



WORKPLACE PEER SUPPORT PROGRAM ORGANIZATIONAL CASE STUDY #1

Demographics

- **Number of employees:** 4,800 with 8 bargaining agents
- **Peer Support Program Start Date:** October 2012
- **Number of Peer Supporters:** Initially 40 (*attrition of 10 due to retirement and moves*)
Program expanded to 65 Peer Supporters in April 2015

Employer perspective

While Peer Support is primarily an intervention, this client views this program as a prevention initiative as part of a large suite of other workplace mental health programs.

Outcomes

- Increase in EAP utilization from 9% to 24%
- Increase in psychological services costs by 40%
- Decrease in sick leave due to mental health problems
(This reduction is proportional to above 2 factors)
- Reduction of STD and LDT claims by 20%
- Presenteeism perceived to have diminished



WORKPLACE PEER SUPPORT PROGRAM ORGANIZATIONAL CASE STUDY #2

Demographics

- **Number of employees:** 1,300
- **Peer Support Program Start Date:** March 2013
- **Number of Peer Supporters:** Initially 17
Program expanded to 28 Peer Supporters in March 2015

Employer perspective

While Peer Support is primarily an intervention, this client views this program as a prevention initiative amongst a large suite of other workplace mental health programs.

Outcomes

- No change in EAP utilization
- Increase in use of other wellness programs
- Increase in psychological benefits
- Shorter absences when sick time is taken (20% shorter)
- Reduction of STD by 30%
- Presenteeism perceived to have diminished
- Other wellness programs are referring cases to the program



WORKPLACE PEER SUPPORT PROGRAM

PERSONAL TESTIMONIAL - CASE STUDY #1 – MULTIPLE STRESSORS

Peer Supporter: Patrick

Employee seeking support: Sean

Sean has worked for this organization for over 10 years and has a good reputation. Following a workplace incident, an investigation looking into Sean's actions and decisions was launched which put Sean under a lot of stress and pressure. Concurrently, a close member of Sean's family was diagnosed with a serious and critical illness. This situation unfolded over several months. One day Sean lost his temper at work and made a scene causing several other employees to be impacted. Later that day Sean contacted Patrick for support. While both individuals knew each other in passing, prior to this call, they had never truly interacted. Patrick spent a great deal of time listening to Sean's situation and they agreed to talk again the next day. At each interaction Patrick suggested that Sean needed professional support. Sean was not responsive and refused to accept seeing a mental health professional. After 3 different interactions as more trust developed between the two, Sean accepted the fact that it might be a good idea to see a professional and Patrick was able to connect him to a psychologist available through the workplace. Both Patrick and the psychologist suggested to Sean that he needed to take time off work to deal with everything that was going but Sean refused.

Patrick then realized that the primary barrier to Sean's willingness to take time off was that he had already taken all his sick time and personal holidays to care for his close family member who was very ill and that financially he could not lose any income and take unpaid leave.

With Sean's permission, Patrick reached out to the Union who administers a special fund for supporting members in exceptional circumstances. Sean's manager was also brought into the picture and a plan was quickly set into motion. As a result, Sean took 3 weeks off and during this time connected with Patrick a dozen times due to everything that had unfolded and his anxiety about his ability to retain his employment. Over the next few weeks the frequency of interactions diminished. Sean returned to work and a while later the investigation found that Sean had not acted inappropriately. Sean and Patrick are still in contact about once a month and Patrick remains in the care of his psychologist.

Presenting MH issue: Stress due to workplace investigation compounded by illness of close relative

Referrals and coordination activities:

- Manager
- Union
- Mental Health Professional

Confidentiality: Patrick obtained Sean's consent prior to engaging anyone in keeping with PSP policies.

Disclaimer: All cases are real and have been vetted through the respective Peer Support Programs and/or HR Director. Names are fictitious in order to maintain privacy.



WORKPLACE PEER SUPPORT PROGRAM

PERSONAL TESTIMONIAL - CASE STUDY #2 – CROSS PROGRAM REFERRAL

Peer Supporter: Kim

Employee seeking support: Ian

Following the suicide of his best friend and having become quite disturbed with the incident, Ian called one of the corporate wellness programs for assistance. Members at the program recognized that this type of issue was not something they were equipped to deal with. They communicated with corporate HR who recommended that Ian be referred to Kim, a peer supporter who had been through a similar situation. The referral was made, and Ian contacted Kim.

