

In their own words.....

Health care and community social service workers are often on the front line of traumatic events, violent experiences, and high-stress environments. It is their job to care for others in times of crisis, and to put their patients first.

Below are three personal stories. These stories speak to the pride care providers have in their work, the expertise they provide, and the toll their work takes.

I work in acute psychiatry at a large inner-city hospital which serves the majority of the marginalized people in the city where I work. As a social worker, I work with patients to set up income assistance, attempt to access better housing, solve immigration issues, address violence and abuse risks in the community, advocate for more supports in the community, and connect with mental health teams, treatment programs, harm reduction service providers and court related teams.

As a hospital social worker I am both honoured and burdened by the stories my patients and clients share. Many of them have experienced childhood physical and sexual abuse and neglect and are often still living in violent and exploitive circumstances. Many other patients are living with the legacy of inter-generational trauma caused by Canada's residential school program. And, unfortunately, a small but significant group of our patients struggle with a potent combination of trauma, mental illness, addiction and developmental disability. At times my distress over the complexity and difficulty in our patients' lives can be overwhelming.

Over the years working in the Emergency Department and in psychiatry I have worked with convicted sex offenders and people known to be at risk of committing sex offences, as well as people who have acted violently towards family, friends, staff, strangers and pets. Those are the cases that linger. The stress of holding space for the pain in my patient's life, providing solid social work support while also knowing that they have caused sometimes serious pain or injury to someone else can be very difficult. As a result there are times when I notice myself waking up after a scary dream about a patient or having trouble falling asleep as I worry about how to keep this person and others safe in the community when the patient is discharged. This is how my work impacts me.

Knowing that social workers and other social service providers would be covered under presumptive coverage for PTSD and other mental illnesses related to our often painful and challenging work would be a relief. In my role I help people navigate large, unwieldy bureaucracies every day. Anything that could reduce that emotional and administrative burden for staff who are negatively impacted by their work would leave them more time to focus on their recovery.

- Gwyneth Jones, Social Worker

Driving into work in the morning I never know what my day is going to be like. I take time during the drive to prepare myself for what may come. As a respiratory therapist my average work day includes being a part of the worst day of someone's life. Maybe today I am initiating life support on a person who may never again live without that machine or I am securing the airway and breathing of a premature baby who may or may not survive being born too early.

For the most part it is a tremendous honour to be a trusted care provider in such dire circumstances, but there are times when the armour wears thin and the case of the day hits a little too close to home. I go into work every day expecting psychological adversity and trying to provide the best care I can. When I leave my shift at the end of a hard day and head home I try to leave it all at work but I know that I haven't. And I know that even if I think it's not, it is still a part of me.

I make sure that I treat my mental health as something that needs maintenance and with that I feel pretty good about where I am at in my life. On the whole my experience has been more good than bad and I would NOT trade my career or life for any other. I also know that not everyone is so lucky.

- *Trevor Whyte, Respiratory Therapist*

I work for an organization that provides safe shelter and supports to women and their children who are experiencing violence in relationships, addiction, homelessness and/or deep poverty. As a program coordinator, I provide coordination and support to a number of our programs and, because I work in a busy office, I often provide a front line response to women in distress who come through our doors.

I love my job. There isn't anything else I would rather be doing, but I see the impacts of this work on my co-workers (and sometimes experience them myself) and I worry about their wellbeing.

We have lost so many clients over the last few years, through overdoses, through fentanyl poisoning, and through suicide. Twice in the last year, I have brought in the Mobile Response Team from the Provincial Health Authority to debrief with our Outreach Team because I have been so concerned about the emotional and mental wellbeing of our workers in the face of so many losses.

Women come into our office every day and tell us terrible stories of intimate partner violence and sexual assault. Year after year, our counselling staff spend their days listening to those stories, as do the staff at our transition house who answer our crisis line. All of us hear those stories and witness tragedy every day. On a regular basis, we develop safety plans with women who are at highest risk of serious assault or death at the hands of their partners or former partners.

Last winter, a woman committed suicide in one of our residences. I was the supervisor on call and so I was the first to respond to the traumatized staff member who had found the woman, and to deal with police and coroner. We brought in immediate emergency debriefing and counselling for all staff. I am so proud of the support our staff were able to give to the traumatized residents while they were dealing with their own trauma, but I know that it took a toll.

All of us do our best to care for our physical, emotional, mental and spiritual health but sometimes the grief and loss and trauma are simply overwhelming.

- *Anne Davis, Transition House Program Coordinator*