

Common Misconceptions About Mental Health

Mental Health Awareness



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Can you tell the difference between a mental health myth and fact? The stigma that continues to surround mental-health problems prevents them from getting the help they need. Despite ongoing efforts to educate the general public about mental health, misconceptions still remain. Let's work to debunk some common myths about mental health.

1.) You are choosing to be depressed

Mental health problems have nothing to do with being lazy or weak and many people need help to get better. Many factors contribute to mental health problems, including:

- Biological factors, such as genes, physical illness, injury, or brain chemistry
- Life experiences, such as trauma or a history of abuse
- Family history of mental health problems

2.) Mental illness is black and white

Mental health is a continuum and people may fall anywhere on the spectrum. Even if you are doing well, there's a good chance you aren't 100% mentally healthy. In fact, the U.S. Department of Health and Human Services estimates only about 17% of adults are in a state of "optimal" mental health.

3.) Mental illness cannot be prevented

Prevention of mental, emotional, and behavioral disorders focuses on addressing known risk factors such as exposure to trauma that can affect the chances that children, youth, and young adults will develop mental health problems. Promoting the social-emotional well-being leads to:

- Higher overall productivity
- Better educational outcomes
- Lower crime rates
- Stronger economies
- Lower health care costs
- Improved quality of life
- Increased lifespan
- Improved family life

4.) People with mental illness are all violent

The vast majority of people with mental health problems are no more likely to be violent than anyone else. Most people with mental illness are not violent and only 3%–5% of violent acts can be attributed to individuals living with a serious mental illness. In fact, people with severe mental illnesses are over 10 times more likely to be victims of violent crime than the general population. You probably know someone with a mental health problem and don't even realize it, because many people with mental health problems are highly active and productive members of our communities.

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5.) Mental Illness is a sign of weakness

Mental strength is *not* the same as mental *health*. Just as someone with diabetes could still be physically strong, someone with depression can still be mentally strong.

6.) Mental Health Issues are not Treatable

Studies show that people with mental health problems get better and many recover completely. Recovery refers to the process in which people are able to live, work, learn, and participate fully in their communities. There are more treatments, services, and community support systems than ever before, and they work.

7.) People with Mental Health Needs Cannot Hold Down A Job

People with mental health problems are just as productive as other employees. Employers who hire people with mental health problems report good attendance and punctuality as well as motivation, good work, and job tenure on par with or greater than other employees. When employees with mental health problems receive effective treatment, it can result in:

- Lower total medical costs
- Increased productivity
- Lower absenteeism
- Decreased disability costs

8.) I cannot help a person with a mental health problem

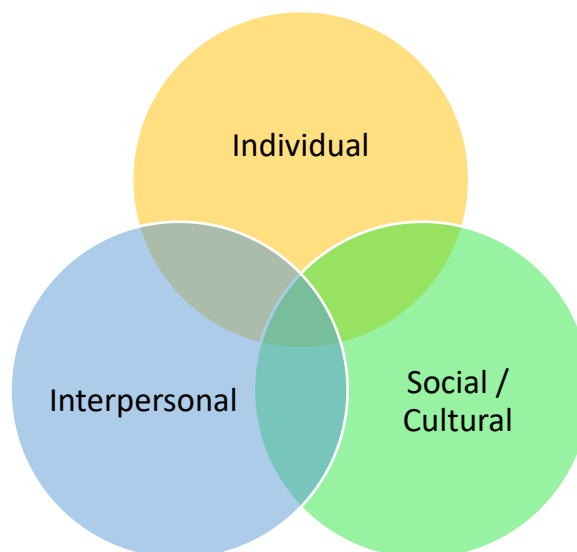
Friends and loved ones can make a big difference. Only 44% of adults with diagnosable mental health problems and less than 20% of children and adolescents receive needed treatment. Friends and family can be important influences to help someone get the treatment and services they need by:

- Reaching out and letting them know you are available to help.
- Helping them access mental health services (Your EAP can be a helpful resource.)
- Learning and sharing the facts about mental health, especially if you hear something that isn't true.
- Treating them with respect, just as you would anyone else.
- Refusing to define them by their diagnosis or using labels such as "crazy."

