



## Transcript

### Episode 03: Hope Amid Darkness, with Dave Addison

#### Intro

[intro music plays]

Welcome to Changing Lenses! I'm on a personal journey to explore how we can make our world more inclusive and compassionate, and our lives more fulfilling and sustainable. Along the way, I'm meeting some amazing Canadians doing amazing things. By listening to their stories and experiences, I hope we will change our lens to see from a more inclusive perspective, and be inspired to build a better world. I'm your host, Rosie Yeung, and I invite you to join me as we change our lenses together. Because changing our lens, changes what we see. And when we see differently, we can live differently.

[intro music ends]

#### Welcome and Introduction [00:00:49]

**Rosie:** Hi everyone! Thanks for joining us on today's episode of Changing Lenses. We're fortunate to be hosting Dave Addison, a Mental Health and Addiction Advocate, and Board Director with Families for Addiction Recovery. Dave's background includes corporate leadership roles in sales, marketing, and not-for-profit. Most recently, Dave was the Executive Director at Toronto City Mission, bringing hope to children and families impacted by poverty.

Now, Dave draws on his work experience and personal journey with mental health to support business leaders and people struggling with mental health and addiction. This year, we congratulate Dave on celebrating 10 years of sobriety. We're so proud of you, Dave!

It's an honor to have you joining us at Changing Lenses, and we just welcome and thank you for being here today.

**Dave:** It's wonderful to be here. Thank you for this opportunity to share with you and anyone who might be listening.

**Rosie:** Yes, I'm so looking forward to our conversation. And so today we'll be hearing from Dave and discussing addiction and mental health, how he's dealing with it, how he's supporting others, talking about it both from a personal aspect, as well as in the workplace and sharing his lived experiences.



## Safe Space Commitment

But before we really dive in, there's something I want to share with you, our listener, and our guests, on every episode. Because especially when we're talking about mental health and addiction, some of what we discuss may be sensitive or challenging for us to say, and for you to hear. But I really want us to have an open and genuine conversation.

One goal of the Changing Lenses podcast is to be a safe and brave space for these conversations, and for us to be our real selves. So I welcome you, our listener; and you, Dave; into this safe space. And I invite you to call me out if I say anything inappropriate, or use the wrong terms.

So Dave, there's so much to talk about, and I know that some of what you have to share is very personal. So why don't we just kind of ease into it, and I'll give you the floor to share as much as you're comfortable with, about your background, what you've personally experienced in the arena of addiction and mental health, and why you've decided to become a mental health advocate.

## Dave's story of alcohol abuse, mental illness, and HOPE

**Dave:** Yeah. Well thank you, Rosie, and thank you for your commitment. I actually, back in university, studied business and psychology. And when I graduated, I didn't know what I was going to, and I just kind of stumbled into sales. And I found out pretty quickly that sales was really about helping people, in this case, business people. Usually sometimes in the education market, healthcare, government, but helping them solve problems.

And I was very much about helping people, that was always part of my DNA. And so when I focused on the customer's needs, that that led to success in sales, which led to promotions and more responsibility in my roles. And I ended up as a general manager, running a Canadian sub of a U.S. parent, in a technology and data collection, data management business. And then a few other careers, national sales manager and GM and another company. I was always on the revenue generating side of the business. And I think one of the challenges that I had is that my values put people first and foremost, and the most important people were the employees. And then the second most important were the customers.

And the third were the shareholders. And my feeling is that if you look after the employees, they in turn look after the customers. And that will bring prosperity to the business and the health to the business and profit. But that values priority sometimes ended up putting me in conflict in business, where the pursuit of profit at times would be at the expense of people.

And that made for a rather tumultuous part of my career. Caused me to either self-sabotage, if I wasn't able to affect change. Or the leadership would maybe get to a point where they were frustrated with the conflict that would arise. And so, it was, it made for a challenging career. And one



of the things that I was doing was self-medicating with alcohol. And alcohol was integrated into the corporate culture, not drinking during the day, but you know, alcohol was always sort of a fuel and way of taking the edge off, you know, after work or on business retreats or business dinners and that sort of thing.

So, my relationship with alcohol right back from when I was in university was always kind of a binge drinker. So not the kind of drinking that many people could have, just a healthy relationship, a glass of wine or two. So that part of my life kind of came to a head in 2010.

I ended up having a psychotic break, psychotic episode, and I wasn't certain what the source was. I wasn't even aware of what was happening to me, but I was in a manic state for, actually a three month period. And in the midst of that, I basically, there was an intervention of family members who pointed me to the need to get help. And I sought out a person who I actually thought was a psychiatrist, but ended up being a GP psychotherapist and orthomolecular specialist. And the first thing she said to me was that I had to - she didn't know anything about my relationship with alcohol, but she wanted me to be grounded. So she said to be off -

**Rosie:** And sorry Dave, can I ask a quick - were you still drinking during this time when you were going through your psychotic break?

