

Report on Mental Health

BREAKING THROUGH » MENTAL HEALTH AND THE WORKPLACE

When the office gives back

Most people hide their condition at work, but **André Picard** meets two people who chose a better path

Sandy Naiman remembers strolling into the office of J.D. MacFarlane and telling the head of Ryerson's journalism program that she wanted to be a writer.

Then she explained why she had not applied earlier. "I told him: 'I just came out of the Clarke' [a psychiatric hospital]. He appreciated that I was upfront and honest."

Mr. MacFarlane admitted her on the spot and later helped Ms. Naiman land a job at the Toronto Sun.

She worked at the paper for three decades, from 1977 to 2007, and the fact that she suffered from bipolar disorder was never an issue, even though she was admitted to hospital for treatment fairly frequently.

"I had an annual breakdown from 1977 to 1988," she says. The absences lasted up to two months.

"Mental health is not a steady state for anyone," Ms. Naiman says with a laugh.

One in five Canadians will suffer from a bout of serious mental illness like depression or bipolar disorder. Many cover and many more manage their disease effectively, but hiding one's condition at work remains the norm.

Employees, from clerks through to chief executives, fear that, because of the stigma surrounding mental illness, they will be looked down upon or passed over because of their diagnosis.

But that was never the case with Ms. Naiman.

"It's liberating to be open and honest," she says. However, she is quick to add that disclosing to co-workers and bosses is not for everyone.

Ms. Naiman worked at a newspaper, a place where quirkiness and eccentricity is well tolerated. She is also exceptionally self-confident.

"Most people don't have the savvy and personality to declare they have a 49-year psychiatric history and turn it to their advantage," she says.

In fact, Ms. Naiman's openness was a key to her recovery. She has even turned it into a part-time career with her popular Toronto Star blog "Coming Out Crazy" at <http://theatst.blogspot.com/men>



'It's liberating to be open and honest,' says Sandy Naiman, a journalism teacher who also blogs on mental illness. When she worked at the Toronto Sun, Ms. Naiman would sometimes need to take months off at a time for her bipolar disorder. CHARLA JONES/THE GLOBE AND MAIL

talhealth. (She also teaches at Seneca College in Toronto.)

Mary Ann Baynton, a consultant with Mental Health Works, a program sponsored by the Canadian Mental Health Association, says employers cannot afford to turn a blind eye to the reality of mental illness in the workplace.

"There is a business case for acting," she says. "You can't just look away and say: 'It's not my issue.'"

Mental-health problems are the leading cause of disability claims and one of the main reasons for sick days. But those who struggle daily also have an impact on the bottom line of companies.

"The cost of lost productivity is about 5 per cent of payroll," Ms. Baynton says.

In seminars for employers, she urges them to reach out to employees with mental-health issues, help them get treatment and be supportive when they return to work.

Ms. Baynton says it's a simple three-step program. Notice, approach the person and offer help. "Nobody wants you

to diagnose, treat and counsel employees. That's somebody else's job," she says.

For those with more severe mental illness, one of the biggest challenges is actually finding work that can ensure a stable lifestyle.

"Work is fundamental to psychiatric rehabilitation and recovery," says Chris Summerville, executive director of the Schizophrenia Society of Canada.

He says the vast majority of people with mental illness, even severe mental illness such as schizophrenia, are willing and able to work, "but the myths get in the way."

Mr. Summerville says psychiatric disabilities need to be viewed just like physical disabilities and accommodations put in place to integrate everyone in the workplace.

Rather than ramps for wheelchairs or computer voice programs for those with visual disabilities, employees with psychiatric disabilities may need to be accommodated with a desk in a quieter area with the office, or with reduced

hours, but they should not merely be cast aside, he says.

"People need competitive work in an integrated setting, not to be segregated in a sheltered workshop," Mr. Summerville says.

Mark Gruchy, a criminal defence lawyer in St. John's, has not required any form of accommodation, but he has felt the sting of social prejudice and stigma, having been diagnosed with bipolar illness when he was 15.

He was a great student in high school, but the illness came on suddenly and was so severe that he dropped out and drifted for several years before getting treatment that worked.

"From age 15 to 23, my life was severely disrupted," Mr. Gruchy says.

His saving grace was an adult education program at the College of the North Atlantic, which allowed him to complete a high school equivalent and gain confidence. "The program saved my life. It helped restore my sense of worth."

Given his stellar marks, he won a scholarship to the University of New Brunswick and graduated from law school before entering private practice as a lawyer.

"Recovery from illness — even serious illness — is a lot more common than everybody realizes," Mr. Gruchy says.

Still, Mr. Gruchy, who is 31 today, has been open with his boss about his mental-health history and says, if anything, it has been beneficial to his work.

"I can empathize with my clients," he says. Not only are many people with severe mental illness tangled up in the justice system, but the social stigma of being a convict is not that different from that of being a person with mental illness.