Factors Influencing a Mental Health Condition

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Sheila L. Videback, author of *Psychiatric Mental Health Nursing* defines Mental Health as a state of emotional, psychological and social wellness as evidenced by satisfying interpersonal relationships, effective pro-social behavior and coping, positive self-concept and emotional stability. Mental health has many components, and a wide variety of factors that influence it. These factors interact with one another and fluctuate. Factors influencing a person's mental health can be categorized as Individual, Interpersonal, Social/Cultural.



1.) Individual or personal factors include:

- A person's biological makeup
- Autonomy and independence
- Self-esteem
- Capacity for growth
- Vitality
- Ability to find meaning in life
- Emotional resilience or hardiness
- Sense of belonging
- Reality orientation
- Coping or stress management abilities

2.) Interpersonal or relationship factors include:

- Effective Communication
- Ability to help others
- Intimacy
- A balance of separateness and connectedness
- Appropriate boundaries

3.) Social/cultural or environmental factors include:

- A sense of community
- Access to adequate resources
- Intolerance of violence
- Support of diversity among people
- Mastery of the environment
- A positive, yet realistic view of one's world

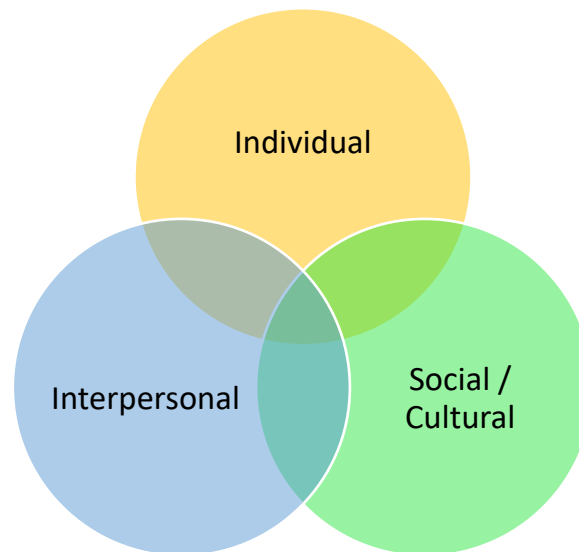
Factors Influencing a Mental Illness

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Mental illness includes disorders that affect mood, behavior, and thinking, such as depression, schizophrenia, anxiety disorders, and addictive disorders. Mental disorders often cause significant distress, impaired functioning, or both. Individuals can experience dissatisfaction with self, relationships, and ineffective coping. Factors contributing to mental illness can also be viewed within individual, interpersonal, and social/cultural categories.



1.) Individual or personal factors include:

- Biologic makeup
- Intolerable or unrealistic worries or fears
- Inability to distinguish reality from fantasy
- Intolerance of life's uncertainties
- A sense of disharmony in life
- A loss of meaning in one's life

2.) Interpersonal or relationship factors include:

- Ineffective communication
- Excessive dependency on relationships
- Withdrawal from relationships
- No sense of belonging
- Inadequate social support
- Loss of emotional control

3.) Social/cultural or environmental factors include:

- Lack of resources
- Violence
- Homelessness
- Poverty
- An unwarranted negative view of the world
- Discrimination such as stigma, racism, ageism, and sexism

List of Mental Health Symptoms

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It is natural to go through ups and downs in life. Sometimes a person bounces back after feeling down. Other times, a person needs help to recover and return to feeling like their usual self. Use the bank of mental health conditions below to determine which factors align with your assigned category on the Mental Health Continuum.

- Nervousness, irritability, impatience, sadness, feeling overwhelmed
- Unable to fall asleep or sleeping too much or little
- Exhaustion, physical illness
- Normal fluctuations in mood, calm, taking things in stride,
- Social avoidance or withdrawal
- Increased fatigue, aches and pain
- Physically well, good energy levels
- Regular but controlled gambling/alcohol use
- Displaced sarcasm, forgetfulness
- Negative attitude
- Unable to perform duties/control behavior/concentrate, over subordination, absenteeism
- Physically active and socially active
- Anxiety, anger, pervasive sadness, hopelessness
- Poor performance and concentration or workaholic, presenteeism
- Tired, low energy, muscle tension, and headaches
- Consistent performance
- Normal sleep patterns, few sleep difficulties
- Procrastination
- Alcohol/gambling addiction, other addictions
- Restless or disturbed sleep, recurring images or nightmares
- Sense of humor, in control mentally
- Isolation, avoiding social events, not going out, answering the phone
- Increased gambling/alcohol use
- Decreased physical and social activity
- Limited or no gambling/alcohol use
- Trouble sleeping, intrusive thoughts and nightmares
- Excessive anxiety, easily angered, depressed mood, suicidal thoughts

