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Report of the sub-committee of the Committee on Diversity and Inclusion

Mental Health

Committee on Diversity and Inclusion

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Sub-Committee Report: Educating for Mental Illness and Mental Health in the Academe

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Acknowledgments

The authors wish to thank all those who contributed to the work of this committee, especially to Élise Detellier for answering all of our questions with grace and intelligence. I also wish to express my deepest gratitude to Distinguished Professor Caroline Andrews and Chair for being a champion of all things Great and Small (James Herriot).

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Diversity & Inclusion: Educating for Mental Illness & Mental Health in the Academe

In industrialized countries such as Canada, mental disorders are the leading cause of disability among people aged 15 to 44 (Mental Health Commission of Canada (2013). Mental illness is a collection of psychiatric disorders such as major clinical depression, delibating anxiety, and schizophrenia which result from problems in one or more areas of the brain. In addition, repeated life stressors aggravate these illnesses resulting in work interruptions, unfulfilled relationships, severe financial complications, and loss of employment. Thus, one's mental and overall health become endangered (Adult Symptoms of Mental Health Disorders).

This Committee's mission is to contribute to a culture shift allowing for safe, productive, and authentic environments for employees and employers facing mental illness and mental health issues in the academe such as the University of Ottawa.

Significant Barriers to Productivity and Effective Treatment

Stigma and discrimination remain the strongest, most pernicious, and pervasive barriers to achieving mental health. Unfortunately, they form part of the workplace cultures including universities. Stigma also emanates from employers in the way they think, speak, or behave towards another person different from themselves. Ipsos Reid (2013) found that 65% of the people surveyed asserted they would not discuss with their boss their mental illness.

At its worst, stigma contributes to discrimination, i.e., the unfair treatment of a person different from the mainstream including a person's age, gender identity, and mental condition. Under the Ontario Human Rights Code, every human being possesses a legitimate right to services, goods, and facilities, without discrimination.

Recommendations

Here are some key recommendations garnered from our MI group deliberations at the University of Ottawa. They range from strategies for the employer, employee with the MI, staff and

colleagues. Some approaches exemplify the social-emotional aspect of MI while others illustrate supports for employers.

I. Sustain employees by maintaining compassionate human interactions especially during a time where the employee may need them the most (e.g. convalescing during their period of illness). For example, sending the employee a few genuinely placed get-well cards, when appropriate taking the employee to lunch with a few colleagues and other means of modest but sensitively placed interactions. Common interactions of this nature might lessen stressful transitions to work for employees, employers, and colleagues. For further information, please see Appendix I, The case of George and his colleagues.

II. Design & Implement various levels of education and training for employers across the University. Employers have a legal responsibility for providing their employees with a safe working environment free of stigma and discrimination (Canadian Human Rights Act). Without evidence-based research, proper and significant preparation, employers are inundated by the vast array of websites and accommodation requirements are abandoned.

For instance, Ontario Human Rights Commission (OHRC) has created a wealth of multiple websites on MI and MH. Unfortunately, employers (such as Deans) can feel assaulted by the barge of information and disengage from their legal mandate to protect their employees. Our advice is for employers to work in partnership with HR personnel and librarians. The latter groups could act as conduits for managing the mass amounts of information so that it meets the needs of the employers. The findings from research and practice, for example, Shankar et al (2014) can serve as a framework by which personnel can work jointly. In his study, employers were concerned in the following areas:
a) the potential employee’s present state of recovery, b)
the employee’s fitness to work,
c) handling crisis situations and how to prepare other members,
d) medication side-effects that might affect impact the employee’s ability to perform the job,

The disclosure of specific medications and the nature of the condition cannot be given to employers—it runs counter to an individual's legal rights. Unless the employer has training in psychopharmacology or psychiatry, he/she is liable to misunderstand and misapply the drug information and its effects in the workplace. A more viable path is for selected HR health personnel who are competently versed in psychotropic drugs can offer relevant and tailored sessions to employers, staff, employees. HR would convey their understanding of when a drug(s) is having minor effects, its implications, when the individual needs urgent care, and, of utmost, importance how to minister to the person with a calm, reassuring, and an amiable disposition.
In addition, University of Ottawa's HR personnel offers Mental Health First Aid Training endorsed by the Canadian Mental Health Commissioner to all employers, employees, and managers. As part of a 12-hour course, participants engage through mini-lectures, discussion and personal (and confidential) interchanges on themes such as assessing the risks of suicide or self- harm, providing reassurance, information, and listening without judgement.

