

Mental Illness in the Workplace: A Manager's Role

Presented by Lindsay Pietsch, MA



Statistics

- **43.8 million adults experience mental illness each year.**
- **1 in 5 adults in the US experience mental illness.**
- **Many people assume personality or “character flaws” are the cause of mental illness which is not true.**
- **Contributing factors to mental illness include:**
 - Physical illness, injury, or brain chemistry.
 - Life experiences (trauma or abuse).
 - Family history of mental illness.



Myths and facts

- **Myth**

- Children don't experience mental illness.

- **Fact**

- Even very young children may show warning signs of mental illness. Early support can help a child before symptoms interfere with other developmental needs.

- **Myth**

- People with mental illness are violent and unpredictable.

- **Fact**

- People with mental illness are no more likely to be violent than anyone else but are more likely to be victims of violence.

What depression feels like	How it looks to managers
Deep feelings of sadness	Withdrawal from team, isolates oneself
Loss of interest in work or social activities	Indifference
Lack of concentration, slowed thoughts and difficulty thinking	Putting things off, missed deadlines, accidents on the job
Forgetfulness and trouble remembering	Seems “scattered” or absentminded
Trouble making decisions	Procrastination, indecisiveness, slowed productivity
Trouble sleeping or sleeping too much	Late to work, can’t get going in the morning, afternoon fatigue
Feelings of worthlessness or experiencing inappropriate guilt	Unsure of abilities, lack of confidence
Energy loss or increased fatigue	Low motivation, detached
Irritability, anger, or tearfulness	Inappropriate reactions, strained relationships with coworkers
Weight or appetite changes	Change in appearance

Treatment for mental illness

- **How is it diagnosed?**
 - DSM-V
- **What does treatment look like?**
 - Psychiatrist, psychologist, counselor?
 - Psychotherapy (individual, family, couples, and/or group).
 - CBT, DBT, MI, EMDR, for example.
 - Medication.
 - Inpatient, Intensive Outpatient, Outpatient.



Reducing stigma

- Many societal assumptions are made about people who suffer from mental illness, which leads to *stigma*.
- Stigma can impact how we communicate with coworkers, friends, loved ones, etc.
- Practice self-awareness about your own assumptions and then challenge those assumptions. Leaders must model inclusive language and behavior.

~~STIGMA~~

Stigma and seeking services

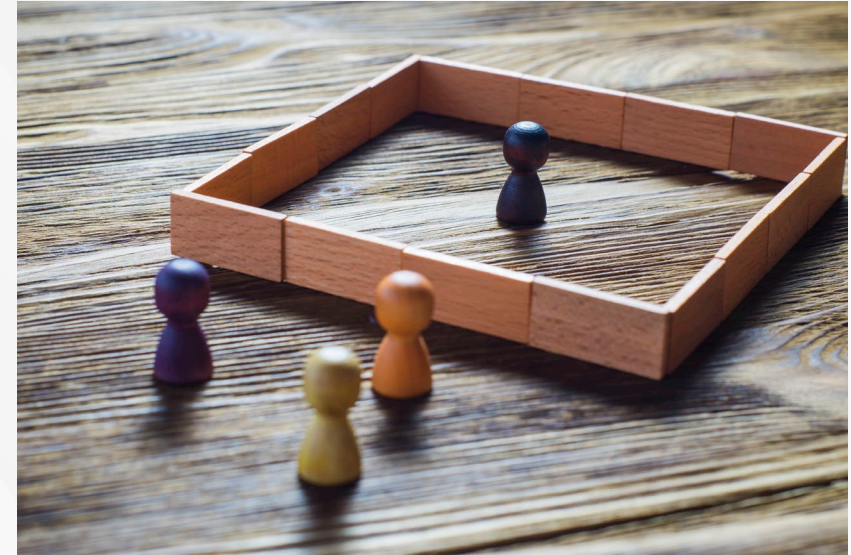
Those with mental illness often do not seek treatment because:

- They feel embarrassed.
- They worry that insurance will not cover the treatment cost.
- They fear being perceived as weak.
- They are concerned about confidentiality.
- They are unaware that they have a mental illness.
- They do not think it's treatable.



