

Mental Health in the Workplace

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Introduction

- ◆ Rachel Johnson-Yates, MA, LMHC, LAC
- ◆ Former Deputy Commissioner and Chief of Staff for Indiana's Division of Mental Health and Addiction
- ◆ Specialty Areas: Mental Health SUD, Criminal Justice, Child Welfare, Equity, and Trauma-Informed Care
- ◆ Loves: My family, nachos, adrenaline, home improvement projects, advocacy



Defining Mental Health

- Mental Health is a continuum
- No one is 0% depressed/anxious 100% of the time
- It's not *if* your mental health has been impacted by the pandemic, it's *how*



Stigma

- There continues to be stigma around mental health and substance use disorder
- If symptoms are ignored and the cause continues, symptoms almost always get worse
- Stigma, perfection culture, high-stress, and high-competition cultures exacerbate mental health and substance use
- Agency leadership must work to increase mental health literacy and transparency



COVID's Impact on Mental Health In Indiana

211, which normally received about 1000 calls/day, increased to 20-25k calls/day

81.5% increase in suicide text conversations and an 82% increase in unique texters from this same month timeframe last year

430% increase in Domestic Violence Calls

Increase in overdoses

Facts

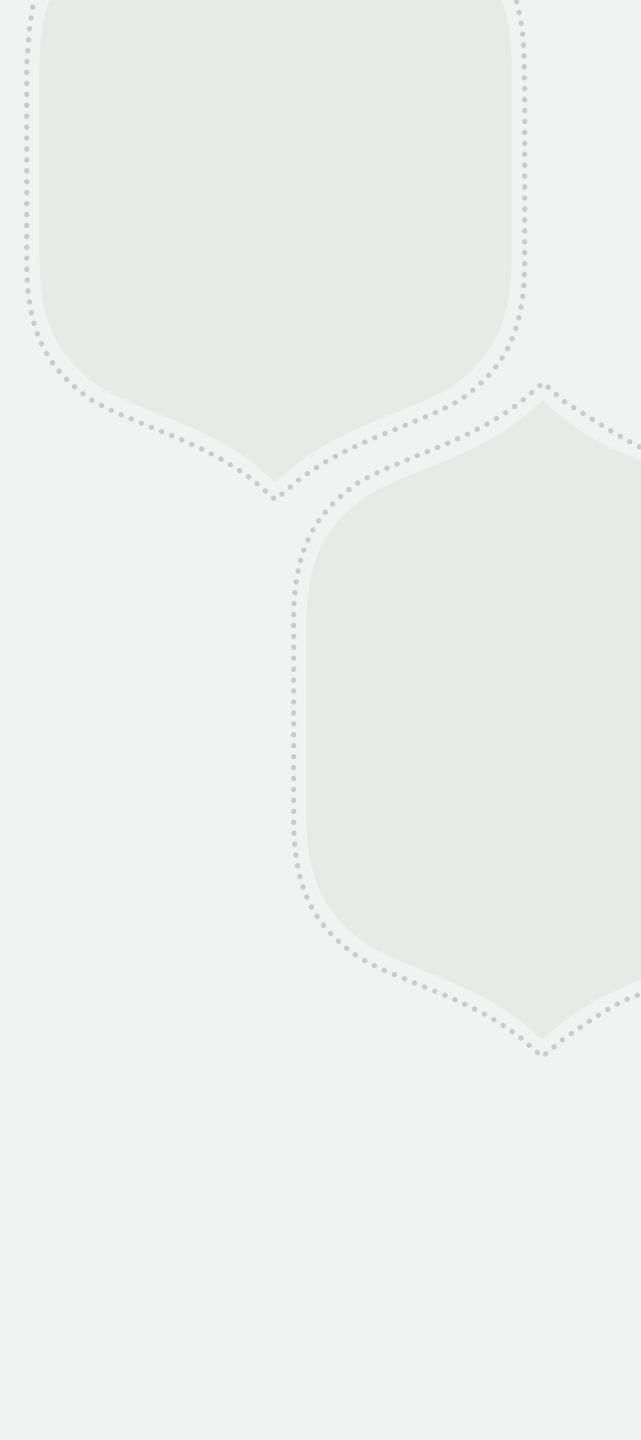
- Poor working environments – including discrimination and inequality, excessive workloads, low job control and job insecurity – pose a risk to mental health.
- One study found that people reporting at least one mental health symptom increased from 59% (2019) to 76% (2021)
- Less than half of people report getting a positive response when discussing mental health at work
- Black, Latino, LGBTQ+ individuals are consistently reporting higher levels of work-related mental health concerns due to issues with discrimination, ostracization, and societal stress

National Suicide Prevention Lifeline Call Volume: All Ages Indiana Hubs: February '20 – January '21



Video

- [How Stress Affects the Brain](#)



Reflection

- Take a moment to write down what changes in mental health/substance use you have seen since the pandemic
 - In yourself
 - In your colleagues
 - Management concerns/trends?
 - Who has seemed to be the most impacted?



