

visions

how's work? life in the workplace

workplace well-being
in a digital world

freelance or freefall?



* footnotes reminder

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visions

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editor-in-chief	Kamal Arora
substantive editor	Marguerite Pigeon
layout	Justyna Krol
issn	1490-2494

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contact us

mail c/o 905 - 1130 West Pender Street, Vancouver, BC V6E 4A4
phone 1-800-661-2121 or 604-669-7600
fax 604-688-3236
email bcpartners@heretohelp.bc.ca
twitter @heretohelpbc



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letter to the editor

I am very grateful to *Visions* for giving me the opportunity to share my story in the last issue on "Housing as a Human Right." Writing this story was a step towards lending a voice to immigrant renters in Victoria. Now, I am an appointee to the City of Victoria's Rental Advisory Committee. I am learning about Municipal and Provincial Tenant Protection, and ways to increase rental stock and equitable access to the rental market. For those looking for advice, I am able to help by being an advocate to their woes.

— *Ramya GN Reddy, Victoria*

editor's message

March 2020. Little did we know that this month would usher in drastic changes in our working lives for the next two years, and beyond. The pandemic has had an unforeseeable and sizable impact not only on the global labour market, but also on the way we do work. With the arrival of the pandemic, many organizations were forced to quickly switch to a virtual environment. Daily routines were disrupted – whether it was shifting to working from home, dealing with pandemic restrictions, added stress in frontline work, or losing your job altogether, chances are, your work life changed in some way. Frontline workers, teachers, and others who interact with the public have dealt with not only pandemic restrictions, but an increase in harassment when those restrictions have been implemented. All of these stresses can have a toll on our mental health and well-being. It's not difficult then, to understand that these sudden changes may have had a disproportionate impact on people already living with mental health or substance use concerns.

It is important for workers to find ways to take care of themselves and their mental health in the workplace. Many people have been experimenting to find what works best for them – whether it's building in breaks during the day, getting fresh air daily, or setting firm boundaries around their work schedules to keep their work lives separate from their personal lives. Some employees prefer working from home, as it brings with it flexibility in scheduling, time saved on lengthy commutes, money saved on gas, transit, lunches and work wardrobes, and more. Yet for others, working from home can bring its fair share of difficulties – isolation, more time spent indoors, not having a conducive environment to work (for example, not having enough physical space or equipment, reliable internet, or a space free of distractions). For many others, working from home is simply not an option as they are must be physically present at their job.

But the onus of a mentally healthy workplace isn't only on employees. It is just as important for employers to offer workplaces in which employees thrive and feel supported. Employers can do this in a variety of ways: ensure that employees are compensated fairly and are valued for the work they do, prioritize clear and timely communication, offer mental health support through health plans or employee assistance programs, take physical health concerns seriously, allow for flexibility due to life's demands, and encourage social connectivity.

The pandemic has put a spotlight on workplace mental health in that it has reminded us of the importance of mentally healthy workplaces and employees. As we continue to ride the ups and downs of the pandemic, it's important that these conversations continue. ▽

Kamal Arora, PhD

Kamal Arora is Visions Editor and Leader of Health Promotion and Education at the Canadian Mental Health Association's BC Division

Psychological Health and Safety in the Workplace

WHERE DO WE GO FROM HERE?

MERV GILBERT, PHD

Love and work are key to positive psychological health. Indeed, good work gives us a sense of meaning and purpose, a reason to get up in the morning and get out of the house, structure to our daily activities, a way to gain new knowledge and skills, an opportunity to contribute to something larger than ourselves and a place to meet new people and make new friendships. Oh, and it also provides an income. This is why it's so important for individuals with chronic mental health and neurodevelopmental conditions to have meaningful work, with supports as needed.



Merv Gilbert

Merv has worked as a psychologist for over 40 years in clinical, management and academic roles. For the last few decades, he has focused on conducting research and creating resources to support psychological health and safety in the workplace. Merv is a director of Vancouver Psych Safety Consulting, which supports organizations in fostering psychologically healthy workers and workplaces

But for too many people work can be a source of stress and distress that may trigger a psychological disorder or worsen an existing condition. This may be a result of the nature of the work itself, such as unreasonable time or performance expectations, or critical incidents at work, particularly among people in certain occupations, such as first responders, health care providers or military personnel.

All too often though, workplace stress starts in interactions with

others, including supervisors, colleagues, clients and customers. Stressful interactions can range from repeated rudeness and incivility to outright harassment, bullying or discrimination. Regardless of the source of work stress, the result can be worker absenteeism (or presenteeism: impaired functioning while still at work), psychological disorder and disability. This, in turn, has a negative impact on the productivity, finances and public image of organizations.

Taking steps to create psychologically safe workplaces

Over the last couple of decades there has been increased recognition that employees' psychological health and safety (PH&S) deserves the same level of attention as their physical well-being. This is reflected in updates in legislation to require employers to investigate and address bullying and harassment. For example, recently, WorkSafeBC, the provincial agency responsible for worker safety, updated its criteria for mental disorder claims. Psychological injuries in certain high-risk occupations are now presumed to be the result of work unless there is evidence otherwise.¹

One of the most significant changes has been the Mental Health Commission of Canada's introduction in 2013 of the National Standard of Canada for Psychological Health and Safety in the Workplace. The Standard outlines steps employers should take to create a psychologically healthy and safe workplace that "promotes employees' psychological well-being and does not harm employee mental health in negligent, reckless or intentional ways."² The Standard requires employers to commit to creating such an environment by:

- assessing workplace risks
- addressing risks
- evaluating whether these efforts worked
- monitoring and making improvements

These expectations are encouraging, but the real evidence of a change in workplace psychological health and safety is in the extent to which it is apparent in day-to-day organizational

practices and culture. Most of us know whether an organization is psychologically safe and healthy based on our own experience, be it as an employee, volunteer, customer or client. The psychologically safe workplace is the one where employees are clearly engaged in their work, proud of their organization and helpful and supportive to others.

As a result of greater awareness of the benefits of creating and sustaining a psychologically healthy work environment, provincial agencies, such as WorkSafeBC, are now offering an increasing number of freely available resources for employers and employees, while advocacy bodies, such as the Canadian Mental Health Association, raise awareness of the importance of PH&S, reduce stigma and address bullying and harassment.

Many employers are also altering the supports and programs they offer. Some of these include:

- modified extended benefits that cover psychological services
- online self-care and mindfulness programs
- improved disability management for persons off work due to a psychological disability
- more input for workers into how and when they do their work

Safer workplaces in BC

Many organizations have already come up with creative and effective strategies to address particular problems. A splendid example of this is the Brookhaven Care Centre in Kelowna, a residential unit for persons with various neurocognitive disorders. Like many health care settings, Brookhaven

struggled to ensure adequate staffing, most notably during school holidays or breaks, when relief staff weren't available because they needed to care for their children. This, in turn, placed an extra workload burden on caregivers and impacted services for residents.

One of Brookhaven's staff members came up with an innovative solution. On days when there was a school break, staff were invited to bring their children into the centre, where they were appropriately paired up with one of the residents. This allowed kids to see what their parents actually did for a living, allowed staff to keep an eye on their children and provided residents and children with a unique cross-generational experience. The "Little Brooks" program was a big success, and relief staff lined up to work on those days. There was some concern about liability, but Brookhaven leaders managed the issue effectively. This program cost nothing, and the benefits to staff, residents and participating children were priceless.

Some years ago, I participated in an American Psychological Association initiative that recognized psychologically healthy workplaces. With encouragement from the BC Psychological Association, Brookhaven applied for and received an award for BC and went on to be recognized for best practices at the North American level.

A few years later one of Brookhaven's leaders reached out and informed me that the program had expanded to other residential settings. Some of the children involved in Little Brooks had "aged out" but, on their own initiative,

continued to serve as volunteers as part of “Big Brooks.” Some of these youth have even gone on to work in healthcare. Brookhaven has had to pause its Brooks programs due to the pandemic, but they’ll be back. Change is possible.

