





## MENTAL HEALTH AND RESILIENCY, PRESERVING A FRAGILE BALANCE

On the theme of "Ma santé mentale, notre santé mentale, on en prend soin!"(Looking after my mental health, our mental health!), Sonia Nadeau, Psychologist, presented a riveting conference on the different mental health disorders and on resiliency.

## THE NETWORK IN A NUTSHELL

The last meeting of the Women's Network took place on November 7 and 8, 2013, in Quebec City, with the theme "Ma santé mentale, notre santé mentale, on en prend soin!" (My mental health, our mental health, taking care of it!). During these two days, the members were invited to two conferences. The first was entitled "Soigner sans s'étioler!" (Giving care without unraveling!) and given by Lydya Assayag, Coordinator at the Réseau québécois d'action pour la santé des Femmes (RQASF). The second day, Sonia Nadeau, Psychologist, gave a conference on the complexity that exists in mental health when the time comes to make a diagnosis. To illustrate the subject, the members of the Status of Women Committee acted out scenes of daily situations related to mental health. Our comedians surprised more than one person with the relevancy and veracity of their stories, which set the table perfectly for introducing the thematic.

Lastly, it must be pointed out that this was the last meeting for Michèle Boisclair, as the political officer for the Women's Network, because she is retiring in the spring. We are convinced that as a passionate feminist, Michèle will continue to advocate for the goal of equality between women and men that has been so dear to her for such a long time, to become a reality. Thus, we wish her a good retirement and all the happiness that she deserves after her many years of activism for women's causes.

Did you know that about 10% of Canadians have already had symptoms of a mental health disorder? Among those, women represent a great majority, particularly with regard to anxiety disorders. According to Sonia Nadeau, healthcare professionals are particularly predisposed to experiencing difficult times with regard to their mental health. "The people who move towards a profession in nursing or cardiorespiratory care often have a personality that leans towards taking care of others, sometimes even to the detriment of their own health. They also have a very acute sense of responsibility that sometimes pushes them to exceed their limits" explained the psychologist.

#### AND RESILIENCY IN ALL THIS?

The studies on resiliency began after the Second World War with the observation

of American soldiers returning from the front. The researchers asked the question; what were the factors promoting quicker psychological healing for some, while others seemed overcome with traumatising memories of combat. The results of the research demonstrated that those people with a strong capacity for resiliency are more likely to look at a problem in its entirety and not concentrate on a single negative aspect.

## TAKING CARE OF ONESELF AND ONE'S MENTAL HEALTH

Resiliency is an attitude that we would all like to have. But how do we get it? For Sonia Nadeau, the solution is clear: take the time to relax, develop areas of interest outside of work to escape to when work becomes grueling, maintain a good social network to share our lives, eat a balanced diet and exercise regularly.

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Sonia Nadeau, Psychologist

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To attain a good balance, one has to accept success when it happens and, in return, one must not take the weight of the world on one's shoulders when one is confronted with a sad event.

Lastly, is not the solution to maintaining good mental health learning to take care of ourselves, in large part?

Ms Nadeau also adressed the topic of harassment during her presentation. Here are a few useful definitions for learning how to recognize these situations.

#### WHAT IS HARASSMENT?

- Contrary to a conflict, harassment is not overt. It is also not mutual, but rather unidirectional. In a conflict, there is discord between two people, but the goal is not for one of the two to win out over the other one. While in a case of harassment, there is a real desire to compel the person to do something against their will.
- Harassment is characterized by a relationship between one dominant person and the other that is dominated.
- There is harassment when there is an accumulation of actions that taken alone, may not seem to be problematic. However, in a case of serious misconduct, even if it is an isolated action, it could be harassment.
- Harassment constitutes more than simple stress, because it directly affects the individual's integrity.

HOW CAN HARASSMENT BE RECOGNIZED? There are five conditions to attest that a situation is truly one of harassment:

- There is offending behaviour.
- There is a repetition of these offending actions. However, according to case law, a single case of serious misconduct may also constitute harassment.
- Hostile or undesired behaviour exists from an individual or a group towards another individual or group of individuals.
- The integrity or dignity of an individual is affected.
- The situation makes the workplace detrimental for the individual.

# TAKING CARE OF YOURSELF AND YOUR MENTAL HEALTH, IS THIS NOT A GOAL THAT WE ALL HOPE TO ACHIEVE?

For the healthcare professionals that we are, it is impossible to put aside the impact that our organization of work can have on us. Without ignoring the other outside pressures that we face, such as a family-personal life-work balance and the incessant need to perform that society imposes on us, we have to recognize that our work occupies a central place in our daily routine. And, by the same token, organization of work is a factor to take into account, and on which we must act. In this respect, the Federation is currently working on redesigning the policy on workplace violence in order to make it more inclusive concerning the different sources and forms of violence. In fact, this new version of the policy will make it possible to introduce the concepts of wellness and relational suffering at work. This choice was in fact made with the perspective of making mental health an issue of workplace violence on the same level as physical violence.

