



PETER A. ALLARD  
SCHOOL OF LAW  
THE UNIVERSITY OF BRITISH COLUMBIA

75<sup>TH</sup>  
ANNIVERSARY  
IN 2020

The Integrated Student  
Balancing  
IQ + EQ



## Mental Health Check In

For you and  
your friends

Anna Kline, MPsych RCC  
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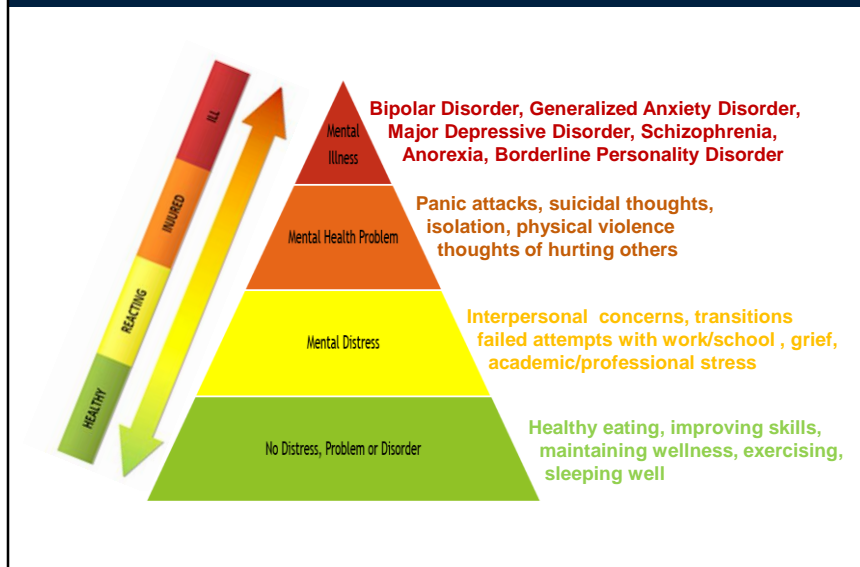
- Mental Health Week - May 4<sup>th</sup> to 8<sup>th</sup> 2020
- Every year since 1951 Canadian Mental Health Association (CMHA) has hosted Mental Health Week in the first full week in May. 2020 marks the 69th year. Mental Health Week is a Canadian tradition, with communities, schools and workplaces rallying to celebrate, protect and promote mental health
- CMHW MHW theme this year is to **Get real about how you really feel**, its about **connections** and its importance for mental health.
- We all need social connection. Especially at this time of social isolation.
- Visit [www.mentalhealthweek.ca](http://www.mentalhealthweek.ca) for info and tools about CMHA Mental Health Week.

# What is mental health?



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- Define “**mental health**” as **neutral term** – good mental health to mental illness range with common issue examples
- Mental health is something we ALL have. ‘Positive’ mental health means we are coping and thriving in our life while ‘negative’ mental health means we are experiencing challenges to psychological and emotional thriving. These challenges can be temporary or can endure and become more serious. Mental health is like a continuum from green (no distress) to yellow (distress) to orange (problem) to red (illness). We can move up and down the continuum throughout our lives.
- It’s important to note that these categories are **not mutually exclusive**. They are all aspects of mental health and **can be experienced at the same time**. An individual can have Generalized Anxiety Disorder (red), grieve the loss of a family member (orange), feel distressed for not making a team (yellow), and enjoy watching a movie with friends (green) all in the same day. We can move from level to level depending on circumstances.
- Range of symptom intensity - **Can be feeling depressed without a diagnosis of depression**

**Bipolar Disorder:** episodes of depression and episodes of mania (periods of great excitement, euphoria, delusions, and overactivity)

**Generalised Anxiety Disorder:** unexpected, unhelpful and intense feelings of worry and fear that seriously impacts our lives, including how we think, feel, and act (includes phobias, panic disorders, social anxiety, OCD).

