The Invisible Wounds of Mental Health Disorders

Mental health disorders often strike in two ways. On one hand there are the symptoms, the distress, and the disabilities caused by serious mental health disorders. On the other, are the impacts of stigma and the pain that people struggling with these disorders feel as a result of social disapproval. In both cases, the strikes leave invisible wounds.

Invisibility, at first, may be considered a magic power to those experiencing symptoms of mental health disorders. Because one can hide them, and nobody will notice, right? Like the monster under our childhood bed, it will just disappear, right?

Wrong. In fact, signs and symptoms will likely just grow even bigger until they can no longer be hidden.

In this article, we'll be looking at:

- Stigma and its detrimental effect on seeking help
- Coping mechanisms and the negative outcomes of not seeking help
- How to detect mental health distress in a colleague or employee
- How to open up the conversation about mental health in the workplace
- Strategies on how to fight stigma in the workplace

To help shed some light on those issues, we've asked the expert advice of Dr. Sandra Primiano, a psychologist who serves as Homewood Health's Senior Director for the Homewood Clinics.

The Monster Under Bill's Desk

Let's bring in Bill as a fictional character for the illustrative purposes of today's read. Bill has a mental health disorder. Other than that, who's Bill? He could be your colleague, your employee, your friend. Bill could even be you. He could really be anybody as no one is immune from experiencing a mental health disorder and the corresponding challenges.

Mental health disorders arise from a complex interaction of genetic, biological, personal and environmental factors. Mental illnesses affect people of all cultures, ages, education and income levels. Yet, specific risk factors do exist. They include a family history of mental illness, age, sex, substance abuse, chronic diseases, workplace, and life event stresses (2). But then again, the vast majority of people have been subject to risk factors.

Nevertheless, the stigma factor brings in many reasons for Bill to hide his mood swings, energy loss, rising anxiety and the many other wounds that manifest themselves inside his mind and body. Within the workplace environment, where the pressures of performance are high, temptation to hide the wounds are equally high.

That means many, like Bill, will try to hide the monster under their desks. In 2015, the Financial Post headlined that more than half of employees who are living with a mental health disorder do not seek help (3). Similar results have been obtained in studies on white-collar workers and the utilization of an Employee Assistance Program (EAP). One study found that employees were worried that their managers would have a negative opinion of them if they were aware of their use of mental-health services (4). Moreover, employees were reluctant to use counseling services at work if they believed it would negatively affect their career opportunities (5).

Stigma can be defined as a mark of shame, disgrace or disapproval which results in an individual being rejected, discriminated against, and excluded from participating in a number of different areas of society.

Source: [World Health Organization](#)

Who could blame them? Even psychiatrists are reluctant to divulge, as 50% of 567 psychiatrists surveyed by the Michigan Psychiatric Society admitted that they would treat themselves in secrecy rather than have mental illness recorded on their medical chart (6).

As Dr. Primiano says: "All that fear of judgement, and then the repercussions: could I lose my job, maybe my team will think I'm unfit. I think there are so many barriers linking to fear of judgement and then self-judgement. Why do I feel like this? None of my colleagues have these kinds of problems, I'm a bad professional, and I must be terrible. You add all of this judgement to whatever you may be feeling and it ends up being a very bad situation."

Indeed. People living with mental health challenges and illnesses and those who care for them report that stigma and discrimination negatively impact almost every area of their lives and can frequently be more harmful than the illness itself (7).

The Coping Mechanisms

But what happens if Bill doesn't seek help?

"Depends on what your issues are," says Dr. Primiano. "Some people can have a natural recovery when they have stable personalities, no childhood adverse experiences, and good support as they may get through certain issues that have come up with family and friends. Without those protective factors," she says "they're at a high risk of experiencing numerous negative consequences to themselves."

With the gradual impact of depression, for example, an employee might be coping and coping until they can't cope anymore. Coping mechanisms might be positive, such as seeking a support network outside the workplace, but if the network is weak, the issues too severe, then coping mechanisms might include damaging behaviours, such as denial, rationalization, workaholism, or self-medication through alcohol and drug abuse. Different people will react in different ways to similar issues.

"For example, if you look at the veteran population," says Dr. Primiano, "50% have alcohol use disorders, why? Because they're self-medicating symptoms that they can't get rid of. So there's a high incidence of substance abuse disorders in people who suffer from PTSD and anxiety disorders as well."

How to Detect Mental Health Distress in a Colleague or Employee

Let's get back to Bill. He's feeling increasing pain and suffering from the wounds of mental illness. But he doesn't talk. No one seems to notice. You're his colleague. How can you notice that's something's wrong?

"You might not notice symptoms but you may notice behaviours, says Dr. Primiano. If we focus on a workplace environment, we see a lot of absenteeism or people's productivity can go down. There can be issues with concentration, memory and you've got to repeat things many times. Other things colleagues and managers can notice, but they don't know what it's related to, are changes in people's personality, for example, shifting from someone who's generally friendly and good-humored to having angry outbursts or appearing suddenly anxious."

Some of these signs can be subtle, she mentions, such as leaving the room suddenly in a meeting.