**Dave:** Yeah, yeah I was. And she didn't know my drinking patterns, but she wanted me to be grounded. So she said, no coffee, no chocolate, no alcohol. And that was quite a - I couldn't imagine no alcohol, but it was a criteria for her to see me, and I felt that I needed to see her. So on February 16th, I had my last drink of 2010, but I believed that that was just a temporary thing because I didn't see alcohol as an issue in my life. But that was the delusion that one has when you've built a dependency on alcohol, just as if you would another substance. So that time with Dr. Warren, she eventually after about four or five months came to the diagnosis of Bipolar I. So that too was probably a contributing factor with my alcohol consumption. I was likely self-medicating trying to take the edges off of the swings. Bipolar I is longer periods between manic or depressive, not the rapid cycling of a Bipolar II. So that's,

**Rosie:** Can I just ask you to pause for a minute, because I think the average person who may have heard of these terms, but don't really know what that means or what that looks like. Could you just kind of walk us through what that looked like for you to be manic, psychotic break, bipolar? Like, what does that mean?

**Dave:** Yeah, well, in the manic phase, and that was what I would call during the psychotic or psychosis, you have this elevated sense of - elevated in all regards, all of your senses are heightened. Your sight, your taste, your hearing, and your brain, everything is on this hyper-drive. You can't - like I only needed maybe two or three hours of sleep a day. And prior to that, I would have been sleeping, you know, probably seven or eight hours. My brain was so active and flowing with thoughts and ideas. And one thing that happens as well, you have this sense of grandeur. So you kind of feel like you have this ability to solve all kinds of problems and seek out ways that you can do that, you know, in lives of people around you. Some people that you know, some people that you don't know who you just -



**Rosie:** Oh, like a superman!

**Dave:** Yeah. Yeah. And in some ways, almost like a psychic sense where you could read people and not necessarily seeing the future, but you could read what they were feeling and thinking. And in fact, there was a depth of connectedness that was surreal and not everyone who I've encountered thought that I was crazy, you know, I just thought, wow, how does this guy know and see into me so -

**Rosie:** So it wasn't completely - it wasn't delusional necessarily.

**Dave:** No.

**Rosie:** Like you actually had an additional deeper connection.

**Dave:** Yeah. Yeah. But I also had paranoia swept in, and that was a challenging time where I had fear, maybe that was irrational, but sometimes not irrational. Like driving in the snowstorm, and I was just, I wasn't actually driving myself and I wasn't at the wheel, but I was in the car. And I just remember this overwhelming sense of fear that something was going to happen. And so, and after the paranoia and manic episode, there was a depressive state as well, that just, you know, it was draining. The body can only go on that hyper-drive for so long and then you're depleted. And then the depression came in. So that was sort of the journey of a manic and bipolar episode.

**Rosie:** So the bipolar is the, it's a swing from the manic to the depressive.

**Dave:** Yeah. But some people are uni polar, and may only have expressions of mannequin. I think I was more on the manic side. Certainly it lasted much longer than the depressive, but also I was seeing Dr. Warren by the time I came out of the manic. And she started, you know, with this regime of eliminating alcohol and caffeine, and then putting me on this whole cadre of vitamins and supplements. My blood chemistry was all out of whack. And so she began with that approach to level me and ground me, and then eventually prescribed me a mood stabilizer, which I have been and continue to take to this day. But it's a mild mood stabilizer, but enough that I've had no, no reoccurrences of my manic or depressive episode since 2010. So I consider myself a recovered bipolar, but I don't know if there's such a thing, but I haven't had any other mental health episodes since that time. But I also haven't had a drink since February 16th of 2010.

**Rosie:** Good for you. And I know, I'm sorry to interrupt your stream of thought there, but I really appreciate you taking the time to explain what that experience is, because I think that that certainly helps us to understand some of these words that we, like, we might see it or hear it on television as unfortunately as jokes, right. But this really puts the reality - the reality is this is not a joke. This is something that you really suffered through.

**Dave:** Yeah. Yeah. And I think the people around me suffered through it as well. Like my wife, my kids, my parents, you know, watching me in this unhealthy and unnatural way of behavior that they were fearful that I could put myself at risk. So it's difficult for everyone. Personally, the manic thing, it was pretty wild. And to be completely frank, I enjoyed it. And I understand why people who are bipolar sometimes don't take their meds so that they can have that higher level of thinking. And a



number of artists are actually bipolar and they will sometimes play with the meds or withhold meds to access that. But it's, it can lead to very unhealthy behaviour and it's not, not a good thing. So I'm glad to have not returned to that since my last break in 2010.

