

UNDERSTANDING MENTAL HEALTH

HOW TO SUPPORT YOURSELF AND OTHERS

ERICA ALTOMARE, WORKPLACE WELLBEING LEARNING SPECIALIST
UBC HR



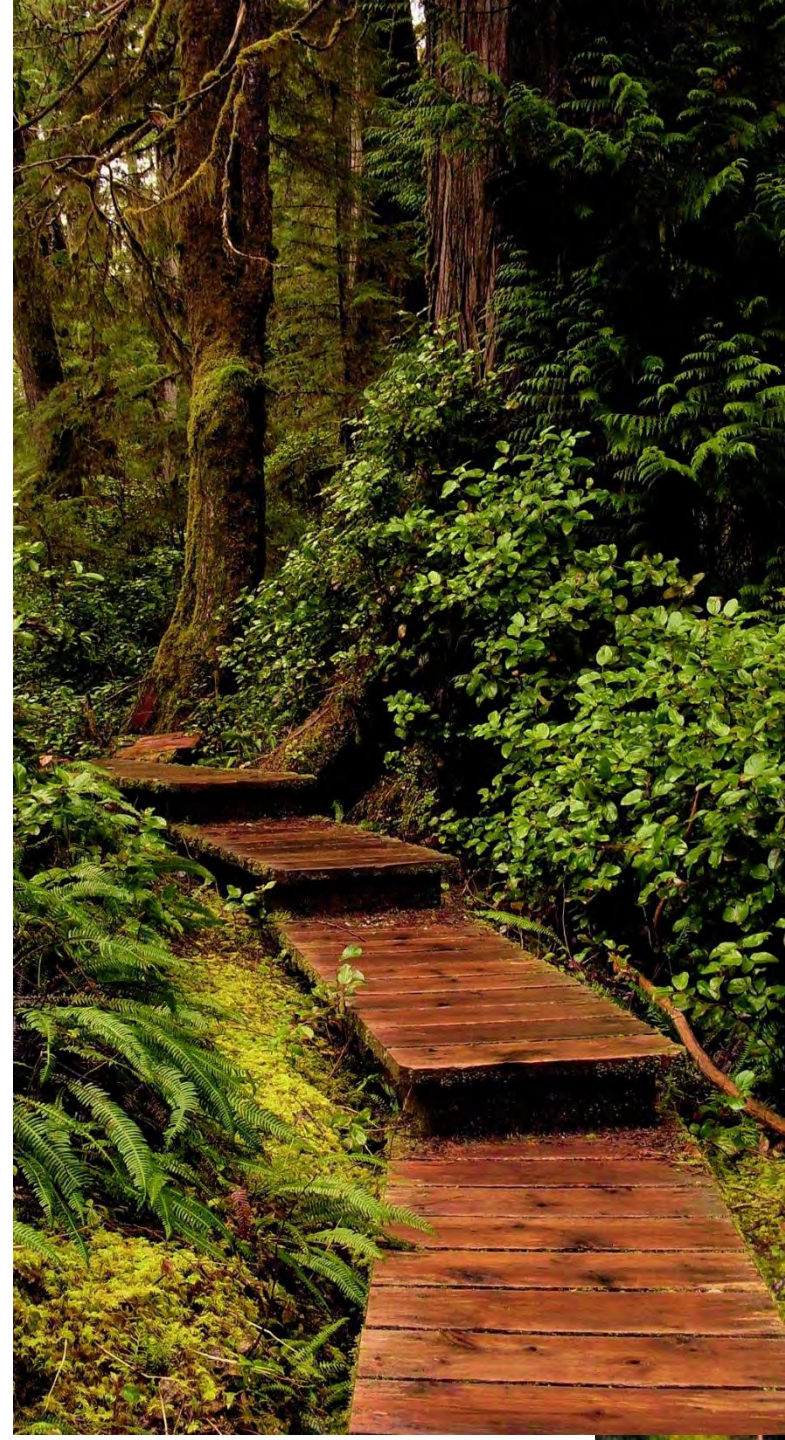
LAND ACKNOWLEDGEMENT

We acknowledge that our UBC workplaces are situated on the traditional, ancestral, and unceded territory of the Musqueam, Squamish and Tsleil-Waututh people.

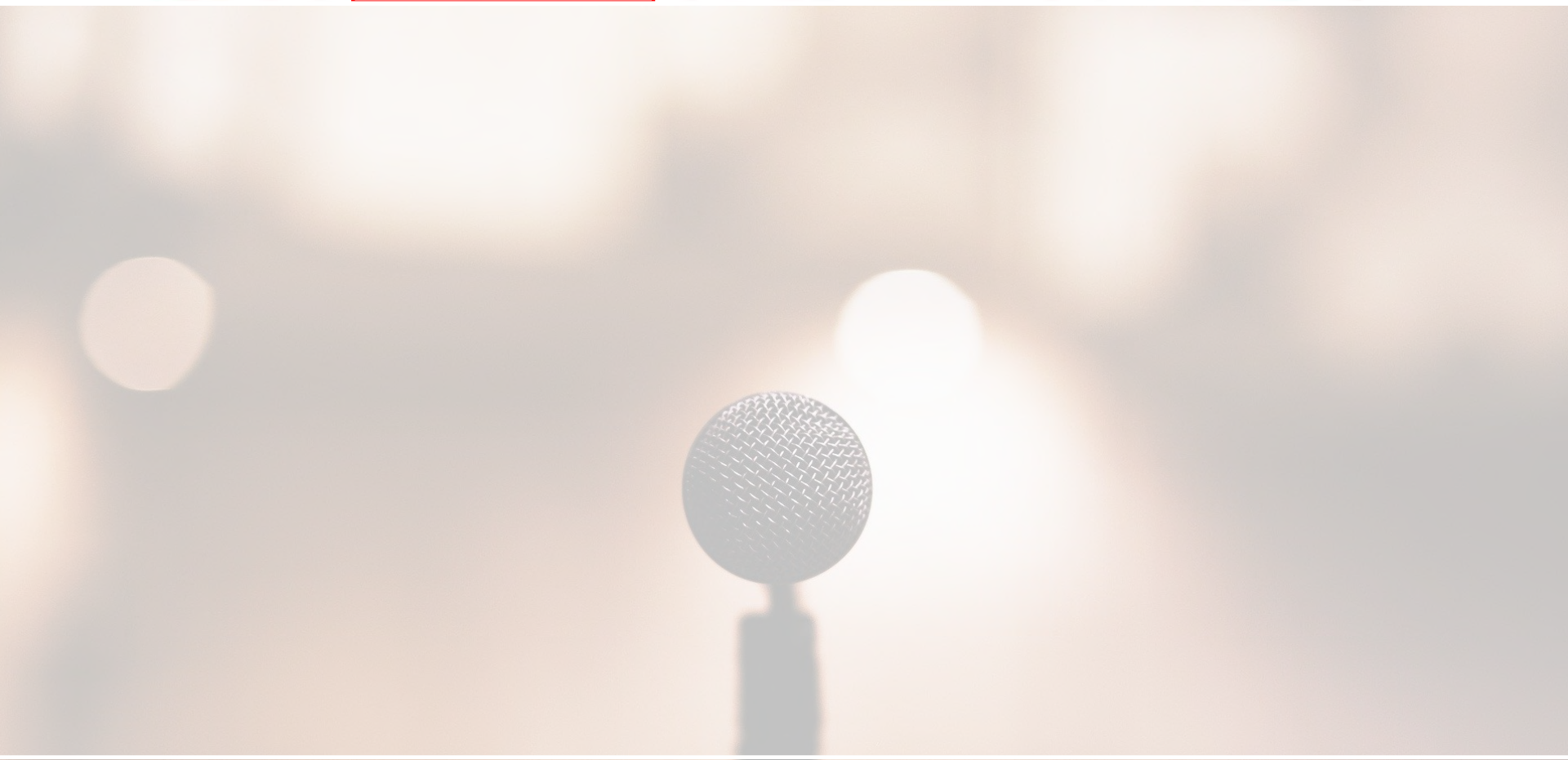
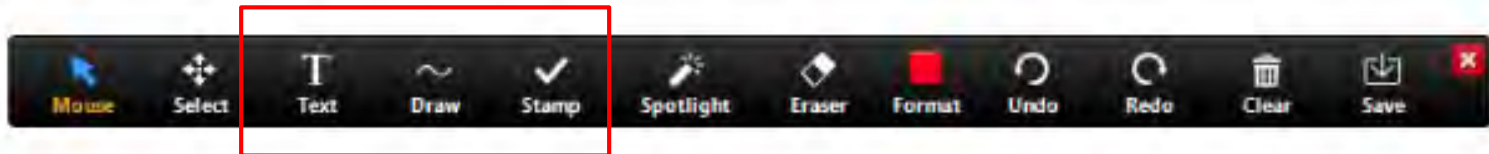
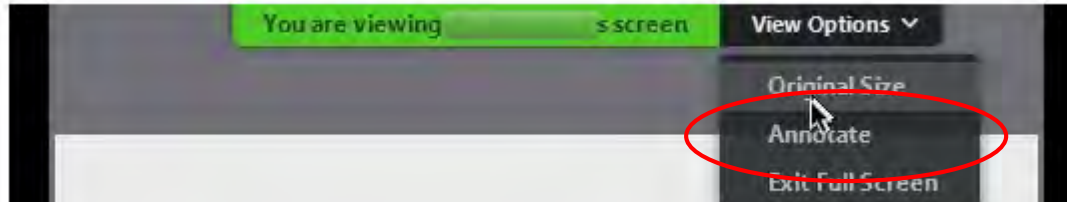


