



MENTAL HEALTH IN THE WORKPLACE

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The link between laughter and mental health

- **Laughter dissolves distressing emotions.**
- **Laughter helps you relax and recharge.**
- **Humor shifts perspective.** A humorous perspective creates psychological distance, which can help you avoid feeling overwhelmed.

Facts:

- **50%** of all lifetime cases of mental illness begin by age 14 & **75%** by age 24
- Avg delay between onset of symptoms & intervention is **8-10 years**
- Suicide is the **2nd** leading cause of death in youth **ages 15-24**
- **20.2 million** US adults experience a substance abuse disorder, of those – **50.5%** or **10.2 million** adults – had a co-occurring mental illness
- Each day an estimated **18-22 veterans** die by suicide
- Adults in the US living with serious mental illness die on avg **25 years** earlier than others, largely due to treatable medical conditions
- **40,000,000** US adults suffer from anxiety disorders
- Approximately **40%** of new mothers, diagnosed with postpartum depression do not seek medical treatment

Facts:

- **60%** of adults know someone who has gone into work under the influence
- **75%** of illicit drug users are currently employed – **17%** of the workforce
- **2/3** of people involved in workplace violence test positive for drug use
- **1 in 3** workers knows of drug deals going down in the workplace
- **3 million** workers will go into work under the influence each year – **3%**
- Drug abuse costs employers **\$81 billion** annually. Some **70** percent of the estimated **14.8 million** Americans who use illegal drugs are employed
- About **20 percent** of prison inmates have a serious mental illness, **30 to 60 percent** have substance abuse problems

So do you work with or alongside of.....

- Children
- Teens/Young adults – 15-24
- Adults
- Veterans
- New-mothers
- Inmates
- The Public

**If we don't act
upon these
facts
then.....**



The Results can be devastating:

- 2014, Alison Parker, 24, and Andy Ward, 27, were shot and killed during a morning broadcast for WDBJ7, the TV station where they worked, by a resentful former colleague who had been dismissed two years earlier for erratic behavior.
- Sept. 2015 - Elivelton Dias, of Salem, Mass., a sous chef at P.F. Chang's in the Northshore Mall in Peabody, Mass., who was stabbed to death by a co-worker.
- Sept. 2014, Alton Nolen, a co-worker who had just been suspended over an argument with another colleague. He decapitated another employee, authorities said he told investigators he had felt "oppressed" at work and was angry with a fellow employee who had filed the complaint that led to his suspension.

Educate Yourself:

- Mental Health First Aid training. 8hr class, 3 year National certification with the National Council for Behavioral Health
- Locate a course near you
- Educate yourself about mental illness and substance abuse
- Have a Mental Health First Aid Action Plan

Substances:

Tobacco

Ecstasy

Heroin

Marijuana

- I am an opiate drug and produce a short-term feeling of euphoria, well-being and pain relief. However, when you take me there is a high risk of creating dependence. Some other associated problems include depression, alcohol dependence and criminal behavior. Those who use me are at a higher risk of suicide.
- Individuals who use me are more than twice as likely to have an anxiety disorder or depression, and are more than four times as likely to have symptoms of psychosis. I am also associated with schizophrenia. In fact, the Mayo Clinic estimates that 70 to 90 percent of people with schizophrenia are dependent on me.
- I have hallucinogenic properties and am often used as a “party drug.” Users can develop an adverse reaction that in extreme cases can lead to death. Users often report feeling emotionally close to others. Research on people who have used me regularly shows a reduced sexual interest and a range of mental health problems.

I am a stimulant and I affect the central nervous system. Repeated use of me can lead to addiction, violent behavior, anxiety, confusion insomnia, and psychotic behavior (including intense paranoia, and visual and auditory hallucination). I can be smoked, snorted, orally ingested, and injected. I come in many different forms and may be identified by color, which ranges from white to yellow to darker colors such as red and brown. I come in a powder that resembles granulated crystals and in a smokable rock form call "ice."

I am a stimulant and I come in many forms: powder, tablets, capsules, crystals, or liquid. I am known on the street as "crystal," "speed," "base," "ice," or "shabu." I can cause "speed psychosis," which involves symptoms similar to schizophrenia. The only proper use for me is for Attention Deficit Hyperactivity Disorder (ADHD), under the direction of a physician.

Based on data collected in 2001, more than 12 million Americans age 12 and older used me at least once in the month before surveyed. I am associated with mental health problems. In a long-term study of adolescents using me, it was found that the rate of anxiety disorder and depression in adulthood increased, especially for young women. The more frequent the use, the greater the risk of developing schizophrenia over the following 15 years.

Amphetamines

Marijuana

Methamphetamines

How many standard drinks are in each picture?

5



25.3oz
Bottle
of Wine
12%
Alc./Vol



3.5oz
Port/Sherry **1**
17%
Alc./Vol

40oz
Forty
Malt
Liquor
7%
Alc./Vol



5

2



22oz
Bottle
Beer
5%
Alc./Vol



3 oz **2**
Spirit/Liquor
40% Alc./Vol

5 oz
Wine
12%
Alc./Vol



1

Myths & Facts About Suicide & Non-suicidal Self-Injury

Only young people self-harm.