**DON'T
GIVE UP**

**YOU ARE
NOT ALONE**

**YOU
MATTER**

Impact of Chronic Stress

Stress can infiltrate our system in a sneaky manner, below our cognitive radar. Many of us will start exhibiting low level trauma responses due to the long duration of this stressful time. These will present as variations of our fight, fly, or freeze responses.



You may find yourself:

Picking fights with your loved ones

Avoiding responsibilities even if you have enough time to do them

Feeling overly tired even though you have fewer daily activities

Having trouble sleeping

Having difficulty focusing

Forgetting things

Noticing changes in your appetite

Feeling consumed with worry and uncertainty

Crying more often than usual

Feeling emotionally disconnected

Other symptoms

- Hypervigilance
- Trouble Sleeping
- Always feeling like you should be doing something
- Sleep issues
- Appetite issues
- Low Motivation
- Trouble Concentrating
- Struggle to feel a sense of purpose



Self-Assessment

- On your phone or computer , search “MDCalc MDI”

The screenshot shows the MDCalc website interface for the Major Depression Index (MDI). At the top, there is a green navigation bar with the MDCalc logo and a search bar containing the text "Search 'QT interval' or 'QT' or 'EKG'". Below the navigation bar, the title "Major Depression Index (MDI)" is displayed with a star icon. A subtitle reads "Screens for depression based on clinically significant questions." There are two dropdown menus: "When to Use" and "Why Use". The main content area contains a question: "Ask the patient: how often have they been bothered by the following over the past 2 weeks?". Below this, a question is listed: "1. Felt low in spirits or sad?". To the right of the question is a table with two rows: "At no time" with a score of 0, and "Some of the time" with a score of +1. At the bottom, a green box displays the total score: "0 points" and "No depression". Two buttons are visible: "Copy Results" and "Next Steps".

**MD+
CALC**

Search "QT interval" or "QT" or "EKG"

Major Depression Index (MDI) ☆

Screens for depression based on clinically significant questions.

When to Use ▾ Why Use ▾

Ask the patient: how often have they been bothered by the following over the past 2 weeks?

1. Felt low in spirits or sad?

At no time	0
Some of the time	+1

0 points
No depression

Copy Results 📄 Next Steps >>>

Self-Assessment

- On your phone or computer, search “MDCalc GAD”

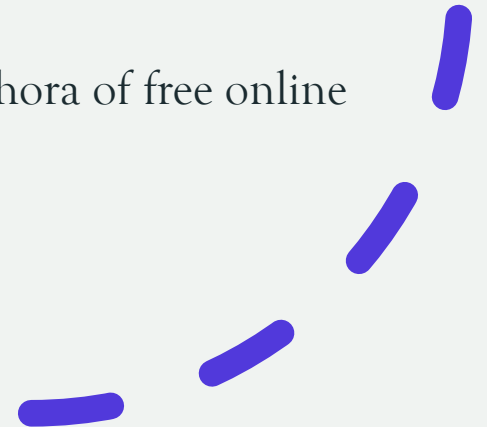
The screenshot shows the MDCalc website interface. At the top, there is a green navigation bar with the MDCalc logo on the left and a search bar on the right containing the text "Search 'QT interval' or 'QT' or 'EKG'". Below the navigation bar, the main content area features the title "GAD-7 (General Anxiety Disorder-7)" with a star icon to its right. Underneath the title, it says "Measures severity of anxiety." A prominent red box contains the text: "IMPORTANT MDCalc provides tools and content intended for use by healthcare professionals, and is not meant for use by patients. While these may be surveys or questions intended for patients, they are meant to be answered in the context of a clinician's medical care and not on their own to diagnose or treat any disease." Below this box are three dropdown menus labeled "When to Use", "Pearls/Pitfalls", and "Why Use". The assessment results are displayed in a dark green box, showing "0 points" and "No anxiety disorder." At the bottom right of the results box, there are two buttons: "Copy Results" with a clipboard icon and "Next Steps" with a right-pointing arrow icon.

Self-Care Toolbox

- Make a list of the things weighing on your mind. Circle the things you can control. And then list the top three things you can do to help move toward the most positive outcome
- When you find yourself focusing on the worst possible outcome, force yourself to write down the best possible outcome as well. Tell yourself that both are possible, and that the reality is probably somewhere in the middle.
- Step away from your to-do list, if even for a moment, and know that being task oriented has its place but does not always have to take priority.
- Find an alternative – watching a “terrible” television show, taking a walk, taking a shower, reading, meditating, calling a loved one—anything you can do to take your mind off the worry for a few minutes