This issue of *Visions*, “How’s Work? Life in the Workplace,” is focused on workplace psychological health and safety and describes some of the challenges facing workers and methods for addressing them. These are particularly relevant, given the impact of the pandemic and the pandemic response, which have disrupted work and workers in previously unimaginable ways. While the pandemic has unquestionably created additional stress and confusion for workers and workplaces, it may also encourage organizations to be creative in building psychologically safe and healthy workplaces and encourage workers to expect this. These efforts continue. ▼

Future aims of workplace psychological health

Current efforts to improve workplace psychological health and safety (PH&S) are helpful, but there is much more to be done. Achieving the following goals will require participation and input from employers and employees. Steps in the right direction will include:

- promoting psychological health rather than just preventing injury
- improving research on workplace factors that contribute to and mitigate stress and distress
- developing measures of the effectiveness of programs and interventions intended to help employees
- training supervisors and co-workers in how to be appropriately supportive if a colleague is struggling
- helping distressed employees to stay safely at work rather than going off on disability, which can undermine all the benefits that good work can provide
- encouraging industries and sectors that have been slower to address PH&S, such as construction, tourism and retail, to act by creating and customizing programs and services that meet their unique needs
- reminding community healthcare workers that good work is good for health
- striving to create organizational cultures that reflect how employees truly are their most valuable resource.

Workplace Accommodations

ANSWERS TO SOME FREQUENTLY ASKED QUESTIONS

JULIE MENTEN

As a workplace lawyer I am often asked to advise employers on how to support employees who are experiencing mental health challenges. Much of the discussion involves responding to requests for accommodations, a complex area that often requires clarification on legal duties, and which benefits greatly from expert advice, as there can be quite a bit of confusion. Below, I'll try to demystify workplace accommodation by answering some of the questions I've most frequently been asked about this developing area.

Julie is a partner at the Vancouver workplace law firm Roper Greyell LLP. Previously a mental health professional, she takes on cases related to mental health disability and workplace misconduct. She is a director of the board for the Canadian Mental Health Association's North and West Vancouver branch



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What is a workplace accommodation?

The issue of workplace accommodations often arises when an employee asks for an adjustment or adaptation to a workplace rule or standard. The employer typically has significant discretion in deciding whether to agree. However, when the request is due to a mental disability (including disabling mental illnesses and substance dependencies) or other protected ground(s) under the BC Human Rights Code,¹ questions about legal duties quickly come up.

Is there a right to an accommodation?

The first area of confusion is whether a legal duty to accommodate exists (as opposed to an employer using their own discretion). Under human rights law employers only have a legal obligation to accommodate or adjust a workplace rule or standard when the employee has a disability (or other protected ground) and the disability is impacting the employee's ability to meet the workplace rule or standard.

When is the right time to request an accommodation?

While the “right time” will depend on the circumstances, there tend to be two main approaches. The first is when the employee does not request the accommodation until after performance or attendance concerns have been raised by the employer. For instance, an employee with depression or substance dependency may have been struggling in silence with their focus, attendance or productivity until they receive a warning that they may face employment consequences if they don't improve.

This difficult conversation may be the first time the employee realizes that something needs to change. If the employee then requests an accommodation, the request appears more reactive and could be perceived (rightly or wrongly) as less legitimate. While there may be reasons the employee did not speak up earlier, the downside of this approach is that repair work or education may be needed to re-establish trust in the employee's commitment or abilities.

Alternatively, employees may choose to be proactive and alert employers about their mental disability before there is a problem, often to prevent or minimize such problems. For example, an employee who has bipolar disorder or a substance dependency may ask the employer to contact a trusted support person if they display certain behaviours in the workplace so as to minimize workplace disruptions and prevent a more significant relapse. An employee with depression may ask for a later start time when taking a new medication causing drowsiness.

The employer has a duty to provide a reasonable accommodation if they can do so without experiencing what is referred to as “undue hardship.” The employee has a duty to participate in the accommodation process. ”

What are typical accommodations?

While accommodations are unique and contextual, typical accommodations may include flexible hours while the employee starts a new medication or seeks treatment, noise-cancelling headphones to minimize distractions or microbreaks to re-establish focus. A successful accommodation is one where the adjustments allow the employee to work to their fullest potential.

What happens next?

The second area of confusion can occur after an employee requests a workplace accommodation because of a disability. Some employees may think the employer must simply grant their request for a specific accommodation, no questions asked. Employees may be surprised to learn that the employer has a legal right to request information that, first, substantiates the basis for the request (i.e., that the person has a disability), second, sets out what restrictions or limitations are caused by the disability (if any) and third, establishes the prognosis for recovery.

The employer may also ask whether the employee has been prescribed a treatment and, if so, whether it is expected to have an impact on any limitations or restrictions. This

information will typically come from the employee's treating physician, but in some cases it may be preferable if a specialist provides more information. The employer's right to seek medical information becomes a legal duty if the employer is considering disciplining the employee for conduct that the employer knows or should know may be caused by the disability.

Whose duty is it to accommodate?

The third area of confusion is whose legal duty it is to accommodate. What people may not realize is that the “duty to accommodate” is shared between the employee, the employer and, in some cases, an employees' union. The employer has a duty to provide a reasonable accommodation if they can do so without experiencing what is referred to as “undue hardship.” The employee has a duty to participate in the accommodation process. Participation can include providing medical information, following reasonable treatment recommendations, and accepting a reasonable accommodation, even if it is not what the employee asked for.

When has the duty to accommodate been met?

The fourth area of confusion surrounds knowing when the duty has been met. Employers are expected



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to manage some inconvenience, disruption and cost in accommodating a disabled employee if they can do so without experiencing undue hardship. What undue hardship means will differ depending on the circumstances. An employer with a large workforce may be able to accommodate a long medical absence, while a small or family-run business may not. Safety-sensitive employment (i.e., employees working with heavy machinery or in dangerous environments) or decision-critical employment (i.e. employees who must exercise sound judgment, like doctors or accountants) may also have different considerations.

An employer is relieved of the legal duty to accommodate if an employee does not participate in the accommodation process. This could happen if an employee insists on a “perfect accommodation” and refuses a reasonable

accommodation, or refuses to provide medical information to support their request. If there are disagreements, the BC Human Rights Tribunal (or, in unionized workplaces, a labour arbitrator) may have to decide whether each party has met their legal duties.

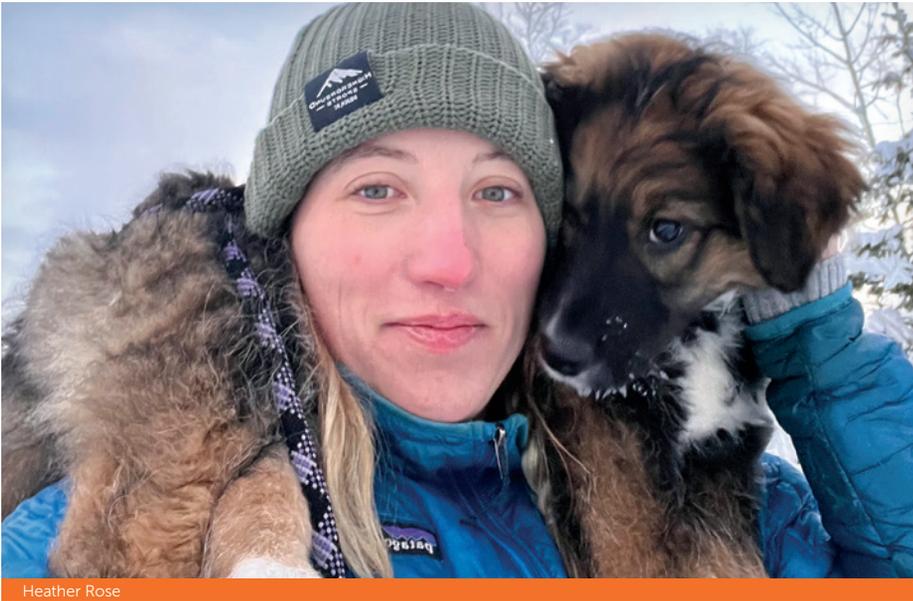
What if I have questions?