SESSION OVERVIEW

- Grounding the Space
- Mental Health Literacy 101
 - Mental health vs. mental illness
 - Stigma & language
 - Ways to support (self, others)
 - Self-care for mental wellbeing



TESTING...1...2...3



Feelings tracker

A guide to help identify how you feel



Happy



chilled



Blessed



Present



Loving/
Loved



Calm



Optimistic



Valued



Excited



Energised



Free



Safe



Trustful



Creative



Lucky



Grateful



numb



Confused



Distracted



Busy



out of control



Bored



Flat



overwhelmed



sad



Tired



Anxious



uncertain



Guilty



Alone



Empty



Angry



Distant



Hurt



Disrespected



A close-up photograph of blue water with golden light reflections. The water is dark blue with fine ripples. In the upper right, there are several bright, out-of-focus golden light spots, likely reflections of the sun or a light source. The overall mood is calm and serene.

MINDFUL BREATHING

OUR PATH FORWARD...



Mental health vs. mental illness



Reduce stigma within our communities



Know how & where to seek help



Understand ways to foster mental health

1

≈

2

≈

3



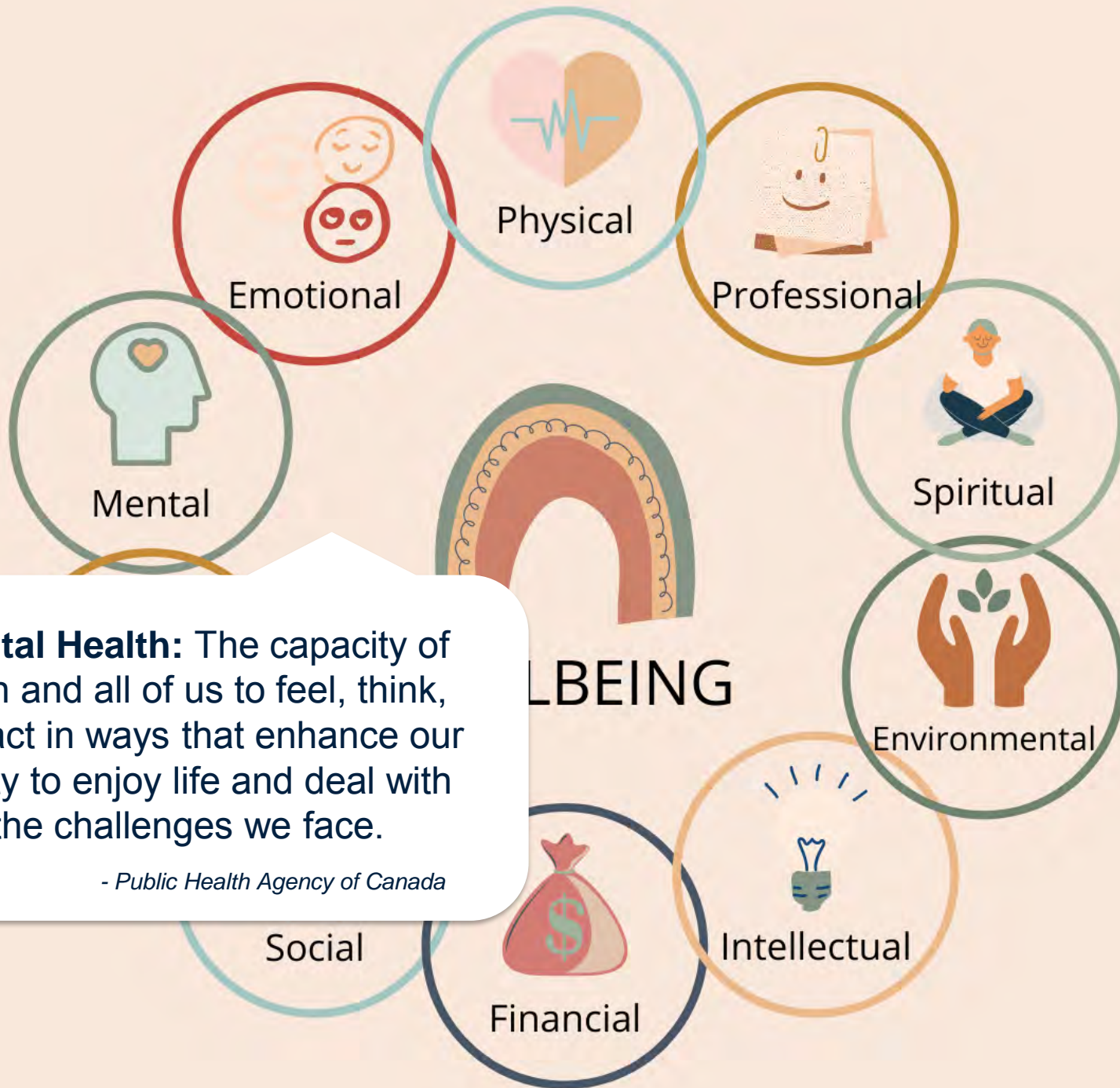
4



Wellbeing: A positive state, where we are able to reach our full potential in life.

WELLBEING AT UBC





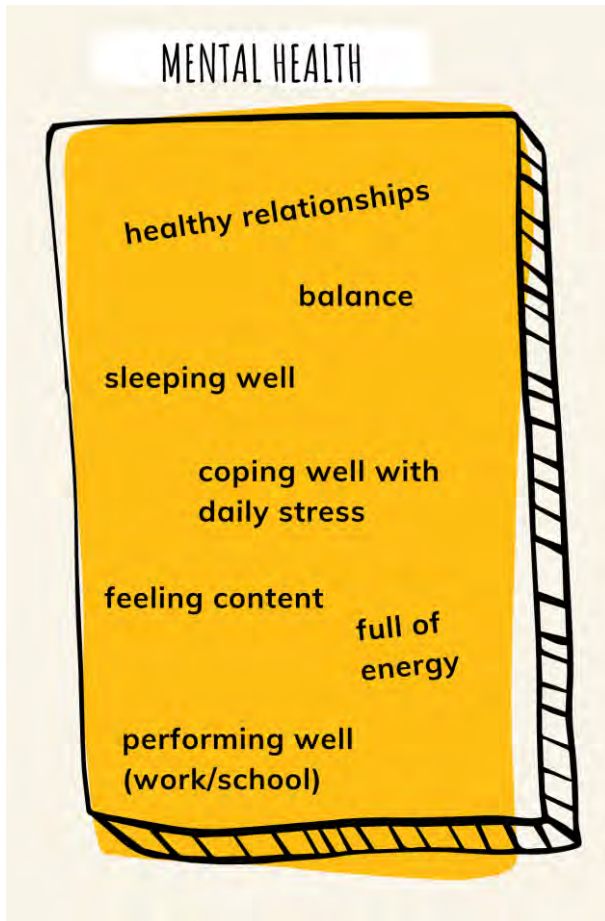
Mental Health: The capacity of each and all of us to feel, think, and act in ways that enhance our ability to enjoy life and deal with the challenges we face.