Looking Ahead

We began this document by maintaining that untreated or mismanaged, MI negatively intervenes with one's ability to work and to live a full life. Moreover, we also know that workplace stigma and discrimination have a toxic effect both on the short-term and long-term on mental and general health of any individual. By contrast, the prospect for treated and well-managed MI is a healthy and productive life of the person and those around him/her. We then highlighted selected recommendations that were initially written for the employer and employee, but they can equally benefit all. Stigma and discrimination must be quelled at all costs.

While there are situations, when a mental illness makes it impossible for an individual to no longer have the capacity to work at their university position as either staff, employer, or professors, an honest effort of both parties to work in tandem, i.e., labouring with and not against one another, must be undertaken. In the end, as a university, the University of Ottawa needs all kinds of minds to work together----Please empower people.

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APPENDIX I The case of George and his Colleagues

This section opens up an idea that is often forgotten about when any person becomes ill, especially when it is a mental illness. The Committee wants to initiate compassionate human interactions during a period where the person may need them the most. These interactions are much needed for all of us as they are essential to our lives in the workplace, a significant part of our abilities, identities, lives.

George is a made-up name but the situation described here has been cobbled together to represent a factual context. George is a professor and has suffered a major clinical depression. George is now at home convalescing.

The following are some ways for colleagues (including Deans, staff) to maintain their relationship with George and George with his colleagues during this period. They require little money and are resources. We expect that when used with discernment and care can help George in his recovery and for others to maintain a convivial relationship with him. This can make George's transition to work enhanced by facilitating his Dean's relationship and that of his colleagues with him.

Sending a Few "Hello" Cards

For example, work colleagues can send a card or two or three to the person's address. The card can say something like:

Hello, George!

We are all thinking of you and can't wait for you to send me/us a "Hello." Greatest Wishes, George! Signed Luis, Sophie, Dean So and So, etc.

If George does not want to have his situation disclosed to others, then why not have the Dean's administrative assistant and the Dean send George some cards?

Regardless of the approach, we think it is critical to the relationship that George is warmly encouraged to respond back, however, brief.

Going to Tea or Lunch

Later on, invite George to tea or lunch. Keep the group small, perhaps, two colleagues. Meet somewhere close to George's home or see if he would like to be picked up. The conversation should be genuine and comforting. However, please ensure that you address George as a good and kind colleague. Please refrain from taking on an overly maternal or paternal approach. George is an intelligent adult. Moreover, verify that you are not hastening the time together. In fact, when setting up the gathering inform George of the time (say 12:00-1:15) and ask if this is suitable for him. If required, suggest other times. The purpose is to get to know each other as human beings rather than cogs in a wheel.

Note that one needs to be sensitive to the fact that convalescing from an MI. MI and medications prescribed can affect the person's thinking, energy, mood, and general well-being. You may notice that George is slower than his healthy self, he might have a hand tremor depending on the medications he is taking, he may walk more slowly, or at times, may refer to things that may be puzzling to you. I would recommend that you listen well and paraphrase for the George just as you would for anyone else. If George has let go of the idea, then accept it. If George clarifies the idea, then go with it. On the other hand, George may not demonstrate any of these symptoms and appear well.

Solicit Suggestions

As George continues his recovery here is another step you can take; convey to George (in an e- mail) that you would like his advice. For example, something that is happening in the Faculty and you know he would like to help. Getting George involved (if he wishes to) may help him, to feel genuinely needed for his skills. Being validated for one's intellect and wisdom is often crucial to the lives of professors, as this is their greatest asset. Moreover, asking George for his advice may help to restore some balance in the relationship. Often, the person with the illness may feel like he/she has been on the receiving end of the support and is eager to give back to others.