It's Time to Talk:

A study of the experiences of people with mental health disabilities in the workplace

By

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Abstract

Research estimates mental health disabilities cost the economy approximately $20–$50 billion annually and will keep on rising. Despite the growing number of people who experience a mental health disability in their life time, the growing societal costs and increasing fiscal pressure businesses and governments are under to control spending, it has received little attention. Most of the existing research is conducted by employers or policymakers and rely on a prospective that focuses on human resources or policy issues.

This thesis is theoretically grounded in the interdisciplinary field of Disability Studies in order to provide an insider's perspective. Using a qualitative methodology, this study allowed the participants to share their personal stories that can help challenge the stigma associated with mental health disabilities.

Semi-structured interviews were conducted to get a more detailed understanding of the experiences of people living with a mental health disability in the workplace. Nine people living with a mental health disability were interviewed for this study. The participants identified as living with a metal health disability and had some experience in the work force.

Each participant had their own unique experiences in the workplace, but each shared common themes. All the participants touched on the importance of understanding and acceptance, and a need for more education and awareness in the workplace. To achieve this will require the collaboration of governments, businesses and representatives from the community to create comprehensive healthy work place strategies to address all the issues related to mental health disabilities.

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I would like to thank my friends and family for their continued support, patience and often bringing me a back as I worked towards getting my degree.

Thank you to Dr. Nancy Hansen for all her valuable insight, words of encouragement, and helping me reach my potential. My sincerest thanks to Dr. Diane Driedger and Dr. Jessica Senehi for their support and suggestions.

Taking Disability Studies and writing this thesis has provided me with a great learning experience. Disability has always been part of my life in one way or another—personally and professionally. From a young age mental health disabilities were part of my life. Both my mother and I have a mental health disability and each impacted my life in very significant ways. It took me years to come to terms with my disability, which eventually lead to a journey of self- reflection. It was at this time I gained insight to my own disability and how it was viewed by the rest of society. This fueled my interest in learning more about this dichotomy that would eventually lead me to university. Through my personal experiences and understandings, I saw the role of government as being important partner in driving social change. I was fortunate that I was able to personalize my research on disability issues. Eventually I undertook a Master's in Disability Studies. Both of these experiences provided me the opportunity to learn more about disability and how it is viewed by society.

Also a very special thank you, Joanne Comeault, a new friend I found along the way who provided daily pick-me-up's that helped me keep going. Without them I would not have seen this through to the end.

I would also like to express my gratitude for everyone that took the time to be interviewed for this study. Meeting you was a pleasure and the highlight of this project. It was an honour listening to your stories.

Dedication

      This thesis is dedicated to my parents Sandra Dyck, Lorne Pelletier, and Elmer Dyck for their incredible support throughout my life. I want to thank them for believing in me when I didn't and their never-ending encouragement to see this project to the end. My thanks and love to them both.

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Chapter 1: Introduction

One of the goals of this thesis was to put the person's voice first and respect their knowledge. When I took a qualitative research method course that discussed topics like the importance of storytelling as a method of community-building, I had a clear idea for my thesis. This class not only helped shape my research, it fueled my passion to learn more about people's mental health disabilities and share their stories.

Before doing the interviews, I was not sure what to expect. Even with some uncertainty, I was still eager to listen to their stories of their experiences in the workplace. One of the moral dilemmas I had prior to starting the study was if I should disclose my own disability to participants. During the interviews I found it was not really a problem at all to self-disclose, and it would often flow out as a natural part of the conversation. It seemed that my also identifying as having a mental health disability helped put the participants at ease. In a way it helped foster a sense of understanding in the interviews that allowed all the participants to share very personal information with me that they may not have talked about. Another possible concern that I identified while writing the proposal was that reliving past experiences could elicit a strong emotional response. However, this was not what occurred. Instead during the interviews was that the participants found sharing their stories in a safe non-judgmental environment was very liberating—for both of us. Conducting these interviews was a valuable learning process for me, and provided me an opportunity to experience a sense of community. During or after the interview each participant expressed their gratitude for being able to participate and share their experiences with me. I was amazed by this reaction and really made me realize how important this research is.

This research is one more step towards acknowledging the views of people living with disabilities. I hope this study will increase our knowledge and understanding of the experiences of people living with a mental health disability. I also hope that using personal narratives will help to humanize mental health disabilities and provide a sense of community.

During the course of doing this research, I was asked by some of the participants why I chose this topic. My mother and I both live with a mood disorder, so mental health and disability has always played a large role in my everyday life. My personal experiences have led me to focus on disability related issues in my academic and professional careers. I have worked with youth and adults that live with a mental health disability in a variety of roles that include in an independent living setting and teaching people who are in involuntary placements their rights under Manitoba's *Mental Health Act*. My goal as a researcher is to help create more awareness around mental health and to challenge the stigma that is so often associated with it.

Through building a sense of community, we can start to form our own positive identity and challenge the stigmas and barriers experienced by people living with a mental health disability. Together we can work towards shifting how society views disability. Changing how we view disabilities will help create a more healthy, robust, and diverse society—one that is inclusive of everyone.

CONTEXT OF STUDY

In *The Human Face of Mental Health,* the Government of Canada cites the Insurance General estimates that 500,000 Canadians every week have to take time off of work because of a mental health disability. According to a study conducted by Statistics Canada in 2012, about

9.1 million people or one in four Canadians met the criteria for selected mental health or substance use disorders at some point in their lives (Pearson, Janz, & Ali, 2013). The WHO (2004) reports that mental health is the leading cause of disability in Canada for people between the ages of 15 to 44. This figure is important because it is also the prime ages that people are still heavily involved in the workforce. Additionally, it is important to contrast the experiences of people with mental health disabilities and physical disabilities.

Often physical disabilities are visible ones, where mental health disabilities are often invisible ones, meaning they are not readily noticeable (CMHA, 2011; Mental Health Commission of Canada, 2010; & Stone, Crooks and Owen, 2014). Stone, Crooks and Owen (2014) discuss how chronic illness explain that they are uncertain trajectory and can have fluctuating or constant symptoms, clinical depression, bi-polar disorder, and other mental health disabilities display many of these characteristics. Because these characteristics are not visible to others means that people are able to hide their disability.

In contrast, many people with a physical disability often have symptoms that are very noticeable to others. Thus, people with a physical disability are forced to be more up front with their employers regarding their accommodations. This may be part of the reason that employment rates for people with visible disabilities is slowly increasing, with the only exceptions being learning and developmental disabilities (PALS, 2006). People with physical disabilities also often require similar accommodations such as reduced hours or changes to their duties; however, they may also require other accommodations like changes to the physical environment (Statistics Canada, 2012). These differences in experiences between people with physical and invisible disabilities highlight the need for research to reflect these variances. There is a large body of existing research that focuses on the work experiences of

people living with a disability; however little of it examines the experiences of people living with a mental health disability.

In a news release from the Conference Board of Canada (2012), Karla Thorpe, Director of Leadership and Human Resources, discusses how the increased rates of employees with a mental health disability has for employers and the economic ramifications:

> Mental illnesses are prevalent in our workplaces and they are taking a significant toll. In a world were shortages of critical skills are top of mind for many organizations, employers cannot afford to allow this to continue. […] If employers can be active in helping people remain functional at work, then everyone stands to gain—the individuals who are affected, firms, and the Canadian economy as a whole. (p.2)

All the research shows that mental health disabilities have a very large and real impact to our economy. Across Canada employers are increasingly using temporary foreign worker programs to address their labour shortages—in both skilled and entry level positions. A better way to address labor shortages and reduce economics costs is if both governments and employers work to help people living with a disability find and maintain employment.

The research estimates that mental health disabilities currently cost Canada $20–50 billion annually (CMHA, 2010). The majority of the costs associated with the lost labor force participation stems from six common conditions, including: depression, dysthymia, bipolar disorder, social phobia, panic disorder, and agoraphobia. Approximately 35 percent of the societal cost of mental health illnesses is related to work disruptions (Greenberg, et al., 2003). Most of the research estimates predict the costs will continue to rise. According to figures from the Mental Health Commission of Canada (2010), mental health disabilities accounts for

70 percent of the disability costs and one in three workplace disability claims. As these figures suggests, mental health disabilities have an enormous impact, only in the workplace, but to our economy.

In 1999, $6.3 billion dollars was spent on uninsured mental health services and time off work due to depression and distress that was not treated in the health care system (Conference Board of Canada, 2002). The Conference Board of Canada (2012) estimates that mental health disabilities currently costs Canada $20.7 billion annually in lost labor force participation and is projected to grow to $29.1 billion by 2030. These estimates do not include costs of patient care, insurance for employers, services in communities, and more intangible costs for individuals affected and their families.

In 2010 the Mental Health Commission of Canada funded a study to fill in the gap in the information about the number of people with a mental health disability and the associated societal costs. The study found that the economic costs of mental health disabilities is at least $50 billion a year, which represents 2.8% of Canada's 2011 gross domestic product (Smetanin, Stiff, Briante, Adair, Ahmad, and Khan, 2010). Most of these costs are connected to health care, social services, and income supports. In addition to these costs, mental health also costs businesses more than $6 billion in lost productivity (Smetanin et al., 2010). The study estimates that over the next 30 years the total cost will have added up to more than $2.5 trillion (Smetanin, et al., 2010). Even though the estimates vary, they suggest that mental health is having a huge impact on our economy in many different ways. They also highlight societal costs and show the importance of addressing the needs of people with mental health disabilities in the workforce. However, this study did not touch on the personal cost for people living with a mental health disability.

There is currently very little research that includes the personal costs associated from having a mental health disability. One way to get a better picture of the costs for people living with a mental health disability is to examine the labor market out such as level of income and employment rates. The Participation and Active Living Survey (PALS, 2006) and the Canadian Survey on Disability (2012) both provide figures on income levels and employment rates. The PALS (2006) provides information on the annual income of people 15 to 64 who identified as living with a disability. The information is broken down by disability type. According to the figures, for people living with an emotional or psychological disability the average annual income was $20,490 and the median annual income was $14,544. The Canadian Survey on Disability (2012) also provides figures on the annual income; however, they are not broken down into disability type, and instead are for median income for all people who identified as living with a disability. In 2010, the median total annual income of 15 to 64 year olds living with a disability was $20,420, compared to $31,160 for those living without a disability (Statistics Canada, 2012). Based on the above figures, we can see that in the six-year space between the two reports, there was a negligible increase to the median wage. It is also important to note that this only provides a general comparison because one is specific to those with a mental health disability and the other is for all disabilities. This makes it difficult to determine if there was any change in income for people with mental health disabilities.

The Canadian Survey on Disability also provides useful information on employment rates of people living with disabilities with and without a disability. The employment rates are broken down into age categories. For the purpose of this thesis, I will provide the average employment rates for all age categories. The employment rate of people living with a disability ages 15 to 64 years old is 36.5 percent, compared to those without a disability of 73 percent. In

other words, the employment rate for people without a disability is almost double of those with a disability. The figures listed above, appear to show that mental health disabilities have economic ramifications not only for all of Canadian society, but also for the individual.

Mental health disabilities can impact a person in a number of ways—other than economically. One example is that mental health disabilities are more prevalent in women than in men (Statistics Canada, 2012 & 2013). Segal and Fries' study (as cited in Stone, Crooks and Owen, 2014) finds that due to the fact that disabilities are more prevalent in women that most of the research focuses on their experiences. According to figures from PALS (2006) and the Canadian Survey on Disability (2012), the rate of mental health disabilities are steadily raising for men and women.

As the rate of mental health disabilities continues to increase, employers will see more people with a mental health disability in the workforce. We will also see an increase in the cost to our economy. This is why it is important to consider all the economic and personal ramifications that living with a mental health disability have one people's labor market outcomes. This is because employment is linked to high wages and a higher quality of life; it is therefore an important measure of inclusion in Canadian society (CMHA, 2010; Stone, Crooks and Owen, 2014). When people are able to work and have a steady income they are better able to provide the necessities of life that can positively impact their self-identity.

Given the personal and economic costs associated with mental health disabilities, it is useful to consider how society has historically treated people with a mental health disability and how it has changed along with people's attitudes. As Foucault (1998) argues in *Madness and Civilization* the treatment of mental illness is largely influenced by societal views of the time.

During the early twentieth century, people with mental health or intellectual disabilities were seen as a threat to the law and order of society (Jongbloed, 2003). Due to this perceived threat against society, people with mental health disabilities were often placed in prisons alongside the criminals. Eventually this would give rise to asylums, which are specialized institutions to house the mentally ill (Foucault, 1988).

After WWII, medical and rehabilitation professionals dominated physical and mental disability care. During this time, individualized medical and vocational limitations were viewed as "the main obstacles to full participation in society by people with disabilities" (Jongbloed, 2003, p. 203). During the 1970s, disability organizations began advocating for a shift in how disability was conceptualized away from focusing on individual limitations towards a more sociopolitical identity (Jongbloed, 2003). As disability and mental illness became framed in a sociopolitical context, the focus has shifted away from services and towards a more human rights–based approach. For these reasons it is important to consider the government's stance on disability—particularly mental illness—and the corresponding policies that have been developed to create inclusion for people with mental illnesses.

Across Canada there are a number of examples in which different levels of government have attempted to protect the rights and interests of people with mental and physical disabilities. Two examples are Canada's *Charter of Rights and Freedoms* (Charter) and Manitoba's *Human Rights Code* (Code). For example, section 15 of the Charter protects individual from discrimination based on a range of characteristics, including mental and physical disabilities. Manitoba's *Code,* in section 9.1, provides a more detailed definition of discrimination for the province. The *Code* outlines ways in which employers cannot discriminate based on ability in the workforce. Sections 13–18 of the *Code* aim is to restrict

unreasonable discrimination and ensure that reasonable accommodations are made. These are two ways governments have tried to protect all people living with a disability. There are also a number of other ways our governments can support people living with a mental health disability.

Another way in which federal and provincial governments can promote equality for people living with a disability is by providing services and resources. In 1996 the Government of Canada identified disability issues as a top priority with the aims of greater inclusion for all people with a disability (Prince, 2006). Another example is *Manitoba's Strategic Mental Health Plan* (2011) to increase the mental health and wellbeing of all Manitobans. Addressing workplace and employment concerns is one of the points of the strategy. This is evidence that both federal and provincial governments acknowledge the importance of creating an inclusive atmosphere for everyone living with a disability.

The figures listed above illustrate the economic ramifications and personal costs associated with mental health disabilities. As we see these costs are continuing to rise and will continue to do so in the future. These skyrocketing costs are also occurring at a time where shortages in critical skills are at the forefront for many organizations and government officials (Conference Board of Canada, 2012; & Jongbloed, 2003). In addition to the shortage of critical skills, governments are also under fiscal pressure to reduce their deficits (Jongbloed, 2003). All of these examples highlight why investing in mental health will contribute to Canada's economic prosperity, by addressing the shortage of critical skills in the workplace, sustainability of our health care system, and more importantly create greater inclusion for people with mental health disabilities

Chapter 2: Literature Review

This chapter provides a brief literature review for research from outside and inside the Disability Studies discipline. The findings of three different opinion polls and a study conducted by the Labour Congress of Canada are outlined. The opinion polls are useful because they can be used to help evaluate the overall population's precipitations of mental health. Finally, The findings from a study conducted by Dr. Driedger (2003) from within the disability community are outlined.

Currently, the majority of the research on the costs of mental health disabilities in the workplace is conducted by employers or government agencies. Having employers or government agencies conducting research in this topic is not inherently bad. However, the problem arises from the small body of research coming from the disabilities community. There is a small, but growing body of literature that critically examines mental health in the workplace. Disabilities Studies research puts the experiences of the people at the forefront. However, this research is often experiences with disabilities and not focused on mental health.

This thesis briefly outlines studies from both perspectives. Ipsos Reid (2007) conducted a large opinion poll *Mental Health in the Workplace*. The study, which was conducted for the Global Business and Economic Roundtable on Addiction and Mental Health and was sponsored by Great-West Life Centre for Mental Health in the Workplace (2007), found that 63 percent of workers believed they had some knowledge of mental health disabilities while 73 percent of workers believed employers are accommodating of employees taking time off (Ipsos Reid, 2007). Further, 68 percent of workers said they have the same amount of confidence in their colleagues; however 38 percent would consider them to be less

reliable then before they learned of the mental health disability (Ipsos Reid, 2007). This figure would then suggest that people believe they have some knowledge of mental health and how those affected by them are being accommodated by employers. Based on that information one would think that people with a mental health disability would be comfortable speaking with co-workers and employers.

What the research actually found was that the majority of people with mental health disabilities remain silent at work. For instance, the poll found that seven in ten of respondents (that is, 67 percent) indicated that if they had a depressive episode they would not inform their employer (Ipsos Reid, 2007). It is possible that the numbers could be higher for individuals with other forms of mental health disabilities like schizophrenia, which may not be as wildly understood as depression. For those that do come forward, it is important to know to whom these people will turn to looking for supports.

