



Announcer

It is time for the *IHSA Safety Podcast*.

Enzo Garritano:

Welcome to the IHSA Safety Podcast. I'm Enzo Garritano, president and CEO of IHSA. In today's episode, host Ken Rayner will be speaking to Kathy Martin, IHSA's Mental Health and Wellness Specialist, to continue the dialogue on mental health. This episode is focused on challenging stigma and preventing mental harm. Ken and Kathy, over to you.

Ken Rayner:

Thanks, Enzo. Welcome back to the *IHSA Safety Podcast*, Kathy Martin. Today's podcast is our third on mental health with this episode focused on challenging stigma and preventing mental harm. So Kathy, my first question for you is, what is stigma and why is it so associated with mental health?

Kathy Martin:

That's a great question. Many people don't really understand stigma and really simply put, stigma is a set of negative beliefs and prejudices and biases about a group of people. Now we all hold some level of stigma or bias about many things, including people, and often they're associated with ideologies and these social beliefs about certain groups or traits of people. Our stigmas are often based on, like I said, many different prejudices like sexual orientation or gender, culture or physical disability, and of course one's mental state or mental health. Depending on your beliefs or your upbringing and experiences in the world, we call this our worldview. We can find ourselves holding all sorts of different beliefs, be it negative or positive. And it's really the negative beliefs that get us all in some sort of trouble from time to time, and it can cause stigma and self-stigma.

So let me just unpack self-stigma for a minute. Self-stigma can actually be worse for those experiencing mental health issues. We often judge ourselves much more harshly than we would others. This sometimes can be part of the illness itself, but it's often fueled by our beliefs and our social norms. So if you believe people who have depression, let's say, are just faking it and taking advantage of perhaps a work disability leave, then you might be reluctant yourself to initiate time off for treatment even when it might be really wise and necessary to do so, for example.

So it can be as simple really as beliefs you hold about work and workplaces too. You might think there's no room for discussion about mental health at work, and therefore when you're overburdened by work stress, you might keep this to yourself and not speak up to your supervisor about what's going on. So you ask why it's associated so prominently with mental health. Well, I want each of the listeners to just reflect on that for a moment. And Ken, I'm going to ask you a question. What did you learn growing up about mental health in school? Or what did you learn from family or the media?

Ken Rayner:

Kathy, I don't remember learning much about mental health in school, whether that be grade school or high school or even university. And I think just from media back in the day, mental health meant, terrible monikers for it, but you were crazy, you were nuts, you were cuckoo. And to stay away from people that were dealing with mental health issues, that's what I remember sort of growing up. Is that fair?

Kathy Martin:

Yeah, no, absolutely. Media has really shaped our social norms and our social ideologies around mental health. And really Ken, I think you were similar probably generation than I am. I grew up in the '70s and we didn't talk about it in school. It just wasn't a conversation. And when we did talk about it in the family, it was often under hush, hush tones. And the media, I remember a popular movie, One Who Flew Over the Cuckoo's Nest, and it was very popular in the day and it was comical. And then often it was some of the media was portraying people with mental illness as often violent and somebody to be really wary of. So yeah, our ideologies and our thinking certainly has shaped how we interact and behave in our society, and that's not just around mental health.

So the concept of stigma is much broader than just mental health, but we have stigma around mental health and that's what we're talking about here today. So like I said, what was once the social norm back in the '60s, '70s and '80s and even the '90s, has really shifted greatly over time. As we move together and we journey together as a society, we are gaining new knowledge and experiences that are shifting our worldview and our collective expectations of our social behavior. So what was socially acceptable from a behavior standpoint has certainly shifted over time. And that's a really good thing. You think of even just like bullying in the playground, my generation back in the '70s, you had a problem, like boys will be boys, right? You had a problem, you'd beat the crap out of each other in the playground. Yeah, right? And you just can't do that anymore. We have no violence, no,-

Ken Rayner:

The playground, for sure. Yeah.

