

NATIONAL POST

Saturday, May 17, 2008

Battle of the brain

First they fight the illness, then they fight the stigma

Sarah Treleaven, Financial Post

Published: Saturday, May 17, 2008

Presented by



When he was a young man, Michael Armstrong was on track for an entirely different life. He finished law school at the University of Toronto in the mid-1970s, but while articling experienced a psychotic break and was hospitalized for several weeks.

He lost his lover, his confidence and his career.

He has since spent decades battling his own brain, a conflict that has forced him into chronic underemployment. For 23 years, he lived with a misdiagnosis of schizophrenia until a doctor finally identified his bipolar disorder. He has experienced the highs of psychosis and lows of depression, juggled different medications with varying success and been dismissed with little fanfare from several jobs.

Employment is commonly interrupted for people who live with mental illness and the impact is significant. According to a recent study by the Centre for Addiction and Mental Health (CAMH) in Toronto, mental illness and addiction costs the Canadian economy \$51-billion annually through scheduled and unscheduled absences, downtime, wage replacements and lost productivity.

Bill Wilkerson, co-founder and chairman of the Global Business and Economic Roundtable on Addiction and Mental Health, explains there are two key categories of mental illnesses that affect employment. The first category is persistent forms of mental illness, such as disabling schizophrenia and bipolar disorder. The unemployment rate for people suffering with severe forms of these disorders is around 70%.

The second category is depression and anxiety disorders, which frequently require time off work and account for about 40% of all disability claims. "They have to take time away from the workforce or, in a more insidious way, they perform at less than capacity, the so-called 'presentee-ism,'" says Dr. David Goldbloom, senior medical advisor in the education and public affairs department at CAMH.

Diana Capponi, co-ordinator of the Employment Works program at CAMH, says it often takes as long as five years after an episode of mental illness to get the right diagnosis, find the right medication and get back on track.

The Canadian Mental Health Association's Routes to Work program has helped find employment for more than 700 people in such circumstances since its inception nine years ago. Participants are assigned to an employment support worker who helps identify needs and limitations, often helping to plug sizable holes in resumes, even sourcing clothes for job interviews.

The needs of each individual participant vary. Some need a quiet space to work or one-on-one support from an employer. Others have an extremely low threshold for workplace stress. "If the person is only able to work four hours a week, then that's what we help them find," says Julie Flatt, project manager for Routes to Work.

Barriers to work for the mentally ill aren't only about combating personal demons. The stigma associated with mental illness -- the perception that those who suffer with it are weak, lazy, dangerous, incompetent or just need to "snap out of it" -- does little to encourage workplace accommodation strategies and can make individuals reluctant to disclose their condition.

The new Mental Health Commission of Canada is attempting to tackle the stigma issue. Senator Michael Kirby, chairman of the commission, says that we treat mental illness with a prejudice not applied to other chronic conditions.

"When the Senate committee had its hearings, we had a wonderful story from a woman who had been off with breast cancer and she talked about all of the flowers and letters she received from her coworkers," says Senator Kirby. "And then she was off three years later with post-partum depression and she never received a card, she never received a visitor, she never received anything."

Mr. Wilkerson says one of the most difficult challenges to overcome is the perception that people with mental illness are "damaged goods and can never be productive."

Ms. Flatt agrees that the abilities of the participants in her program are often unfairly underestimated. "More times than not, our clients work even harder than the other employees just to be able to fit in and keep their job," she says.

Five years ago, Shelagh Rogers, host of CBC Radio's Sounds Like Canada, sunk into a depression so severe that she worried she might never regain the power of speech. "The only thing I could do was utter a chicken-like squawk. I thought I would never work again, and I was completely lost."

She was soon diagnosed with unipolar depression, found the right medications and therapy, and began taking baby steps back to work. Ms. Rogers says that the supportive environment at the CBC, which permits her to take time off when she feels overwhelmed, has been integral to her recovery. "I'm lucky that I didn't land in a place that regards it as something fake or indulgent or something to just get over."

Dr. Goldbloom says that most workplaces have been slow to adapt. "They're very good at figuring out how to build a ramp for someone with both legs broken. But building that ramp to help someone recovering from a mental illness return to work successfully is a big challenge facing organizations."

Employers are often concerned that the accommodation of a person with a history of mental illness will be onerous, says Mr. Wilkerson. But he says that simple initiatives, such as part-time work, flexible hours or giving that person one project at a time, can often make a world of difference. "It's not much different from any other chronic condition. If a person has a heart attack and comes back to work, they come back slowly." He adds that helping an employee make a return to work is a good way for organizations to protect the human resources investment they've already made.

"One of the fundamental precepts of good management is asset management and protection, and we do that routinely with inanimate objects," says Mr. Wilkerson. "What we're simply saying is that you make a similar investment in people."

Employment is just as critical for the mentally ill as it is for anyone else. Work is part of our identity, a key source of accomplishment and camaraderie and a connection to our communities. There is also some evidence that it can be good for mental health. A reduction in symptoms typically follows a successful employment placement, says John Trainor, director of community support and research at CAMH.

"When we talk about priorities, money is pretty low on the list," says Clarice Gervais, a CAMH employment support worker in Kingston, Ont. "They want fellowship, something to keep them busy, and they want to contribute to society and feel like they're a part of things."

When I spoke with him last, Mr. Armstrong had just arrived home from the R. Samuel McLaughlin Information Centre at CAMH, where he has worked for the past five years. He had just finished his first of two four-hour shifts that week, and was settling in to reread a childhood favourite *My Friend Flicka*.

After years of searching for balance, Mr. Armstrong says that he is content with his life, work and advocacy on behalf of the mentally ill, which has won him numerous awards, including a 2003 CAMH Courage to Come Back Award. He says that what he continues to need most is people who have compassion for his story and who will not hold it against him as a weakness or character flaw.

"I didn't ask for this illness. This is something that, for whatever reason, my brain chemistry developed. Words of encouragement are particularly [necessary] for people who are returning from the sidelines."

Copyright © 2007 CanWest Interactive, a division of CanWest MediaWorks Publications, Inc.. All rights reserved.