- Public Health Agency of Canada



Mental health vs. mental
illness

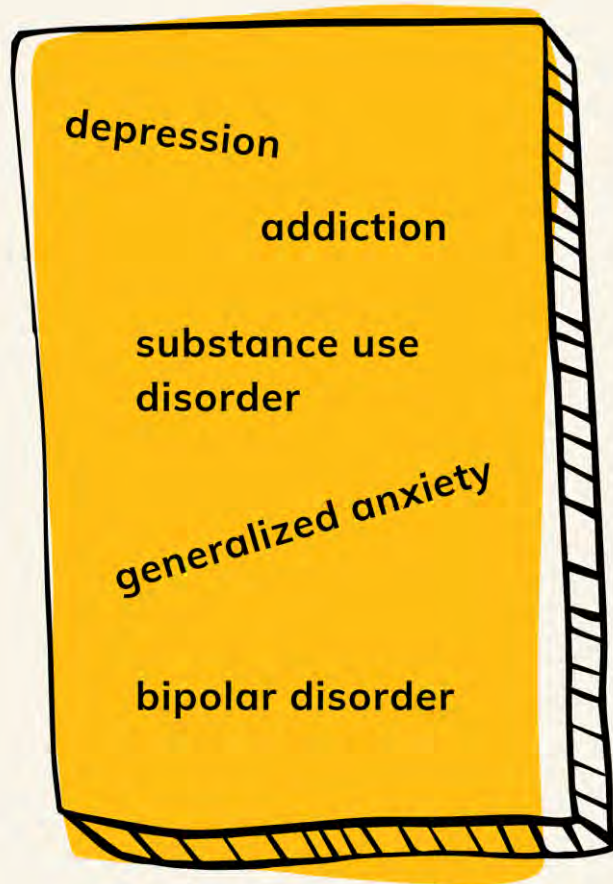
UNDERSTANDING MENTAL HEALTH



- We all have mental health!
- It is influenced by sleep, stress, relationships, physical health, etc.
- **Mental Health:** The capacity of each and all of us to feel, think, and act in ways that enhance our ability to enjoy life and deal with the challenges we face.

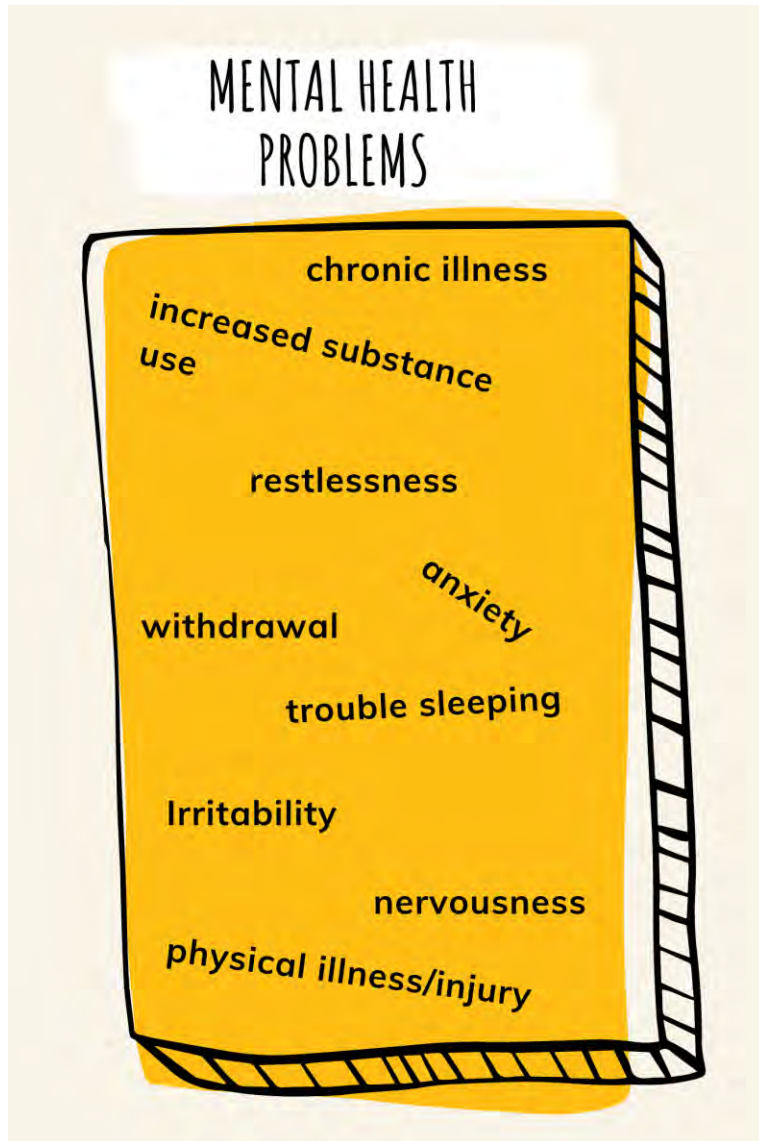
UNDERSTANDING MENTAL ILLNESS

MENTAL ILLNESS



- In any given year, 1 in 5 Canadians experience a mental illness or addiction problem (20%).
 - By age 40, 1 in 2 Canadians have, or have had, a mental illness (50%).
- Mental illness is a leading cause of disability in Canada.
 - 47% of workplace disability claims are related to mental illness.
- It is possible for people living with mental illness to lead healthy, happy and meaning lives.
 - Mental illnesses can be treated effectively.

