¹⁵ Faced with dismal employment prospects people who have been through the mental health system have joined to create their own jobs, training and support system. This peer-based employment model empowers employees by offering permanent jobs at market value wages and active participation in decisions that affect the business. A critical element is the creation of a supportive community of peers who understand the internal and external challenges people face. Business models include catering, landscaping, moving, cafes, office support etc. Although there has been a limited research attention paid to Alternative Businesses, they demonstrate promising impact on improving employment outcomes and supporting personal recovery. Transforming attitudes, services and systems is supported through the developing consumer led grass roots research, leadership development and a speaker's bureau that puts a human face on homelessness, poverty and mental health issues.

The benefits of Alternative Businesses include:

- Improve health, mental health and employment
- Focus placed on capabilities and strengths enhances self-esteem
- Provides a safe and supportive community
- Provides a pathway to wellness and recovery
- Help people transform self-identity from patient to employee
- Providing a gateway to other elements of social inclusion ¹¹⁶

Learn more about Alternative Businesses:

Working Like Crazy. http://skyworksfoundation.org/documentaries/productions/working_like_crazy/index.html

<http://www.ocab.ca/faq.htm>

Social Enterprises Toronto. <http://socialenterprisetoronto.com/springing-into-action/>

Aspiring Workforce Report: Employment and Income for people With Serious Mental Illness (2014) http://www.mentalhealthcommission.ca/sites/default/files/filefield_private_download/document/Workplace_MHCC_Aspiring_Workforce_Report_ENG_0_0.pdf

SELF EMPLOYMENT

Self-employment provides people a means of creating independent work that aligns with their interests and aptitudes while offering the flexibility some people need to cope with the intermittent nature of their mental illness. The advantages of this approach is: people can structure their work schedule, hours and environment to meet their needs and be able to actively take control of their work in an environment where people with disabilities are competing at a disadvantage. The federal government 'Opportunities Fund for Persons with Disabilities' helps people create their own employment by starting an independent business. Participants receive income support as well as technical and consultative support to help them assess their business concepts, prepare business plans and launch the enterprise.

Resource:

Funding: Opportunities Fund for Persons with Disabilities, <http://www.servicecanada.gc.ca/eng/of/index.shtml>

Self Employment + People with Disabilities = Success

<https://www.linkedin.com/pulse/being-your-own-boss-can-great-fit-people-disabilities-susan-bater>

[What is the Entrepreneurs with Disabilities Program? - See more at: http://www.cfmanitoba.ca/special-programs/edp/index.cfm#sthash.Psbyy94s.dpuf](http://www.cfmanitoba.ca/special-programs/edp/index.cfm#sthash.Psbyy94s.dpuf)

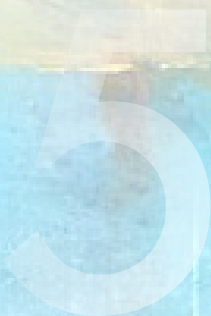
CHAPTER FIVE

MENTAL ILLNESS 101

COMPLEX PATHWAYS TO MENTAL ILLNESS

ACCESSING SUPPORTS

RESOURCES



UNDERSTANDING MENTAL ILLNESS 101

KEY MESSAGES

- Mental illness is common - one in five Canadians will experience a mental illness every year
- Research shows that 70% – 80 % of people who go for help improve ¹¹⁷
- Early treatment and support reduces long-term disability
- Most people won't seek out the help they need

CSWs want to know more about mental illnesses and their treatment. In this way, they can help people to understand their mental health problems and support them in finding help. As part of the Charting the Course study a website was developed to share related information including resources that define and describe mental illnesses and psychiatric disorders as well as employment counselling resources:

<http://chartingthecourse.nscda.ca/index.php/resources>

Quick Facts Sheet - Mental Health is an Important Work Based Issue

- [Understanding Mental Illness](#)
- [On-line Self Directed Mental Health Resources](#)
- [Workplace Mental Health Resources](#)
- [Employment Resources For People Living With Mental Illness](#)
- [Educational Resources](#)
- [Family Resources](#)

When talking about mental illness, keep the following in mind:

KEY MESSAGES

- Mental illness is common – you are not alone.
- Evidence-based treatment is available and works.
- Without treatment mental illness can affect all areas of life – and the lives of those around you.
- Recovery is possible and should be expected.

- Mental health problems occur in a context.
- Finding help can be a difficult journey – but is one worth taking.
- You did not cause your illness and you are NOT your diagnosis.
- The support of family, friends and colleagues can help with recovery.
- Families and friends may also need information to understand and be supportive.
- There are many questions and information is empowering. Find out more!
- There are many ways to manage mental health problems and promote recovery.
- You can return to work – and you do not have to be symptom free to succeed.

Pathways to mental illnesses are complex

- | | | |
|-------------------------|-------------------------|----------------------------------|
| • Biology | • Genomics | • Poor self-esteem |
| • Brain defect / injury | • Grief | • Poverty |
| • Bullying | • Homophobia | • Prenatal damage |
| • Childhood losses | • Hormonal changes | • Precarious employment |
| • Cultural demands | • Housing instability | • Post Traumatic Stress Disorder |
| • Deprivation | • Immigration | • Racism |
| • Disability | • Impact of war | • Role strain |
| • Discrimination | • Infection | • Separation |
| • Displacement | • Isolation | • Sexual assault/abuse |
| • Divorce | • Limited social skills | • Social inequality |
| • Domestic violence | • Loneliness | • Spiritual crisis |
| • Drug interactions | • Neglect | • Stigma |
| • Emotional abuse | • Neighbourhood decline | • Stress |
| • Exclusion | • Parental loss | • Substance abuse |
| • Epigenomics | • Physical abuse | • Trauma |
| • Financial insecurity | • Physical illness | • Virus |
| • Frequent changes | • Poor nutrition | |
| • Gambling | | |

Causes of mental illness

The exact causes of mental health disorders are unknown but a rapid growth of research is expanding our understanding of the multiple pathways contributing to mental illnesses including certain inherited dispositions, which interact with triggering environmental factors. Like physical illnesses, mental disorders can have a biological nature just as physical illnesses have a strong emotional component. However, the ‘chemical imbalance’

theory, which has dominated much of psychiatric treatment, professional education and influences public perception of mental illnesses, is being questioned. While it may serve as a useful metaphor, changes in the metabolism of the neurotransmitters such as serotonin do not fully account for the complex experience of mental health problems or illnesses.^{118 119} Environmental factors during critical developmental stages can have long-term effects on gene expression.¹²⁰ Poverty and stress are also well-known to be bad for health - equally true for mental health as physical health.

[Personal video: Aidan Scott](#)

Mental illnesses can take many forms including disturbance in thoughts, feelings and perception that can be severe enough to affect day-to-day functioning, compromise quality of life and require treatment from a health professional to resolve. Mental health problems affect the way people feel about themselves and interact with the world around them. They are often cyclic and vary in nature and severity over time, affecting each person differently. Mental illnesses can also present during times of increased stress and transition, chronic illness, loss and uncertainty. As a result, symptoms of illness can be missed and ascribed to other factors. Mental health problems are most likely to first present during adolescence, an important time for completing schooling and establishing one's career planning and employment identity. Without treatment mental health problems can seriously complicate employment for many adults. Mental health problems are the result of a complex interplay of biological, psychological, social, spiritual and environmental factors. Consequently, treatment involves more than managing distressing symptoms of illness and / or reducing adverse events such as hospitalization.

