



WINNING AT MENTAL HEALTH

Guidebook for Supporting Others:

How to lend a helping hand

CALLTIME:
MENTAL
HEALTH

**Mental Health
and Addiction
Awareness for
the BC Motion
Picture
Industry**



About Calltime: Mental Health

About 1 in 4 adults in the U.S. and Canada has symptoms of a mental health disorder, a substance-abuse disorder, or both. Sadly, most do not get proper care for the problem, often due to fears of social stigma, an inability to recognize their need for help, or lack of information & access to resources. This is no different within the BC Film sector.

The **Calltime: Mental Health** campaign has been developed to support BC motion picture workers and their families, reduce the stigma related to mental health and substance use concerns, and to ensure that BC motion picture workers are aware of the services and benefits available to them through their Union Health Benefit Plans and broader resources that are available to the public.

The **Calltime: Mental Health** campaign has been created by a committee composed of representatives of each of the six BC Film Sector Unions - IATSE 891, ICG 669, Teamsters 155, UBCP/ACTRA, ACFC West. Local 2020 Unifor, and DGC BC and their associated Health Benefit plans.. The 6 BC film union locals have generously provided initial funding for this initiative.



The **Calltime: Mental Health** campaign was developed with the expertise and support of FSEAP a leading Canadian provider of Employee/Member and Family Assistance Programs.



Copyrights

This e-book or any portion thereof may not be reproduced, relabeled, or used in any commercial manner whatsoever without the express written permission of the Calltime: Mental Health Society.

Permission is not required for personal use or providing this e-book to others as a mental health resource.

Disclaimer

This e-book is for educational purposes only. The information in this e-book is not a substitute for proper diagnosis, treatment, or the provision of advice by a regulated mental health professional or advice from a professional HR or legal adviser.

Contents

Introduction	5
Are You Ready to Help?	8
What is Mental Health? - The Mental Health Continuum model	9
Stages and Actions	9
Your Relationship with Responsibility	13
Summary	15
Recognize the Signs	16
The Iceberg Analogy	17
AWARE Model	18
Summary	20
Offering Help	22
Initiating a Sensitive Conversation	22
Active Listening	23
Listening Obstacles	24
Open-Ended Questions	25
Empathetic Responding	25
Summary	27
Boundaries	28
“The Table” Analogy	29

Triggers	30
Summary	32
Resources for Mental Health	33
Stress Management and Coping Techniques	33
Your EAP/MAP Provider and Counselling Support	35
Counselling, Crisis Lines, and Other Supports	36
Summary	37
Conclusion	38
Appendix: Resources	39

Introduction

Welcome to *Winning at Mental Health*, an e-book created by Calltime: Mental Health to help you understand the basics of mental health. The better you understand the signs and symptoms of mental health problems, the more equipped you'll be to care for yourself and to assist fellow crew and union members. This will help you and your peers feel better and do better, both at work and at home.

Challenges in the Motion Picture and Entertainment Industry

The motion picture and entertainment industry is one like no other. Some of the challenges our professionals face regularly include:

- Productions running for long periods of time: weeks and months
- Constantly shifting deadlines and expectations
- Long hours day after day
- Increases in overall production, meaning no time off between shows
- Expectations to live and breathe production when we're working; not enough time for ourselves or family
- Lack of sleep - only 11% of us report getting enough sleep when we're working
- Not enough down time to have a real break mentally or emotionally, and no time to get to the gym
- Family relationships, responsibilities, and social life suffer; we're so exhausted we have nothing to give back to anyone
- No time to sit down and enjoy a nourishing meal in a relaxed way
- The uncertainty of our employment, never knowing where the next pay cheque will be coming from.

For all the benefits of working in this incredible industry, production life on set or off can leave us vulnerable to stress, overwhelm, anxiety, and depression. Turning to drugs and alcohol to keep going, manage stress, or ignore feelings, becomes a way of life; it almost seems to work — until it doesn't. Our workers can develop serious mental health issues, sometimes tragically leading to suicidal thoughts and actions.

The transition between working non-stop and returning to “regular life” can be challenging for everyone involved, causing families to struggle to stay together. Feelings of isolation, loneliness, and depression can creep in even when we're surrounded by those we love or care for.

This industry is unique and challenges our mental well-being like no other.

We get it.

We know that practical information, tools, and support are needed to:

- Help you take care of your own mental health, and
- Help your fellow crew members do the same.

Readily accessible information, skills, and resources will help our workers improve mental health and well-being, whether on the job or living life outside of work.

We are all key players in helping others who might be struggling too. The more informed we are about our own mental health, the more we'll be able to help the person beside us who:

- Gets angry and defensive at the least little thing, or
- Drinks/drugs to excess and comes to work hungover way too often, or
- Withdraws, shuts everyone out, and won't talk about what's going on, or
- May need mental health counselling because they're on the verge of breaking down, or harming themselves or someone else.

Whether it's you or your colleague, our Calltime: Mental Health e-book has you covered.

Throughout the sections of this e-book, you'll find the latest practical mental health information about:

- Mental wellness and mental illness
- How to help others in need of support
- Initiating and managing sensitive conversations
- Empathy and communication
- Boundaries
- Useful resources to help.

We all need help sometimes.

Calltime: Mental Health is here to help. Beyond our e-book, counselling and referral services are available to you through your union benefits plan. Don't wait to get the help you need.

Are You Ready to Help?

Many people have a deep desire to help others. Helping those around us is a way to give back to our peers and community, and to find meaning through positive action. And while the desire to help may be strong and natural, sometimes we aren't sure how to do it. When it comes to mental health, our peers or fellow crew members may be struggling with complex issues like depression, anxiety, or problematic substance use. Before we rush in to lend a helping hand, it's valuable to be prepared with a basic understanding of mental health. It's also useful to do a bit of self-reflection on where you currently are with your own mental health, and on your relationship to the helper role.