Dr. Primiano adds that those are things to pay attention to as a colleague or as a manager as it gives an opportunity to start the conversation that will put an end to Bill's isolation. But how to go about it?

How to Open up the Conversation About Mental Health in the Workplace

Dr. Primiano suggests starting that conversation openly, such as "I noticed those behaviours and I wanted to check in with you. We all have off days… How is it going?"

That can give them the opportunity to open up or share something in terms of their well-being, their mental health, which could allow you to guide them to resources such as an employer's EFAP (Employee & Family Assistance Program). It lets them know it's a safe place and that this person is open to me talking about this…

From a manager's perspective, while starting the conversation doesn't mean Bill is going to share, Dr. Primiano argues it's more likely to occur than if you open by saying: "Why aren't you performing well?... That needs to change, get your numbers up!"

Preparation for that talk is key, as linking an employee's health to performance issues or behaviours in the workplace can be a very delicate matter to tackle. It's essential to maintain an employee's privacy. Managers cannot ask about one's mental health, the conversation must focus on performance issues and/or concerns. Firstly, you should get informed about the resources, accommodations and processes your organization can offer an employee in distress. Then, when approaching a colleague or employee, make the best use of your interpersonal skills to help the person feel safe and comfortable and don't forget to value the person's strengths as a person and contributions as an employee. And of course, encourage the person to seek help (8).

There are some things to stay away from, such as delivering a pep talk; finger pointing; saying you've been there unless you really have in a way the person can relate to; labeling an issue as a specific diagnosis; invading someone's privacy about the underlying causes of issues. The focus should be on listening and finding solutions (8).

"Of course, a person may not be ready to open up and may not acknowledge mental health challenges right away," says Dr. Primiano. "The reaction might be strong and defensive. If this happens, just back off. At least, you will have planted a seed." It's essential to note these conversations are private and further action must be at the direction of the colleague, employee, friend or Bill, as illustrated in our discussion, unless there is an underlying risk of harm to the person and/or their immediate family members.

Kharoll Ann Fouffrant, a social worker specializing in gender and woman's studies, knows a thing or two about stigma, being a black woman living with a mental health disorder. She says: "People perceive me as being strong even though I talk openly about having a mental illness. That being said, when I have a rough day and express it, people don't seem to take it seriously. Or if they do, often I end up having to manage the person's discomfort while I'm the one needing help."

The open conversation about mental health is indeed important, and not only when the going gets tough.

Strategies on how to fight stigma in the workplace

Studies have shown that contact strategies (fostering positive interactions with people disclosing lived experiences of mental illness) yield the best results in fighting stigma, especially when it comes to changes in behaviour.

While education strategies, such as campaigns aimed at debunking myths about mental illness, might have some impact on attitude, their effect on behaviour is limited (9). Different conditions can improve the effectiveness of contact strategies (10), such as:

- Treating the person as an equal;
- Giving the individual the opportunity to interact and exchange ideas about mental health and recovery;
- Sharing common goals.

Those conditions can be established in the workplace. One way is to encourage peer support by offering a safe place for employees having recovered from mental illness to share their stories. For Dr. Primiano, it makes sense because one is more likely to open up in such an environment. "They will trust and connect with people who understand them because they have been through similar things and are able to guide them."

But in the end, good services and resources have to be in place for Bill, or anyone, to seek help.

References

1. Corrigan, P. et R.K. Lundin (2014) Coming out proud to eliminate the stigma of mental illness. Illinois. USA. Link: http://comingoutproudprogram.org/files/COP%20Resou...
2. Public Health Agency of Canada's website. Link: https://www.canada.ca/en/public-health/services/ch...
3. Link: https://business.financialpost.com/executive/caree...
4. Walton L. Exploration of the attitudes of employees towards the provision of counselling within a profit-making organisation. Couns Psychother Res. 2003;3(1):65–71. Link: https://onlinelibrary.wiley.com/doi/abs/10.1080/14...
5. Carroll M. Workplace counselling: a systematic approach to employee care. London: Sage; 1996. Link: https://books.google.ca/
6. Myers, M. (2001). Presidential address to the Canadian Psychiatric Association. New century: Overcoming stigma, respecting differences. Source: Mood Disorders Society of Canada (2006) Stigma: The Hidden Killer. Link: http://www.troubleshumeur.ca/documents/Publication...
7. Mental Health Commission of Canada (2015) Guidelines for Recovery-Oriented Practice. Link: https://www.mentalhealthcommission.ca/sites/defaul...
8. Mental Health Works' website. Link: http://www.mentalhealthworks.ca/how-can-i-approach...
9. Corrigan, P. W. and A. K. Matthews. (2003) Stigma and disclosure: Implications for coming out of the closet ». Journal of Mental Health, 12(3), 235-248. Link : https://www.researchgate.net/publication/232073439...
10. Groupe provincial sur la stigmatisation et la discrimination en santé mentale (GPS-SM). (2014) Cadre de référence : La lutte contre la stigmatisation et la discrimination associées aux problèmes de santé mentale au Québec. Link : https://aqrp-sm.org/wp-content/uploads/2014/04/cad...

Begin Chat