A note about psychosis

Research is expanding our understanding of schizophrenia and other psychotic disorders - moving beyond seeing them exclusively as biological disorders treated primarily with medication. Schizophrenia was considered the 'cancer' of psychiatry, with an anticipated chronic downward course of debilitating symptoms. Now there is greater consideration given to the broader psychological and social aspects of psychotic experiences acknowledging that trauma, adverse childhood and current events (including bullying, parental loss, abuse, neglect, job loss, assault, etc.) can play a significant role in increasing vulnerability that can lead to mental distress and chronic health disorders over the lifespan.¹²¹ Psychotic disorders may also be more common and for many people less debilitating than believed. Not all people or cultures find voice hearing, delusions or hallucinations as dysfunctional or distressing events instead seeing them as

providing spiritual guidance and comfort. When people do experience cognitive disorganization and distressing feelings that interfere with social and employment functioning these conditions are found to respond well to psychological, cognitive therapies and peer support in addition to the use of medications. However, exclusionary program policies and pessimism about the ability to recover from schizophrenia, can limit access to beneficial programs and services. Rethinking our understanding of psychosis is critical because there is no more deeply stigmatized mental disorder than schizophrenia and the associated fear and the unwarranted pessimism for recovery severely limits people's employment opportunities and civic rights. ^{122 123}

[Personal story](#)

Ted Talk - The voices in my head: Eleanor Longden, PhD

https://www.ted.com/talks/eleanor_longden_the_voices_in_my_head#t-2897

Mental and physical health

Mental health and physical health are fundamentally linked. People living with a mental illness are at greater risk of experiencing a wide range of metabolic disorders and physical health problems and chronic illnesses. The reverse is also true with those living with chronic physical health conditions (diabetes, heart disease, etc.) who experience depression and anxiety at twice the rate of the general population. The stigma of mental illness contributes to poorer health outcomes for people living with mental illness who are less likely to receive diagnostic testing or on-going management of chronic diseases. Ascribing physical complaints to symptoms of mental illness in part causes this neglect. ¹²⁴

Substance abuse and addictions

People living with a mental health problem and illnesses may also be dealing with addictions and substance abuse problems. Many people do use drugs, alcohol and gambling as a form of 'self medication' to ease the painful symptoms of mental illness. This intensifies symptoms and makes treating mental illness more complicated. Substance abuse is defined based on the effect it is having on the person's life and relationships with others. These effects may include poor attendance and performance at work or school, problems in social and intimate relationships - including violence, abuse, neglect and marital breakdown, increased risk-taking and dangerous behaviours like unplanned sexual activity, drinking and driving, etc. Continuous use of substances can have serious consequences for employment, health, family and finances and can lead to trouble with the law.



FINDING HELP

Dealing with mental health problems is not just about treating an illness but in taking steps to improve mental and physical health and well-being. Health comes from remaining connected to important social roles and community connections including connections to work. There are many types of professionals who can bring important expertise to resolving mental health problems including: family doctor, psychiatrist, psychologist, counsellors, psychosocial rehabilitation specialists and other mental health professionals. Peer support can also be an important part of one's recovery team. Cognitive behavioural therapy and mindfulness meditation, diet, spiritual practice, exercise, tai chi etc. can help to support wellness.

Some risk factors are within our control - others are not. There is no simple solutions or single pill that can fix life's problems. Nor can we 'fix' another person and trying to gets in the way of their recovery. CSWs can help people to identify and reduce those risk factors that are within their control. They can also help minimize the impact of mental health problems by being hopeful, supporting people to see their strengths, rekindling dreams and drawing on their resilience. If mental health problems are a barrier to employment, it is helpful to work collaboratively with the person to help them understand their options and access supports, treatment services and community resources that they may need as they pursue employment. CSWs can also help people consider how to activate social and family supports, draw on spiritual beliefs, community connection, their cultural identity, interpersonal skills and strengthening coping strategies.

Know what resources are available

CSWs can help people identify when they may need professional help to manage distressing symptoms. Emphasizing the efficacy of treatment and the high potential for recovery helps to increase a person's willingness to access help. Being knowledgeable about resources in your community, understanding referral processes and helping link people to care, can significantly improve employment outcomes. Sending people away to 'get help' and terminating career counselling support until they 'get better' can cause harm and interfere with personal recovery.

Start with a health assessment

It is important to start the journey of finding help with a physical examination to make sure there is not an underlying medical condition such as hyperthyroidism, multiple scler-

rosis, Parkinson's disease or metabolic disorders such as diabetes. Family physicians are a good starting point and they currently provide the majority of mental health services for Canadians. Family physicians often know about additional resources in the community and can link people to specialized mental health assessment and support services.

Finding Mental Health Resources:

Finding services can be a challenge particularly for people living in small towns or remote communities. There are many excellent resources available on-line. The resources below provide links to up-to-date reliable Canadian information to help you and the people you serve better understand mental health problems and illnesses.

Canadian Mental Health Association (CMHA) provides an on-line overview of mental illnesses and their treatment. There are also helpful resources that provide more information to further your understanding of mental illnesses. http://www.cmha.ca/bins/content_page.asp?cid=3&lang=1

- [Common Mental Illnesses: A resource guide for families](#): Families can best support recovery when they have the information they need to understand what is going on and ways they can be supportive. <http://ourhealthyminds.com/family-handbook/appendix-common-mental-illnesses.html>
- [Understanding mental illness: The BC Partners "self help toolkits"](#) are workbooks to help build knowledge and practice skills to manage a mental health or substance use problem, or support a loved one to do so. <http://heretohelp.bc.ca/understand/living-managing>
- [Internet Mental Health](#) is a free encyclopedia of mental health information created by a Canadian psychiatrist, Dr. Phillip Long. It provides information on the latest research, medications and therapies, a section on harmful therapies and a discussion board. <http://www.mentalhealth.com/home/>

Finding Help – resource guides

- [Working Together Towards Recovery: Consumers, Families, Caregivers and Providers](#) A team of experts (people who've experienced mental illness themselves, family members and caregivers) developed this toolkit to provide the kind of information they wish they'd had right from the beginning.
- [Family Self-Care and Recovery From Mental Illness Manual](#) This manual is designed for families of people dealing with a mental illness. It will help family members be



informed caregivers, including taking care of themselves and other family members and maintaining their own health.

- [How You Can Help: A Toolkit for Families](#) If you're a family member, friend or other carer, this workbook aims to help walk you through what you need to know about helping someone you love struggling with a mental or substance use disorder.

Self management tools

- [FeelingBetterNow](#) is a Canadian medically based website designed to assist family physicians and patients in the early diagnosis, treatment and ongoing management of mental and emotional health problems using medical best practices. <http://feelingbetternow.com/>
- [Schizophrenia: A Journey to Recovery – A Consumer and Family Guide to Assessment and Treatment](#) adapted from the CPA's Clinical Guidelines for the Treatment of Schizophrenia. http://www.schizophrenia.ca/journey_to_recovery.php
- [Your Recovery Journey](#): Schizophrenia Society of Canada. On-line line tool to help people achieve their recovery goals. <http://www.your-recovery-journey.ca/english.htm>
- [Mood Disorders Society of Canada](#) a not-for-profit consumer-driven organization that provides links to peer support across the country, information on finding help, research on depression, bipolar and other mood disorders.
- [The Depression Center](#) offers personalized, interactive tools; helps people challenge and overcome their depression. They also offer the Depression Program, an interactive, 18-session cognitive behavioral therapy (CBT) course.
- [The Panic Center](#) offers personalized, interactive tools to help people overcome their anxiety and panic. If you think you have panic disorder, are ready to challenge your fear, or not sure where to start: <http://www.paniccenter.net/>
- [National Eating Disorder Information Centre](#) is a non-profit organization providing information, resources, referrals and support on eating disorders and food and weight preoccupation to individuals with eating disorders and their families. Telephone helpline 1-866-633-4220 that provides information on treatment and support related to eating disorders across Canada.
- [Canadian Centre on Substance Abuse](#): Provides knowledge and resources to understand and reduce the harm of addictions. <http://www.ccsa.ca/Eng/Pages/default.aspx>
- [Icarus Project](#): An international forum for radical and alternative approaches to health and wellness. <http://www.theicarusproject.net/>.