Mental Health Continuum

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<u>Healthy</u>	<u>Reacting</u>	<u>Injured</u>	<u>III</u>
<ul style="list-style-type: none"> • Normal fluctuations in mood, calm, takes things in stride 	<ul style="list-style-type: none"> • Nervousness, irritability, sadness, feeling overwhelmed 	<ul style="list-style-type: none"> • Anxiety, anger, pervasive sadness, hopeless 	<ul style="list-style-type: none"> • Excessive Anxiety, easily angered, depressed mood, suicidal thoughts
<ul style="list-style-type: none"> • Normal sleep patterns, few sleep difficulties 	<ul style="list-style-type: none"> • Trouble sleeping, intrusive thoughts, nightmares 	<ul style="list-style-type: none"> • Restless or disturbed sleep, recurring images or nightmares 	<ul style="list-style-type: none"> • Unable to fall asleep or stay asleep, sleeping too much or too little
<ul style="list-style-type: none"> • Physically well, good energy level 	<ul style="list-style-type: none"> • Tired/low energy, muscle tension, headaches 	<ul style="list-style-type: none"> • Increased fatigue, aches and pain 	<ul style="list-style-type: none"> • Exhaustion, physical illness
<ul style="list-style-type: none"> • Consistent performance 	<ul style="list-style-type: none"> • Procrastination 	<ul style="list-style-type: none"> • Poor performance and concentration or workaholic, presenteeism 	<ul style="list-style-type: none"> • Unable to perform duties/control behavior/concentrate, overt subordination, absenteeism
<ul style="list-style-type: none"> • Sense of humor, in control mentally 	<ul style="list-style-type: none"> • Displaced sarcasm, forgetfulness 	<ul style="list-style-type: none"> • Negative attitude 	<ul style="list-style-type: none"> • Possible hostile behavior
<ul style="list-style-type: none"> • Physically active and socially active 	<ul style="list-style-type: none"> • Decreased physical and social activity 	<ul style="list-style-type: none"> • Social avoidance or withdrawal 	<ul style="list-style-type: none"> • Isolation, avoiding social events, not going out or answering the phone
<ul style="list-style-type: none"> • Limited or no gambling/alcohol 	<ul style="list-style-type: none"> • Regular but controlled gambling/alcohol use 	<ul style="list-style-type: none"> • Increased gambling/alcohol use 	<ul style="list-style-type: none"> • Alcohol/gambling addiction, other addictions

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Mental Health In the Workplace

INFOGRAPHIC GUIDE TO THE WELCOA TOOLKIT*

HOW LIKELY IS IT THAT YOUR ORGANIZATION IS IMPACTED?

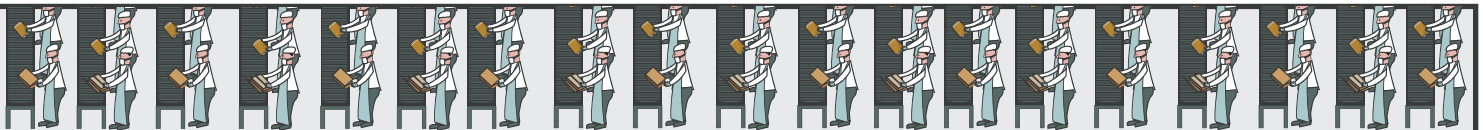


Between **30-50%** of adults in the U.S. **experience mental illness** at some point in their lives.



20.2 million adults have a **substance use disorder**.

7.9 million adults suffer from **both**.



63% of Americans participate in the labor force.

THE TAKEAWAY...

The workplace is a critical environment for addressing mental health.

