

WALK THE TALK ON MENTAL HEALTH

THE OPSEU MENTAL HEALTH SURVEY

JUNE 2011

Mental Health Division in collaboration with a
Select Committee from OPSEU Sectors

Prepared by OPSEU Communications Division



MESSAGE FROM THE PRESIDENT

June 14, 2011

Dear friends

Thank you to the Mental Health Division and the Select Committee for their work on this report.

As a Register Practical Nurse (RPN) and president of Local 431 at the Ontario Psychiatric Hospital in Kingston, I witnessed first-hand the divestments of the Provincial Psychiatric Hospitals in Ontario and the movement of the clients into the communities. In theory, it was a good idea. However, no one paid attention to our warnings and the necessary funding and support services were never put in place. For clients and the communities, the transition was a disaster.

The OPSEU Mental Health Survey demonstrates both the profound affect that the divestment strategy has had on our workplaces, and how mental health issues continue to affect us all.

For decades, OPSEU has been a leader in lobbying governments for improvements to programs and increased funding for mental health and addictions. We will continue to do so for the sake of our members, clients and families.

Thank you to all those who participated in the survey.

In solidarity,

A handwritten signature in black ink, appearing to read "Warren Thomas". The signature is fluid and cursive, with a large initial "W" and "T".

Warren (Smokey) Thomas, President
Ontario Public Service Employees Union

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ED'S STORY

On September 27th 2006, I worked a night shift at the Thunder Bay Regional Health Science Center with my good friend and OPSEU brother, Keith.

We are both nurses who work the same floor on the Forensics Unit (a floor for criminal offenders). Throughout the shift we laughed, joked, and reminisced about the last fishing trip that we took just a few weeks ago to Little Sturge, a lake full of pickerel, just north of Thunder Bay.

As always with Keith, everything seemed okay. On September 28, 2006 around 6 p.m. a friend and fellow nurse who had also worked with Keith and me that night, came to the back door of my home in tears. Sobbing, she said to me "He's gone, he's gone". Once she was able to calm down, she told me that Keith had taken his own life just hours before. I couldn't believe it. I had just worked with him on that night shift. All I could do was to ask why? Why did he do it? Why didn't we see it? Why didn't he tell us? I could have helped.

The days that followed were tough I had to work in that very same location where I had just worked with Keith two nights earlier. My anxiety and stress levels were through the roof. I couldn't focus or concentrate on any of the daily tasks that had to be completed for the unit, nor could my co-workers.

About a week had passed before our employer brought in an Employee Assistance Program worker who deals with loss, to help us through the grieving process. At first I thought, "I don't need that crap, I will be okay."

Our manager made it mandatory for all staff to go and you know what? It worked. We were all able to sit together in a big group (roughly 12 staff per shift including multidisciplinary team members) and interact with each other about our thoughts and feelings. We were able to deal with the loss together and had each other to turn to when we needed the support.

Five years later, while helping with the Mental Health report, I look back and see the importance for these types of programs to be in place in each and every work location, regardless of the size of the corporation or the number of staff.

With this report, we were able to draw out and identify some of the needs and the areas that need improvement for our work locations.

Ed Arvelin

Thank you Rita, for allowing us to share the story of your son Keith

INTRODUCTION

When it comes to Mental Health reforms in Ontario there are many studies and recommendations that have tried to address the issue but they have failed to lead to any major change.

For mentally ill patients, their families, and their friends who deal with the effects of this disease, it continues to be a struggle to obtain the appropriate help. Lack of resources, multiplicity and fragmentation of the mental health and addiction services has a profound effect on communities, workplaces, and the people who interact in these environments.

At an OPSEU meeting held in November 2010, some of the sector leaders recognized they shared many of the same concerns with mental health issues in their workplaces and were campaigning independently of one another to resolve the problems.

A survey was designed to take an environmental scan of the Divisions/Sectors throughout OPSEU. All the leaders of its Divisions/Sectors were asked what they had to say about their workplace, clients and members grappling with mental health issues as well as their own well-being.

The survey is an initial assessment of the impacts of mental illness on these Divisions/Sectors. This information will be used to frame future joint campaigns and pick up on recommendations to the Ontario Government's 2009 discussion paper: Every Door is the Right Door Toward a 10-Year Mental Health and Addictions Strategy. That document lays down the framework to combat the effects of mental illness.

The government's 10-year plan is long overdue and it is not expected to be tabled until after the Provincial election in October of 2011. After two and one-half years it may never see the light of day if there is a change in government.

This report is the starting point that pulls together the disparate work environments into a comprehensive look at the impact of mental illness in the workplace and on its members.

BACKGROUND

This is a brief overview of the ongoing challenges for workers, workplaces and their clients directly affected by mental health issues in their workplaces.

Successive governments have tried to grapple with the challenges to mental illness without much success.