This summary provides just a glimpse into the complex areas employers and employees may have to navigate and is not meant to be legal advice. As a lawyer I always recommend that employers and employees seek legal support from an expert in the area. However, there are excellent resources available for both employers and employees. The BC Human Rights Tribunal website is a great place to start, at bchrt.bc.ca. ▽

The Pandemic Paramedic

HEATHER ROSE

I am a paramedic. I have been for 10 years. I started this journey when I was only 21. Despite working for several employers in various roles and moving up license levels, none of my training or experience could have prepared me for what I was going to endure in 2021 as a full-time medic on the front lines in Vancouver.



Heather Rose

Heather is an avid mountain biker, skier and yogi. She is also a youth mountain bike coach and a volunteer on a critical incident stress team that offers peer-to-peer support for emergency services personnel. For the last six years she has worked with BC Emergency Health Services, currently as a full-time advanced care paramedic in Vancouver

The last year of my career has presented a range of challenges: a global pandemic, an industry-wide staffing shortage, a heatwave, floods and, as the year closed out, the coldest weather on record. I knew it would be bad, but as each new tragedy emerged, the working conditions became worse and worse.

First came the scarcity mentality: “There won’t be enough hospital beds for COVID patients,” and “We won’t have enough masks for you to stay protected.” There was this constant fear in the background of what would or could happen. Next came the challenges of navigating all the personal protective equipment. Yelling through respirators,

going home with bruises on your face and wearing plastic gowns in 40-degree heat were all daily challenges.

Then there were the COVID-positive patients. The ones with minimal symptoms or discomfort who, knowing they could infect others, still demanded transportation and treatment in the emergency room. The ones who refused vaccinations but demanded your services once infected. The ones who, before getting COVID, were healthy and living a good standard of life. Seeing those ones, unable to breathe, in their living rooms, with the worried looks of their loved ones nearby, and having them dead by the end of the shift, hit hardest.

Then repeat these situations eight to 10 times throughout a 12-hour shift (which is never actually 12 hours, as the overtime is endless). Add in commuting throughout the third largest city in the country, not knowing who your partner is going to be for the shift and not getting a break, such that lunch is eaten on your lap in the ambulance, and you've set the stage for some challenging times. I can certainly say that telling eight families in a period of a few days that their loved one has died was a lot to endure. I personally know more colleagues than not have been off on a mental health-related leave in the past year due to new workplace stressors.

These workplace challenges weren't without physical coping mechanisms. Some emergency medical service (EMS) staff turned to alcohol, some to recreational drugs, some the outdoors. Many were chronically sleep deprived and unable to cope without prescription medications or sedatives in between shifts. I fall into that category.

I can remember, multiple mornings, lying in bed at 8 a.m. after a night shift, my body and mind finally getting time to process the previous shift, replaying every interaction, treatment plan and medication given, asking myself if I'd made the right decision. Had we been there sooner, would the outcome have changed? No wonder COVID has shattered our mental health. Isolation, loss of community and fearfulness have run as rapidly as the disease itself. But before you know it, it's time to get back up and ready for the next night shift. Sleep becomes a mirage, this thing you chase but rarely obtain enough of.

How did I cope? I chose to ride my bike. And ski. These may sound like healthy coping strategies, but needing an increased adrenalin surge by riding trails faster, launching off from higher drops and rolling down 100-meter rock slabs in the rain is far from healthy. You begin to chase the high. It's an addiction.

We become drawn to the idea of presence and being present. Sometimes my work feels like a moving meditation. The stakes are so high there is nothing else taking your attention away from that moment. And, as we know, presence is peace. So in a strange, roundabout way, I feel just as present and connected on certain trauma scenes as I do lying motionless on my yoga mat. One breath at a time, one motion, one word.

When you get some time off and actually sleep consistently for a few nights, waking up and enjoying coffee at home, though, you ponder: what could life be like? A routine nine-to-five job. Sleeping in your own bed every night. How nice that might be. You stabilize. You think back. Work may not be that bad. You get your uniform ready for the next shift.

Because of my job, the real world, to me, is very real. I love that I get to walk into a room and immediately be met with true feelings, emotions and situations. I suck at small talk. I want to hear about the rawness of life. From my experiences as a paramedic I can draw a few conclusions: we all want love and to be seen, heard and valued. We are all fearful of illness and loss. And we strive for connection and community. I try to evoke these concepts in my practice, as best I can.

I do it by taking care of myself first—a lesson I am only starting to learn. To say no to the overtime shift, sleep in with my pup, drink coffee slowly while reading or make a nice breakfast before a bike ride or ski—that's how I do it.

How did we, as a whole, cope? In unity. As much as these stressors acted as roadblocks, they also made us closer as a family. EMS has always been that way—a family. We all showed up in 2021 fighting for the same cause and looking out for each other as best we could. And we had to, because if you weren't showing up for yourself or your co-workers, you can bet no one else was. ▼

Workplaces That Thrive*

LUCETTE WESLEY

As a Canadian Mental Health Association (CMHA) workplace trainer I get real insights into what's happening in BC workplaces. Many organizations don't place enough emphasis on clear, respectful and civil workplace communication. The impact is felt by staff at all levels.



Lucette is a Canadian Mental Health Association (CMHA) master trainer in workplace mental health programs. Her disability management background and lived experience are the foundations she draws on to innovate in and support psychological health and safety in workplaces. A long-time CMHA supporter, Lucette has promoted mental health initiatives in workplaces and the wider community

After two years of pandemic uncertainty, workplaces are deciding whether to bring employees back to the physical workplace or move to hybrid or permanent work-from-home models. This is when a psychologically healthy and safe workplace can really shine. Frequent, open and honest communication throughout the organization is critical.

In 2013 the Mental Health Commission of Canada created the first-in-the-world National Standard for Psychological Health and Safety in the Workplace.¹ The purpose of The Standard is to prevent psychological harm from conditions in the workplace and to promote psychological health in the workplace through support.

The Standard is a set of voluntary guidelines, tools and resources to help workplaces identify hazards and develop strategies to mitigate their risks. There are 13 psychosocial factors that need to be addressed for a workplace to meet this standard. These 13 Factors² were derived from, and evolved to address 13 hazards to psychological health identified by the Centre for Applied Research in Mental Health and Addiction (CARMHA) at SFU.³

Workplace interpersonal connections and communications have a very important part to play in moving workplaces to meet The Standard and be psychologically healthy and safe. A psychologically healthy and safe



Photo credit: sinseeho at iStockphoto.com

Appropriate acknowledgement and appreciation of employees' efforts ... demonstrates confidence and trust in employees and can be very motivating if the recognition is specific. ”

workplace encompasses the following 13 Factors,⁴ each of which is integral to all the others:

- **psychological support:** Co-workers and supervisors are supportive of employees' psychological and mental health concerns, and respond appropriately as needed.
- **organizational culture:** The work environment is characterized by trust, honesty and fairness, with respectful, supportive communication among all staff at all levels.
- **clear leadership expectations:** Effective leadership and support helps employees know what they need to do, how their work contributes to the organization and whether there are impending changes. Workplaces can prepare

leaders for the challenge of leading and inspire employees to do their best work.

- **civility and respect:** Employees are respectful and considerate in their interactions with one another, as well as with customers, clients and the public. Civility and respect are based on showing esteem, care and consideration for others while acknowledging their dignity.
- **psychological competencies and requirements:** A good fit exists between employees' interpersonal and emotional competencies and the requirements of the position they hold. A good fit means that employees possess the technical skills and knowledge for their particular position, as well as the psychological skills and emotional intelligence (self-awareness,

impulse control, persistence, self-motivation, empathy and social deftness) to do the job.

- **growth and development:** Employees receive encouragement and support in the development of their interpersonal, emotional and job skills. This can include internal and external opportunities for employees to build their repertoire of competencies related to their current jobs, as well as preparation for possible future positions.
- **recognition and reward:** Appropriate acknowledgement and appreciation of employees' efforts occurs in a fair and timely manner. This demonstrates confidence and trust in employees and can be very motivating if the recognition is specific (e.g., a written note of appreciation for a specific task or accomplishment).
- **involvement and influence:** Employees are included in discussions about how their work is done and how important decisions are made.
- **workload management:** Tasks and responsibilities can be accomplished successfully within the time available. This requires open, honest and frequent two-way communication for employees to be able to provide feedback when this is not in place.
- **engagement:** Employees feel connected to their work and are motivated to do their job well, which allows organizations to thrive.
- **balance:** There is recognition of the need for balance between the demands of work, family and personal life; leaders are instrumental in modelling this.

related resources

- Evidence-based actions for psychological health and safety. Workplace Strategies for Mental Health, a project of Canada Life Insurance. workplacestrategiesformentalhealth.com/resources/evidence-based-actions-for-psychological-health-and-safety
- Psychological safety initiative. WorkSafeBC. <https://www.worksafebc.com/en/about-us/what-we-do/industry-initiatives/psychological-safety>

- **psychological protection:**

Employees' psychological safety is ensured when the organization prevents, reduces or eliminates harm that may result from day-to-day tasks of a job.