The Ipsos Reid (2007) research also briefly looks at the sources of support of the respondents who identified from living with depression. Source of supports include churches, doctors, and friends and family, from spouses to, in some cases, co-workers and, to a lesser extent, direct supervisors. It is also important to note that in some cases the respondents reported that these sources provided no support (Ipsos Reid, 2007). This research shows some of the places people with a mental health disability get support. Knowing the levels of people with a mental health disability and where they go for supports is important, as well as understanding what the source of their stress is.

Another opinion poll conducted by Ipsos Reid (2013) found that 40 percent of workers in Manitoba identified the workplace as the most stressful part of their day, with most employees (that is, 65 percent) saying that they would not likely discuss it openly with their

employer. Examining this research, we already start to see a difference between the perceptions of people living with disabilities and their co-workers without disabilities.

The Canadian Labour Congress study, *Toward Inclusion of People with Disabilities in the Workplace* (2008), relies on secondary analysis of existing research from Statistics Canada's *Participation and Activity Limitation Survey* (PALS). It highlights how research indicates that working-age people with disabilities are much less likely to hold paid jobs than other Canadians (Canadian Labour Congress, 2008). It also found that workplace accommodations are often needed and are generally inexpensive (Canadian Labour Congress, 2008). This is because often the ones associated with mental health are attitudinal changes. The Canadian Labour Congress study quotes the PALS' (2006) finding that one in four unemployed persons with disabilities and one in eight persons who were not in the labor force felt that they had been refused an employment based on their disability (Canadian Labour Congress, 2008). Their conclusion was that exclusion and lack of accommodations were significant barriers for persons living with a disability.

An online opinion poll conducted in May 2016 by the Women's College Hospital and Shoppers Drug Mart that surveyed more than 1,500 Canadians found that 40 percent of respondents say they have experienced feelings of anxiety or depression and have sought treatment (Pelley, 2016). Mental health disabilities are increasingly making headlines, but despite this, it is still seen as a sign of weakness (Pelly, 2016). There is a slow but steady increase to peoples understanding and acceptance of mental health. However, there is still a long way to go and more research is needed.

The bulk of this research should come from researchers in the field of Disability Studies. Currently, most of disability focused literature either provides a secondary analysis of

data or small research projects. There was very little that directly discussed mental health. However, there are studies in the disabilities field that explored the experiences of people living with a disability in the workplace. As part of these studies there were people that would have multiple disabilities. Some of the participants would have a physical and mental health disability.

Driedger's research (2003) shows the personal experiences of woman with chronic illnesses in the workplace. The study found that most of the women could have benefited from flexible work time (Driedger, 2003). It also suggests that in order to include people with chronic illness in the workforce that society must re-examine its paradigm for life and work balance (Driedger, 2003). The study found that some of the women had given up on working; others were attempting to get accommodations or pushing the limits with their bodies (Driedger, 2003). There appears to be a definite disconnect between what Canadians without disabilities think and what people with disabilities actually experience. Many believe that employers are accommodating of mental health disabilities.

Chapter 3: Theoretical Background

Four of the underlying theories of this thesis are reviewed in this chapter. First, mental illness and disability are often conceptualized as part of a binary opposition as an individual versus social model of understanding. This research will use a social model to conceptualize disability and its relationship with the world. Second, language is part of a political process that conceptualizes mental health disabilities and this in part impacts how society views it. Third, employment is crucial to increasing the quality of life for people with a mental health disability and that these individuals often face discrimination or stigma that hinders their ability to participate equally in the workforce. Fourth, storytelling can be used as part of a community building process and can act as the first steps to challenging the stigma associated with mental health disabilities.

WHAT IS DISABILITY/MENTAL HEALTH AND HOW IS IT CONCEPTUALIZED?

Most of the research conducted in disability studies uses a social model of conceptualizing disability and critiques other disciplines using a medical model to understand disability. The concept of disability is a difficult term to define. Disability is a complex notion and mental health adds another layer of complexity. Who exactly are persons living with a mental health disability? What is a mental health disability? When people living with a disability are identified as needing care, who should be responsible for providing that care?

The Centre for Mental Health Research (CMHR) uses the WHO (2007) definition of mental health as:

a state of well-being in which the individual realizes his or her own abilities,

can cope with the normal stresses of life, can work productively and fruitfully,

and is able to make a contribution to his or her community. (p.3)

According to the Mental Health Commission of Canada (MHCC, 2010), mental health

influences how we interrupt events and how we think and feel about ourselves and others.

Further, mental health affects our capacity to form and sustain or end relationships, our

capacity to communicate and learn (MHCC, 2010). Mental health can have a dramatic impact

for an individual because it impacts all aspects of a person's life.

In Canada, most health professionals will use the Diagnostic Statistical Manual IV TR

(DSM IV TR) or International Classification of Diseases (ICD 10) to determine wither or not a

person meets the necessary criteria for diagnosis of a mental disorder. There is a wide array of

mental health disabilities and it would be impossible to describe them all in this thesis. The

most common examples of mental health disabilities that are listed by the MHCC (2010) are

substance-related disorders, mood disorders, anxiety disorders, personality disorders, and

psychotic disorders. It is evident that understanding mental health is a very complex and

multidimensional concept.

The Canadian Mental Health Association (2011) explains mental health as being on a

continuum. Mental health and mental illness are not mutual exclusive concepts. Rather, they

are found on two separate continuums. Optimal mental health, often referred to as mental

wellbeing or mental wellness, is at one end of the continuum, while poor mental health, also

referred to as languishing, is at the other end. On the horizontal axis, having a serious mental

illness is at one end of the continuum while having no symptoms of a mental illness is at the

other end. Ultimately, this means that someone can be mentally healthy with a mental illness

and that someone can have poor mental health without a mental illness. (p 14)

This is a very unique way to view mental health and is different than how disability is often seen. For instance, with many visible disabilities or chronic illnesses, you either are part of that group or not. The CMHA describes mental health in a way that includes everyone.

Figure 1 (below) was adapted from the *Mental Health for Canadians: Striking a Balance.*

Figure 1: The Mental Health/Illness Continuum

Mental health is a complex notion that includes different diagnoses, experiences, and meanings. Jongbloed (1998) describes disability as something that is "multidimensional and cannot be reduced to a single definition" (p. 175). Due to this complexity, there are many models used to define and conceptualize disability. Prince (2009) identifies a dozen different ways of understanding disability, these ways are:

- Bio-medical conditions, functional restrictions, and individual impairments

- Personal misfortunes, bad luck, and tragedy

- Objects of pity and charity and/or fear and dread

- Phenomenon that many people believe affects only a small minority of a

population

- Legal concepts in Canadian Constitution, legislation, regulations, and court

- Formal administrative categories in program design and delivery systems

- Historically layered and fragmented policy field of divergent programs and practices

- Research areas across various disciplines and professions

- Market sector for business activities and transactions

- Social construct of cultural, societal, and economic factors and relationships

- Issues of social oppression, power(lessness), and political will

- Community movement of actors, service groups, advocacy coalitions and associations (p. 6)

Here, we can see how disability has been conceptualized as a medical condition, attitudinal outlooks, personal and societal aspects, political dimensions, or policy perspectives.

Once medical and rehabilitation professionals began to dominate physical and mental disability care, the bio-medical or medical model shaped the way we viewed disability. These views then were used by policymakers when developing legislation, programs, and services. Due to this model dominating how disability is viewed, it is important to understand how they shape the way we see disabilities and mental health. The bio-medical definition of disability informs the ideas and beliefs that are adopted into social and workplace policies, which reinforces and legitimizes the dualities of domination/subordination, superiority/inferiority, and normality/abnormality (Charlton, 1998), thus projecting a negative image of disability and mental health. All this then perpetuates the stereotypes and negative imagery that shape people's perception of disability. In contrast, the social model of understanding disability

argues that it is not the disability that creates barriers from participating equally in society; rather, it is environment that creates these barriers, thereby making disability a social process (Oliver, 2007, & Titchosky, 2003).

According to the social model, disability is a consequence of social oppression and it insists disablement has nothing to do with the body (Oliver, 2009). Prince (2009) asserts the realities of disability include diversity, changes, and contradictions. Prince (2009) also states that through the different claims of experiences and different types of knowledge, disability is not only socially constructed, but is also politically contested and administratively negotiated.

Oliver (2009) argues that there is no such thing as a medical model of disability; instead, "an individual model of disability in which medicalization is one significant component" (p. 19). According to Oliver (2009) there are two fundamental principles of the individual model of disability. First, the individual model locates the problem squarely within the individual. Second, the problem stems from the "functional limitations or psychological losses, which are assumed to arise from disability" (Oliver, 2009, p. 20). Here, disability is conceptualized as some terrible chance event that occurs at random to unfortunate individuals; these points highlight what might be called "the personal tragedy theory of disability" (Oliver, 2009, p. 20). For medical sociologists, the barriers disabled people experiences are causally related to their chronic illness.

The social model is attempting to challenge the current paradigm framing disability as something that is normal and not to be considered inferior (Charlton, 1998). Titchkosky (2003) argues that disability is a social identity that is produced by everyone, disabled or not, and anyone who interacts with disability is in fact engaged in producing its meaning. The research shows how disability should not be placed squarely within the disabled person; instead, it is

part of a cultural process. Thereby making disability impossible to experience outside our relations with others in society. This shows how disability is not an individual experience, but a shared cultural experience built with others in society. Based on this assumption that a disabled identity is created through a complex shared social process, it is important to understand how people perceive those living with a mental health disability. In addition to having a clear understanding how people with a mental health disability view themselves.

POLITICS OF LANGUAGE

The language we use about mental health plays a large role in how we conceptualize disability. Prince (2009) argues that policies more than just conveys particular models of people and communities, they also communicate certain values and cast specific roles. Thus, government legislation, policies, and programs are all important because of the role they play in the way we conceptualize disability.

Titchkosky (2003) highlights how "disability is mapped differently by various societal institutions and cultural practices, and these representations influence one's relation to disability" (p. 47–48). Thus, it is important to consider the language used to define mental health disabilities. The MHCC (2010) lists a number of terms that are used to describe mental health disabilities "such as mental disorder, mental illness, poor mental health, psychiatric illness, nervous breakdown, and burnout" (MHCC, 2010, p.1). In addition to these medicalized terms, there are a number of slang terms, which include "cracked up," "psycho," "crazy," "loony," "nuts," "spazz" and "whacko" (MHCC, 2010, p.1). All of these terms have come to dominate how mental health disabilities are conceptualized and have very real consequences

for the community. Using Titchosky's theory that the disabled identity is formed as part of a complex process involving both individuals with and without disabilities, it is important to consider the ramifications of the highly medicalized and stigmatized language used when referring to mental health disabilities. Research suggests there is a link between recognition and identity. According to Taylor (1994) this misrecognition not only implies a lack of respect, but it also "saddles victims with self-hatred thereby inflicting grievous wounds" (p. 26). This misrecognition then projects an image that is confining or demeaning or a contemptible picture of themselves that can cause a person or group of people to suffer real damage and real distortion to their self-identity (Taylor, 1994).

These examples highlight how many disciplines outside the disability community paints a negative image of mental health. This negative imagery leads to what Charlton (1998) terms "psychosocial internalization of a false consciousness" (p. 29). Charlton (1998) also emphasizes that this false consciousness cannot be separated from the real world or from politics and culture. The dualities and negative image of disability are now fundamental to the political or economic structures and systems.

Taylor (1994) argues that human beings are dialogical characters who become full human agents who define their identity through the acquisition of language. Overcoming the individual model, whereby disability is often medicalized and seen negatively, continues to be one of the predominant barriers the mental health community must experience. These stereotypes influence how society perceives and treats mental health disabilities and eventually creeps into people's perceptions in the workplace.

MENTAL ILLNESS IN THE WORKPLACE

The third theoretical assumption that is made in this thesis is that employment is crucial to creating equality for people with mental health disabilities. There are many reasons why it is important to address mental health in the workplace. First, it is widely understood that there is value in quality employment for people with mental health disabilities because it can reduce hospitalizations and improves their quality of life (CHMA Ontario, 2010). Second, optimizing the "labor force participation of employees‖ with mental health disabilities is crucial" (Conference Board of Canada, 2012, p. 14).

There are many barriers people with a mental health disability experience in the workplace. The Conference Board (2012) provides two of the most simple and cost-effective ways to address these barriers. First, create a supportive work environment. Second, address the stigma associated with mental health disabilities. According the CMHA there are many employment-related issues for people with a mental health disability.

There is a large body of existing research that examines stigma and discrimination. This research is often multi-disciplinary and ranges from work done by academics to that done by community organizations. The academic body research often relies on Goffman‘s (1963) work on stigma as a starting point. In *Stigma,* Goffman (1963) describes social stigma as "an attribute that is deeply discrediting" (p. 3). This suggests that stigma is then affixed to a particular person or a social group, by the greater society, who differs from their cultural norms (Goffman, 1963). According to Goffman (1963), there are three forms of social stigma, which I have summarized below:

    1) Overt or external deformation that includes—but is not limited to: physical or

social disability.

2) Deviations in personal traits including: mental health disabilities, drug addiction, alcoholism, and criminal background are stigmatized in this way.

3) Tribal stigmas, which are: traits of ethnic, or nationality, or of religion that is deemed to be a deviation from the prevailing normative standards set by a particular society.

Link and Phelan (2001) also show how stigma has been used in a variety of ways, and how the definition is dependent upon theoretical or disciplinary background. While Manzo (2004) asserts that stigma is an under-defined and overused concept, all the research shows how stigma is a very complex issue that is hard to define. Based on the literature, we see how stigma refers to having false assumptions about a particular segment of society and for the purposes of this research study will focus on the impact on people with a mental health disability.

These false assumptions can lead people with a mental health disability to experience discrimination in the workplace. Manitoba's *Human Rights Code* (1987) protects people from being discriminated against based on certain personal characteristics. One of the characteristics listed is mental health disability. According to the *Code*, discrimination often involves treating someone differently on the basis of a characteristic. Ultimately, discrimination denies equality of opportunity and "may impose burdens or disadvantages on individuals or groups, which are not imposed upon others, or limit access to opportunities, benefits and advantages that are available to others" (Manitoba Human Rights Commission, 2010). This thesis will thereby use personal narratives of people's experiences in the workplace as the first steps to challenging the stigma of mental health disabilities in the workplace.

It is also beneficial to consider how different groups address the stigma and discrimination surrounding mental health disabilities. There are many community organizations that focus on how mental health stigma impacts people with mental health disabilities. The Mental Health Commission of Canada (MHCC, 2010) defines stigma as having "fixed ideas and judgments about people, as well as fearing and avoiding what we don't understand" (p. 3). Research does suggest that public awareness is generally increasing; however this has not lead to widespread understanding or acceptance (Centre for Addiction, 2010). The MHCC (2010) identifies the stigmas attached to mental health disabilities that prevent a serious barrier to diagnosis and treatment, and acceptance in the community. These negative and often false assumption people have of mental health shapes how they treat them.

STORYTELLING AS A METHOD OF COMMUNITY BUILDING

The fourth theoretical assumption in this thesis looks at how personal narratives can be used to create a positive self-identity. This section will provide a brief literature review regarding the use of storytelling as a method of community building. Then I will consider the role that storytelling has in social movements. Finally, I will explain how storytelling can be used to shift attitudes in the workplace.

Mark Turner (1983) shows us how stories can teach us to think, describing them as "the building blocks of human thought‖ and the way the brain organizes itself" (qtd. in Fulford, p. 83). Because stories can have such an impact on how we understand the world around us, it is important to consider the role of storytelling as a method of community building. Authors such as, Coskie, Trudel, and Rosemary (2010) assert that they have witnessed how through the

power of storytelling people can create meaningful connections with each other and with members of the community. Their article cites Dyson and Genishi:

> The storytelling self is a social self, who declares and shapes important relationships through the mediating power of words. Thus, in sharing stories, we have the potential for forging new relationships (Coskie, Trudel, & Rosemary, 2010, p. 3)

Here we can begin to understand how storytelling or personal narratives are an effective tool in building relationships. This is achieved in part by helping others understand and emphasize with another. Coskie, Trudel and Rosemary (2010) also cite Sobol, Qentile, and Sunwolf who argue that one of the central tenets of the storytelling movement is personal narratives can be used as a medium of connectivity and of community.