Reducing stigma through language

- Using “person-centered” language means we speak about people as human beings instead of reducing them to their diagnoses.
- **Examples of how to speak more respectfully:**
 - Rather than “she’s a schizophrenic,” say “she has a diagnosis of schizophrenia.”
 - Rather than “he’s a meth addict” say “he is suffering from an addiction to methamphetamines.”



The background is a dark blue gradient with several overlapping, semi-transparent geometric shapes in lighter shades of blue. On the left, there is a large, rounded, organic shape. In the center and right, there are several sharp, triangular shapes pointing downwards, creating a layered, mountain-like effect. The overall aesthetic is clean and modern.

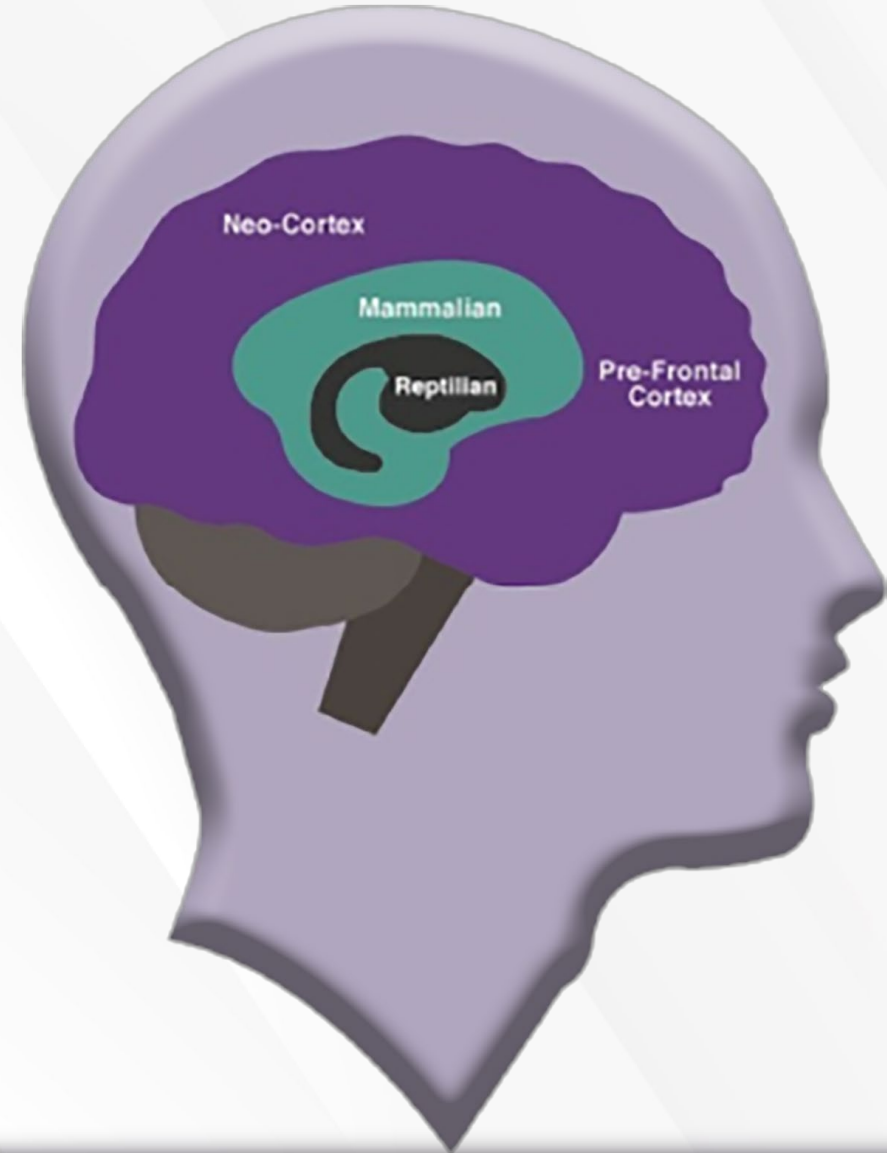
Emotional distress and crisis awareness

What is a “crisis”?