Historically, people with serious mental illness were cared for and treated at the 10 Provincial Psychiatric Hospitals (PPHs) owned and operated by the government. In the 1950s, with the advent of psychotropic medicine, many of these patients were moved into the community. This spawned the growth of alternative or complementary care by a wide range of community-based and general hospital services.

Bringing clients out into the community from institutions (where at one time we could closet away those that suffered from mental illness) has not been a successful transition. When the hospitals divested there was a lack of funding and services to the communities; it created more complex issues.

The contribution of community agencies to the care and well being of consumers cannot be overestimated. The multiplicity and fragmentation of community mental health services has made it more difficult for consumers and families to get what they need.

OPSEU has been at the forefront of reform for Ontario's mental health and addictions services. OPSEU has produced and submitted reports including: *Ontario's Mental Health Care Breakdown (1980)*, *Recipe for Restraint: A Discussion Paper on Mental Health (1983)*; and *Care for Those Who Need it: Principles of Comprehensive Mental Health Care System (1991)*.

In 2002, the report *Reality: Ontario's Health Care System isn't working*, was published by OPSEU in response to the restructuring of the mental health services by the then Conservative government.

OPSEU's Mental Health Division held its first mental health symposium in 2005. They gathered key allies and stakeholders to share information and develop strategies.

The symposium to *Find Solutions to Mental Health Issues* was held in November 2007, to address how our current mental health system can better ensure dignity and respect for people with mental illness. OPSEU urged the newly-elected Liberal government to fund treatment and support services that work for all persons suffering from mental illness.

In July 2009, members of the Minister's Advisory Group published a discussion paper; *Every Door is the Right Door Towards a 10-year Mental Health and Addictions Strategy*. The discussion paper advocates removing the barriers so the systems' various agencies no longer operate in isolation from each other. It also acknowledges that those who need care will enter the system through many doors.

In December 2009, OPSEU made a submission to the Select Committee on Mental Health and Addition in response to, *Every Door is the Right Door*. The submission called for a further extensive discussion among all stakeholders in order to implement the necessary changes to make "every door the right door."

OPSEU also released another report, *No Place to Go*, in September 2010. This was in response to the provincial government when it restructured the mental health services in Southwestern Ontario. Mental health beds were cut from the hospitals without an equivalent plan to access care in the community. This report reiterated the original recommendation from the Health Restructuring Commission report that bed cuts only take place after appropriate community supports have been put in place.

The economic impact of mental health and addictions for Ontario is estimated at \$33.9 billion per year, the largest share (\$28.7 billion) being in lost productivity. Every \$1 spent on mental health and addictions saves \$7 in health costs and \$30 in lost productivity.

In the last decade there has been over \$90 billion worth of tax cuts in Canada, yet various levels of governments are telling us there is no money to fund public services.

The Ontario government is phasing in \$2.4 billion more in annual corporate tax cuts.

Canada has one of the lowest rates of mental health spending relative to the mental health spending of all the Organization of Economic Cooperation and Developing (OECD) countries.

In 2008, Ontario spent \$152 per capita on mental health which is the second lowest of all the Canadian provinces. The national average was \$172.

The 2011 Ontario Provincial Budget allocates \$257 million in new funding over three years for mental health and addiction services for children's mental health. The government did not address adult mental health and addictions.

Mental illness affects 20 per cent of the population.

OPSEU needs to work towards a shared strategy to lessen the affects of mental illness and addiction in the workplace and on its members.

MENTAL HEALTH PROJECT SURVEY OVERVIEW

The Mental Health Survey was designed to take an environmental scan of the divisions and sectors throughout OPSEU. It asked leaders of those divisions/sectors what they had to say about mental health issues in their workplace, their clients and their members as well as their own well being.

The survey results indicate three directions OPSEU should take to combat the impacts of mental illness and addiction in the workplace:

- OPSEU must connect with their members; develop a bargaining and labour relations strategy to address mental health and addiction issues in the workplace; build awareness, and create educational opportunities.
- Share highlights of the survey with the Employers and make recommendations to lessen the impact of mental health and addiction issues in the workplace and identify training opportunities
- Work with the government to address some of the issues and recommendations from its own discussion paper: *Every Door is the Right Door Toward a 10-Year Mental Health and Addictions Strategy*.

OPSEU AND ITS MEMBERS

OPSEU members are under a great deal of stress from the work they perform in the public service sector. The survey indicates there is a need to build awareness, develop bargaining and labour management strategies; and training and educational opportunities in mental health and addiction.

One member reported, “I was filling out the survey because I was asked to. I had no idea that I was affected by mental health issues in the workplace until I began to answer the questions.” The survey was delivered electronically to the 39 sector chairs. 80 per cent of the sectors responded with at least one response from each of these sectors. There were 138 responses in all and they painted a clear picture of the stresses the respondents face on a daily basis. An internal awareness campaign is needed to highlight the importance of mental health and addictions so members can recognize the stressors that are affecting them.

