

Welcome to

Mental Health Awareness: Reducing the Stigma

May 11, 2023

"We've built a company that we're proud of – from who we are to what we do and how we do it. Respecting the trust clients place in NFP is always top of mind."

– Eric Boester, EVP and Chief Marketing Officer



ZOOM WEBINAR 101

Disable Chat Notifications: click the ^ arrow beside the chat in the Zoom menu bar and then uncheck "Show chat previews".

RECORDING AND RESOURCES

Don't worry about missing a minute of the action! You'll receive the recording and resources by email within a week following the webinar.



Scan this QR code to view the NFP Mental Health Awareness Guide

Scan this QR code to view last month's NFP Wise & Well Seminar – Managing Stress Through Resiliency and Self-Care.





Mental Well-Being vs. Mental Health

MENTAL WELL-BEING

- Preventive
- Skill-building
- Resilience training
- Mental Fitness



MENTAL HEALTH/ILLNESS

- Clinical / diagnoses
- Treatment focused
 - Therapy
 - Medication







Meet our Guest Speaker (or say hello again)





Kyla Montes

Program Manager II Mental Health First Aid Instructor Atrium Health Employer Solutions



Mental Health Awareness – Reducing the Stigma

Kyla Montes Atrium Health Employer Solutions Program Manager II



EMPLOYER SOLUTIONS

Poll: Have you or a loved one ever experienced a mental health crisis?

Poll responses are anonymous.



Objectives

- Define the term Mental Illness and discuss the Mental Health Challenges
- Analyze Prevalence Data Surrounding Mental Illness in The US
- Review Common Signs and Symptoms of Mental Illness
- Review Signs and Symptoms of Suicide
- Discuss Solutions



Mental Health in the Workplace

Poor mental health and stress can negatively affect employees:





Did you Know?

Mental Illnesses



are associated with higher rates of disability and unemployment

1 in every 5



adults suffer with a Mental Illness

80% of employers



feel they are accepting of

Mental Illness in the

workplace, while only 50%

of employees think their

employers are accepting

71% of adults



reported at least one symptom of stress in the work-place, such as feeling overwhelmed or anxious



Mental Illness



Poll:

What are some stigmatizing words or phrases that come to mind when you hear that someone has a *mental illness*?

Poll responses are anonymous.



Language Matters

Topic	Instead of	Try	Why?
First person language	" <i>addict</i> " " <i>schizophrenic</i> " "alcoholic"	"someone who experiences," "someone with a diagnosis of"	We are much more than a diagnosis.
Suicide	"Commit"	"Died by suicide," "Ended their life"	The word "commit" is associated with crime and sin.
Suicide	"Successful suicide," "Failed attempt"	"Died by suicide," "Attempted suicide"	There is nothing successful about suicide.



What is a Mental Health Disorder

A diagnosable illness that effects:

A person's thinking, emotional state and behavior

Disrupts the person's ability to:

- Work
- Carry out daily activities
- Engage in satisfying relationships



Mental Health Challenges

- Mental health problems are common
- Stigma is associated with mental health problems
- Many people are not well informed
- Professional help is not always on hand
- People often do not know how to respond
- People with mental health problems often do not seek help





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Poll: What is the most common mental health disorder?

Poll responses are anonymous.



Mental Disorder Statistics

Type of Mental Disorder	% Adults
Anxiety disorder	18.1
Major depressive disorder	6.8
Substance use disorder	8.1
Bipolar disorder	2.8
Eating disorders	5-10
Schizophrenia	0.3 - 0.7
Any mental disorder	18.5



Common Types of Mental Illness

• Anxiety Disorder

- General Anxiety Disorder
- Panic Episodes
- Obsessive Compulsive Disorder
- Post Traumatic Stress Disorder
- Mood Disorder
 - Depression
 - Bipolar Disorder
- Eating Disorder
 - Bulimia
 - Anorexia-Nervosa
- Substance Abuse Disorder
- ADHD
- Schizophrenia





Behavioral & Emotional Signs

- Frequent Crying
- Social Withdrawal
- Use of Drugs/Alcohol
- Aggression/Defiance
- Excessive Irritability/Mood Swings
- Prolonged Feelings of Hopelessness, Helplessness, or Sadness
- Blunted Emotions
- Change in Sleeping/Eating Habits
- Talking or Writing About Death





Physical Signs

- Sloppy or Unkept Appearance
- Poor Hygiene
- GI Issues
- Frequent and Unexplained Physical Ailments
- Unexplained Cuts or Burns
- Abnormal Weight Loss or Weight Gain





Psychological Thoughts

- Pessimism
- Delusions
- Hallucinations
- All or None Thinking
- Thoughts of Suicide





Mental Health Progression Model

HEALTHY	REACTING	INJURED	ILL
 Normal fluctuations in mood Normal sleep patterns Physically well, full of energy Consistent performance Socially active 	 Nervousness, irritability, sadness Trouble sleeping Tired/low energy, muscle tension, headaches Procrastination Decreased social activity 	 Anxiety, anger, pervasive sadness, hopelessness Restless or disturbed sleep Fatigue, aches, and pains Decreased performance, presenteeism Social avoidance or withdrawal 	 Anxiety, anger, Excessive anxiety, easily enraged, depressed mood Unable to fall or stay asleep Exhaustion, physical illness Unable to perform duties, absenteeism Isolation, avoiding social event





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Suicide



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Some Facts About the Impact of Suicide

- For each death by suicide, up to 135 people are exposed (affected).
- Of those 135 people, approximately 1/3 will seek therapeutic treatment or other support.
- 40-50% of US population will be exposed to a suicide in their lifetime.
- The impact is felt throughout the community. When there's another suicide, the trauma reappears.