This thesis will work from the theoretical assumption that personal narratives will have a similar affect in the workplace and for people with mental health disabilities, because it creates a shared experience. Given the theoretical assumption that storytelling can be used as a method of community building, what kind of impact, if any, does it have with social movements? Polletta's (2008) research shows how stories can assist social movements that have been challenged by a variety of factors, including the complexity or diversity of a community, from a framing perspective, by helping people grasp the dynamics of the mobilization. Thus, analyzing stories about movements can help us understand difficult questions about the group. They achieve this by drawing on array of concepts that seek to capture the culture and challenge negative perceptions by creating a collective action by framing it using pride.

According to Martha Mahoney "agency does not mean acting for oneself under

conditions of oppression; it means being without oppression, either having ended oppression or never having experienced it at all" (Mahony, 1994, p. 64: see also Dunn 2005; Loseke, 2000). Other researchers, such as Adamson, Pine, Steenhoven, and Kroupa (2006), argue that storytelling can drive strategic change in an organization. They assert that a good story inspires by capturing your imagination and making an emotional connection (Pine, Steenhoven, & Kroupa, 2006). They also argue that "storytelling develops relationships by helping everyone realize we all have issues in common" and "therefore elicit[s] much more thorough perspectives and meaningful commitments" (Pine et al., 2006). In this way, people sharing their personal stories of mental illness can help to discover a new and more personally meaningful place in the workforce.

Storytelling has been used in a variety of settings as a method of community building. These same applications can be applied to the experiences of people living with a mental health disability in the workplace. This will also assist in creating an open dialogue between people living with a mental health disability, their employers and co-workers.

CONCLUSION

This chapter has described mental health disabilities as a social process between people living with the disability and the rest of society. The definition this thesis uses from CMHA shows how everyone is somewhere on the mental health spectrum. In this regards it truly impacts everyone—some more than others. The information above shows how all of us could potentially affected by our mental health at some point in our lives.

Currently, many of the narratives used to describe mental health are dominated by

medical professionals and slang terminology, which is incredibly dehumanizing to the community. As Taylor correctly, argues this negative and misrepresentation of the mental health community can lead to very real and disastrous physical harm. This is why, in this research paper I want to share the stories of people living mental health disability in the workplace.

I am using examples from the workplace because work plays an important part of our shaping our identity and well-being due to the income it brings. By sharing their stories, I am hoping to foster a sense of community building. The participant's stories will help humanize mental health by showing how it is already part of everyday life and form a positive self-identity for people with living with a mental health disability.

Chapter 4: Methodology

To get a better understanding of the realities of people living with mental health disabilities in the workplace, this study utilized a qualitative methodology, grounded in approaches to research derived from disability studies. Literature from the field critiques how existing research from other disciplines use a top-down approach while researching people living with a disability (Barnes & Mercer, 1997; Oliver, 1992).

This study relies on semi-structured and narrative interviews allowing the research to be guided by participants, showing respect for their knowledge and insights. These methods are in line with disability studies by focusing on empowerment to drive social change (Brown & Boardman, 2011; Cornwall & Jewkes, 1995; Kindon, Pain, & Kesby, 2010; Manzo & Brightman, 2010, & Zarb, 1992). This section will discuss these methodological issues, and will describe some of the experiences of putting these theories into practice. This is a multi-method qualitative study that draws upon, one, grounded theory and, two, narrative-centered learning. As per grounded theory (Bogdan & Biklen, 2007; Crooks, 2001; Glaser, 1978), this study will employ methods that generate data rich in description and utilize an inductive method of analysis that allows for the identification and codification of key themes.

This study aims to create a space for people with mental health disabilities to talk about stigma and discrimination. This narrative study seeks to understand the experiences of people with mental health disabilities in the workplace, and to tease out ways their experiences can be enhanced. It will further the understanding of the experiences of people with mental health disabilities as a human rights struggle. It will also discuss solutions for some of the barriers people with a mental health disability face in the workplace. I identified and analyzed the

structural and cultural obstacles that they face in order to inform policy, social services, and actions. As indicated, the following section provides the theoretical foundation, which frames the study.

METHODOLOGICAL APPROACHES

As personal narratives and local knowledge play such a powerful role in disability studies, this project utilizes a qualitative methodology focusing on semi-structured and narrative interviews. This allows for a rich description and detailed excerpts from the narratives to assist in describing the perspectives and lives of those interviewed (Kindon, Pain, and Kesby, 2010). The research process will center on respect for the participants knowledge, perspectives, and the meaning and value they can provide on a social phenomenon (Kindon, Pain, & Kesby, 2010). The central tenant of this thesis focuses on the participants as a source of knowledge, to achieve required respect for the participants, ensuring their personal narratives are properly interrupted and represented. These narratives can than provide a more sophisticated understanding of the experiences of people with mental health disabilities in the workforce.

ROLE OF THE RESEARCHER

Researchers have a significant impact on their work. There are several ethical considerations that should be considered if this thesis is going to rely on participatory methodologies. One consideration that was addressed in my role as a research will be to

address the impact I had on the research. It is important to acknowledge that the researcher has a particular worldview or epistemology, identify risk factors that shape the work that is done, and that may not be shared by those participating in the research (Ackerly and True 2010; Brown and Boardman, 2011: & Seymour, 2007). It is important to consider the role the researcher has in the study, because we all have our own personal biases that will impact our research in some way, regardless of how unbiased the research attempts to be.

Another ethical consideration that I had to consider in this research study is whether to disclose my own mental health disability. If I choose to disclose this information, it can raise many issues such as social, ethical and personal dilemmas for me as a disabled researcher. There are potential advantages and disadvantages of disclosure to the participants. Disclosing to my research participants may provide an insider status with the participants (Brown and Boardman, 2011), this helps build trust, which provides an atmosphere where they talked about information they may otherwise might withhold. In contrast, identifying as having a mental health disability can have significant drawbacks. By identifying, as a disabled research there is a chance I will face stigma from peers and other negative assumptions can be made about my skills as a researcher.

PARTICIPANTS

The participants in this study are all people who live with a mental health disability who discuss their experiences in the workplace. I interviewed nine people between 18 to years of age. This thesis provides a range of experiences amongst the individuals and different mental health disabilities.

The participants came from a variety of ethnic, gender, and educational backgrounds.

To find the participants, I reached out to a variety of community disability and local labour organizations. In order to find the participants, I contacted organizations such as the Canadian Mental Health Association (CMHA), Mood Disorders Association of Manitoba (MDAM), Anxiety Disorders Association of Manitoba (ADAM), and the Manitoba Schizophrenia Society. My interest in these organizations was developed for four important reasons.

- These organizations .provide resources to support people living with a mental health disability.

- They also provide valuable educational resources to the public.

- The CMHA provides supports people with a mental health disability with employment supports.

- The CMHA also provides resources for employers that want to create a mentally healthy workplace.

I also approached the Manitoba Federation of Labour; so they could reach out to all their local chapters. Reaching out to these community and labour organizations will allow the sample size to cover a wide range of mental health disabilities and employment experience. Having this level of diversity helped provide a richer and sophisticated understanding of their experiences in the workforce.

The participants for this study self-identified as living with a mental health disability. I did not require the participants to provide any medical documentation verifying that the participants have been diagnosed with a mental health disability. This was done for two reasons. First, it is consistent with the literature in disability studies that address the unequal power relations between medical professionals and the individuals living with a disability. The idea here is that the people with the lived experience are best able to identify their

triggers/stressors and needs. Second, many people living with a mental health disability do not go for treatment, which could ultimately limit them from receiving an official diagnosis.

In order to protect the privacy to the participants their names were not used in the study. Instead, they are identified by pseudonyms. Personal details of the participants such as their age, nationality, or employer are not described in the research unless the participants themselves mentioned this information during their interview. Personal data was not requested from the participants in order to avoid putting pressure on the participants to speak about personal life experiences if they did not wish to share this information about themselves. Quotes were shared with each participant by email to ensure that they are comfortable with the information that is divulged about themselves.

LOCATION OF THE STUDY

The location of this research study is in Manitoba, Canada. The population of the province is 1,250, 000 (Manitoba Bureau of Statistics, 2014) with 680, 000 people self-identifying as living with a mental health disability (Statistics Canada, 2013). According to some estimates the unemployment rates for people with severe mental health disabilities is 70 to 90 percent (Mood Disorders Canada). It also suggests that 80 percent of those who are unemployed want to work (Mood Disorders Canada). It is estimated that lost wages due to mental illness as a percentage of Gross Provincial Product (GPP) for Manitoba is .24 for unemployment and 0.19 for absenteeism (Alberta Mental Health Board, 2007, p. 22). Manitoba like many other jurisdictions in developed countries all over the world is under fiscal pressure to reduce spending, while employers are looking to expand their labour pool. This is why, focusing on mental health is important to governments and organizations to address the

growing demand that mental health places on their bottom lines.

DATA-GATHERING TECHNIQUES

For this thesis, I conducted face-to-face, semi-structured interviews to collect information. Asking open ended and broad questions allowed the interviewees to express their thoughts and feelings for each response. Probing questions were used for two reasons: to encourage the participants to share more deeply about their experiences, perceptions and challenges, and to ensure I correctly identified what the participants saw as being significant and important.

I digitally recorded all the interviews where possible, allowing me to capture the exact words of the interviewee. Not having to take written notes, I was better able to focus on the participant and listen to their personal experiences. Third, by audio recording reduces the potential for error in transcribing interviews. The digital recordings were transferred verbatim to a computer hard-drive and analyzed by me, by reviewing all the interviews and identifying overarching themes discussed by the participants. Each interview lasted between 60 to 90 minutes.

SEMI-STRUCTURED INTERVIEWS

In structured interviews, the questions are written in advance, and interviewers must ask them in the exact order they are written (Rubin & Babbie, 2011). In contrast, in semi-structured interviews the researcher generally has a guideline outlining the topics and issues, which should be covered during the interview. Semi-structured interviews have several

potential benefits due to this flexibility. The less regimented approach allows the interviews to be flexible, informal, and conversational and adapt the style of the interview and the sequencing and wording of the questions to each particular interviewee (Rubin & Babbie, 2011).

In addition, this flexibility allowed me to ask new questions that assisted me in providing a more in-depth understanding of their experiences and to capture perceptions of the event. My emphasis during the interviews was for the interviewees to emphasize their experiences of stigma and discrimination rather than the details of their abuse. Semi-structured one-on-one interviews were conducted with each participant to gather in-depth knowledge and to find the nuances of what it is like living with a mental health disability and the impact it can have in the workplace. The purpose behind doing one-on-one interviews was to maintain the participants' confidentiality.

I interviewed my research participants according to their availability and schedule. I conducted most of the interviews in the participant's place of residence or in an office space at the Winnipeg Millennium Library. Being an insider by having my own mental health disability allowed me to quickly develop a rapport with the participants. After the interviews, they all expressed how it was a liberating of experiences it was to share in a safe space their concerns and how they have been treated by others such as their coworkers, supervisors and some cases family members.

DATA ANALYSIS

This research study used Grounded Theory approach. I used inductive analysis as themes emerge from the data. The focus of Grounded Theory is uncovering basic social

processes.

According to Crooks (2001), Grounded Theory is ideal for exploring integral social relationships and the behaviour of groups where there has been little exploration of the contextual factors that affect individual's lives. According to Glaser (1978), Grounded Theory is useful because it helps resolve the participants concerns and get beyond conjecture and preconception to address the underlying processes of what is going on.

According to Bogdan and Knopp Biklen (2003) data analysis refers to the process of systematically searching and arranging the interview transcripts, field notes, and other materials that you accumulate to enable you to come up with findings. Once the coding of the date was completed, significant thoughts, ideas and quotations were identified to be used in the two discussions and results chapter of this thesis.

RESEARCH OBJECTIVES

The aims of this study are as follows:

1) To explore how having a mental health disability affects a person's day.

2) To gain a better understanding of the experiences of people living with a mental health disability in the workplace.

3) To identify ways the workplace can be more accommodating

RESEARCH QUESTIONS

1) Can you tell me about how your mental health disability can affect your day?

2) What are your experiences with others and their awareness of mental health?

3) Can you tell me about some of the experiences you have had in the workplace?

4) Under what circumstances would you disclose your mental health disability to your employer/direct boss? Why/why not?

5) Is there someone in your workplace you have talked to?

6) Have you ever had to take time off work because of your mental health disability?

7) Can you tell me about your experiences when you returned to work?

8) Can you share with me some of your coping strategies and sources of support?

9) How do you think the workplace can be adapted to better suit your needs?

Chapter 5: How Mental Health Affects Participants' Lives

In this chapter I review the research participants' perspectives on how their disability affects their lives, their perceptions of their coworkers' experiences with mental health, discuss times when they had to take time off of work and how the workplace could be more accommodating of their needs. Living with a mental health disability, as living with any disability, brings unique challenges to everyday life.

There are multiple forms of disability with a host of symptoms for each. For the person living with the disability, they often manifest in many different ways. The way each person experiences their own disability is an experience unique to them. Thus there is no one blanket approach that can be taken towards addressing mental health in the workplace. However, by listening carefully to persons' needs and experiences, we can identify overarching themes that can then be used to shape how policies are developed.

Work is important in part for the income it provides. Work shapes our personal identities, gives us the chance to meet people and expand social networks. And work helps us to feel productive and valued. It is crucial for people living with a mental health disability to find a good work/life balance. In the analysis of the participants' narratives, I was struck by what I perceived to be the strong self-knowledge and honesty of the participants in sharing their experiences and how it affects their lives.

Zoey, a 24 year old woman is the first participant of the study. She explained to me:

> *My mental health disability effects my day because it makes simple things like going to the grocery store very difficult. If there is a long line up at the deli, I will skip getting sandwich meat due to being too anxious about the line-up and the people. Same with if there is a long line and no self-checkout. I will usually just skip buying what I need and go at a later day.*

This example from Zoey helps highlight how sometimes even the small things that most people may take for granted, like grocery shopping, can present a unique challenge itself.

Zoey also expressed frustration at the feelings of isolation she experiences because of her anxiety.

> *It's very hard for me to go out and meet others 'cause I'm always anxious, even just leaving my house. So that plus the fear of the other people just adds up. It makes it hard to enjoy any kind of activity because you fear going out. I get nausea if I'm talking to someone new and almost feel like I'm going to throw up. So it's hard to stay focused on what they are saying. Plus I start shaking and just only think about when I am going to be able to leave.*

This was just one way in which Zoey's mental health has a dramatic impact on her day and plays out in how she has to organize her life around her triggers.

My second participant, John has his own unique challenges that he has got to consider when planning his day also. He explained:

> *Waking up is a huge thing. And also going to sleep is a huge thing. Going to*

> *sleep because of the vivid nightmares and take Prozac for that [...] It takes a lot*
>
> *of drive to get going and go to work because when I wake up I'm disoriented*
>
> *and perplexed by my dreams. So it takes a good hour or two to get that out of*
>
> *the way and not remember anymore. This is definitely an obstacle.*

The mornings when he experiences his night terrors, it takes John a couple of hours to recuperate and get over these sensations from his sleep before he can continue on with his regular routine and get on with his day. If these night terrors happened on work days it can make it challenging to get to work on time.

Carly also experiences sensations that can interrupt her daily life:

> *When I wake up, I'm surrounded by music. Namely that interrupts my cognition*
>
> *and interrupts my daily life. So when I want to go for a run, there will be delays*
>
> *and I'll get caught up in the music or the sounds. Sometimes it will throw me off*
>
> *so I won't go out. I also tend to do things aren't normal, like scratching or*
>
> *itching of the temples […] The tactile sensations overcome your proper sense of*
>
> *place, so you become taken with time, so you are not properly aware of your*
>
> *surroundings. So getting up and moving can become quite frequently in the way*
>
> *of normal living, because they make getting up, going out and taking care of the*
>
> *moment to moment activities can be delayed.*

For Carly, music and sounds she experiences when she gets up are distracting and can create delays or even throw her off to the point her she decides not to go out. In addition to the auditory hallucinations, Carly also experiences other more tactile sensations that also impact her cognition and sometimes cause her to do things, such as scratching that may not considered normal behavior. This gets in the way of daily living because simple things like

getting up and getting read for the day are more challenging.

Julie had an interesting point to make when discussing her mental health. When I asked her how her mental health disability affects her day, she pointed out that she doesn't like thinking about as a disabling situation and instead likes to think of it as a normal part of her daily life. She still realizes that it does impact her life, like she has to take medication daily. Julie's moods sometimes get *"dark and kind of chaotic,"* but she pushes herself through the day. For Julie, these thoughts can make it hard to find the motivation to get up and go to work or even just start her day. However, she also realizes that if she continues to have these sensations, that she will have to go and visit her doctor, which requires calling and moving appointments around.