**Depression:** feelings of severe despair over an extended period of time. Signs of depression include feeling sad, worthless, hopeless, guilty, or anxious.

**Schizophrenia:** a complex biochemical brain disorder affects a person's ability to determine what is reality and what is not. Symptoms include delusions, hallucinations, social withdrawal and disturbed thinking.

**Anorexia nervosa** : is an eating disorder characterized by weight loss and, in many individuals, distorted body image. Some people with the disorder also exercise compulsively, purge via vomiting and laxatives, and/or binge eat. (**Bulimia nervosa** is a serious, potentially life-threatening eating disorder characterized by a cycle of bingeing and compensatory behaviors such as self-induced vomiting designed to undo or compensate for the effects of binge eating.)

**Borderline personality disorder:** is an illness marked by an ongoing pattern of varying moods, self-image, and behavior. May experience intense episodes of anger, depression, and anxiety that can last from a few hours to days. Characterised by impulsive actions, difficulty in relationships, abandonment issues, instability of identity, and dissociation.

## Mental Health Stats



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- 1 in 5 Canadians diagnosed with a mental illness each year (CMHA)
- 5 of the 10 leading causes of disability worldwide, are mental disorders:
  - major depression, schizophrenia, bipolar disorder, substance abuse disorder and obsessive compulsive disorder.
- Estimated by 2020 that depressive illnesses will be the leading cause of disease in Canada (WHO)
- Costs to Canadians : **\$50 BILLION**

Mental illness impacts human and financial costs of the workplace.

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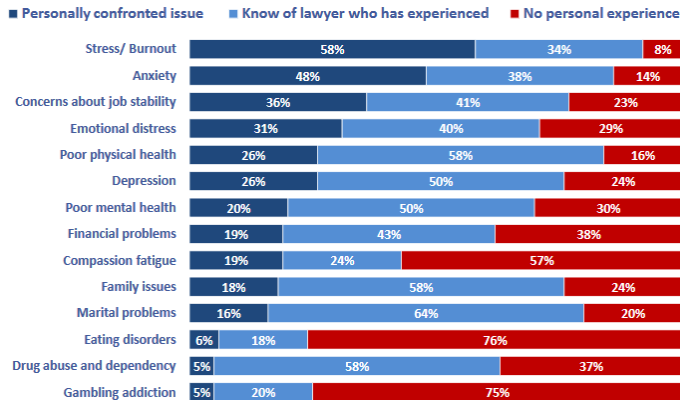
**Bipolar Disorder:** episodes of depression and episodes of mania (periods of great excitement, euphoria, delusions, and overactivity)

**Substance Use Disorder:** is a disease that affects a person's brain and behavior and leads to an inability to control the use of a legal or illegal drug or medication. Substances such as alcohol, marijuana and nicotine also are considered drugs. When you're addicted, you may continue using the drug despite the harm it causes.

**Obsessive-compulsive disorder (OCD):** features a pattern of unwanted thoughts and fears (obsessions) that lead you to do repetitive behaviors (compulsions). These obsessions and compulsions interfere with daily activities and cause significant distress.



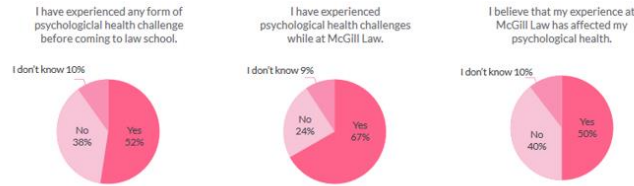
### Canadian Bar Association Survey 2012



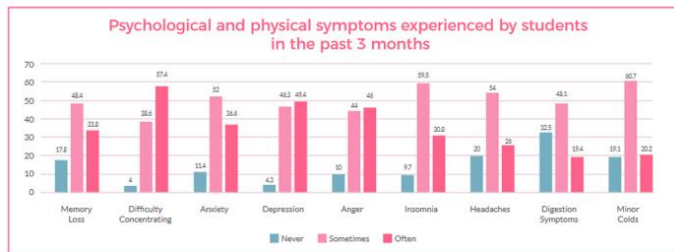
Q10. Please indicate whether you have personally confronted any of these issues, whether you personally know of lawyers in your practice who have or whether you personally know of lawyers outside of your practice who have.  
Base: All respondents n=1180