Resources for teens and young adults

- [mindyourmind](http://mindyourmind.ca/) is a space for youth and young adults (14-24) to find support when going through tough times. Using active engagement, best practice and technology mindyourmind inspires youth to reach out, get help and give help. <http://mindyourmind.ca/>
- **Psychosissucks:** This website offers information about the signs and symptoms of schizophrenia, treatment and recovery. <http://www.psychosissucks.ca/>
- **ICopeU:** An on-line portal to help student cope in difficult times. <http://icopeu.com/demo/home.html>
- **Living Life to the Full:** a FREE on-line cognitive behaviour program presented in simple, easy to understand language. <http://www.lltf.com>

TOOLS FOR CAREER SERVICE WORKERS

The Stages Of Change - [Appendix A](#)

Motivational Interviewing - [Appendix B](#)

Managing Suicidal Risk - [Appendix C](#)

Pros and Cons of Disclosure - [Appendix D](#)

Expert Advisory Panel – [Introduction](#)

APPENDIX A

STAGES OF CHANGE

Recovery-oriented practice recognizes that recovery is not a linear journey that is a process and not a destination. Having a mental illness can be devastating and personal recovery stories identify that many people go through various stages in coming to terms with what has happened. It can take time to acquire insight, knowledge, skills and the resources people need to manage their illness, rebuild their lives and develop a life rich with purpose and meaning. Each person moves forward at their pace. CSWs can use the Stages of Change Model to understand the complex, dynamic and ongoing process of recovery and align their support to the changing needs of their clients as they move from anguish to well-being and empowerment. This modified version draws on the core mechanisms people living with mental illnesses associate with positive change and is an approach particularly helpful when used along with motivational interviewing.

Five stages of recovery:

1. **Moratorium:** This is a time of withdrawal characterized by a profound sense of loss, hopelessness and an inability to see a hopeful future. People may hold a negative self-identity; lose their positive self and future identity. The illness holds a negative meaning; there is a loss of life purpose, feeling hopeless, dependent and overwhelmed.
2. **Awareness:** Realization that all is not lost and that a fulfilling life is possible. Emerging sense of hope. See illness as separate from self, making sense of it and accepting it as a part of one's life. Emerging sense of direction, feeling of being able to do better, a desire to look after one's self and learn new ways to cope.
3. **Preparation:** Taking stock of strengths and weaknesses regarding recovery and starting to work on developing recovery skills. Believing in one's self, using experience as an inspiration, recognizing and taking stock of one's core identity and personal values. Setting goals for the future, building confidence, learning coping strategies, using resources.
4. **Rebuilding:** Actively working towards a positive identity, setting meaningful goals and taking control of one's life. Sense that suffering will be rewarded. Growing sense of personal control over one's life. Incorporating illness, self re-definition and forging a new identity. Illness as a source of growth. Engagement with life, willingness to take risks, manage illness and taking responsibility for life.

5. Growth: Living a full and meaningful life, characterized by self-management of the illness, resilience and a positive sense of self. Growing sense of wellness and optimism for the future. Finding meaning in the illness. Positive sense of self – different but improved self. Self-actualization, gaining a deeper meaning in life. Greater sense of resilience, control over illness and feeling in control of one's life.

There are important differences with Prochaska and DiClemente's Model for changing health related behaviours including:

- That recovering from mental illness is a process - not an outcome. It is non-linear, can be abrupt, incremental or reoccurring despite a person's active commitment to change.
- Recovery is influenced by both internal and external factors.
- Recovery occurs in a social context and some factors are outside of the individual's control including: experiences of discrimination, limited availability of needed resources (housing, treatments and services) or inequitable access to the determinants of health.
- There is a risk that too much of an onus or blame is placed on the individual to control their recovery minimizing issues of social justice which require collective action to change.

Resources:

Davidson, L.; Roe, D.; Andres-Hyman, R.; & Ridgway, P. (2010). Applying Stages of Change models to recovery in serious mental illness: Contributions and limitations. *Israel Journal of Psychiatry*, 47(3), 213-21. Available: http://doctorsonly.co.il/wp-content/uploads/2011/12/2010_3_7.pdf

Andresen, R., Caputi, P. and Oades, L., 2006. Stages of recovery instrument: development of a measure of recovery from serious mental illness. *Australian and New Zealand Journal of Psychiatry*, 40 [11-12], pp.972-980. http://ro.uow.edu.au/hbspapers/207/http://www.behaviourworksaustralia.org/wp-content/uploads/2012/09/BWA_StageTheories.pdf

Understanding Transtheoretical Model of Intentional Behavioural Change Theory- a self-study guide: <http://www.addictioncentre.ca/wp-content/uploads/2011/11/Stages-Of-Change1.pdf>

APPENDIX B

MOTIVATIONAL INTERVIEWING

Recovery happens in stages and discouragement and resistance are a common part of the recovery journey. CSWs can have a positive impact by adopting a 'coaching' rather than 'directive' role in helping people facing multiple challenges become 'unstuck' and move along the stages of change. Motivational interviewing is a directive, client-centred counselling style for eliciting behaviour change by helping clients to explore and resolve ambivalence. It is a recovery-oriented practice, which is person-centred, which emphasizes decision-making autonomy and helps prepare people for change. ¹²⁵

MI supports recovery by:

- Recognizing that change comes from the client and is not imposed from without.
- Acknowledging that it is the client's task to explore and resolve resistance. The CSW can help direct client to explore barriers to change.
- Building a collaborative, non-coercive partnership that supports autonomy.
- Seeing readiness to change as fluctuating and a product of the interpersonal interaction.
- Helping people identify and set their employment recovery goals.

Motivational interviewing is an interpersonal style of engaging clients by:

- Actively listening to understand the person's perspective. Using reflective listening to affirm your understanding.
- Reflecting hope and expressing acceptance and support.
- Eliciting and selectively reinforcing the client's own self-motivational statements, expressions of problem recognition, concern, desire and intention to change.
- Affirming their ability to change.
- Monitoring the client's degree of readiness to change and ensuring that jumping ahead of the client does not generate resistance.
- Affirming the client's freedom of choice and self-direction

Tools of motivational interviewing

Asking questions to help increase motivation: What makes you feel this job is right for you? How will your life change if you are successful? What concerns do you have in returning for work?

Exploring personal values: What is most important to you returning to school / training / work?

Celebrating successes:

Acknowledging achievements helps to strengthen and sustain confidence and a belief in the client's ability to succeed.

What can get in the way of building motivation?

