

Peer-Based Mental Health Services

Mental illness is linked to more lost work days than any other chronic condition, costing the Canadian economy \$51 billion a year in lost productivity. Despite our expanding array of services, the problem seems to be getting worse. Clearly, there is room for improvement in our current approach toward mental illness in the workplace.

My own story exemplifies the systemic problems in our current paradigm. Following my return from Rwanda as a member of the Canadian Armed Forces, I experienced severe post-traumatic stress disorder (PTSD), to the point of having suicidal thoughts. Not knowing what to make of my erratic behaviour, colleagues began to avoid me, which intensified my sense of isolation. Unsupportive or avoidant behaviour on the part of managers often leads to what I call “secondary wounding” — in other words, an additional trauma superimposed on the original one.

I did seek help, but the treatment plan didn't work — not because the therapy was ineffective, but because the social environment at work was so awkward for me that I didn't feel safe or worthy of treatment. I filled my prescription for medication, but didn't take the drugs.

About two-thirds of employees don't even take the first step of seeking help. The longer someone is mentally ill, the greater the chance that the illness will become treatment-resistant and the individual will develop poor coping skills (such as alcohol or drugs). Doctors then have to undo this collateral damage before addressing the precipitating psychological injury. Thus, investing in early intervention pays large dividends to both the employee and the employer.

What happens on a social level is instrumental to the recovery process. Even with the best EAP services and providers, the overall treatment plan won't be effective unless the organization provides a socially supportive environment. I view peer support as the missing link in our current processes for addressing mental health issues in the workplace.

Research has linked lack of social support to poor recovery from a trauma. In the case of PTSD, risk factors fall into three categories:

- Before the trauma: psychiatric history, childhood abuse, other prior trauma
- During the trauma: severity of the trauma
- After the trauma: additional stressors, lack of social support

The more time that passes between trauma and treatment, the more important social support becomes in relation to clinical intervention. Such support lends traction to health professionals' clinical work with patients and motivates patients to stick to their treatment plan. As a case in point, I only began taking my medication after a colleague relayed his own positive experience with the same drugs.

In 2001, I recommended to our military seniors that we create a social support program for military personnel and veterans, as well as their families. The program has since become a reality, with a network of peer-support workers across the country. These individuals have all recovered from their own traumas, giving them the depth of experience needed to offer healing support. Peer support is a well-documented tool for recovery from mental illness in general. Our program has simply built job descriptions, policies and boundaries and an accountability framework around the concept.

The importance of social support in the context of mental illness is finally being recognized in the wider Canadian environment. I now have the opportunity to try and export the approach and program I developed for the military to the wider Canadian workplace through my work with the Mental Health Commission of Canada. We have the blueprint that different organizations can adapt to their individual needs.

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