

Workplace Connections: Determining Best Practices, Implementing Onsite

AAS Annual Conference
Hyatt Regency Atlanta
16 April 2015 - 1:30pm Eastern



Today's Panel

Jason H. Padgett, M.P.A., M.S.M. (moderator)

Secretariat, National Action Alliance for Suicide Prevention,
Education Development Center, Inc.

Candice Porter, M.S.W., L.I.C.S.W.

Screening for Mental Health, Inc. (Task Force Co-Lead)

Sally Spencer-Thomas, Psy.D.

Carson J. Spencer Foundation (Task Force Co-Lead)

Deborah Atkins, Ph.D.

U.S. Postal Service (Task Force Co-Lead)



Objectives

After today's discussion, participants should be able to:

- ✿ Summarize the multifaceted issue of workplace suicide prevention.
- ✿ Summarize innovative approaches to workplace suicide prevention.
- ✿ Discuss the value of collaborative learning structures, such as a task force, in determining best practices.



Action Alliance Vision, Mission, & Goal

Action Alliance Vision

- ✿ The National Action Alliance for Suicide Prevention envisions a nation free from the tragic experience of suicide.

Action Alliance Mission

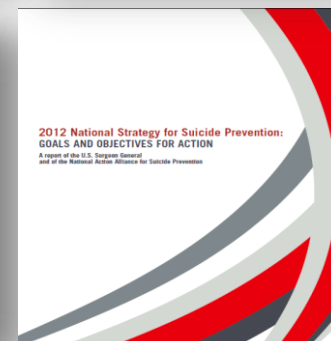
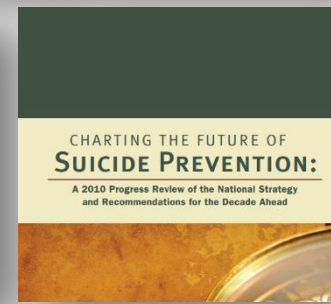
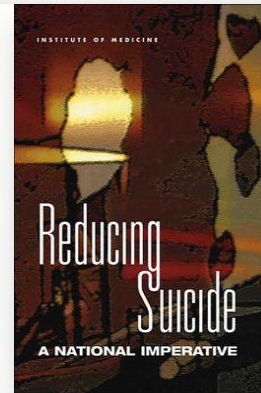
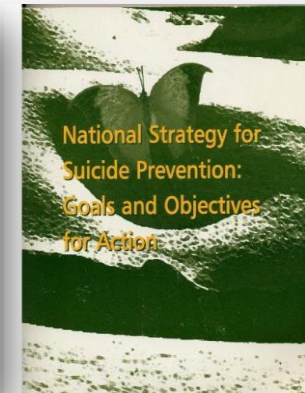
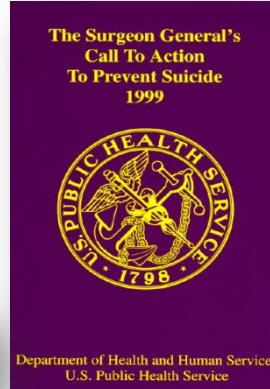
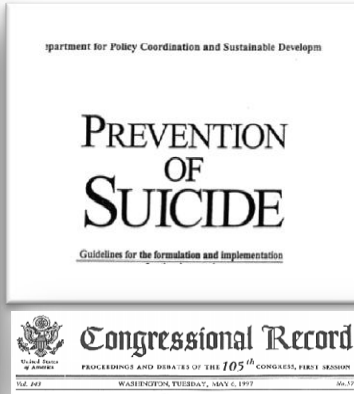
- ✿ To advance the *National Strategy for Suicide Prevention* (NSSP) by:
 - Championing suicide prevention as a national priority
 - Catalyzing efforts to implement high priority objectives of the NSSP
 - Cultivating the resources needed to sustain progress

Action Alliance Goal

- ✿ To save 20,000 lives in five years.