Kathy Martin:

No tolerance for that now. And so that's a really good thing. And that's just showing, demonstrating how society does shift. And so we are shifting, like I said, collectively, and that's a good thing for people who are experiencing discrimination regarding mental health issues, as well as individuals who are experiencing other stigmas and discrimination. For example, those who might have varied sexual or gender identities that differ from the perceived social norm, as well as those maybe with physical or intellectual disabilities, among many others. So shifting collective thought and behavior takes a huge amount of collective effort and it takes time to see those changes. However, I'm glad to say things have improved and they'll continue to improve as we continue talking about mental health stigma and keep challenging it.

Like in my career, I've noticed quite a change. When I first started, I was working with individuals who had chronic and serious mental health issues who were looking to re-enter the workplace. They had been off for some period of time, and it was a real huge challenge to find employment back in the '90s

for those who required some sort of job supports or accommodation for their mental health in the workplace. And back then most people were really unaware in the workplace on how to support someone with a mental illness in the workplace. And then you fast-forward now over 30 years and yes, I'm dating myself, but my point is things have improved, but there's still lots of room for more improvement.

And my direct experience working with those individuals led me to want to do more in the way of working with employers to help them become more knowledgeable and better equipped to handle mental health issues in the workplace. And since about I'd say 2006, I've been working directly with employers and unions and HR departments and also occupational health and safety professionals like yourselves, and others, to learn more about what it takes to manage mental health in the workplace. And good news for Canada, in 2013, we launched a new national standard for psychological health and safety with the CSA [Canadian Standards Association] and BNQ [Bureau de normalisation du Québec], which are two Canadian standard organizations. And since that time of the launch of the standard, there certainly has been a greater shift in a lot of workplaces. And certainly people are starting to receive the message that this is a workplace issue as not just a societal issue.

And we know though that not everyone's gotten on the road or bought in yet, but that's okay. Managing mental health in the workplace, and you're looking at the standard, can be complex, can be overwhelming. And if you don't have the skill set in-house, it can be challenging. But we are encouraging workplaces to look at these issues, but look at them more strategically. And the reason being is we want to prevent mental harm in workplaces. Just the way we are working towards prevention of physical harm, which I to say does a great job at doing. We are now in that arena where we're really looking at how do we prevent mental harm in the workplace as well. Guess I'm not going to be retiring soon, right, Ken?

Ken Rayner:

Well that's good for us. But know it's interesting, Kathy, so being of the same vintage as you are growing up in the '70s, '80s, and '90s, I can't imagine what somebody would go through dealing with a mental health issue and then looking to return safely to the workplace and getting the support of their employer and their colleagues back in those days. I'm sure it must've been really tough and it's still tough today. So why is it that stigma leads to discrimination and then how can it impact the life of somebody dealing with mental health? You're talking about work or relationships or living within society. How does that happen and why is it still going on today?

Kathy Martin:

Well, it's a complex question you're asking, but as I mentioned, stigma really is about thoughts and the biases that we all hold, but it's that behavior that's attached to those thoughts and behaviors that I mentioned that can cause trouble certainly within workplaces and in society at large. So it's these behaviors, often negative that we call discrimination, right? And like I said, they're often based on our explicit biases.

So for example, I'm going to give you a little example here to try to unpack the concept a bit. Let's say you were raised being told that all dogs are mean, and you believe this today to still be true. And then one day you're asked to watch your neighbor's dog for the afternoon, right? And you might say no or

you might say, "Okay, well it's just the afternoon," and you might agree to watch the dog. But your bias towards the dog might be, "Okay, yeah, I'll look after the dog, but I'm going to shove it in the backyard and I'm not going to interact with it at all. And when my neighbor comes home, then they can have their dog." Versus someone who maybe was raised thinking that all dogs were really friendly, they might spend the afternoon rolling around in the backyard playing with the dog and playing games all afternoon. So your interaction with the same dog will depend really on your comfort level and what you were taught and your ideologies and your social biases that you hold towards dogs in general.