- Source: [http://www.cba.org/CBAMediaLibrary/cba\\_na/PDFs/CBA%20Wellness%20PDFs/FINAL-Report-on-Survey-of-Lawyers-on-Wellness-Issues.pdf](http://www.cba.org/CBAMediaLibrary/cba_na/PDFs/CBA%20Wellness%20PDFs/FINAL-Report-on-Survey-of-Lawyers-on-Wellness-Issues.pdf) - foreign/ U.S. membership base not included in the survey
- It is well documented that those in the legal profession (including students) struggle with a variety of mental health issues, particularly stress (burnout), depression and anxiety, and problematic substance use, more so than the general population and the majority of other professionals. These issues can be at any level on this continuum depending on the severity and functional impact of the issue at the time.

McGill University Faculty of Law 2017



A large majority of students experienced psychological and physical symptoms sometimes or often in the past 3 months. The vast majority (i.e., 97.3%) report being at least somewhat resilient.



- McGill University Faculty of Law Healthy Legal Minds Wellness Study 2017 (Source: <https://www.healthylegalminds.org/mental-health-survey>)
- U of Toronto and Allard Law also have statistics which for confidentiality reasons are not able to be made public as yet.
- Law students and lawyers show similar results: *stress (burnout), depression, anxiety, problematic substance use*

## MH Stigma



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Some people worry about asking for help because of stigma – of believing that asking for help means admitting that something is wrong. (CMHA)

### Lawyers reasons for not seeking help:

- Preferring to deal with the issue oneself
- Not having time
- Feeling that help is necessary
- Feeling that problems pass, or are part of life or the job

### Law student reasons (McGill Law):

- Fear of professional harm
- Fear of academic harm
- Fear of social stigma

### Stigma is a barrier to effective treatment

Research shows that the sooner help is sought the better the results. (CMHA)

- Fear and misunderstanding have caused some stigma about mental illness, leading many to think less of a person because of their mental health condition. Stigma can lead to people feeling shamed, shunned, blamed and even physically harmed just because they have a mental illness. Stigma adds to the struggles caused by mental illness. It also prevents people who are struggling with mental illness to ask for help. (<https://www.workplacestrategiesformentalhealth.com/mental-health-issues-facts-and-figures>)
- Early intervention impact - remember continuum
- Research shows that the sooner help is sought the better the results (CMHA). Its far easier to move from yellow back to green, than from red or orange back to green. Being aware of your mental health and strategies to promote positive mental health is vital for resilience and thriving in your personal and professional life. Even if you are living with a mental illness you can still have good mental health.
- **As a result, many legal professionals do not share their mental health concerns with others**  
(<https://www.lawsociety.bc.ca/Website/media/Shared/docs/initiatives/MentalHealthTaskForceInterimReport2018.pdf>)  
(<https://www.healthylegalminds.org/mental-health-survey>)

# Strategies



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## Important take aways from introductory information:

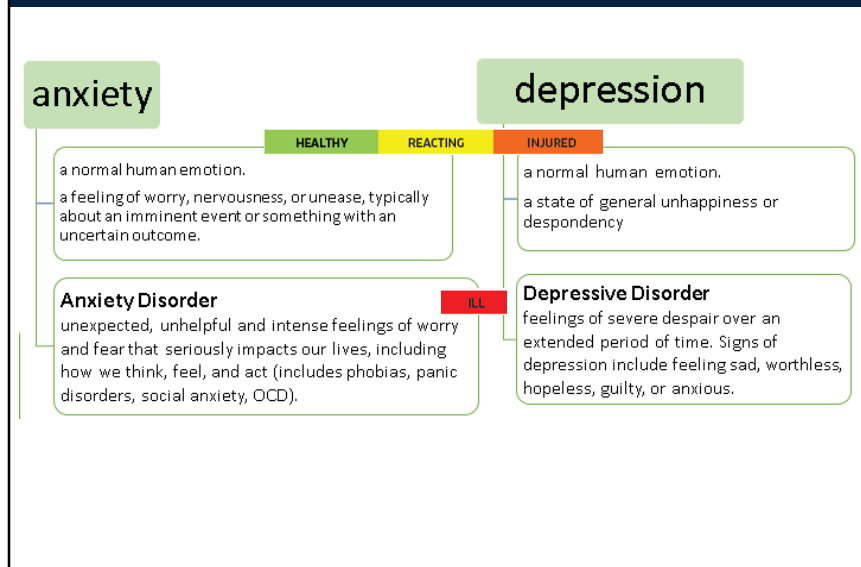


## Strategies:

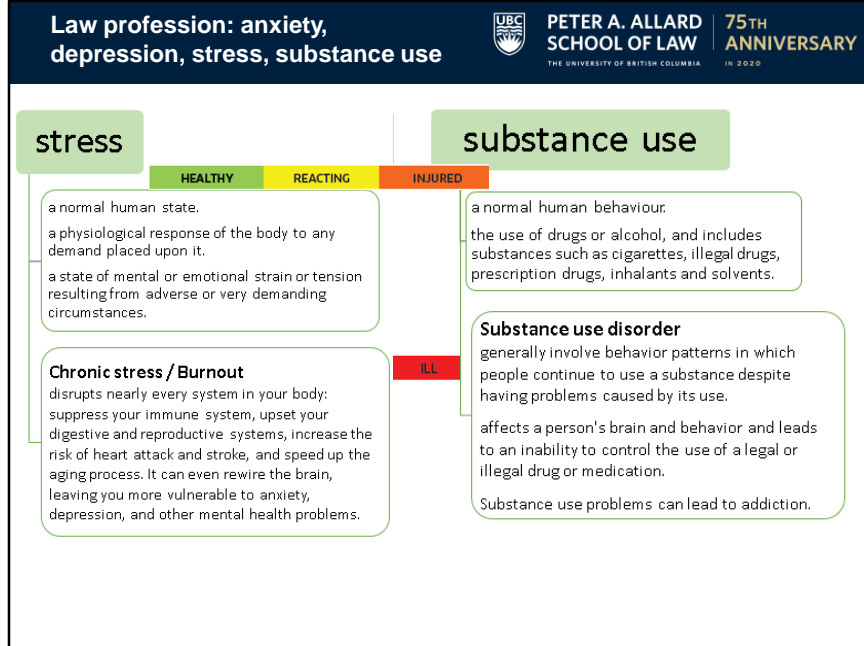
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|--|--|--|
| • Law profession: anxiety, depression, stress, substance use |  | • Definitions according to mental health continuum |
| • Awareness is key – for self and others                     |  | • Signs and symptoms                               |
| • The sooner you act the better outcomes                     |  | • Strategies for self and reaching out to others   |
| • Stigma is a barrier to acceptance and help seeking         |  | • Creating a supportive workplace culture          |

