



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.

Mental Health Matters

Getting Past Stigma is a Crucial Step

The bad news about depression and other mental illness is that an estimated 5-1/2 million Americans endure a severe mental illness such as major depression or schizophrenia. The good news is that, in more than 80% of cases, treatment is effective – enabling people to return to happier, more satisfying, functioning lives.

Treatment Barriers

Perhaps the most difficult part of the issue involves getting the individual to seek treatment in the first place. Of the millions of Americans suffering from a mental disorder in any given year, only about 15% seek treatment – even though the majority believes that treatment works! How can this gap be closed? To alleviate this discrepancy, it's important to understand the leading barriers to receiving mental health care. They include:

- *Concern about what the treatment will cost;*
- *A belief that their problems aren't serious enough to warrant treatment;*
- *Lack of knowledge about their coverage.* An estimated 37% of respondents to a Harris poll didn't know if their health insurance covered mental health.
- *Stigma also keeps some people from getting help.* Basically, these employees are either afraid that therapy would go on their "record" or they're fearful that friends and family would find out they are seeking treatment.
- *Unsure where to go for treatment.* More than half (52%) of respondents to the Harris poll believe that it is at least somewhat difficult to access mental-health treatment.

Getting Employees the Help they Need

How can EA professionals help reluctant employees get the help they need? Psychology professor Jack O'Regan offers the following strategies:

❖ **Encourage compassion and understanding.** Explain to an employee reluctant to seek help that clinical depression is more than a case of the blues – nor is there something "wrong" with him or her. Rather, clinical depression is a condition that occurs when the brain's chemistry is unbalanced. As a result, the affected person can't just "snap out of it" any more than an individual could cure himself/herself of a broken arm. Stress to this person that he/she needs help and support from friends, family, co-workers, and his or her *manager or supervisor*.

❖ **Explain that seeking help doesn't imply weakness.** Tell the individual with a mental-health disorder that it takes courage and strength to understand when help is necessary. Encourage the person to "talk about it." Explain that talking about depression or another mental-health issue usually makes things better, not worse.

❖ **Dispel myths.** Explain to employees, and managers and supervisors that recovery from mental illness:

- IS possible, and that employees with a mental illness are NOT second-rate workers;
- That people with mental illness CAN handle on-the-job stress; and
- That most individuals with mental illness are NOT unpredictable and potentially violent or dangerous.

Integrated Treatment

Effective treatment is crucial because patients who respond only *partially* to treatment frequently experience lingering symptoms, putting them at a *higher* risk for relapse or reoccurrence. In addition, ineffective treatment also tends to *cost more*. Up to one-half of all visits to primary care physicians are due to conditions caused or made worse by mental or emotional problems.



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Also, since many people experience co-existing mental and substance abuse disorders, addiction treatment needs to be considered when determining mental health costs. For example, while addiction treatment represents just 1% of total health-care costs, it jumps to 15% when the individual is not treated for his or her addiction.

According to the Substance Abuse Mental Health Services Administration (SAMHSA), 48% of adults with both serious mental illness and an alcohol addiction received some type of treatment. However, fewer than 12% of these adults received treatment for *both* mental health *and* addiction.

The report demonstrates the need for mental health professionals to promote integrated treatment and support. “Both disorders must be addressed as primary illnesses and treated as such,” SAMHSA states.

More Treatment is not Necessarily Better

While substance abuse and mental health treatment may be necessary, more therapy isn’t necessarily better. A study conducted by PacifiCare Behavioral Health (PBH) challenges medical and mental health professionals’ recommendations advocating strict adherence to treatment protocols and longer lengths of treatment for better outcomes of severely depressed people. The PBH study found that:

- ❖ Patients who improve rapidly yet continue in therapy tend to experience the worst treatment outcomes. Patients with more than 12 sessions did not progress as rapidly compared with those who had fewer sessions.

- ❖ Some patients who respond *more slowly* do improve with more therapy. Clinicians who are effective in keeping slower-responding patients engaged in treatment have a high probability for improvement.

- ❖ The combination of psychotherapy *and* medication is more effective than either intervention *alone* for those who are severely depressed.

By measuring the patient’s status using statistically valid tools, it is easier to determine who may need only a few sessions to recover, and who may need long-term therapy to get better, according to PBH.

Helping the Person with a Mental-Health Disorder

- ❖ *If a friend or family member’s activity and outlook on life starts to descend and remains down – not just for a few days, but for weeks, depression may be the cause.*

The first way you can be of support is to help the person recognize there is a problem. This is crucial, since many people fail to realize they are depressed. Begin by encouraging the individual to share his or her feelings with you. Talking about depression and other mental health issues makes things better, not worse. Once it becomes clear that something is wrong, you can suggest that he or she seek professional help – *such as an EAP.*

- ❖ *Confront the situation quickly.*

A person who the employee knows, trusts, and respects is the ideal person to make the confrontation. The designated person needs to avoid sounding condescending or authoritarian. Genuine concern needs to be expressed, and specific behaviors need to be pointed out.

One way to do this is for the person doing the confronting to open with an admission of his/her *own* personal struggles. Then, he/she can point out that some behaviors have been noticed – but avoid saying something like, “*Everyone is noticing...*” The depressed person is embarrassed already and doesn’t need to think that everyone is talking about him or her.

- ❖ *Educate yourself about the illness, whether it is depression, bipolar, schizophrenia, or another mental-health disorder.*

The more that employees and employers know about mental illness, the easier they can tell when depressed individuals are improving. Feedback with the EAP, psychiatrist, therapist, etc., about how the friend or family member is doing will help the mental health professional assess whether a particular treatment is working.