Ken Rayner:

That's a great example. That's a great example, Kathy.

Kathy Martin:

Good, good. Yeah, I just wanted to say it's the same dog, but how everyone interacts with dogs or a dog will depend on your experience. There's also implicit bias. This is when we do things based on an unconscious bias without even realizing the harm it's causing others. These are often in the form of microaggressions. And so with the case of the dog, you might not even realize the past trauma perhaps, of being bit by a dog as a younger child. That maybe that trauma is keeping you feeling a certain unease when you're around dogs. Even though you consider yourself someone who likes dogs, you might have that kind of bubbling sense of unease. And you may act, let's say, more skittish around dogs and not really understand why. This is a rather simplistic explanation. But it really is about, like I said, thoughts and behaviors, conscious or unconscious.

And that's why we encourage people to learn. You maybe have heard of this skill of cognitive behavior therapy. This helps people to challenge your thoughts and to choose or reframe your thoughts in a different way so that you choose different behaviors. That's the basic premise of challenging our thoughts. Now, I know for the listener, this is a lot of jargon, but the main point I'm sure we all get is that humans can often be mean to one another without even realizing it. And I think it's part of our human condition, but it's also something I think we must all work on to improve, to reduce mental harm. Not only in the workplace, but within society, and certainly within our personal relationships as well.

Now, for those who experience levels of discrimination, regardless of why you might be discriminated against, there will be a mental health impact that can affect the person. So especially we know if there's repeated discrimination or that the social norms in society are very stigmatizing, meaning the ideology is not accepting in your social culture. You think of the plight right now of people who are transgendered in Canadian society. We've moved a long way and there's been a lot of great improvements in recent years, especially with the Ontario Human Rights, having changed the legislation. It's been great, great movement, but very highly stigmatized population.

So we just, with mental health and others, like I keep saying, we have to address this. And around the world there are different tolerances on many issues. And largely speaking, Canada is a great place to be working and struggling with a mental health issue, but it's far from a perfect place. So I'm just going to loop back and let's answer your question a little more directly. How can it impact the life of someone dealing with mental health challenges? Well, stigma, it can cause emotional and mental stress. And stigma and self-stigma can be a big problem that prevents help seeking or the help seeking behaviors of

someone who's struggling. And when you don't seek help in an early, timely way, this can lead to declining mental health. And that later treatment can lead to more complex problems for the individual.

And then also it can lead to resistance. Stigma can lead to resistance in speaking up when discriminated against too. So you might have a fear that nothing's going to change, or if I speak up, it's going to make it worse, or there'll be some sort of retribution in the workplace if I speak up. So there's countless ways stigma and discrimination play out in our society and in our workplaces. So you have to remember, like I said, it's different in some ways than being, let's say, targeted by a stranger, for example. When you're feeling discriminated by let's say a boss or a co-worker, that can have a much greater impact because it's much closer to home and there's more riding on that interaction.

Ken Rayner:

Kathy, you mentioned some of the impacts of people dealing with mental health, and you mentioned possibly a resistance to seeking help. Why is it that stigma can cause people who need assistance to avoid or seeking that type of treatment? Can you tell me a bit more about that?

Kathy Martin:

Like, as I just mentioned, there are many impacts to stigma and discrimination, and this to me is really one of the saddest of them all for those experiencing mental health challenges. Because we know that early access to treatment gives someone the best chances for early recovery. Yet stigma, and often, like I mentioned, our own self-stigma keeps us from seeking that help. So we might be thinking, "Oh, it's not so bad. I'm not crazy, I'll get better soon. I just need to relax, or I just need to get motivated again." There's endless scripts that we tell ourselves often that keep us from taking care of ourselves. This tendency can be even more complex when you add in other stigma or beliefs that society has around help seeking in general for any health issue, especially within Canadian male population. Society is shifting. But the impact of the various ideologies that we've been talking about around not just mental health, but what it is to be masculine in our society, has also created additional barriers.