CONCLUSION

Some of the participants shared the same diagnosis—that is, they identified as having the same mental health disability. However the above comments of Zoey, John, Carly and Julie show that the symptoms can manifest in many different ways. All of these examples illustrate how people with a mental health disability have to spend extra time doing things that many in society would take for granted, such as going and getting groceries, getting up, and going to work in the mornings or even just going for a run. It is important to be able to identify symptoms and triggers so we can make changes to the environment to work with people where they are.

Although mental health disabilities can show themselves in many different ways there are still overarching themes that can be identified. Having a more in-depth understanding of how mental health can impact a person's daily life is one step in the process of creating a

health and accommodating workplace. Also, Julie's perception of her mental health is important to highlight because she does not think of it as disabling, but rather her circumstances are a normal part of her everyday life. This is crucial because this is exactly how people with a mental health disability want to be perceived and is a healthy way for her to create a positive self-identity and one that should be shared with most others in society.

Chapter 6: Experiences with Others' Awareness Mental Health Disabilities

This chapter discusses how the participants feel about the overall awareness of mental health. We are at a time when more people are identifying as living with a mental health disability. Celebrities and others are disclosing their mental health disabilities to the world. We are beginning to see changes in the broader North American culture. To some extent, we are seeing signs of change with new regulations strengthen the law governing the hiring and on-the-job treatment of people living with a mental health disability. Based on the understanding that disability is not a personal or individual experience, but rather a social or shared experience, it is important that we understand others awareness of mental health. I wanted to know how the participants felt about the awareness of people around them regarding mental health.

MEDIA PLAYS A ROLE

A recent article in the *Star* (2016) quotes Dr. Taylor's findings on how mental health disabilities are portrayed by the media:

> Mental health has made headlines in recent years, thanks to the efforts of activists, companies and individuals pushing to end the stigma—from the Canada-wide, conversation-starting [with] Bell's Let's Talk campaign, to American actress Kristen Bell's recent *TIME* magazine essay, in which she opened up for the first time about her struggle with depression after not speaking about her mental health issues for the first 15 years of her career (Pelly, para. 5).

Another example of a celebrity coming forward with their experiences of living with a mental health disability is Michael Landsberg (2016), host of TSN's *Off The Record*. Landsberg has since become a strong advocate sharing his personal experiences encouraging people to stay strong and showing that people living with a mental health disability are not weak. In contrast, this spring a Manitoba First Nation community made national headlines after declaring a state of emergency over its suicide epidemic (The Canadian Press, 2016). Together these articles show the many ways that mental health is being portrayed by the media.

Even though there is some evidence of a small shift in the media. However, Julie still feels that there is a lot of progress still needs to be made. During her interview she said:

> *All you see in the media is the worst situations where it's a life ender or it's a straight road to homelessness. And really no recovery is possible from homelessness if you get there.* […] *One thing that I have learned is if you deny it, you end up in those worst situations, because it becomes apparent and obvious to everyone else that something is going on and end up being alone, not realizing you're alone, in a certain respect.*

It is easy to understand Julie's feelings about the worst situations being portrayed in the media. Often the news, movies, and television shows focus on the negative aspects of mental health. One example was a Manitoba First Nations community declaring a state of emergency over a rash of suicides. Another example is the Vince Li case where he murdered fellow passenger. Since the incident in 2008, every year at the same time, local news media dig up this tragedy with updates to Li's treatment. This fuels more hate and misunderstandings from the community.

INCREASED AWARENESS

Craig and John both believe that they have seen a small but overall increase in people understanding of mental health disabilities. However, they are reluctant to talk about their mental health to others who may not have experienced it. They do not expect that people who have not experienced it will understand.

Craig was quick to point out that he shares his disability with some, but he often hides it from people he doesn't know. About his own experiences Craig said:

> *My mental health [disability] is something that I share with my parents, family, and friends. But I do spend a lot of time 'fronting' or trying to at least act 'normal' in front of my co-workers or anyone else that doesn't know me because I'm terrified of being judged.*

Craig's mental health disability is something that he openly shares with his friends and family because they have some level of familiarity with it. However, he is still reluctant to discuss his mental health with employers because of the negative stereotypes that are often portrayed in the media.

Other participants also spoke about there being an overall increase in the awareness from others. John expressed feelings similar to Craig's:

> *People are becoming more aware. It depends on which circles, too. There are some circles that are more aware, especially if there are a lot of people with mental health disabilities. These people are often able to relate and understand, maybe because they experience it themselves.*

John also finds it easier to be open with his mental health with people in his social circles.

However, like Craig he was quick to point out that he does not disclose his mental health issues to the general public:

>*I really try to hide it and keeps it hidden as much as possible because they don't believe it is real and don't understand the struggle that comes with it.*

John and Craig's stories indicate that there is more acceptance within certain settings, but both are still very cautious about sharing their experiences to most people because of the negative perceptions that are associated with mental health.

Julie's experiences are interesting because she has dual citizenship and has lived in North Dakota. About her experiences Julie said:

>*That really depends on where you are at. I grew up as a dual citizen of Canada and the United States. I lived on both sides of the border. That enlightened me phenomenally. Winnipeg, for the majority of it, is very accepting. But that could be where I ended up. […] In North Dakota it was actually the opposite. I didn't have any acceptance. One particular time I was assaulted and the person tried to use my illness as an excuse.*

Julie sees how some people are beginning to talk about it more in society, but still believes it is still heavily slanted with negative perception's found in television and media. Further, there may regional differences in how people are treated.

GREATER ACCEPTANCE WITH SHARED EXPERIENCE

Many of the participants reported feeling a great level of acceptance from people who have a familiarity with mental health issues. Craig said:

>*From my personal experience I found that there is more understanding in*

> *communities where there seems to be a lot of people living with a mental health*
>
> *disabilities‖.*

People's understanding might be may be influenced by their experiences of living with or having friends or family members who are affected by mental health issues.

Julie also spoke about similar experience where she felt that she found greater levels of acceptance from people how had experience with mental health. She spoke about her time in Winnipeg::

> *I had progressed off and on out of homelessness. And where homelessness is*
>
> *concerned, one in three have mental illness in their life. So it's kind of a lot*
>
> *more acceptance where a lot more of the population tends to have it. That*
>
> *helped a lot, having more acceptance.*

She found different levels of acceptance depending on the context. She also felt that in North Dakota, she did not find acceptance, and in once situation, her disability was used against with the local authorities and prevented her from finding protection against assault.

All the participants felt that the acceptance and understanding of mental health disabilities has moved forward. Level of acceptance varied depending on region, context, or individual people's level of experience and awareness of mental health issues. Craig and John while talking about their experiences also touched on another important point, regarding hiding their disability from people they do not know, which is discussed in the next section.

FRONTING TO FUNCTION

During the interviews with the participants, each of them spoke about how at some points they have hidden their mental health disability and how they pretended to be "normal" so they could be like everyone else and avoid the stigma associated with mental health. Even with seeing a small shift in the awareness of mental health, Craig discussed how he still continues to hide his mental health. When talking about hiding his disability, he described it as "fronting":

> *Like a lot of people living with a mental health disability, I spend a lot of my time fronting. The thought that other's may think I'm crazy is terrifying. All I want to do is fit in, be normal. Out in public and at work, I try to do the things 'normal people' do, trying to blend in.*

Craig feels that he is often living in two worlds, because he often hides his mental health from others.

John also spoke about fronting saying:

> *I definitely do hide it, and even when I talk about it, I'm very careful. Things go around and things get talked about. I choose and pick what I say.—not to hide things, but I know what some people can and cannot take. […] Now I don't really realize that I do it. It's been so long, I'm so used to it. For as long as I can remember I have been doing it—since I was kid, four years old. Ever since it started, it has become second nature.*

Both of their stories show how some people living with a mental health disability will spend the majority of the time hiding it from others. They are effectively forced to live a constant lie and have to live with the repercussions this can have on their self-esteem in a vain attempt to

protect themselves.

CONCLUSION

While we are seeing an increasing number of celebrities and others who have publicized their mental health disability, which to some extent has assisted in reducing the stigma, that it is not true in the place people spend most of their waking hours—on the job. The above comments from Julie, John and Craig seem to indicate that there is a wide range of experiences people have with others regarding mental health. This is also a large hurdle for people living with a mental health disability, because we not only have to identify our own needs, but also have to explain them to others. The experience of the participants indicates that people who have more experience with mental health are perceived to be more understanding and accommodating of other's needs. When everyone has a better understanding of mental health and how it can impact a person's day, we can also get a more in depth understanding of how it will impact them in the workplace.

Chapter 7: Participants' Experiences in the Workplace

Looking at opinion polls conducted by Ipsos Reid, it would appear that most Canadians believe they have some understanding and familiarity with mental health disabilities. One would assume then that people who identify as having a mental health disability in the workplace have generally positive experiences and receive appropriate supports from employers. I wanted to get a more in-depth understanding of what their experiences were in the workplace, with their co-workers, supervisors and employers in general.

WHAT IS PRODUCTIVE?

Jason and Stacey both have experiences working in a retail setting. It is important to hear their experiences because entry-level positions, such as those in retail or call centres, are often the first experiences young people have with the workforce. Another factor is that at this age it is often when mental health disabilities manifest. Thus, these jobs are often some of the first experiences that people have in with the workforce and can cast long lasting impression. That is why it is crucial that young people have positive early work experiences.

When Jason worked in retail, he felt that *"there is very little awareness and wasn't a lot of support."* At the time he worked with several other people whom he suspected *"were struggling in similar ways as him and they all tried to come up with their own ways to make it work."* Stacey's recent experiences in both retail and a call centre help expand on Jason's observations.

Stacey, a 22-year-old female, is still relatively new to the workforce and has experience

in multiple entry-level positions. In one of her more recent positions at a large retail clothing store, shortly after being hired, Stacey spoke to her manager about her anxiety. She spoke about her experiences there:

> *I began working in retail after I was finished school. I thought the working environment would be good for me. It was at first, and the manager was great—until the first time I had a bit of anxiety attack and she noticed. She came to talk to me about it right away and she told me that I was hired because I seemed so confident and outgoing during the interview. But now I seem all timid and shy.*

Due to the anxiety she was already experiencing, Stacy was already having feelings of self-doubt and believes her manager was not asking out of concern for her well-being but because she was concerned with how this would impact her productivity.

Before she started working in retail, Stacy also worked at a local call center, which had a formal policy in place to support people with mental health disabilities. About her experiences at the call centre Stacey said:

> *I thought that this place was going to be great because they seemed like they had all this knowledge of mental health. They talked about their supports during training. But once I was on the floor those supports seemed to vanish. [...] There was one time that I had a really difficult call and need a break so I went to the washroom. The floor supervisor that was on that day marked that time against me not being on the floor taking calls. […] It happened again a few days after that where I had a challenging call and need to take a moment to myself and went to the coffee room. It was then that my team leads began to*

question how many calls I was taking. One of the shift supervisor's talked to me

after a particularly bad call and questioned me about how productive I was

being if I'm constantly leaving the floor.

Even though the organization had a formal policy in place to be supportive of mental health, Stacy's story indicates that there was a gap between their policy and what was practiced. It also highlights the issues that can arise from the expectations of co-workers because if they feel that someone is getting special treatment they will also expect the same. This is particularly problematic with mental health disabilities because they are invisible and therefore may not be seen as an accommodation. Both of the stories that Stacy shared show how both of these employers were not really concerned about their employees' wellbeing, but focused on their bottom line.

BULLYING AND HARASSMENT IN THE WORKPLACE

In John's last position, he had been with the organization for 10 years. It was his first job after university and was with a company that is held in the highest regard for their workplace strategies for mental health. About his experiences in the workplace John said:

I was bullied in the work place, too. I had a manager for five years. Before he was

manager we had not agreed either. […] At meetings and such, we would butt heads

and disagree on things. Then he became my boss. Then my reviews went from

constantly going up to going down. So for five years he constantly tried to get me out,

without firing me himself—but it didn't work.

During his tenure with the organization, John went from being a model employee for five

years to living in constant fear of losing his job. This was all due to one small change and could have been easily corrected in such a large organization, by transferring John to another department or even giving him another supervisor.

A few years after John got the new supervisor and his performance began to go down, he was also affected by stressors from his personal life, which led him to taking time off. About this experience John said:

> But then other shit happened in my life and I became disabled for six months. People in the workplace are really gossipy, like high school. Rumours started going around about me. A co-worker began telling new employees stories about me. One of the new employees told me about it. After that I didn't talk to anybody at work for five years.

These two experiences at his last employer have now shaped the way he sees the workplace. John has now become disenfranchised and has since decided to start his own business in hopes of avoiding the tension and conflict he experienced with this organization.

EXPERIENCES WILL VARY

Stacey, Jason and Craig have all worked together in the same organization at one time. Stacey found that she could be open and discuss her mental health with Jason, in part because he shared his story with her. I believe this helped them form an understanding and helped to create a safe-space free from judgment. However, Stacey was quick to say:

> I don't believe I get the same level of support or accommodations from other supervisors when Jason isn't there. Obviously they know, because I have already talked to him about it, but they're not as understanding.

This highlights that not everyone's experiences will necessarily be the same within every organizations. In Stacey's story we see that she finds support with Jason, who also identifies as living with a mental health disability.

Jason and Craig also worked for the same organization having some of the same supervisors. Jason was comfortable coming forward to his current employer regarding his disability. However, Craig said:

> *I would never dream of telling the higher ups at my job that I'm bipolar. It would never work. I feel that they would begin to question my ability to do my job effectively and consistently. At the very least, I firmly believe that they would look over my shoulder or pass me over for a promotion.*

It is interesting to hear Stacey, Jason and Craig all speak about their time with the same employer because of the different experiences each had. In Stacey's case, it is clear that Jason proved to be a good support because he is knowledge about mental health due to his own experiences. This reinforces the idea that there is greater acceptance from those with some sort of experience with mental health, wither it is from a friend or family member or even their own disability.

CONCLUSION

Current research indicates that the number of people experiencing a mental health disability is on the rise. Some of the existing research also suggests that many feel that they have some level of familiarity with mental health. What this study found based on the above comments from Jason, Stacey, Craig, John, and Julie about their experiences in the workplace were varied and for different reasons.

In some circumstances, some of the participants have a more understanding employer because they have some experience or work with people with a mental health disability. However, that is not always the case. All of the participants have had some very negative experiences in the workplace. These experiences can then contribute to the reluctance of people with a mental health disability from disclosing to their employers and in some circumstances from attempting to find work.

Chapter 8: Disclosure in the Workplace

Many people with a mental health disability are left in a difficult place when trying to determine if and when they should disclose to their employers. As we can see from the comments above, many of them have already had very negative experiences, which discourage them from wanting to participate in the workplace. These negative experiences can then impact their comfort level of disclosing in the future to new employers.

If potential employees feel that the culture in the workplace is a negative one or not accommodating to people's mental health needs then of course they will choose not to disclose during the interview process. It does not matter if these are real or perceived perceptions of the employer they still impact a person and have very real consequences. All of the participants have had to tackle this challenge at one point in time. Based on the response from each of the participants there is a range of attitudes on approaching the subject of disclosure.

DISCLOSURE

When the participants were asked if they would ever disclose to an many expressed concerns and would only do so if they felt comfortable. Others flat out said they would never disclose to an employer regardless of the situation. In the situations where disclosure had taken place it occurred for different reasons.

For instance, Cameron who is 27, currently works in a factory setting where he has union representation.

> *I have told my current employer about my mental health, but that's because*
> *I had to take time off and I felt comfortable with being protected by the union.*

> *I have worked in other places where I have kept my disability a secret. I'm not*
>
> *sure if I would disclose to another employer, it really depends on the*
>
> *atmosphere in the workplace or how open minded I think they are.*

Cameron's current job is the first time he has openly disclosed his mental health disability because he felt there was a certain level of protection and support from the union. This suggests that if people feel that they have an advocate on their side they will feel more inclined to speak about their mental health. Although for some of the participants having someone there protect their interests may not be enough.

When Zoey was asked if she would disclose her mental health disability to a potential employer, she said:

> *I wouldn't because I believe that the boss would either not believe it, or would*
>
> *just find an employee who doesn't have any mental illness to take my position*
>
> *like fire me.*

Even if the organization had an employment equity program because of her past experiences with coworkers and managers she would choose not to disclose again. This is problematic because Zoey is just entering the workforce and will have to address this issue for a very long time.

John said he has not told an employer since his experiences with his first employer. Similar to Zoey, John said "*there would be no way*" that he would disclose, even if they had an employment equity program. He continued: "*I would not feel comfortable disclosing because of my past experiences.*" It is clear that previous negative experiences in the workplace have made Zoey and John more reluctant to disclose their disability. However this could create challenges for them in the future.

In contrast, Jason has disclosed his disability twice to an employer. Once, he was part of an employment equity program, where he told his employers about his asthma and ADHD. However, he feels there is a certain amount of skepticism associated with mental health. Looking back on it now feels that the employer at the time did not believe him.