We are working alone at night. I have fought for evening reception coverage one night a week, however scheduling and limited space requires groups and other services to be provided on other evenings and we rely on co-workers to be in the building.

OPSEU Mental Health Survey respondent

The survey respondents wanted a safer workplace as well as more education and training to help them in their jobs. Recommendations should be made to division/sector leaders for bargaining language when negotiating collective agreements and a coordinated effort made to obtain the member’s needs through the various labour management tables throughout OPSEU.

The survey respondents face mental health challenges on a daily basis; it impacts on the lives of the members. Some of those challenges come from co-workers, so our activists need training in recognition and understanding as well as crisis intervention.

THE EMPLOYER

It is evident that mental health and addiction issues faced by OPSEU members can stem directly from their workplaces. Employers must be made aware of this and become part of the solution. The respondents identified that workplace health and safety, insufficient training, and workload issues need to be addressed.

Over 70 per cent of the survey respondents identified violence as a potential risk factor in their workplaces. Members are experiencing a high level of stress from the clients they serve. They feel their workplaces are not safe places.

We need a program for both management and bargaining unit employees that deals with the stigma of mental health issues and workplace attitudes.

OPSEU Mental Health Survey respondent

Most respondents stated they did not receive sufficient mental health and addiction training for the job they were doing. There is an indication that the employer might not be aware of the impact that mental illness and addictions has in the workplace.

A client threw a “fit”, hitting, screaming, biting and attacking both staff and residents. No one was properly trained and therefore we just moved other residents to a safer place and tried to just talk down the one throwing a “fit”. *OPSEU Mental Health Survey respondent*

The public service employees from the survey expressed concerns of excessive workloads, low staffing levels and insufficient resources to do their job. The respondents experienced low morale and anxiety. They reported feeling burnt-out.

MAKING EVERY DOOR THE RIGHT DOOR

The discussion paper, *Every Door is the Right Door Toward a 10-Year Mental Health and Addictions Strategy*, lays out the strategy to make every door the right door for people with mental illness and/or addictions. The discussion paper advocates removing the barriers so that service providers no longer operate in silos and acknowledges that those who need care will enter the system through many doors. The feedback from the Mental Health Survey and from a review of the discussion paper, find some common ground with the government of Ontario and its employers on which OPSEU can build on for their members.

Some would be more appropriately serviced by Ontario Disability Support Program(ODSP) but it is difficult to help them get granted when they don't have doctors, health cards, proper diagnosis, supports etc. *OPSEU Mental Health Survey respondent*

The discussion paper defines the challenges facing the workforce. Clients have complex health and social needs; and employees have excessive workloads which contribute to job stress and burnout.

There is a call for:

- Ongoing education and support because a skilled and knowledgeable workforce will provide a high level of quality, person-directed service.
- Employees to be able to identify the signs and symptoms of mental illness and addiction.
- Recognition of life experience as well as academic training to address the shortage of skilled mental health and addiction workers.
- Collaboration with people in other sectors.

The paper states that workers have low salaries and limited career paths which need to be enhanced to improve opportunities for recruitment and retention. More funding for Mental Health is required.

Trying to assist people with such severe mental and or addiction issues is absolutely overwhelming. It is very concerning that many of our clients are out on the street, being taken advantage of, unable to make healthy decisions for themselves, and often a danger to others as well as themselves. *OPSEU Mental Health Survey respondent*

Anxiety, depression and violence are the top three mental health issues that OPSEU members encounter from their clients. On a daily basis they deal with both the threat and at times, the reality, of physical and verbal assaults. They feel their workplaces are not safe places. Over 70 per cent of the survey respondents identified violence as a potential risk factor in their workplaces.

Sometimes it can be an unsafe workplace. Verbal abuse and other individuals in the home are feeling unsafe and at times some staff don't want to work here because they are afraid
OPSEU Mental Health Survey respondent

Employees reported to have many stressors related to mental health as a result of their jobs, a sense of anxiety, depression, and low morale. They indicate an increase use of sick time. There is a lack of resources and funding and they report feeling burnt out.

We often pick these patients up off the street. Take them to an emergency room to deal with the immediate threat, but longer-term monitoring and care could prevent these trips to the ER from happening over and over with the same individual. They are then released back on to the streets without receiving longer-term care.

OPSEU Mental Health Survey respondent

79 per cent of the respondents said they did not received sufficient training in mental health issues to deal appropriately with clients. There was an overwhelming request for training in understanding and recognition; intervention, and crisis management of mental health and addiction, followed by a large response for a personal wellness program.

From the survey, OPSEU discovered that collaboration across the sectors is important. The government might want to take a further look as to who are the people that can make “every door the right door” when it comes to mental health services.