"When you have been judged and labelled for being sick, you have a sense of what it's like to be on trial," he says. **André Picard** is The Globe and Mail's public health reporter.

PUTTING A PRICE ON MENTAL ILLNESS

Mental illness costs the Canadian economy a staggering \$51-billion annually. That number includes:

\$5-billion in direct medical costs

\$9.3-billion in lost productivity due to short-term sick leave

\$8.5-billion in lost productivity due to long-term disability

\$28-billion is attributed to "reductions in health-related quality of life" — a method used to put a dollar figure on pain and suffering.

The World Health Organization estimates that by 2020, depression will be the leading cause of disability on the planet. Employers see the impact of mental illness every day:

500,000 Canadians daily are absent from work because of psychiatric and psychological problems.

40 per cent of all disability claims, short-term and long-term, involve mental-health conditions.

18 per cent of workers in Canada have had a diagnosis of clinical depression.

8 per cent of workers currently on the job are taking drugs for a mental-health condition.

6 per cent of all workers are under the care of a physician for treatment of a psychiatric or psychological condition.

Sources: Centre for Addiction and Mental Health; Great-West Life Centre for Mental Health in the Workplace; World Health Organization

BREAKING THROUGH

An eight-week series on mental health in Canada, focusing on treatment, recovery and eradicating the stigma of mental illness in various segments of society.

TODAY
Coping with mental illness in the workplace

NEXT SATURDAY
Mental illness and homelessness

ON THE WEB

Watch videos of people who got help and recovered, read discussions with experts on treatment options and read stories on some of the raging issues of the day globeandmail.com/special-reports/breaking-through

RAISING MONEY » ATTITUDES ARE SLOWLY CHANGING

Mental-health groups look to emulate breast-cancer fundraising

BY ANDRÉ PICARD

Four years ago, Mel Thompson had a crazy idea: to ride across Canada and raise awareness about mental illness.

The forbidding length of the trip, the peaks and valleys, the daily struggle, the isolation and the support required to get through paralleled the challenges his daughter, Lindsay, faces as she lives with schizo-affective disorder, a combination of schizophrenia and bipolar disorder.

"There was symbolism there of the long journey and the battles that Lindsay wages every day against mental illness," Mr. Thompson says. "I didn't want that to be invisible any more."

The 60-year-old corporate executive — he is vice-president of customer service at Xerox Canada — trained relentlessly, running marathons, climbing mountains and logging countless kilometres on his bike, before dipping his wheel in the Pacific Ocean this past May 19. He dipped into the Atlantic Ocean on Aug. 29.



Mel Thompson with his daughter Lindsay: His trip across Canada has raised \$225,000 so far. CAROL THOMPSON

Along the way, The Ride For Mental Health raised \$225,000 (and counting), a remarkably successful fundraising endeavour in a field where raising money is often a struggle.

At the outset, Mr. Thompson was looking only for sponsorship, but the ride became a fundraiser because of the enthusiastic response, particularly

from corporations such as Xerox.

"I think we've crossed a threshold, where individuals and companies aren't afraid to support mental-health causes any more," Mr. Thompson says.

Darrell Gregersen, president and chief executive officer of the Centre for Addiction and

Mental Health Foundation, which has embarked on an ambitious \$100-million fundraising campaign, is also seeing an attitude shift, but it is subtle not seismic.

"Fundraising is always difficult, but some of what you experience when you approach people about mental-health causes is unique," she says.

The greatest barrier, Ms. Gregersen says, is stigma: If money is donated to the cause, there is an immediate assumption that the giver (or a family member) is mentally ill.

"It takes people out of their comfort zone," she says. However, the CAMH Foundation scored a coup this week when philanthropist Raymond Chang made a \$5-million donation, saying he was attracted to the promise of research breakthroughs.

When corporations give, they tend to look for high visibility and causes that rally the public and offer promise. That's why breast-cancer fundraising, with its giant runs, active survivor movement and the message that a cure is possible, is so successful.

"With breast cancer, people

are running for their mothers, their sisters, their friends. I would love to see that kind of groundswell for mental health," Ms. Gregersen says.

Mr. Thompson says that is beginning. During his ride, he did 46 fundraising events and was amazed by the turnout.

He says what distinguishes fundraising initiatives in the health field is the organizational power, the "ability of survivors to mobilize."

"In mental health, we don't have that social movement yet and that's what we need." In fact, one of the priorities of Michael Kirby, the chairman of the Mental Health Commission of Canada, is to create a social movement of volunteers as an offshoot of a new charitable foundation called the Mental Health Partnerships of Canada.

He hopes that the social movement will some day rival the Canadian Cancer Society and Heart and Stroke Foundation of Canada.

"A national charity and a national army of volunteers are critical if we want to keep mental illness out of the shadows forever," Mr. Kirby says.



Our patients recover with treatment
Lack of access is discrimination

A message from the Canadian Psychiatric Association



Canadian Psychiatric Association
Dedicated to quality care
Association des psychiatres du Canada
Dedonnée aux soins de qualité