This section will help you understand:

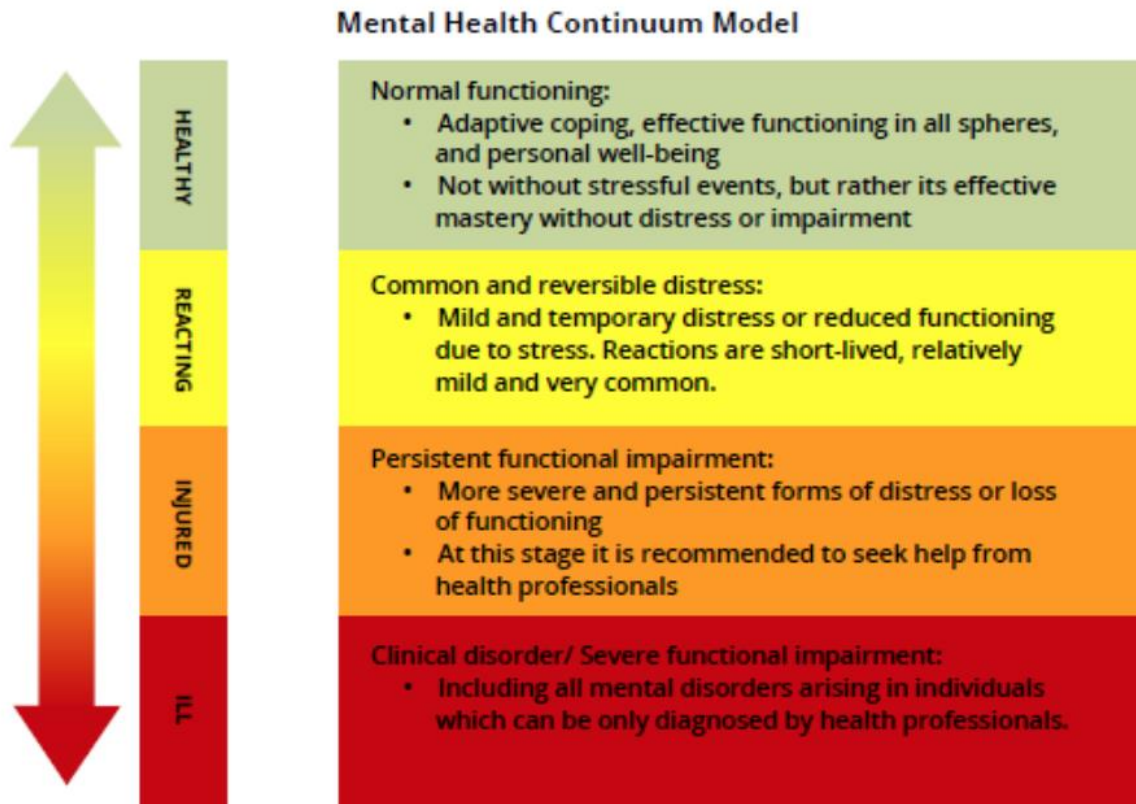
- What mental health is
- Where you may be on the Mental Health Continuum
- The difference between being responsible "to" and responsible "for" someone.

We tend to think of life in terms of winning and losing. It's all around us – our favorite hockey team wins or loses the Stanley Cup, the movie we've worked on wins or tanks depending upon the reviews, we win or lose money we've invested in the stock market, or someone at work gets a promotion and we don't.

"Winning" at mental health has nothing to do with competition. In fact, we want you to let go of any idea we're in a race when it comes to our mental well-being. When it comes to mental wellness, you are winning whenever you take the next small step towards improved health.

What is Mental Health? - The Mental Health Continuum model

Each one of us is responsible for taking care of our mental health, at work and at home. It's important to understand that the journey to a healthy mind fits along a *Mental Health Continuum* or in stages.



Source: www.canada.ca/en/department-national-defence.html

Where do you currently fit on the continuum? Where have you been at your highest point in life and where have you been at your lowest?

Stages and Actions

Wherever you are or have been on the continuum, **there are steps to take to make sure you are working on your mental health each day.** Taking one step at a time and putting one foot forward, makes all the difference in how you feel and how you show up at work and at home.

Take these actions and answer the questions below to increase your mental health and well-being at each stage on the continuum:

Stage 1: Healthy

The first stage is about balance and practicing healthy habits until they become second nature. In this stage, you are able to manage life's common stressors without too much difficulty. If you currently identify with this stage – way to go! You can focus on identifying what already works well for you and on experimenting with other techniques that may help maintain your mental health.

Ideas for reflection and action when in Stage 1:

1. Recognize the habits you practice on a regular basis that support your mental health. Do you take naps when needed, exercise regularly, or limit alcohol consumption? What else?
2. Break issues into manageable, bite-sized pieces to make problem solving easier.
3. Stay connected with people who you trust and support you. Even when work feels overwhelming, taking 5 minutes to chat with a trusted colleague, partner or friend helps you stay grounded.

Stage 2: Reacting

Reacting to stress and overwhelm means we might find ourselves not getting a full night's sleep, eating more junk food, or drinking/drugging more than is good for us. We might notice we're slacking off on our self-care habits and practices that do a good job of keeping us healthier, mentally and physically. In this stage, we may experience more distress, frustration, or irritability than in the healthy stage, but we are still able to bounce back to healthy functioning with a bit of time and effort.

Ideas for reflection and action when in Stage 2:

1. Recognize your limits. Talk with your partner, a close friend and/or your leader about how you're feeling and what's going on for you. If time off isn't an option right away, what other things can you do to start feeling better? Examples might be to choose healthier snacks while on set, reduce social media time so you can relax, aim to take active breaks during the day, etc.
2. Ask for help before things get out of hand. Don't stand in your own way – reach out to a counsellor or your EAP/MAP (Employee or Member Assistance Program) provider as a preventative measure.
3. Don't let problems fester. Take a step back so you can recognize them clearly and create a plan of action. Who do you need to talk to, what steps do you need to take to move forward, how much time do you need to figure it all out?

Stage 3: Injured

If you've ever been at this stage on the *Mental Health Continuum*, you know it's one to pay attention to and take seriously. At this stage, life seems difficult – more than usual! Feelings of anger, anxiety, stress, sadness, hopelessness might be running the show. You might not be sleeping, or you find yourself binge eating or drinking; life feels like it's spinning out of control.