This wellness angle goes hand in hand with the discussions held at the last Women's Network. As a place for reflection, the fall Network was an opportunity to tackle the mental health theme from a feminist's viewpoint. To do this, we asked ourselves in what way the subject of mental health affected us and concerned us as women. Then, we made the connections with our reality as healthcare professionals, in order to better understand the obstacles concerning our mental health that we have to face, and to discuss solutions adapted to our daily routines.

Thus, I sincerely hope that those two days of reflection have enabled the union reps present to better understand this phenomenon and given them the opportunity to find the tools that could help them in their daily work. Because, the more we learn about the risks, the distinctive symptoms and the treatments associated with mental health, the more we will be willing to take care of ourselves and our colleagues, and to take the means to preserve our mental health! To meet this great challenge, solidarity among us is an important key.

In conclusion, the fall meeting was my last Women's Network as I am retiring in the spring of 2014. I want to take this opportunity to thank all the women in the Network for allowing me to live these years of rich debates and discussions which were, for me, special and memorable times.

Thank you!

Michèle Boisclair,
Vice-President and Political Officer
for the Status of Women Committee







#### **GIVING CARE WITHOUT UNRAVELING**



Lydya Assayag, Coordinator for RQASF

## **GIVING CARE WITHOUT UNRAVELING**

First off, Lydya Assayag, Coordinator for the Réseau québecois d'action pour la santé des femmes, pointed out to the union reps present that health care research concentrates mostly on the physical aspect of health while questioning the place that has been reserved for psychological needs.

of violence is a well-established fact and has a real impact on the mental health of women. Did you know that one woman out of eight will be the victim of sexual abuse before becoming an adult? In addition, women often have to face several other forms of violence, like the social pressure on their bodies. When they are in distress, women realize just how limited the available resources for help are in the network. Faced with this sad fact, pills are too often the quick solution that women turn to.

#### HERE ARE SOME SALIENT FACTS FROM THE RQASF RESEARCH **CONDUCTED WITH ORGANIZATIONS WORKING WITH WOMEN:**

■ The socioeconomic conditions of women are deteriorating throughout Québec, which compromises the latter's mental health.

We find therefore:

- an impoverishment of women that is becoming more and more obvious (79% of the agencies);
- a deterioration in the social fabric that is shown in an increase:
  - in social isolation
  - in financial insecurity
  - in marital problems
  - and in problems related to body image.
- The mental health of women is deteriorating throughout Québec. In fact, we find:
  - an increase in the number of women suffering from a mental health disorder:
  - an increase in the number of cases.
- Access to social services and health care services is decreasing more and more, and it is the least well-off women who suffer the most;
  - for example, getting a consultation in psychology can take several months.

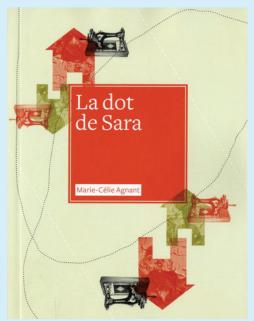
- However, the persistence of the problem <a> Access to a family physician is still</a> difficult in Québec. This problem is confronting the women's community agencies with an unprecedented situation:
  - 76% of community agencies accept women who should be directed towards more appropriate resources:
  - 59% of the agencies have to refuse some women with mental health disorders;
  - 54% of the agencies see an increase in the number of women who seem to need a mental health intervention.
  - An increase in social problems and mental health disorders has an influence on the working conditions in the women's community organizations and creates a workload problem. The workers in these organizations attest that:
    - they feel overwhelmed by the work to be done;
    - they have difficulty dealing with the over consumption of medications by women as related to, for example, the animation of difficult groups and the internal life of the organization;
    - they sometimes or often are afraid in some situations;
    - they feel helpless when faced with the impossibility of giving complete help to some of the participants.
  - This context threatens the mission of a great majority of women's community organizations, because it affects the nature of their activities and imposes a very heavy workload. It requires that the workers in the organizations:
    - increase the number of individual follow-ups to the detriment of a collective approach;
    - put aside their associative life.



Since the 1990's, we have seen, at the FIQ, a growth in the disability cases linked to mental health. In fact, until 1990, musculoskeletal injuries were at the top of the list of claims for long-term salary insurance, while now, it is mental health problems that are in first place.

Too many changes, too little support, unfeasible tasks, mergers of institutions, the loss of humanity in the delivery of care, etc. When will there be organization of work that allows healthcare professionals to do their work in conditions favouring good practice?