Julie has disclosed to her employers on several different occasions with varying results. Regarding future disclosure, she said:

> *But as far as my own self, I'm not certain, because I've kind of gone back and forth on the issue. I'm working for an employer that is tremendously understanding because [the supervisor] talked all the time about his own mental illness issues and how […] he was a person of lived experience […] That's where I'm at now and there's full disclosure […] I see the need for more advocacy and the need for more people of just regular stature coming forward with mental illness saying, "Yes, I have mental illness, and it's okay. It's not a big deal. I have mental illness and it's not a life-ender.*

Again, with Julie's experience, she felt more comfortable coming forward with her own mental health disability because she felt the organization would be accepting because of her supervisor's own experience. Her comment also highlights another important issue when it comes to disclosing a mental health disability to the employer, which is when should people disclose.

BEFORE OR AFTER

At some point all people living with a mental health disability will have to grapple with the dilemma of when is the best time to disclose. For Julie, in her experience:

> *Half the time I notice you can't even make it through the interview process* […] *without necessarily needing to possibly disclose.*

She also notes that employers are not even supposed to ask, "*but it kind of crops up in other more indirect ways.*" Julie explains:

> *"Why did you take this time off of work?"*
>
> *"Well it was a medical leave."*
>
> *"What kind of medical leave? Why did you leave to this particular company?"*
>
> *I ended up disclosing at this time. Now is that the reason why I didn't get the job? Because mental illness unfortunately has that stigma to it, whereby so many people don't get jobs. [There's this] idea that we are unproductive and what have you when the reality is, if you have someone you hire that is a diabetic, there will be situations where they're not productive.*

Julie's experience is one example of how disclosure can play out. She was correct in that employers are not supposed to inquire about someone's disability. However they often find ways to bring it up either in the application process or during the interview.

During his interview, John spoke about his experience of disclosure. In contrast to Julie's experience, John disclosed his disability well after being hired in his last job. When he did finally do it, it was only because he needed to take time off to address his mental health.

Even then, John only told his employer the second time he needed to take a leave. The first time he kept it hidden by using his vacation time. John felt he had to do this because he had recently started and did not want to take time off. In order to address the barriers that people living with a mental health disability face in the workplace, they will have to feel comfortable disclosing to their employers.

WHEN IT HAPPENS

Some of the participants have already disclosed their disability to their employers and it is important to consider the positive examples that they had. This will give us a better understanding of why some have chosen to disclose and anything that may have contributed to making it a positive experience for all parties involved.

Jessica was fortunate, she disclosed to her employer because her employer is a registered psychologist, whose husband also ADHD and takes the same medication. She explained:

> *They already knew about some of the mental health disabilities I had so of course they were both open-minded about my mental health because they had experience with it.*

This further supports the idea that there is greater acceptance from people who have some level of familiarity with mental health.

Jason also *"feels quite lucky"* because he can share his anxiety with his coworkers who are empathetic and notice the signs and sort of reached out to him and shared their experiences with him. He is surprised that there seems to be a lot of people out there with similar issues in

the area that he is working. He feels that his *"current workplace provides a positive environment"* due to the fact that *"they interact with people all the time who need help."* Again, the concept of people finding greater acceptance from people and organizations with some level of experience with mental health.

Like Jason, Julie is also currently working for an employer who understands of her mental health disability. She feels they are:

> *tremendously understanding because of the nature of their work and who they work with. I also have a supervisor that talks all the time about his own mental illness issues and how […] he was a person of lived experience. I know I would have support and coordination through them and would work it out should an issue ever arise.*

Jason and Julie have both disclosed their mental health disabilities to their current employers. Both of them work for social progressive organizations that place a high value on diversity. However, this appears to be an exception rather than the norm and both expressed how fortunate they felt because they were able to disclosure their disability to their employer.

CONCLUSION

Based on the comments made by Cameron, Zoey, Craig, John, Julie, Jessica, and Jason, it appears that in most circumstances people living with a mental health illness are not comfortable disclosing their disability. In order to create healthy workplace, employees are going to need to feel comfortable disclosing their disability, and do so without any resulting prejudice or discrimination. Only the person can decide whether and how much to tell an employer about their mental health disability. However, it's important that people feel

comfortable disclosing because telling your employer about your diagnosis is the only way to legal rights to receiving accommodations that you might need to keep your job. Based on the responses from participants it is clear that they are not comfortable disclosing their mental health disability to their employer.

Many of the participants expressed that they would be uncomfortable discussing their mental health during the interview process and that they would only do so during a time of need. This approach can be problematic for several reasons such as the employer may not believe the employee has a medical condition, failure to provide reasonable accommodations or could lead to termination. It was clear from all the responses from the participants that many of them would never be comfortable disclosing their mental health disability.

Chapter 9: Taking Time Off and the Return to Work

In addition to disclosing about having a disability, another challenge for employees and employers is when time off is requested and how the return to work may look. For people living with a mental health disability, it is chronic illness where symptoms come in ebbs and flows. At certain times they have a very small impact on daily life, other times it comes on like a flood of emotions and during these times time away from work may be required.

Employers have to shift their view away from mental health being associated with employees being unable to work or a loss in productivity. Instead mental health should be afforded the same consideration of other illnesses such as diabetes or physical injury. The fact of the matter is that people with a mental health disability will require some time off on occasion and ideally employers would work to ensure that the process is a smooth and easy transition for everyone.

LACK OF SUPPORTS AND ACCOMMODATIONS

All of the participants have had some experience with taking time off work to treat their mental health. Julie use to work in an office setting doing administrative duties. She shared her experience when she:

> *Wasn't taking my medication. I was becoming ill again, and they basically gave me two days and after the two days I was terminated. Part of my illness had me going to them saying I don't know if I can do this job and lack of confidence. Other symptoms started becoming apparent to others around me. They*

> *mentioned it to the service manager, who was my supervisor. And he basically*
>
> *gave me two days to get better. In two days I didn't get better because I was in*
>
> *my own denial, not believing or realizing it was there. So there was that as part*
>
> *of the problem, but he let me go.*

Because of her mental health and the employers lack of understanding Julie lost her job. Her employer failed to learn more and clearly did not value their employees' well-being.

Jason also shared his experience when he was working in an academic setting. He had already been working for the institution for a number of sessions already. Over the years he would *"call in sick for a couple of days due to bouts of anxiety or depression."* In 2013, after taking on his first solo project where he did not have a direct supervisor, after two to three weeks, the stress became too much and he *"ended up having a complete mental break down."* Jason ended up having to withdraw from the position and lost his contract. They did not withhold back pay, but he lost his source of income at the time.

Both Julie and Jason at one time lost their job and sources of income because their employers decided that it would be easier to let them go than work with them. Craig and John also have taken time off of work to treat their mental health and at first their employers appeared more understanding.

LITTLE SUPPORT PROVIDED

Craig and John both had to take time off work due to their mental health at first the experiences were positive but along the way the transition became difficult. Craig has several experiences where employers were supportive of him taking a leave of absence to seek treatment for his mental health.

Craig's first experience with having to take time off from work was at his first job out of high school. It was in retail store where he had worked his way up to management from an entry-level position. About this experience, Craig said:

> I had been working for this organization for four years and managed one of their locations in the city. I was originally promoted to Assistant Manager. However, shortly after the manager left for personal reasons. The store was already understaffed, so I had to complete her tasks on top of my own.
>
> I ended up working from opening to close, seven days a week, for just over ten months, before I got a break. I took a two-week vacation and it was after coming back I began having a really hard time managing my moods. So I went to see a doctor who suggested that I take additional time off while I worked out a treatment plan.
>
> At first my employer was super supportive and sympathetic about taking time off. Even the odd time they kept in contact during the time off, they seemed understanding. I only began to notice trouble when I returned to work. While I was away my supervisor and I discussed when I would be returning to work and made it sound like I would be returning to my old position. After a three-month leave suggested by my doctor, I asked if I could start part-time and then go back to my regular duties.
>
> When I returned to work because it was only for part-time hours, they decreased my pay scale to one of a new hire. After a few weeks of working and I was back in the routine, I asked to be returned to my position. It was only then that my supervisor told me that my position was filled and they had nothing for

me other than part-time casual work. I was completely devastated.

It was shortly after this experience that Craig left that job to find work elsewhere. He explained how he bounced around to other positions for a while and decided the best thing he could do was go back to school.

It was shortly after his graduation from college and his first job in his new career that Craig had a second experience with needing to take time off work to treatment his mental health:

> *The second time that I told my employer about my mental health disability, and I went to seek treatment for it. I was so proud of myself. I was moving forward and trying to make my life better. I foolishly thought that my employer would be happy and accommodating. This was when I was working in a service-based industry and, like I mentioned before, while I was way seeking treatment, my boss/owner of the business told our clients that I was a drug addict and couldn't be trusted.*
>
> *Initially, the return to work was okay or at least I thought was okay until I had one of the clients tell me what happened while I was away. So needless to say, it changed the entire way I felt about returning to work. I have never felt so ashamed and embarrassed in my life.*
>
> *After learning about what happened, I didn't even feel comfortable going back into work. It turned out to be an extreme source of anxiety and stress for me. It started to get so bad that I started to relapse and all the hard work I did managing my moods while I was gone seemed to be for nothing. Hell, I couldn't even manage to look at my boss anymore, every time I saw her I just wanted to*

cry.

> *I didn't stay there long after that. How could I? I'm sure some of my clients*
>
> *didn't believe it, but I bet many more actually did. I couldn't stand taking their*
>
> *ill-found judgment of me. So, I did the only thing I could do, found a new job*
>
> *and left.*

The two examples that Craig shared show how negative experiences in the workplace shape the way he discusses his mental health disability. John also shared a similar experience with his last employer.

When John was asked about his experience taking a leave of absence from work he described his employer as being:

> *helpful in some ways at first. But when it came time to fill out the paperwork for*
>
> *the claim it changed. It was then a constant battle to have to prove that I can't*
>
> *function, which is a stupid thing to do. How am I supposed to do that? I can't*
>
> *even function in the first place. They have access to my doctor's file. They have*
>
> *access to it and can get it.*
>
> *Why do they want you to tell them everything all over again—what I just*
>
> *told my psychologist. I'm not going to tell you what it took me 33 years to tell*
>
> *my doctor and psychologist, and they want me to tell them in ten minutes.*
> *I don't think so. I don't even know them. They can read my file from the doctor.*
> *That should be good enough. Some person who doesn't have any training in*
>
> *psychology or understands mental health disabilities shouldn't be the one*
>
> *deciding if I'm 'crazy' enough to get insurance. It's ridiculous.*

John's story is an example of how if an employer adopts a level of distrust when their

employees need to take time off it can exacerbate the situation. Like Craig, John's return to work proved to be another source of stress.

About returning to work John said:

> *When I came back from disability, [one concern was] the perception of people towards me because I've been away for so long. It became a paranoia for me, too, because I think they all think I took a vacation and that every day. […] It was definitely their perceptions towards me because of what they said of other people when they took time off […] When I came back, I was worried about what my boss was going to think. So now I had to be more careful.*

John's story shows how stressful taking time off of work can be, which is problematic because often people are already dealing with other life stressors simultaneously.

John further explained about his transition back:

> *When I returned to work, I was put on a performance plan/rehabilitation plan. But you have to gradually return to work at first. I returned to on an eight-week plan. The first week I was there three days for half a day and more each week until I was fully back. It was essentially two months of only getting paid part-time. At first the gradual return to work was helpful, then* [sic] *I got slammed.*
>
> *At this point I had a new boss. They knew I had issues with my last boss. So I was with a new person. By the time I returned, a whole new system came in. And because I was just returned from leave, I was put at the back of the line for training.*
>
> *So I was behind everyone else. Then they brought in this performance plan. I had to hit X amount of right decisions, and they all had to be reviewed. All my*

work was under a microscope. They never said it, but in my mind I knew they

were trying to get me out.

    I also found out that while I was gone everyone was bumped on the pay

scale, except for me. […] They have that fear factor. I was scared to say or do

anything because I may lose my job.

Essentially other than the initial request for a leave-of-absence being accepted, John received little support while he was gone or on his return to work. It is due to this negative experience that he is now unwilling to share his mental health disability with any new employers.

TIME AWAY AND THE RETURN TO WORK

After seeking treatment for mental health, employers play an important role helping these people get back into a return to the workplace and establishing a regular routine again. Often when people are away from work they experience feelings of isolation and a fear of being rejected or judged as weak. These feelings lower their self-esteem and the uncertainty it creates is another source of stress at a crucial time. Thus, employers play an important role in positively or negatively impacting these fears and negative emotions.

For John, dealing with his risk assessors to receive his disability insurance was a constant source of stress during his time away from work:

    The biggest stresses I had while I was disabled was the insurance—the risk

assessors from claims calling every two weeks, requiring doctor's notes and

other things. It made it way more stressful when you have to worry about if you

are 'crazy' enough for them.

    They don't care what doctor says. It's what they think is crazy enough not

to be able to do your job. In other words, if you can do even 25 percent of your

job, you are good enough to work.

John did not feel that he was supported by his employer at all during this process. In fact, John felt that their lack of empathy only made things worse

SOMETIMES IT JUST REMAINS HIDDEN

Due to facing stigma and having negative experiences in the workplace, many of the participants choose to keep the reason for time off hidden. Jessica said, *"Yes, I've had to take time off. […] They did not know that it was due to a mental illness. I told them that I was sick. […] It's only for a few days.* She is not alone in sometimes hiding the reason for taking time off.

After the two negative experiences that Craig described, he *"is super cautious about telling his employers."* When he does require a leave he *"never lets them know it's because of his mental health."* He continued on to say:

> *I'm ashamed about it, but instead I have always lied. I either take my vacation*
>
> *time or pretended it was something else, like my asthma acting up. In all*
>
> *honesty, I would have to see substantial changes in how employers*
>
> *viewed/supported mental health before ever being honest when I have to take*
>
> *time off.*

Even though many feel that employers are accommodating of taking time off of work to treat mental health, the comments from Jessica and Craig, indicate that is not what they are experiencing.

CONCLUSION

Despite so many people experiencing a mental health illness in the course of a year, negotiating a return to work can be difficult. Even though many people live with a mental health disability there is still a lack of understanding—in addition to stigma and discrimination—regarding mental health that makes returning to work after illness even more stressful and difficult. That is one reason why it is crucial to have a supportive employer that creates a culture that understands mental health disabilities.

For people living with a mental health disability, when sick, the experience is a very personal matter. As evident in John's case, it took him years to be comfortable enough to talk to his own doctor about his experiences. In order to qualify for his long-term disability benefits, he had to disclose profoundly private matters to total strangers. This highlights the importance of employers creating a safe, non-judgmental working environment where employees feel comfortable speaking about their mental health and keep the lines of communication open if there is a medical leave.

Mind (2016b) suggests that while an employee is on leave because of a mental health disability, the employer should remain in contact with the employee to ensure that the transition happens smoothly. To achieve this, employers will have to ensure that they maintain positive contact with the person during this time (Mind, 2016). When the employee is able to, they should work with the employer to establish a return to work plan that clearly states everyone's expectations and sets out a routine (Mind, 2016).

Chapter 10: Coping Strategies and Sources of Supports

In this chapter I am going to highlight some of the ways the participants manage their mental health. Learning these strategies is crucial for anyone living with a mental health disability. These strategies can help make life manageable and allows them the opportunity to live full and rewarding lives like anyone else.

There are a variety of ways in which a person can cope with their mental health. They can be either positive or negative. People living with a mental health disability will obtain and maintain many different coping skills over time. Utilizing good coping skills takes practice and becomes easier over time. In contrast negative coping skills can hinder the progress in dealing with stress in a positive way. Accessing supports through the medical system is one way that people with a mental health disability access support but is not the only way.

FAMILY AND FRIENDS PLAY AN IMPORTANT ROLE

Zoey, for instance, relies on supports accessed through the medical system. About her sources of support she said:

> *The support I currently have is through friends. My doctor has referred me to a psychologist to do tests for to see if I have any learning disabilities or anything wrong cognitively.*

All of the participants have also had a similar experience with long wait times for psychiatric services experience at some point. However, this is hard to understand considering the severity of the situation, because federal and provincial governments do not keep track of psychiatric

wait times. So for many people including Zoey, they have to look for other sources of support.

Another source of support Zoey relies on is therapy from friends and family. However in her case she has to choose which family members she talks to for support. Whenever she is feeling anxious or experiences other symptoms she will reach out to her family. About this Zoey said:

> *Sometimes when I'm feeling really anxious about something, I reach out to my family. It's mostly my uncle because he lives with being bipolar, so he kind of understands what I'm going through. I'll also go to my mom and my sister who is planning on becoming a doctor, but sometimes they tell me it's all in my head so that's not very helpful.*

When she is anxious or has feelings of self-doubt, Zooey reaches out to friends or family during times of crisis or when she needs assistance navigating the systems looking for formal supports. Zoey's comments about her mother and sister are important to note because people with a mental health disability may not always get the support they need in their private lives. This is another reason why it is important that employers become an additional source of support.