- Arguing that the person has a problem and needs to change
- Offering direct advice or prescriptive solutions without the person's permission
- Not encouraging the person to make his or her own choices
- Using an authoritative / expert stance and not recognizing the individual's experiential expertise
- Not actively listening, doing most of the talking, or functioning as a unidirectional information delivery system
- Imposing a diagnostic label – sees the person through their limitations rather than strengths
- Using coercive measures to gain compliance

Resources:

Motivational Interviewing Toolkit, Canadian Centre on Substance Abuse (2014)
<http://www.ccsa.ca/Resource%20Library/CCSA-Motivational-Interviewing-Toolkit-2014-en.pdf>

Motivational Change: What is it? <http://www.motivationalinterview.net/clinical/whatis-mi.html>

APPENDIX C

MANAGING SUICIDAL RISK

KEY MESSAGES

- Suicidal thoughts are a part of the human condition when there is great suffering
- Most people do not act on suicidal thoughts
- Only a small number of suicides happen without warning
- Talking about suicide does not increase risk - it reduces risk
- CSWs can help by opening up the conversation
- Being calm, listening with respect and compassion supports disclosure
- Help link people to professional supports and resources
- Seeing a hopeful future and feel connected to others reduces suicide risk

On-line training tools

[Preventing Suicide - Mary-Jo Bolton, CASP](#)

[Person-Centred Care Video - John Draper, PhD. Suicide Prevention Resource Centre](#)

[Hope at Work: A video on creating supportive workplaces with Tim Wall, E.D. CASP](#)

Understanding Emotional Crisis and Suicidal Risk

Career service workers counsel people at a difficult time in their lives. Job loss, uncertainty for the future, economic stress and hopelessness contribute to feeling overwhelmed. Recent loss of employment and entry into the workforce are times of increased vulnerability and people may experience suicidal thoughts during this stressful time. It is not easy to talk about suicide but it is an important conversation. Potentially anyone can be suicidal. It is a part of the human condition when experiencing great suffering. Most people do not act on these thoughts and only a small number of suicides happen without warning. All threats should be taken seriously.

Suicide is complex with no single cause. It is the interaction of many factors that contribute to a person's decision to end their life including: depression, recent loss, addictions, childhood trauma, serious physical illness, sexuality and gender identity issues, medication side effects, social isolation, financial stress, or major life changes which can make some people feel overwhelmed and unable to cope. It is not the nature of the stressor but feeling that they are unbearable. People who experience suicidal thoughts are

often suffering tremendous psychological pain and feelings of hopelessness, despair and helplessness. People feel as if their pain will never end and suicide is a way to stop their suffering.

Suicide affects people across the ages, incomes and social circumstances - although youth (between 15 and 30 years), men, Inuit, Métis and First Nations young people and older adults are at greater risk. Not all people who die from suicide have a mental illness and not all people with mental illness feel suicidal. However, 90% of people who do end their lives on reflection were experiencing a mental health problem / illness - most frequently an undiagnosed, under treated, or untreated depression.¹²⁶ Supporting people who experience significant stress to develop a personal safety plan, reflect on their strengths, internal and external resources helps build skills, resilience and focusing on their ability to draw on their own self-righting capabilities helps to promote recovery. Because over 80% of people with depression improve with treatment encouraging help-seeking is important.

Recovery-oriented practice is about helping people to acknowledge their strengths and capabilities and to acquire the knowledge, skills and confidence they need to manage their mental health problems. Including questions about stress and coping in your initial discussions with people is a proactive way of opening up the conversation, encouraging disclosure and conveys a willingness to talk about difficult topics. Here are some questions to start a conversation before your people feel overwhelmed.

- How do you cope when life gets difficult?
- What strategies have worked for you before?
- What gives your life meaning and purpose?
- What supports are available to you in your community when you feel overwhelmed?
- Who provides you with support?
- Whom can you reach out to when feeling overwhelmed?

Suicide is preventable - talking about it does NOT increase risk.

CSWs can also play a significant role by learning more about signs and symptoms of suicide risk to help them identify when a conversation about suicide may be necessary. Suicide is rarely a spur of the moment decision. The American Association of Suicidology has a tool to help you remember the warning signs of suicide.

IS PATH WARM

- I** Ideation – is the person thinking or talking about suicide?
- S** Substance abuse – has the person increased their use of drugs and alcohol?
- P** Purposelessness – does the person express thought that their life has no meaning or purpose?
- A** Anxiety – does the person seem uncomfortable or agitated?
- T** Trapped – is their personal perception that they cannot see a way forward or find solutions to their problems?
- H** Hopelessness – are they expressing feelings of being hopeless, helpless, or unworthy?
- W** Withdrawn – are they stepping away from people and activities they use to enjoy?
- A** Anger – do they seem agitated, irritable and out of sorts? Are they impulsive or violent?
- R** Recklessness – they may be behaving in ways that they do not care if they are safe or at risk of getting hurt
- M** Mood changes – signs of depression like sadness, changes in sleep and eating, a flatness in mood, neglecting self-care, or not enjoying things they use to enjoy.

Other signs or behaviour of risk include people reconnecting with old friends and extended family to say good bye, giving away prized possessions and or making a Will. People who have made past suicide attempt may be at greater risk.



If you are concerned – open up the conversation.

If you see these warning signs – ask the person if they are thinking about ending their life. Initiating a conversation about suicide can be a difficult. Many people fear that talking about suicide will encourage people to act on their feelings. In fact, the opposite is true. Addressing suicidal thought shows compassion, helps the person recognize they need help and that you care. The more calm, respectful and direct you can be the more likely people will open up and share their concerns. Reducing suicide risk is about connection and relationships grounded in respect, trust, safety and concern. Thank them for their honesty and courage in disclosing what is no doubt a scary and distressing experience. Your willingness to talk about this difficult topic communicates that it is normal and O.K. to talk, that they are not alone and you are there to help them figure out a way forward. Remember, suicide is not a problem that you need to solve but you can support people in moving forward

Possible questions:

I am worried about you. How are you doing? You seem unhappy. I am worried that you may be thinking about hurting yourself. Have you been thinking about suicide? Do you have a plan? Have you tried to end your life before? What has helped you in the past? What can I do to help? Who can you reach out to that will provide you with support?

If you think the person's risk of suicide is high - take steps to support the person in getting to help. If they have a plan and have acquired the means to end their life this indicates a heightened risk. If you are unsure of what to do, contact the local distress centre for assistance. In an immediate threat stay with the person, call the distress line, take the person to their physician, or the nearest mental health care professional or the emergency department of a hospital or contact their support people.

Key points to consider

- Take all threats of suicide and self harm seriously
- Allow the person time to talk about their feelings without judgment
- Be a good listener; remain calm, compassionate and caring
- Be honest and authentic in your concern



- Do not agree to keep suicidal thoughts a secret. Tell someone who can help
- Help people draw on their personal resilience, past coping strategies and to identify and connect with their sources of support.
- Ask how you can be helpful. Know your limits and when and who to contact in a crisis.
- Stay connected – offer messages that they matter - they are not alone - and help is available.

It is important to offer hope and reassurance that thoughts of suicide do not need to be acted upon - feelings change and most problems can be solved - without being overly unrealistic or minimizing their pain. Over time and with experience, people who struggle with suicidal impulses can learn that these frightening feelings will pass, they can learn how to manage these impulses and that with professional help and support the pain can be managed or goes away.

People may also need the opportunity to explore how they can manage this risk within the workplace context. Issues of stigma, disclosure, accommodation, maintaining wellness and re-designing a sense of oneself are all important challenges in returning to work. Reinforcing people's resilience and celebrating their strengths in managing difficult emotions is part of the reframing experience. There is a need for enhanced support from mental health providers and in taking steps to support workplace colleagues, managers and supervisors in building supportive safe workspaces and in making the successful transition into the workplace.¹²⁷

What CSWs do to enhance your practice?

- Learn more about self-harm and [suicide risk, prevention, protective factors and response](#).
- Provide people with resources for building supports and developing a personal safety plan.
- [Offer them resources to help them cope](#).
- Learn more about community mental health and crisis resources and ways to link people to services.



Reflective practice

- How do your own personal beliefs about suicide impact this discussion?
- What do you need to know or learn to be comfortable talking about suicide?
- Does your practice reflect hope, focus on the person's strengths and build resilience?

Organizational change

- Does your organization offer training seminars on suicide prevention and Mental Health First Aid?
- Do you include people living with mental health problems as trainers?
- Have you developed a collaborative partnership with mental health services?
- Does your organization have a [workplace strategy for suicide prevention](#)?
- Is your workplace psychologically safe and promote mental health and wellness?