- **protection of physical safety:**

Management takes appropriate action to protect the physical safety of employees, including training, protective equipment and enforcing safety-specific guidelines and procedures.

There are many resources available to help workplaces if they wish to implement The Standard. Once senior leadership commitment is in place, it is important to benchmark where the workplace is at today. Guarding Minds at Work (GM@W)⁵ is a free, user-friendly tool that uses an anonymous survey to gather information on each factor. A workplace administrator can very easily set it up and distribute to all staff. Results are provided in a detailed, easy-to-read-and-interpret report. There are also suggestions for actions an organization can take for each factor.

This gives an organization a starting point, but there is much more work to do. The CMHA offers training to become a Psychological Health and Safety Champion or Certified Psychological Health and Safety Advisor several times each year.⁶

Implementation of The Standard can help to reduce workplace stress, prevent bullying and harassment, reduce burnout and lead to a happier, healthier workplace where staff and the organization thrive.

**Disclaimer: This article is based on the National Standard of Canada for Psychological Health and Safety in the Workplace, developed by the Canadian Standards Association (CSA Group) for the Mental Health Commission of Canada; and 13 Factors for Psychological Health and Safety in the Workplace, adapted from the Guarding Minds at Work set of tools. For more information on the original sources, see Related Resources and Footnotes. ▼*

Lesson Planning

SUPPORTING STUDENTS IN AN EVOLVING PANDEMIC

PATRICIA*

The last day of school before an extended break should be a joyous one. Hallways and classrooms are abuzz with carefree chatter. Students and staff breathe one big, happy sigh of relief. Worries melt away and there's a celebratory feeling in the air.

Patricia is an early-career teacher in BC. She actively seeks ways to decolonize education and participate in and promote anti-racism and anti-oppression in schools

** pseudonym*



Photo credit: Halfpoint at ©iStockphoto.com

This wasn't the case for me on Friday, March 13, 2020.

As a secondary teacher, I help young people seek truths. Normally, when a student asks a question I don't know the answer to, I enthusiastically reply, "Let's find out together!" It's a crucial part of my teaching philosophy—I want to model curiosity, and I want students to feel I'm their partner in learning journeys.

During the early days of the pandemic, you might imagine how difficult this was to put into practice. Confusion and misinformation about COVID-19 had been growing for a few weeks. Governments and leaders were

conflicted about the science and health guidelines (to wear a mask or not to wear a mask?), and social media spread rumors that infiltrated my classroom. Students had questions and I felt like I was flailing to find answers.

More important than any aspect of teaching is our commitment to keeping students safe. This includes helping students feel safe. So on that Friday before our two-week spring break I did my best to reassure everyone: I smiled and joked, I asked questions about their plans and I congratulated them on nearing the end of the school year. This was an exhausting performance because I felt helpless inside and my heart wasn't in it. I was so drained by

the end of that day that I went home, collapsed on my couch and shut down for the whole weekend.

When I was ready to face the world again, it wasn't the one I wanted or needed to re-enter. On March 17 I learned, along with everyone else in BC, that public schools would remain closed following the end of spring break. After that I spent my "vacation" worrying about students and how they and their families would struggle with this news. I tried to take care of myself, but I was concerned about everyone, especially the more vulnerable students and families.

At the end of March administrators contacted us to say we would move to online learning. After many staff meetings and much planning, my first step was to connect with students and families. If this sounds easy, let me tell you that it wasn't. With children at home, parents and guardians struggled with their work schedules. I also had to support families who didn't have Internet access or computers. Then there were the students who relied on our school's lunch program every day—how would they eat? In those early weeks, I spent most of my time scrambling to make sure students had access to technology and food.

Later I began the task of putting students into online classrooms. I worked with other teachers to coordinate class times, and I uploaded resources and scheduled live lessons (which I also recorded in case people couldn't join us). If students didn't show, I tried to contact them, their families or other teachers. My main concern was making sure students were safe. Many of my online lessons

ended up being mental health support conversations, during which I helped children who had difficulties at home or in dealing with the pandemic in general.

My own mental health during this time was very poor. Especially as a new teacher, I was full of daily, spiralling self-doubt. Was I doing enough for students? Or was I doing too much, and would I therefore burn out? I had a hard time setting boundaries for myself inside my tiny apartment. Even when I was able to turn away from my laptop for the day, there wasn't much reprieve from anxiety, since the pandemic overtook other areas of my life: my summer-school teaching job was cancelled (leaving me without income for two months), I wouldn't be able to visit my dear elderly father and I lived alone (without a furry friend, I might add, due to my building's no-pets rule).

There were some supports available for mental health, but trying to navigate them online was daunting. I briefly used a free app, but it didn't work for me; texting with a faceless stranger only exacerbated my loneliness. I began to experience brain fog. I was exhausted and anxious at the very thought of trying to find ongoing, professional help that would be affordable—if not free.

Fast forward to December 2021. Schools had been open for months, which meant that students and I could learn in person together. It was lovely to see them socializing in hallways, to hear their laughter. I cherished the sensation of a full classroom. Sure, there were still so many stressors. For example, I didn't know what students looked like and I couldn't read their facial expressions due to masks. But

it seemed we were reaching the end, and this lifted my spirits on hard days. I even started to plan field trips for place-based learning.

Then Omicron hit. As of the new year, everything is different.

I've seen more absences among students. Families are stressed. As public health rules change, parents and guardians debate when to send students back after any illness. A cloud of exhaustion has settled over school. I can feel it among students and staff alike. An end to the pandemic is no longer in sight, and this saddens me for the kids. Pleasurable school events, like assemblies and ceremonies, are shadows of what they once were, held in small groups with minimal social connection. And those day trip lessons I had planned? They're on hold again—indefinitely.

So how do we go on? In my case, my colleagues sustain me; I don't know what I'd do without them. This includes teachers teaching on call (TTOCs), educational assistants, Indigenous education teachers and support workers, counsellors, fellow early-career teachers, office teams, building custodians and engineers, administrators, district staff... The education community's compassion is unparalleled and we've truly all been in this together. Just when I think I'll give up, they're here to listen without judgment and lend a helping hand.

What I've learned from March 2020 until now is to take my work day by day, show up for the kids and my colleagues and await change. That's what I can do for now, and I think that's enough. ▽

Workplace Well-Being in a Digital World

NATURE-INSPIRED SOLUTIONS

RANA VAN TUYL

We live in an increasingly digital world. Although digital solutions have supported advancements in many industries and our personal lives, they can also leave some of us feeling isolated. I am one of those people.

Rana is a social science researcher and knowledge weaver with special interests in social determinants of health and the intersection of psychological health and safety, with equity, diversity and inclusion (EDI). She is thankful to make her home on Vancouver Island, where nature always awaits her



I started working almost entirely remotely from a home office over two years before the pandemic hit. And I loved it! But as the pandemic stretched into 2021, and with fewer in-person social interactions, I found myself struggling with isolation. From behind my computer screen, I read articles about emerging secondary impacts of the pandemic on individual and collective well-being—like flux syndrome (the ups and downs people experience with COVID-19 waves, as coined by social psychologist Amy Cuddy¹), languishing (organizational psychologist Adam Grant’s word for feeling ‘blah’²) and the rise of burnout (wellness expert Jennifer Moss’s alarm-sounding on epidemic-level burnout³).

This got me thinking about the future of work. With increasing numbers of organizations going fully digital or adopting hybrid models, workplace well-being is a vital consideration for the way we work, now and in the future. As difficult as the pandemic has been, I also see how it presents an opportunity to shape workplace environments into more generative and restorative places to be. There are many workplace culture and design factors to consider, and these vary from person to person.