Ideas for reflection and action when in Stage 3:

1. Get help! There's no shame in reaching out and asking for support. Choose a friend who can help you get back to healthy habits, someone who won't let you off the hook or give up on yourself! Reach out to a counsellor (EAP/MAP) who's trained to help you sort through the confusion and overwhelm – you won't regret it! Talk with your supervisor – they can't help you at work unless you talk about what you need.

-
2. Reconnect with yourself. At this stage, we can become disconnected from our inner voice that keeps us on track with self-care. We can become lost in the feelings and thoughts that take us away from who we want to be.

A remedy: a few minutes of steady, paced breathing can bring you back into your body so that you can focus on what you need to do differently!

Go online to practice paced breathing with these videos:

www.youtube.com/watch?v=u9Q8D6n-3qw

www.youtube.com/watch?v=Z3g-evIsaFw

3. Would you talk to a friend the way you talk to yourself? Our words matter, especially the ones we say to ourselves. Write down all your negative thoughts in a private place like a journal. Replace them with more positive thoughts. For example, replace "I can never do anything right" with "Sometimes I make mistakes – I can learn and grow from them!" Changing your thoughts changes how you feel. Take these steps and you'll begin to shift how you feel.

Stage 4: Ill or Illness

The final stage on the *Mental Health Continuum* is the most serious. All of us at this stage require help and support. Anxiety, depression, panic attacks, suicidal thoughts, withdrawal from others, and problematic substance use are all telltale signs of illness.

If you have never had mental health or substance use treatment, now is the time! If you are already connected to mental health or addiction services, it's time to reconnect and get help.

Ideas for reflection and action when in Stage 4:

1. Not sure where to go or what to do? Reach out to your EAP/MAP provider and with a few questions, an intake counsellor will get you set up with counselling services and recommend resources, including those needed for dealing with problematic

substance use. If you need more support than what the EAP/MAP provider can offer, a referral can be made for longer-term counselling, addiction and mental health support.

2. Make an appointment with your physician who can work with you to manage any medications you might be on.
3. Don't wait to get help if your safety or someone else's is at risk. Emergency services (911, Hospital, Ambulance, Crisis Line etc.,) are there to help and set up for when there's an immediate need. Reach out to a friend who can make calls with you and let your supervisor know you're taking care of your issues.

Don't let anyone ever tell you you're not worthy of getting the support you need — we believe you are. We understand that mental health grows when we take one step at a time, when we put one foot in front of the other, and when we never give up.

There's no time like the present to take that step and look after your mental health!

Your Relationship with Responsibility

Now you may have a better idea of what mental health is and where you are on the spectrum from healthy to ill. If you are in the healthy stage, you may be in a good place to support others. As an additional opportunity for reflection, we offer the "Responsible For/Responsible To" model for helpers. This model provides examples of feelings and actions you might notice when you are taking on responsibility FOR others versus being responsible TO them as a caring peer.

Take a look at the lists below. Consider: which of these sets of responses do you identify with most when trying to help others? Which responses seem healthier and more sustainable?

When I feel responsible FOR others...

I fix

I protect

I rescue

I control

I carry their feelings

I don't listen

I feel tired

I feel anxious

I feel fearful

I feel guilty

I am concerned with the solution

I am concerned with answers

I am concerned with being right

I am concerned with details

I expect the person to live up to my expectations.

I manipulate or try to control

When I feel responsible TO others...

I empathize

I encourage

I support

I confront

I acknowledge their feelings

I am sensitive

I feel relaxed

I feel free

I feel secure

I feel confident

I am concerned with relating

I am concerned with feelings

I am concerned with the person

I expect the person to be responsible for her/his own actions

I am a helper-guide

I can trust and let go

I believe if I just share myself, the other person has enough to make it

Summary

After reading this section, you should now:

- Have a basic understanding of what mental health is
- Be able to place yourself on the mental health continuum
- Better understand your relationship to responsibility
- Be able to assess whether you are in a good place to help others or whether it's time to focus on yourself.

Recognize the Signs



When we think about mental health problems, we typically think of things like anxiety, depression, addiction or burnout. But what about being “stressed out”? Feeling like you’re “losing it”? Needing a drink or a toke because you “can’t take the pressure”?

All of these are important to pay attention to when it comes to assessing our emotional and mental health and well-being, or the well-being of fellow crew members and colleagues.

This chapter provides tips and strategies for recognizing when a colleague (or you) needs a helping hand, and how to reach out in a way that is respectful and supportive, knowing that talking about these things can be a very difficult conversation to start.

This section will help you understand:

- Signs that may indicate a peer is in need of support
 - The Iceberg analogy for mental health concerns
 - The AWARE model for recognizing a struggling colleague
-

Deciding to talk about mental health problems – especially at work with fellow crew members or supervisors – can be daunting. We worry that we'll be seen as weak, judged as unstable, or deemed unable to handle things.

The reality is that if we're struggling with our mental health, no amount of hiding it will help us feel better or deal with our challenges effectively. At some point, it's much better to deal with a problem directly and face the fact that we need help or support.