Suicide resources:

More than 150 crisis centers currently participate in the National Suicide Prevention Lifeline network. Calls to 1-800-273-TALK are routed to the closest available crisis center.

<http://www.suicidepreventionlifeline.org/>

[Crisis Centres Across Canada](#): An interactive map that links you to crisis resources across the country. <http://suicideprevention.ca/thinking-about-suicide/find-a-crisis-centre/>

[Hope at Work](#): A video on creating supportive workplaces with Tim Wall, E.D. CASP.

<https://vimeo.com/105270469>

Hope Studies Centre: A research centre committed to the study of hope in human living.

www.ualberta.ca/hope

[Suicide Prevention, Intervention and Postvention Practice Guidelines](http://www.mcf.gov.bc.ca/suicide_prevention/pdf/suicide_pip_pg_quick_ref.pdf) http://www.mcf.gov.bc.ca/suicide_prevention/pdf/suicide_pip_pg_quick_ref.pdf

Understanding Youth Suicide: Together to live: <http://www.togethertolive.ca/understanding-youth-suicide>

[Practical tools and practice guidelines](http://www.mcf.gov.bc.ca/suicide_prevention/practical_tools.htm): http://www.mcf.gov.bc.ca/suicide_prevention/practical_tools.htm

The Canadian Association for Suicide Prevention (CASP) provides information and resources to reduce the suicide rate and minimize the harmful consequences of suicidal behaviour. <http://suicideprevention.ca/about-us/>

Self help resources

Learning tool: Thirty minutes that could save your life: webinar <http://vimeo.com/105705224>

Coping with suicidal thoughts: A resource for patients: <http://www.sfu.ca/carmha/publications/coping-with-suicidal-thoughts.html>

Resource for organizations leaders:

Working minds: Suicide prevention in the workplace: <http://www.workingminds.org/>

Hope and Resilience at Work: You can make a difference: <http://suicideprevention.ca/wp-content/uploads/2014/05/CASP-Hope-at-Work-12-1432.pdf>

Principles for developing organizational policies and protocols for responding to clients at risk of suicide and self harm. <http://www.togethertolive.ca/sites/default/files/principles-for-developing-protocols.pdf>

APPENDIX D

Disclosure Pros	Disclosure Cons
To gain protection under Human Rights Legislation	To protect privacy
Request accommodations	To be 'normal' to fit in
Explain gaps in work history & past accommodations received	Preserve self esteem by not identifying as disabled
Explain symptoms, sudden hospitalization or crisis issues in the workplace	Do not see self as disabled, condition is manageable - not disabled
Explain problems in work performance	No need for accommodations
Enlist support of employer	Do not feel entitled to ask for accommodations
Increase understanding of supervisor and co-workers	Do not want to be seen as needing special treatment
To have someone to turn to if problems arise	Did not know I could ask for accommodations
Reduce fear or anxiety of co-workers	Fear negative employer attitude
Ensure coworkers have accurate information instead of speculating	Fear a change in supervision, monitored more closely, lead to biased evaluation
To allow access to vocational rehabilitation professionals or advocate to access workplace	Fear of isolation, rejection, being treated differently by co-workers, supervisors
To become employed in targeted employment position in mental health system for consumers or peers	Past negative experiences with disclosure in workplace
To serve as role model, combat stigma, educate others	Not the cultural norm to complain
To relieve stress of keeping secret, remembering explanations or cover stories	To avoid behaviour being interpreted as part of a mental illness
Improve psychological well-being	Avoid emotionally harmful responses
Continue process of recovery, acceptance of disability	To avoid harassment, gossip and social disapproval
Enhance self esteem by choosing not to hide what others may view as negatively	To avoid discrimination, reduce chances of being hired, promoted, or terminated because of disability
To be honest to others and myself. Reduce isolation, connect with others, personal sharing	Because you need to work harder to prove your worth if they know you have a mental illness
Confirm health benefits before accepting job	Avoid being thought of as less competent

Source: MacDonald-Wilson, K. L., Russinova, Z., Rogers, E. S., Lin, C. H., Ferguson, T., Dong, S., & MacDonald, M. K. (2011). Disclosure of mental health disabilities in the workplace. In I. Z. Schultz & E. S. Rogers (Eds.), *Work accommodation and retention in mental health* (pp. 191–218). New York: Springer

DOCUMENT REFERENCES

- 1 Estimated at 70% - 90% - 80% can and do want to work. Source: Quick Facts: Mental Illness & Addictions in Canada. Available at: <http://mooddisorderscanada.ca/page/quick-facts>
- 2 The term 'career service worker' is used to encompass the diversity of roles career practitioners play, multiple employment contexts within which they work and to acknowledge the difference in education, training and definition that currently surround this work.
- 3 To learn more about Career Service Workers: Career Development Practice in Canada: Perspectives, Principles, and Professionalism Editor(s): Blythe C. Shepard, University of Lethbridge and Priya S. Mani, University of Manitoba. Publisher: CERIC (Jan. 2 2014). <http://ceric.ca/?q=en/node/782>
- 4 According to the staff at Job Resource Centre, Windsor NS and confirmed through our research.
- 5 For a quick summary of the research findings visit: Summer 2013 Contact Point. Available at <http://contactpoint.ca/summer-2013/>
- 6 McKee, K. (2013) Change from Within – Career Practitioners and Mental Health. Available at: <http://contactpoint.ca/2013/06/change-from-within-career-practitioners-and-mental-health/>
- 7 <http://www.mentalhealthcommission.ca/English/issues/workplace/aspiring-workforce>
- 8 Kirsh, B. (2000). Work, Workers and Workplaces: A Qualitative Analysis of Narratives of Mental Health Consumers Journal of Rehabilitation, Oct-Dec, 2000
- 9 Out of the Shadows at Last: Transforming Mental Health, Mental Illness and Addiction Services in Canada (Literature review, expert advise, online consultations and public hearings).
- 10 Kates, N., B.S. Greiff and D.Q. Hagen. 1990. The Psychosocial Impact of Job Loss. Washington, DC: American Psychiatric Press.
- 11 Kirsh, B. (2000). Work, Workers and Workplaces: A Qualitative Analysis of Narratives of Mental Health Consumers Journal of Rehabilitation, Oct-Dec, 2000
- 12 Out of the Shadows at Last: Transforming Mental Health, Mental Illness and Addiction Services in Canada (Literature review, expert advise, online consultations and public hearings).
- 13 Mikkonen, J., & Raphael, D. (2010). Social Determinants of Health: The Canadian Facts. Toronto: York University School of Health Policy and Management. Available at: http://www.thecanadianfacts.org/The_Canadian_Facts.pdf
- 14 Ali, M., Schur, L., and Blanck, P. (2011). "What types of jobs do people with disabilities want?" Journal of Occupational Rehabilitation. Vol. 21, No. 2, P. 199-210. <http://www.ncbi.nlm.nih.gov/pubmed/20924777>
- 15 Aspiring Workforce, (2014) MHCC : <http://www.mentalhealthcommission.ca/English/node/7606>
- 16 Medalia, A. & Revheim, N. (undated). Dealing with cognitive dysfunction associated with psychiatric disabilities: A handbook for families and friends of individuals with psychiatric disorders. The New York State Office of Mental Health Family Liaison Bureau. Available at: https://www.omh.ny.gov/omhweb/cogdys_manual/CogDysHndbk.htm
- 17 Gowdy, E., Carlson, L., & Rapp, C. (2003). Practices differentiating high-performing from low-performing supported employment programs. Psychiatric Rehabilitation Journal, 26(3), 232.
- 18 Correlates and consequences of internalized stigma for people living with mental illness: a systematic review and meta-analysis. Livingston JD, Boyd JE Soc Sci Med. 2010 Dec; 71(12):2150-61.
- 19 Gowdy, E., Carlson, L., & Rapp, C. (2003). Practices differentiating high-performing from low-performing supported employment programs. Psychiatric Rehabilitation Journal, 26(3), 232.
- 20 J. Marrone and E. Golowka,(2000) "If work makes people with mental illness sick, what do unemployment, poverty and social isolation cause?" Psychiatric Rehabilitation Journal, vol. 23, no. 2, pp. 187-193.
- 21 Employment and Education for People With Mental Illness (2010) CMHA discussion paper. http://ontario.cmha.ca/public_policy/employment-and-education-for-people-with-mental-illness/#.VOuolsa7_hl
- 22 Lehman, A.F., Goldberg, R., Dixon, L., McNary, S., Postrado, L., Hackman, A. and McDonnell, K. (2002) Improving Employment Outcomes for Persons With Severe Mental Illnesses Arch Gen Psychiatry; 59:165-172.
- 23 Lehman, A.F., Goldberg, R., Dixon, L., McNary, S., Postrado, L., Hackman, A. and McDonnell, K. (2002) Improving Employment Outcomes for Persons With Severe Mental Illnesses Arch Gen Psychiatry; 59:165-172.