Move from information to action

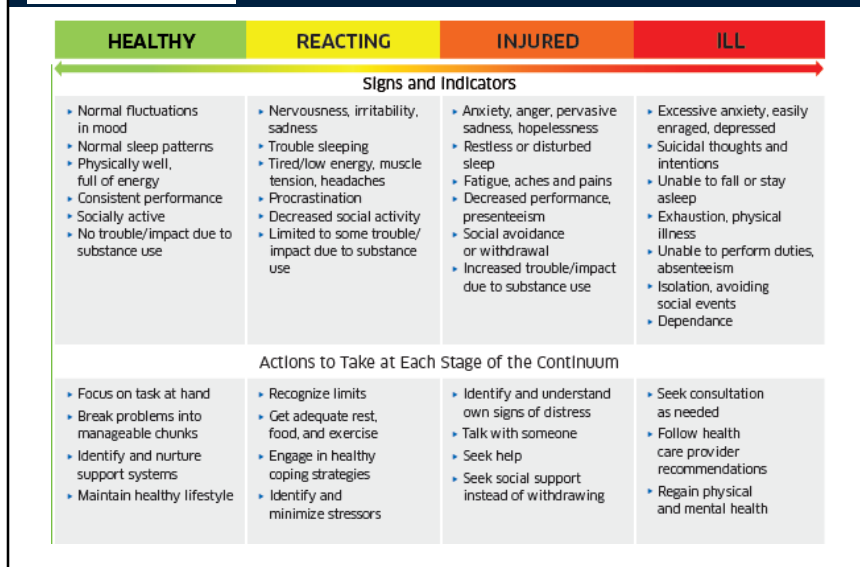




- Remember continuum
- Human emotions – feel at any stage – normal
- Only diagnosable at red



- Remember continuum
- Human emotions – feel at any stage – normal
- Only diagnosable at red



- Actions to take at each stage of the continuum
- General signs, indicators and actions
- May not be specific to you
- Feeling mental well or mentally distressed is different for different people, so it's important to know yourself. This way you can be more aware of when things start to go awry.

### Changes from normal seen over an extended period of time

- P** physical: heart racing, muscle tension, fatigue, nausea, chest pain, shortness of breath, stomach aches, headaches, sweating, trembling, deterioration in personal hygiene, low energy, mania.
- A** actions: procrastination, increase in alcohol/coffee/comfort foods, avoidance, violent/aggressive behaviours, obsessive behaviours.
- C** cognitions: trouble concentrating or remembering, negative or self critical thinking, hallucinations, SI, disorganized thinking, out of reality thinking.
- E** emotions: anxious, crying, depressed, irritable, hypervigilant, angry, frustrated, happy, rapid mood changes.

**Your role is to observe changes in PACE**

- What better way to celebrate Mental Health Week than to start with your own connection to yourself and your own mental health?
- A simple way to check in, is to look at your usual behavior (either by reflecting, asking others' close to you, or being aware in the moment) within the four categories of PACE.
- Know your "normal" by identifying your normal PACE based on your green zone (no distress) and your yellow zone (distress), and maybe orange and red.
- If you don't know your distress PACE, you can just identify changes from your normal PACE.
- After identifying your normal PACE, its good to continually check in on how you're doing. Ask yourself "what is my PACE today?".
- Be aware of changes in PACE. We're looking for change. We're looking for what shifts in normal functioning
- Show self empathy, self compassion.
- Can also apply to friends and colleagues
- CMHA has provided a resource to put words to emotions: 'More than simply fine' (<https://mentalhealthweek.ca/more-than-simply-fine/>). This is a helpful resource to articulate how you are to others and have a purposeful and meaningful connection. Bear in mind though, that sometimes it is difficult to name the feeling, so don't feel pressured to identify your emotions. You can describe it anyway you want, eg, 'oily', 'stormy', 'red', '9 out of 10 yuk', etc.

- Now you are ready to express this to others and to really connect.

## How do I react?



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**C** trouble concentrating or remembering, negative or self critical thinking, hallucinations, SI, disorganized thinking, out of reality thinking.

**E** anxious, crying, depressed, irritable, hypervigilant, angry, frustrated, happy, rapid mood changes.

### my YELLOW PACE

P

A

C

E

- Check in to yourself
- What is your reaction? In your yellow zone?