Craig has also tried many different coping strategies. He explained it as being a guessing game saying he *"had no idea what would work or wouldn't work.* That is when he began to learn more about his disability and how it affects him. As he learned more about his own mental health, Craig would:

> *rely on my friends and family for support. Sometimes when I'm in a depressed or [an] elevated state—I don't always realize it. So my friends and family often know that it's a good idea if they point out when they see changes in my*

behavior. By them pointing it out, I can do something to help myself.

Craig like many of the other participants relied on a close social network made up of friends and family—in some cases more than a healthcare professional. This highlights the importance of educating people about mental health, the signs and symptoms, and resources available in the community. It also shows the different places where someone living with a mental health disability can find comfort.

OUR FURRY FRIENDS

In addition to friends and family as a source of support, a couple of the participants shared how pets are helpful for the body and mind. Studies suggest that pets can reduce tension and improve mood. Along with other treatments, pets can help many people living with a mental health disability feel better.

For instance, when Jessica was having suicidal thoughts, it is often the thought of her cats at home, relying on her that helps her make it through the day. She explains cuddling with her cats *"motivates me to get up, dressed, and go out to work. Somehow my fur-baby events get me to smile, no matter how miserable or stressed I feel."* In this way Jessica's cats help motivate her and provide her a sense of worth. Jessica was not the only participant to talk about the benefits of having a pet

Zoey also uses her pets as a source of support because they help her with her anxiety and depression. She said:

> *I got a puppy to get some more exercise since it's hard for me to go out to the gym and stuff. And I can't work at the moment with how severe my anxiety is.*

So I wasn't getting and exercise‖.

Zoey also finds that taking care of her cats helps by adding a positive focus to her life. When she talked about taking care of her pets, she said it helped her *"find a sense of value and importance."* For both Jessica and Zoey, pets play an important role in their wellbeing because of the role they play in providing a source of motivation and a sense of value.

SELF-CARE AND UNSCHEDULING

In addition to the professional treatment people receive for their mental health, the healthy living habits people develop and practice are equally important in managing the disability. Lifestyle choices, like eating habits, exercise patterns, sleep, and recreational activities can have a significant impact on how people feel and function.

When Craig was asked about the ways he manages his disability, he discussed about how his disability affects him. He said:

I started to figure out what I could do to manage it. I think the best thing for me was learning the differences in how I think and react to things if I'm in a manic, depressed, or regular state. That truly was the biggest help. Doing this helps me identify early on when I'm not thinking like I normally would. It also helps me stick to what I would regularly do when having difficulties managing my mental health.

For Craig, learning how his disability impacts him helped him manage his mental health. During this time he also learned other ways to help manage his symptoms such as making small lifestyle changes.

By making small changes to his habits Craig was in a better position to take care of his

own mental wellbeing. When asked about some of these small lifestyle changes, Craig said:

> *I've started to eat healthier, cutting out sugars, caffeine and fat foods. And I started to become more physically active, like going to the gym, walks, and bike rides. I also like keeping a routine, getting up and going to the bed at the same time, eating at regular times, etc. Having a routine, helps me take care of myself when I'm off, particularly when I'm depressed and don't want to do anything.*

Craig's example shows how small lifestyle changes can have dramatic impact on managing his symptoms. For him eating, health, and being active is another way to manage his symptoms.

Other people living with a mental health disability will have different ways of managing their symptoms—not all of them positive. Jason described how he

> *used to make lists obsessively and never accomplish anything, so by mid-day I when I hadn't accomplished anything I would go self-medicate.*

He relied on substances to help him in getting through the day. Jason was fortunate that he quickly realised substance abuse was not sustainable in the long run. Shortly after he came across of the concept of *"unscheduling."* describing it as:

> *the exact opposite of what we've been told by everyone. They always tell you to tackle the big hard things first and let all the other things fill in separately. […] It is basically thinking about the time you need for yourself as important therapeutic time and you schedule in first time for relaxing, procrastinating, fun aimless things you want to do in your life with your time. You schedule that first. You start by scheduling time for yourself and then you go and find the other chores and tasks and you fill them in. The trick with unscheduling is you*

make the time to take care of yourself. That way you don't feel guilty about

taking that time to take care of yourself, and it's not taking away from the time

where you need to be doing things.

From this description of unscheduling, focus is to promote the importance of self-care. We can see how this is often not consistent with the perspective of employers where often the demands of the job or the bottom line are the top priorities. Jason has adopted this ideology as another tool to manage the symptoms of his mental health.

Jason's use of unscheduling is similar to Cameron's use of self-care to manage his symptoms. Their two examples provide simple ways that people living with a disability can use in managing their symptoms. In both example's we see how little things like exercise, relaxation, and routine can be used to help elevate the symptoms of mental health disabilities. This used in conjunction with psychological services and along with support from friends and family can be used effectively to alleviate the symptoms of mental health disabilities. Jason also touched on another important topic that is an example of self-medicating, which is a negative coping mechanism that people with a mental health disability use.

SUPPORTIVE WORKPLACE

Employers have an important role creating a culture that is supportive of mental health. If employers need to play an active role in providing a supportive work environment for people living with a mental health disability and keeping them in the workplace will benefit everyone (Pelly, 2006). In his current role, Jason manages his own team he talked about how he creates a supportive work environment.

Due to his own personal experiences with his disabilities, he strives to create a supporting environment for his team. Talking about his current experiences with his team, Jason said:

> *I've had one or two instances where I have noticed [things] about my own team members that I recognized in myself [about my disabilities]. And when I was able to, in confidence, share my mental health with one or two of my team members, it changed my relationship with them because they could trust me and share some of the experiences they are going through. Because I have opened up to them, they now open up to me, and we are a much better team because of it.*

His experience is important to note because it reinforces the necessity of providing a work environment that is accepting of mental health disabilities. In Stacey's interview, she spoke about her experience working for Jason:

> *When I worked with Jason it was the only time I found a supervisor understanding of my needs, but comfortable enough to talk about them, and it was the first time I wasn't scared to go to work.*

Jason's and Stacey's experience working together emphasizes the need for support from employers and some of the benefits it can have.

CONCLUSION

Based on Zoey, Craig, Jessica, and Jason's comments, we see some of the many coping strategies and sources they find to treat their mental health. We have seen some of the positive ways that people living with a disability learn to cope. They can range from professional

treatment, support from friends and family or animal therapy. The participant's experiences also show how employers can be just as strong of a support for people with a mental health disability.

It is important to find support at work because often we spend just as much time with our co-workers as we do our friends and family. If employers are educated in the signs of mental health or provide access to resources both within the organization and in the community, they could be a real asset for people living with a mental health disability. For example, with Julie's case, where she was displaying symptom at work, like speaking to herself, if her coworkers were able to identify the symptoms for what it was, she could have gotten help sooner and not lost her job in the process. However, the problem arises because many people living with a mental health disability are uncomfortable disclosing to employers. These organizations will have to work hard to create a safe and supportive atmosphere for their employees that will eventually lead to people discussing their mental health

Chapter 11: Workplace Accommodation

Mental health disabilities are a very complex concept with many nuances that are easily overlooked, unless you are properly informed. This means for many organizations, handling workplace accommodations is challenging. In some cases, employers are afraid to do or say the wrong thing so they do nothing. Most people believe that have some knowledge of mental health disabilities while the experiences of those living with them seem to contradict this. So it is important for organizations to have open and effective means of communication with their employees to help make the workplace more accommodating for everyone.

SOMETIMES IT'S JUST THE SMALL THINGS

The changes employers can make to help employees recover and reduce the length of mental health absence are often small adjustments to someone's job or extra support from their supervisor. For example, Zoey suggests that *"people just need to really give others a chance to learn things at their own speed."* This comes from her experience when she was just hired and had to learn all the duties required in the position. Some of these duties were not used often and she would sometimes overlook them. Instead of having her supervisor yell at her and making her feel bad, they could have just taken the time to go over it again and help her practice so she can know how to do it the next time.

Due to their disability, both Zoey and Jessica can become over-stimulated with everything going in the workplace, and if clear instructions are not provided, some of the small things get missed. Strong leadership from management could avoid this problem by providing lists that include all the steps for their duties and what is required in a job.

Zoey and Stacey who experience anxiety on occasion feel that it would be easier to provide both of them the opportunity to take a short break, talk a small walk, or even talk to someone instead of expecting them to work through it. Just because they have to step away doesn't mean that they will be any less productive then other employees. Making them continue to work instead of taking a short amount of time to address their anxiety in whatever manner that works will in the long run keep them happy and productive employees.

In many instances when finding accommodations for people living with a mental health disability in the workplace, one important lesson to remember is that it is easier to change the environment than try to change the thinking patterns or triggers for a person with a disability. As John said about his night terrors:

> *Because of the difficulties I have getting up in the mornings, a flexible start time would have been helpful for me.*

Instead of expecting him there at 8:30 or even 9:00 A.M., it would make more sense if his employers understand that this may not always be possible and that it would be easier to give John a flexible start time. If John experiences night terrors that morning he could start late and stay late to put in his full day of work. This was not the only inflexibility in accommodating his needs that John experienced in the workplace.

Often John was also forced into situations that would trigger his anxiety relating to his previous employer:

> *Eating in the cafeteria was a big issue. The people and the crowd, the anxiety was through the roof, and that was an issue for them. They really wanted me to get away from my desk because statistics says that it's more depressing for a person to be at their desk all day. But for me that's not the case. I never did*

> *convince them of that, and just started to eat with everyone else. Allowing me to*
>
> *eat lunch at my desk would have removed one source of anxiety.*

This example that John gave about being forced to eat lunch in the cafeteria is another example of his previous employers inflexibility to reasonably accommodate his disability. Allowing John to continue eating lunch at his desk could have been a simple adjustment that would remove him from one of his triggers.

During Cameron's interview, he spoke about how supportive his current employer was when he first had to take time off. However, after an annual performance review showing his poor attendance Cameron was suspended from his job. They punished even though they were aware he was required to take time off to treat his mental health.

CONCLUSION

Based on some of the comments from Zoey, Stacey, John, and Cameron, we can see how accommodations will be different for each person—even if they have the same disability. Creating a positive environment that remains flexible and committed to their employees' wellbeing is crucial to creating a supportive work environment that promotes a culture where people feel comfortable discussing their disability. Employers have a legal obligation to provide reasonable accommodations that will provide people living with a mental health disability equal access in society. But the change has to go farther than that. It has to come from inside. Employers need to create an environment that is non-judgmental. When this occurs, people with a mental health disability will be more likely to come forward and speak to their employers about their health. Many of the accommodations are small changes in the workplace such as flexible start times or changes to their duties.

Chapter 12: Issues Impacting Employee Mental Health in the Workplace

In this chapter, I will touch on some of the issues people with mental health disabilities may experience that limit them from fully participating in the workplace. There are several crucial factors that are shown to have significant effect on employee mental health. This chapter outlines five key areas that employers and policy makers need to address in order to create a more inclusive workplace.

STIGMA AND DISCRIMINATION

In the workplace, perceptions of mental health affect everyone in some way. As discussed earlier, mental health disabilities are invisible. Therefore, the majority of people are unaware of how often in a day they interact with people living with a mental health disability. All employers and organizations need to address stigma and discrimination before its employees will feel comfortable disclosing their mental health and to make positive changes.

As described earlier, stigma is negative misconceptions of a particular segment of society and discrimination is the behavior that results from these negative stereotypes. Building on this definition, *Opening Minds* (2013) identifies stigma as a complex social process involving many parts, all of which work together to marginalize and disenfranchise people with a mental illness and their family members. The CMHA (2013) highlights

> a glaring problem with the word 'stigma' is that it puts the focus on the
> person's difference instead of on the people who are setting them apart. Using
> the word stigma makes it seem different than racism, homophobia or sexism‖
> (p. 1).

People with a mental health disability often experience many different layers of discrimination based on their disability and identity.

Often people with a mental health disability are faced with multiple complex and intersecting layers of discrimination based on their ability and identity. This means they may experience discrimination based on many different prejudices such culture, sexual orientation or gender. For many people are already experiencing discrimination, it can make it even harder to access the services they need for treatment. In some cases it could even make finding these services challenging.

Based on the comments from the participants and existing research suggests that people with a mental health disability, already embarrassed about their disability, felt like they have experienced discrimination. In current studies researchers have found that:

- 50 percent of Canadians would tell friends or co-workers that they have a family member with a mental illness, whereas 68 percent would disclose a family member's diagnosis of diabetes and 72 percent for cancer (Mental Health Commission of Canada, 2008);

- 27 percent are fearful of being around people who suffer from a serious mental illness (Canadian Medical Association, 2008);

- 46 percent of Canadians think people use the term mental illness as an excuse for bad behavior (Canadian Medical Association, 2008);

- Only 12 percent of Canadians said they would hire a lawyer who has a mental illness (Canadian Medical Association, 2008).

This body of research highlights a stark contrast with the opinion polls conducted by Ipsos Reid, where most respondents felt that they were educated about mental health disabilities and

that people were receiving adequate supports from their employers. It is clear that even though people believe that they have some knowledge of mental health disabilities and employers are accommodating, people still have extremely negative assumptions about mental health. If these stereotypes continue, people living with a mental health disability, will continue to feel ashamed, too scared to seek treatment and remain alienated from the rest of society.

As Taylor argued, if a segment of society experiences this level of misrecognition due to their identity, it can cause serious psychological harm. If people with a mental health disability continue to feel stigmatized resulting in discrimination in the workplace they will continue experience high levels of workplace stress, job burnout and absenteeism and presenteeism. This will lead to more people leaving the workforce, because they feel overwhelmed and under supported.

<div align="center">STRESS</div>

We are living in a busy world where stress has crept into every aspect of our lives. The Mood Disorders Society of Canada (2014) defines workplace stress as:

> harmful physical and emotional response that occurs when there is a poor match between job demands and the capabilities, resources, or needs of the worker. Stress is the emotional and physical strain caused by our response to pressure from the outside world.

This definition of stress provides a very basic description of stress. However the problem arises from people and employers not fully understanding what stress is or the impact it can have in our everyday lives. Even though stress has impacted us in a very dramatic ways and is often talked about; however it is still not a very clear concept

Often employees and employers both discuss stress, but it is not clear what it is. Stress often arises from both good and bad experiences in the workplace. The impact it has can also be both positive and negative. In many ways, stress is something that is needed in the workplace because without it, there would be a drop in productivity and in some circumstances a drop in employee engagement. Stress becomes a problem in the workplace when employees and the employer do not have the tools to manage it.

Sources of stress vary from person to person. An environmental stressor that hinders one employee's performance could help another. For example, Jason's above comment about his workplace environment being busy, with multiple phone calls, emails etc. is soothing to him, whereas someone else might get distracted with all the deadlines and multiple requests coming in at once. Since the sources are different for everyone, it is important for employees and employers to understand the major causes of stress in the workplace that can lead to job burnout.

JOB BURNOUT

Job burnout is a specific type of job stress. Everyone has the potential to experience job burnout. It is not a phenomenon that is for high-pressured work environments. The Mayo Clinic describes job burnout as "a state of physical, emotional or mental exhaustion combined with doubts about your competence and the value of your work." Schaufeli, Maslach, and Marek (1993) research that identifies three characteristics of job burnout that I have summarized below:

- exhaustion (due to experiencing long work hours or from experiencing job

burnout);

- cynicism (becoming distant and detached from your job); and

- lack of professional efficacy (this is the tendency to question one's ability to perform their duties, which results in feelings of poor job-related self-esteem).

Burnout drains a persona's energy and reduces productivity and leaves the person feeling cynical, hopeless, and resentful. The negative side effects eventually spill over into people's everyday lives.

The Mayo Clinic (2010) also identifies eight possible sources of job burnt out as which I summarize below as:

- Lack of control. An inability to influence decisions that affect your job—such as your schedule, assignments or workload—could lead to job burnout. So could a lack of the resources you need to do your work.

- Unclear job expectations. If you're unclear about the degree of authority you have or what your supervisor or others expect from you, you're not likely to feel comfortable at work.

- Dysfunctional workplace dynamics. Perhaps you work with an office bully, or you feel undermined by colleagues or your boss micromanages your work. This can contribute to job stress.

- Mismatch in values. If your values differ from the way your employer does business or handles grievances, the mismatch can eventually take a toll.

- Poor job fit. If your job doesn't fit your interests and skills, it might become increasingly stressful over time.

