



This section is set up to provide a ready-made Brown Bag Session for you to use with employees and/or managers. Use as is, or adapt this information for a general employee group. You may reproduce as many copies as needed.

Man Therapy®: Scope and Outcomes

The tools offered by Man Therapy® provide employee assistance professionals with an innovative method to reach men who might not otherwise use mental health services.

The team behind this mental health program designed it as an “upstream” approach to stem the tide of the tens of thousands of men dying by suicide each year. The team, a public-private, non-profit partnership was comprised of Colorado’s Office of Suicide Prevention, Cactus (a full-service marketing firm) and the Carson J Spencer Foundation.

Man Therapy® launched in 2012 with an article in *The New York Times* and it quickly had an international audience. Just one year later the program had reached more than 300,000 people and received more than two dozen awards for innovation in public health and related advertising. The goal of the program is to show working-age men that talking about problems, getting help, and fixing themselves is masculine.

Dr. Rich Mahogany, a (Fake) Man Therapist

The campaign’s humorous design is based on a fictional “therapist” named Dr. Rich Mahogany, a no-nonsense man’s man who lets men know that honest talk about life’s problems is how they will begin to solve their problems. A fully integrated media campaign involving billboards, posters, radio and TV public service announcements, YouTube videos, and other social media, all serve to drive audiences to the web portal www.ManTherapy.org. Once engaged on the website, men:

- Interact with Dr. Mahogany;
- Learn about “Gentlemental Health”®, complete with an “18-point head inspection” (self-assessment); and
- Receive “manly mental health tips.”

When men indicate their level of distress is high, Dr. Mahogany refers them to the National Suicide Prevention Lifeline – 1-800-273-8255, online support groups, or “Pro Therapy” (a vetted list of

professional mental health service providers with expertise in suicide risk assessment and management). After just one year more than 30,000 people had completed the “18-point head inspection” – a screening tool that offers feedback on levels of anger, anxiety, depression and substance abuse, and 17,000 people had accessed crisis resources.

The website also includes the people who surround the men at risk, with a section called “worried about someone” and a testimonial library that depicts men from many walks of life who triumph over significant life challenges through many different journeys.

Program at Work

Preliminary evaluations demonstrate that the program is reaching the desired target audience and having the intended effect:

- 78% of viewers are male;
- 78% are between the ages of 25-64;
- 15% are veterans or on active duty in the military;
- 83% would recommend the website to a friend in need;
- 73% said the 18-point head inspection helped direct them to the appropriate online resources; and
- 51% either agreed or strongly agreed they were more likely to seek help after visiting the website.

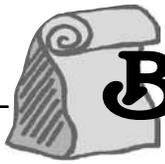
Man Therapy® Expands Nationally and Overseas

After licensing the creative assets from the Man Therapy® team, in 2013 Australia launched its own version of the program (www.ManTherapy.org.au) – with its own fictional therapist, Dr. Brian Ironwood.

The next stage of evolution for the program is to license the campaign to others – other counties, states, and large organizations; expand the online mental health tools offered; and continue to evaluate the outcomes.

Approaches for EA Professionals to Try with Men

EAP organizations can distribute the Man Therapy® website and YouTube videos to help increase awareness of “Gentlemental Health” among the employees they serve, or they can inquire about



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licensing opportunities that can offer a more robust and customized approach to distributing the information and resources. EAP organizations have also created wellness challenges related to Man Therapy (e.g., complete the 18-point head inspection) and have rolled out the campaign during mental health awareness days during the year using social media, posters, and other coordinated communication strategies.

After analyzing the transcribed interviews and focus groups of male suicide attempt survivors and the people who surround men in distress, the Man Therapy® team concluded that the following approaches would increase the chances of success in reaching high-risk men of working age.

❖ **Approach #1: Soften the mental health language out of the initial communication.**

Many at-risk men were not seeing their problems through a mental health lens, so communication such as, “if you are depressed, seek help,” was missing an important subgroup of men.

❖ **Approach #2: Show role models of hope and recovery.** The men suggested that stories of men with “vicarious credibility” who have gone through tough times and found alternative ways to healing would offer hope that change *is* possible.

❖ **Approach #3: Connect the dots: physical symptoms with emotional issues.** Men were more willing to acknowledge changes in level of energy, sleep patterns, and appetite but did not always recognize how they were tied to mental health concerns.

❖ **Approach #4: Meet men where they are instead of trying to turn them into something they are not.** Participants emphasized the importance of compelling messaging using humor, especially dark humor, to break down social barriers. Rather than expecting men to find information in mental health centers, the messages need to show up in locations that men frequent and through media targeting men. Finally, the research revealed that reaching men needs to include an online strategy that allows for anonymity and self-assessment.

❖ **Approach #5: Target “double jeopardy men.”** Knowing that not all men deal with mental health problems in the same way, the team became focused on reaching a specific *subgroup*: men with the most risk factors who were also the least likely to seek help.

❖ **Approach #6: Offer opportunities to give back and make meaning out of the struggle.** Even men conditioned to never ask for help often do so when they have an opportunity to *return the favor*. In other words, “Joe” helps “Ron” clean the gutters on Ron’s house knowing that next week-end Ron will return the favor and help move Joe’s dishwasher to the dump.

The research also indicated that having children and a desire to leaving a positive legacy for them were often important barriers to engaging in suicidal behavior. Volunteering, spiritual growth, and strengthened relationships were also helpful in finding meaning after despair and creating a sense of belonging. For these reasons, the team looked for ways men could engage in reciprocity in a help-seeking, help-giving cycle.

(**Editor’s note:** These approaches, and several others, are also described in the cover story in this month’s *Employee Assistance Report*.)