I am approaching a customer’s personal property for assessment purposes, but I have no idea what the customer’s mental state is as I arrive. *OPSEU Mental Health Survey respondent*

Funding is needed to make improvement for recruitment and retention. Part-time and precarious work is not conducive to a productive workforce. A good job needs to offer a degree of stability, a decent wage, and a chance to further develop skills to keep pace with the rapid increase in knowledge in the field. Job stability leads to a person’s overall well-being and will attract employees dedicated to their jobs.

There has been a reduction of programs over time with the quality and amount of time for care. Caseloads have increased. Collection and government reporting has increased which has resulted in less availability for direct quality care with clients and staff burnout/turnover issues. There has been no infiltration of funding following hospital cuts to the community mental health agencies. *OPSEU Mental Health Survey respondent*

SUMMARY:

In order to make improvements in the quality of care and service within the mental health system, a collaboration of all stakeholders must be involved.

Mental health issues impact the workplaces in many sectors within OPSEU such as child and youth services, the provincial psychiatric hospitals and mental health agencies, corrections, the courts, acute care hospitals, long term care, developmental services, and community health care. A broader view is required to recognize the extent of the impacts. Ambulance personnel, property assessors, and workers from the colleges are examples of some of the other communities that grapple with mental health issues.

We deal with mental health issues quite regularly. When the customer gets out of hand, we've had to involve the police, file restraining orders, etc. It can be stressful at times, especially, when you see the customer outside of your workplace.

OPSEU Mental Health Survey respondent

Employers must be made aware of the issues facing its employees. Workplace health and safety, insufficient training and workload issues need to be addressed.

OPSEU members are a valuable and skilled resource and they must be included in the government strategies on mental health and addictions.

The majority of OPSEU members from across the divisions/sectors felt they were not given enough training and requested further training in recognition and understanding as well as crisis intervention in mental illness and addictions. They further indicated personal wellness was needed in handling the job stress.

The government may not recognize the value or appreciate the skilled workforce that is currently in the system.

A serious commitment for adequate funding for mental health and addiction services would improve recruitment and retention. More full time jobs can be created. Part-time and precarious work is not conducive to a productive workforce. A motivated and trained skilled competent public workforce can mean better service for people with mental illness and addictions.

At OPSEU we must campaign to be an active player to propel the strategies found in the discussion paper *Every Door is the Right Door* into reality. There must be awareness of mental health issues in the workplace along with a demand for more training. The members need to develop language for bargaining and labour relations.

It has been over two years since this discussion paper was brought forward. OPSEU applauds the Liberal government for the inclusion of \$257 million in new funding over three years in the 2011 Ontario Budget for mental health and addictions services for children's mental health. However, OPSEU demands more funding and resources be allocated to adult mental health now.

The wait of another day to address adult mental health issues is too long, let alone another three years.

RECOMMENDATIONS

EXTERNAL

It is essential that OPSEU's research findings be acted upon through meetings with government officials responsible for the mental health and addictions strategy so that survey findings can be shared and possible links as defined in this report can be explored and further:

- Ensure sufficient funding is available for mental health and addiction systems
- Ensure more training and development on mental health and addiction in the mental health sector
- Ensure training and development on mental health and addiction throughout the public sector
- Improve recruitment and retention
- Improve wages and reduce workload
- Create awareness of mental health challenges in the workplace.

INTERNAL

OPSEU must ensure that our union responds to the members' concerns expressed in the survey and take the following action:

- Begin an internal mental health and addiction awareness campaign
- Link to larger provincial campaigns
- Post current and timely information on mental health on an ongoing basis to keep mental health and addiction in focus on the website
- Develop templates and articles to be hosted in local newsletters and websites
- Create mental health and addiction training for members

LABOUR MANAGEMENT:

- Develop awareness of stressors and begin a dialogue with employers to reduce them
- Seek out training and education for employees

BARGAINING PROCESS:

Find, develop or recommend language to table for bargaining for:

- Wellness programs
- Training and education
- Reduction of job stress

SYMPOSIUM:

- Gathering of Allies and stakeholders

Appendix 1






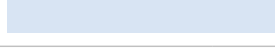

MENTAL HEALTH PROJECT SURVEY RESULTS

The following information contains the survey question and a synopsis of responses.

1. Where do you work?

138 respondents participated in the survey. At least one member from 31 out of the 39 sectors and divisions of OPSEU responded (See appendix 2-Who We Are)

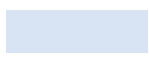
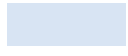

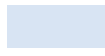



2. Which best describes your workplace?

2. WHICH BEST DESCRIBES YOUR WORKPLACE?		RESPONSE PERCENT	RESPONSE TOTAL
RESIDENTIAL		6%	8
COMMUNITY BASE		32%	47
INSTITUTIONAL SETTING		5%	7
HOSPITAL		3%	4
RETAIL OUTLET		7%	10
OFFICE SPACE		36%	52
OTHER		12%	17
TOTAL RESPONSES		145	

This gave a general idea of the various workplaces our members operate in for campaign development purposes but the information is only relative to the responses and might not be reflective of the larger organization.