**Rosie:** Right. I can see what you're saying too. Cause I'm assuming that even though you only slept 2 to 3 hours, you were not tired from those - like you were wide awake, you had lots of energy.

**Dave:** Absolutely. And mentally acute as well. So thinking and functioning at a higher level, but sometimes maybe not quite with a full grasp of the limits or boundaries of my power, my authority, my control, my world. Yeah.

**Rosie:** And I could see what you're saying too about how some people might actually purposely seek that out, even though we are - OK we want to be clear that is not a healthy state to be in. People should be getting 7 to 8 hours of sleep, and they shouldn't have this, you know, "on" all the time of the senses. But I could see, like if people just cared about working a lot, they would want to be in a place where they only needed 2 to 3 hours of sleep, so they could do more, whatever it is during the day. And that's also an unhealthy place to be at.

**Dave:** Yeah, absolutely.

**Rosie:** And, you know, just thank you, Dave, for being willing to share so much of a very personal story. You know, not everyone is able to do that, like to first admit to themselves, but also then share with others. So we really appreciate you being able to come here today and be so honest and open with us. And additionally, I think that the only way we're going to get better in supporting other people with a mental illness and with addiction is to talk about it. So I think this is a great step forward and I hope that our listeners, whether they are currently suffering from an addiction or a mental illness, or know someone who is. Or just, you know, maybe they're fine, but they really want to know more about it, and maybe want to support other people. I think this is a really important first step.

**Dave:** Yeah. It's a big part of why I am open about this, my mental health and addiction, because I haven't set out to say that it's my place to change the world and how it perceives mental health and addiction. But I do believe I have an opportunity to debunk some of the myths, to bring the conversation out of the closet. And also because my story is one of hope. And I think many people who are struggling either directly, or maybe a loved one who is experiencing mental health or addiction, there is hope. And that's a key part of what I think I want to bring to people.

## Musical interlude

## Dismantling stigmas and debunking myths

**Rosie:** So Dave, how long do you think you suffered through - what's the right term to call it? Is it alcoholism? Or what's a good - sorry, not a good, but a respectful term for mental health and addiction?



**Dave:** Yeah. It's a great question, Rosie, because I had a difficult time. I went through the AA program—

**Rosie:** Alcoholics Anonymous, right?

**Dave:** Yeah, Alcoholics Anonymous - after I had actually stopped drinking, but I had a very difficult time in that program when part of the process - one of the steps is to basically admit that you're an alcoholic. And I, there was so much stigma attached to that, that label. And what I could admit was that I had an unhealthy relationship with alcohol, and that was the wording and language that I used. But eventually I laid claim to the title of alcoholic, but you know, then got thinking, and you'll hear about it. If a person has cancer, they don't say that "I am cancer", you know, it is a medical condition. And alcohol, alcoholism - and I'm going to adjust that language in a moment - but it's a medical condition, it's a disease, it's not a choice.

And I think often people watch someone who's active in addiction, whatever that substance might be. And they think that why don't they just stop, or make better choices? But there's hard wiring. I talk about the gene, you know, having the gene for addiction. And it ran in my family on both sides, grandparents, with what is - and this is where I'm going to flip my language - Alcohol Use Disorder. The broader category is Substance Use Disorder. And you can insert the name of the substance before or in place of substance, the word. But it is important, the language is very important because it can create a stigma like declaring a person addict where they didn't choose to become addicted to opiates, you know, heroin or fentanyl. Something drove them to a place where they were using that substance. Often it's trauma early in life, or mental health that hasn't been diagnosed. And they've begun the use of substance to mask or deal with that pain or feeling, and then they become dependent on it. And so, yeah, I appreciate you being sensitive to the language.

**Rosie:** No, I'm really glad that you told me about this so that I know how to talk about it in a better way. So it doesn't label a person. I think that's a really good point that you make. And I want to get back to what I was going to ask you around your recovery. How long were you abusing alcohol? Wait, no, no, sorry, wait. How long were you in alcohol use disorder, I guess before? And then you've been sober for 10 years, but how long before that were you addicted to alcohol?

**Dave:** Yeah, it's, it's a question that I get asked and it's difficult to put a time on it. I would say that at least 10 years of what would be deemed alcoholic drinking by the masses. But I, going all the way back to university, you know, as I mentioned before, I was a binge drinker, so I would pre-drink, you know, before going out.

**Rosie:** Yes! Oh, those university days. Yep.

**Dave:** Yeah. Yeah. But I remember this, the anticipation of drinking even would raise the sense of euphoria in me. The brain would start firing the serotonin and then the same thing would happen when I was working later in my life and anticipating. And even frankly, as we're talking right now, I'm getting this tingling sensation in the top of my head, because it still can trigger.