WHAT DOES THE IMPACT LOOK LIKE?

Most Common Mental Health Problems:



ANXIETY



DEPRESSION



SUBSTANCE USE
DISORDER

Organizational Impact of Mental Health Problems:



INCREASED

- » Rates of short-term disability
- » Safety incidents
- » Absenteeism & Presenteeism
- » Stress imposed on team members

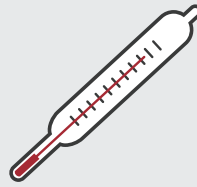


DECREASED

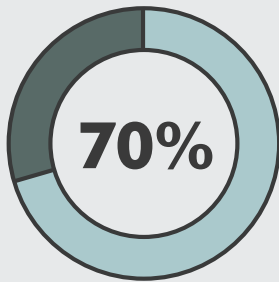
- » Retention
- » Performance
- » Productivity
- » Output



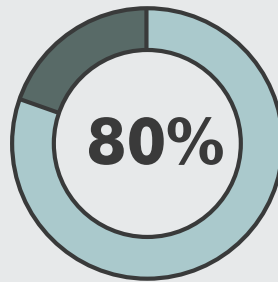
More workers **absent** from work because of **stress** and **anxiety**.



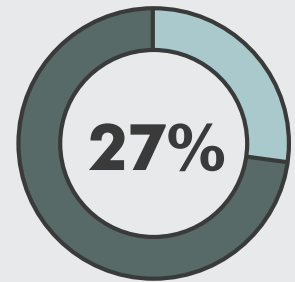
Than are **absent** from work because of physical **illness** or **injury**.



Employees with depression report their productivity at **70% of peak performance**.



Approximately **80% of persons** with depression report some level of **functional impairment** because of their depression.



27% report serious difficulties in their **work** and **home life**.



DEPRESSION is the leading cause of disability among U.S. adults ages **15-44**

ARE ALL WORKERS IMPACTED EQUALLY?

Impact could be greater for knowledge workers who rely on mental acuity and creativity for job performance because they also face:



- » Long hours
- » 24/7 availability
- » Speed to market pressures
- » Balancing work and family obligations
- » Long commutes
- » Feelings of isolation associated with telecommuting

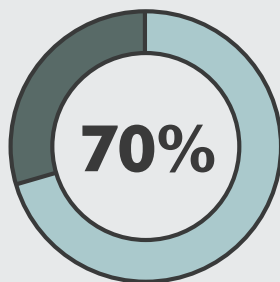
MAKING IT PERSONAL



Read the emotional interview with Rich Mattingly of the Luv u Project to learn more about the personal impact that mental health problems have on employees and their families.

READ INTERVIEW: <https://www.welcoa.org/resources/expert-interview-rich-mattingly/>

DO THOSE SUFFERING GET THE HELP THEY NEED?



70% OF ADULTS
with mental illness do
not receive mental health
services they need.



10 YEARS OR MORE:
the amount of time on
average, adults with
mental illness suffer before
receiving treatment.

WHAT CAN YOU DO TO HELP?

1 Learn from organizations who have had success with mental health initiatives.

Expert Interview with Andy Crighton, Chief Medical Officer at Prudential Financial: <https://www.welcoa.org/resources/expert-interview-andy-crighton/>

The 4 F's of Identifying & Managing Mental Health Issues at Work: A Quick Guide for Health Promotion Professionals:
<https://www.welcoa.org/resources/4-fs-identifying-managing-mental-health-issues-work>

2 Check out more WELCOA Resources

The Unmentionables: Expert Interview with Alexandra Drane: <https://www.welcoa.org/resources/expert-interview-unmentionables/>

Getting a Good Night's Sleep, Digital Detox and Mindfulness: Interview with Dr. Brian Luke Seaward:
<https://www.welcoa.org/resources/getting-good-nights-sleep-digital-detox-mindfulness/>

The Road to Wellness: Interview with Dr. Brian Luke Seaward: <https://www.welcoa.org/resources/road-wellness/>

Focus On the Positive: Interview with MJ Shaar: <https://www.welcoa.org/resources/focus-on-the-positive-interview-with-mj-shaar/>

Stop Stress This Minute: Incentive Campaign: <https://www.welcoa.org/resources/stop-stress-minute/>

