**How do you know if you need help?**

Symptoms of mental illness may look different for every person. They may present in changes in their thoughts, mood, or body which make it hard to manage work, school, home, relationships, and asking for help. Symptoms of mental illness include:

* **Difficulty with everyday functions/tasks:** Troubles with simple everyday tasks, such as showering and brushing hair.
* **Changes in normal habits:** Look for changes in hygiene, eating habits, normal work routine.
* **Isolation and withdrawal:** Avoidance or showing no interest in activities involving socialization.
* **Fear and worry.**
* **Mood changes:** Sudden or intense mood changes. You may be more irritable, agitated, or angry.

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**Why should you get help?**

Most people who experience a mental illness don’t seek help. Part of taking care of yourself means getting professional attention when its needed. Mental illnesses can get in the way of your overall well-being, effecting daily activities and relationships. If you are not able to get support from family and friends join a support group. If you are trying to understand what someone else is going through educate yourself on mental illness and how you can support. If treatment has not worked for you previously, inform your treatment provider. There are a variety of well-researched and effective therapies available. Its important to receive treatment when early signs and symptoms prevent themselves.

**Who can provide help?**

* Employee & Family Assistance Program (EFAP)
* BC Mental Health Support Line 310-6789
* Care to Speak: peer support service 1-866-802-7337
* Crisis Centre for someone having thoughts of suicide 1-800-SUICIDE
* Family doctor
* Psychiatrist

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| **MEETING DESCRIPTION** | | | |
| **Meeting Date:** |  | **Time:** |  |
| **Location:** |  | **Supervisor:** |  |
| **Number in Crew:** |  | **Number Attended:** |  |
| **Attended By:** |  |  | **Absent** |
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| **REVIEW ITEMS FROM PREVIOUS MEETING** | **INCIDENTS/INJURIES REVIEWED** |
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| **TOPICS DISCUSSED** |
| 1. **Psychological Health & Safety: Asking for help** |
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| **WORKERS CONCERNS** |
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| **CORRECTIVE ACTIONS TO BE TAKEN** |
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| **MEETING CONDUCTED BY** | | | |
| **Supervisor:** |  | **Manager:** |  |
| **Date:** |  | **Date:** |  |