From bold ideas like biomimicry (nature-inspired design and production) and nature-based therapy (a healing modality that connects a person to nature) to something as

simple as an outdoor meeting, there are big and small things we can do to positively support our mental health. For me, that has meant turning to nature for inspiration.

Because I often felt drained after long workdays at my computer, I looked for small actions I could take. One was starting my day with a tea or coffee on our deck, looking out at treetops in the neighbourhood and the mountains in the distance. Another was taking lunchtime walks, keenly accompanied by our dog, Mak. These pauses from my digital work environment created space to notice other small things, like the symphony of birds that live, play and sing in the neighbourhood.

Changing my cellphone's wallpaper background to a "naturescape" reminded me to search for healthier social connections than social media and pandemic news. These small things eventually led to bigger things, like creating healthier boundaries with work and learning from people in my life who are also turning to nature.

Nature-inspired ideas

Get outside: Missing in-person social interactions encouraged me to reach out to a dear friend from elementary school, Brenna Bull. Now a registered nurse, Brenna, too, turns to nature to recharge. "After spending your workdays inside a hospital, clinic room or office, there is something so refreshing about going camping in the fresh air," she told me recently. "Sitting outside in the crisp, cool air around a crackling fire is just what I need to recharge." When back on shift, working near a window serves as an amazing mood booster until she can venture out again.

Be awe-inspired: To boost your well-being and creativity, environmental consultant and master's student Avery Deboer-Smith⁴ recommends getting out in nature more often. Her research focuses on nature-based awe and the huge impacts this kind of experience can have in our lives. As Avery shared with me, "You don't have to do something epic to feel the benefits of experiencing awe in nature. Something as simple as appreciating a blooming flower or watching the clouds drift by can greatly improve your feelings of connectedness."

Bring nature indoors: During a virtual appointment, registered clinical counsellor Genevieve Crinion⁵ pointed out to me how rooms with lots of square angles (e.g., closed doors, drawn blinds, cubicles) are challenging to spend long days in because they are unlike natural elements that blend, curve and have texture. If your home office is an uninspiring room (as many of ours are), Genevieve recommends adding plants and art with shapes and lines that we find in nature, plus spending part of your day working from the living room, where there is generally more space and natural light.

Nature is us: From her treatment room filled with plants in Vancouver, acupuncturist Leonie Bedet⁶ thoughtfully expressed to me that, "There's this idea of escaping into nature, but we are nature." This way of thinking is not new, but it is sometimes forgotten or even dismissed. With its ability to heal and sustain, nature reminds us that we are all connected. For example, while spending time outside, breathing fresh air and amidst natural sights and sounds, people with opposite views might

find it easier to put aside their differences and find common ground.

Through these microbehaviours (small things we do and say), we also create space to be more present and support the mental health of the children and youth in our lives. According to a recent study conducted by UBC,⁷ spending time in nature and green spaces supports early childhood development. This matters because family mental health can impact our individual capacity to be well personally and at work. From open-air family activities to outdoor learning for children at school, the possibilities are endless. And access to local parks, community gardens, lakes and oceans is free and available to all.

Permitting ourselves to unplug from our digital environments creates space for us to reconnect with nature, care for ourselves and loved ones and free up time to connect with community. When I go for a lunchtime walk with Mak, pause to stretch and enjoy the growing plant collection in my home office or simply sit and take in the horizon at the start or end of my workday, I remember to just breathe. I feel connected to a whole. I recharge and ignite new ideas for what's to come. ▽

Freelance or freefall?

THE BENEFITS AND PERILS OF INDEPENDENT WORK

MARGUERITE PIGEON

As a child I had no idea what I wanted to be. Whenever I thought of the future I drew a blank. Just one faint image would come into focus: me, in an apartment, in a big city, living independently in a tall building with an elevator. No particular job was discernible.

*Marguerite is a former journalist turned writer and editor. She has published four books, most recently the long poem, *The Endless Garment* (Wolsak & Wynn), named one of the *Globe & Mail's* "Globe 100" books of 2021. Marguerite lives in Vancouver, where she runs her own editing and writing business, *Carrier Communications* (carriercommunications.com)*



Marguerite Pigeon. Photo credit: Andrew Querner

So when asked to choose an occupation for school projects, I faked it. Lawyer, I'd say — what my dad had once been. It was a job I knew nothing about but that made teachers nod with relief. Here was one kid they didn't have to worry about.

Wrong. I ended up studying philosophy. University was my safe place, and I ravenously ate up the teachings of obscure sages who cared nothing for the job market. I had a practical side, though. My mom wouldn't be able to support me once I left home, so I also studied journalism and eventually got my first full-time job in TV news.

I spent my twenties in newsrooms and studio control rooms where the pressure

gauge was set to "extreme." Dashing around on field assignments, desperately seeking guests for live segments, logging 12-hour days and getting yelled at a lot (TV newsrooms were not a progressive place in the 90s)—that was my life. All to ensure that we satisfied the ravenous appetite of daily news.

At night, sleep grew elusive. Dream life shrunk to the scope of the next day's show, with ghostly scripts and the distorted faces of angry supervising producers floating by. I lived in terror of missing an important story, or being late for a 3:30 a.m. call. I ate poorly.

In the network's car on the way home from a long shift, I'd fantasize about

the people I saw joyously playing sports in brightly lit fields, or relaxing in bars. What did they do for a living? They seemed so...calm. I imagined myself walking away from everything until, one day, I did. I quit and turned to freelance work.

Instantly, the pressures I'd been under vanished. So did my salary. It was up to me to drum up work now. I quickly realized I had the skills to ensure a regular income stream, so long as I remained in the TV industry. I tried new things: human-interest television, rather than hard news; contracts with production companies run by cool women, rather than angry men.

New stresses came up: would there be work next season? Next year? But mostly I trusted myself. The problem was, my heart wasn't in TV work. I reverted to my childhood strategy of faking it, told people I was fine when I wasn't. There had to be another way forward—but what? The tunnel leading to the future went dark again.

Pausing to do some community development work in Central America helped. In Honduras I witnessed the real-life difference writing could make. I sent home articles to support the land defending work of a local group whose brilliant leadership I worked under. A light went on in the tunnel: my future would include writing.

Memories returned to me of an early diary I'd kept as a young child, of a poetry contest in grade school, the pains I'd taken to describe a single tree. I finally knew what I wanted to be: a writer! So I moved to Vancouver to study creative writing and spent two years living on savings.

I ran out of funds, of course. At my most broke, I had to borrow from family to make rent. Literary writing became a vocation and a daily practice, but it was not a good living.

This was in the early 2000s, when the "gig economy" (neoliberal for "no social support") came into focus. Like me, many workers in their twenties and thirties were stringing together a living through contract work. As politically troubling as it was, I enjoyed doing diverse work. It was an antidote to my previous life in media. I was vulnerable, but I was independent.

My early vision of living alone, in a city, in my own apartment? It came true (sans elevator). I transcribed tapes for university researchers. Wrote magazine articles. Helped people collate memories for privately published memoirs. And I started editing other people's writing. Soon, editing work took precedence. I liked it, and I could do it while writing my own books, which I also did—first, a collection of poetry, then books of fiction. I had a life I'd never been able to picture. A life of the mind and the pocketbook.

But hold your applause: it hasn't been untroubled. Years after my savings ran out, the stresses of freelance life ballooned. If I couldn't work, I didn't get paid. When I had my first child, this stung. Juggling childcare and freelance obligations meant working through naps, on evenings and weekends—no break room to retreat to, no colleagues. The constant search for work never ended, becoming as much of a job as the freelance work itself. So did figuring out my GST remittances.

I've had anxiety and bad dreams all over again, this time editing related: what if I accidentally introduce errors into an important document? What if I steer authors wrong? And I've never been good at asking for as much money as I deserve. Like many freelancers, I have had to subsidize my salary indirectly with my partner's, so I've also compromised my independence.

A few years ago I made a decision: I would turn editing into a real business. Since then, I've incrementally evolved from a free-range freelancer into a sole proprietor. With a business license, a website and stabler clients, I still get anxious, but I feel more grownup too. I even created a logo for my business. Its a pigeon holding a pen in its beak, an ode to my last name and my chosen field.