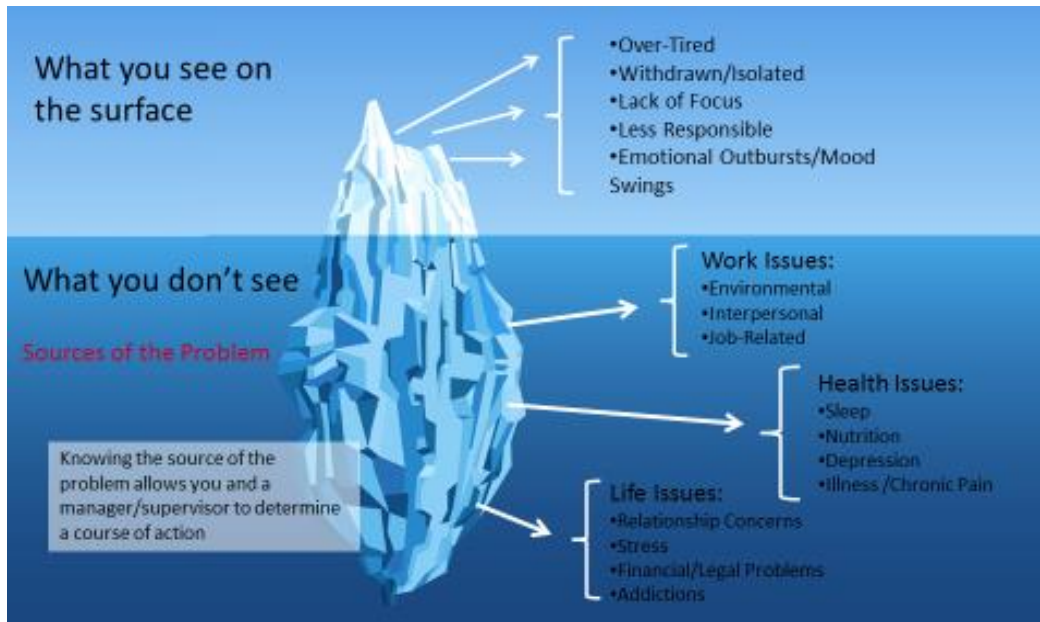
Knowing that your peer may be reluctant to reach out for help, there are observable patterns or changes that could indicate your peer is struggling.

Signs that things may not be going well for your colleague (or you):

- Arriving late for work more often than not
- Calling in sick way too frequently
- Making up excuses for overreacting or becoming more defensive than the circumstance warrants
- Not remembering what to do or not being able to concentrate
- Making excessive mistakes - especially if that's not typical job performance
- Turning from normally happy or easy-going to grouchy, difficult to be around, snapping at colleagues for no reason
- Avoiding responsibility, or refusing to take responsibility
- Avoiding hanging out and withdrawing from conversation
- Showing up at work with signs of a hangover or drug use

The Iceberg Analogy

Like an iceberg, we see signs of mental health issues but never really know what is under the surface until we ask. Keeping in mind how much there is going on for others that we are not aware of can help us stay empathetic, non-judgmental, and curious.



Being familiar with the sorts of issues that might impact your peers' mental health can also help you develop more sensitivity to when they are in need of help. Comments or complaints made in passing about work, health, or life issues could be an opportunity to open a deeper conversation.

AWARE Model

The AWARE model provides a mnemonic guide for noticing possible signs of mental health problems. Keep in mind that these signs are most significant when they indicate changes from normal behaviour and occur over an extended period of time. Also remember that signs of mental health problems vary and will manifest differently for everyone.

To develop your sense of when a crew member may need a helping hand, learn to be AWARE of the following signs:

- **A**bsenteeism
- **W**ork performance
- **A**ttitude and behaviour
- **R**elationships at work
- **E**motional changes

Absenteeism

Absenteeism means one of your peers is not showing up to set as often or as consistently as they previously did. It can look like:

- An increase in overall sickness absence, particularly frequent short periods of absence
- Turning up late to set
- Time away due to emotional or mental exhaustion (e.g., stress, burnout)
- Time away due to physical conditions (e.g., high blood pressure, heart disease, ulcers, sleeping disorders, skin rashes, headache, neck- and backache, low resistance to infections).

Work performance

Changes in work performance are noticeable deviations from a person's typical quality or quantity of productive output. This might include:

- A reduction in productivity and output
- An increase in error rates
- An increased amount of accidents
- Poor decision-making
- Changes in the standard of their work
- Deterioration in planning and control of work.

Attitude and behaviour

Attitude and behavioral changes can be observed through a peer's words and actions. They might show up as:

- A loss of motivation and commitment
- Working increasingly long hours but for diminishing returns
- Poor timekeeping
- Unwillingness to communicate
- Seeming withdrawn or avoiding engaging socially with crew members

-
- Odd or unusual behaviour (i.e., delusions).

Relationships at work

Many people experience workplace conflict from time to time, but changes in the nature, intensity, or frequency of conflicts can indicate your peer is struggling. For example, you may notice:

- Poor relationship, tension and conflicts between crew members
- An increase in disciplinary problems.

Emotional changes

Learning to notice changes in a crew member's body language, tone of voice, or verbal expressions of distress can be a valuable means of detecting a problem. Some signs to look out for include:

- Emotional outbursts (yelling, crying, storming off, etc.,)
- Rapid changes or dramatic shifts in emotions or mood
- Emotional expressions out of proportion to situation
- Excessive worrying
- Sadness or depressed mood.

Summary

After reading this section, you should now:

- Have some tangible examples of behaviours and attitudes that may indicate your peer is struggling
- Better appreciate how, like an iceberg, there is a lot more going for your peers than you may initially see on the surface
- Be able to use the AWARE model to detect when changes in behaviour may indicate your peer is in need of help.

Offering Help

So, let's say you notice some signs that a peer may be struggling and you feel ready and willing to help. What's next? What do you do when you think someone might need a helping hand?

This section will help you understand:

- How to initiate a potentially sensitive conversation
 - The importance of good timing
 - Techniques for effective communication, such as active listening and empathetic responding
-

Initiating a Sensitive Conversation

It can be difficult to hold a sensitive conversation when you are busy on set and have people around and tasks that need doing. For this reason, we suggest that you only engage in a conversation about a mental health or substance use issue during a slower period, or before or after work, when you can give your full attention to your peer, and they can give their full attention to you.

Before you do anything, first check in with yourself.

- ✓ *Is this the best time for you to have this conversation?*
- ✓ *Are you feeling calm enough, well enough, strong enough?*
- ✓ *If you are, great. If not, wait until you feel ready and can focus on the other person.*

If you feel ready to initiate a conversation with a potentially struggling peer, you can begin by letting your colleague know that you want to check in with them about how they're doing. Ask them if this is a good time to chat. Just as you checked in with yourself to see if you were in the right headspace for a sensitive conversation, give your colleague the same opportunity. Even if your fellow crew member is wanting support, they may not open up to you if the timing isn't right.

If they are willing to talk, invite them to move to a quiet, private space. Keep a relaxed demeanor and emphasize confidentiality. A good way to start the conversation is by focusing on what you've noticed – changes in behaviour, appearance, or attitude – and sharing your concern for their well-being.