- ❖ *Provide emotional support.*

Remember, what a person suffering from depression or other mental illness needs most is compassion and understanding. Exhortations to “*snap out of it*” or to “*pull yourself up by your bootstraps*” are counterproductive. It’s better to simply ask something like, “*How can I be of support?*” or “*How can I help?*” A supportive attitude can help depressed persons immensely because they no longer feel so alone in their pain.



❖ *Monitor possible suicidal threats.*

Statements such as, “*I wish I were dead,*” or “*The world would be better off without me*” need to be taken seriously. The belief that people who talk about suicide are only doing it for attention is wrong. If the person you care about is suicidal, make sure the primary care physician is informed. Don’t be afraid to talk with the person about his or her suicidal feelings. Meanwhile, hold on to the possibility that your loved one will get better, even if he or she does not believe it.

❖ *Don’t try to talk a depressed person out of his/her feelings, even if they are irrational.*

Suppose the individual says, “*My life is a failure,*” or “*Life is not worth living.*” Telling the person that he/she is wrong and arguing will only add to his/her demoralized state. Instead, you might want to say something like, “*I’m sorry that you are feeling so bad. What could we do right now to help you feel better?*”

❖ *Maintain a healthy detachment.*

You may become frustrated when your well-meaning advice and emotional reassurance are met with resistance. Don’t take his/her pessimism personally – it’s a symptom of the illness. When the light you shine is sucked into the black hole of mental illness, you may become angry or disgusted. Direct your frustration at the illness, not the person. People who suffer from depression and other mental illness complain that their families’ resentment over their condition often leads to neglect or outright hostility.

The Employee with a Mental Illness

If you are the person who is feeling depressed, seek advice – such as an EAP, occupational health nurse, and/or another health care professional trained in helping those with mental-health problems. It is important to keep working if you can. Do whatever you’re capable of doing. Doing nothing, and resting in bed, will only complicate your feelings of worthlessness and contribute to your already depressed mood.

The Co-Worker of Someone with a Mental-Health Issue

If you know someone in the workplace who may be depressed talk with the co-worker and

encourage him/her to seek help from a company resource such as an EAP, an occupational health nurse, or doctor. Watch for signs such as:

- Fatigue;
- Unhappiness;
- Excessive forgetfulness;
- Irritability;
- Propensity for crying spells;
- Indecisiveness;
- Lack of enthusiasm; and
- Withdrawal from social situations.

Recognize that this person needs help if you notice that his/her depressed mood continues unchanged for weeks, he/she doesn’t appear to enjoy usual interests, or if your co-worker has a sense of gloom about them. (See the “handout” section for advice on how the manager can assist an individual with mental health issues.)

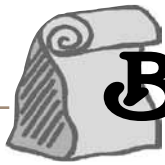
Summary

Employee assistance professionals have a variety of strategies to address the access gap – the void in which affected individuals are caught between what they don’t know, and what they need to know about depression and other mental illness. Education, support, and online coaching are a few of the possibilities.

It’s also imperative to remind company clients that *not* tackling mental-health issues head-on in the workplace can result in a staggering loss in productivity that’s potentially more damaging to a business’s bottom line than the cost of providing adequate health care. In today’s highly competitive global economy, mental health is an issue that employers can’t afford to ignore. ■

Additional sources: Analysis Group; National Institutes of Mental Health; www.healthyplace.com, Scott Wallace, Ph.D., R.Psych; Christopher Knippers, psychologist and author in California; and Eric Hipple, outreach coordinator with the University of Michigan Depression Center.

Editor’s note: *This article should not be construed as a substitute for medical advice, diagnosis, or treatment. Consult a doctor or other health care professional regarding the applicability of recommendations appearing in this month’s article.*



Managing Mental Illness in the Workplace ...

Mental illness can affect an employee's productivity, judgment, ability to work with others, and overall job performance. The inability to concentrate or make decisions may lead to costly mistakes or accidents. Changes in performance and on-the-job behaviors may suggest an employee is suffering from depression include:

- Decreased or inconsistent productivity;
- Absenteeism, tardiness, frequent absence from work station;
- Increased errors, diminished work quality;
- Procrastination, missed deadlines;
- Withdrawal from co-workers;
- Overly sensitive and/or strong emotional reactions;
- Decreased interest in work;
- Slowed thoughts;
- Difficulty learning and remembering;

- Slow movement and actions; and
- Frequent comments about being tired all the time.

These same warning signs could point to any number of problems. As a workplace leader, resist the temptation to diagnose what you see as the problem. Instead, stick to just recognizing that something is wrong, and taking caring and respectful action to refer the employee to the EAP or other behavioral health specialist.

When you've noticed five or more of the warning signs listed above for more than two weeks, it's time to have a talk with the employee – and it's probably time for this person to have a thorough diagnosis by a mental health professional. The sooner you have this conversation, the better. ■

Source: Scott Wallace, Ph.D., R.Psych.

... More Things that Managers Can Do

- Recognize that untreated depression is costly. A RAND Corp. study found that patients with depressive symptoms spend more days in bed than those with diabetes, arthritis, back problems, lung problems or gastrointestinal disorders. Estimates of annual costs to businesses range as high as **\$44 billion**.
- Review corporate medical programs and employee health benefits.

- Increase management awareness about the issue.
- Work with the EAP to provide information about depression and other mental illness in the workplace, and provide employees with referrals to treatment. ■

Source: The National Institute of Mental Health.