- In mental health terms, a crisis doesn't refer to a situation or event, it refers to a person's *reaction* to that event.
- One person might be deeply affected by an event while another person suffers little or no ill effects.
- A crisis can sometimes be obvious, such as a person losing their job or being involved in some type of accident. In other cases, a personal crisis might be less apparent but can still lead to dramatic changes in behavior and mood.

What's happening in the brain?

- **Reptilian & mammalian.**
 - Act purely on instinct.
 - Fight, flight, freeze.
- **Cortex (neo & pre-frontal).**
 - Higher reasoning.
 - Act based on choice.



Characteristics of a person in crisis

Physical reactions

- Increased heart rate, inability to focus, fight, flight or freeze response, crying.

Emotional reactions

- Shock, disbelief, denial, fear, terror, confusion, frustration.

Short attention span

- Person shows a narrowed, fixed span of attention. Will often have a "topic of choice," and return to that topic despite helper's attempt to change the conversation.

Reduced decision-making ability

- Person in crisis experiences a greatly reduced ability to make decisions. This may be especially frightening to the person if they were previously decisive and in charge. Person can't decide between this or that.

Distress

- Person in crisis will signal their distress. Person can and will indicate that they feel in crisis, unable to cope or otherwise are uncomfortable.

Supporting someone

- **Remain present and normalize the person's experience (advice vs. support).**
- **Use a purposeful approach to not challenge the person's senses, perceptions, feelings, or emotions.**
- **The other person is the expert in how they are feeling which requires differentiating (golden vs. platinum rule).**
- **Recognize primary & secondary emotions.**



Boundaries

- **All healthy relationships need healthy boundaries:**
 - Physical.
 - Emotional.
 - Social.
- **Common boundary mistakes:**
 - Equating constant access with caring.
 - Adopting emotions and viewpoints of the employee.
 - Taking responsibility for the employee's actions/feelings.
 - Falling into the trap of fixing/rescuing the employee.



Tips to help someone during a crisis

- Be patient.
- Move slowly.
- Give them space, don't make them feel trapped.
- Don't make judgmental comments or "you" statements.
- Don't argue or try to reason with the person.
- Keep your voice calm.
- Avoid overreacting.
- Listen to the person.
- Don't talk down to them.
- Ask how you can help.
- Keep stimulation level low.
- Gently announce actions before initiating them.
- Offer options instead of trying to take control.
- Avoid touching the person unless you ask permission.

Ways EAP can help

- Management consultations.
- Performance-based referrals.
- Resource retrievals.
- Trainings.



Remember

- Leaders play a unique role in helping reduce stigma about mental illness.
- Practice self-care and healthy boundaries.
- It's not your job to diagnose or treat someone.
- Seek assistance from EAP if needed.



“More than anything else, being able to feel safe with other people defines mental health; safe connections are fundamental to meaningful and satisfying lives.”

Bessel van der Kolk

Questions?

Summary of Services:

- **Counseling**
Up to three (3) sessions per incident/per year
- **Crisis counseling 24/7/365**
- **Work / Family / Life**
Childcare, eldercare, resource retrieval, identity theft services
- **Financial Coaching**
- **Legal**
Consultations/mediation, will questionnaire, online legal tools
- **Home Ownership Program**
- **EAP Tools**
Life coaching, gym membership discounts, pet parent resources
- **Member Website:**
Cascade Personal Advantage



WholeLife Directions

Feeling depressed? Anxious?

Having relationship issues?

Difficulty sleeping?

Post-traumatic stress?