- Extremes of activity. When a job is monotonous or chaotic, you need constant energy to remain focused—which can lead to fatigue and job burnout.

- Lack of social support. If you feel isolated at work and in your personal life, you might feel more stressed.

- Work–life imbalance. If your work takes up so much of your time and effort that you don't have the energy to spend time with your family and friends, you might burn out quickly.

We can see that there are many causes to job burnout, which mostly stem from negative working conditions. Unlike stress where people are feeling overwhelmed or that there is too much pressure, burnout is empty or devoid of motivation. While people often realise they are under a lot of stress, one does not always notice when burnout occurs.

It is important for both employees and employers to identify the signs of burnout. The employee needs to be able to see the signs, so they can seek treatment. For employers, they need to be able to identify burnout for prevention and being able to provide supports to their employees. If employees are experiencing high levels of stress or job burnout, employers will generally have problems with absenteeism and presenteeism.

ABSENTEEISM AND PRESENTEEISM

Mental health disabilities are a source of absenteeism and presenteeism in the workplace, which is costly for employers and the Canadian economy. A study conducted by the Integrated Benefits Institute (as cited in Mind, 2016b) the largest cause of lost productivity was absenteeism for people reporting depression. Absenteeism is when an employee is absent

from work for unscheduled or avoidable reasons (Government of Canada, 2011). It is estimated that absenteeism costs employers $16 billion annually while less than half of Canadian organizations track employee absences (as cited in Mind, 2016b).

When employees are consistently absent from work it affects everyone. There is a loss of income, personal expenditures, and employers deal with the cost of replacement workers and lost productivity. Absenteeism can also impact co-workers due to stress with a heavier workload. If the absences become habitual there is a possible loss of promotion and absence records may also figure into references when they return to work. Absenteeism comes in many forms, ranging from casual absences to long-term leaves of absence.

In contrast, presenteeism is when an employee attends work while sick or otherwise unable to perform their duties. It is hard to recognize and some research suggests that it is more costly then absenteeism (Goetzel, 2004). A study of employee assistance plans estimated that of the costs associated with lost productivity that only 20 percent is related to absenteeism, while 80 percent is associated to presenteeism (Integrated Benefits Institute, 2004). It is also estimated that the results of presenteeism are often as much or more than the company's health benefits plan in entirety (Mood Disorders Society of Canada, 2013).

The costs associated with presenteeism impact the bottom line of business but are often overlooked. A study by Watson Wyatt (2007) of 78 Canadian organizations found only 15 percent tracked presenteeism and only 18 percent of managers were trained to recognize it. Because of the large effect presenteeism can have on an organization, just as sickness or absence in terms of productivity and performance, it is important to understand some of the causes.

The CMHA (2010) outlines five of the causes of presenteeism that employees have

identified:

- cannot afford to take the day off;

- there is no back-up plan for tasks the individual is responsible for;

- when they returned to work, there would be even more to do;

- committed to personally attending meetings or events; and

- concerned about job insecurity related to downsizing or restructuring (p. 29).

For people living with a mental health disability, things get more complicated. For example, employees who are living with depression or anxiety want to mask their illness because of their personal experiences. This is because mental health is not often associated with physical signs like a broken limb or the flu.

For people living with a mental health disability, if these signs are ignored and untreated, things get more complicated. Like stress and job burnout the causes of absenteeism and presenteeism are unique to the individual and are a cost that affects the bottom line for companies. That is why it is crucial to be able to maintain a sustainable and health work–life balance.

WORK–LIFE BALANCE

People are increasingly playing more roles in their lives. They are parents, spouses, caregivers, workers, and volunteers in their communities. This is in addition to taking care of their physical and mental wellbeing. With so many demands and things competing for our time it is difficult for many to find a healthy work–life balance. Having a poor work-life balance can have a negative impact on a person's mental health.

Work-life balance is a term used to describe the state of well-being a person's sets where they can effectively manage their responsibilities at work and the commitments in the rest of their lives—the does not mean equal balance. This balance can change over time and everyone will have their own work-life balance.

Every employee will also have their own work-life balance issues. Some factors are: age, disability, cultural, gender, family, care-giver demands and socioeconomic status. Each of these factors will present unique demands on the person. To help employees find/maintain a healthy work-life balance Health Canada suggests that employers can:

- Identify ways of reducing employee workloads. Special attention needs to be given to reducing the workloads of managers and professionals in all sectors. Employees should be asked for suggestions – they often are in the best position to identify ways of streamlining work.

- Reduce reliance on both paid and unpaid overtime by employees.

- Recognize and reward overtime work.

- Reduce job-related travel time for employees.

- Make alternative work arrangements more widely available within the organization. These might include flex-time or the opportunity to work at home for part of the work week.

- Give employees the opportunity to say "no" when asked to work overtime. Saying "no" should not be a career-limiting move. Employees should not have to choose between having a family and career advancement.

- Examine work expectations, rewards, and benefits through a "life-cycle" lens (i.e., what employees are able to do and motivated to do what rewards and benefits they

desire will change with each life-cycle stage) (Canadian Centre for Occupational Health & Safety, 2016).

CONCLUSION

Research shows that the culture of fear and silence around mental health is costly to employers and our economy. These are just some ways that employers can help their employees maintain a healthy work-life balance and can help reduce the costs associated with stress, job burnout, absenteeism and presenteeism through lost time and productivity. Creating healthy workplaces will take a concentrated effort by everyone involved.

Chapter 13: Recommendations

This section will outline recommendations from the participants, for employees about disclosure, how employers can create a supportive environment, and how government can help in creating an inclusive workplace. In order to create a more inclusive workplace for everyone will require collaboration between all parties involved. All Manitobans can go to work knowing their employer/organization recognizes the importance of mental health and safety in the workplace. To achieve this all the relevant stakeholders will need access to tools, information and support. Based on the responses from the participants I will also provide practical advice for employers and policy makers on how to improve employment and income for people with all types of mental health disabilities.

EMPLOYEES

As part of my interviews I asked all the participants how they felt the workplace could better accommodate their needs. When I asked most of the participants did not have an answer and had to be asked additional probing questions in order to identity what supports would help them perform their duties better.

Following are some tips for people—even for those who have been working a long time—who may have difficulty communicating with supervisors about accommodations. Learning self-advocacy skills is a crucial first step for all new and existing employees. These skills help empower people to know their rights and responsibilities and communicate them effectively to others. It is important to learn self-advocacy skills helps you decided what you

want and what you can expect. Self-advocacy helps people speak up for themselves, thereby giving them more control over their lives. For people living with a mental health disability these skills can help them feel more connected in the workplace by giving us a way to express our needs in the workplace.

As part of self-advocacy, familiarize yourself with the workplace regulations, such as what is a reasonable accommodation. Employers are obligated to provide changes in the workplace to help people living with a disability to perform their duties on an equal level as their coworkers (Human Rights Commission of Manitoba, 2010). However, there are limits as to what is considered a reasonable accommodation. Employers have to provide accommodations up to the point of undue hardship; however "inconvenience or some financial cost will not normally qualify as undue hardship" (Human Rights Commission of Manitoba, 2010). The Manitoba Human Rights Commission outlines some of the factors of what constitutes undue hardship:

- health and safety risks

- financial costs of accommodation

- legitimate operational requirements

- interchangeability of employees and facilities

- disruption to collective agreements

- impact on employees and service users

- impact on other protected rights. (Human Rights Commission of Manitoba, 2010)

Another tip is to work with the employer to develop an accommodation plan. For instance, certain medications may make it difficult for you to be at work first thing in the morning. Ask your employer about flexible work times that allow you to be at your most productive.

Another example, you may wish to ask that instructions and directions from your supervisor be provided in writing, if you find it difficult to retain spoken information. In both instances, it is important that you will need to take the lead and not rely on the employers to inform or ask.

As you work with your employers to get reasonable accommodations, it is important to remember that they are within their right to ask for documentation from a doctor or another health care professional. This is within their legal rights and is not discrimination based on your ability. It is advised that if an employer asks for documentation that you provide it in a timely manner to help keep the lines of communication open between you and the organization.

While you are within your legal rights to ask for reasonable accommodations, remember that this is still your employer/boss. It is strongly recommended that you remain pleasant to work with, instead of being demanding. This is a very fine line, but it is important that you remain professional at all times. An employer is more likely to provide an accommodation to a reasonable request, instead of a demand. When speaking with your employer, also remember to remain confident. Remember you know yourself better than anyone, thus know your needs better.

When discussing your mental health with your employer, the approach you take should be focused on finding a balance between your responsibilities and your rights. You can work together to find a solution that strikes the right balance. Start by providing your employer with brochures and other basic information about your disability. Often people do not know how to deal with mental health because they do not know very much about it. By providing your employer information about the illness they can get a better understanding and help your employer feel more comfortable

EMPLOYERS

For employers there is already are many resources available to help promote mental health and how to prevent psychological harm at work. Some of these resources were created by employers, community organizations and government agencies. For the purposes of these recommendations, I have taken from existing material from organizations such as the Canadian Mental Health Association, Mental Health Commission of Canada, Mood Disorders Society of Canada, Mind and the Canadian Centre for Occupational Health and Safety. I have focused on these sources because the information they provided often focuses on the needs of the individual, rather than those of the employer. These resources will help make the workplace more accommodating for people living with a disability and there are resources available in developing an action plan.

Using existing resources, this paper will highlight some ways that employers can effectively incorporate mental health in the workplace. The CMHA's *The Workplace Mental Health Promotion: A how to guide* (2010) provides free resources, such as fact-sheets, articles and documents; interactive resources, such as a situational assessment catalogue and surveys; and case studies that uses real examples of the concepts in practice. There is no single solution for a mentally healthy workplace, because every workplace is different.

Employers will have to take action in promoting health and wellness in the workplace, starting by creating awareness of mental health disabilities. This commitment must start at the top and include involvement from all levels of leadership in the workplace such as board of directors, management and human resources departments. Managers need training to recognize the signs and symptoms of mental health disabilities so that employees can get support and

treatment. From there organizations can create a Healthy Workplace Committee to begin accessing and then eventually developing programs that promote a culture that is supportive of mental health.

These Healthy Workplace Committee's should take a lead role in implementation and evaluation of creating a mentally health workplace. The committee can then conduct an assessment of the workplace to use while developing a healthy workplace plan. *The Workplace Mental Health Promotion* (2011) or the Canadian Centre for Occupational Health and Safety (2016) provides information on workplace health and safety topics and tools to address health and safety concerns that are present in the workplace. I have taken information from both sources and summarized them below:

- Access the workplaces current situation.

- Promote work-life balance.

- Get buy in from all levels—work with employees. Encourage active employee participation and decision making. Then educate all members of the company about benefits,

- Manage workloads—be clear about hours, productivity and deadlines will be monitored. Address fears and apprehension expressed by both employees and managers. Be sure that workload issues are resolved and set realistic targets. Clearly defining employee's duties and responsibilities.

- Create a policy or guideline and have conflict resolution practices in place.
  - Clearly states its use and purpose,
  - Be clear about the impact on vacation time, compensation and other benefits

- Initiate a trial period and/or pilot studies and allow for continuous learning. Monitor, re-survey and make any adjustments that are necessary.

- Recognizing employees' contribution effectively.

Finding the right balance between productivity and employees' needs requires a significant commitment from senior management of an organization. Every organization will need to tailor their work-life policies and programs to suit theirs and their employee's needs. Once the workplace has put these policies in place, this will be a good first step in creating an environment that understands people's mental health.

The *Workplace Mental Health Promotion: a how to guide* provides a step-by-step process for employers to create psychological health and safety. The following chart outlines the *how-to- guides* (2010) eight that I have summarized:

1. Obtain support from employer and management.

2. Establish a Healthy Workplace Committee—this could be incorporated into the Health and Safety Workplace Committee if one already exists.

3. Conduct a situation assessment for any psychological risks.

4. Create a Health Workplace Plan—developed from the assessment and includes vision and mission statements, values, goals and strategies.

5. Create a program evaluation plan that includes clearly state the objectives, provide indicators to access effectiveness of program, a detailed time line and outline of responsibilities.

6. Continue to seek support from all levels of management by providing a detailed presentation that outlines the plan and supporting evidence.

7. Implementation of Healthy Workplace Plan, starting with a communication

strategy, capacity building, events and interpersonal activities that include all employees, monitoring progress and conduct evaluation.

8. Provide an evaluation report to management and employees that discusses key results areas, indicators of progress, implications and recommendations.

As part of creating a workplace that is focused on the health and well-begin of its employees that includes identifying accommodations for persons living with a mental health disability, organizations should start with speaking to their staff. Organizations could incorporate staff satisfaction surveys. *Taking care of business* (2016a) provide ten examples that an organization can ask their employees that will help access the mental well-being of your workplace. These are:

1. Do you think that work has an impact on your mental well-being?

2. Do you think that your mental well-being has an impact on your ability to do your work?

3. Have you noticed work having an effect on your colleagues' mental well-being?

4. Are you affected by your colleagues' mental health?

5. Do you know how your organization manages workplace mental well-being?

6. Are you aware of any support your organization offers to staff?

7. Would you know where to access mental well-being services outside your organization?

8. Do you feel supported by your manager and colleagues?

9. Are the responsibilities and expectations of your work clearly communicated to you?

10. Is there anything else your organization could do to improve your mental well-

being? (p. 5)

All of these questions provide a good basic work most organizations can utilize to get a basic understanding of the mental well-being of the workplace. I would caution when asking question four, because those responses could easily turn into complaints against co-workers. This leads to another crucial consideration. That is, it would be ideal if organizations hired a third party to conduct the surveys and analyses results (Mind, 2016b). Staff surveys that gauge employee's mental well-being can then be used to guide the development and implementation of support programs.

Once the organization has analysed staff responses then they can begin to promote a mentally healthy workplace that has a culture that is supportive of employee's mental health. Each of the programs should help employee's find and maintain a good work-life balance. I have summarized some of the suggestions from Health Canada (2009) and CCHOS (2016) provide some examples of these programs like:

- Childcare, childcare assistance and seasonal childcare programs (such as Christmas and Spring breaks),

- Flexible working arrangements,

- Family leave policies,

- Referral program to care services or local organizations,

- Elder care initiatives,

- On-site seminars and workshops, on topics as stress, job burnout, nutrition, communication or self-advocacy,

- Fitness membership assistance or encourage sporting or other social events among staff.

Work-life balance initiatives should be part of a complete health and safety promotion program in the workplace. They can be part of existing health and safety policies with clear guidelines that can be referenced by the companies' human resources department.

As organizations begin the shift towards creating a healthy workplace that focuses on the well-being of their employees, there will be some instances where they will have to discuss people's mental health. Based on the comments from John, Craig and Julie that speaking about mental health is a deeply personal experience and there is apprehension with speaking to employers. This is why organizations to need create an environment that support staff to be open about their mental health. If organizations take proactive steps to create a more open and supportive working environment, over time staff will become comfortable with talking about their mental health.

The process of creating a supportive working environment will take time and work from all parties involved. As employers begin to promote a healthy workplace they will have the sensitive task of talking with their employees about their mental health. From the responses from the participants we see that this is often a very personal subject and will require employers to be non-judgmental and to practice active listening skills. I have provided a summary of Mind (2016b) tips to employers about having conversations with people about their mental health:

- Don't make assumptions – if you suspect an employee has a mental health disability and needs accommodations, do not guess what their symptoms are or what accommodations they may need. Instead approach them in a friendly manner to discuss them. Do not guess what their symptoms or what accommodations they may need.

- Develop a clear action plan – work with the employee to create an action plan and remember that everyone's experience is different. So it is important to remain flexible and adopt your plan to the person's needs.

- Be honest and clear – if you have grounds for specific concerns, it is important to clear with the person and address these as early as possible.

- Ensure confidentiality – because mental health disabilities are an extremely personal matter be respectful of the employees privacy and reassure them that their information will remind confidential.

- Encourage people to seek advice and support – if you see an employee having trouble provide them with information on supports in the workplace or in the community.

- Reassure people – it can take people a long time to feel comfortable discussing their mental health, outline what support is available and reassure them that they can also receive support.

These are very simple—yet effective—considerations to remember before speaking with someone about their mental health. As an employer if you become aware of a staff member experiencing mental distress the first step is to establish honest, open communication with them. Focus on the person not the problem. Ask them if they need adjustments to be made to their workplace conditions. They will often have all the expertise you will need to help them to manage the ups and downs of their condition. By doing so, show that you are genuinely interested in their well- being and together you can begin to create an action plan that will address the accommodations they need.

Once the dialogue is open with employees about their mental health the next priority is

to develop positive steps to address key issues. Again, clear policies are crucial to support staff to help cope and to reduce the length of mental health related absences. Many of these steps are quite small adjustments to someone's job role or even extra support from management. In many circumstances, the necessary change is an attitudinal one—rather than a major change or significant cost. The Canadian Survey on Disability (2012) and Mind (2016b) both provide simple accommodations that can help the workplace be more inclusive for people living with a mental health disability, which I have summarized:

- Changes to their role, which could include flexible hours, relaxing absence rules and return to work policies.