Be prepared for a variety of responses. They might be open to talking to you further, or respond with anger or defensiveness, not ready to hear what you have to say. They might be offended and suggest you take a hike (or similar, stronger words!) and mind your own business.

Whatever the response, it is important you maintain your own boundaries and respect the other person's willingness or unwillingness to accept your support. You are simply trying to state what you have been noticing on set, and offer support in response.

Active Listening

If your peer does choose to continue the conversation with you, it's time to focus on listening. On the surface, good listening may look like refraining from interrupting someone when they speak. There is much more to it. Active listening is a method of listening that requires attention and concentration. To be more than a passive listener, you must be in a mindset where you can be fully attentive to your peer. Active listening is not about waiting for your turn to speak; it's really hearing what another person is saying and putting everything else out of your mind.

Use positive body language like an open posture and soft eye contact to indicate that you are listening and that you value what your peer is saying. Avoid judging prematurely, and instead just stay curious. Another part of active listening is asking for clarification if you don't understand something the person said. It is all right to ask questions to help you gain understanding. This shows interest and gets you the facts you need. You can also try to actively remember information your peer shared so that you can reference it in the future, rather than put it out of your mind as soon as the conversation is over.

Listening Obstacles

When trying to listen well, obstacles can arise that block you from understanding your peer's point of view. Listening obstacles usually stem from judgmental thoughts and responses which can take many forms.

Some obstacles may include:

- Needing to be right: for example, "You are thinking about this the wrong way. Let me explain..."
- Dismissing your peer's needs: for example, "I'm sure you'll figure it out."
- Giving advice: for example, "Did you try this?"
- Discounting emotions or thoughts: for example, "You shouldn't feel that way" or "Don't be sad."
- Comparing unfavorably: for example, "Lucy didn't have any trouble coping with this. What's your problem?"

It is often easier to be judgmental than to imagine yourself in your peer's shoes. Be aware of your own tendencies to be judgmental, your biases, beliefs, interests, and fears. These may prevent you from listening with empathy. Also be mindful of your capacity to help – if you have other things on your mind, it's okay to bookmark the conversation until you are able to actively listen.

Open-Ended Questions

When trying to communicate well, open-ended questions will allow for more information gathering and make the conversation run more fluidly. They also help conversations from unfolding in an interrogative manner, which can make people feel defensive. Closed-ended questions are those that can be answered with a “yes” or “no” response. Open-ended questions require more elaboration than a “yes,” “no,” or simple fact.

A simple and appropriate way to ask open questions is begin with: “How ...?”, “Who ...?”, “What ...?” or “Tell me about...”. For example:

How are you feeling?

Who do you talk to when you need support?

What do you think?

Tell me about what’s going on.

However, too many open-ended questions can scare a person off or result in repetition. Make sure you are asking necessary questions and not just making conversation. Listen for what your peer needs and don’t offer instant problem-solving. Try not to use “why” questions, as they can imply judgement; the phrase “What is the reason you...” is better, since it presumes your peer had motive or logic underlying what they did.

Empathetic Responding

Many of us have heard that it is good to listen with “empathy” — but what exactly does that mean? Empathy is the ability to understand a situation or set of feelings from the perspective of another. The idea is captured when we talk about “walking in someone else’s shoes.” Empathy also describes the process used in coming to that common understanding. It is crucial to trust, cooperation, and openness. A related term is compassion, which is when empathic feelings and thoughts include the desire to take action to help another. Sympathy is another term in this family, which can sometimes be confused with empathy. While often well-intentioned, expressing sympathy can leave the recipient feeling that others have taken

pity on them, or are feeling sorry for them. This can create a sense of inferiority and disempowerment. Empathy empowers others and positions everyone on the same level.

When supporting your peers, it is valuable to take an empathetic stance instead of a sympathetic stance. To learn more about the difference between these two terms, go online to watch this 3-minute animated video voiced by Brené Brown: www.youtube.com/watch?v=1Ewngu369Jw

Empathetic communication is the ability to explore and reflect a peer's feelings accurately. Sensitively communicating your understanding to a fellow crew member will help them feel seen and heard. Not only will this help nurture and sustain your relationship with your peer, it will also reduce the level of embarrassment they feel. If someone feels intimidated or embarrassed during a conversation, it is more likely that they won't honestly share what is going on for them or ask for support. This can happen through apathetic communication: the opposite of communicating with empathy. When a person is communicating apathetically, they are showing a lack of genuine interest, enthusiasm or concern.

Examples:

Fellow crew member: *"It's hard for me to focus at work right now. I have so much going on at home. It makes me... kind of angry because normally I like my job!"*

Empathetic response: "Your difficulties at home are making it tough to concentrate at work and that's frustrating for you."

Apathetic response: "Aww, that's rough. Are you think about quitting your job?"

Fellow crew member: "I just don't feel like being around anyone. I feel like when I'm around people on set, I just bum them out or burden them."

Empathetic response: “It sounds like you’re finding it tough to interact with people on set without feeling guilty.”

Apathetic response: “Sounds like you’re not getting along with this crew anymore.”

Summary

After reading this section, you should now:

- Have a sense of what to say to initiate a potentially sensitive conversation with a peer
- Recognize the importance of checking in with yourself and your peer to see if the timing is right for a sensitive conversation
- Understand the basics of — and barriers to — active listening.

Boundaries

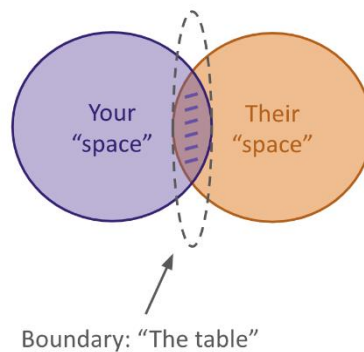
Now you may have a sense of the communication tools you can use to support your fellow crew members. But what happens if you find that your peers want to talk to you A LOT? Or perhaps people are starting to disclose information on topics you're not comfortable hearing about. This is where boundaries come in.