- 24 Out of the Shadows at Last: Transforming Mental Health, Mental Illness and Addiction Services in Canada Standing Senate Committee on Social Affairs, Science and Technology (2006)
- 25 Smetanin, P., Stiff, D., Briante, C., Adair, C.E., Ahmad, S. and Khan, M. The Life and Economic Impact of Major Mental Illnesses in Canada: 2011 to 2041. RiskAnalytica, on behalf of the Mental Health Commission of Canada 2011. Available at: https://www.mentalhealthcommission.ca/English/system/files/private/document/MHCC_Report_Base_Case_FINAL_ENG_0.pdf
- 26 MHCC, Making the Case for Investing in Mental Health in Canada, p. 2. Available at: http://www.mentalhealthcommission.ca/English/system/files/private/document/Investing_in_Mental_Health_FINAL_Version_ENG.pdf
- 27 2010 Canadian Community Health Survey by Statistics Canada (CCHS; 2010a; Retrieved from http://www23.statcan.gc.ca/imdb-bmdi/instrument/3226_Q1_V7-eng.pdf)
- 28 National Standards of Canada for Psychological Health and Safety in the Workplace. <http://www.mentalhealthcommission.ca/English/issues/workplace/national-standard>
- 29 Supporting Employee Success: A Tool to Plan Accommodations that Support Success at Work (2013). https://www.workplacestrategiesformentalhealth.com/pdf/Supporting_Employee_Success_EN.pdf
- 30 Stephens, T., & Joubert, N. (2001). The economic burden of mental health problems in Canada. *Chronic Diseases in Canada* 22(1).
- 31 Mental Illness and Addictions: Facts and Statistics http://www.camh.ca/en/hospital/about_camh/newsroom/for_reporters/Pages/addictionmentalhealthstatistics.aspx
- 32 Canadian Community Health Survey, Statistics Canada, Public Use Microdata File, Statistics Canada (years 2003, 2005, 2007/08, 2009/10, 2011/12).
- 33 Statistics Canada Community Health Survey 2010, Sources of stress amongst workers Available at: <http://www.statcan.gc.ca/daily-quotidien/111013/dq111013c-eng.htm>
- 34 5 July 2005, <http://www.parl.gc.ca/Content/SEN/Committee/381/soci/rep/report1/repintnov04vol1-e.pdf>.
- 35 Cunningham K., Wolbert R. & Brockmeier M.B., Moving beyond the illness: factors contributing to gaining and maintaining employment, *American Journal of Community Psychology*, 2000;(28):481–94.
- 36 Thomas, T., Secker, J. & Grove, B “Getting Back For Christmas” (2002) IAHP London
- 37 Tracking the Perfect Legal Storm: Converging Systems Create Mounting Pressure to Create the Psychologically Safe Workplace by Dr. Martin Shain of the University of Toronto, 2010.
- 38 Mental Health Works: http://www.mentalhealthworks.ca/facts/why_it_matters.asp#note9
- 39 <http://www.mentalhealthroundtable.ca/>
- 40 Schrank B, Bird V, Rudnick A, Slade M. Determinants, self-management strategies and interventions for hope in people with mental disorders: systematic search and narrative review. *Soc. Sci. Med.* 2012;74:554-64.
- 41 Recovery from Severe Mental Illnesses: Research Evidence and Implications for Practice Volume 1 by Larry Davidson, Courtenay Harding and LeRoy Spaniol. Copyright © 2005. Center for Psychiatric Rehabilitation, Trustees of Boston University. Available: <http://www.bu.edu/cpr/products/books/titles/sample-rsmi-1.pdf>
- 42 Cuthbert, B. Insel, T. Toward New Approaches to Psychotic Disorders: The NIMH Research Domain Criteria Project *Schizophr Bull* (2010) 36 (6): 1061-1062 first published online October 7, 2010 doi:10.1093/schbul/sbq108
- 43 CHANGING DIRECTIONS, CHANGING LIVES: The Mental Health Strategy for Canada (2014) http://www.mentalhealthcommission.ca/English/system/files/private/MHStrategy_Strategy_ENG_0.pdf
- 44 Slade, M. (2103) 100 Ways to Support Recovery: A Guide for Mental Health Professionals. 2nd edition. 100_ways_to_support_recovery_v2.pdf
- 45 Russinova Z. Providers’ Hope-Inspiring Competence as a Factor Optimizing Psychiatric Rehabilitation Outcomes. *Journal of Rehabilitation* 1999; Oct-Dec:50-57.
- 46 Mapping A Pathway For Embedding A Strengths-Based Approach In Public Health Practice. (2013) Resiliency Initiatives, Calgary, Alberta.
- 47 Osborn, L. (2012) Recovery-Oriented Services And The Provider-Consumer Relationship: Interdisciplinary Perspectives Of Community Mental Health Care Providers In Virginia. Available at: https://etd.ohiolink.edu/!etd.send_file?accession=bgsu1355872551&disposition=inline