UNDERSTANDING MENTAL HEALTH PROBLEMS

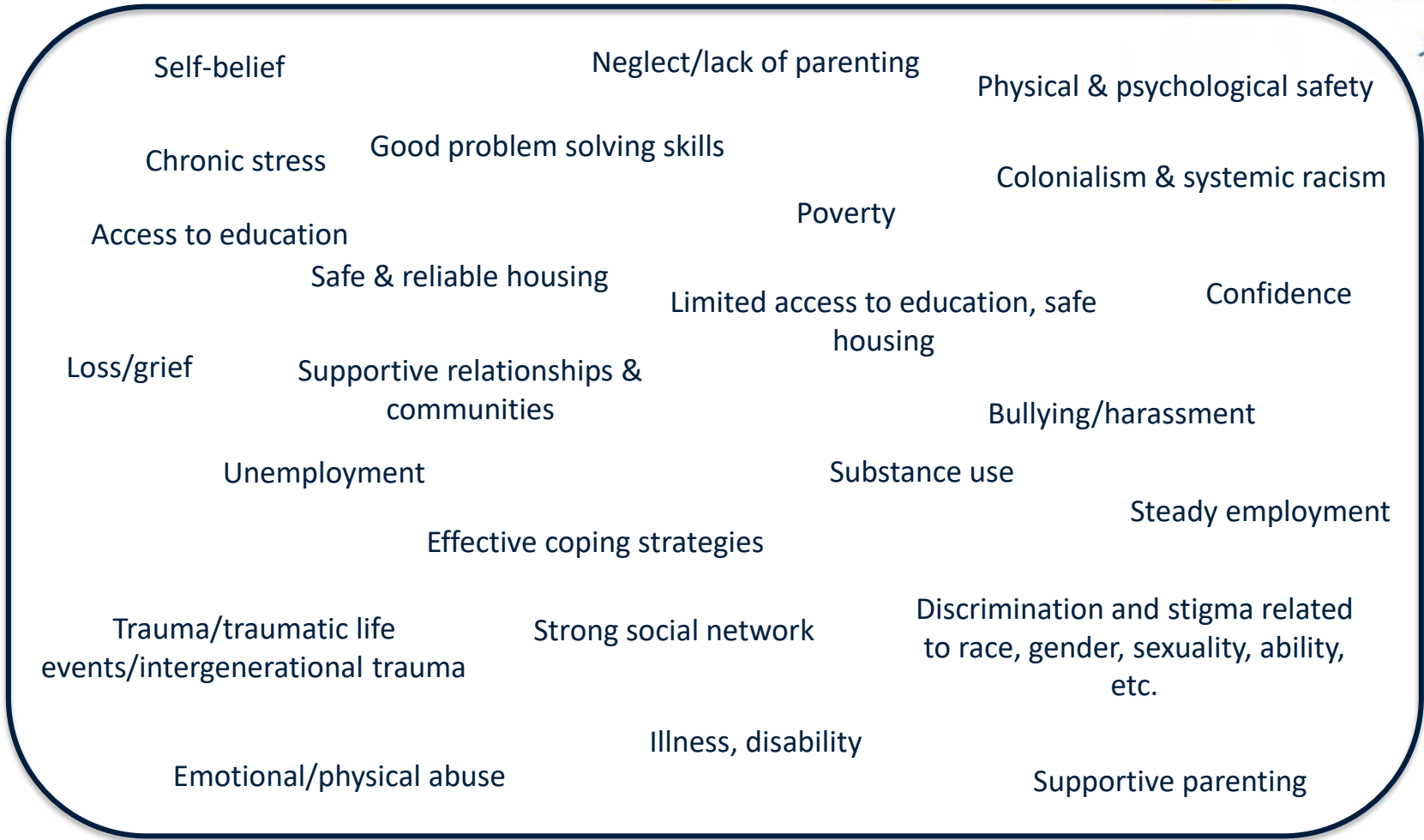


- 70% of mental health problems have their onset during childhood or adolescence.
- Only 1 in 7 Canadians use health benefits/services for psychological support annually (14%).
- **Mind-body connection:**
 - People with long-term medical conditions (e.g. chronic pain) are more likely to experience mental health problems.
 - Conversely, people with chronic mental health problems are at higher risk of developing long-term medical conditions.