Low Stress Eating: Employee Education Slide Deck: <https://www.welcoa.org/resources/low-stress-eating/>

Letting Go of Stress: Employee Education Slide Deck: <https://www.welcoa.org/resources/letting-go-stress/>

In Tune: Take Charge of Your Stress: Incentive Campaign: <https://www.welcoa.org/resources/intune-incentive-campaign-stress/>

3 Get trained on the WELCOA Institute

TRAINING COURSE: Encouraging Employees to Power Down: <https://institute.welcoa.org/courses/encouraging-employees-to-power-down/>

TRAINING COURSE: A New Direction for Full Engagement in Life and Health:
<https://institute.welcoa.org/courses/new-direction-full-engagement-life-health/>

TRAINING COURSE: Changing the Stress Mindset: <https://institute.welcoa.org/courses/changing-stress-mindset/>

TRAINING COURSE: The Importance of Sleep: <https://institute.welcoa.org/courses/importance-sleep/>

CERTIFICATION COURSE: The Road to Wellness: <https://institute.welcoa.org/courses/road-wellness/>

CERTIFICATION COURSE: Stress Prevention in Six Steps: <https://institute.welcoa.org/courses/stress-prevention-six-steps/>

REFERENCES:

*Mental health prevalence and impact data taken from Goetzel, R., Chung Roemer, E., Holingue, C., Fallin, M.D., McCleary, K., Eaton, W., Mattingly, C.R., *Mental Health in the Workplace: A Call to Action*, 2017

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Person First Language

Mental Health Awareness

Do say when necessary	Do not say	Why?
A person 'living with' or 'has a diagnosis of' mental illness	'mental patient', 'nutter', 'lunatic', 'crazy', 'psycho', 'schizo', 'deranged', 'mad'	Certain language sensationalizes mental illness and reinforces stigma.
A person 'being treated for' or 'someone with' a mental illness	'victim', 'suffering from', or 'affected with' a mental illness	Avoid terminology that suggests a lack of quality of life for people with mental illnesses.
A person has a 'diagnosis of' or 'is being treated for bi-polar disorder'	A person is a 'bi-polar', 'schizophrenic', 'an addict,' 'an anorexic'	Avoid labelling a person by their mental illness or diagnosis. You would not say 'I am cancer'.
A person's behavior was unusual or erratic	'crazed', 'deranged', 'mad', 'psychotic'	Descriptions of behavior that imply existence of mental illness or are inaccurate.
Antidepressants, psychiatrists, or psychologists, mental health hospitals	'happy pills', 'shrinks', 'mental institution', 'loony bin', 'lunatics asylum'	Colloquialisms about treatment can undermine people's willingness to seek help.
Reword any sentence that uses psychiatric or media terminology incorrectly or out of context	'psychotic dog', using 'schizophrenic' to denote duality such as 'schizophrenic economy,	Terminology used out of context adds to misunderstanding and trivializes mental illness.

How can you tell if your messages are stigmatizing? Consider these five questions:

- 1.) Are you using "person first" language?
- 2.) Are you conflating (i.e. combining two or more texts or ideas into one) mental health and substance use disorders?
- 3.) Are you using technical language with a single, clear meaning instead of colloquialisms or words with inconsistent definitions?
- 4.) Are you using sensational or fear-based language?
- 5.) Are you unintentionally perpetuating mental health related moral panic?

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SUBSTANCE ABUSE SIGNS & SYMPTOMS