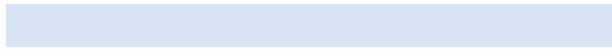

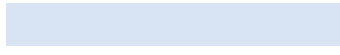
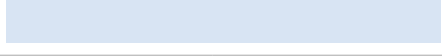
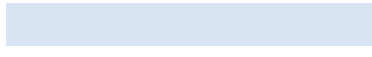
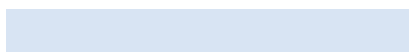
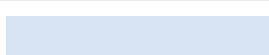
3. Mental health issues: What are the kinds of mental health issues that you experience in your workplace with your clients/patients/customers? Multiple check boxes

Table 2. Mental health issues experienced in the workplace from clients

3. WHAT ARE THE KINDS OF MENTAL HEALTH ISSUES THAT YOU EXPERIENCE IN YOUR WORKPLACE WITH YOUR CLIENTS/PATIENTS/CUSTOMERS?		RESPONSE PERCENT	RESPONSE TOTAL
ANXIETY		20%	112
DEPRESSION		17%	94
PTSD/TRAUMA		10%	58
VIOLENCE		14%	81
CHEMICAL DEPENDENCY		11%	62
ALCOHOL/DRUG ADDICTION/ABUSE		14%	77
ALZHEIMER'S /DEMENTIA		8%	46
TOTAL RESPONSES			569

The results from this graph show the total responses whereas Table 2.a. was examined further to identify the stressors per respondent.

Table 2.a. Mental health issues experienced in the workplace from clients per respondent

3. WHAT ARE THE KINDS OF MENTAL HEALTH ISSUES THAT YOU EXPERIENCE IN YOUR WORKPLACE WITH YOUR CLIENTS/PATIENTS/CUSTOMERS?		RESPONSE PERCENT	RESPONSE TOTAL
ANXIETY		81%	112
DEPRESSION		68%	94
PTSD/TRAUMA		42%	58
VIOLENCE		59%	81
CHEMICAL DEPENDENCY		45%	62
ALCOHOL/DRUG ADDICTION/ABUSE		56%	77
ALZHEIMER'S /DEMENTIA		33%	46
TOTAL MEMBER RESPONSES			138

Members are experiencing a high level of mental health issues at their jobs from the clients that they service. Anxiety was identified by 81 percent of the respondents while depression and violence ranked second and third respectively.

4. Impact: Clients:

Please describe the impact that the client/patient/customer's mental health has in your workplace?

Of the 108 responses most report they have a stressful workplace with their clients. On a daily basis they deal with both the threat of and actual physical assaults and verbal assaults from angry clients. Their workplaces feel unsafe.

Our members had this to say:

There are significant impacts when it comes to caring for children, working with family members and community resources etc. These families aren't doing well; we get called in and then we are subject to their behaviour, threats and other issues. We have to see progress before we will allow children to return to parents with these issues and getting them resourced is a huge concern, worker safety is also a huge concern, with threats, physical assaults and even gunshots fired at workers.

Sometimes it can be an unsafe workplace. Verbal abuse and other individuals in the home are feeling unsafe and at times some staff don't want to work here because they are afraid.

Trying to assist people with such severe mental and/or addiction issues is absolutely overwhelming. It is very concerning that many of our clients are out on the street, being taken advantage of, unable to make healthy decisions for themselves, and often a danger to others as well as themselves.

As we deal primarily with employment, situations surrounding client service are always tense and highly emotionally charged. When a mental health concern is in play, the situation becomes infinitely more complex and challenging. Even those of our clients that do not have to cope with mental health are still highly stressed due to financial strain; those who additionally have mental health problems can be a danger to themselves and others when placed in such a high-stress situation.

We deal with mental health issues quite regularly. When the customer gets out of hand, we've had to involve the police, file restraining orders, etc. It can be stressful at times, especially, when you see the customer outside of your workplace.

A lot of workers are exposed to suicidal and volatile situations on an on-going basis. They report suffering from compassion fatigue, secondary traumatic stress and personal burn-out. They feel undervalued, alone, frustrated and as a result have become desensitized.

5. Risks:

Please identify what you think might be the potential risk factors in your particular workplace/setting that are related to working with clients/patients/customers with mental illness?

70 per cent of respondents identified violence as a potential risk factor in their workplaces. Perceived or actual, the threat creates a stressful work environment. A few examples of the potential violence through frustration from the clients can be anything from the client not able to meet the eligibility criteria for a program; they are unable to obtain alcohol or a worker is required to enter in to the clients' personal space (e.g. property assessment and child support services).

Our members had this to say:

Potential factors related to my position as a property inspector range the gambit from stress to depression to violence as I am approaching customers personal property for assessment purposes and I have no idea what the customers mental state is as I arrive.