And this is often referred to this concept of toxic masculinity, which we can certainly talk more about in maybe one of our next podcasts if you wish. But it's fascinating how men will go about policing each other and they police each other in many ways. But one of the common ones is to not show emotion or weakness for fear of getting ridiculed or judged by others. And this isn't just a male trait, but it's certainly more prominent in Canadian society in Canadian men. So this has caused a huge problem actually in men's mental health here in Canada, and it has significant challenges. And in order to support male mental health, we need to discuss and challenge this concept and our social norms around manhood as well. Of course, our industries that IHSA support are highly male dominated.

So this is something I'll be looking at in conjunction with addressing mental health in the IHSA sector workplaces. So there is a safety talk also on this topic. So check it out and learn more, and then certainly come back to the podcasts here, and hopefully we'll be talking about that at one of our next podcasts. But back to the direct question again, because we can keep going on and on, but there are many reasons why someone might not seek help, not just stigma, like I said. It could be the lack of resources, both financial or lack of qualified providers in your area. So even if you do overcome the stigma and decide to reach out, there might be other treatment barriers at times to address and overcome as well. So this can

fuel our attitude of, "Oh, why bother? I'll just wait it out," or, "Others need it more than I do, so I'll let others get treated ahead of me and not bother to seek treatment."

And one very slight positive, I guess, of the pandemic is there's been a greater spotlight put on the lack of resources to treat mental health in Ontario. And as a result, there are now several quality self-serve and online options available. And for many of us, this might be enough to get through a really rough patch, but for some who might be experiencing a mental illness that has a root in brain chemistry, they may need to see a physician for treatment as well. But good news, two, many primary care physicians are much better skilled and equipped now on basic mental health care than they were in the past, and they certainly can refer to further treatment if necessary. So I encourage anyone who might be experiencing low or anxious mood or trauma-based reactions to seek help. And certainly as early as possible, and really don't let stigma get in the way because everyone deserves to feel well.

Ken Rayner:

Absolutely. Everybody should and everybody wants to. So then Kathy, what do you recommend or what do you suggest for those who feel that stigma is negatively impacting their life right now?

Kathy Martin:

Yeah, well, that's a great question, Ken. I guess I would encourage everyone who feels impacted negatively to seek support on how to deal with that impact as it can be quite traumatic for individuals, but also learn more about how to combat stigma and encourage your allies and your friends and colleagues to help support you in this effort as well. And the Canadian Mental Health Association, or CMHA, has a simple tool to help guide us all in challenging stigma and discrimination when we see it in action. They use a simple acronym called STOP. And yes, that's S-T-O-P, STOP. I'll explain it in a moment, but it can also be found on the IHSA safety talk, on challenging stigma and preventing mental harm. So for those listeners who want to review it and keep it handy or share it with others, this is a great tool. And not just for challenging mental health stigma, but other stigma related to things like gender identity, ethnicity, and all forms of othering people.

Because as humans, we do that. We like to other people, and I put air quotes, but it's us and them, right. So often. So the acronym STOP, it's easy. You just have to ask yourself if what you're hearing is this. So S, does it stereotype people with mental health conditions? That is, does it assume they're all alike rather than individuals? So are you seeing groups of people and stereotyping them? T, trivialize, does it trivialize or belittle people with mental health conditions and/or conditions itself? So are you hearing people belittling and trivializing this. O, is it offensive? Does it offend people with mental health conditions by insulting them? What you're hearing, does it patronize people? P, patronize people with mental health conditions by treating them as if they're not as good as other people? And that's it. If we all did that and started challenging each other and stepping in when we're hearing those types of things and trying to challenge folks and challenge ourselves, myself included, we'd be better off for sure.