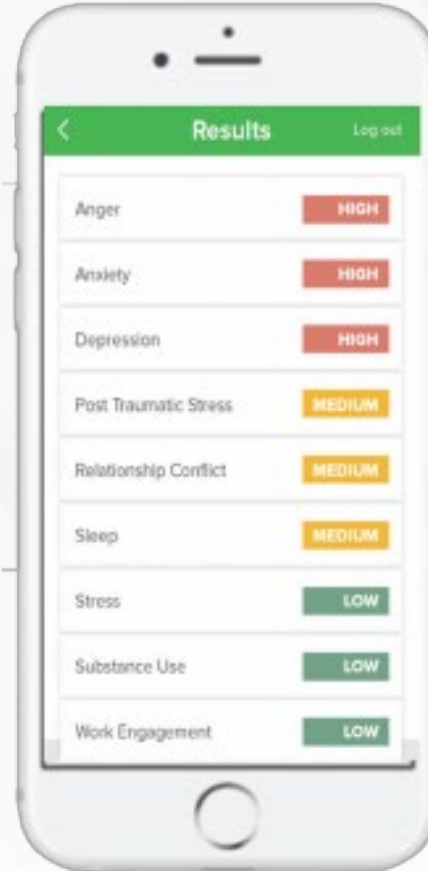
Disengaged at work?

Struggling with substance use?

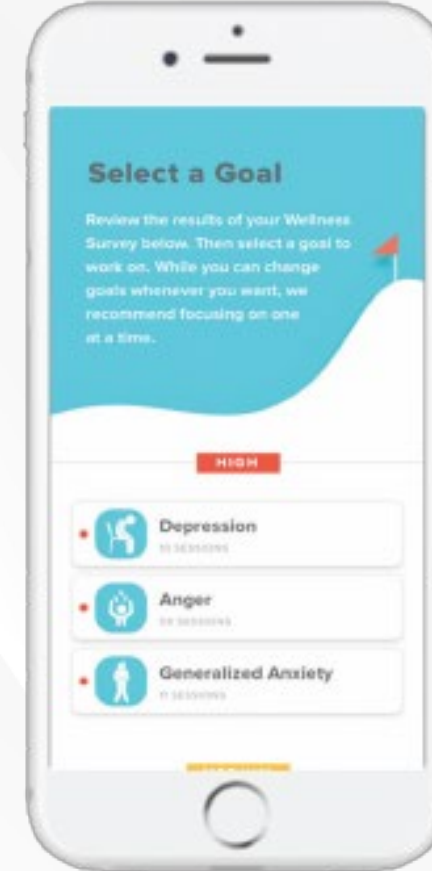
Stressed?

There's an app for that!