Fiction: Anyone can self-injure (self-harm).

Self-harm is more than just cutting, burning and things we can see.

Fact: Excessive exercise, pinching oneself, increased drinking, overdose with non-fatal intention, sabotaging relationships, staying with people who treat you terribly, pulling hair and mixing meds with alcohol can all be forms of self injury.

If you ask a person about his or hers suicidal intentions, you will encourage the person to kill themselves.

Fiction: The opposite is true. Asking someone directly about their suicidal feelings will often lower their anxiety level and act as a deterrent. Your openness and concern in asking about suicide will allow the person experiencing pain to talk about his/her problems. This may allow the person with suicidal thoughts to feel less lonely or isolated, and perhaps a bit relieved.

Once a person is seriously considering suicide, there is nothing you can do.

Fiction: Most suicide crises are time-limited and based on unclear thinking. Persons attempting suicide are generally looking for a solution or an escape. They generally do not see any other solutions.

Mental Health Disorders:

Depression

Bi-Polar

Schizophrenia

- I am a low mood that lasts for a long time and affects everyday life. I am more common in females than in males. I affect 6.8 percent of adults in any one year. The median age of onset is 32.
- I was once referred to as Manic Depressive Disorder. I have extreme mood swings. The median age of onset is 25. There is an increased risk of developing me if you have had a brain injury before age 10, have multiple sclerosis, or have another family member diagnosed with this disorder.
- Sometimes I feel like I need to be protected, I hear voices in my head, I can't concentrate anymore, and I want to avoid people all together. I can make a big impact on your day-to-day tasks. About one in every hundred are diagnosed with me mostly between the ages of 18-35.

I might come around after being involved in or witnessing a traumatic event. I don't always show up right after that event it may be years before I do. Sometimes I like company and I may cause suicidal feelings, depression and severe anxiety.

Post-traumatic Stress Disorder (PTSD)

For some people I make them feel like everyone in the world is waiting for them to trip up so they can make fun of them. I can cause panic attacks, nausea, tense muscles, sweating, raised blood pressure and an irregular heart beat. If left undiagnosed I can lead to smoking or drinking a lot or misusing drugs to cope.

Anxiety

Mental Health First Aid Action Plan

mentalhealthfirstaid.org

Action A	ASSESS for the risk of suicide or harm
Action L	LISTEN nonjudgmentally
Action G	GIVE reassurance and information
Action E	ENCOURAGE appropriate professional help
Action E [®]	ENCOURAGE self-help and other support strategies

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- **Action “A” – Assess** for risk or suicide or harm: Approach the person to determine if there is a problem. Assess for any crises. If the person appears to be at risk of harming self or others, seek professional help immediately, even if the person does not want it. (These actions are not necessarily steps to be followed in a fixed order. Use good judgment about the order of these actions and be flexible and responsive to the person receiving help.
- **Action “L” – Listen** nonjudgmentally: Listening to the person is very important. Most people experiencing distressing emotions and thoughts want an empathic listener first before being offered helpful options and resources.

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- **Action “G” – Give** reassurance and information: Once a person with a mental health problem feels that he or she has been heard, it becomes easier to offer encouragement and information. Reassurance includes emotional support, such as empathizing with how the person feels and voicing hope, as well as offering practical help with tasks that may seem overwhelming at the moment.
- **Action “E” – Encourage** appropriate professional help. People with mental health problems will generally have a better recovery if they get appropriate professional help. However, they may not know about various options available to them.
- **Action “E” – Encourage** self-help and other support strategies. Encourage the person to use self-help strategies or seek support of family, friends, and others. Peer supporters – others who have experienced mental health problems – can provide valuable help in the person’s recovery.