In addition, research uncovered that *workplaces needed training*, just like CPR, to help co-workers identify suicidal distress and refer to helpful resources (www.WorkingMinds.org). Because of these discoveries, the mental health program needed not only to target men but also to *reach the people who surrounded men in crisis*.

More about Working Minds

Working Minds, the nation’s first initiative to develop a comprehensive approach to suicide prevention in the workplace, is a program of the Carson J Spencer Foundation. The organization was named after Carson J Spencer, a high performer, leader, and mentor who took his life after a difficult battle with bipolar disorder on December 7, 2004. Working Minds, a national best practice in suicide prevention, was modeled after the Air Force Suicide Prevention Program, an evidence-based gold standard that resulted in 79% reduction in suicide deaths in five years.



The Working Minds website features numerous resources, including:

- A suicide prevention toolkit;
- Real people, real recovery; and
- Speakers and training.

A Manager's Guidelines to Suicide Postvention

Risk Factors

According to the Suicide Prevention Resource Center, some people are more vulnerable for demonstrating suicidal behavior. Risk factors include:

Biopsychosocial

- Mental disorders, particularly mood disorders, schizophrenia, anxiety disorders and certain personality disorders;
- Alcohol and other substance use disorders;
- Hopelessness;
- Impulsive and/or aggressive tendencies;
- History of trauma or abuse;
- Major physical illnesses;
- Previous suicide attempt; and
- Family history of suicide.

Environmental

- Job or financial loss;
- Relational or social loss;
- Easy access to lethal means; and
- Local clusters of suicide with a contagious influence.

Social-cultural

- Lack of social support and sense of isolation;
- Stigma associated with help-seeking behavior;
- Barriers to accessing health care, especially mental health and substance abuse treatment;
- Certain cultural and religious beliefs (for instance, the belief that suicide is a noble resolution of a personal dilemma); and
- Exposure to, including the media, and influence of others who have died by suicide.

Impact on the Bottom Line

Death by suicide often occurs during the height of an employee's productivity. According to the Institute of Medicine, the economic cost of suicide involves four areas:

1) Medical expenses of emergency intervention and non-emergency treatment for suicidality. These medical costs are not borne by the health care industry alone, but by all of society through higher health care costs that are ultimately passed on to workers and taxpayers.

2) The lost and/or reduced productivity of people suffering from suicidality.

3) The lost productivity of the loved ones' grieving a suicide.

4) Lost wages of those completing suicide, with the greatest absolute numbers of suicides occurring before retirement.

Even if the analysis is restricted to the estimate of lost wages of suicide victims, the financial impact of suicide is enormous. By doing this analysis, it was determined that **the value of lost productivity was calculated to be \$11.8 billion. Moreover, the University of Rochester Medical Center estimates that men in the middle years of life (24-50) bear the largest public health burden due to suicide – more than for diabetes or stroke.**

Self-inflicted injury hospitalization costs per person:

- Average medical cost per case: \$8,232
- Average work-loss cost per case: \$4,000

Cost of suicide completion per person:

- Average medical cost per case: \$3,646
- Average work-loss cost per case: \$1,160,655

Note: These figures are extremely conservative estimates. More recent dollar estimates would be expected to be much higher.

Summary

Just as workplaces have realized they can make an impact on reducing heart disease by encouraging exercise, they can also make an impact on reducing suicide by promoting mental health and encouraging early identification and intervention. ■

Additional sources: University of North Carolina Injury Prevention Research Center; Sally Spencer-Thomas, Psy.D, MNM, CEO and co-founder of the Carson J Spencer Foundation; Jarrod Hindman, MS, director of the Office of Suicide Prevention with the Colorado Department of Public Health and Environment; and Joe Conrad, CEO and founder of Cactus Marketing and Communications. For a list of references used in this article, contact Sally at sally@carsonjspencer.org.

Suicide Prevention in the Workplace



The following are 10 reasons why employee assistance professionals should offer training, information and resources regarding suicide prevention in the workplace:

1. Suicide is a public health issue and workplaces are an important component of a comprehensive strategy.
2. Workplaces provide a sense of belonging, or community that helps protect against suicide risk factors.
3. Workplaces provide a sense of purposefulness, another psychological quality that may decrease a desire for suicide.
4. Co-workers often have more face time than with family and may be able to pick up on changes in behavior.
5. Built-in methods for dissemination of training and information already exist.
6. Built-in referral mechanisms for mental health services usually exist.

7. Organizations that demonstrate care for their workplace community by developing wellness programs improve employee morale and retention while keeping costs down.

8. Workplaces are already tuned into the needs of preventing “workplace violence.” Many workplace violence perpetrators have also been suicidal, and it is suspected that in many cases most wouldn’t be as likely to kill others if they didn’t feel as though they had nothing to lose.

9. Workplaces are finding that a holistic environment improves productivity.

10. Workplaces are able to institute a suicide prevention plan before it’s too late.

Sources: “*Why People Die by Suicide*”, Harvard University Press; National Federation of Independent Business; Mountain States Employers Council; and Hewitt Associates.

Did You Know?

❖ Suicide happens much more often than most people realize. For every 2 homicides there are 3 suicides, and yet with the media coverage for homicide, you’d expect the reverse to be true.

❖ Almost all people who eventually die by suicide have given some clue or warning. When suicidal threats are not taken seriously, the person may conclude that no one cares.

❖ Most suicidal people are ambivalent, wavering until the very last moment between wanting to live and wanting to die. For example, people in a suicidal crisis frequently call for help immediately following a suicide attempt. The impulse to end it all, however overpowering, does not last forever. **Suicide is preventable. ■**

Source: *Working Minds* (www.workingminds.org).