The potential for violence is there because of frustration and lack of necessary resources. Clients are unable to meet eligibility criteria for social programs resulting in financial insecurity and homelessness.

There are verbal and physical threats towards staff. More in-home work is being required (family preservation programs) which require increased safety measures to be put in place as work often occurs in the evenings. We are working alone at night. I have fought for evening reception coverage one night a week, however scheduling and limited space requires groups and other services to be provided on other evenings and we rely on co-workers to be in the building.

Other risks faced by workers making home visits are contacting communicable diseases, scabies and bedbugs.

6. Workplace Incidents:

Have you experienced a client/patient/customer having a mental health related incident(s) in your workplace? If yes, please describe; **(only for those that do not work in a mental health hospital or a community-based mental hospital)**

From the responses of those that do not work in a mental health hospital or community-based mental hospital, 83 percent responded experienced mental health incidents in the workplace, ranging from clients presenting paranoid, psychotic and delusional behaviours; to suicidal threats, and violent and aggressive behaviours.

Our members had this to say:

Absolutely, every day, delusional thinking, paranoia, violence, threats, extreme depression, hopelessness, psychosis, impairment due to alcohol and/or drugs and threatening behaviour.

I have a client that is always frustrated, angry and yelling at me. He has a history of paranoid schizophrenia and refuses to take medication. I see people in the office as well as in the community that all have a diagnosed mental health issue and this in itself can be unpredictable situation to be in.

A client threw a “fit”, hitting, screaming, biting and attacking both staff and residents. No one was properly trained and therefore we just move other residents to a safer place and try to just talk down the one throwing a “fit”.

Every shift, we deal with suicidal people, patients who are unable to cope with everyday life. This includes patients with substance abuse problems etc. I personally deal with a woman who I am pretty sure has early stages of Alzheimer’s. I saw my co-workers deal with a customer going into delirium tremens (DT) seizures in the store and the customer biting the security guards when the customer was taken down for stealing.

We deal with at least one suicidal student a year at our facility. The process ends with a hospital visit and a professional assessment and then regular visits with social workers and or psychologists on site.

About 3 years ago a client was very upset at the front counter. He was abusive and made threats against the entire office. This created some anxiety for my personal safety.

7. Appropriate services:

Would the clients/patients with mental illnesses in your workplace be more appropriately placed/ serviced in another care setting? If yes, please describe why they are not and where should they be.

69 per cent of the respondents to this question believe their clients are not in the most appropriate setting.

Our members had this to say:

Mental health clients are forced through normal criminal justice system process and are subject to the same sentences. Judges feel that mental health is a mitigating factor so they are sent to Probation. We don't have enough information about services out there to assist them properly so they are treated through enforcement and become stuck in the system.

We often pick these patients up off the street. Take them to an emergency room to deal with the immediate threat, but longer-term monitoring and care could prevent these trips to the ER from happening over and over with the same individual. They are then released back on to the streets without receiving longer-term care.

Many of these people are at home when they should be admitted to psych wards. Often they don't take their meds...someone should be making sure they take their meds, especially if they tend to become violent while off them.

Nursing homes were not built to house this type of residents. We aren't staffed to accommodate these types of clients. They would be much better served at a mental health facility where they came from before the government closed them down.

Some would be more appropriately serviced by Ontario Disability Support Program (ODSP) but it is difficult to help them get granted when they don't have doctors, health card, proper diagnosis, supports etc.

8. Available programming:

What patient/client/customer resources or programs exist in your workplace to address your patient/client/customers' mental health issues? **(Only for those that do not work in a mental health hospital or a community-based mental hospital)**

Less than 30 percent of the respondents could identify what programming was available.

9. Resources: Client:

Has there been a reduction or elimination of mental health programs or resources for patients/clients/customers in your workplace? If yes, please provide details

18 per cent of respondents could identify reduction or elimination of mental health programs or resources for patients/clients/customers in their workplace. Those respondents were from Developmental Services, Child Treatment, Community Healthcare Professionals and the Mental Health Division. From that group, 66 per cent identify a reduction or elimination of service(s).

Our members had this to say:

There has been a reduction of programs over time with the quality and amount of time for care. Caseloads have increased. Collection and government reporting has increased which has resulted in less availability for direct quality care with clients and staff burnout/turnover issues. There has been no infiltration of funding following hospital cuts to the community mental health agencies.

Group programs have been downsized considerably, the clients really enjoyed these but the lady that ran these left and the position was dissolved. We as case-managers cannot do group programs regularly due to full caseloads and lack of time and money.

We no longer have a hairdresser which now requires us to escort the clients to get a haircut. They get frustrated as they get very untidy looking. They no longer have Bingo as it is classified as gambling or an addiction. They have closed workshops. All the clients get to do is go for van rides and occasionally walk or watch TV.

In the past Counsellors at the college could work with students who had issues. In the past years the college has put the emphasis on career counseling and has instructed Counsellors to not do any personal counseling.