UNDERSTANDING RISK FACTORS



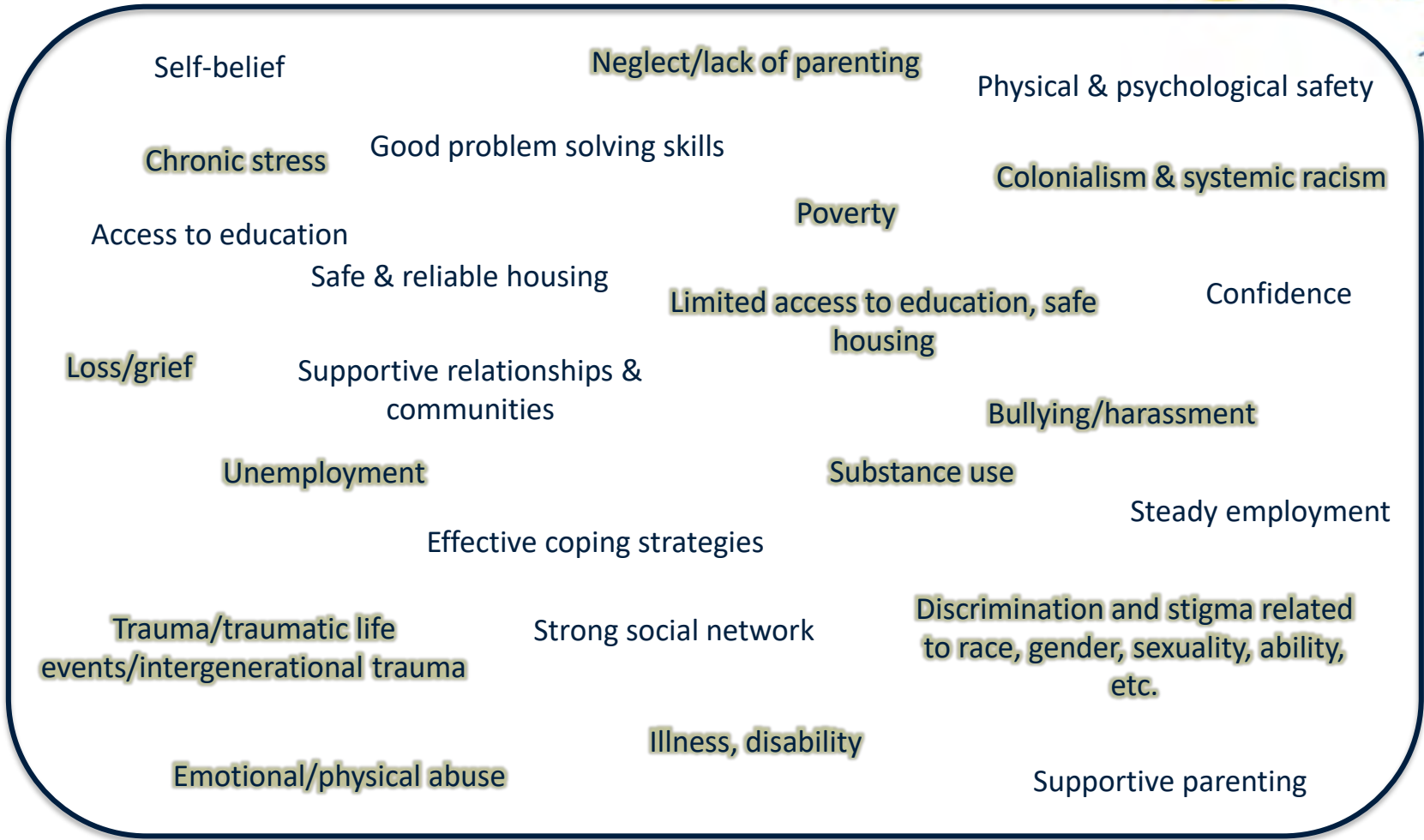
Factors that impact mental health



UNDERSTANDING RISK FACTORS



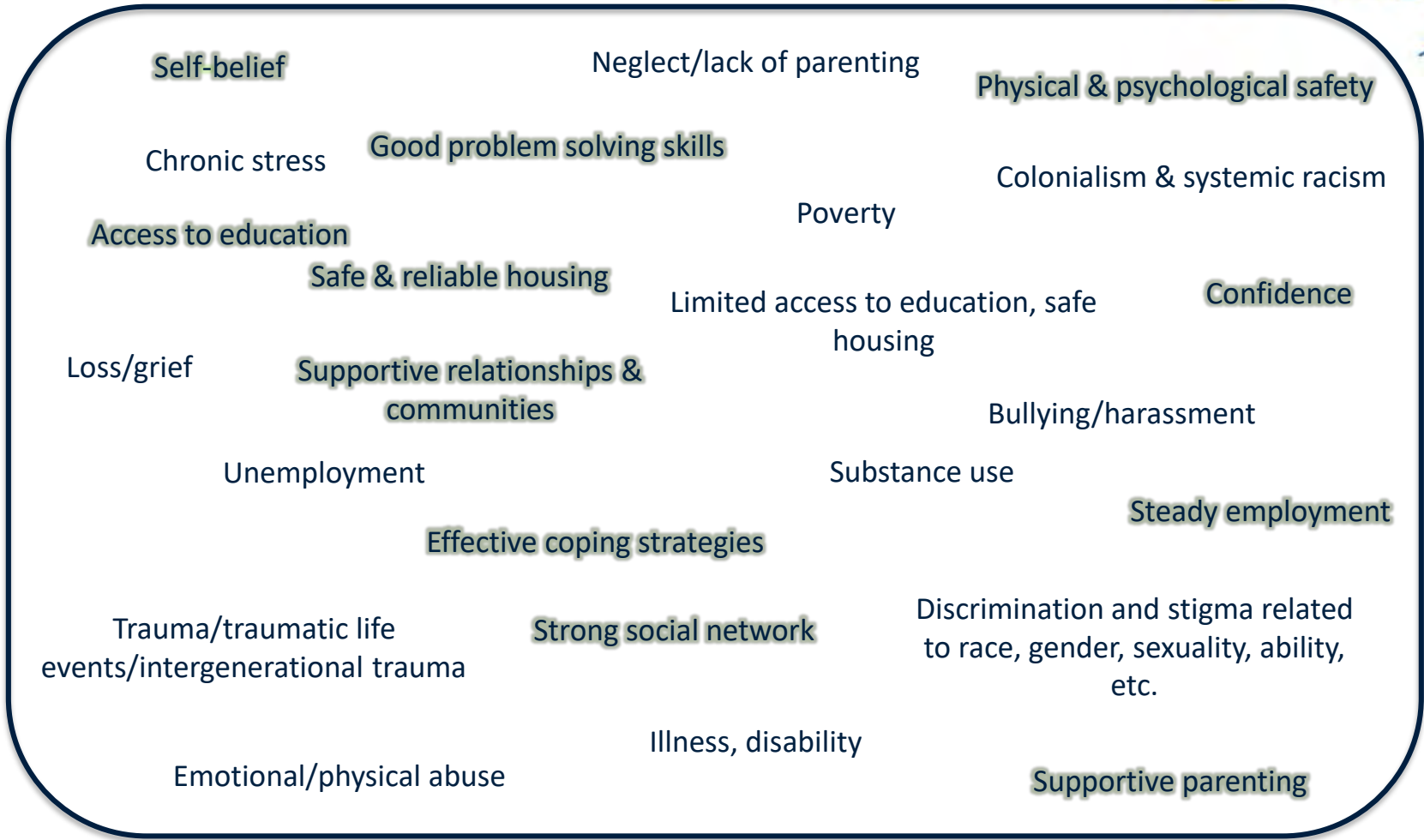
Factors that impact mental health



UNDERSTANDING RISK FACTORS



Factors that impact mental health



MENTAL HEALTH CONTINUUM



Signs and Indicators

- | | | | |
|---|--|---|---|
| <ul style="list-style-type: none"> ▶ Normal mood fluctuations ▶ Calm/confident ▶ Good sense of humour ▶ Takes things in stride ▶ Can concentrate/focus ▶ Consistent performance ▶ Normal sleep patterns ▶ Energetic, physically well, stable weight ▶ Physically and socially active ▶ Performing well ▶ Limited alcohol consumption, no binge drinking ▶ Limited/no addictive behaviours ▶ No trouble/impact due to substance use | <ul style="list-style-type: none"> ▶ Nervousness, irritability ▶ Sadness, overwhelmed ▶ Displaced sarcasm ▶ Distracted, loss of focus ▶ Intrusive thoughts ▶ Trouble sleeping, low energy ▶ Changes in eating patterns, some weight gain/loss ▶ Decreased social activity ▶ Procrastination ▶ Regular to frequent alcohol consumption, limited binge drinking ▶ Some to regular addictive behaviours ▶ Limited to some trouble/impact due to substance use | <ul style="list-style-type: none"> ▶ Anxiety, anger, pervasive sadness, hopelessness, ▶ Negative attitude ▶ Recurrent intrusive thoughts/images ▶ Difficulty concentrating ▶ Restless, disturbed sleep ▶ Increased fatigue, aches and pain ▶ Fluctuations in weight ▶ Avoidance, tardiness, decreased performance ▶ Frequent alcohol consumption, binge drinking ▶ Struggle to control addictive behaviours ▶ Increase trouble/impact due to substance use | <ul style="list-style-type: none"> ▶ Excessive anxiety, panic attacks, easily enraged, aggressive ▶ Depressed mood, numb ▶ Non compliant ▶ Cannot concentrate, loss of cognitive ability ▶ Suicidal thoughts/intent ▶ Cannot fall asleep/stay asleep ▶ Constant fatigue, illness ▶ Extreme weight fluctuations ▶ Withdrawal, absenteeism ▶ Can't perform duties ▶ Regular to frequent binge drinking ▶ Addiction ▶ Significant trouble/impact due to substance use |
|---|--|---|---|

ACTIVITY

- You will need two post-it notes, or small pieces of scrap paper.
- We will spend 1-2 minutes reflecting individually



Finish the following statements:

1) I feel in the yellow, orange, red when....

[e.g. Conflict with someone; loss of a loved one/pet; a set-back at work]

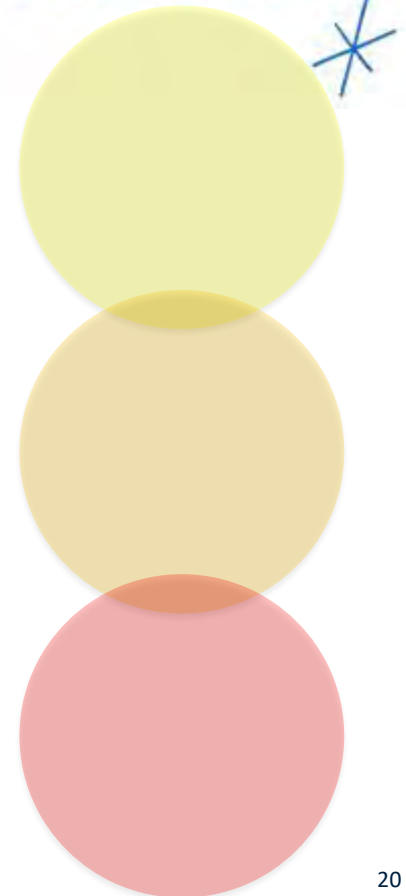
2) I feel in the green when...

[e.g. I get 6+ hours of sleep a night; I laugh at a funny movie; I ask for help]

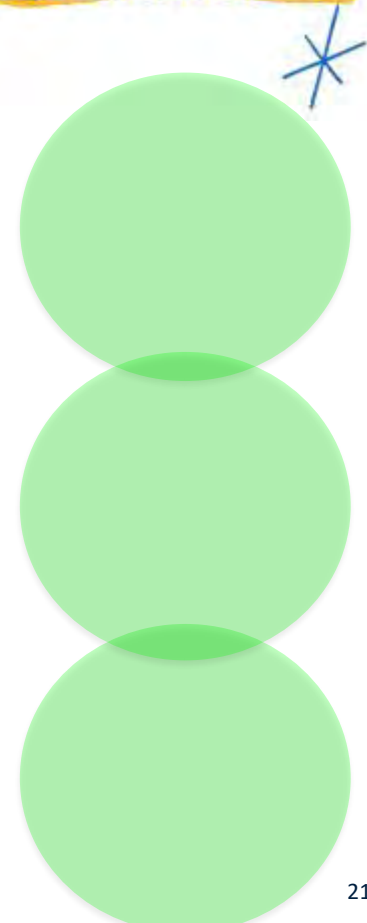
I FEEL IN THE YELLOW, ORANGE, RED WHEN...



going set-back
frustration
enough helplessness addiction
isolation time
depression help loneliness death
pet accident fighting moving
friend exams wedding workload
set-back
rather left-out job
divorce illness worried
loved-one family
isolated health



I FEEL IN THE GREEN WHEN...





