Innovative Program is ‘Manning up’ Mental Health

What is it about guys that since we can “fix” so many things, we think we should be able to resolve difficult psychological problems, too? The truth, however, as EA professionals know all too well, is that men can no more “solve” a mental health condition by themselves that they could mend a broken bone on their own. Fortunately, Sally Spencer-Thomas, CEO and co-founder of the Carson J Spencer Foundation, recognized the need for a different approach to solving men’s mental health issues and played a key role in developing the Man Therapy® program.

“Men have feelings, too,” says fictional therapist Dr. Rich Mahogany. “No, not just the hippies. ... All of us.” Dr. Mahogany is a character created to “man up” mental health and help working-age men think about their emotional problems from a different perspective. 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.

The program is targeted to “double jeopardy men”—men with a number of risk factors who are also least likely to seek help on their own. 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 overarching goals of Man Therapy® are:

• To create social change among men and the general population about mental health and wellness;
• To empower men to take ownership over their mental health and wellness by increasing help-seeking behavior; and
• To reduce suicidal thoughts and deaths among men (long term).

The National Suicide Prevention Lifeline is 1-800-273-TALK (8255).

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.

Targeting First Responders

Man Therapy® is now strategically focused on first responder populations because these groups have both high risk and high readiness for suicide prevention and mental health promotion and because the tone of the program resonates well with many men in these target populations. First responder groups include:

• Fire service;
• Law enforcement, including police, sheriffs, corrections, and border patrol; and
• Emergency rescue, including EMS and alpine rescue.

Due to the demanding nature of their work and high level of public trust in their positions, first responders are usually pre-screened before hire for psychological hardiness and absence of significant, current mental health challenges.

Additionally, first responders often experience a strong sense of camaraderie and a deep commitment
to purpose connected to their vocations, factors that often help people get through the toughest of times.

Finally, many first responders have access to mental health treatment and support through EAP, department psychologists, chaplains and peer support.

Because of these reasons, we would expect first responders to have levels of mental health problems and suicidal thoughts and behaviors at or below the general population. Instead, a recent Centers for Disease Control and Prevention (CDC) report on occupation and suicide ranked “Protective Service” as the 6th highest for suicide death.

Risk Factors
A literature review revealed first responders have multiple risk factors that make them prime target groups for Man Therapy®:

- **Self-medication** through substance abuse is common.
- **Relationship stress and family conflict** due the challenges of shift work and work-life balance.
- **Strong stigmatizing views of mental illness** due to a salience bias (they are often over-exposed to people with chronic, severe and unpredictable symptoms that have disrupted a community and often repeatedly appear in the criminal justice or emergency medical systems).
- **Repeated exposure to pain, injury and death** leading to increased frequency to these distressing circumstances.
- **Their risk-taking temperament** or learned capacity for fearlessness to life and death situations. In fact, there is some evidence that responding to a suicide death increases the likelihood of a suicide attempt.
- **Many have had past military service** and most have access to and familiarity with lethal means (i.e., firearms and medication).
- **A value of stoicism, strength and service** to others make them less likely to disclose vulnerability.

To learn more, check out the Man Therapy white paper on First Responders http://mantherapy.org/pdf/First-Responder-White-Paper-July-2016.pdf.

Targeting Veterans
Veterans have incredible resilience and resourcefulness when facing the daunting challenges and the many ways that they have learned to cope. That being said, veterans have a number of risk factors for suicide including:

1. Strong identity in a fearless, stoic, risk-taking and macho culture;
2. Exposure to trauma and possible traumatic brain injury;
3. Common practices of self-medication through substance abuse; and
4. Strong stigmatizing view of mental illness.

The Carson J Spencer Foundation and its Man Therapy® partners, Cactus and Colorado’s Office of Suicide Prevention, set out to learn more about veterans’ mental health address. The following is a partial list of what veterans told the foundation and its partners:

- **Make seeking help easy.** A few mentioned they liked an anonymous opportunity to check out their mental health from the privacy of their own home. Additionally, a concern exists among veterans who assume some other service member would need a resource more, so they hesitate to seek help, in part, because they don’t want to take away a resource from “someone who may really need it.” Having universal access through the Internet gets around this issue.

- **The top request for content was about how to manage the transition from military life to civilian life.** The loss of identity and not knowing who “has your back” is significant. Several respondents were incredibly concerned about being judged for PTS (no “D”, as the stress response they experience is a normal response to an abnormal situation). Requests for content also included:
  - Post-traumatic stress and growth;
  - Traumatic brain injury;
  - Military sexual trauma; and
  - Fatherhood and relationships, especially during deployment

For more information on Man Therapy’s work with veterans check out http://sallyspencerthomas.blogspot.com/2015/11/a-special-focus-on-military-veterans-and.html
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. 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.

Targeting Construction Workers

Working Minds has done a lot of work recently in the construction industry, and based on a recent CDC study there is reason to be concerned. The study puts the construction/extraction industry as #2 for highest suicide rates and #1 for highest numbers. The Bureau of Labor Statistics adds that construction frequently lands among the top 10 industries for suicide risk.

As a result, Construction Working Minds was established to increase industry awareness, provide valuable resources, and create a network that seeks to let people know: suicide affects everyone and we have a shared responsibility to prevent it; it is courageous to ask for help; you (an individual in crisis, a supervisor, a workplace) are not alone – lots of resources exist to help you through a suicide crisis.

Risk factors for workers in this profession include:

• “Tough guy” culture;
• High pressure environment of schedule, budget, and quality performance, with potential for failure and resulting shame and humiliation;
• Exposure to physical strain or psychological trauma;
• Prevalence of alcohol and substance abuse;
• Reassignment and travel to remote projects creating separation from family and friends;
• Seasonal employment, leading to a fragmented community and isolation;
• Chronic pain from years of hard, physical labor with associated high incidence of prescription opioid use;
• Sleep disruption due to construction work schedules and rotating shifts; and
• Lack of access to mental health care and low utilization of EAPs.

For more information, visit www.construction-workingminds.org or check out http://www.cdc.gov/mmwr/volumes/65/wr/mm6525a1.htm

Mental Health Forums for Men

Working Minds is now hosting annual mental health forums for men. Visit http://carsonjspencer.org/events/mens-mental-health-forum/

Suicide Prevention in the Workplace

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

• Workplaces provide a sense of belonging, or community that helps protect against suicide risk factors.
• Workplaces offer a sense of purposefulness, another psychological quality that may decrease a desire for suicide.
• Co-workers often have more face time than with family and may be able to pick up on changes in behavior.
• Built-in methods of dissemination of training and information already exist.
• Organizations that demonstrate care for their workforces by developing wellness programs improve morale and retention while keeping costs down.
• Built-in referral mechanisms usually exist.
• 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 didn’t have anything to lose.
• Workplaces are finding that a holistic environment improves productivity.

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.
Suicide happens much more often than most people realize. According to Working Minds, for every two homicides there are three 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.

As if that isn’t enough, 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. It was determined that the value of lost productivity was calculated at $11.8 billion. The University of Rochester Medical Center estimates that men ages 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 figures would be expected to be much higher.