Self-Care Toolbox

- Give yourself a treat – this can be anything that you love: a dessert, a moment of quiet without your family present, permission to go to bed early or wake up late
- Practice setting boundaries- say no to helping others if you are struggling to stay afloat yourself
- Commit to answering honestly when someone is asking you how you are doing
- Try therapy. If you've tried it before, try it again!
- Talk with your doctor about medication to help your brain's chemicals balance out during this wildly stressful time. If you can't make it at home, store bought is fine!
- Move your body – try a home workout with the plethora of free online options





Creating a Mental Health Oriented Agency



Improve Mental Health Literacy

- With proper care, including therapy, skill building, and medication, 80% of employees treated for mental illness report improved levels of work effectiveness and satisfaction.
- The average person does not know how to identify mental health symptoms, let alone address them
- Promote activities such as lunch-and-learns, rewards for tracking mental health, info sheets intentional check-ins during meetings, etc.
- Model talking about mental health and SUD
- The more you model language and identification of symptoms, the more others will too
- “Health” is inclusive of mental health





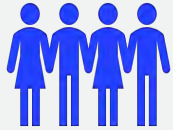
Create Relationships

- Create a culture of collaborative supervisor/staff engagement
- Addressing a mental health concern is challenging if a collaborative relationship with trust does not exist
- Regular, planned meetings where the staff set the agenda and discussion points
- Intentional time for fun together
 - Poll your team for ideas
 - Ensure options for introverts, extroverts, and everyone in between

Be Intentionally Inclusive

- Create flexibility where you are able
- Pay attention to your own bias and the bias of those on your team
 - In what categories are we overrepresented?
 - Who is not represented?
 - Are the voices of colleagues in minority groups given the same weight and preference as those in the majority group?
 - Says who?
 - Staff surveys, Special Interest Groups, 360 evaluations
 - Marketing, outreach, disparities
 - Hiring, firing trends





The core of every agency is its culture



How would you describe your culture?



Where do you have room for improvement?

Workplace Culture

- When ourselves or our teams are under chronic stress, we often see a surge in toxic workplace behaviors.
- It is critical that agency leadership know how to identify and work with these behaviors before the culture is permanently affected
- If your culture already has pervasive toxicity, this will be harder, but it is possible
- “We talk to each other, not *about* each other”
- Promote: vacations, time off, taking breaks, boundaries from work, communication, conflict resolution, no email after hours, no-meeting days

Identifying Mental Health Concerns

- Formal training for managers and staff
 - You can't address what you can't see
- Planned intervention options
- Check in early and often
- Warning signs:
 - Always working
 - Missing work/deadlines
 - Short temper
 - Trouble staying organized
 - Increased conflict
 - Camera off when it used to be on
 - Erratic behavior



How Does Your Agency Respond to Struggle?

- ♦ Scenario:
 - ♦ Mid-level manager's father is placed in in-home hospice for 6 weeks.
 - ♦ She is his primary caretaker.
 - ♦ Attendance is sporadic, deadlines start being missed
 - ♦ Staff's reports complain that she isn't being responsive enough and doesn't seem "focused" at work
- ♦ How would you/your agency respond?

Updated with New Approaches for Today's Communication Challenges

OVER 5 MILLION COPIES SOLD

crucial conversations

— THIRD EDITION —



**TOOLS FOR TALKING WHEN
STAKES ARE HIGH**

JOSEPH GRENNY • KERRY PATTERSON • RON McMILLAN
AL SWITZLER • EMILY GREGORY

Difficult Conversations

- “You missed another deadline, this isn’t like you- what’s going on?”
- “I’m worried about you”
- Create a culture where it is the norm to delegate responsibilities when an employee is in crisis, factoring in cognitive burden
- Do not reward vultures or emotional strength gladiators
- Determine whether counseling can be offered in lieu of disciplinary action

Know and Advertise Your Resources

- EAP Services
- Special Interest Groups
- 988
- Domestic Violence Resources
- Help Navigating Insurance
- Agency-led initiatives





Keeping Safe

- Verbal, physical, or threatened violence cannot be tolerated
- Do not wait for the person impacted to “make it a big deal” before addressing concerns
- Wellness checks for absences or erratic behavior
- Conversations can be compassionate, direct, and include consequences if necessary to maintain safety

THESE ARE A FEW OF MY FAVORITE THINGS

Name: _____

Birthday (you don't have to include year ☺): _____

Snacks:	
Candy:	
Colors/Patterns:	
Flowers:	
Soft Drink:	
Hobbies:	
TV Shows:	
Scent (think air freshener/lotion/etc.):	
Restaurants:	
Stores:	
Coffee/Tea Place:	
Sports Team:	
Anything Else?	

If a person is buying you a gift, is there anything they should avoid?

Tell me about yourself...

What sort of praise makes you feel the best (public, written, face-to-face)?

If I need to speak with you about something difficult how would you prefer I approach you?

If I notice you feeling frustrated, what can I do to make you feel more safe?

What area of your work are you best at?

What area of work is the hardest for you?

Tell me about the best supervisor you've ever had?

Tell me about the worst supervisor you've ever had?

Questions?



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HMA