Reduce stigma within our
communities

STIGMA



Lack of knowledge about mental health problems/illnesses



Fear and misinformation

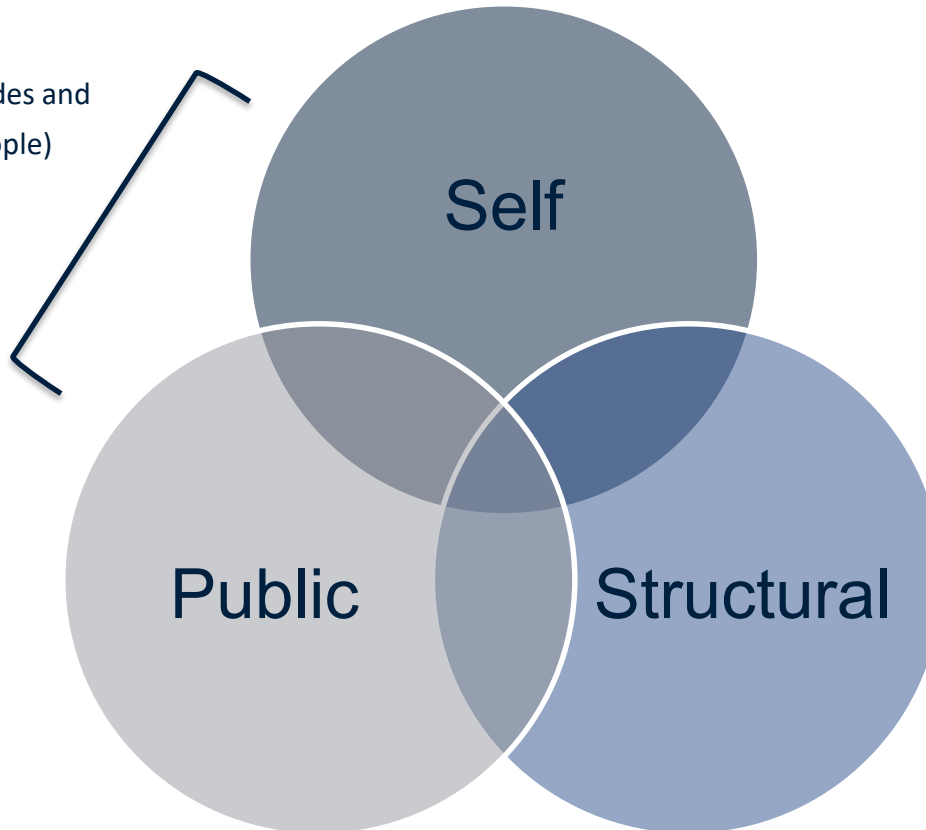


Perpetuates negative stereotypes, and impacts how people think feel and act towards others who are different.

UNDERSTANDING STIGMA



Prejudice (negative attitudes and beliefs towards self or people)



Discrimination (actions, policies, rules that may deny basic rights or treat people unfairly)

MENTAL ILLNESS IN THE MEDIA

- The majority of people who are violent do not have a mental illness.
- People with mental illnesses are 2.5x more likely to be victims of violence (1 in 4 annually).
- Media portrayals can be so powerful, they override our own personal experiences.
 - Exposure to one media image of violence + mental illness = increased fear that this group is likely to harm others.



OUR LANGUAGE MATTERS

INSTEAD OF	PREFERRED LANGUAGE	EXPLANATION
Suffering with, or a victim of a mental illness		
Crazy/psycho/insane/schizo/nuts		
Happy pills, uppers, downers		
Committed suicide		
I'm so depressed (when used casually or in a flippant manner)		



OUR LANGUAGE MATTERS

INSTEAD OF	PREFERRED LANGUAGE	EXPLANATION
Suffering with, or a victim of a mental illness	Experiencing, or being treated for, or has a diagnosis of, or a history of, mental illness.	Using the word "suffer" may be considered demeaning and disempowering.
Crazy/psycho/insane/schizo/nuts		
Happy pills, uppers, downers		
Committed suicide		
I'm so depressed (when used casually or in a flippant manner)		



OUR LANGUAGE MATTERS

INSTEAD OF	PREFERRED LANGUAGE	EXPLANATION
Suffering with, or a victim of a mental illness	Experiencing, or being treated for, or has a diagnosis of, or a history of, mental illness.	Using the word "suffer" may be considered demeaning and disempowering.
Crazy/psycho/insane/schizo/nuts	Never use these words when describing a situation or a person.	These terms can be hurtful and have negative and inaccurate connotations associated with them.
Happy pills, uppers, downers		
Committed suicide		
I'm so depressed (when used casually or in a flippant manner)		



OUR LANGUAGE MATTERS

INSTEAD OF	PREFERRED LANGUAGE	EXPLANATION
Suffering with, or a victim of a mental illness	Experiencing, or being treated for, or has a diagnosis of, or a history of, mental illness.	Using the word "suffer" may be considered demeaning and disempowering.
Crazy/psycho/insane/schizo/nuts	Never use these words when describing a situation or a person.	These terms can be hurtful and have negative and inaccurate connotations associated with them.
Happy pills, uppers, downers	Prescription drugs, medication, antidepressants.	Referring to medication in this way can trivialize or belittle the condition.
Committed suicide		
I'm so depressed (when used casually or in a flippant manner)		



OUR LANGUAGE MATTERS

INSTEAD OF	PREFERRED LANGUAGE	EXPLANATION
Suffering with, or a victim of a mental illness	Experiencing, or being treated for, or has a diagnosis of, or a history of, mental illness.	Using the word "suffer" may be considered demeaning and disempowering.
Crazy/psycho/insane/schizo/nuts	Never use these words when describing a situation or a person.	These terms can be hurtful and have negative and inaccurate connotations associated with them.
Happy pills, uppers, downers	Prescription drugs, medication, antidepressants.	Referring to medication in this way can trivialize or belittle the condition.
Committed suicide		
I'm so depressed (when used casually or in a flippant manner)		



OUR LANGUAGE MATTERS

INSTEAD OF	PREFERRED LANGUAGE	EXPLANATION
Suffering with, or a victim of a mental illness	Experiencing, or being treated for, or has a diagnosis of, or a history of, mental illness.	Using the word "suffer" may be considered demeaning and disempowering.
Crazy/psycho/insane/schizo/nuts	Never use these words when describing a situation or a person.	These terms can be hurtful and have negative and inaccurate connotations associated with them.
Happy pills, uppers, downers	Prescription drugs, medication, antidepressants.	Referring to medication in this way can trivialize or belittle the condition.
Committed suicide	Died by suicide.	Suicide is not a crime, so we should stop saying that people "commit" suicide.
I'm so depressed (when used casually or in a flippant manner)		



OUR LANGUAGE MATTERS

INSTEAD OF	PREFERRED LANGUAGE	EXPLANATION
Suffering with, or a victim of a mental illness	Experiencing, or being treated for, or has a diagnosis of, or a history of, mental illness.	Using the word "suffer" may be considered demeaning and disempowering.
Crazy/psycho/insane/schizo/nuts	Never use these words when describing a situation or a person.	These terms can be hurtful and have negative and inaccurate connotations associated with them.
Happy pills, uppers, downers	Prescription drugs, medication, antidepressants.	Referring to medication in this way can trivialize or belittle the condition.
Committed suicide	Died by suicide.	Suicide is not a crime, so we should stop saying that people "commit" suicide.
I'm so depressed (when used casually or in a flippant manner)	I am feeling unhappy or down.	This language usage can trivialize the illness.