- 48 Rapp C, Goscha R. The strengths model: case management with people with psychiatric disabilities. 3rd ed. New York: Oxford University Press; 2012.
- 49 Glasser, W. Choice Theory: A new psychology of personal freedom. 1998 Harper Collins Publishers
- 50 Salisbury, Taylor (2013) "Mental Health Stigma: The Impact of Labels for Axis 1 vs Axis 11 Disorders in the DSM VI". Sociological Imagination: Western's Undergraduate Sociology Student Journal: Vol. 2: Iss. 2, Article 6. Available at: <http://ir.lib.uwo.ca/si/vol2/iss2/6>
- 51 Davidson, L.; Roe, D.; Andres-Hyman, R.; & Ridgway, P. (2010). Applying Stages of Change models to recovery in serious mental illness: Contributions and limitations. *Israel Journal of Psychiatry*, 47(3), 213-21. Available: http://doctoronly.co.il/wp-content/uploads/2011/12/2010_3_7.pdf
- 52 Ackerman, S. J., & Hilsenroth, M. J. (2001). A review of therapist characteristics and techniques negatively impacting the therapeutic alliance. *Psychotherapy: Theory, Research, Practice, Training*, 38, 171-185.
- 53 Doughty C, Tse S, Duncan N, et al. The Wellness Recovery Action Plan (WRAP): workshop evaluation. *Australasian Psychiatry*. 2008;16:450-6.
- 54 Making the Case for Peer Support, 2010, p. 45. Mental Health Commission of Canada.
- 55 Changing Directions, Changing Lives: The Mental health Strategy for Canada – A national strategy for improving the mental health system released in 2012.
- 56 Making the Case for Peer Support, Mental Health Commission of Canada, 2010, p 21
- 57 Peer Support Accreditation Canada <http://www.pfac-canada.com/>
- 58 Weisser, Morrow, Jamer - Exploration of social inequities in the Mental Health Literature http://www.socialinequities.ca/wordpress/wp-content/uploads/2011/02/Recovery-Scoping-Review.Final_STYLE_.pdf
- 59 Universal Declaration of Human Rights. United Nations. . Accessed Aug. 11 2014. <http://www.un.org/en/documents/udhr/>
- 60 Stuart, H. 2004. Stigma and Work. *Healthcare papers*, S (2) 100 – 111. Available at: <http://www.longwoods.com/content/16829>
- 61 Marwaha, S., & Johnson, S. (2004). Schizophrenia and employment - a review. *Social Psychiatry and Psychiatric Epidemiology*, 39(5), 337-349. doi:10.1007/s00127-004-0762-4
- 62 Wilton, R. D. (2003). Poverty and mental health: A qualitative study of residential care facility tenants. *Community mental health journal*, 39(2), 139-156.
- 63 Zoeller, R. (2008). Mental Health Diagnosis A Label. *Australian Nursing Journal*, 16(4), 47.
- 64 Angermeyer, M.C. and Matschinger, H. (2003). The stigma of mental illness: effects of labelling on public attitudes towards people with mental disorder. *Acta Psychiatrica Scandinavica* 108(4), 304-309.
- 65 A Disability Rights Analysis of Canada's Record Regarding the Human Rights of Persons with Disabilities: A Submission by CCD to the Human Rights Council in Relation to the 2009 Periodic Review of Canada | Council of Canadians with Disabilities. Retrieved March 4, 2010, from: <http://www.ccdonline.ca/en/humanrights/promoting/periodic-review-2009>.
- 66 Stigma and discrimination - as expressed by mental health professionals (2007) Research Report Mood Disorders Society of Canada. Available at: http://www.mooddisorderscanada.ca/documents/Publications/Stigma_and_discrimination_as_expressed_by_MH_Professionals.pdf
- 67 [The Aspiring Workforce: Employment and Income for People with Serious Mental Illness](#). (2014) MHCC pg. 39
- 68 Minds that matter: Report on the consultation on human rights, mental health and addictions, 2014 Ontario Human Rights Commission. Available: <http://www.ohrc.on.ca>
- 69 Jones, J. 2001. "Roots of Stigma?" *Mental Health Matters*. Waterloo, ON: Canadian Mental Health Association, Waterloo Regional Branch and the Wellington-Dufferin Branch
- 70 Corrigan, P. Markowitz, F. Watson, A. (2004) Structural Levels of Mental Illness Stigma and Discrimination *Schizophr Bull* (2004) 30 (3): 481-491 Available at: <http://schizophreniabulletin.oxfordjournals.org/content/30/3/481.full.pdf+html>
- 71 Corrigan PW (2005a) On the Stigma of Mental Illness. *American Psychological Association*
- 72 Mad Pride Movement http://en.wikipedia.org/wiki/Mad_Pride

- 73 N Rüsç, MC Angermeyer, PW Corrigan. Mental illness stigma: concepts, consequences and initiatives to reduce stigma - European psychiatry, 2005 - Elsevier
- 74 Brown, K. (Dec. 2014) Biological Explanation of Mental Illness Reduce Empathy, Yale Study Says. <http://nepr.net/news/2014/12/03/biological-explanations-of-mental-illness-increases-stigma-yale-study-says/>
- 75 G. Schomerus, C. Schwahn, A. Holzinger, P.W. Corrigan, H.J. Grab, M.G. Carta, et al. Evolution of public beliefs about mental disorders and attitudes towards the mentally ill. A systematic review and meta-analysis. *Acta Psychiatr Scand*, 125 (6) (2012 Jun), pp. 440–452.
- 76 Wahl, O. F. (1995). *Media madness: Public images of mental illness*. New Brunswick, NJ: Rutgers University Press.
- 77 Bell's Let's Talk is an example of how media can positively change the conversation on mental health issues. <http://letstalk.bell.ca/en/end-the-stigma/>
- 78 Mindset Media Guide: Reporting on Mental Health <https://sites.google.com/a/journalismforum.ca/mindset-mediaguide-ca/mindset-media-guide-eng>
- 79 Powerful groups include health and mental health professionals, social service providers (including CSWs, welfare officers), police, teachers etc.
- 80 Link B.G., Phelan J.C. (2001) Conceptualizing stigma. *Annual Review of Sociology*; 27:363-385.
- 81 Levy, B., Celen-Demirtas, S., Surguladze, T., Sweeney, K. (2014) Stigma and Discrimination: A Socio-Cultural Etiology of Mental Illness, *The Humanistic Psychologist*, 42:2, 199-214. <http://www.tandfonline.com/doi/abs/10.1080/08873267.2014.893513#.VJYQ0AA8>
- 82 Together against stigma: Changing how we see mental illness. A report of the 5th International Stigma Conference 2012. http://www.mentalhealthcommission.ca/English/system/files/private/document/stigma_opening_minds_conference_book_eng_0_0.pdf
- 83 Boushey, H. & Hersh, A. (May 2012). The American middle class, income inequality and the strength of our economy.
- 84 Advocating, Educating, Inspiring: The Expanding Role of Career Professionals. 2014 Angela Londoño-McConnel. http://www.ncda.org/aws/NCDA/pt/sd/news_article/62880/PARENT/layout_details_cc/false
- 85 verb (used with object), ra-cial-ized, ra-cial-iz-ing;. to impose a racial interpretation on; place in a racial context;. to perceive, view, or experience in a racial context;. to categorize or differentiate on the basis of race.
- 86 Dunn, J. R., & Dyck, I. (2000). Social determinants of health in Canada's immigrant population: results from the National Population Health Survey. *Social science & medicine*, 51(11), 1573-1593.
- 87 Canada, Health Canada. (n.d.). First Nations, Inuit and Aboriginal health: Mental health and wellness [Internet site]. Retrieved from: <http://www.hc-sc.gc.ca/fniah-spnia/promotion/mental/index-eng.php>
- 88 Mental Health Commission of Canada. (2012). *Changing directions, changing lives: The mental health strategy for Canada*. Calgary, AB: Author. <http://strategy.mentalhealthcommission.ca/pdf/strategy-text-en.pdf>
- 89 Improving Mental Health Services for Immigrant, Refugee, Ethno-Cultural and Racialized Groups: Issues and Options for Service Improvement (2013) <http://www.mentalhealthcommission.ca/English/document/457/improving-mental-health-services-immigrant-refugee-ethno-cultural-and-racialized-groups>
- 90 Young Adults With Autism Can Thrive In High-Tech Jobs: <http://www.npr.org/blogs/health/2013/04/22/177452578/young-adults-with-autism-can-thrive-in-high-tech-jobs>
- 91 Kay Redfield Jamison. *Touched with fire: Manic-Depressive Illness and the Artistic Temperament*. (New York: Simon & Schuster Free Press Paperbacks, 1993), 51.
- 92 E. Lauronen, J. Veijola, I. Isohanni, P.B. Jones, P. Nieminen, M. Isohanni. "Links between creativity and mental disorder," *Psychiatry* 67, no. 1 (2004):81-98.
- 93 Andreasen NC. Creativity and mental illness: Prevalence rates in writers and their first-degree relatives. *Am. J. Psychiatry* 1987, 144: 1288–1292.
- 94 Ghaemi, N. (2011) *A First-Rate Madness: Uncovering the Links Between Leadership and Mental Illness*. Penguin Press
- 95 Friese, J. (2015) The 6 Blessings of Mental Illness http://www.huffingtonpost.com/jonathan-friese/the-six-blessings-of-ment_b_6507178.html?utm_hp_ref=tw
- 96 Why I hired an executive with a mental illness. <https://hbr.org/2014/01/why-i-hired-an-executive-with->