**Rosie:** Oh really! Oh wow.



**Dave:** But I don't satiate that desire with alcohol now, but, yeah. And a question that often follows is people say, well, how do I know if I might be an alcoholic? And if you think about alcohol, if you're thinking about having that drink, and it altering or elevating your mood, that's a bit of a red flag. There actually are questionnaires that you can go online, "Am I an alcoholic?", and you can fill them in. And if you hit a certain number of questions that you answer yes to, there's a good possibility that you are an alcoholic.

**Dave:** People actually who think or question, "Am I an alcoholic?", often are. Because the person who is a normal drinker, if we use that language, they're not drinking in an alcoholic way. And certainly not on a regular basis, there may be a periodic situation. But yeah, if you're thinking and this pattern continues, then you might dig a little deeper into your relationship with alcohol.

**Rosie:** You know, that's an interesting point too. And I think I'm still reflecting on what you said earlier about how, when you started to see your doctor and psychotherapist, she didn't know about it. Your alcohol, the abuse and all that. So presumably then the intervention that your family and friends did for you was about your manic and bipolar, which maybe they didn't call it that, but they didn't intervene about your alcohol use either. So did other people see you as an alcoholic at that time?

**Dave:** That's another great question, Rosie. No, I even have people, friends of mine today, who will still say, "You weren't an alcoholic". And you know, it's a funny thing to argue, "Yes I am". But you know, I, I had a group of friends, a very, very close group of friends who had a different form of intervention around that same time in advance of my parents and my wife sitting down with me. But it was more about my behaviour, the things that I was doing and not doing in my life, and the consequences that they saw that might have on my marriage, my work. But they never said, "Dave, you've got to stop drinking" or, you know, alcohol is a problem. And when alcohol was a part of it, but mental health was another part, and neither were diagnosed or on the table at that time. Though I had a sense, I knew that my relationship with alcohol wasn't normal, wasn't healthy. But I'd rationalize because it's alcohol, it's socially acceptable. But the way that I drank, you know, I would have 10 or 14 drinks in a binge, and that's not normal, that's not healthy.

**Rosie:** Wow. And like within hours, I'm guessing, not just within a day, but within hours?

**Dave:** Yeah. Like a night where I was drinking, you know, that would be normal. And you build a tolerance so you can have more and still manage. But yeah.

**Rosie:** You know what, I think you're highlighting here for me as well is just how hard it is to recognize and diagnose. Like the fact that even to this day, people who know you well, or are close to you, are telling you that you don't have a problem, or you didn't have a problem. When you yourself felt that there was a problem.

**Dave:** Yeah.

**Rosie:** So no wonder - I mean, so I currently have, and I am getting treatment for, but for a long time, I wasn't - depression and anxiety. And that was also something very hard for myself to diagnose or recognize, and also for friends and family. And I think it's one of those things where, because it's so



integrated as part of your life, like just like drinking is a part of normal everyday life, it's really hard, or I can see why it would be hard, to distinguish between when you cross the line between normal, average drinking behaviour, to unhealthy behaviour.

And in a similar way, I don't have addiction to alcohol. I think I have - well, I'm not just thinking, I'm pretty sure - that I do have addictions to other things, like watching a lot of TV. And you know, I'm sure that is linked in also with my depression and anxiety. Maybe not dissimilar to how, possibly, your alcohol abuse is linked with your bipolar and manic break, possibly, right? I don't know enough about this topic. But I think this just gets to how, how hard it is to not just recognize it, but then how to talk about it. Because it's not recognized, it doesn't feel like it's a health issue. I'm really appreciative of the fact that you call it out as a disease.

**Dave:** Yeah.

**Rosie:** And when I was, you know, in my worst day, this is early on in my work life where I wasn't fulfilled at work. We were doing really long hours and just, you know, everybody knew it and accepted it because it's a professional services firm and I'm pretty sure I was using TV to self-soothe. Not in a healthy way. Like I needed it to numb out the bad feelings I had. But I would watch TV till 3, 4 in the morning, and nothing I really wanted to watch. It was just better than facing how I wasn't, how much I wasn't happy with life. And, you know, knowing that I'd have to go back to work the next day and do it all over again.

Now I can say this. At the time, I was not thinking that coherently. So, how did you have - sorry, go ahead.

**Dave:** Oh, I just wanted to say that depression, you know, that you were experiencing, you could say that there was a situational basis of that depression, which was the demands of the job. And others would maybe similarly be feeling either overwhelmed or unhappy. But if you have a clinical, maybe not yet diagnosed, depression or anxiety, others may be manifesting elements of that, but not actually be suffering from clinical depression or anxiety. And so, you know, they can look, and sometimes judge, if it gets to a point where it's debilitating for you or whoever is suffering. You know, like when someone eventually might need to take a leave from work because of the impact and degree of their depression, anxiety, whatever mental health challenge they're facing.