Freelancing is not, in itself, freedom, but for me, it has marked a freeing transition towards a balanced life outside the safety of salaried employment.▼

Stress Overload

LIFE AND WORKPLACE DEMANDS COLLIDE TO FORM THE PERFECT STORM

CHRIS LAMOUREUX

The stress of the workplace can be debilitating. Impossible production goals. Unrealistic deadlines. High-risk environments. I find the challenge and pressure of high-stakes jobs exciting and fulfilling. I love to rise to the occasion. There is satisfaction in a job well done. I have easily become addicted to the praise and pats on the back that come whenever I'm part of a group that manages to achieve what seemed impossible.

Chris Lamoureux is a member of the Semiahmoo First Nation (in South Surrey White Rock). A survivor of concurrent PTSD and substance misuse, he is a proud father and volunteer in the mental health and recovery communities. A former BCIT student, Chris, now 42, has worked in the marine industry for the federal government



Chris Lamoureux

Where this has been dangerous is when I have staked all my value and self-worth on achieving and succeeding in the workplace—accepting nothing less than perfection and believing that's what I need to be in order to make it.

I've had the opportunity to work in a number of professions. Each has met my personal prerequisite of being demanding and high stress. Perfect! And each has come with its own satisfactions: manufacturing and production (1998–2012)—hitting production goals, challenging myself

to exceed expectations; praise and bonuses for producing well. Sales and marketing (2013–17)—getting new accounts, seeing new market opportunities, meeting the needs of clients. Marine emergency services (2018–20)—working on the water, helping keep our coastal waters safe. What an adventure!

And what about the days when I wasn't winning or couldn't do the impossible? The losses stacked up. I'd file them away and stuff down my sense of failure. Combined with the stress of life and unresolved personal traumas that

fueled my pursuit of perfection, this led to intense stress overload.

My personal life was very much the same. If I wasn't on point and overachieving in every area, I didn't feel satisfied. I started using substances in my early teens. It's been a cycle of sobriety and relapse ever since. When my work world collided with trouble in my personal world, it created a perfect storm. The only way out seemed to be using substances to numb my internal, tormenting obsession about not achieving perfection.

Tipping the scales too far

At first substances helped to achieve a measure of success by removing some of the emotions associated with feeling like a failure. But the relief from anxiety and depression was short-lived. I was only adding fuel to the fire—temporary relief that would become a raging inferno in no time. After a period of not taking care of my personal needs for rest and self-care, especially the need to nurture recovery, the end result was relapse.

The decision to use had negative implications in work and my personal life. Professionally, I would miss workdays. I'd become increasingly unreliable—I think of the different work environments where I put others at risk. Personally, I wasn't able to be present with friends and family. Precious time I can't get back.

The imbalance between those two worlds was a critical error. I worked overtime shifts relentlessly and even took a second job at one point. The feeling of exhaustion was intense. I did not want to disappoint my

There is so much stigma around addiction and substance use in the workplace and in society as a whole. There are socially acceptable substances and those that come with negative stereotypes, assumptions and misinformation, like the myth that you have to hit “rock bottom” before you reach out. ”

employers. I felt trapped. I felt lonely. I felt the heavy burden of trying to maintain an ugly secret.

There is so much stigma around addiction and substance use in the workplace and in society as a whole. There are socially acceptable substances and those that come with negative stereotypes, assumptions and misinformation, like the myth that you have to hit “rock bottom” before you reach out. The toxic drug supply and opioid crisis show us we can't wait for rock bottom.

I felt ashamed and had a lot of fear of coming forward to my employers to acknowledge that I had a problem. What would they think? Would they trust me? Would they fire me? What would my co-workers think? What would this mean for future promotions?

Unmanageability. Denial. Obsession. I continued to use in silence. Having finally cracked under the pressure and surrendered to my addiction, I isolated myself from all support. Game over.

Back into balance

Over time I've completed several residential treatments, where I've

dealt with underlying trauma that triggered drug misuse. Through my work experience I've also developed relationships that have assisted in my recovery journey. This has meant allowing others to get close enough to see underneath my exterior to the real Chris—Chris the person, not Chris the addict—who has hopes and big dreams. I'm so grateful for these relationships, which provide a safe place to share when I begin to feel overwhelmed.

The drive to meet and exceed workplace goals and achieve career success is still present. I am driven. It's how I'm wired. I'm also a lifelong learner who loves people. I now work as a lived experience advisor for BC Mental Health and Substance Use Services and a community outreach worker with Tillicum Lelum Aboriginal Friendship Centre on Vancouver Island, delivering food hampers to families in need. What helps me succeed today and not crumble under pressure is knowing when to rest and that it's OK to do so. I also recognize that I need balance. When I'm actively participating in recovery and keeping things manageable in my personal life, I am much more productive in the workplace and vice versa.

My co-workers and employers can be part of my support team. Creating a safe place to be open in the workplace is critical. This can be really challenging. There is so much fear around openly sharing that you're struggling with substance misuse. I have been in work environments where it's the elephant in the room and nobody talks about it. It's very lonely and isolating, which only feeds the hopelessness.

I've also experienced a workplace where it is safe to share, and where I have received the much-needed support and encouragement that helped me to quickly get things back to safe harbour. People can get

help through employee assistance programs (EAP) or recovery groups. As a co-worker I can also offer support by recognizing symptoms and being a person who checks in with others.

When met with genuine compassion and understanding without judgement, I no longer feel alone. I can't do it alone. In the workplace, where I spend so much time, my co-workers are often in the best position to throw out a lifeline. It starts with having the courage to come forward and be open about being in recovery. ▾



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There is so much fear around openly sharing that you're struggling with substance misuse. I have been in work environments where it's the elephant in the room and nobody talks about it. It's very lonely and isolating, which only feeds the hopelessness.



I Straddle Two Worlds at a Time

NEHA BHATTACHARYA

A couple of years ago I flew to Vancouver from New Delhi, India, to pursue my master's degree. Delhi had been my home for 23 years, but although I love the city to bits, I was not sure if I wanted to contain my whole life within its boundaries. So when I got the chance to pursue my master's at one of the best schools in the world, I grabbed the opportunity with both hands.



Originally from Delhi, Neha recently completed her master's degree at UBC and now works with the BC Schizophrenia Society. She loves reading books in the park on a sunny day, bickering with her family over the phone and listening to quintessential old Hindi songs

Once in Vancouver I finished grad school when the pandemic was at its peak. As a jittery new graduate, I couldn't wait to begin a new phase in life. And I got a job not long afterwards! But as an immigrant or international worker, you leave behind an entire world and enter into a new one. Although you take the journey alone, it's just one piece from the whole that is displaced. After all, the world that protected you growing up goes on without you.

But what do you do when the rest of the world you left behind refuses to stand tall and strong as you take this journey? How do you thrive in a new world while your old world crumbles before you?

Invisible challenges

As newcomers, we are always expected to be super stoked about the new life we've chosen. And of course, the new job and new country are exciting. Still, the experience is not always as unidimensional as it looks. Working far away from the country and culture you grew up in comes with its own challenges.

For example, I often say that I straddle two worlds, neither of which would ever understand the complexity of living in the other. What does it feel like to live a dual life, you ask? Imagine being stretched out from limb to limb on a table. One half of your mind and body is constantly expected to look, feel and function absolutely

differently from the other. Many, like me, struggle to make sense of this dual identity.

A day before I finished my degree requirements I got news that my entire family back home had severe COVID-19. Within days, nearly every single person dear to me caught the virus. This hit me like a boulder. I'd get this sinking feeling in my stomach as if I were sitting at the edge of a cliff, as if I'd fall any time. With a distance of 11,000 km between us, I would hear my father's bedside monitor at the hospital beep rhythmically for hours on the other end of the phone line as I simultaneously worked from home and shared the silence with him.

I had just started my new job then. Work was very important to me, but I felt guilty for not being physically closer to my family. My mental health was in shambles. I'd barely eat and would get almost no sleep for weeks at a stretch as I tried to juggle both my worlds. I would keep a brave face while speaking daily to my sick family by phone, but later bawl my eyes out while biting down on my pillow. (Drywall is thinner than the concrete walls back home, so muffling cries with pillows is important; you don't want to alert your roommates now, do you?)