Suicide Statistics





Source: afsp.org

Suicide Myths and Facts

Myth or Fact?	No one can stop a suicide, it is inevitable.	
Myth	If people in a crisis get the help they need, they will probably never be suicidal again.	
Myth or Fact?	Confronting a person about suicide will only make them angry and increase the risk of suicide.	
Myth	Asking someone directly about suicidal intent lowers anxiety, opens up communication and lowers the risk of an impulsive act.	
Myth or Fact?	Only experts can prevent suicide.	
Myth	Suicide prevention is everybody's business, and anyone can help prevent the tragedy of suicide.	



Suicide Myths and Facts

Myth or Fact?	A person who is suicidal keeps their plans to themselves.	
Myth	Most suicidal people communicate their intent sometime during the week of preceding their attempt.	
Myth or Fact?	Those who talk about suicide don't do it.	
Myth	People who talk about suicide may attempt an act of self-destruction.	
Myth or Fact?	Once a person decides to attempt suicide, there is nothing anyone can do to stop them.	
Myth	Suicide is the most preventable kind of death, and almost any positive action may save a life.	



Who's at risk for Suicide?

- Gender
- Age
- Chronic Physical Illness
- Mental Illness
- Use of Alcohol or other Substances
- Lack of Social Support
- Previous Attempt
- Organized Plan





Warning Signs of Suicide

- Threatening to hurt or kill oneself
- Seeking access to means
- Talking, writing, or posting on social media about death, dying, or suicide
- Feeling hopeless
- Feeling worthless or lack of purpose
- Acting recklessly or engaging in risky activities
- Feeling trapped

- Increasing alcohol or drug use
- Withdrawing from family, friends, or society
- Demonstrating rage and anger, or seeking revenge
- Appearing agitated
- Having a dramatic change in mood



How to Get Help

- Suicidal people often believe they cannot be helped, so you may have to do more.
- The best referral involves taking the person directly to someone who can help.
- The next best referral is getting a commitment from them to accept help, then making the arrangements to get that help.
- The third best referral is to give referral information and try to get a good faith commitment not to attempt suicide. Any willingness to accept help at some time, even if in the future, is a good outcome.



Poll:

Do you know if your employer has an EAP and if yes, have you ever utilized it for yourself or a member of your family?

Poll responses are anonymous.



Employee Assistance Program – EAP

At some point in our lives, we all face problems or situations that are difficult to resolve on our own. When these instances arise, an EAP is there to provide help.

- No cost to utilize
- Family members have access
- Confidential
- Professional short-term counseling
 - Counselors can make recommendations or provide referrals for ongoing treatment
- Address personal and work-related concerns

Reach out to your HR Department to inquire if your organization has an EAP available.





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What if You Suspect Someone is Considering Suicide?

- **1.** State what you have observed and let them know that you are concerned
- 2. Listen without judgement
- 3. Ask The Question
 - Are you considering suicide?
 - Do you have a plan?
- 4. Encourage Self-Care and Professional Help
 - Employee Health & Wellness Center
 - EAP
 - National Suicide Prevention Hotline (988 or 1-800-273-8255)
 - 911





The Awkward Conversation





Resources

NATIONAL SUICIDE SUICIDE PREVENTION LEELENE 1-800-273-TALK (8255) suicidepreventionlifeline.org





24-Hour, Toll-free, Crisis and Referral Line: **1.800.939.5911**







SAMHSA







1-800-273-TALK (8255)

SAMHSA's National Helpline 1-800-662-HELP (4357)

Disaster Distress Helpline 1-800-985-5990

#MENTALHEALTHMONTH & Behavioral Healt

MATTERS

Behavioral Health Treatment Services Locator findtreatment.samhsa.gov





Mental Health First Aid Course

6-8 Hour Course That Focuses On

- Recognizing Signs and Symptoms of Mental Illness.
- Providing help to an individual who is experiencing a mental health challenge or a mental health crisis until more experienced help can be provided.
- Reducing Stigma surrounding Mental Health within the community.

Mental Health First Aid (MHFA) does not teach people to diagnose or provide treatment.





Questions?



THANK YOU!

Scan the QR code to access the NFP Mental Health Awareness Guide:



Stay tuned for our next session in August on Financial Well-Being.



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