[a-mental-illness/](#)

- 97 How Mental Illness Makes Some Executives Stronger <http://www.forbes.com/sites/cherylsnappconner/2013/05/14/how-mental-illness-makes-some-executives-stronger/>
- 98 Global Diversity and inclusion: Fostering Innovation Through a Diverse Workforce, Forbes Insight. http://images.forbes.com/forbesinsights/StudyPDFs/Innovation_Through_Diversity.pdf
- 99 Rethinking Disability in the Private Sector: Report from the Panel on Labour Market Opportunities for Persons with Disabilities (2013). Available at: http://www.esdc.gc.ca/eng/disability/consultations/rethinking_disabilities.pdf
- 100 Employment Works! At CAMH. http://www.camh.ca/en/hospital/careers_and_volunteers/employment_works/Pages/default.aspx
- 101 Brohan E, Henderson C, Wheat K, et al. Systematic review of beliefs, behaviours and influencing factors associated with disclosure of a mental health problem in the workplace. *BMC Psychiatry* 2012; 12: 11.
- 102 Stuart, H. (2006). Mental illness and employment discrimination. *Current Opinion in Psychiatry*, 19, 522–526.
- 103 Deloitte. (2010). The road to inclusion: Integration people with disabilities into the workplace – Summary of Deloitte’s dialogue on diversity roundtables. Available at: <http://www.senseability.ca/docs/default-source/articles/articles-en/the-road-to-inclusion---integrating-people-with-disabilities-into-the-workplace.pdf?sfvrsn=4>
- 104 Mueser, K. T., Clark, R. E., Haines, M., Drake, R. E., McHugo, G. J., Bond, G. R., Essock, S. M., Becker, D. R., Wolfe, R., & Swain, K. (2004). The Hartford study of supported employment for persons with severe mental illness. *Journal of Consulting and Clinical Psychology*, 72, 479–490.
- 105 Heffernan, J. & Pilkington, P. (2011). Supported employment for persons with mental illness: systematic review of the effectiveness of individual placement and support in the UK. *J.Ment.Health*, 20(4), 368-380.
- 106 Bond GR, Drake RE, Becker DR (2008). An update on randomized controlled trials of evidence-based supported employment. *Psychiatric Rehabilitation Journal*, 31:280–289
- 107 Bond, G. R., Becker, D. R., Drake, R. E., & Vogler, K. M. (1997). A fidelity scale for the Individual Placement and Support model of supported employment. *Rehabilitation Counselling Bulletin*, 40, 265-284.
- 108 Supported Employment Fidelity Scale. Available at: <http://www.dartmouthips.org/wp-content/uploads/2014/04/IPS-Fidelity-Scale-Eng1.pdf>
- 109 Anthony, W. A. (2011). Upping the ante. *Psych. Rehabil.J.*, 34(3), 175-176.
- 110 Paul, S. (2000). Students with disabilities in higher education: A review of the literature. *College Student Journal*, 34(2), 200-210.
- 111 Supported education for adults with psychiatric disabilities: an innovation for social work and psychosocial rehabilitation practice. Mowbray CT, Collins ME, Bellamy CD, Megivern DA, Bybee D, Szilvagy S. *Soc Work*. 2005 Jan; 50(1):7-20.
- 112 Rudnick A, McEwan RC, Pallaveshi L, Wey L, Lau W, Alia L, & Volkenburg LA (2013). Integrating Supported Education and Supported Employment for People with Mental Illness: A Pilot Study. *International Journal of Psychosocial Rehabilitation*. Vol 18(1) 5-25
- 113 Nandlal, J. et al. (2009) Augmented Education: Effectiveness of a new employment training and support model for people with mental illness. <http://www.ccl-cca.ca/pdfs/fundedresearch/Bettazzoni-FinalReport.pdf>
- 114 R. Warner & J. Mandiberg, “ An Update on Affirmative Businesses or Social Firms for People with Mental Illness ,” *Psychiatric Services* (2006; 57 : 1488 - 1492).
- 115 A consumer/survivor is self-defined: someone who has been institutionalized by the psychiatric system or treated by mental health staff in the community—a consumer of services or a survivor of the medical/mental health system. Some consumer/survivors continue to use the mental health system while others seek alternatives to the traditional medical model. A fundamental principle in the consumer/survivor movement is respect for individual choice.
- 116 Aspiring Workforce Report: Employment and Income for people With Serious Mental Illness (2014) http://www.mentalhealthcommission.ca/sites/default/files/filefield_private_download/document/Workplace_MHCC_Aspiring_Workforce_Report_ENG_0_0.pdf
- 117 Quick Facts. Available at: <http://www.mooddorderscanada.ca/>

- 118 What is Mental Illness? PDF. American Psychiatric Association's "Healthy Minds" website, 2005. Available at: <http://www.psychiatrictimes.com/couch-crisis/nuances-narrativeschemical-imbalance-debate/page/0/2#sthash.tkjShLi1.dpu>
- 119 Schildkraut J.J, Kety S.S. Biogenic amines and emotion. Science. 1967; 156:21-37. Available at: <http://www.ncbi.nlm.nih.gov/pubmed/5335690>
- 120 Insel TR, Quirion R. Psychiatry as a clinical neuroscience discipline. JAMA. 2005; 294:2221-2224. Read more: 'Nuances, Narratives, and the 'Chemical Imbalance' Debate in Psychiatry' at: <http://www.medscape.com/viewarticle/823368>
- 121 Adverse Childhood Experience (ACE) Study. <http://www.cdc.gov/violenceprevention/acestudy/>
- 122 Understanding Psychosis. 2014. British Psychological Society Division of Clinical Psychology. Available at: <http://www.bps.org.uk/networks-and-communities/member-microsite/division-clinical-psychology/understanding-psychosis-and-schizophrenia>
- 123 [Living with Schizophrenia \(2014\)](#). World Federation for Mental Health. http://wfmh.com/wp-content/uploads/2014/09/WMHD_English.pdf
- 124 Connection Between Mental and Physical Health: http://www.ontario.cmha.ca/fact_sheets.asp?cID=3963
- 125 Rollnick S., & Miller, W.R. (1995). What is motivational interviewing? Behavioural and Cognitive Psychotherapy, 23, 325-334.
- 126 Mental Health Reporting: http://depts.washington.edu/mhreport/facts_suicide.php
- 127 Bergmans Y1, Carruthers A, Ewanchuk E, James J, Wren K, Yager C. Moving from full-time healing work to paid employment: challenges and celebrations. (2009) Work. 2009;33(4):389-94. doi: 10.3233/WOR-2009-0887.
- 128 Preventing discrimination based on mental health and addiction disabilities. An overview for employers. Ontario Human Rights Commission. http://www.ohrc.on.ca/en/preventing-discrimination-based-mental-health-and-addiction-disabilities-overview-employers-brochure#_edn4
- 129 A policy primer: Guide to developing human rights policies and procedures. Ontario Human Rights Commission. Approved June 1996 and Revised Dec. 2013. <http://www.ohrc.on.ca/en/policy-primer-guide-developing-human-rights-policies-and-procedures>
- 130 Policy and Procedures on the Accommodation of Mental Illness (2008) Canadian Human Rights Commission. http://www.chrc-ccdp.ca/sites/default/files/policy_mental_illness_en_1.pdf
- 131 On-line Human Rights Resources. B.C. Human Rights Clinic. https://d3n8a8pro7vhm.cloudfront.net/clastest/pages/220/attachments/original/1429913191/Online_HR_Resources2015.pdf?1429913191