Ken Rayner:

We would be. There's no doubt in that, Kathy. So how about we talk about the workplace? What are some steps that a workplace could take to address or to deal with stigma?

Kathy Martin:

Well, as I mentioned, the Safety Talk has some great additional resources on page two. So the Safety Talk has a facilitator companion document as page two for it, and it's got some great resources for anyone wishing to learn more about stigma. And in particular, stigma in the workplaces and how to address and prevent mental harm. So a couple of those resources is IHSA has a webinar designed for employers, and it's called Call to Action: Combating Mental Health and Stigma in the Trades. And it's free and it's about 33 minutes, so definitely check that out. And there's some training from some of our sister organizations and national partner organizations. So one is with the Canadian Center for Occupational Health and Safety. They have a great free training online called Reducing Mental Health Stigma in the Workplace. So if you haven't checked those out, that would certainly be a good place to start.

Ken Rayner:

Kathy, we'll make both of those available on the IHSA Safety Podcast in conjunction with this episode. So-

Kathy Martin:

Yeah, yeah, no, no, that's great. They, like I said, they are found on page two of the Safety Talk. And yeah, definitely have a look. But if you were going to just pick one thing, I guess I would say to listeners and to those who who've experienced stigma and discrimination in the workplace, to take a moment and listen. We need to listen to those, like I said, who've experienced stigma and discrimination in our workplaces. That's how we learn as adults. We learn from each other. So it's been studied and the research shows that contact-based education is critical in busting stigma and it's needed in order to do that. So we need to hear the voices of those who've been discriminated against.

And with stats of one in five working Canadians having a mental health issue, and by the time of age 40 over one in two of us will have experienced a serious episode of poor mental health, then I can safely say it won't take much to find someone in your environment, be it at home work or out in the community who has a story, who you can speak to. And just remember, we all have stories, and it is the positive ones that are based on hope and recovery that we need to zero in on. Perhaps one day I'll come back and I'll share my personal journey on another podcast with you. Yeah. Many people know I've struggled with mental health challenges over the years. But what many don't know and might be surprised that I've been really supported in the workplace, and this has made a huge positive impact over the years. But like I said, I'll hold that for another day.

Ken Rayner:

Well, I would imagine, Kathy, like we've said before, I think on other podcasts, the pandemic, I would say has provided people with real-life experience on dealing with mental health for either themselves or family members or loved ones or friends. And certainly hope that that will help in reducing the stigma as we start to address ignorance. And as the more we go through, the more we experience that, the less ignorant we are. So I've got last question for you. What about something the listeners could do? So somebody who, you talked about allies, friends, things of that nature of people, and how important that

is for someone who's dealing with stigma and dealing with mental health. So what are some of the things our listeners could do starting today to help address stigma?

Kathy Martin:

Well I guess first is to learn more about it and how it's manifesting in your life with your attitudes and behaviors. Like I said, we all hold stigma and bias. It's just a part of the human condition. But if we ask ourselves those STOP questions, and you know, we learn about stigma and unconscious bias from organizations like the Canadian Mental Health Association, or CAMH, which is the Center for Addictions and Mental Health, that will help, I think we all have to take some responsibility in learning and stop othering, right? Let's put ourselves in that other category. We all have a role to play, and it's, like I said, it's a normal part of being human. We need to challenge ourselves. We need to learn, grow, and shift our attitudes and behaviors. And the other thing I'd say is seek help early. Don't let self-stigma or other stigma keep you from seeking help and getting the treatment that you deserve. And of course, focus on hope and recovery because we know recovery is possible. With treatment and support it's really highly probable. So that would be what I would say.

Ken Rayner:

Perfect. Ending on a positive note, focus on hope and recovery. It's possible with treatment and highly probable. I love it. So Kathy Martin, thank you again for joining us on the *IHSA Safety Podcast*. It's a pleasure to have you on again.

Kathy Martin:

Thank you for having me.

Enzo Garritano:

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