



CALLTIME
MENTAL HEALTH

**A PEER'S GUIDE
FOR LENDING A
HELPING HAND**



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ABOUT CALLTIME MENTAL HEALTH

Calltime Mental Health is a public resource and mental health campaign for all workers in the motion picture industry and performing arts.

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 by British Columbia's motion picture industry unions to assist workers and employers grappling with mental health and addiction issues both in and out of the workplace. The campaign aims to 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 six BC film union locals 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.

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DISCLAIMER

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INTRODUCTION

The *Winning at Mental Health*e-book was created by Calltime Mental Health to help you understand the basics of mental health. Its underlying philosophy is simple: the better you understand the signs and symptoms of mental health problems, the more equipped you'll be to care for yourself and 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 like no other. Consequently, our professionals regularly face unique challenges that impact their mental health. Such challenges include:

- Productions running for long periods of time (i.e., 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 breath production when we're working; not enough time for ourselves or for our family
- Lack of sleep—only 11% of us report getting enough sleep
- Not enough downtime to have a real break mentally or emotionally, including no time to get to the gym
- Family relationships, responsibilities and our social lives suffer; we're so exhausted that we have nothing to give back to anyone
- No time to sit down and enjoy a nourishing meal in a relaxed way
- Job uncertainty—never knowing where the next pay cheque will be coming from.



For all the benefits of working in this incredible industry, production life on or off set can leave us vulnerable to stress, feelings of overwhelm, anxiety and depression. Turning to drugs and alcohol to keep going, manage stress or ignore feelings can become a way of life; it almost seems to work –until it doesn’t. Consequently, 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.

Given the particular challenges of our industry, our mental health and well-being is often impacted.

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 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
- Drinks/drugs to excess and often comes to work hungover
- Withdraws, shuts everyone out and won’t talk about what’s going on
- May need mental health counselling because they’re on the verge of breaking down or of harming themselves or someone else



Whether it's for you or your colleague's mental health, 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
- Helpful resources

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.



MODULE 1: ARE YOU READY TO HELP?

Many people have a deep desire to help others. On the one hand, helping those around us is a way to give back to our peers and to our community. As social creatures, humans derive meaning by supporting the people in their environment through positive action.

Simply put: helping feels good.

Yet, while the desire to help others may be strong, sometimes we aren't quite sure how to go about 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 have a basic understanding of what mental health is. Moreover, it's also important to go inward, to do some self-reflection on where you currently are with your own mental health as well as 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 on 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.

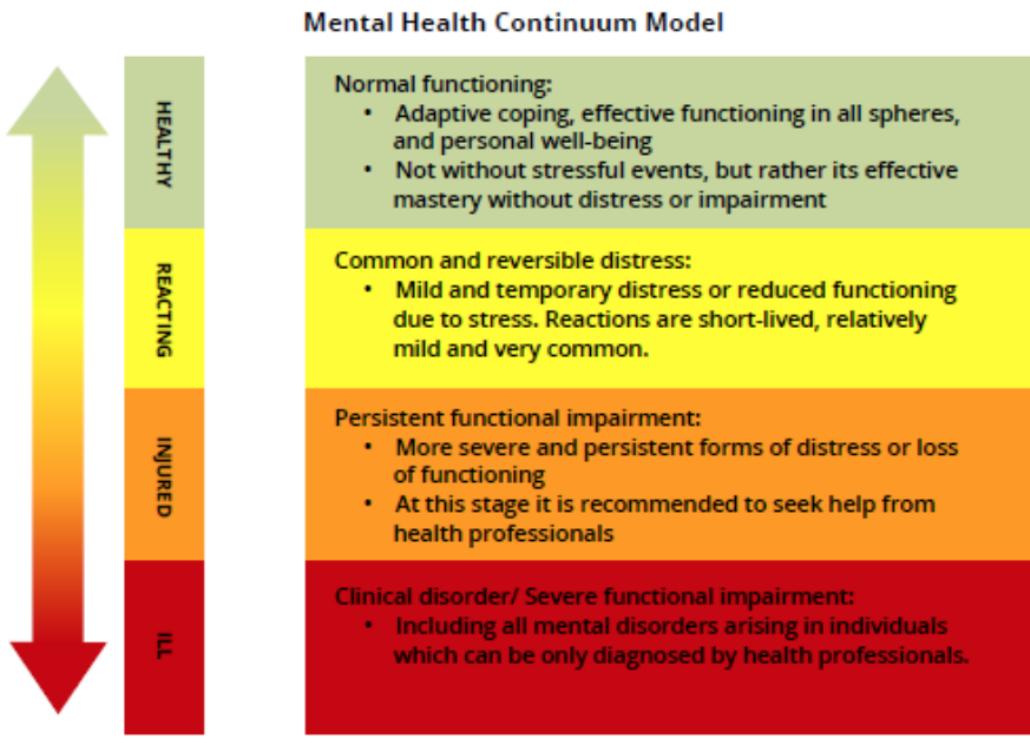
Indeed, the *Winning at Mental Health* e-book contains the word ‘winning’ in its title. Yet “winning” in this context doesn’t entail competition. In fact, we want you to let go of the idea that we’re in a race when it comes to our mental well-being. When it comes to mental wellness, you are winning whenever 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, both at work and at home.

