

Mental Distress and the Workplace

Business (Not Quite) as Usual I

Diana Capponi

Ontario Council of Alternative Businesses

The Ontario Council of Alternative Businesses (OCAB) is a consumer and survivor non-profit organization located in Ontario, Canada. The Council was established in 1993, with a mandate to increase economic and employment opportunities to consumers and survivors across Ontario. The Council represents 11 Alternative Businesses which collectively employ over 1,000 psychiatric consumer/survivors, the vast majority of whom have been deemed “permanently unemployable”. Each business is managed, staffed and driven entirely by psychiatric survivors.

This presentation will address the advent of consumer/survivor self-help groups in Ontario, the policies necessary to acknowledge the benefits of self-help and to the establishment of a consumer and survivor-led employment initiative. Diana Capponi, founding member and present Executive Director of the Ontario Council of Alternative Businesses, will discuss the changes in Ontario legislation and mental health policies which led to the growth and legitimacy of utilizing Community Economic Development strategies to combat the unspeakable 85% rate of unemployment among consumer/survivors. She will discuss the experiences of consumer/survivors in Ontario who have insisted on the rights to “a home, a job and a friend”. The Council believes strongly that in order to ensure full citizenship rights to the consumer/survivor community, economic justice must be achieved. For far too long, consumer/survivors have been treated as unable, unwilling, unmotivated, and un-teachable. The impact of poverty has been ignored for far too long, and is too often treated as a symptom of ill mental health. The Council’s greatest joy is to profile the concrete achievements of the Alternative Businesses in Ontario. Most recently the Provincial Government announced a \$1 million infusion to the Council to assist them in the dissemination of a newly devised framework for employment supports and to increase the development of Alternative Businesses across Ontario. This is an historic precedent which further demonstrates the commitment, skills and abilities of the psychiatric survivor community.

Business (Not Quite) as Usual II

Patricia Fowler

Ontario Council of Alternative Businesses

Patricia Fowler will discuss the implications to the traditional vocational rehabilitation services system, and their need to change. She will discuss her own personal experience with the Council, and her commitment to providing similar opportunities to others in Ontario. She will also take participants through an extensive information package, including, but not limited to, the newest Ontario Employment Supports policy, and as well, the results of the Council’s presentations, last year, in Great Britain. The need for international disability legislation will be discussed, as well as the impact of poverty on the community. Survivor led economic development strategies must be expanded, yet there seems to be a strong reluctance on behalf of the mental health service sector to acknowledge this. Not only have survivors created their own jobs, but they have also had an impact on the general public’s view of those deemed mentally ill. Many individual histories of the businesses, their revenues, their challenges and their rewards will be discussed.

Psychological Reaction to Company Mobbing

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In our opinion, the interest of the case presented herein lies in the combination of two uncommon factors with respect to the usual observations of workers complaining of mobbing. First, the uniform context, in which the problem was the same for all the workers involved, and second, the high number of cases – no less than 12, which made it possible to analyse the effects of the mobbing practice, beyond the limits of natural differences in personality. The judicial investigation being conducted in parallel also provided an answer to the question as to the extent to which the actions and strategy adopted by the company might

count as mobbing and the extent to which, by contrast, they might be subjectively experienced as such by the workers. The case also raises the problem of where the line is to be drawn between legitimate company strategy and mobbing activities. On one hand, we are faced with a large company carrying out a restructuring that included, among other things, a series of job changes for some workers, who were asked to accept less qualified duties, and, on the other, with the workers' needs not only to keep their jobs, but also for these to be consonant with their personal dignity. In practice, the workers were being asked to accept downgrading and when they refused they were sent to a dilapidated old building inside the industrial plant, lacking any kind of work tools, or even enough chairs for them all. The workers transferred to the new site had no tasks to carry out, no duties, regardless of their previous qualifications, level of education, years of service or specialist skills acquired over the course of time. During the period they spent in the building, the workers started to show clear signs of psychic imbalance, and some marked behavioural disturbances. Some appealed to the Magistrate, who ordered a penal investigation. We had the opportunity of examining the 12 workers at the Occupational Medicine and Forensic Psychiatry Sections of Bari University Hospital, where they were sent for consultation by the Italian social insurance company INAIL. All the workers were examined and interviewed by the occupational medicine specialist, and underwent a psychiatric examination and a series of psychodiagnostic tests (Rorschach, Sceno-test, MMPI, STAI, CDQ-9). The final opinion of the experts was that all the cases suffered from adaptation disturbances, featuring anxiety (5 cases), depression (2 cases) and a combination of both (5 cases). Finally, the conclusions of the criminal investigation are briefly outlined, and some social insurance issues are discussed in the light of the present Italian norms for safeguarding workers.