## Musical interlude

## Changing the conversation

**Rosie:** So how can we change the conversation? So it's more helpful and less shameful for people who might be going through this? Like you hit on some key words earlier that really struck a chord with me, because maybe people never said it to me, but I was saying it to myself, in my head. Like, "Why don't you just stop? What's wrong with you?" And you know, in the context of work, like, "Yeah,





other people are fine. Why aren't you fine?" But I don't actually know if they were fine. They may not have been fine, because nobody, I think knew that I wasn't fine.

**Dave:** Right.

**Rosie:** You know, these are things that you can hide very well, right?

**Dave:** Right.

**Rosie:** And even with, you know, the depression and anxiety, I mean, I started work 20 years ago, and only maybe 2 or 3 years ago was I actually able to see a doctor, and get medication, and get help, and feel better. Because it wasn't just a, "Oh, I'm not happy with my life" situation. It was actually chemical, like something going on that could be helped.

And only because other people like friends and also someone I knew that had depression and were able to see that in me, and tell me that, "Hey, it's not just a bad feeling that you're having. There's actually something you can get help for." But until I heard that, I didn't think that was the case.

So how can we turn it around from, "Why don't you just get over it?" and "Are you really sick? Like, why do you have to, why can't you just get up in the morning instead of being so tired or something?"

**Dave:** Well, I think you hit on it, Rosie. You said that there was a friend who had the conversation with you, and that they themselves suffered from or are diagnosed with depression. So they could look and see this situation. And because they were a friend, they could have the courage to have that conversation with you. And I think that that is such a key part, is that we have these conversations.

And I think that the people who are survivors of mental health or substance use disorder have a responsibility. And if they can be like you and I, and I don't say this in a boastful way, but not burdened by stigma or shame, but can have this conversation just as if, you know, we were talking about you or me having cancer or diabetes, we wouldn't have shame about that. So bringing it out of the closet and having these honest conversations and loving conversations. If you see someone who may be suffering, struggling.

Something that I'm very passionate about is peer support. And I consider myself a Peer Support Champion. And what peer support is, is people like you and me who have a lived experience with - in this case, mental health, I also with addiction - so that we would have conversations to come alongside someone who is maybe earlier in their journey with mental health or addiction.

Or maybe they've lived with it for quite some time, but they haven't got the support that they might need in order that it could be, you know, managed in a way that would be healthy for them. Like you and I both on meds to stabilize our mood, or, you know, as a person who was active in addiction, and I know a number of people who are presently active in addiction. And I come alongside them as a friend who doesn't judge, who has been there before, can empathize with them, can approach a conversation with compassion and love, you know, no judgment about their struggles.

And as I share how I got on the other side of my mental health and addiction, that in their lives, that message of hope that it can be better. And particularly for people suffering from depression, I mean,



there is that risk that they could be robbed of their life. Because they may self-medicate with drugs that put them in an overdose risk. Or they may choose to die by suicide, you know, and the consequences are so tragic.

So I think we have this opportunity to be encouragers and supporters. And there even is a formal process of peer support. I mean, many people probably are familiar with it, but my wife actually is a peer supporter with a program called the Family Navigation Project. And she comes alongside parents who have children struggling with mental health and addiction. I'm on the board for FAR Canada - Families for Addiction Recovery. And we have a peer support program so that parents can call and talk to other parents who have children who are struggling with addiction, and be supported through that journey.

**Rosie:** And is the Family Navigation Project part of Families for Addiction Recovery?

**Dave:** No, it's actually a program run through Sunnybrook Hospital. And we accessed that program as we were trying to support our son who was struggling with depression and anxiety, and was also a self-medicating with substance. So I've got the lived experience of being a person in recovery from mental health and addiction myself, but also parenting a child who has struggled. And so that too is a place where I can be a peer supporter to other parents who are on this journey with a loved one.

**Rosie:** And how old is your son, Dave?

**Dave:** He's 21 now.

**Rosie:** Oh he's 21.

**Dave:** Yeah but he was diagnosed with depression and anxiety when he was 13.

**Rosie:** Wow. So it could happen even that young. OK. And how is he doing now? Is he, would you say he's in recovery, or is he recovering? I hope he's doing better today.

**Dave:** He's doing really well today, very, very well.

**Rosie:** Oh good!

**Dave:** He's taking a prescriptive medication for his depression and anxiety, and he was just sharing with me last week that he's really feeling a lot better. But it's a long journey, and in fact, it's a lifelong journey

**Rosie:** Yup. And I think that's actually to your point about hope as well, that, you know, it's great to hear about your son. It's great to hear that you went through a period and it's managed now. And so for me as well, like how I am now versus how I was before I got treatment, which is not just medication, but also therapy. It does look a lot different on the other side.