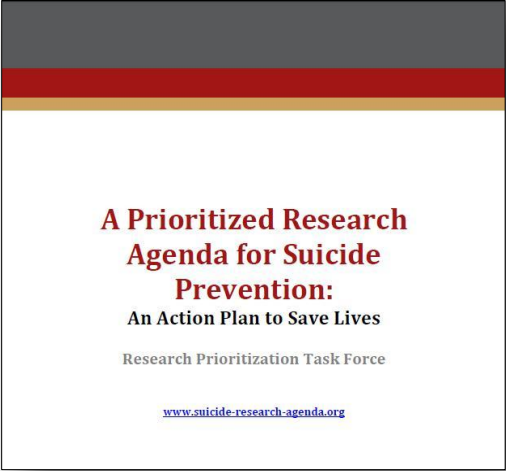


Over the past 20 years





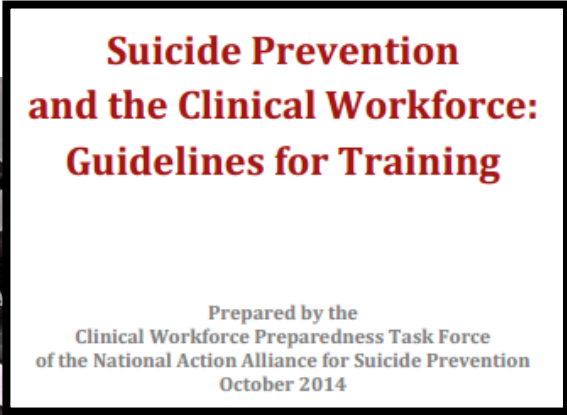
Action Alliance Progress



Action Alliance National Action Alliance for Suicide Prevention Framework for Successful Messaging

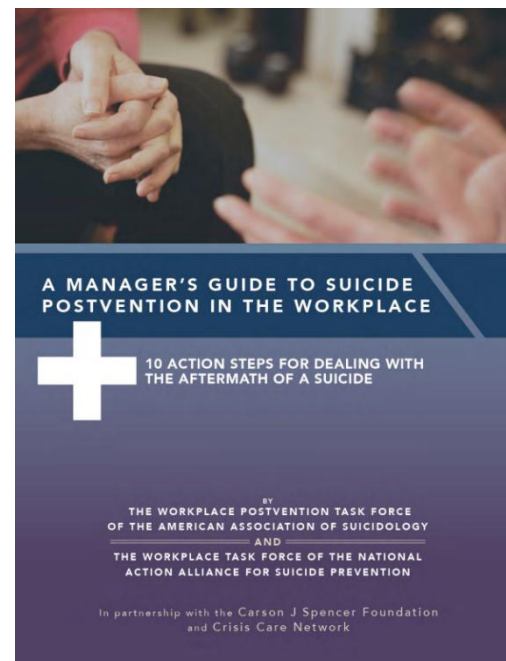
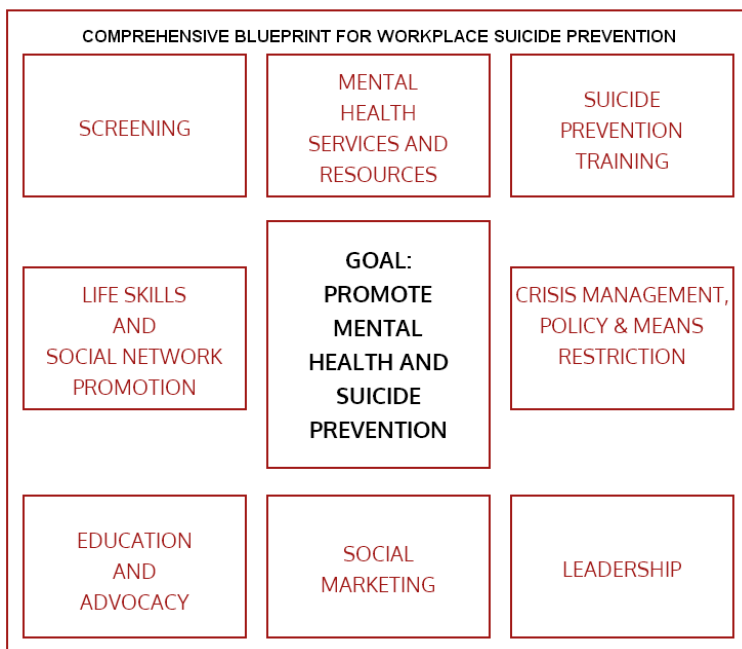


The Way Forward





Workplace Task Force Progress



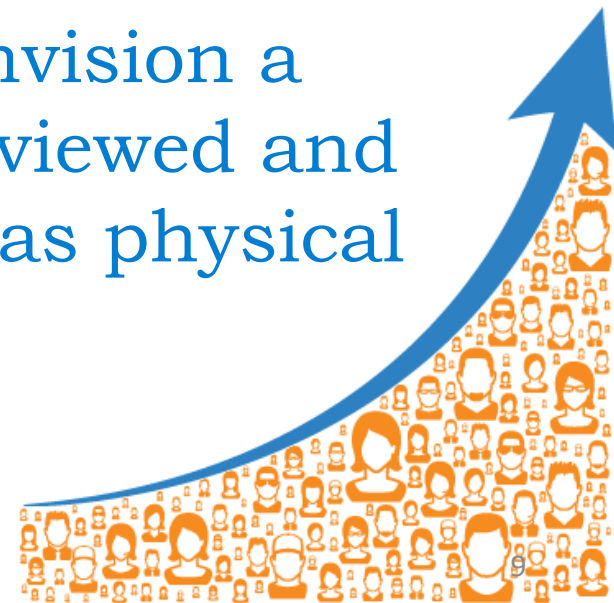
Using Technology to Foster Healthy Employees and Companies