Kim has been supporting Ian since, they have connected close to a dozen times over the phone as they work in two different cities. Ian is still at work and the frequency of contacts has now diminished.

Presenting MH issue: Lost best friend to suicide

Referrals and coordination activities:

- Other wellness program received the call
- Corporate HR

Confidentiality: There were no significant issues pertaining to confidentiality especially since the case was referred to the peer supporter by HR.

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WORKPLACE PEER SUPPORT PROGRAM

PERSONAL TESTIMONIAL - CASE STUDY #3 – HARASSMENT IN MIDST OF RTW

Peer Supporter: Deborah

Employee seeking support: Wendy

Wendy has been on repeated periods of sick leave for depression over the past year. Over this period of time, Wendy reached out to Deborah for peer support. Wendy and Deborah did not know each other well until this call. In the weeks preceding Wendy's return to work she started expressing concerns regarding how her supervisor would treat her upon return. Deborah reframed much of this but in the end facilitated a discussion between Wendy and her supervisor. Wendy and her supervisor used texting to stay in touch prior to her return to work and one day made mention of some suicidal thoughts and stated that she was worried about what her co-workers were thinking. In response to this, her supervisor told her she had nothing to worry about because everyone liked her at work and tried to be as supportive as possible.

Wendy became very disturbed by her supervisor's comments, as she perceived that he was making inappropriate advances to her and launched a harassment complaint against him and told Deborah about it. When speaking about the situation, Deborah offered some options to Wendy in regards to how this might be addressed and while not taking sides, gently suggested that perhaps the comment made by the supervisor was simply an attempt to be supportive. However, given the severity of the situation, corporate HR was called in to assist and conflict resolution was offered. HR had a series of meetings with the supervisor and Wendy, who was accompanied by Deborah. Deborah stayed silent during all meetings and simply continued to provide support to Wendy outside the formal process. The harassment case was later resolved and Wendy has been back at work ever since. Deborah continues to support Wendy from time to time.

Presenting MH issue: Depression and case of harassment

Referrals and coordination activities:

- Manager
- Corporate HR
- Harassment advisor
- Conflict Resolution

Confidentiality: While HR knew that Deborah was supporting Wendy during the time of conflict resolution, at no time did HR ask Deborah for input. Deborah's role as a peer supporter was respected throughout and details of the peer interactions were kept in confidence.

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WORKPLACE PEER SUPPORT PROGRAM

PERSONAL TESTIMONIAL - CASE STUDY #4 – ESCORTED TO EMERGENCY

Peer Supporter: Mary Ann
Employee seeking support: Leslie

Leslie had returned to work for a few months following a period of sick leave for depression when her health started to deteriorate. Given her worsening condition she was given additional sick leave. During this period Mary Ann reached out to Leslie to provide support. After a few weeks, Leslie returned to work. A few weeks after returning to work, Leslie failed to show up one morning. Her supervisor got worried and attempted to contact her. Given the small size of this particular work site, Mary Ann also noticed that Leslie was not at work and reached out to her.

Mary Ann was authorized to drive to Leslie's residence by the program director and connected with her. Upon arrival, Mary Ann noticed that Leslie was not doing well at all and that Leslie had suicidal thoughts. Mary Ann decided at that moment that clinical care needed to be involved and formulated a plan. Mary Ann was prepared to call emergency response but given the trust that had built between her and Leslie she was able to gently motivate Leslie to come with her to the hospital. The clinical intervention that ensued also involved mental health care from a clinician paid for by her workplace and her situation has improved ever since. Leslie has been back at work for many months, she is stable and productive.

Presenting MH issue: Depression and potential of harm to self

Referrals and coordination activities:

- Emergency

Confidentiality: Mary Ann's assessment of the situation was that harm to self was seriously being considered by Leslie, but that there was no imminent danger. As a result, Mary Ann was able to talk Leslie into accompanying her to the emergency ward as opposed to calling 911, which proved to be the right decision. Mary Ann was prepared to call emergency response if Leslie had not cooperated.

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