### THE NETWORK'S FAVORITES



La dot de Sara, Marie-Célie Agnant, les éditions du remue-ménage

This novel, written by Marie-Célie Agnant, is based on a research conducted with Haitian grandmothers living in Montréal.

In this book, the dowry in question is a legacy that Marianne bequeaths to her granddaughter Sara. This legacy, that of her origins, is made up in large part of the history experienced and values, including that of education.

Throughout her words, the reader has the impression of being beside the characters and listening to Marianne tell her story. We see her courage, and at times, her distress.

Let yourself be transported by this narrative that will help you better understand these immigrant women.

By Patricia Lajoie, member of the Status of Women Committee

### Jeanne Lapointe

ARTISANE

DE LA

RÉVOLUTION TRANQUILLE

HOMMAGES DI

Monique Bégin Louky Bersianik Marie-Claire Blais Gabriel Gagnon Madeleine Gagnon Gilles Marcotte Guy Rocher Chantal Théry

Textes réunis et présentés par Chantal Théry

**△** Triptyque

**Jeanne Lapointe**, Artisan of the Quiet Revolution, Chantal Théry, Ed. Triptyque

This collection of articles and accounts has been put together in tribute to a woman who is little-known up to now, and paints a picture of a time going through a complete change. We discover a Québec at the beginning of the century that was quickly moving towards the modern era.

Born in 1915 in Chicoutimi, Jeanne Lapointe became the first female professor in the la Faculty of Arts at the Université Laval in 1940. She taught literature (her students called her Pope Jeanne) and acted as a mentor for several of the major female figures in Québec literature, including Gabrielle Roy, Anne Hébert and Marie-Claire Blais. Without doubt, Jeanne Lapointe was a much-loved figure in the literary world and took an active part in all the important discussions on the subject.

That is how, in 1961, she was appointed to the Royal Commission on Education in Québec, better known under the name of the Parent Commission that had the mandate to review the education situation in the province. In 1967, Ms Lapointe participated in the Bird Commission, the Royal Commission on the situation of women in Canada. She was quickly seduced by the arguments from the feminists. From that moment on, she became a fervent activist for the movement...

By Claire Alarie, member of the Status of Women Committee

## To note in your planner:

Remember that the next elections for the different federal committees will take place at the April 2014 Convention.

Also take note that only one Women's Network will be held in 2014, in the fall of 2014.



Second row, left to right: Sophie Baillargeon, Union Consultant - Status of Women Sector, Luce Desserault, Secretary - Status of Women Sector, Marie Ève Bertrand, member of the Status of Women Committee, Line Mercier, member of the Status of Women Committee, Joanne Poitras, Union Consultant - Status of Women Sector, Claire Alarie, member of the Status of Women Committee, Caroline Flageole, member of the Status of Women Committee. First row, left to right: Patricia Lajoie, member of the Status of Women Committee, Michèle Boisclair, 1st Vice-President of the FIQ and in charge of the Status of Women Sector and Véronique Foisy, member of the Status of Women Committee.



# **NEWS FROM THE STATUS**

## of the World March of Women - CQMMF

At the last meeting of the CQMMF in November, we learned that the the Secretariat of the World March of Women would be leaving Brazil for Africa and will set up more specifically in Mozambique. Remember that Québec was the starting point of this grand adventure. The theme for the 2015 march will be "Free our bodies and our territories".



### Feminist Estates General

From November 14 to 17, 2013 nearly 1,000 women took part in the Estates General on Feminist Reflection and Action that was held at the *Université du Québec* à Montréal (UQAM). These three days of sharing ideas, reflections, discussions and proposals made it possible to set the priorities for the feminist movement in Québec for the next 20 years. We must point out the enormous work of the women who coordinated this event, thus enabling a new page in the history of the Québec feminist movement to be written. For more information, consult the FFQ website: www.etatsgenerauxdufeminisme.ca/

#### COLLECTIF 8 MARS

The theme for 2014 will be "Des clés pour toutes!" (Keys for everyone!). The Intersyndicale des femmes, part of the Collectif 8 mars, has chosen the theme for its 2014 pamphlet. It is the balance of family, social and professional responsibilities that will occupy the attention of the activists. This really is a subject that affects all women, regardless of age, whether as daughters, mothers, grandmothers or sisters. We really need framework legislation on work-family balance.

## 12 days of action to counter **VIOLENCE AGAINST WOMEN**

Remember that the 12 days of action to counter violence against women took place from November 25 to December 6, 2013. Within the scope of this campaign, white ribbons were distributed to the delegates at the Federal Council held on December 2, 3, 4 and 5, 2013. The 12 days of action to counter violence against women, set up in memory of the victims of the slaughter at the *Polytechnique*, is a special time for reflection to mark the period preceding the Commemoration of the events on December 6, 1989. As long as violence is a reality, we have to commemorate this tragedy, We must remember!