WHY STIGMA MATTERS



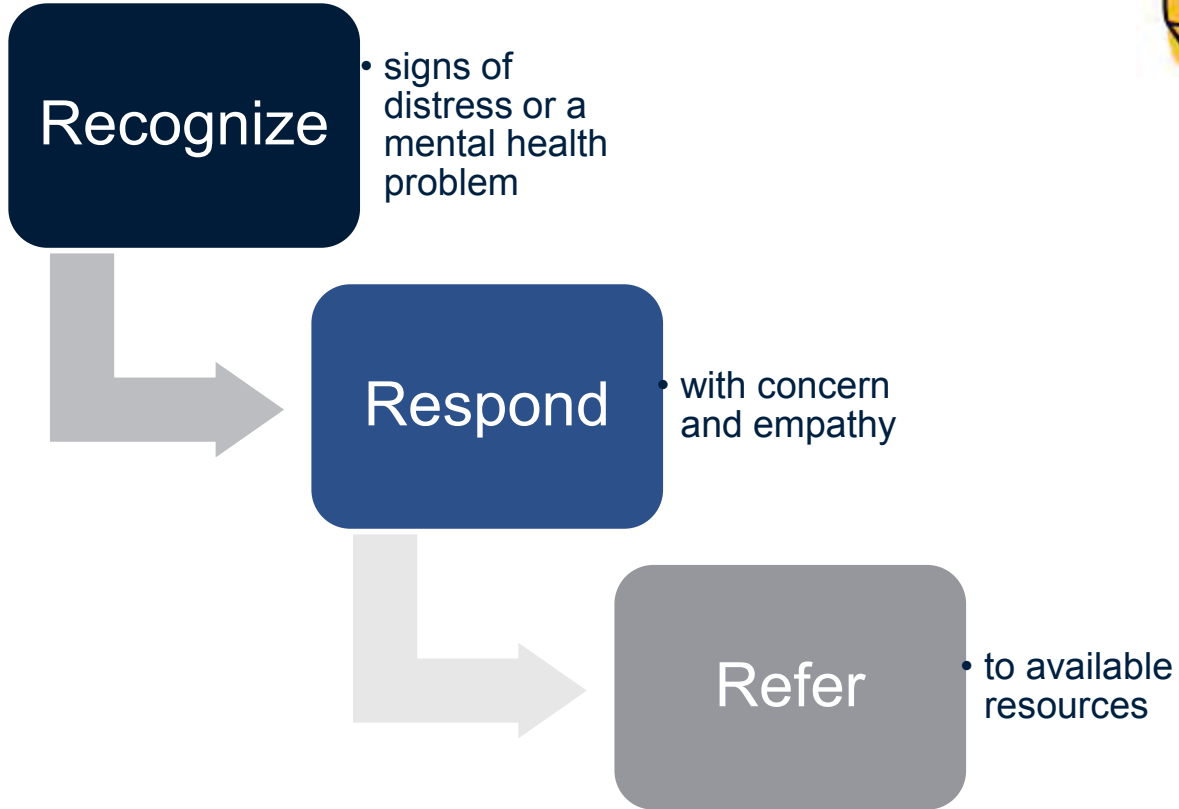
Stigma is the #1 barrier to seeking help and support.



Know how & where to seek
help

THE 3 R'S

All of this information can be found in the **Orange Folder: Assisting staff/faculty in Distress**



IMMINENT RISK OF HARM

Examples:

- Active thoughts of suicide, with a plan or suicide attempt.
- Behaviour that is violent, destructive, aggressive or threatening to self or others.
- Colleague is confused, hallucinating, or has trouble remaining conscious.

HIGH LEVEL OF DISTRESS

Examples:

- Deterioration in personal appearance and hygiene, and significant impairment with daily tasks.
- Expressions of severe hopelessness or references to suicide.
- Substance use concerns.
- Loss of touch with reality/severely disorganized thinking.
- Increased interpersonal conflict and anger.
- Physical health concerns.

GENERAL MENTAL HEALTH PROBLEM

Examples:

- Low or irritable mood with change in energy, appetite, sleep, and/or concentration, which is impacting daily functioning.
- Persistent worry, obsessions, agitation, irrationality, racing thoughts, panic attacks.
- Flashbacks to a traumatic event, intrusive memories and thoughts.
- Interpersonal conflict.
- Lack of social support.



**It's okay to be uncertain about how to respond.
You don't need to have all the answers.
Being there to support your colleagues is often the most
valuable thing that you can do.**

Tips:

- If possible, move to a discrete and appropriate environment.
- Express concern and be specific about the signs and behaviours you've noticed
 - (i.e. "I've noticed you don't seem like yourself at work lately.")
- **Use the following Good Contact Techniques to help someone feel heard:**
 - **Strength IDs** – It takes a lot of strength and bravery to share what you've been through....
 - **Strong Feeling Words** – That's devastating / heart breaking.
 - **Tentafiers** – I'm hearing that... or It sounds like...
 - **Validations** – It's understandable that you are feeling helpless after...

WHAT IF SOMEONE DISCLOSES?

- mental illness diagnosis
- physical health condition
- mental health problem
- past trauma that they have experienced*



- Listen with empathy
- Reassure them that support resources are available
- Avoid giving advice
- Respect their privacy/keep information confidential

*In need of support for someone who has experienced sexual assault or other forms of sexual violence? [Visit UBC's Sexual Violence and Response \(SVPRO\) office website for more info.](#)

BUILDING EMPATHY

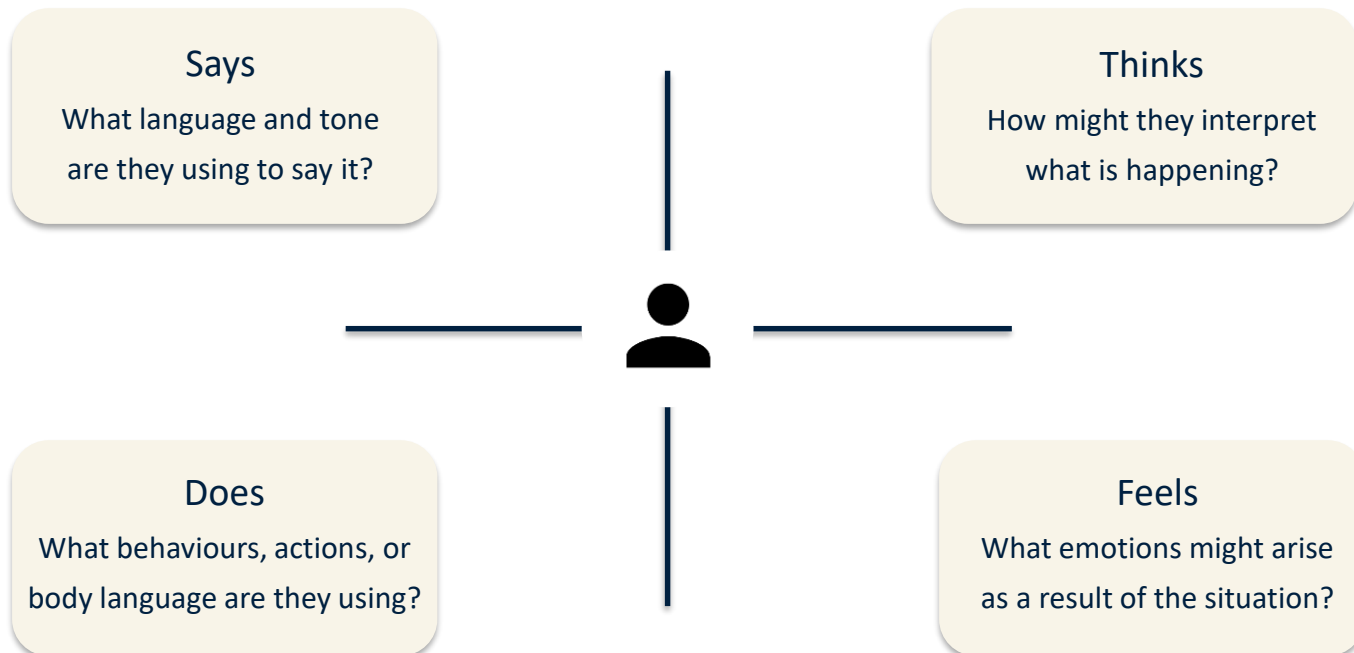


BUILDING EMPATHY



Your colleague Chris is recently back at work after a short leave of absence. While you've not spoken directly with Chris about the situation, you've heard through a few colleagues that it was due to mental health problems. Chris is a member of your team and you will be working closely together on a number of projects.

In the first few meetings you have, you notice that Chris remains quiet, doesn't contribute to the conversation and expresses concern about their ability to support the project. You feel under a lot of pressure and are not sure what to do.



Your role is not to diagnose or treat, but you can share that confidential help is available. The earlier someone gets support, the better the outcome.