Candice Porter, MSW, LICSW
Executive Director
Screening for Mental Health



Screening for Mental Health

- **Mission:** To provide innovative mental health and substance abuse resources, linking those in need to quality treatment options
- **Organizational Vision:** We envision a world where mental health is viewed and treated with the same gravity as physical health



Prevalence of Mental Health

- In 2012, there were an estimated 43.7 million adults (21%) aged 18 or older in the US with any mental health disorder.
- 15.2 million adults experience a major depressive episode (MDE).
- More than 1/3 of adults with MDE did not speak to a health professional or alternative during the past year.
- Out of the 48% of the Adults with MDE that did speak to a health professional, 38% were a general practitioner or family doctor.



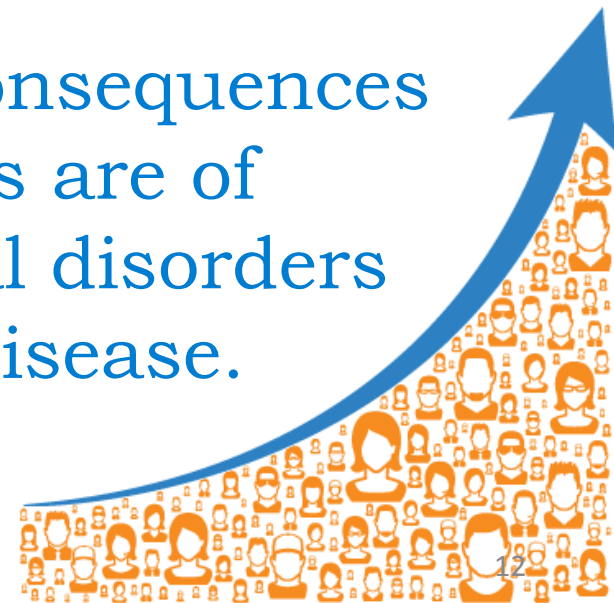
Top MH Condition

- Depression is a major cause of disability, absenteeism, presenteeism, and productivity loss among working-age adults.
- In a 3-month period, individuals with depression miss an average of 4.8 workdays and suffer 11.5 days of reduced productivity.
- Depression is estimated to cause 200 million lost workdays each year at a cost to employers of \$17 to \$44 billion.



The Cost of Mental Health Conditions

- Neuropsychiatric disorders are the leading cause of disability in the US (18.7% of total U.S. DALYs), followed by cardiovascular and circulatory diseases.
- Economic costs and social consequences of behavioral health disorders are of similar magnitude to physical disorders such as diabetes and heart disease.



Prevalence > Treatment

- Research suggests that 60-80% of individuals with mental health disorders will improve with early treatment.
- Yet, 78% of employees experiencing psychological distress are **not** receiving treatment.
- Of those adults with both a mental health and substance use disorder, only 7.9 % receive treatment for both conditions, **and more than half receive no treatment at all.**



Employee Assistance Programs

- Proliferation into the mainstream of US healthcare system creates potential for EAPs to serve as a gateway to behavioral health treatment
- Workplace wellness programming is the newest opportunity for EAPs and other employee benefit providers.



A New Focus on Workplace Wellness

Employers

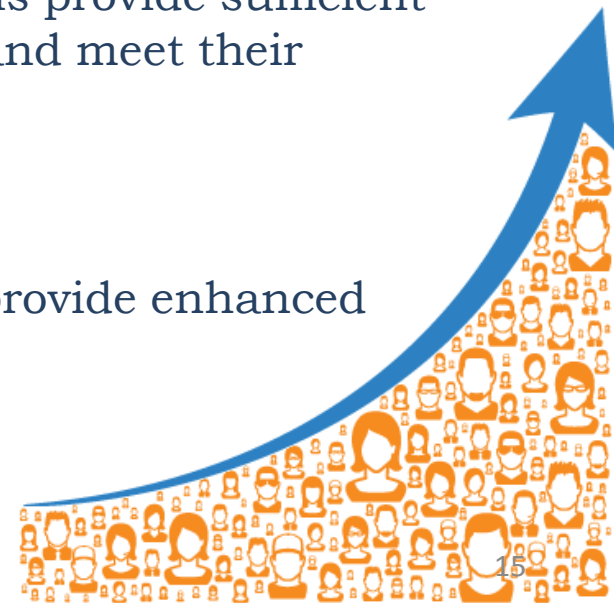
- 87% believe managing worker health to be their role.