10. Resources: Employee:

Has there been a reduction or elimination of any mental health programs or resources in your workplace for members? If yes, please provide details.

Overall, 95 per cent of respondents indicated they were not aware of any reduction of programs or resources for the members in the workplace.

11. Resources: Community:

Have you or any other staff ever voiced concerns over the lack of resources to address mental health problems within your community? If yes, please provide details.

38 percent of respondents voiced concerns over the lack of resources to address mental health problems within their community. Of those respondents that voiced concerns, the majority were from the following sectors/divisions:

- 69 per cent from Children’s Aid Society, Child Treatment, Children and Youth Services
- 68 per cent from Community Healthcare Professionals and the Mental Health Division
- 53 per cent from Development Services
- 50 per cent from Ambulance Sector

Overall, 62 per cent of the respondents had no response to this question or were not aware of any concerns being voiced.

It appears that those that work directly with or have encounters with mentally ill are more aware of the problem.

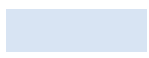
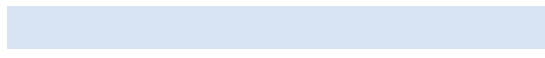
12. Resources: Workplace:

Have you or any other staff ever voiced concerns over lack of resources to address mental health problems in you workplace? If yes, please provide details

35 per cent of respondents voiced concerns over lack of resources to address mental health problems in their workplace. The respondents represent a cross section of the sectors and divisions.

13. Training: Workplace:

Table 3. Sufficient training in mental health issues

13. DOES STAFF IN YOUR WORKPLACE RECEIVE SUFFICIENT TRAINING IN MENTAL HEALTH ISSUES TO DEAL APPROPRIATELY WITH CLIENTS?		RESPONSE PERCENT	RESPONSE TOTAL
YES		21%	26
NO		79%	97
TOTAL RESPONSES			123

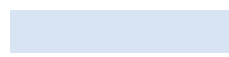
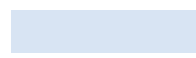
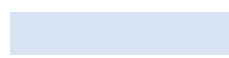

An overwhelming majority did not think there was sufficient training in mental health issues to deal appropriately with clients.

Of the 21 respondents that indicated they received sufficient training there was no single sector/division that had a majority of respondents indicating they received sufficient training. Of the 62 per cent of respondents that felt they received sufficient training in the workplace to deal appropriately with their clients, they still

wanted more training in other areas like, further skill development, crisis intervention and personal wellness.

14. Training: Employee:

Table 4. Training requests

14. REQUESTS FOR TRAINING		RESPONSE PERCENT	RESPONSE TOTAL
MENTAL HEALTH ★		41%	33
PERSONAL WELLNESS		31%	25
TRAINING (non specific)		12%	10
JOB TRAINING		11%	9
TOTAL RESPONSES			81

★ *Mental health- Intervention, crisis management, understanding and recognition*

79 per cent of the members reported not getting enough training. When asked what kind of training, there was an overwhelming response for mental health recognition and response training, followed by a large response for personal wellness program.

Our members had this to say:

A wellness program would be wonderful also, a program for both management and bargaining unit employees that deals with the stigma of mental health issues and workplace attitudes.

More intervention crisis training, wellness programs, social and artistic programs, behavioural training programs

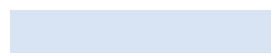
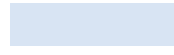

We could probably have periodic training on ways to recognize individuals with mental health problems and how best to handle them.

We need training on understanding and de-mystifying mental health illnesses, how to recognize and prevent burnout.

15. Impact of mental health: Community:

What changes have you seen, positive or negative, regarding available resources that are offered for mental health treatment in your community? Please provide details.

Table 5. Awareness on impacts to the community

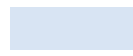

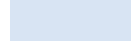
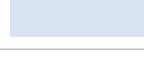
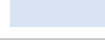



15. IMPACTS ON THE COMMUNITY REGARDING AVAILABLE RESOURCES.		RESPONSE PERCENT	RESPONSE TOTAL
NEGATIVE IMPACTS		39%	29
POSITIVE IMPACTS		22%	16
NO CHANGE OR UNSURE		39%	29
TOTAL MEMBER RESPONSES			74

There was no one sector/division that demonstrated any clear indication of negative or positive impact on the community regarding available resources. There was no provision in the survey to indicate if there are areas or regions that might differentiate the responses.

16. Impact of mental health: Personal:




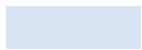
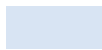


How does mental health affect you and your members? Please select all that may apply.

Table 6. Impact of personal mental health

16. HOW DOES MENTAL HEALTH AFFECT YOU AND YOUR MEMBERS? PLEASE SELECT ALL THAT MAY APPLY.		RESPONSE PERCENT	RESPONSE TOTAL
ANXIETY		17%	88
DEPRESSION		13%	70
INCREASED USE OF SICK LEAVE		17%	89
LOW MORALE		19%	99
CYNICISM		14%	72
USAGE OF EAP SERVICES		11%	56
PERSONAL INJURIES		7%	36
OTHER SELECTION		3%	15
TOTAL RESPONSES			525

The results from Table 6 show the total responses. Table 6.a. details the stressors per respondent.