And so I know, cause I was there, that when you're in it, you're like, not only is there nothing really wrong with me, cause this is just how everybody must feel; but also there's this, like, I'll never feel any different. This will always be what it's like. You know, I'll always be addicted, I'll always feel this bad.



And I think it's actually part of the disease, really, is that you don't see hope. You don't think anything will change for you. And only after you go through the treatment process, and then you kind of look back, and are like, where I was, was not a good place. And I didn't see that at the time, but now I can, because somebody talked to me and, you know, got me to get some help.

**Dave:** Yeah. That's so true.

## Musical interlude

## Peer Support Champions and employer supports

**Rosie:** So Dave, what I think you're saying about peer support makes so much sense. And you know, kind of an analogy is, um, I saw Peer Support Champion was part of your title. And I was like, OK, I wonder what that is. So I'm glad you've explained it.

But it hits me now that when I was working at the Canadian Cancer Society, one thing they have is a smoking cessation program. And same thing, smoking is an addiction, right? And so they had as an important part of that program, what they called peer support. So I didn't really clue in until you started talking, I was like, Oh, of course the most important thing is community, and having people around you to go to, to help you through whatever it is that you're going through so that you're not doing it alone.

**Dave:** Yeah. And this ties into the potential of peer support in the workplace. There are companies that are putting a greater light on the mental health of their employees. KPMG, as an example, Denis Trottier is the Chief Mental Health Officer. And he's actually a part of the C-suite, and committed and dedicated his role to supporting the mental health of the employees. And one of the things that Denis has done is put a peer support program in place.

And another company, Mental Health Innovations - Stephane Grenier is the founder of that company. And they help companies put peer support programs in place. 75% of their business is that, whether it's for profit companies, government, unionized shops. But they help train people to be peer supporters. The company has to commit to both resource of training and support, as well as allowing time to be committed during the workday, and sometimes off-hour, to have that person like you or I who's in recovery, talking and walking with the person who is struggling.

And when a company makes that step, to actually have and support a peer support program like that, they're truly progressive, and make bringing the conversation to the forefront. And that requires enlightened leadership. And ideally a leader who may have lived experience with mental health or addiction, either directly or a loved one that they've journeyed with. And if they have the courage to share that, or, you know, a member of the leadership team, then it can be transformational to how a business then supports its employees.



And that brings it full circle to that place where I was, you know, in conflict with the values of organizations. I believe that now, I for one see my journey with mental health and addiction as a blessing. Because I'm able to help others and bring hope to others.

And so, if I can be a part of helping transform the culture of a business so that it is more compassionate, supportive, non-judgmental of an employee who is struggling with mental health or addiction, then I'm a much happier person and I think I'm fulfilling what my purpose is. So.

**Rosie:** Dave, you are singing to the choir right now. Cause everything you're saying sounds amazing to me. And I wish I had that. I mean, I had bosses who were supportive, but I don't feel like I had that holistic employer support that you're talking about, through having a dedicated peer support program. And I believe 100% in everything you're saying, I think it's so necessary.

But the skeptical side of me, or maybe the jaded corporate business side of me, if I can kind of play devil's advocate for a second. Because I worked in HR as an HR manager, I've been, you know, a line manager. And I know, sadly, from having had to handle some cases of people requesting disability leave or sick leave because they were going through, you know, some kind of mental health crisis, that the big thing at work was, don't talk about it. Like it's private, it's confidential.

And of course it is, we respect people's privacy. So we're not going to share that, "Oh, Dave, you know, has an alcohol use disorder." Like, we don't talk about that. But I think that it almost goes too far the other way, where no one is allowed to say anything. And it becomes, like, it adds to the stigma, right? I think it's like - "Dave, you know, Dave, what's he getting time off for? I mean, is there really, nothing seems wrong with him. We just talked to him the other day, he was in that meeting." Like, that's what I feel like with workplaces now, maybe not quite that bad, but I don't feel that unconditional support.

And even in HR, I just refer people to the Employee Assistance Program. And I've used those programs myself. They are not to the level that you're talking about in peer support. But do you have any similar experiences as what I just described about the workplace? Because you were maintaining some very high leadership positions. Like, how was it for you? And how can corporate environments today change to be more like what you're describing in peer support?

**Dave:** Yeah. I think it does start with leadership, because you mentioned the EAP programs - and for those don't know, Employee Assistance Program, sometimes it's called Employee and Family Assistance Program. And these are in the corporate environments that have such a program to support employees. And they may have a number of counseling sessions that they can access. Different resources possibly for substance use or mental health conditions or marital problems or whatever the challenges. But, you know, having the EAP program is important.

But if all the company does is refer the employee to this outside organization because they're having challenges, it's like, you're divesting this relationship that you have with your employee, who is this critical part of your organization. You know, outsourcing it wholly isn't healthy. If the manager was to just have a conversation with you, and say something empathizing and some compassion to you. Not judgmental, not labeling it, but you know, a loving and compassionate question or statement of



support - then that can bring you to a place where you could say, "Yeah, I'm struggling and I need some help."