I was insecure about showing my weaknesses so soon in a new job. Like many, I was scared to fall short of being the perfect employee. I informed my work about the situation back home, but I didn't take time off. Instead, I put forward an unfazed, professional front and pretended that I was going to bed every night calmly, surrounded by the sweet smell of

chamomile tea, and not with anxiety attacks and crippling guilt.

The cost of hiding newcomer challenges

Maybe if I had opened up to my colleagues about my mental health, they would have understood, but the idea of doing so was scary. I exhausted myself trying too hard to pretend I was just the same as any other Canadian employee, that I wasn't dealing with anything out of the ordinary. I masked my emotions and, in the process, ignored my mental health. Singing along (rather badly) to old Hindi songs and writing poems were the only things that kept me afloat, but they also made me retreat into a cocoon. Until, one day, a former colleague offered to lend me their ears. With her help I slowly lowered my walls.

I realize now that masking my emotions only amplified my insecurities. Trying to be somebody I was not, I lost the "me" I had brought all this way. Trust me when I say that you do not want to be the person who, looking in the mirror, sees only guilt and disappointment. It is ridiculous to expect yourself to put aside everything that makes you human in order to fit into a new place. Your mental health trumps all.

Hiding your emotions is tiring and life is hard as it is. Do not make it exhausting by locking down your emotions and throwing away the keys. It is okay to be your true immigrant self, in all its confused, messy, directionless glory, because the best gift you're giving this new world is your amazingly unique self. Be unabashedly proud. Own your vulnerabilities. Most people only get to experience one

world. We immigrants get to represent and celebrate two.

Getting help to inhabit multiple worlds

Although I still struggle with crippling doubts, with the help of a mental health professional and an understanding workplace I am turning corners every day. Moving to a new place is a huge change and can take a toll on a person's mental health. It is OK to seek professional help and appropriate resources to make sense of it. Waiting out the feelings won't help. I share my story in the hopes that it helps people in the same boat as me, and I try to make my vulnerability and uniqueness my strength every day. I'd love to wear a sari to work someday.

And a final note to all the employers out there: you might see a jittery new immigrant in front of you with hopes and dreams of a new life in a new world, but the new has come to them at the expense of an old, familiar world. I hope you give them the space to grieve for all the old things lost, to heal and most of all to keep celebrating their two worlds. ▽

PSSD Changed My Life

EMILY*

I am a young woman from Vancouver Island. Not long ago, I was a student who enjoyed making art and socializing, Now I find myself having to devote much of my time to health advocacy. My story with psychiatric treatment is often difficult to talk about. Nevertheless, I feel it is important to share what has happened to me so we can continue to improve mental health services.



Photo credit: recep-bg at ©iStockphoto.com

Emily is a medical activist focused on raising awareness among healthcare professionals and the public about Post SSRI/SNRI Sexual Dysfunction (PSSD). She founded the Canadian Post-SSRI Sexual Dysfunction Society (www.pssdcanada.ca) and PSSD International (www.pssd.info). Emily is currently helping investigate PSSD with researchers at Queens University and the University of Ottawa

** pseudonym*

When I was 17 my parents brought me to a psychiatrist to be evaluated for depression. I had struggled with low mood and brain fog for four years. I had tried counselling to resolve these problems, to no avail. After an evaluation the psychiatrist recommended I try an SSRI (selective serotonin reuptake inhibitor) antidepressant.

After the first few doses, I noticed improvements in mood and focus. Books were fun to read again and the future looked more promising. Everything just seemed brighter.

There was just one downside. At 17 I was in the process of discovering my sexuality and, despite my mental health difficulties, enjoying my first

sexual experiences. Only a few days into taking an antidepressant, I noticed that my sexual feelings were suddenly diminished. My libido was reduced and orgasms didn't feel as good. It was noticeable enough that I quickly made the connection between the antidepressant and the side effect.

At my next appointment I asked my psychiatrist about it. She confirmed that such side effects were common and would go away when I stopped the antidepressant. I was a little disconcerted that I had not been warned of this, but was comforted to hear it would not be permanent.

I remained on the same SSRI over the next few years at moderate dosages.

The reduced sexual sensation still bothered me, but I felt that the benefits outweighed the side effect. They helped me make it through my first couple years of university. Plus, I was scared of the vague sense of malaise and worthlessness I remembered from my pre-antidepressant days.

Online culture on numerous sites popular among teenage girls fostered positivity towards psychiatric medication. “If you can’t make your own serotonin, store-bought is fine,” said a commonly-shared meme. I was young, and those messages had a big impact on

me, particularly because I did feel better in some respects on the antidepressant. Taking my pill in the evenings became as normal as taking a vitamin supplement. More than half of my female friends had been on an antidepressant at one point or another—they weren’t a big deal, right?

Eventually, I realized the side effects were having a negative impact on my intimate relationships. I decided it was time to get off the SSRI. On the advice of a doctor, I tapered off. Over the next three weeks, however, nothing seemed to be improving. If anything, sensation

seemed to be further reduced. Then, I woke up one morning to discover my life horribly changed.

There was a numb, cold sensation in my vulva. All sexual sensation had disappeared from my body. My clitoris was now no more than an inert and sensationless nub of flesh. I was unable to feel attraction, arousal or orgasm.

Horrified, I immediately made an appointment with my doctor, but he was mystified. Since first developing Post SSRI/SNRI Sexual Dysfunction (PSSD) I have since visited numerous GPs, as well as a psychiatrist, several cognitive therapists, a gynecologist and a naturopath. I am on a wait-list to see a neurologist. Though I have tried various dietary changes, exercise regimes and medications, nothing has changed my symptoms. Most of the medical professionals I have seen had not heard of PSSD—just one GP knew about it and, unfortunately, she wasn’t able to provide any solutions.

Looking into the condition myself brought me to information about PSSD. PSSD is a rare disorder not currently recognized by Health Canada as a medical condition, but that has gained more attention in Europe.¹ It can last months, years or indefinitely. PSSD can set in during or after the use of an antidepressant. The absence of sexual feelings is the most common symptom, but this can be accompanied by dulled emotions, genital numbness, poor sleep and brain fog. I had absolutely no warning at any point about the possibility of developing PSSD.

Since my initial search for answers with medical professionals, more

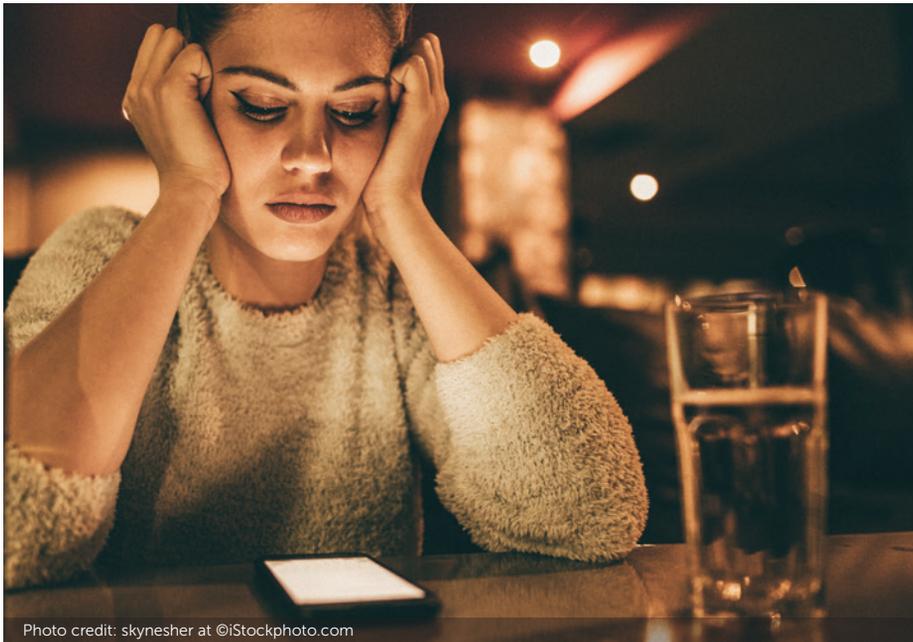


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Online culture on numerous sites popular among teenage girls fostered positivity towards psychiatric medication. “If you can’t make your own serotonin, store-bought is fine,” said a commonly-shared meme. I was young, and those messages had a big impact on me, particularly because I did feel better in some respects on the antidepressant. ”

comprehensive diagnostic criteria² have been published to aid physicians in diagnosing PSSD. Much work is still to be done in delivering this information to doctors, most of whom remain unaware that sexual effects of antidepressants can continue or worsen post-treatment.