Employees

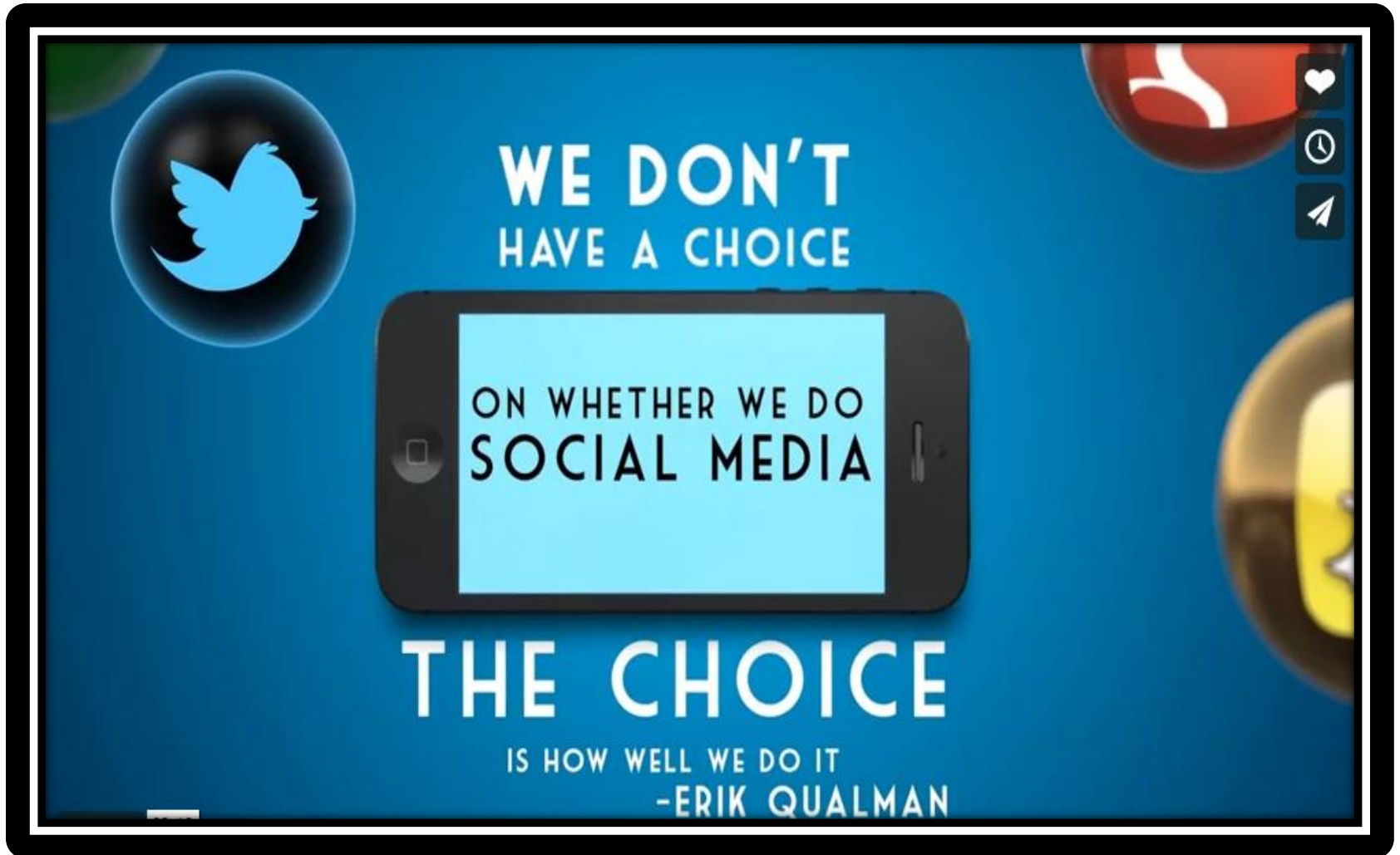
- 40% want access to web-based wellness information.
- 35% want personalized health tips/reminders.
- Few working Americans say their organizations provide sufficient resources to help them manage stress (36%) and meet their mental health needs (44%).