You might also say, you know, "I'm seeing my doctor". And you might say, "I think I'm going to need some time off", or "My doctor is suggesting some time off. So I might need to take a leave." Or your manager might say, "How can we accommodate you?" And you know, maybe flex hours are important. Or, you know, what sorts of things can they do to help you through the challenges? And maybe you just need time because you have to go to therapy appointments. But I, at one point went on a stress leave and that was the right thing to do.

But I agree that, you know, some companies are still holding on to a, the old school way, where, you know, everyone should just step up to what's needed and you know, buckle up. But I think there's a transition happening where more people acknowledge and recognize that mental health is real. I think that one of the benefits that's going to come out of COVID is mental health has been a real challenge for many people and you can't hide from it. So I think it's going to shift the culture of many organizations to mental health being on the table, a conversation, and, you know, hopefully something that will change the way companies support the whole person and particularly mental health and addiction.

**Rosie:** I hope you're right, Dave. And I think it is, I think there are tides that are turning in a variety of areas and mental health seems to be one of them. And hopefully with your, you know, your very personal sharing, that people will hear this and also take this away to their workplaces and their families, and think about things differently. Change their lens, so to speak. But to be able to see a different way of dealing with this and handling this than we have before.

**Dave:** Yeah. Yeah.

## Musical interlude

### Where to get help – for yourself, a coworker or loved one

**Rosie:** So something I also want to share with our listeners, and just thinking about, as we were talking about how to talk about this stuff and especially at work, because, you know, with family and friends, sometimes they're the ones who would actually recognize that we're different somehow.

**Dave:** Yeah.

**Rosie:** But we actually spend most of our lives, time-wise, with our coworkers. And I think there's a common thing, maybe especially in Canada, where it's keep to yourself. But where it's just, it's none of my business, right. So either if I get involved, yes, I may end up judging someone unfairly. And so there's good reasons, I think, for not making any assumptions.

But I think especially now with COVID, and especially because we're all at home and we don't see each other, it's a good time to check in. Like, we don't have to say, "Oh, do you have a mental illness



right now?" [laughs] But to ask how people are doing, and if, perhaps if we're noticing differences in people?

Cause that's how it started with me, was people, my friends, noticing that I really was not doing well. And fine, maybe I haven't been happy for a long time; but it was to a new level of tiredness. And, you know, just my whole face and demeanor was different. And I only started recognizing how seriously I was depressed when I wasn't yet suicidal, but I was definitely, like, you know, if my life ended today, I wouldn't be sad about it.

**Dave:** Right.

**Rosie:** Like I would feel like I would be better off, right.

**Dave:** Yeah.

**Rosie:** Also because I believe that I would be in heaven. So it was like, you know, I did wish I was in heaven right now, instead of here. And I wouldn't have taken my own life, or I don't think I was going to at that point. But I definitely felt like I'd be better off.

So I think you said that there are questionnaires. I don't really like the term, "Am I an alcoholic?" Because as you say it labels the person. But there are things, if you even start to think that way, to go online or maybe talk to your family doctor, right? Like how would people, if people don't necessarily have the benefit of employee support programs or peer support or friends who've gone through this before, do you have any recommendations on how people could get help? Or advice on, am I in a bad situation beyond just, you know, beyond the average?

**Dave:** Well, I actually went through a peer support training with the Mood Disorders Association of Ontario. And that's an example of an organization - they're rebranding to "Hope and Me", is the rebranding - but they have a phone line that you can call and speak with people who have lived experience. So it's a way that you could anonymously tap into a resource. They're not going to diagnose you, but they can maybe shed some light and give some perspective. And possibly they would encourage you to seek support.

And a place that any of us can go for support is our doctor. And you can begin there, with the conversation, you know, that I'm not able to sleep, I'm feeling really depressed. If it is moving to a place where you're feeling suicidal, and it's an immediate experience that you're having, setting an appointment with a doctor might not be the right thing. But there are suicide prevention lines, distress centres with hotlines that you can call, you know, in a moment where you're feeling yourself in crisis.

So there are a number of resources. Doctors can make referrals then to other supports like I did with the GP psychotherapist. Some of these supports and resources take time to access, there can be waiting periods. But if you were a parent, for instance, with a child who's struggling with mental health and addiction, the Family Navigation Project that I told you about earlier, they actually help the parents navigate the supports that are available. So different programs and resources that might be appropriate for your child. So that's a great resource, but there are many, many resources out there that are accessible, if people aren't blessed with programs that their employer might have.