- Changes to the role itself—either temporary or permanent—changes to job description or modifications to duties and training or support to allow them to apply to other positions within the organization.

- Extra support – this could come in the form of extra coaching or mentoring, help managing their workload, providing positive feedback and encourage people to be more aware of their mental state.

However the most effective steps tend to be very individualized. For this reason it is important that employers have a meaningful conversation with their employees about their needs and really listen to them. Even with making accommodations for employees will help reduce the amount of time off employees have to take.

The reality for people living with a mental health disability is that they may have to take time off for treatment. If this happens remember four key things: their expertise and experience have been and will continue to be valuable to your organization.

- Keep in contact; make sure they know _out of sight is not _out of mind'.

- Explore adjustments that might be required to aid their return to work.

- Discuss the option of a phased return to work that allows the person to build up slowly and prevent a relapse (Mind. 2016b. p. 6).

It is important to remember that creating a healthy workplace is not only beneficial to people living with a mental health disability, but all employees.

For many workers finding a healthy work-life balance is just one of the many challenges that they face. They should be part of a complete health and safety program. This is why every organization should have policies in place—regardless of size. However, as important as this is many organizations do not have any policies or guidelines in place to accommodate people living with a mental health disability or in promoting a safe and healthy workplace. In order for this to happen it will require leadership from policy makers. Our government can create legislation that requires psychological factors be included in workplace health and safety plans. It will also assist the government in providing more resources and supports to all organizations.

POLICY MAKERS

The government of Manitoba has a leading role to play in helping create an inclusive environment in the workplace. One way to achieve this is to create a workplace health and wellness program, similar to Safe Work Manitoba (maybe part of Workplace Health and Safety Committees). Because of the complexity of the issue, it would require the coordination of multiple government departments such as Health Living and Seniors, Labour and Immigration and the Disability Issues Office. The goal of the program is to work together with stakeholders, employers and local organizations to creating healthy workplaces through

promotion, protection and education.

The Department of Healthy Living and Seniors should take a lead role in implementation of creating a workplace health and wellness program because they developed Manitoba's 5-year Mental Health Strategy. The Department of Labour and Immigration should be involved because they oversee labour standards across the province and can provide the staffing and resources required for the program. Finally, the Disability Issues office can provide the technical expertise and knowledge required in development and implementation of the program. These departments can then bring together the relevant stakeholders to develop the policy and awareness campaign.

In order to develop a comprehensive workplace strategy, the Government of Manitoba's first phase will include consultations with relevant stakeholders. As part of the process the Government can reach out to people living with a mental health disability, local organizations, and industry and government representatives. The consultation process should be an on-going process that includes round table discussions, individual consultations and allowing feedback on the draft proposals. Based on the comments from all the stakeholders the Provincial Government will develop a program for creating healthy workplaces that will offer training to employers on how to establish committees in the workplace.

As part of the Healthy Workplace initiative the Government can provide training to several partnering organizations to promote a mentally health workplace and build safe working environments that reduce stigma around mental health. The goal will be to help develop technical expertise to create Healthy Work Place Committees, by providing workshops, mental health first-aid training, committee resources and sample policies and reports. The Government of Manitoba can also provide training in *The Working Mind*, an

education-based program developed by the Mental Health Commission of Canada that is designed to reduce stigma in the workplace. This training should occur in conjunction with an awareness campaign aimed towards employers and all Manitobans.

The Provincial Governments anti-stigma awareness campaign should inform people of their rights and inform industry of the new expectations and help create greater awareness to the general public about the barriers people with mental health disabilities face. The campaigns goal would be to change Manitobans attitudes towards people living with a mental health disability to ensure we are treated fairly and given the opportunities to contribute to society like everyone else. It would also help start a respectful and compassionate conversation on how to create improvements in mental health and wellness at work.

Part of the campaign should include real stories of people sharing their experiences with mental health disabilities, information on stigma and mental health resources. Having people with a mental health disability share their experiences, will help drive personal and social change. These personal histories or cultural narratives encode meaning that has intellectual, emotional and moral impact and are a cost effective way to challenge the stigma associated with mental health. This is why the Government should launch an awareness/educational campaign after it has put the legislation in place to help inform organizations of the requirements and to monitor how they are following the standards.

WHY THIS IS IMPORTANT

It is crucial that employers begin to address the needs of their employees and expand the existing job market. By making their employee's well-being a top priority for employers they will create a more diverse workforce, reduce societal costs, and address labour shortages and help create a more inclusive society. According to the Standards Council of Canada (2013) there are a range of benefits for organizations that create an environment that promotes a culture accepting of mental health disabilities:

Workplaces with a positive approach to psychological health and safety are better able to recruit and retain talent, have improved employee engagement, enhanced productivity, are more creative and innovative, and have higher profit levels. Other positive impacts include a reduction of several key workplace issues including the risk of conflict, grievances, turnover, disability, injury rates, absenteeism and performance, or morale problems (p.1).

Put simply, it is good for business. Awareness campaigns and healthy workplace committees are cost effective and work in creating inclusive work environments. In contrast, ignoring these issues can be costly, due to lost productivity and adversely affect the rate and duration of disability claims. If mental health disabilities in the workplace are left unaddressed it will hurt the bottom line for employers. These costs can be avoided with early intervention. Addressing mental health will not only help save employer's money, but will have other benefits also.

Creating a workplace that is focused on the health and well-being of their employees is beneficial for the organization in a number of ways. One of the added bonuses is that they will get to tap into a largely ignored labour pool. This will also help attract new employees, help retain staff, improve morale, and reduce sickness and absenteeism. This type of working

environment will also enhance the working relationships between colleagues and encourage

them to show more initiative and team work. This will then lead to increasing levels of

production and job satisfaction (CMHA, 2010; Conference Board of Canada, 2012; MDSC,

2014; Mind, 2016; and Standards Council of Canada, 2013).

With most people spending the majority of their time at work, workplaces need more

capacity to support their employees' mental health. This study makes a contribution towards

challenging the stigma associated with mental health disabilities; developing programs for

building healthy workplaces; and guide policy development. The processes employed

benefited the community (fostering collaboration with employers) and participants (providing

opportunities for reflection and sharing of experiences).

Chapter 14: Conclusion

As the number of individuals in Canada with mental health disabilities continues to rise, research on the experiences of people with mental illness—particularly in the workplace—is becoming all the more important. This thesis highlights some of the significant and complex challenges people with mental illness face in the workplace. When people with mental health disabilities do not have the necessary support mechanisms, the challenges they face can put them at-risk of dropping out of the workforce completely.

It is my hope that this study will contribute to the growing research and literature about mental illness in the workforce. This contribution will add to the already existing theory on the experiences of people with mental health disabilities, why workplace mental health matters and take the first steps to challenging the stigma associated with mental illness. Furthermore, this study not only highlights the perceptions, experiences, and challenges of people living with a disability, it also identifies coping strategies, and how to build mentally healthy workplaces. This knowledge can inform Government and employers' policies with regards to funding and appropriate programming for these individuals.

Moreover, this study contributes to the literature on challenging the stigma associated with mental illness, and in particular their experiences in the workforce of which there is very little available literature. Increasing rates of people experiencing a mental health disability and increasing societal costs underscores the relevance, timing, and importance of this study. The knowledge gained from this study will also be useful in informing the development and implementation of new workplace standards.

Finally—and most importantly—this study provided people with mental health

disabilities with an opportunity to share their experiences and have their voices heard. After the interviews, many of the participants spoke to me about how liberating and empowering of an experience it was sharing their stories with me. Hopefully this study will help people with a mental health disability to further develop their own identity and express aspects of their experiences that they have been unable to express because of social constraints associated with this particular identity. This is study will not erase all cultural differences, but rather argues for the full inclusion of all groups in the workplace.

As costs associated with mental health disabilities continue to increase, both employers and governments are under increasing fiscal pressure to reduce expenses. It is estimated up to $50.1 billion annually and in the next 30 years will cost our economy more than $2.5 trillion. Many Canadians believe that employers are providing adequate accommodations for people living with a mental health disability. However, all of the participants had stories of the lack of support they receive in the workplace or how they often feel like they are experiencing stigma and discrimination in the workplace. Many are still very concerned with the negative stereotypes and stigma associated with their disability. In order to create a truly inclusive workplace everyone has their part to play in finding a solution. Together we can create healthy workplaces that are accommodating to everyone's needs.

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Appendix A: Letter of Introduction and research description

Research Project Title: It's Time to Talk: A study of the experiences of people with mental health disabilities in the workplace.

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June 11, 2015

Dear

Hello, my name is Gabriel Pelletier. I am a Master's student University of Manitoba in the Interdisciplinary Master's Program in Disability Studies. I am writing to tell you about a research project that I am working on for my thesis. My study has been approved by the University of Manitoba's Research and Ethics Board, and this letter been sent to you on my behalf by   (name of individual) at   (name of organization).

The name of my study is *It's Time to Talk: A study of the experiences of people with mental health disabilities in the workplace.* The purpose of the study is to learn more about the experiences of people with mental health disabilities in the workplace, their experiences and how they manage their disability. What I learn from the participants will be presented in my Master's thesis. The study will provide people with mental health disabilities a voice in research, and information will hopefully help foster more positive perceptions of people with mental health disabilities in general.

I am inviting 10 people with a mental health disability to take part in my study. In

order to participate, you must have a mental health disability, must be between 18-65 years old.

Participants will be invited to take part in individual interviews. I am estimating that each interview will take between 60-90 minutes to complete. Each participant will be provided with an overview of the interview questions prior to the interview. I will ask you to read and sign a consent form, and you will be provided with a copy of the consent form to keep. The interviews will be digitally recorded and transcribed. If you choose to participate, please be assured that there are no right or wrong answers to the questions and that all information will be kept confidential. This means that your name will not be connected in any with your answerers in any reports about the study. Should you wish to withdraw from the study, or refuse to answer any questions, you may do so at any time without penalty. Once the study is complete, you will receive a summary of the findings if you wish.

If you are interested in participating in the study, or want more information, please feel free to contact me at ██████████ or by email at umpell43@myumanitoba.ca. You may contact my research supervisor, Dr. Nancy Hansen, at 204-474-6458 or by email at

Nancy.Hansen@ad.umanitoba.ca. If you feel more comfortable, you may also feel free to return the enclosed response cart to   (name of individual or organization) at

          (address of organization), or you mail it to me directly at the following address:

████████████████████████████.

If you are interested in the study and are willing to share your experiences with me, please let me know as soon as possible of by XXXXX, 2015. Your decision to participate is completely voluntary.

Thank you in advance for your time and consideration. Once again, if you have any questions or are interested in learning more about the study, please contact me by phone, email or by returning the response care (below). I look forward to hearing from you and learning about your experiences.

Sincerely,

Gabriel Pelletier

M.A. Candidate, Interdisciplinary Master's Program in Disability Studies University of Manitoba

Dr. Nancy Hansen
Research Supervisor
University of Manitoba

Please see attached response card if you wish to use it to request more information or to volunteer for the study.

Appendix B: Participant Response Card

RESPONSE CARD:

My name is _____ . I am interested in Gabriel's study on ―*It's Time to Talk: A study of the experiences of people with mental health disabilities in the workplace"*.

☐ I would be willing to have Gabriel contact me by phone/email (circle) to find out more about his study before I agree to participate.

☐ I would prefer to be contacted by telephone.

Phone: _____ (home)/ _____ (work) _____ (cell).

(The best time to reach me is between _____ - _____ (time) on a _____ (day of week).

☐ I would prefer to be contacted by e-mail.

E-mail address:

Appendix C: Consent Form

Research Project Title: It's Time to Talk: A study of the experiences of people with mental health disabilities in the workplace.

Researcher: Gabriel Pelletier, Master's student in the Interdisciplinary Disability Studies Program at the University of Manitoba.

PART 1: Consent to participate

This consent form is only part of the process of informed consent. It should give you the basic idea of what the research is about and what your role will be. Please take the time to read this carefully and to make sure you understand what it all means. If you would like more information, feel free to ask. You will have your own copy of this consent form to keep with you for your own records.

What is the purpose of this study?

The purpose of this study is to explore the experiences of people with mental health disabilities in the workplace. Another purpose of this study is to provide these people with a chance to talk about their experiences in a respectful environment and take the first steps to challenging the stigma associated with mental health disabilities.

Who is conducting the study?

This study will be conducted by Gabriel Pelletier, who is a Master's student in the interdisciplinary Master's program Disability Studies at the University of Manitoba. This research project is going to be presented in a master's thesis form as fulfillment of the requirement of the Master's of Arts at the University of Manitoba.

Who will be involved in this study?

Ten people who identify as having a mental health disability are going to be involved in this study.

If I give my consent to participate in this research, what would I be asked to do?

If you agree to participate in this study then the research will conduct an interview with you, which will last between 60 to 90 minutes.

What are you looking for in your interview questions?

If you agree to participate in the study, the researcher will ask questions about your experiences with a mental health disability, how it has affected you in the work place, and about any coping strategies. If you misunderstand a question or feel that you need more clarification, feel free to ask during the interview.

Where and when will the interview take place?

The interview is going to take place in a location that is convenient for you and private. The researcher can book rooms at the Millennium Library, a library close to your home or work, or at the Canadian Mental Health Association. The time of the interview will depend on what time is

convenient for you. We will work together to arrange a time that will not interrupt any of your work or any of my other interviews.

How will the information I provide be used in this study?

The information will help the researcher to identify the experiences you have had in your workplace due to your mental health disability. It will help build knowledge about mental health disabilities in the workplace. A report on the findings of my study will be written at the end of this project. The report will be in the form of master's thesis. The final report will be completed by October 2015. If you would like a copy of the full report and/or the executive

summary, you can obtain one by emailing the research at ███████████████. The research expects the findings of this study to help create awareness of mental health disabilities in the workplace.

What are the risk of participating in this study?

The research does not anticipate that your participation in this research will cause you any harm or put you at any potential risk. To protect the identities of the participants, everyone will be given a pseudonym and research will provide you with it.

Can I stop participating in this study at any time?

Yes. If you consent to participate in this study and then later you decide to stop participating, you can simply let the researcher know that you want to withdraw from the study, or you may decline to answer a particular question. There will be no penalty or prejudice associated with your withdrawal from the study.

What are the benefits of participating in this study?

Your participation in this study will help build the knowledge base about mental health in the workplace. The findings of this study may lead to policy changes or changes to mental health programs in the workplace. This is because this study will highlight some of the issues that people with mental health disabilities face in the workplace and ask them what accommodations would help them.

What steps will be taken to keep the information and my identity confidential in this study? The research will take notes and use a tape recorder during the interview. After the interview, the research will transcribe the recorded interview. Your name will not be included

in the notes or interview transcripts. Your name will also not be included in any reports or presentations about the study. Any unique characteristics that might lead to someone to identify you will be removed from the transcripts. The researcher is the only person who have access to the gathered data.

Quotes from the interview will be used in the final report. When quotes are presented the pseudonym name that was provided to the participant will be used. Any information in the quotes that could reveal your identity will be removed. It should be noted that information obtained

from the interview might be used for publication purposes. If you don't feel comfortable with having the interview recorded, please do not hesitate to let the researcher know and extensive notes will be taken instead of tape recording. Audio files and notes will be kept at researchers' place of residence in a locked safe and destroyed after the final report has been completed.

Your signature on this form indicates that you have understood to your satisfaction the information regarding participation in the research project and agree to participate as a

subject. In no way does this waive your legal rights nor release the researcher or involved institutions form their legal and professional responsibilities. You are free to withdraw from the study at any time, and/or refrain from answering any questions you prefer to omit, without prejudice or consequence. Your continued participation should be as informed as your initial consent, so you should feel free to ask for clarification or new information throughout your participation.

If you have any questions or concerns about the study you can contact Gabriel Pelletier

at ████████ or email at ████████████████ you can also contact the researcher's

advisor Dr. Hansen, at ████████ or by email at ████████████████.

The Joint-Faculty Research Ethics Board at the University of Manitoba is connected to

the Government of Canada's research ethics policies via the TriCouncil policies. For more

information you can visit:

http://umaniotba.ca/research/ors/ethics/human_ethics_index.html

This research has been approved by the Joint-Faculty Research Ethics Board at the

University of Manitoba. If you have any concerns or complaints about this project you can

contact any of the above named persons or the Human Ethics Secretariat at ████████

or email ████████████████. A copy of this consent form has been given

to you to keep for your records and reference.

Participant's name   Signature   Date

Researcher name   Signature   Date