### As needed:



- Check in PACE
- Awareness, normalise and validate
- Regulation techniques – EQ building
  - Breath count 2/4
  - PMR - Tense/release muscles
  - Mindfulness
  - (see, hear, smell, taste, touch)
  - Thought stop
  - Take a quick walk
  - Have a drink of water
  - Letting go - debrief
    - Colleague/supervisor/LAP

### Proactive:



- Diet/Exercise/Sleep
- Strengthening the logical mind – IQ building
  - Stressor identification and analysis
  - Trigger identification - “I know but I feel”
  - Skill building, eg, communication skills
  - Work experience
  - Understanding EQ

- Regulation techniques to assist staying in green zone
- As needed skills for in the workplace/classroom – may look different at home – bath/exercise/music/ dance – reach out to family/friends etc



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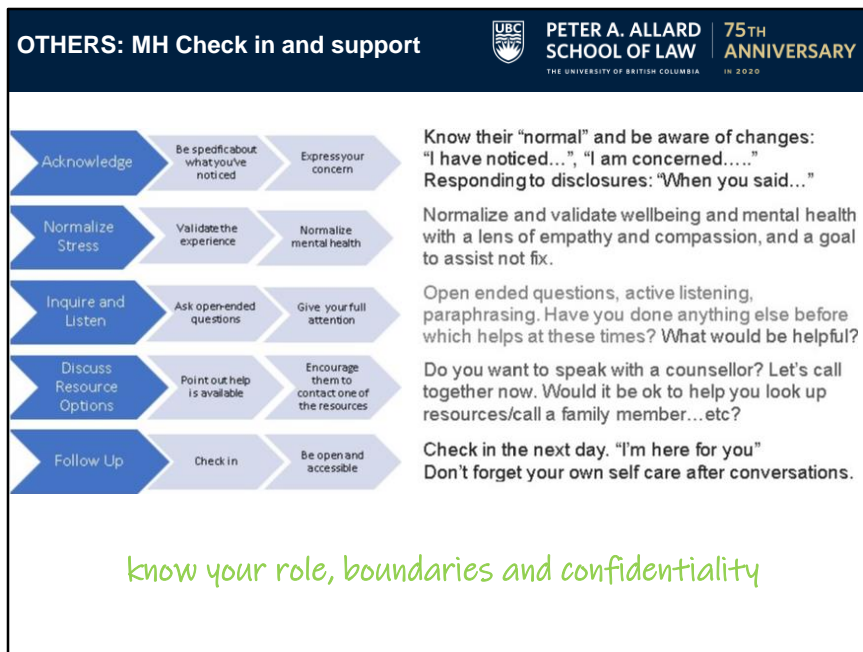
**I will try:**

**As Needed:**

**Proactively:**

- Note what you already do or would like to try
- Remember to identify at least one technique you can use in the workplace/classroom





- This year's MHW campaign is based on the insight that people in Canada commonly ask one another how we are but that it is also common not to provide – or expect – a truthful answer. Many of us say we're **fine**, even when we don't mean it. 'Fine' keeps us at arm's length from real social connections with others. Every time we just go through the motions, we miss a chance to connect with others in a meaningful way (<https://mentalhealthweek.ca/social-connection-is-the-cure/>).
- The pandemic can bring us together in unexpected ways. Canada has been at the forefront of a campaign for **caremongering**, which has seen members of the community helping one another during these difficult times. Social connection can help us recover as a community. Socially connected communities simply respond better to crisis and disaster, and rebound better afterwards (<https://mentalhealthweek.ca/social-connection-is-the-cure/>).
- This slide shows **strategies** to help have a **conversation** with a friend/colleague who may show, through behavior or by verbally disclosing, a mental health concern.
- Please be aware of your **role** and if there is risk never hesitate to ask for assistance.
- **Confidentiality** – high risk SI with intent – what to do when you hold information that someone is at risk (call 911, go to ER)
- Using a lens of **compassion and empathy**. When it's hard to tap into empathy, **curiosity** can be used. Asking questions from a place of genuinely wanting to understand.
- Another helpful tool is the goal of wanting to **assist not fix**. You can resource your

colleague to a service for them and advocate for them

### **If stigma is promoted by ignorance, stereotypes and prejudice, and, discrimination. Try reduce by:**

**Educating** myself and others about mental illness. Know about promotional days e.g., Bell Lets Talk. Know and promote the facts/stats. Read "The Path to Lawyer Well-Being: Practical Recommendations for Positive Change" ("National Task Force Report") 2017.