It's important to understand that the journey to a healthy mind fits along the *Mental Health Continuum Model*, which consists of different stages.



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

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

STAGES AND ACTIONS

Wherever you currently are on the continuum—or have been previously—**there are steps you can take to ensure that you're working on your mental health every single day**. Taking one step at a time and putting one foot forward can make all the difference in how you feel and how you show up in the workplace and in your personal life.



For each stage, you can consider the following ideas and questions for future reflection and action. The goal is to gradually make small adjustments that can help improve your mental health and well-being, at each stage along 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 do you do to manage your stress? To feel good?
2. Break issues into manageable, bite-sized pieces to make problem-solving easier.
3. Stay connected with people you trust and who support you. Even when work feels overwhelming, taking 5 minutes to chat with a trusted colleague, partner or friend can help 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 healthy, both 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 or pile up. 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—and more so than usual! Feelings of anger, anxiety, stress, sadness or hopelessness might be running the show. You might not be sleeping, or you find yourself binge eating or drinking. Sometimes, life can feel 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 to 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 tell them what you need.



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

The following videos offer paced breathing techniques that you might find useful:

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

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

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 of 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 “Yes, sometimes I make mistakes but 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. High levels of anxiety, depression, frequent panic attacks, suicidal thoughts, withdrawal from others and problematic substance use together can all be serious signs of profound distress or mental illness, especially in combination.

If you’ve never received mental health treatment or treatment for substance abuse, now might be the time to start. If you’re 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. After a few questions, an intake counsellor will get you set up with counselling services and will 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 or mental health support.
2. Make an appointment with your family physician. They can help assess your needs, make referrals and manage any medication needs or issues.
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 that you're not worthy of getting the support that 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.

Although it might feel difficult or scary, taking those initial few steps towards getting support for your mental health is very important. You can't do it all alone—getting support isn't a sign of weakness: it's actually a sign of strength.

YOUR RELATIONSHIP WITH RESPONSIBILITY

You may now 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?

<i>When I feel responsible FOR others...</i>	<i>When I feel responsible TO others...</i>
I fix	I empathize
I protect	I encourage
I rescue	I support
I control	I confront
I carry their feelings	I acknowledge their feelings
I don't listen	I am sensitive
I feel tired	I feel relaxed
I feel anxious	I feel free
I feel fearful	I feel secure
I feel guilty	I feel confident
I am concerned with the solution	I am concerned with relating
I am concerned with answers	I am concerned with feelings
I am concerned with being right	I am concerned with the person
I am concerned with details	I expect the person to be responsible for her/his own actions
I expect the person to live up to my expectations.	I am a helper-guide
I manipulate or try to control	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 will:

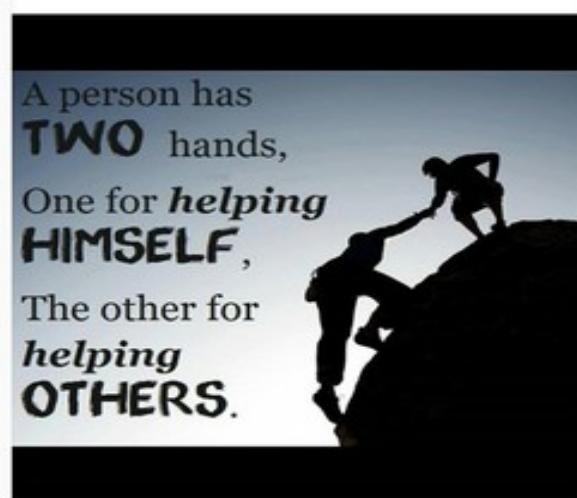
- Have a basic understanding of what mental health is
- Be able to place yourself on the mental health continuum
- Better understand your relationship to responsibility
- Be able to assess whether you are in a good place to help others or whether it's time to focus on yourself.



MODULE 2: 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”?

These feelings and behaviours are important to pay attention to when it comes to assessing not just *our own* mental health and well-being but that of our fellow crew members and colleagues as well.