This section will help you understand:

- What an interpersonal boundary is
- "The table" analogy for establishing boundaries
- How to recognize if you or your peer gets "triggered" and what to do if this happens.

A boundary is anything that sets or indicates a limit. Physical boundaries are all around us – they look like walls, doors, and fences, to name a short few. Psychological, emotional, or social boundaries are not always so obvious. They can look someone turning away or sound like the word "no." When trying to support your peers, boundaries can help you understand what is "yours" and what is "theirs." Different people have different boundaries, but they essentially represent a division between what is okay with someone and what is not.

“The Table” Analogy



Imagine that when a peer chooses to share something with you, it goes on “the table.” This is an area where you can both see what has been shared. It has limited space and can only hold a certain amount of weight. Moreover, there are plenty of thoughts and feelings in your individual space and in your peer’s space that are not on the table.

Part of your job when supporting a peer is to determine what belongs on the table and when the weight on the table is getting too heavy. Some ways you can do this include:

- Recognizing what you can and cannot do
- Being clear about your role as a peer, rather than a supervisor or counsellor
- Consulting with others when you are unsure of what to do
- Offering support but not making the problem your own
- Asking for time and space when you need a break.

Just by offering an empathetic ear you are already going a long way in supporting your fellow crew member. If the conversation suggests your peer needs more help, it might be a good time to offer resources such as your EAP/MAP phone number. This can help keep your shared “table” manageable and connect your peer to further care.

Remember: You're not there to diagnose the problem

It's not on you to diagnose them or try to fix them. You are offering a helping hand to someone you're concerned about.

You are not alone!

Remember, your EFAP or MAP is there to support you! You can call to access support for yourself, or to help guide you as you support a colleague or peer. EFAP/MAP providers are available 24 hours a day, 365 days a year, and are confidential.

Visit www.calltimeentalhealth.com/resources to learn more.

Triggers

Times may arise when you or your peer crosses a boundary and a sudden change in emotion results. Neither of you may have realized a boundary was being crossed, but you are both likely to notice the effects. One way to think of a "trigger" is when a seemingly small event causes a very large effect — just like how putting a small force on the trigger of a gun leads to a big explosion.

In the case of emotional events, nearly anything can act as a trigger: a word, image, sound, sensation, even a memory or thought. While the term is sometimes applied casually to indicate someone is getting "worked up" or upset, bear in mind that being triggered can be a serious, significant experience for some; for example, when someone who has experienced trauma is triggered, it may feel like they are re-living the trauma all over again. For folks with substance use concerns, a trigger may cause increased use, cravings, or relapse.

When it comes to being a helper, is it up to you to avoid saying or doing anything that could potentially trigger your peer? No – it isn't possible to fully know another person's triggers or avoid them altogether. Similarly, you cannot expect someone else to know and avoid any triggers you may have. It is ultimately up to each individual to take responsibility for their

own emotions and reactions. That said, there are some things you can be aware of that may help in the case that you or your peer does get triggered.

First, be on the lookout for signs that you or your peer is experiencing a sudden change in emotion. If someone starts crying, raises their voice, or stops making eye contact, it could be a cue that emotions are quickly escalating. More subtle cues could be a change in breathing pace, a flushing of or redness in the face, or any sudden change in body language or tone of voice. In yourself, you may notice your heart rate rising or tension in the body.

If you detect that a sudden change in emotion is occurring, it's likely a good time to take a break from the conversation. Remember, your role as a helper is to offer a listening ear and potentially some resources, but not to act as a therapist or crisis worker. Try saying "I'm noticing from your [body language, tone of voice] that you seem to be in a lot of distress. Is it okay if we take a break and come back to our conversation at a later time?" Or if you believe your own emotions are escalating, you could say "This conversation is really important to me but I need some time to think. Would you be okay if we check in about this again tomorrow?" This can also apply if you feel okay emotionally but need time to process what has been said and figure out how you can best help your peer. Sometimes even stepping away for a washroom break is enough to get grounded.

If you really don't feel comfortable exiting the conversation while your peer is in emotional distress, you still have options. You can ask your peer if it is okay with them if you both just take a moment to sit quietly together and collect your thoughts. You can also let them know that you notice how affected they are by your conversation and ask if they have anyone they can call or talk to for support (e.g., friend, family member, or therapist). This helps to set a boundary and reinforce your role as being limited to peer support. If your peer really seems to be in crisis and you aren't sure what to do, you can also offer to call your EAP/MAP provider with them or give them the number to call. We'll discuss more strategies for in-the-moment coping and offering resources in the final section.

Summary

After reading this section, you should now:

- Know what a boundary is
- Be able to apply “the table” analogy as a way to keep conversations appropriate and well-contained
- Have a basic understanding of what triggers are and what to do when emotions escalate.

Resources for Mental Health

By now you might feel equipped to navigate a conversation with a peer by listening empathetically and maintaining your boundaries. By doing this, you've already gone a long way in supporting your fellow crew member. There might be times when one of your peers does share something about their struggles and explicitly asks you for help – what then?

This section will help you understand:

- Some basic stress management and coping techniques that you can offer your fellow crew member for in-the-moment support
 - What to expect when you or your peer calls your EAP/MAP provider
 - Additional mental health resources you can suggest
-

Stress Management and Coping Techniques

When someone reaches out for help, they often have a concern they aren't able to resolve on their own. If the issue is entirely a practical one, it's a good time to put your heads together to problem-solve solutions. In cases where the concern is accompanied by emotional distress, something more is needed. Jumping straight to problem-solving can leave your peer feeling dismissed or invalidated. A good place to start instead is with the active listening skills previously discussed.

Once you have a good handle on your peer's concern and you have communicated your understanding back to them, a next step could be to engage in some simple stress management techniques. When someone is in emotional distress, they often don't have access to their usual coping mechanisms. The strategies they have previously learned for bouncing back from challenges are still there, but are unavailable at the moment. Supporting your crew member with stress management techniques can help them regain access to other coping mechanisms.