Affordable Care Act

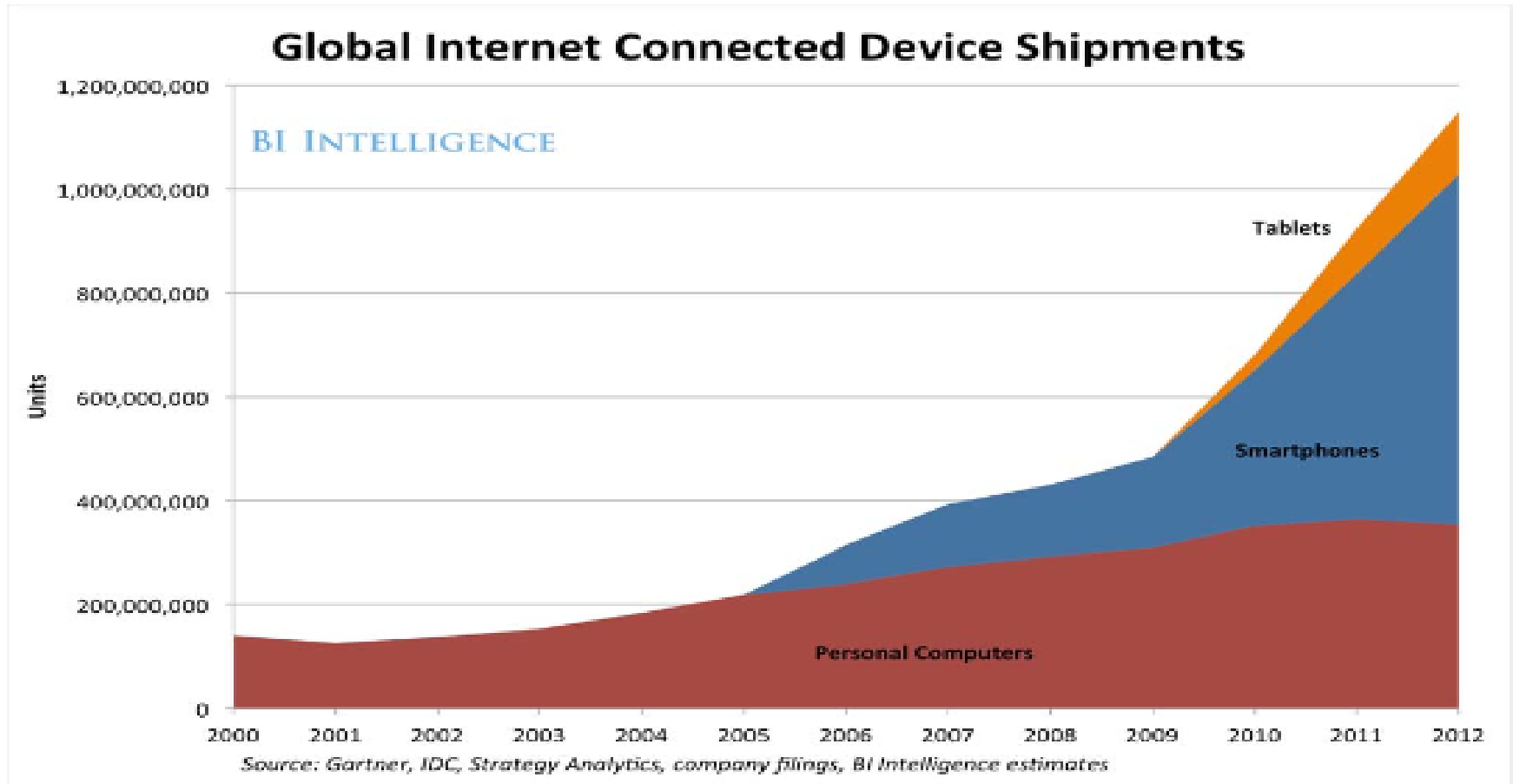
- Requires employer-paid healthcare plans to provide enhanced wellness & prevention services



Emerging Technology

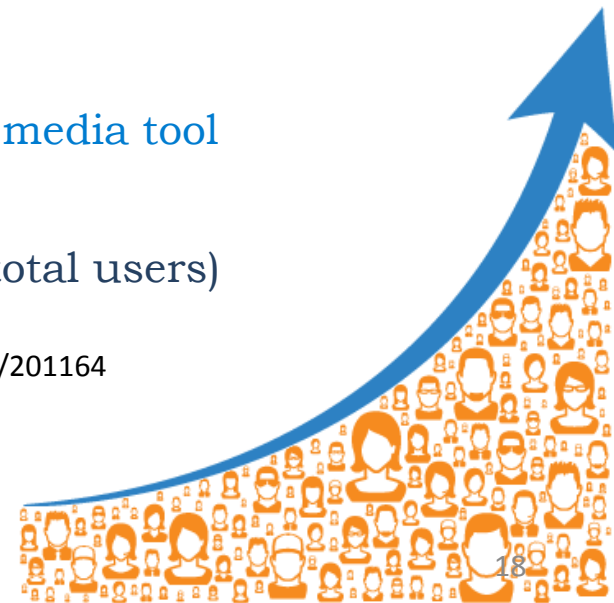


Mobile Devices



Social Media

- **Facebook**
 - Over 665 million daily users, over 1.28 billion monthly active users
- **Twitter**
 - 255 million active users, 500 million Tweets per day
- **You tube**
 - 1 billion visitors, 6 billion hours of videos watched per each month
- **Instagram**
 - 200 million monthly active users
 - 23% of teens consider this their favorite social media tool
- **LinkedIn**
 - 187 million monthly active users (300 million total users)
- <http://www.adweek.com/socialtimes/social-media-facts-figures-stats-infographic/201164>



Accessing Health Information

- 19% of adult smartphone users have a health app.
- 83% of U.S. adults use the internet and 72% of those have looked online for health information in the past year.
- 8 in 10 health inquiries start at web search engines.