This chapter provides tips and strategies for recognizing when a colleague (or you) needs a helping hand. It also provides suggestions for how to reach out in a way that is respectful and supportive, as initiating mental health conversations can be difficult at first.

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 with fellow crew members or supervisors—can feel uncomfortable or intimidating . 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 MORE effectively. At some point, it's much better to deal with a problem directly and to face the fact that we need help or support.



Knowing that your peer may be reluctant to express the need for support or reach out for help, there are observable patterns or changes that could indicate that they're struggling.

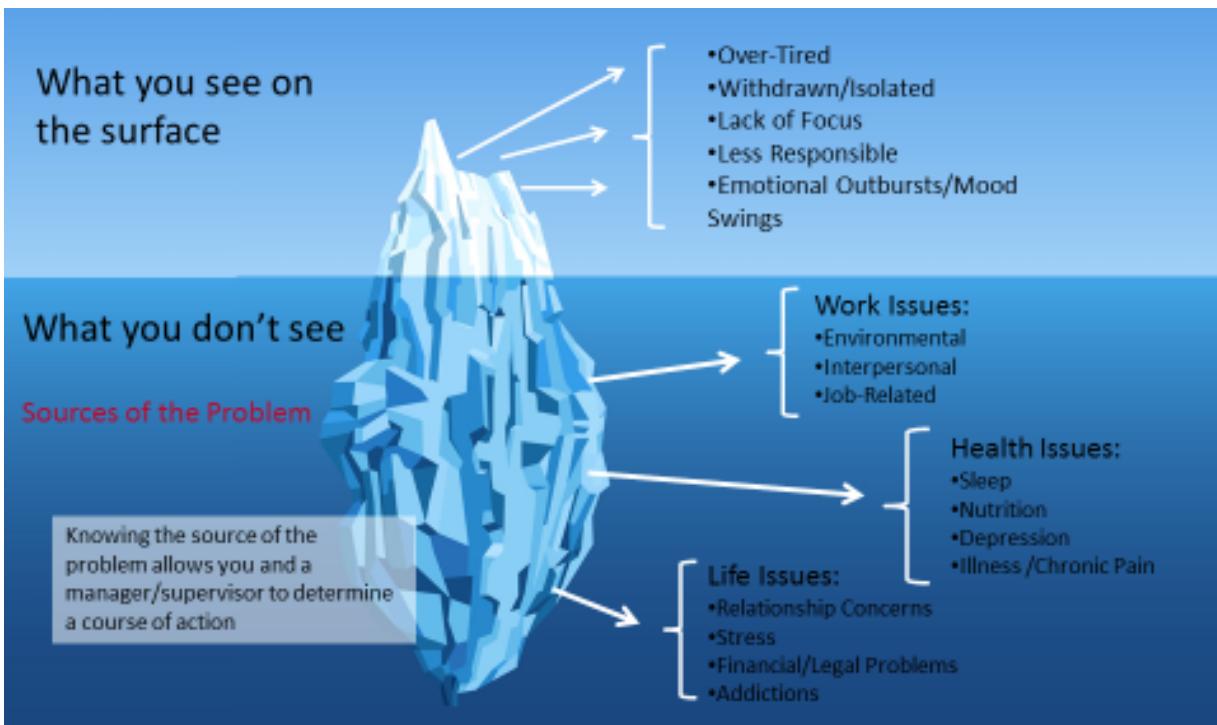
Signs that things may not be going well for your colleague:

- 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 of their job performance
- Turning from normally happy or easy-going to grouchy, difficult to be around, snapping at colleagues for no apparent reason
- Avoiding or refusing to take responsibility
- Avoiding hanging out and withdrawing from conversations
- 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 can be 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 (a reminder) for noticing possible signs of mental health problems. Keep in mind that these signs are most significant when they indicate changes in a person's usual behaviour 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:

- **Absenteeism**
- **Work performance**
- **Attitude and behaviour**
- **Relationships at work**
- **Emotional 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 or absence; especially 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 mistakes
- An increased amount of accidents
- Poor decision-making
- Changes in the standard of their work
- Deterioration in planning and management of work



Attitude and behaviour

Attitude and behavioural 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 not accomplishing more
- 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 that your peer is in need of help



MODULE 3: 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 can 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 indeed be open to talking to you further. Alternatively, they could respond with anger or defensiveness as they might not be ready to hear what you have to say. They might be offended and suggest you take a hike—or use similar, stronger words! They might tell you to 'just mind your own business'.

Whatever the response, it's important that you maintain your own boundaries and respect your peer's willingness/unwillingness to accept your support. Remember: the goal is to express what you have been noticing on set and to 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. But there's 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; instead, it's helpful to remain 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're 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's 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 postpone the conversation until you're 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 relevant questions and not just making conversation. Listen for what your peer needs and don't offer instant problem-solving. Avoid using “why” questions as they can imply judgement. Rather, try using the phrase “what is the reason you...” since it presumes that your peer had an underlying motive or logic for what they did.