**Normalizing and Validating** conversation around mental health by encouraging open dialogue, and using correct terms. Don't use disrespectful terms or reduce people to a diagnosis. Challenge media stereotypes. Don't be afraid of people with mental illness. Be a role model. Share your story.

**Being Non-Judgemental, Inclusive, and Responsive:** Give support quickly as it can prevent a more serious problem. Take positive action promptly towards supporting mental health. Know available resources, e.g., eap, LAP.

**Being an emotionally intelligent lawyer:** Look for changes signs and symptoms in yourself and others and start a conversation.

- Begin on individual not organizational level.
- **conceptualizations of stigma as: a lack of knowledge (ignorance), negative attitudes (stereotypes and prejudice) and excluding or avoiding behaviours (discrimination).** (<https://www.lawsociety.bc.ca/Website/media/Shared/docs/initiatives/MentalHealthTaskForceInterimReport2018.pdf>)
- While some level of stigma surrounds mental health and substance use disorders in nearly all populations, legal professionals face some unique factors that can amplify its effect and deter help-seeking behaviours.
- Importance of the emotionally intelligent lawyer - Be a role model



## Social Connection = Good Mental Health

- write a positive message to yourself
- choose at least one person
- send them a positive message which celebrates your connection

- Social connection has been identified by the World Health Organization and the UN as important protective factors for good mental health, having positive influence and effect on; self-esteem, coping effectiveness, depression, distress, sense of well-being, mental health outcomes, stress reactions, and anxiety (<https://mentalhealthweek.ca/social-connection-is-the-cure/>).
- One easy thing we can do to strengthen our social connections is to let these people know how important they are to you. This will make them and you feel good. Everyone needs emotional support, but it's even more important during the COVID-19 pandemic.
- Professor Jo Clarke posted in LinkedIn her thoughts, which struck a chord with me as I realized how true her words were: "A friend of mine died yesterday. ..and as I read the tributes to her ....I am struck by ...SHE WILL NEVER SEE THEM. ... Why do we wait until people have died to say wonderful things about them?" so in this time of social isolation think about "all the lovely things you'd like to say in tribute to your family, friends, colleagues - and then say them! To their face, by card, by text, letter, voice message, social media post - it doesn't matter - just say it!" ([https://www.linkedin.com/posts/professor-jo-clarke-phd-69874a23\\_justsayit-activity-6660136023089008640-rFIO](https://www.linkedin.com/posts/professor-jo-clarke-phd-69874a23_justsayit-activity-6660136023089008640-rFIO)).
- Take the time now to increase yours and others' mental health:
  - Connect with yourself by writing yourself a positive message
  - Choose at least one person, and send them a positive message which celebrates

your connection



**CMHA MHW** [www.mentalhealthweek.ca/](http://www.mentalhealthweek.ca/)

**Counselling services:**

- Allard Law Student Wellbeing 604.822.4928
  - <http://www.allard.ubc.ca/student-resources/student-wellbeing>
- Here2Talk 1.877.857.3397
  - <https://here2talk.ca/home>
- EmpowerMe 1.844.741.6389
  - [http://www.studentcare.ca/rte/en/UniversityofBritishColumbiaAMSGSS\\_EmpowerMe\\_EmpowerMe](http://www.studentcare.ca/rte/en/UniversityofBritishColumbiaAMSGSS_EmpowerMe_EmpowerMe)
- Lawyers Assistance Program BC 1.888.685.2171
  - <https://www.lapbc.com/>



# Questions?

Contact Anna Kline,  
Student Wellbeing Counsellor