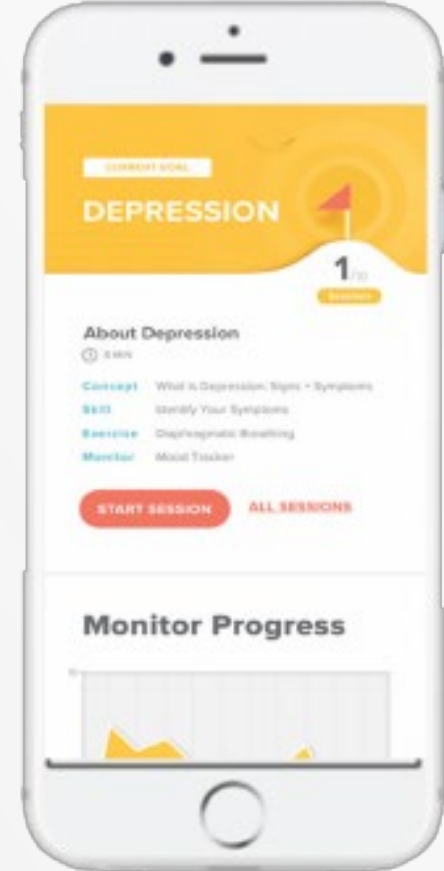
1 Confidential Survey



2 Select a goal



3 Interactive Tools



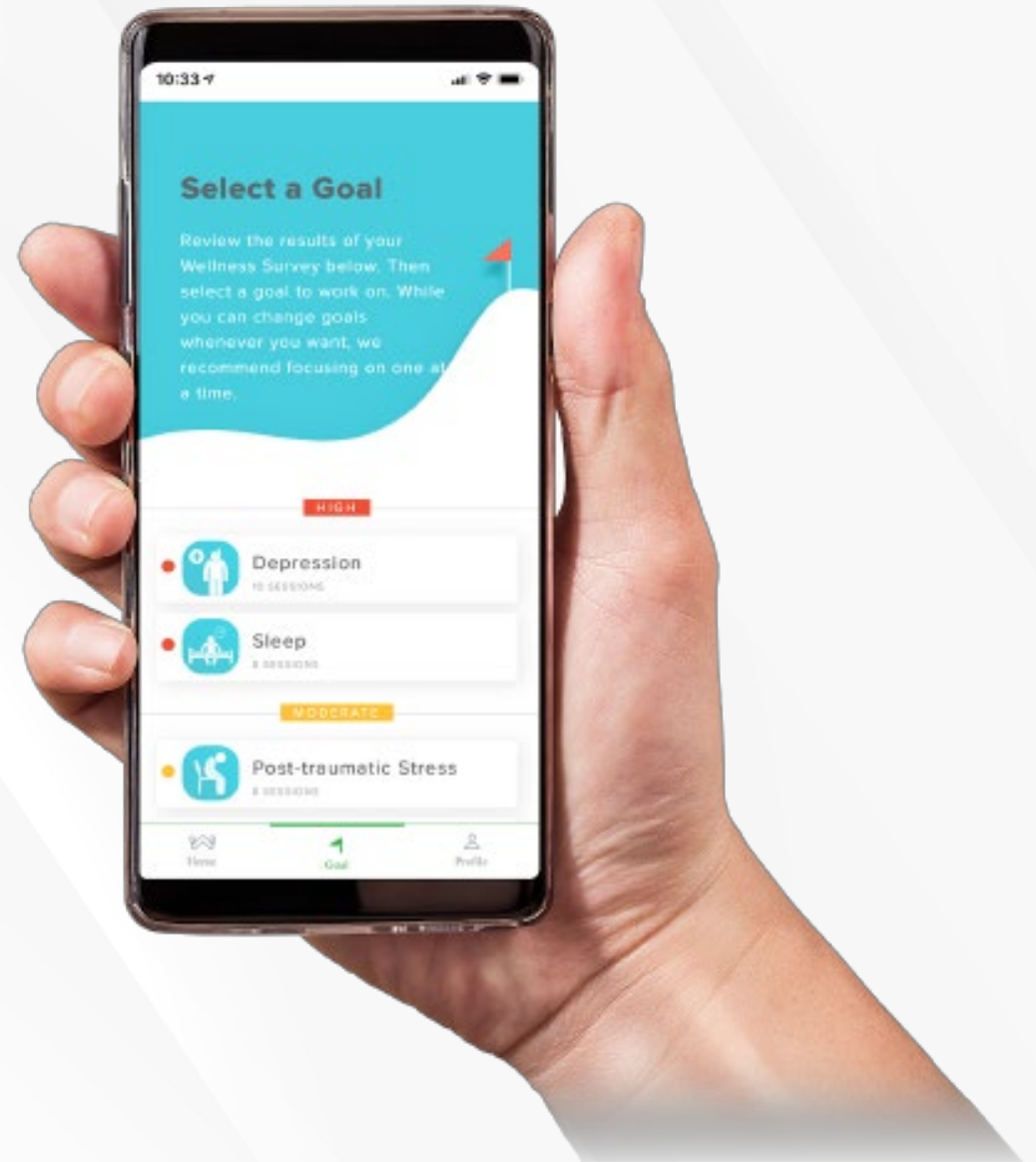
WholeLife Directions

- Confidential.
- Takes 5-10 minutes to complete.
- Receive personalized results immediately.
- Self-paced, interactive programs.
- Breathing, mindfulness and relaxation techniques.

Search WholeLife Directions in the



Log into the app with your company access code:
'State of Oregon' or 'PEBB'





Thank you for attending!

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