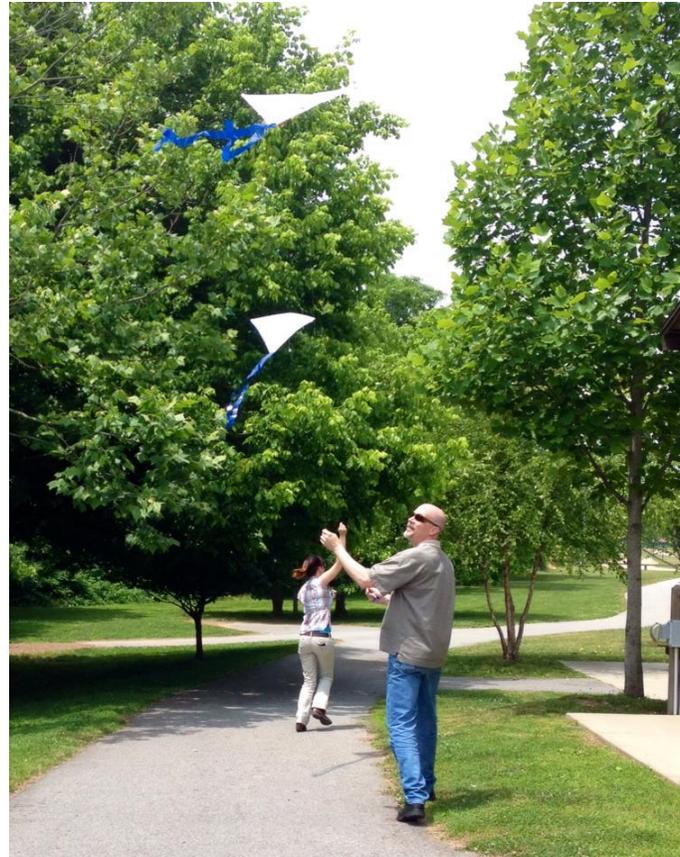
Be Prepared and Proactive

- Know how to reach out and know your resources
- DuPont & American Express and others are finding ways to raise awareness about workplace depression, promote early recognition of symptoms and reduce the stigma surrounding mental illness.
- ICU is DuPont's program

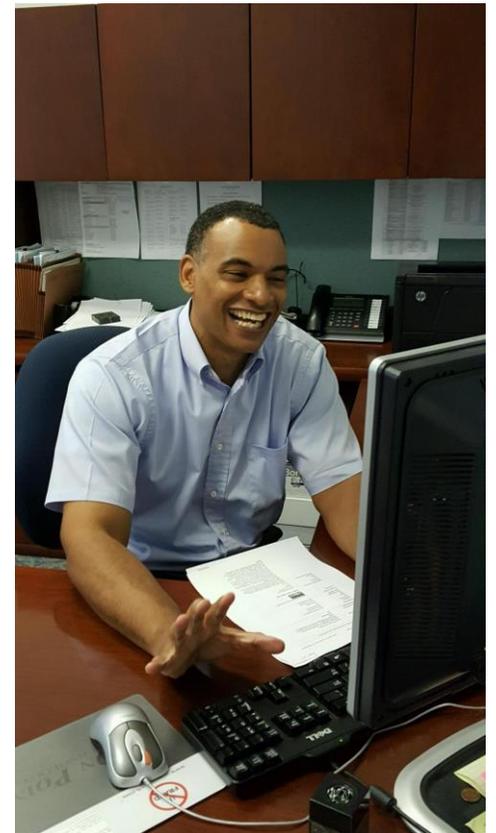
Create a Culture of Trust



A Culture of Originality



A Culture of Celebration



The link between dancing and mental health



Dancing relieves anxiety, helps with depression and self-esteem building

Dancing creates a sense of community, social support and just having fun

Thank You!

QUESTIONS?

**Get Ready to DANCE
Outta here!**



<https://www.ncadd.org/>

<https://www.Nami.org>

<https://healthaffairs.org>

<https://www.mind.org.uk>

Training Locations for Mental Health First Aid in NC

- **Alexander Youth Network**
 - PO Box 220632, Charlotte, NC 28222
 - (855)362-8470
- **Alliance Behavioral Healthcare**
 - 4600 Emperor Blvd, Durham, NC 27703
 - (919)560-7100
- **CenterPoint Human Services**
 - 4045 University Parkway, Winston Salem, NC 27106
 - (336)714-9100
- **CommWell Health BHS**
 - 1480 Maple Grove Church Road, Dunn, NC 28334
 - (910)567-5020
- **Cone Health**
 - 1200 North Elm Street, Greensboro, NC 27401
 - 336-832-9555
- **David Regional Medical Center**
 - 218 Old Mocksville Road, Statesville, NC 28625
 - (704)838-7457
- **Daymark Recovery Services, Inc.**
 - 284 Executive Park Drive, Concord, NC 28025
 - (704)939-1152
- **East Carolina Behavioral Health**
 - 1708 E. Arlington Blvd., Greenville, NC 27858-5872
 - (252)636-1510

Easter Seals UCP North Carolina
5171 Glenwood Avenue, Ste 400, Raleigh, NC 27612
(919)672-9522

Eastpointe Human Services
514 E. Main St., Beulaville, NC 28518
(919)731-1133

Mecklink Behavioral Healthcare
429 Billingsley Road, Charlotte, NC 28211-1098
(704)336-8638

Monarch
350 Pee Dee Avenue, Albermarle, NC 28001
(704)986-1520

North Carolina Council of Community Programs
1135 Kildaire Farm Road, Cary, NC 27511
(919)657-0580

North Carolina Department of Health & Human Services
3008 Mail Service Center, Raleigh, NC 27699

North Carolina Substance Abuse Provider's Association
1121 Situs Court, Suite 320, Raleigh, NC 27606
(919)990-9559

Old Vineyard Behavioral Health Services
3637 Old Vineyard Road, Winston Salem, NC 27104
(336)794-3550

Partners Behavioral Health Management
901 S. New Hope Road, Gastonia, NC 28054
(704)884-2501

RHA Health Services, Inc.
17 Church Street, Asheville, NC 28754
(828)232-6844

Sandhills Center
PO Box 9, West End, NC 27376-0009
(910)673-9111

Smoky Mountain Center
44 Bonnie Lane, Sylva, NC 28779
(828)586-5501