Mobbing - the Integration of Psychological and Legal Aspects

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While different content and context factors of work play an important role in stress analysis, only a small number of authors have focused on stress resulting from negative social interaction at work. An extreme form of social stress is mobbing. Since the seventies research about that kind of harassment has been done especially in Scandinavian countries. The results supported the idea that mobbing has a negative impact on the well-being of a person.

Brodsky (1976) f.e. states that "the effect of harassment upon victims can be devastating". In a Finnish study the bullied employees showed significantly higher depression, anxiety, aggression, and symptoms of post-traumatic stress disorder. (Björnquist et al. 1994). This findings support the results of various studies carried out by Leymann, who is the best known author in German speaking countries.

The number of affected persons varies widely: From 1% to 21,6 % of all employees. Leymann suggested a operational definition of mobbing and made the word "mobbing" really popular.

In the last years an increasing number of patients contact psychiatric institutions suffering of post-traumatic stress disorder. None of these patient experienced an "event that involved actual or threatened death or serious injury". These patients had been confronted with intensive negative interactions at their work place – for month or sometimes for years- and show psychological and somatic impairments. For many psychiatrists it is difficult to come to a correct diagnosis because the discription of post-traumatic stress disorder either in ICD 10 or in DSM IV does not seem to "fit". Focusing on the symptoms during the exploratory investigation is often not enough: It is necessary to investigate even the organizational effects to understand how traumatization took place.

Professional Sexual Misconduct

Werner Tschan

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Awareness of professional sexual misconduct (PSM) has increased considerably in recent years. There is a growing literature on the impact of victims. Clinical experience and research have provided clear evidence of harmful effects on patient-victims and their families. A variety of treatment approaches have been

developed in the past decade. But at present there is still a lack of appropriate consultation and treatment services to respond to this problem. In Basel, Switzerland, the Medical Association is currently establishing a counseling and advocacy group for victims of PSM. The program will commence October 15, 2001. Switzerland has a traditional method of self-regulation through the Medical Association, so that most cases of PSM have been dealt with in that system. Recently, a few cases have been dealt with through the legal system

This presentation will address the underlying ethical issues, the regulatory and legal realities, and the incidence/prevalence of PSM. Some case examples will be presented to illustrate the type of problems which one encounters when one implements such a program. Some issues to be discussed include:

1. What is the rationale for the Medical Association to offer a counseling group?
2. Which colleagues would be most appropriate to do the counseling work?
3. What kind of victims does one see, and what problems do they present?
4. How does one evaluate the victims' needs?
5. What practical options are there for action concerning the PSM by the victims?

Due to the general lack of knowledge in boundary issues among professionals, the Medical Association designed a postgraduate training program for the professionals doing the counseling. This presentation will outline the major components of the training program, and will also discuss the treatment procedures utilized in the counseling program. Within the professional community, it has become evident during the ongoing discussion stimulated by the victim counseling program, that the Medical Association should also offer some sort of help for colleagues at risk of violating boundaries. Furthermore, there is a need for the treatment of colleagues who have already violated boundaries and either become the subject of a complaint, or wish to seek help so as to avoid future misconduct.

The Medicalisation of Sexual Harassment Complaints: Sexual Harassment Viewed as a Work Accident

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Under workers' compensation law in Québec, psychological illness attributable to workplace stress is considered to be compensable as a work accident, and disability arising from the injury is subject to compensation. In Québec, as in other North American jurisdictions, workers' compensation law is based on a no-fault system: compensation is available regardless of the issue of blame, however, in those cases where someone is at fault, the worker is legally precluded from suing the employer or work colleagues for monetary damages resulting from a work accident. Harassment at work is considered to be one of those stressful situations that can lead to disability. Under workers' compensation law the reasons for the harassment are irrelevant. Psychological or physical injury caused by sexual harassment in the workplace is thus a work injury covered by the workers' compensation scheme. The discriminatory nature of the harassment is not addressed in the context of workers' compensation, and the gravity of the behaviour of the aggressor will not influence the economic outcome of a claim, which is exclusively dependent on the degree of disability arising from the events. The worker who seeks compensation must provide factual evidence as to the events leading up to disability, and medical evidence as to the existence and the cause of disability. Disability of even very short duration is covered by workers' compensation laws which preclude all other legal recourse for economic compensation.

Sexual harassment has traditionally been considered to be a human rights issue, and complaints by victims of harassment have been dealt with by tribunals specialised in human rights, who are mandated to use their powers to both protect the worker from harassment, and punish those responsible for the harassment, including the employer who has failed to protect the worker, and generally to provide remedy and support to the victim. Recent court judgements have concluded that victims of sexual harassment at work may no longer file for damages under human rights legislation, and may only apply for workers' compensation benefits. In this presentation we will describe the rights of women workers whose health is compromised by sexual harassment, and discuss the policy concerns raised by the medicalization of sexual harassment complaints.