A simple example of this is to offer your peer: "Would you like to take a few breaths with me?" When someone is undergoing stress, their breathing often becomes rapid and shallow. By slowing and deepening the breath, especially by taking longer exhalations, we can reduce the activity of our "fight or flight" stress response and activate the "rest and digest" response that is associated with relaxation. Bonus points if you can hum or sing with your peer, since this both helps to regulate breathing and establishes a sense of safety through social connection. Of course, it might be a little harder to convince your peer (or yourself) to sing in the moment! Even if it might be effective, this is a good time to remember that any offers to help should be invitations rather than instructions: your peer best knows what they need and what they are comfortable with.

Another quick, in-the-moment coping strategy to try is a grounding technique. You can ask your peer if they would like to ground with you. Grounding is a way to lower distress by bringing our attention to something other than our distressful emotions. It could involve coming back to our bodies - rather than staying caught up in distressing thoughts - or anchoring ourselves to the world around us. In its simplest form, grounding can involve feeling our feet on the floor (the "ground") and paying attention to that sensation. We may feel the floor press against us or we may notice tingling, pulses, or other sensations in our feet. This type of grounding brings our awareness to our body and reminds us that we are supported by the earth. Another simple grounding technique is the 5-4-3-2-1 technique. For this, you could ask your fellow crew member to notice 5 things they can see, 4 things they

can touch, 3 things they can hear, 2 things they can smell, and 1 thing they can taste (or can imagine tasting). This may help your peer reconnect to their senses and orient to the space around them.

Your EAP/MAP Provider and Counselling Support

Through your discussion with your peer, you may have heard them speak about issues that are more complex or sensitive than you feel suited to deal with. For example, they may have shared about conflict in their personal relationships, current financial troubles, or problematic substance use. There is a wide range of topics or emotions that someone may share with you, but that doesn't mean you need to be an expert in those areas. Your role when helping a troubled peer is to express care through empathy and then offer supportive resources. These resources could be within your workplace, through your union, or through your broader community. Examples include your supervisor, your EAP/MAP provider, or a community crisis line.

If you choose to suggest your EAP/MAP provider as a resource, it's helpful to know a bit about what your peer can expect if they call. You can even offer to make the call along with your peer in case they seem reluctant. When you or your peer calls the number for your EAP provider, your call will be warmly answered by an intake counsellor. The intake counsellor's role is to provide empathetic support while simultaneously assessing what the main concern is and whether anyone's safety is at risk. Through this assessment, the counsellor can recommend what resources may be best suited to support the person in need.

If this sounds familiar to how we've described your role as a peer support, that's because these helping approaches overlap! The difference is that intake counsellors have professional training in communication skills and risk assessment, so they may be able to support more complex or urgent issues. Another big difference is that intake counsellors are able to make referrals directly to service providers, such as clinical counsellors, legal or financial consultants. They may also be more familiar with community resources to help point you in the right direction.

To summarize, when you and your peer call the EAP provider line, you can expect immediate support for emotional distress as well as a potential referral to a counsellor or other professional who can provide the next level of support.

Counselling, Crisis Lines, and Other Supports

In some cases, a fellow crew member might not be ready to make a decision about the next step towards support. This is completely understandable because it is especially hard to make decisions when we're in distress. As a helper, sometimes it is best to leave your fellow crew member with options they can take away and consider.

Through your EAP/MAP provider or extended benefits, one option for your peer is to access counselling services. Counselling entails working with a professional to explore challenging situations or emotions. There are many counselling theories and modalities, but at its core, counselling involves speaking with a compassionate person who can help you expand your awareness of both your internal landscape and external environment. Counsellors may help their clients identify and process emotions, build skills for better functioning, or develop new coping strategies.

A related type of mental health support is crisis support. When a person is in crisis there is a sense of urgency to their problem. They aren't able to cope or solve the problem on their own given their current level of emotional distress. Crisis support differs from counselling in that it is specifically focused on the "here and now" and its primary goal is to de-escalate current emotional distress. There also tends to be a greater focus on safety assessment and planning due to the urgent nature of the distress. Recommending a local crisis line or suicide line is appropriate when your peer seems to be having trouble calming themselves or describes times when they feel so alone they don't know who to turn to. It is important to note that if you think there is imminent risk to a peer's physical safety, you or your peer should call 9-1-1 for emergency assistance.

There are many other supports available in the community. Peer- or volunteer-led community meetings such as Alcoholics Anonymous, Al-Anon, Narcotics Anonymous, and SMART Recovery can help people affected by problematic substance use. Battered women's support services, rape crisis centres, and victim services can help support victims of abuse, sexual assault, and crime. Queer and trans-inclusive services have specific support and considerations in place for members of the LGBTQ2S+ community. BIPOC networks and organizations support those who identify as black, indigenous, and people of colour. There are many more resources available that might help. If you or your peers are unsure of whether a certain community resource can help, give the organization a call to learn more.

To learn more about mental health resources available to you and your peers, check out the Calltime Resources page at: www.calltimementalhealth.com/looking-for-help.

Summary

After reading this section, you should now:

- Have ideas for in-the-moment stress reduction and grounding techniques you can share with your peer
- Know what to expect if you and/or your peer reaches out to your EAP/MAP provider
- Have a basic familiarity with other mental health and community resources such as counselling, crisis lines, 9-1-1 and more.

Conclusion

It is our sincere hope that this e-book has provided you with some information and concrete strategies you can use to help support your peers. Try to remember that the helping process is not black-and-white and while you may face challenges along the way, there is no such thing as failure here! Truly, just by showing your compassion and care for another you will have made a difference.

Keep in mind that all the concepts and resources discussed throughout are there to help you as well as your peers. Taking care of yourself is one of the best ways to ensure you are able to help others. By doing so, you'll also be setting an example of what good mental health care looks like. Sometimes the most valuable thing you can offer your crew members is to be a role model they can follow.

Also remember that you are not alone! Whether you are looking for help for your own personal concerns or for additional guidance on how to help your peers, there are people out there who want to help. Your EAP/MAP providers offer 24/7 support and are staffed by trained professionals who want to lend their helping hands to YOU!

Take a look at our Appendix of Resources to find the right fit for your needs.

Appendix: Resources

- NEED HELP NOW?