**Rosie:** That's great, thanks for sharing those Dave. And if you're listening right now and want to access any of these resources, you can find the links to everything Dave just mentioned on our show notes page, which is at [changinglenses.ca/podcast](https://changinglenses.ca/podcast).

**Dave:** Yeah and you can include a link to [my LinkedIn](#). People can connect with me that way. And if someone wants to explore a bit or have a conversation, I'd be happy to do that as well.

**Rosie:** Great, thank you for offering that. I was just going to ask if there's a way of, if people have more questions after this podcast and they could reach out to you. So thanks for offering that and we'll make sure to include a link to your [LinkedIn profile](#) as well.

**Dave:** Great.

**Rosie:** You know, one of the last things that comes to mind when I think about support, like from everything you said, I would greatly encourage companies who can do it, who can afford to bring in peer support programs for their employees. So that there is, you know, someone who understands and knows what they're going through and can help them in a deeper level.

But at a minimum, and even a lot of the things that we've talked about on this podcast today, about how to help each other, really are benefits of jobs with privilege. Like jobs that have health benefit programs, have paid sick days, have protected leaves, if you do need to take an extended leave. And many jobs in Canada don't have those benefits. So I really hope that, whether through government policy, or just through employers doing the right thing, that they will put in paid sick time for all staff.

And I would also encourage people who, you know, if you're going through something, sometimes it doesn't maybe feel as drastic as what we have described today, like it may not be as obvious. But I know when I was going through really bad depression, I was just really tired. And there were days when I was not able to get up early enough to go to work on time, or I needed to be at home. And it didn't feel right, cause it's like, I'm just tired. And you know, I've gone to work tired before.

But sometimes you really need to take the time off for, whatever, I guess. Like as Dave mentioned, to go see a doctor, or see a therapist, or sometimes just to take care of yourself, and that's important. And yes, sometimes people can abuse the system and take time off that they probably shouldn't, I've dealt with that as well. But it's also very legitimate that if you need the time, because you're going through something, that's what it should be there for. So I encourage people to take it, and I encourage employers to provide it for all staff.

**Dave:** I couldn't agree more. Yeah.

**Rosie:** Well, Dave, we could go on and on. I know there's a lot to talk about when it comes to addiction and mental health. And you know, I encourage any of you listening to reach out to Dave. He's not just a wonderful Mental Health and Addictions Advocate and Peer Support Champion. He's also a good friend and a good all round person, as I hope you could tell from today's podcast. So Dave, before we close off, are there any last parting messages or key takeaways that you'd really like our listeners to have?



**Dave:** Well, I think the most important thing is, that there is hope. That these journeys with mental health and addiction, you can feel hopeless. And the most tragic thing is when someone particularly suffering with depression might think that suicide is the answer. And like you, I had a time where I felt that life would be better if I wasn't alive, and similar to you, I didn't take action or make effort towards suicide.

But you know, there is hope, and there is recovery, and life on the other side is a beautiful thing, because we get to be blessed to have conversations like this. And you know, if one person who's listening gets a sense of hope, and maybe takes action towards getting the help that they need, then what a beautiful thing that we've been a part of.

So I, to that end, encourage people who are survivors of mental health and addiction, to have those conversations. To not be afraid, and to not hide. To help remove the stigma, the judgment, and to help those who are suffering.

**Rosie:** Thank you, Dave. Those are really beautiful words of hope. And we're so grateful that you're able to come here today. I do hope that people who are potentially going through addiction or mental illness themselves, or maybe they're friends or family of people who they know of that are perhaps troubled, that they do hear your words, and they do find hope, and they do reach out and talk to someone.

As I mentioned, we will have links to Dave's contact information in the show notes. So if there are any questions or comments, or if there are stories you want to share with him afterwards, you're welcome to do so. And we'll also have the links to the different websites and resources that Dave mentioned on the podcast.

And this is not the end of the conversation. If anything, I hope this is the beginning of the conversation. So if there's more that you'd like to learn about, or know about, you know, we'd certainly consider a follow up podcast. So please leave your questions and comments. You can go to my website, [changinglenses.ca](http://changinglenses.ca). Or email me at [rosie@changinglenses.ca](mailto:rosie@changinglenses.ca). I'd love to hear from you. So Dave, thank you again so much for coming here today.

**Dave:** Thank you.

## Outro

[outro music plays]

Thanks for joining us – I hope today's episode helped to change your lens and expand your worldview. If you enjoyed listening, please rate and subscribe to Changing Lenses, available wherever you get your favourite podcasts. For more about how I'm changing my lens, please check out my website at [changinglenses.ca](http://changinglenses.ca). You'll also find the shownotes and transcripts for each episode, and you can leave comments or questions, or send me a message – I would love to hear from you!

I'm Rosie Yeung, inviting you to join me for the next episode of Changing Lenses. Until then, take care!

[outro music ends]