Online Mental Health Screenings

- Offer privacy and confidentiality
- Provide round-the clock availability, accommodating different work schedules and locations
- Accessible on multiple devices
- Potential to increase access from those most hesitant about seeking traditional face-to-face counseling
- Offer range of validated screening tools:
 - Depression, bipolar disorder, generalized anxiety disorder, PTSD, eating disorders, adolescent depression
- Less than half of EAPs used validated survey tools
- Link back to EAP and other employer resources



Web-based Self Service

Self-guided tools for Mental Health Information

- Mental health check up
- Educational information
- Give immediate, unfiltered feedback
- Clear next steps
- Email/Print feature



Helping Workplace Wellness Programs Work Smarter

Online Mental Health Screenings help Workplaces with:

- Greater program penetration
 - Increase dissemination of MH information
 - Engage new and younger clients
 - Higher rates of utilization and case finding
- Enhance service offering
 - Increase care coordination with dedicated referrals and follow-up functions
- Improve Data Gathering
 - Workplaces can utilize technology to gather more useful employee information regarding services
 - Utilization reports to further outcome evaluation





How are you feeling?

Mental health is a key part of your overall health. Brief screenings are the quickest way to determine if you or someone you care about should connect with a mental health professional - they are a checkup from your neck up. This program is completely anonymous and confidential, and immediately following the brief questionnaire you will see your results, recommendations, and key resources.

SCREENING FOR MENTAL HEALTH

[TAKE A SCREENING](#)

Why should I take a screening?

Why should I take a screening?

Mental health screenings are a quick way to determine if you or someone you care about may need to reach out to a doctor or mental health professional for an evaluation. They are educational, not diagnostic. Key factors to keep in mind:



CHECKUP

Completing these screenings will help you determine if your recent thoughts or behaviors may be associated with a common, treatable mental health issue.



ANONYMOUS

We cannot link these screenings to any one individual, so you remain anonymous. Take these screenings anywhere you feel comfortable.



FAST

It takes only a few minutes per screening, and at the end you will be presented with information and next steps.

[^ BACK TO TOP](#)

How does the screening work?

1 **Select**

Select the statement that fits how you have been thinking or behaving.

2 **Answer**

Answer the brief set of questions about yourself and how you are feeling.

3 **Understand**

Get comprehensive explanations about your moods and behaviors.

4 **Explore**

Access informational materials about what you can do to help yourself.

[^ BACK TO TOP](#)



How have you been feeling lately?

Feeling empty, hopeless

Depression

Worried about my drinking habits

Alcohol Use Disorder

Constantly worried, anxious

Generalized Anxiety Disorder

Troubled by traumatic events

Posttraumatic Stress Disorder

Afraid of gaining weight or concerned about my eating habits

Eating Disorder

Experiencing mood swings from very high to very low

Bipolar Disorder

Feeling like I can handle stressors in my life

Resiliency

What is your age?

18-24

25-34

35-44

45-54

55-64

65-74

75-84

85+



What is y

18-24

25-34

35-44

45-54

55-64

65-74

75-84

85+

HANDS® Depression



(Harvard Department of Psychiatry/National Depression Screening Day Scale)

The 10-item HANDS may be used with all adult populations and was developed specifically to be used in a range of community-based settings and has a shorter administration time compared to other screening scales. This is used to assess the likelihood of someone suffering from symptoms of depression.

*Baer, L., Jacobs, D.G., Meszleer-Reizes, J., Blais, M., Fava, M., Kessler, R., Magruder, K., Murphy, J., Kopans, B., Cukor, P., Leahy, L., & O'Laughlen, J. (2000). Development of a brief screening instrument: The HANDS. *Psychother Psychosom*, 69, 35-41.*

Over the past two weeks, how often have you: **Been feeling low in energy, slowed down?**

For none or little of the time

For some of the time

For most of the time

For all of the time

Over the past two weeks, how often have you: **Thought about or wanted to commit suicide?**

For none or little of the time

For some of the time

For most of the time

For all of the time



Over the past two weeks, how often have you: **Had difficulty concentrating or making decisions?**

For no

For so

For m

For al

If you have thoughts of harming yourself or others, either call the National Suicide Prevention Lifeline 1-800-273-TALK (8255), dial 911 or go immediately to the nearest hospital emergency room for an evaluation.

[RETURN TO SCREENING](#)

Your responses are highly consistent with depression.

Your answers also indicated that you might be at risk for suicide.

Your screening results are highly consistent with symptoms of depression. However, this screening is not a substitute for a clinical evaluation and cannot provide an actual diagnosis. You should contact a health professional for more information and a complete evaluation.

You are not alone. No matter who you are, or what problems you are struggling with, hurting yourself isn't the answer. Seek help as soon as possible by calling the **National Suicide Prevention Lifeline** at **1-800-273-TALK (8255)**. If this is an emergency, **dial 911** or go to your nearest emergency department.