Refer

- **Employee and Family Assistance (EFAP) Program:** 1.800.387.4765 (free and confidential, 24/7)
- **UBC Problematic substance use intervention program:** hr.ubc.ca/health-and-wellbeing/living-well/mental-health/problematic-substance-use-intervention-program
- **Access and Assessment Centre,** Vancouver General Hospital
604.675.3700 (7:30am - 11pm)
- **Mental Health and Substance Use Services, Interior Health**
250.868.7788 (11:30-9pm) or Kelowna General Hospital 250.862.4000
- **Crisis Centre** 1-800.784.2433, crisiscentre.bc.ca
- **Indigenous Mental Health Counselling and Crisis Intervention**
1.855.242.3310, hopeforwellness.ca
- **HealthlinkBC:** 811 or visit healthlinkbc.ca
- **Remain at Work - Return to Work & WRAP Programs:**
UBC Vancouver: hr.ubc.ca/health-and-wellbeing/working-injury-illness-or-disability
UBC Okanagan: hr.ok.ubc.ca/health-wellbeing/wrap/
- **UBC employment groups and unions:** hr.ubc.ca/working-ubc/collective-agreements-and-terms-conditions-employment
- **UBC Workplace Wellbeing and Benefits:** hr.ubc.ca/health-and-wellbeing/living-well

If a colleague does not want help:

- Respect their decision. Accepting assistance must be left up to the individual, except in emergencies.
- If they change their mind, they can access resources in the future.

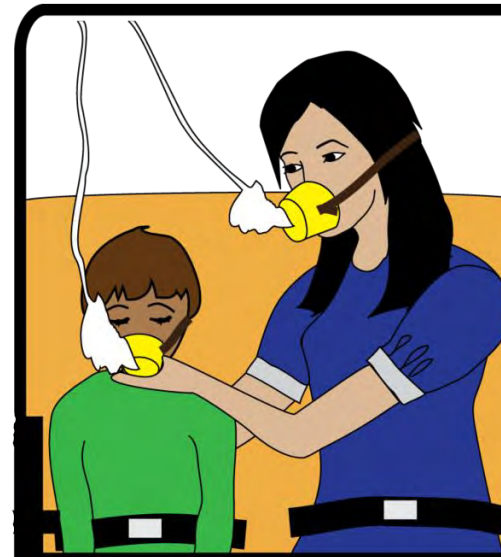
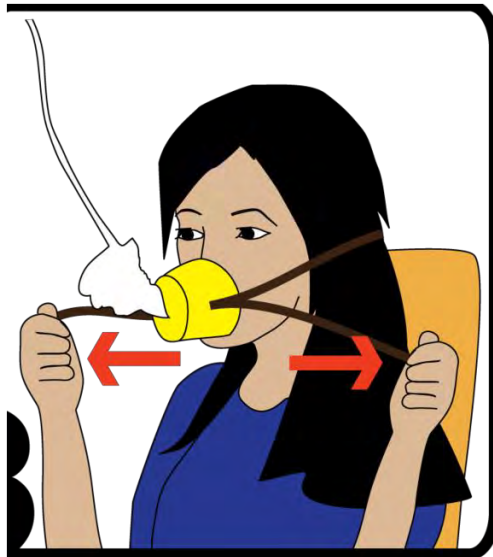


Understand ways to foster
mental health

FOSTERING SELF-CARE



Self-care refers to the **cultivation of self**, focused on nurturing our **personal needs** and allowing ourselves to **relax, regenerate and recharge** in meaningful ways.





WHAT DOES SELF CARE LOOK LIKE TO YOU?






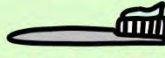
COMMUNITY CARE



Within a group of people *self care* refers to creating and maintaining **safe and supportive environments** where asking for help or offering help is encouraged.

SELF-CARE BINGO



 TOOK A SHOWER	GOT DRESSED TODAY	 talked TO A friend	SAT WITH MY FEELINGS	 gave myself a compliment
MOVED MY BODY JOYFULLY	 ate food	LISTENED TO MY BODY	 CHALLENGED NEGATIVE THOUGHTS	 HAD FUN
 WENT OUTSIDE	TRIED SOMETHING NEW	STAYED ALIVE	practiced being mindful	 DID A HOBBY
used a coping skill	 LET MYSELF CRY	took a break	 ASKED FOR HELP	GOT SHIT DONE
 BRUSHED MY TEETH	practiced self compassion	 DRANK WATER	TREATED MYSELF	 got 7-9 hours of sleep

COMPLETING THE STRESS CYCLE

Find strategies and practice skills that target your nervous system during times of high stress, challenge or overwhelm.

- Physical Activity
- Comfort Person(s)
- Affection
- Breathing
- Crying
- Creativity
- Laughter



Taken from: Burnout by [Amelia Nagoski](#), [Emily Nagoski](#)

KEY RESOURCES TO SUPPORT EMPLOYEE MENTAL HEALTH AND RESILIENCE

Key Resources for Supporting Staff and Faculty Mental Health

[Mental Health Resources and Supports](#) for Faculty and Staff [Psychological services are available through [Employee Family Assistance Program](#) and [Extended Health Benefits](#)] and for [For Managers, Heads, Deans](#)
[Substance use and addiction support resources](#) for Faculty and Staff



Key Resources for Supporting Workplace Wellbeing

[Workplace Wellbeing Ambassadors Program](#)
[Healthy Workplace Initiative Fund](#) (deadline of May 30)
[Not Myself Today \(CMHA\) Initiative and Digital Portal](#)
[Training and Education](#)

For support in strategic thinking, planning, facilitating action and measuring and evaluating workplace wellbeing, complete our [Workplace Wellbeing Consulting Services request form](#)

Other Resources

[Coaching at UBC](#)
[Stay at work/return to work program](#)
[Early Alert](#)

HOMEWORK

All homework activities and resources
are in Canvas



- 1) [MH continuum self-check](#) (5-7 minutes)
- 2) Find a news article that talks about mental health, mental health problems or mental illness. Does it use person first language? Any examples that stand out (positive or negative)?
- 3) Locate and save a copy of the Orange Folder
- 4) Do at least 5 minutes of self-care today

A close-up photograph of blue water with golden light reflections. The water is dark blue with ripples, and the light creates a shimmering effect. The text "MINDFUL MOMENT" is centered in white, uppercase letters.

MINDFUL MOMENT

REFERENCES

- Baun, K., & Canadian Mental Health Association, O. (2009). Stigma Matters: The Media's Impact on Public Perceptions of Mental Illness. *Ottawa Life*. https://ontario.cmha.ca/wpcontent/files/2012/07/olm_stigma_matters_200902.pdf
- CAMH. (2019). *Mental Illness and Addictions: Facts and Statistics*.
http://www.camh.ca/en/hospital/about_camh/newsroom/for_reporters/Pages/addictionmentalhealthstatistics.aspx
- Canadian Mental Health Association. (2012). Responding with Respect Training.
- Canadian Chronic Disease Surveillance System: Mental Illness in Canada, 2015
- HealthPartners – Chronic Disease and Mental Health Report, 2015
- [Healthy Minds Canada]. (November 13, 2013). Struck Down-Anti-Stigma. [Video File]. Retrieved from:
<https://www.youtube.com/watch?v=lpqKDKAhwBQ>
- HeartMath Institute. (2021). HeartMath Institute Science. <https://www.heartmath.org/science/>
- Mental Health Commission of Canada. (2013). Mental Health First Aid Training.
- Mental Health Commission of Canada. (2018). The Working Mind Training.
- [UBC Human Resources]. (October 15, 2020). What is Mental Health? [Video File]. Retrieved from:
<https://www.youtube.com/watch?v=VkrS1zkIE5Q&feature=youtu.be>
- Skovholt, T.M. & Trotter-Mathison, M. (2016) *The Resilient Practitioner: Burnout and Compassion Fatigue Prevention and Self-Care Strategies for Helping Professionals*. Ed. 3. New York: Routledge.
- Stouthard, M. E. A., et al. (1997). Disability weights for diseases in the Netherlands (Issue January 1997).
<http://dare.uva.nl/document/174853>
- [The RSA]. (2013, December 6). Brene Brown on Empathy [Video File]. Retrieved from:
<https://www.youtube.com/watch?v=1Ewvgu369Jw>
- UBC Workplace Experience Survey, 2017





THE UNIVERSITY OF BRITISH COLUMBIA

THE UNIVERSITY OF BRITISH COLUMBIA