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CUPE mental health workers – the pandemic's hidden front line Vital outreach workers must deal with triple threat of COVID, opioid and housing crises

BURNABY—Since the COVID-19 pandemic was declared last year, the efforts of B.C.'s front-line workers have been widely and rightfully celebrated. Whether it's fighting the coronavirus directly and saving lives or risking their own physical or mental health to keep vital public services running, these workers—including CUPE members from multiple sectors— have been outstanding and inspirational in their selfless dedication and commitment to helping others.

Among these front-line employees are CUPE members who work in Vancouver's Downtown Eastside (DTES) and other urban pockets of the province where poverty and substance use intersect. From ambulance paramedics and social workers to nutritionists and housing coordinators, these members' tireless commitment and sacrifices have literally saved countless lives while improving quality of life for many. But when it comes to the combined impacts of the housing crisis, opioid crisis and COVID-19 on society's most vulnerable citizens, perhaps no other category of worker knows the pain and suffering these overlapping challenges have caused more than mental health workers.

CUPE represents hundreds of members doing mental health work for the PHS Community Services Society (CUPE 1004), Fraser Health and Vancouver Coastal Health (CUPE 15, CUPE 4816), and the Canadian Mental Health Association (CUPE 3403-01) in Port Alberni. Among the many classifications their work covers, positions range from residence coordinators and homeless outreach workers to counsellors and social workers. To say that these workers provide vital services during a pandemic is an understatement: society's most marginalized citizens need stability and support at a time when Health restrictions have made people sad and lonely, leading to a spike in alcohol and substance abuse. These CUPE members provide it.

A helping hand for those in need

Whether it's arranging meals, offering emotional support or sharing leads for short-term employment, CUPE mental health workers play a pivotal role every day in helping the homeless and other people in need. Since the pandemic began, they've continued providing that support despite the many challenges COVID-19 has thrown their way and changed how they work.

"We have been a valuable resource by being there and being present," says CUPE 1004 member Tuesday Andrich, who works as a dayshift coordinator in the DTES. "There are many folks who don't have access to services, so we make referrals to help them gain access to resources."

CUPE 15 members cover a range of positions in mental health care work, says shop steward Mia Nickel, who works as a speech language pathologist.

"We have concurrent disorders counsellors and mental health counsellors across a huge variety of settings—primary care, mental health clinics, drug court, youth and family, youth clinics—and more," says Nickel. "We have folks working in drug and alcohol treatment, detox/daytox—social workers, support workers and clerical staff. The list is long."

Although not on the same scale as in the DTES or Metro Vancouver, CUPE mental health workers employed by the CMHA provide similar services while facing the same challenges in Port Alberni.

"We provide our clients with safe placements in supportive housing where they can get meals and gain access to programs where they learn skills and obtain transitional employment information and opportunities," says CUPE 3403-01 chief shop steward Shaunah Cairney, who works as a residence coordinator.

Those employment opportunities, she adds, include everything from cutting lawns and painting bathrooms to the Food Matters program, where clients learn how to work in a kitchen and get Food Safe qualification so they can prepare for job openings.

Meeting the challenge on three fronts

CUPE members in this field have worked hard to navigate the challenges brought on by the three, large overlapping problems of homelessness, the opioid crisis and COVID-19.

"COVID 19 has highlighted the gaps in services, and our members have stood in those gaps by continuing to provide services to the most vulnerable people in our communities," says Nickel.

For example, says Cairney, a decision to shut down the clubhouse in her community removed a vital social outlet for clients, as it provided a safe place to meet, learn skills and get other forms of support.

"That was challenging, because it meant doing a lot more outreach to make sure that clients had the resources they needed, even though we couldn't do this onsite. Thankfully, between ourselves and other non-profits in the community, we've been able to meet those needs."

Andrich says that CUPE 1004 members responding to overdoses have had to develop new processes and procedures to keep clients alive, regularly adapting how they execute their work. Part of the adjustment has meant taking on the various risks associated with supporting COVID-19-positive residents: some CUPE mental health workers are employed in newly developed housing programs or projects for COVID-19-positive community members who need the support these programs provide.

"Our members do their best to meet the needs of residents and program participants, whether it's explaining the Health orders or taking on additional tasks as a result of changes to existing tasks," says Andrich. Since the Food Security programs have shut down, she notes, members have had to make bulk orders to the food bank and package them for distribution to residents.

"The onus fell on our members to find other ways to do community outreach. We all have different styles and have found different ways to connect and let people know we're available, but the important piece is that we are able to connect. And we do our best to make sure people have what they need."

For CUPE mental health workers, the irony of this work is that the pandemic's mental health impacts on clients can, as a result, affect their *own* mental health, says CUPE Health coordinator Tanya Paterson.

"Imagine working on a daily basis with so many people who were already struggling in their lives before COVID arrived," says Paterson. "That is bound to create added anxiety and stress, especially with life changing so dramatically because of the pandemic and the added factor of dealing with the unknown."

Nickel agrees.

"These front-line workers have stood in the breach. They lack guidance and support from employers, but they're expected to do more and more work. So of course they have suffered," she says. "Their clients die, regularly, of fentanyl poisoning and they deal with this within their teams and on their own." Meanwhile, adds Nickel, workload issues across the sector have expanded job duties due to lack of adequate staff (it's hard to attract and retain good mental health staff when wages are falling behind and workloads pile up), so mental health inevitably becomes a problem for workers in this field.

Andrich says that members' work was already stressful and exhausting enough without a pandemic to deal with, so adding COVID-19 to the mix has also impacted members' ability to deliver services.

"There has definitely been an increase in the number of members taking stress leaves, and others have had to take leaves because they have compromised immune systems and cannot risk exposure to COVID-19," she says. "There's a lot of fear of the unknown."

Cairney says that members of her Local, too, have worried about their own health because of the unknown risks of exposure—and the fact they cannot control their clients' actions or force them to follow Health orders.

"It can be challenging to be present or totally engaged with other people in these circumstances," she says. "But our employer does reach out to us, to ensure that everyone is okay and to offer resources to help us cope. It has been challenging, but we have been working through it."

It's that kind of selfless dedication—that commitment to people in need—that CUPE mental health workers exemplify, making their union so proud.