PRINT RESULTS

EMAIL RESULTS

DEPRESSION RESOURCES →

Will you seek help?

Yes No

SUBMIT

you will not leave this page

REFERRAL INFORMATION ▼

Screening for Mental Health

Everyone experiences stress, sadness and anxiety from time to time. For additional information on mental

health s

Locator:



[TAKE A SCREENING](#)

[ARTICLES](#)

[PRIVACY POLICY](#)

[ESPAÑOL](#)

Find Mental Health Articles

Choose a disorder or topic below.

Alcohol

Anxiety

Bipolar

Depression

Eating Disorders

PTSD

info on your emotional health and well-being.





General Information on Depression

Depression is a serious medical illness that negatively affects how you feel, the way you think and how you act. Depression has a variety of symptoms, but the most common are a deep feeling of sadness or a marked loss of interest or pleasure in activities.

TREATMENT DEPRESSION



Psychotherapy: Friends Helping Friends - Episode 3

Know someone showing symptoms of anxiety or depression? Need help reducing stress? If a friend or family member is having trouble coping with life's toughest situations, a psychologist can help. So can you, by gently suggesting that they see a psychologist.

TREATMENT STRESS FRIENDS DEPRESSION ANXIETY



How to help in an emotional crisis

Mental health disorders are common in the United States, affecting tens of millions of Americans each year, according to the National Institute of Mental Health. Yet only a

CATEGORIES

Workplace

Community

College

Alcohol Misuse

Anxiety

Bipolar

Depression

Eating Disorders

Posttraumatic Stress

Resiliency

General

Managing Stress

Parent Resources

Suicide

Wellness

TRANSLATE

Select Language ▼

Powered by Google Translate

Reporting

DOWNLOAD REPORT

4348 Total Screenings

January 1, 2015 - April 9, 2015

Workplace: 27 | College: 0 | Community: 0 | Youth: 0

- Overview
- Analytics
- Demographics Summary
- Screening Questions
- Clients

depression
1041

40% NOT CONSISTENT / 44% CONSISTENT / 16% HIGHLY CONSISTENT

alcohol misuse
1083

58% NOT CONSISTENT / 34% CONSISTENT - HAZARDOUS OR HARMFUL / 8% CONSISTENT - ALCOHOL DEPENDENCE OR ABUSE

generalized anxiety
1052

32% NOT SUGGESTIVE / 68% SUGGESTIVE

posttraumatic stress
382

48% NOT CONSISTENT / 28% SOMEWHAT CONSISTENT / 24% CORRESPOND

adolescent depression
117

37% UNLIKELY / 18% MAY BE / 45% LIKELY

disordered eating
394

79% NOT AT RISK / 21% AT RISK

bipolar
279

56% NOT CONSISTENT / 44% CONSISTENT

Mental Health Screening Kiosks



Imagine the Possibilities

- Obvious need to address mental health and substance use disorders in the workplace
- Technology is a solution
- Online mental health screenings are only one example of a proactive step
 - Proven effective
 - Easy to implement
 - Enhances current EAP & employee benefit offerings



For More Information

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Executive Director

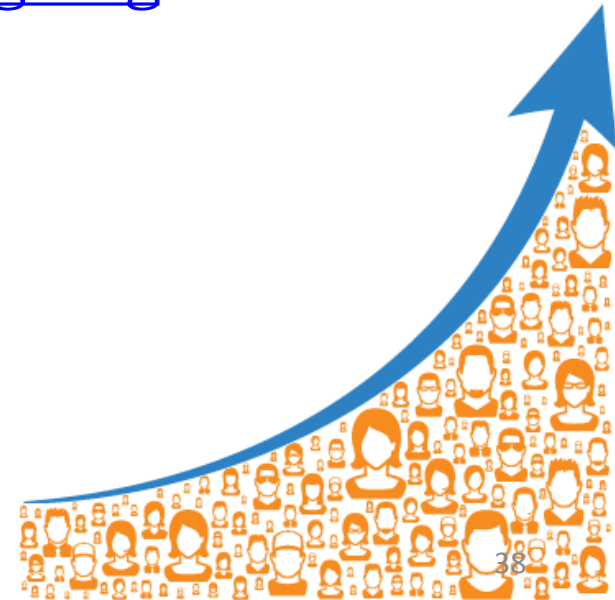
cporter@MentalHealthScreening.org

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www.MentalHealthScreening.Org



Screening for
Mental Health®



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Working Minds: Suicide Prevention in the Workplace



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www.WorkingMinds.org


Suicide in U.S. Workplace, 2003-2010

- Since 2007, sharp increase
- Highest for men, workers 65-74
- Workers in protective service occupations and farming, fishing, and forestry