It has been three years and I have experienced no improvements to this condition. The gut-wrenching grief of having my sexuality taken from me has not diminished in any way. PSSD has devastated my life. My sexuality was so deeply intertwined with my sense of self, well-being and, of course, relationships. I find it impossible to experience feelings of romantic love that were once so precious to me. Not only have a wide array of emotions been dulled in me, but the capacity for romantic love specifically seems to have been removed.

Over the past year I have created an online PSSD support group. Some people have seen improvement over time, but others have not. We are working together to advocate for awareness and research and offer each other emotional support.³ It can be heartening to speak to others suffering with the same disorder, but it can also be overwhelming to try to stay calm and positive in the face of so much personal suffering.

Antidepressants can be life-saving tools for some people with severe depression, but they are powerful drugs that come with real risks. The Canadian PSSD Society advocates for widespread awareness, better warnings at time of prescription and research into causes and potential treatments of PSSD. If you think you may be suffering from this condition, don't stay silent.⁴ ▼



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to your
mind*

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A Storefront Named Substance

MY EXPERIENCE WITH DRUG CHECKING, HARM REDUCTION AND SOCIALLY CONSCIOUS SCIENCE

REN*

I didn't know what to expect the first time I stepped into the retrofitted bar of the old hotel. It was my first day on shift with the Vancouver Island Drug Checking Project, also known around the city as Substance UVic. British Columbia is bearing the brunt of Canada's opioid epidemic, in big cities and small communities alike. This project has been supporting residents of Victoria since 2018.

Ren is a drug checking technician, research assistant on the Vancouver Island Drug Checking Project and University of Victoria graduate student. Her personal and academic background has led to her eclectic expertise in pharmacology and analytical chemistry, as well as her interest harm reduction

* pseudonym



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Around me was a large room with little tables lining the perimeter. Women with lanyards were handing out injection supplies, smoking supplies and hot chocolate. The lanyard women looked knowledgeable; they were harm reduction workers from AVI Health and Community Services, a partner agency on our project. We were sharing their space. A large window ran along the wall with a view of a walled-off makeshift supervised consumption site. It was January in Victoria and a heater kept the outdoor space tolerable. There was laughter and snacks, and occasional

vitals checks on individuals slumped in the consumption area.

Behind a divider in the back corner of the room were the people I'd be working with. I took my place between a veteran technician-slash-resident pharmacist on the project and a graduate student in social work whose rapid-fire banter provided an encyclopedia's worth of knowledge on everything from social theory to Indigenous learning styles, all in our first conversation. The atmosphere in the room was warm, welcoming and familiar.

Harm reduction and health promotion have consistently been shown to be more effective in the prevention of overdose deaths than harsh drug charges and anti-drug moralization. The project is one among many similar initiatives around the world serving an evolving substance use landscape. Substance UVic provides safe, confidential and free-of-charge drug checking to anyone who walks through our door or sends their substances to us by mail. As a research collaboration between the Department of Chemistry and the School of Social Work at the University of Victoria, we are a team of social workers, chemists, pharmacists, computer scientists, public health professionals, people who use drugs and students who are dedicated to providing this drug checking service in our community while collecting valuable and understudied data.

This project is perhaps among the most unique interdisciplinary research environments in the world; certainly the most unique research environment I've ever been part of. Since the project's inception in 2018, we have travelled to safe injection sites across the city of Victoria and, more recently, up the island to other cities and towns.

We also have our very own storefront now! We reside in a cozy one-room space on the corner of Cook Street and North Park, sandwiched between two other harm reduction providers in the city. Our space is an eclectic mix of mismatched furniture, thrifted lamps and laboratory equipment. An analytical balance (for measuring small masses) sits amidst house plants—coffee shop meets research lab. People stop in to drop off a sample,

chat, ask questions and get support; some just want a juice box. We average ten samples per day.

When someone comes to get their substances checked, they get asked a list of questions about their sample. Which substance is this? Are you getting this checked for yourself or for someone else? Have you experienced anything unusual using this substance? We collect this anonymous data to shape and inform our understanding of substance use in the community as well as the diverse demographics and perspectives of people who interact with our service.

During sample analysis we collect little bits of information from three different instruments, which the technician pieces together like a puzzle for the service user. Alone, each test cannot give a full understanding of the composition of the substance sample. It is my job, and that of the other technicians, to give our best interpretation of what we see in each chemical signature using computer software to help us. I really love my job.

To those who ask, we hand out harm reduction supplies, including glass pipes, syringes, fentanyl test strips, naloxone kits and drug interaction charts. People from all walks of life come to have their substances assessed by us, from timid teenagers and party-goers to people who sell drugs and weekly regulars; they are all welcome.

Activist is the last word I would use to describe myself. I've never stood on a picket line or protested anything, although many members on the project are more active in these respects. This work, however, feels important, a little

bit political and personal. I've lost friends to drug overdose. Many people whom I considered family growing up in and out of the child welfare system have lost their battles with addiction. Drug checking feels like a fresh, exciting and meaningful answer to local substance use concerns that also challenges the stuffy biomedical model of addiction.

It feels like through our work we are asserting a harm reduction and anti-marginalization stance—one sample at a time. Likewise, we are collecting important data and developing technologies that we and other future drug checking projects will benefit from. I can't put into words exactly why I positioned myself behind our instruments that first day; there are too many reasons. However, the work I do on the project feels like a personal revolt, albeit a quiet one, against the stigma and meanness tied into social perceptions of drug use.

I have been granted an enormous opportunity to be part of this team, part of this movement and part of this shifting momentum. I continue to be inspired by my amazing, genial and phenomenal co-workers, whom I aspire to be more like. I am grateful for the trust that our community puts in us and the meaningful relationships we get to build because of that.

Stop by our location to get your sample checked out, or for a juice box and a chat. We're on Cook Street. It's a storefront named Substance. ♡

resources

BC Human Rights Tribunal

www.bchrt.bc.ca

The BC Human Rights Tribunal helps British Columbians who experience discrimination, which includes discrimination at work.

Canadian Centre for Occupational Health and Safety cchoh.ca/healthyminds

Resources and training opportunities for employers and employees.

Care For Caregivers careforcaregivers.ca

Mental health resources for healthcare workers, including free webinars and confidential peer support by phone or chat.

Mental Health Commission of Canada: Workplace Mental Health mentalhealthcommission.ca

The Mental Health Commission of Canada offers a number of resources and training opportunities, including:

- **National Standard:** Learn more about the National Standard of Canada for Psychological Health and Safety in the Workplace, which are guidelines for all Canadian workplaces that help protect employees and foster healthy workplaces. Being a Mindful Employee: An Orientation to Psychological Health and Safety in the Workplace is a training course to help employers implement and evaluate strategies.

- **The Working Mind:** Courses for managers and employees that cover stigma, strategies for good mental health at work, and tools for leadership teams. There is also a version of this program for first responders called The Working Mind First Responders.
- **Mental Health First Aid:** Helps anyone recognize mental health problems and respond to someone who is experiencing a crisis or needs help.

Mind The Bar mindthebar.com

Information, resources, and support for people who work in the hospitality industry.

Understanding Addiction understandingaddiction.ca

Courses to help anyone understand and respond to substance use and help others seek help.

Workplace Strategies for Mental Health workplacestrategiesformentalhealth.com

Organizational strategies, tools for leaders, and resources for employees to help everyone take care of their mental health and well-being at work.

WorkSafeBC: Psychological Health and Safety Initiative worksafebc.com

Education and resources for employers to manage psychological risks at work.

 This list is not comprehensive and does not necessarily imply endorsement of all the content available in these resources.



Suite 905, 1130 West Pender Street
Vancouver BC V6E 4V4 Canada