Table 6.a. Identifying stressors of the impact of personal mental health

PERSONAL IMPACTS OF MENTAL HEALTH		RESPONSE PERCENT	RESPONSE TOTAL
IDENTIFIED SEVEN STRESSORS		21%	29
IDENTIFIED SIX STRESSORS		17%	24
IDENTIFIED FIVE STRESSORS		21%	14
IDENTIFIED FOUR STRESSORS		6%	8
IDENTIFIED THREE OR LESS		35%	48
TOTAL IDENTIFY ONE OR MORE		89%	123
NO MENTAL HEALTH ISSUES		11%	15
TOTAL MEMBER RESPONSES			138

Of the all the mental health issues listed, 89 per cent of the respondents indicated one or more stressors. 21 per cent indicated all seven.

The mental health survey led to a broader view of sectors that are affected by the fragmentation of the mental health system. Traditionally, the list included child and youth services, provincial psychiatric hospitals, mental health agencies, corrections, the courts, acute care hospitals, long term care, developmental services, and community health care. From the feedback received, ambulance personnel, property assessors, and workers from the colleges are examples of other sectors that also grapple with similar problems.

Appendix 2

WHO WE ARE

The Ontario Public Service Employees Union (OPSEU) is an Ontario-based union that represents over 130,000 members who service our communities. It negotiates 500 collective agreements for the workers from over 39 Divisions and Sectors:

- Ambulance
- Developmental Services
- Board of Education
- Children's Aid Societies
- Youth Corrections
- Long Term Care
- Universities
- Hospital Professionals
- Healthcare Support
- Municipalities
- Child Treatment
- Municipal Property Assessment Corporation
- Community Healthcare Professionals
- Mental Health
- Canadian Blood Service (CBS) & Diagnostics
- Liquor Board
- CAAT Academic
- CAAT Support
- Ministry of Agriculture & Food
- Ministry of Attorney General
- Ministry of Children & Youth Services
- Ministry of Citizenship & Immigration
- Ministry of Community and Social Services COMSOC
- Ministry of Community Safety and Correctional Services
- Ministry of Economic Development & Trade
- Ministry of Education
- Ministry of Environment
- Ministry of Finance
- Ministry of Government Services
- Ministry of Health & Long-Term Care
- Ministry of Labour
- Ministry of Municipal Affairs
- Ministry of Natural Resources
- Ministry of Northern Development & Mines
- Ministry of Solicitor General
- Ministry of Tourism/Culture
- Ministry of Training, Colleges & Universities
- Ministry of Transportation
- Ontario Clean Water Agency

Appendix 3

RESOURCES

Reality: Ontario's Mental Health Care System isn't working - November, 2002

A report published by Ontario Public Service Employees Union (OPSEU) in response to the restructuring of the mental health services by the then Conservative government.

www.opseu.org/bps/health/mental/indexarchive.htm

Every Door is the Right Door Towards a 10-Year Mental Health and Addictions Strategy - July 2009

This is a discussion paper developed by the Minister's Advisory Group. It sets out a framework for the proposed strategy, which was introduced at the Summit on Mental Health and Addictions (July 13 and 14, 2009).

www.health.gov.on.ca/english/public/.../discussion_paper.pdf

A submission by the Ontario Public Service Employees Union to the Select Committee on Mental Health and Addiction. - December 2009

The submission called for extensive further discussion among all stakeholders in order to implement the necessary changes to make "every door the right door,"

<http://www.opseu.org/bps/health/mental/mh-%20brief.pdf>

No Place to Go - September 20, 2010

A report by the Ontario Public Service Employees Union (OPSEU) to examine the restructuring of mental health in Southwestern Ontario and reiterate the original call from the Health Restructuring Commission report that strongly recommended that bed cuts only take place after appropriate community supports have been put in place.

www.opseu.org/bps/health/mental/pdf/No%20Place%20To%20Go.pdf

Select Committee on Mental Health and Addictions Final Report Navigating the Journey to Wellness: the Comprehensive Mental Health and Addictions Action Plan for Ontarians 2nd Session, 39th Parliament 59 Elizabeth 11 - September 2010

The report includes 23 recommendations for action and contains two key recommendations. The first is the creation of Mental Health and Addictions Ontario, an umbrella organization responsible to the Ministry of Health and Long-Term Care (MOHLTC), to ensure that a single body will design, manage and coordinate the mental health and addictions system, and that programs and services are delivered consistently and comprehensively across the province.

www.health.gov.on.ca/english/.../mentalhealth/.../selectcom.html



www.opseu.org



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