SOURCE: Suicide in U.S. Workplaces, 2003–2010 – A Comparison With Non-Workplace Suicides

Hope M. Tiesman, Srinivas Konda, Dan Hartley, Cammie Chaumont Menéndez, Marilyn Ridenour, Scott Hendricks, American Journal of Preventive Medicine, Articles in Press, Published Online: March 16, 2015



Many Ways Suicidal Behavior Affects the Workplace

- Employee suicides occur on site
- Employee suicides occur off site
- Recently terminated employees die by suicide
- Suicides by loved ones of employees occur
- Vendors, Clients, Associates
- Suicidal behavior affects workplaces

Workplaces Most at Risk

- Male dominated (esp. white males)
- Access to lethal means
- “Acquired capacity” – fearless, reckless and/or stoic
- Exposed to trauma
- Culture of substance abuse
- Fragmented community/isolation
- Humiliation/Shame/Purposelessness
- Entrapment

Seek First to Understand

- Executive Roundtable
- Needs and Strengths Assessment/Baseline Data
 - Focus Groups
 - Surveys (attitudes, knowledge, behavior)
 - In Depth Interviews
 - Data Analysis
 - Environmental Scan
 - Literature Review





Comprehensive Approach to Suicide Prevention in the Workplace

A Comprehensive and Sustained Approach



COMPREHENSIVE BLUEPRINT FOR WORKPLACE SUICIDE PREVENTION

SCREENING

MENTAL
HEALTH
SERVICES AND
RESOURCES

SUICIDE
PREVENTION
TRAINING

LIFE SKILLS
AND
SOCIAL NETWORK
PROMOTION

**GOAL:
PROMOTE
MENTAL
HEALTH AND
SUICIDE
PREVENTION**

CRISIS
MANAGEMENT,
POLICY & MEANS
RESTRICTION

EDUCATION
AND
ADVOCACY

SOCIAL
MARKETING

LEADERSHIP

Comprehensive Blueprint for Workplace Suicide Prevention

adopted from the Air Force Model, the Jed Foundation/Suicide Prevention Resource Center, and Working Minds.

Leadership: Common Thread of Success

“Visible, vocal, visionary” – be bold!

Suicide Prevention = “Health and Safety Priority”

Leaders with Lived Expertise


Hierarchy influence/Peer influence



Other Voices of Lived Experience: Common Thread of Success

- “Vicariously Credible” peers talking about experiences with despair and journey in recovery
- Coached in best practices in story-telling
 - Language, safe messaging
 - Craft of story-telling for influence and impact
 - 20% on despair, experience of being suicidal
 - 80% focus on turn-around moment, coping, supports, resources, and how thriving/maintaining today





Case Study: Denver Fire Department

History

- 2013-2014 Needs and Strengths Assessment
- Fall 2014
 - Leadership & Communication
 - Department Survey
 - Train Trainers → train department
 - Health Fairs
 - Online Mental Health Resource





Needs Assessment Results: Mental Health Conditions and Denver Fire Department

32% trauma/anxiety

31% depression

21% unmanageable anger

8% alcohol/drug abuse



Needs Assessment results: Help-Giving

98% willing to reach out to someone they were worried about and 87% did reach out

60% willing to attend closed support meeting for people in recovery

21% willing to help mentor someone in recovery



Needs Assessment Results: Help-Seeking

25% sought care from a
mental health professional
in last 12 months

10% identify as being “in
recovery”



Denver Fire Department Training Video
<https://www.youtube.com/watch?v=SskSfiMLxI8>

Training Post-Test Evaluation

Debriefing and Survey:

- Peer to Peer facilitation and administration presence mattered
- Familiarization with resources
- 90% could name 3 warning signs and 3 resources
- Significant increase in referrals to Peer Support and department psychologist after training





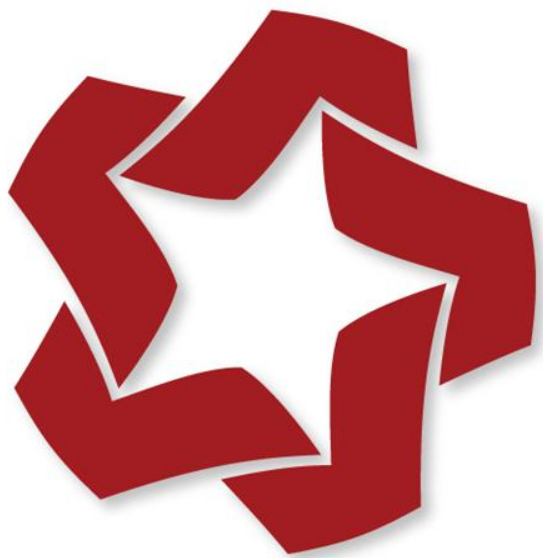
THANK YOU!



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Thank you.

<http://actionallianceforsuicideprevention.org/task-force/workplace>