If you need immediate emergency assistance, call 911.

- PUBLICLY AVAILABLE MENTAL HEALTH AND PROBLEMATIC SUBSTANCE USE RESOURCES

GENERAL MENTAL HEALTH RESOURCES

- [Anger Management Test \(Assessment\)](#)
- [Feeling Angry?](#)
- [Mental Health Assessment](#)
- [Mental Health Meter](#)
- [What's Your Stress Index?](#)
- [Work-Life Balance Quiz](#)
- [Work-Life Balance - Make it Your Business](#)
- [Headspace \(App iOS and Android\)](#)
- [Mental Health First Aid](#)
- [Here To Help Self-help Resources](#)
- [BC Association of Clinical Counsellors](#) (you can search by city and area of specialty)
- [Ending Violence Association of BC](#) (information for you or someone you know who may be experiencing violence or abuse)

DEPRESSION

- [Antidepressant Skills Workbook](#)
- [Antidepressant Skills @ Work](#)

-
- [Managing Depression: A Self-help Skills Resource for Women Living with Depression During Pregnancy, After Delivery and Beyond - Workbook](#)
 - [Dealing with Depression: Antidepressant Skills for Teens](#)

ANXIETY

- [Anxiety Disorders](#)
- [Anxiety Screening](#)
- [Post Traumatic Stress Disorder](#)

SLEEP/FATIGUE

- [Managing Fatigue in the Motion Picture Industry](#) - PDF booklet [here](#).

SUBSTANCE USE AND ADDICTION

- The Alcohol & Drug Information and Referral Service: 1 800 663 1441 / 604 660 9382
 - Whether for yourself or someone you care about, find information, options, support, and referrals to a full range of counselling and treatment services across BC. Confidential, multilingual, free, and available 24/7.
- [Addiction](#)
- [Here to Help](#)
- [Helping People Who Use Substances](#)
- [You and Substance Use](#)
- [About Alcohol](#)
- [Saying When: How to Quit Drinking or Cut Down \(iOS App\)](#)
- [Stop Overdose BC](#)
- [Alcoholics Anonymous](#)
- [Narcotics Anonymous](#)
- [Gamblers Anonymous](#)

SUICIDE AWARENESS

- [Coping with Suicidal Thoughts](#)
- [Need Help? Thinking About Suicide?](#)

BIPOC AND LGBTQ+ RESOURCES

- [Healing in Colour](#) (Directory of BIPOC therapists committed to supporting BIPOC in all intersections)
- [Black Youth Helpline](#)
- [Support Network for Indigenous Women & Women of Colour](#)
- [Dr Joy Harden](#) (based in US but has podcasts and a blog directed at Black women and girls)
- [KUU-US Crisis Line Society](#) (operates a 24-hour provincial Aboriginal crisis line for Adults/Elders at 250 723 4050 and Children/Youth at 250 723 2040. Toll Free line: 1 800 588 8717)
- [Qmunity](#) (offers free health and wellness counselling provided by practicum students completing their Masters degrees, or low-cost counselling provided by Registered Counsellors and Social Workers)
- [Trans Care BC](#)

FOR YOUTH AND YOUNG ADULTS

- [Foundry \(age 12-24\)](#)
- [Bell Let's Talk - Kids' Help Phone](#)
- [Youthspace](#) (under 30, welcoming all backgrounds, religions, races, abilities, sexual orientations, and gender identities)

CANADIAN MENTAL HEALTH RESOURCES

- [Canadian Mental Health Association](#)
- [Canadian Labour Congress Mental Health @ Work](#)
- [List of resources across Canada](#)

- EAP/MAP PROVIDERS

Depending on which union you are with, you have access to benefits from different EAP/MAP providers. Look for your union in the list below.

For TEAMSTERS 155:

EMPLOYEE & FAMILY ASSISTANCE PROGRAM provided for all Members and their immediate families. Confidential access to immediate crisis support, program information, referral to a counsellor or other work-life wellness services.

FSEAP – Family Services Employee and Family Assistance Program

1 800 667 0993 24 hours a day / 365 days a year

For DGC BC:

The Member and Family Assistance Plan (MAP) is a confidential counselling and referral service available to you, your spouse, and dependent children. MAP services are provided by Shepell.

workhealthlife.com

Shepell Care Access Centre: 866 833 7690

Available 24 hours a day, 365 days a year

CONTACT DGC BC: 604 688 2976

For UBCP/ACTRA:

UBCP/ACTRA MEMBERS HAVE CHOSEN ONE OF TWO PLANS:

MBT

The **MBT's Employee Assistance Program (EAP)** is managed by LifeWorks and is designed to help you find the support, advice, and resources you and your family need at no cost.

LifeWorks web link

LifeWorks phone: 1 877 207 8833

24 hours a day / 365 days a year

AFBS

The **AFBS Member and Family Assistance Program (MFAP)** is provided by Morneau Shepell, and is available to AFBS Members who are insured for extended healthcare benefits, and their immediate family.

Morneau Shepell

Morneau Shepell phone: 1 844 880 9142

24 hours a day / 365 days a year

CONTACT UBCP/ACTRA: 604 689 0727

For INTERNATIONAL CINEMATOGRAPHER'S GUILD | Local 669:

The Member and Family Assistance Plan is offered through Shepell and is available to all members and their eligible dependents 24/7, 365 days.

SHEPELL MEMBER ASSISTANCE PROGRAM

1 800 387 4765

workhealthlife.com

778.330.1669

[CONTACT ICG | 669](#)

For IATSE 891:

EMPLOYEE AND FAMILY ASSISTANCE PROGRAM provided for all Members and their immediate families. Confidential access to immediate crisis support, program information, or referral to a counsellor or other work-life wellness services.

[FSEAP](#) - Employee and Family Assistance Program

1 800 667 0993 24 hours a day / 365 days a year

For ACFC:

ACFC West, Local 2020 Unifor - Benefits Administration

Nicole Rempel, HR Generalist

604 299 2232 ext. 4534

Jeff Holloway, Chief Steward

604 299 2232 ext. 4531

[CONTACT ACFC](#)

Services offered through Pacific Blue Cross