EMPATHETIC RESPONDING

Many of us have heard that it's 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's 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=1Evwgu369Jw

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's 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 will 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.



Module 4: Boundaries

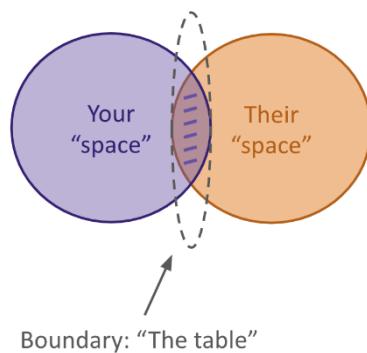
By now, you may have a sense of the communication tools you can use to support your fellow crew members. But what happens if you find that your peers want to talk to you A LOT? Or perhaps people are starting to disclose information on topics you're not comfortable hearing about? This is where boundaries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

When supporting a peer, part of your job 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.caltimelementalhealth.com/resources to learn more.



TRIGGERS

Times may arise when you or your peer crosses a boundary, resulting in a sudden change of emotion. 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, flushing 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 together or give them the number to call. In the final section, we’ll discuss more strategies for in-the-moment coping and offer resources.

SUMMARY

After reading this section, you will 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

You might now feel better equipped to navigate a difficult conversation with a peer through empathetic listening and maintaining your boundaries. By doing this, you've already gone a long way in supporting your fellow crew member.

Moreover, there might come a time when one of your peers shares something about their struggles and explicitly asks for your 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 find 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 have communicated your understanding back to them, the 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 can consist of saying the following to your peer: “Would you like to take a few breaths with me?” When someone is under 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 is in the best position to know 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 by 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 to 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 should 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 supporter, 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, yet, 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 will 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 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. Truly, just by showing your compassion and care for another you will have made a difference.

Keep in mind that all of the concepts and resources that we've discussed are here 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 are ready to help.

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

(Please click on each image to go to resource list)



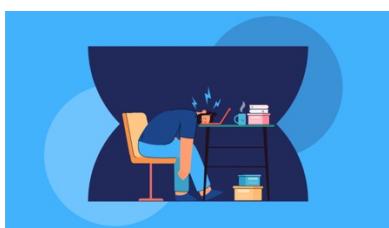
GENERAL MENTAL HEALTH



DEPRESSION



ANXIETY



SLEEP / FATIGUE



ALCOHOL / SUBSTANCES



SUICIDE / PREVENTION



BIPOC & LGBTQ+



YOUTH & YOUNG ADULTS



COVID-19



INDUSTRY



EAP/MAP PROVIDERS – UNION BENEFITS

ACFC WEST – LOCAL 2020



Services offered through Pacific Blue Cross. Psychologist and clinical counselor combined: \$500/year per person on the coverage and 80% coverage. For treatment of an addiction or habituation when performed at a recognized drug and alcohol treatment facility, to a lifetime maximum of \$5000. [View Benefits](#)

DGC BC



DGC Benefits is hosted by J & D Benefits. The employee/member assistance program is provided by Shepell and offers confidential counselling referral service available to all DGC members in Good Standing. The plan also includes addiction / rehabilitation programs and treatment funding as well as extended health benefits for mental health and short-term disability. [View Benefits](#)

IATSE 891



FSEAP's EFAP short-term clinical counselling services are confidential and include 24/7 access and crisis support. Personal counselling includes services for individuals, couples and families. The plan also includes addiction / rehabilitation programs and treatment funding as well as extended health benefits for mental health and short-term disability. [View Benefits](#)

ICG 669



The IATSE 667/669 Group Benefit Plan includes employee/member assistance program called LifeWorks. Lifeworks offers support with mental, financial, physical and emotional wellbeing. The plan also includes addiction / rehabilitation programs and treatment funding as well as extended health benefits for mental health and short-term disability. [View Benefits](#)

TEAMSTERS 155



FSEAP offers confidential, professional counselling services to help individuals and family effectively resolve issues you may be facing. The plan also includes addiction / rehabilitation programs and treatment funding as well as extended health benefits for mental health. [View Benefits](#)

UBCP / ACTRA



Health benefits are hosted by AFBS Members' Insurance Program (**AFBS**) or Members Benefits Trust (**MBT**). These includes employee / member assistance program provided by Lifeworks, addiction / rehabilitation programs and treatment funding, as well as extended mental health benefits. The plan also includes a short-term disability program.

[View AFBS Benefits](#) [View MBT Benefits](#)