Physical Symptoms		Behavioral Symptoms		Personal Health Dangers		Performance Indicators		Effects on Driving	
A L C O H O L		Constricted pupils Bloodshot, watery eyes Spasmodic eye movement Flushed skin Odor on breath Slurred speech Poor motor coordinator Poor balance Nausea Deterioration in hygiene	Aggressive/violent behavior or passive behavior Loss of memory (black outs) Lowered inhibitions Irritability Drowsiness	Damages heart, brain, liver Affects vital functions - coma Cirrhosis of the liver Ulcers, gastritis, pancreatitis Serious mental disorders Impotency Mortality rate: 2.5 x greater for alcoholics Severe withdrawal	Narrowing of vision (tunnel) Distorts sense of Time / distance Short attention span Inability to divide attention Affects leaned behavior Impaired perception and judgement	60% of all traffic fatalities involve alcohol Increased risk taking Impaired coordination Fall asleep at wheel Decreased sensitivity to certain colors (red) Reaction time decreases as much as 60% after two drinks			
M A R I J U A N A		Dilated pupils Red eyes Impaired visual tracking Thirst: "cotton mouth" Hunger: "munchies" Smell of burning rope	Uncontrollable laughter Loss of inhibitions Lethargy Disorientation Paranoia (high doses) Psychosis (very high doses) Irregular menstrual cycle	Increased heart rate Lung disease Impaired immune system Impaired learning Impairs developing adolescents Decreased testosterone Lowered sperm production Abnormal sperm cells Lowers infant birth weight / nervous system Increased chance for miscarriage	Slowed reflexes Short-term memory loss Reduced concentration Lack of motivation Impaired perception and judgement Slowed reaction time	Often drives slower than speed limit Unable to correctly measure time / distance Reduced ability to correct for wind gusts Impaired peripheral vision and depth perception			
C O C A I N E		Dilated pupils Pale shallow complexion Needle tracks Running nose / nose bleeds Nausea / vomiting Breath odor Loss of appetite Weight Loss Thirst Insomnia Headaches	Extreme mood swings Talkative Lowered inhibitions Anxiety Restlessness Depression Irritability Paranoia Tactile hallucinations Suicidal tendencies	Increased heart rate Heart attack / stroke Brain hemorrhage Respiratory failure Seizures Liver / kidney damage HIV / hepatitis from injection Malnutrition Depression Toxic psychosis No treatment for cocaine stimulant OD	Unpredictable productivity Short-term memory loss Reduced concentration Frequent work breaks Illusion of increased capabilities Impaired perception and judgement	Distorted depth perception Impaired coordination Unable to correctly measure time and distance Slower response to traffic situations Slow to make decisions Overcompensation Slowed reaction time			

SUBSTANCE ABUSE SIGNS & SYMPTOMS

	Physical Symptoms	Behavioral Symptoms	Personal Health Dangers	Performance Indicators	Effects on Driving
O P I A T E S	Constricted pupils that fail to respond to light Droopy eyelids Cold, moist or bluish skin Needle tracks Dry mouth / low raspy speech Nausea / crave sweets Redness / raw nostrils Brittle nails Slow shallow breathing Reduced feeling to pain	Mental confusion Euphoria Excess talking or decreased activity Restlessness	Decreased heart rate Decreased blood pressure Decreased breathing Constipation Hepatitis / tetanus 1/3 of AIDS cases are IV drug-related Coma Death	Short attention span Lowered concentration Impaired perception and judgement Memory loss Poor motor coordination	Slowed reaction time Distorted vision Unable to correctly measure time and space Slower response to traffic situations
P C P	Involuntary eye movement Blank stare Perspiration Incomplete verbal response Repetitive speech patterns Slurred speech Muscle rigidity Reduced feeling to pain Deterioration in hygiene	Delusions Confusions Violent / combative Hallucinations Anxiety Panic / agitation Drowsiness	Increased blood pressure, pulse, temperature, respiration Weight Loss / malnutrition Flashbacks Severe depression	Great physical strength beyond normal capabilities Lowered learning abilities Memory loss Impaired perception and judgement Poor motor coordination	Increased risk taking Impaired coordination Aggressive actions w/ vehicle Unable to correctly measure time and space
D E P R E S S A N T S	Constricted pupils Spasmodic eye movement Sedation / drowsiness Slurred speech Poor motor coordination Poor balance	Mood depression Hostility Slowed thought processes Incoherent Temporary sense of well being	Rapid tolerance Overdose common Unconsciousness Lowers heart rate / blood pressure Suicidal tendencies Liver / pancreatic damage Disrupts REM sleep Severe withdrawal Coma 1/3 of all drug-related deaths	Vague memory Disorientation / confusion Short attention span Impaired perception and judgement	Impaired coordination Fall asleep at wheel Slowed reaction time

SUBSTANCE ABUSE SIGNS & SYMPTOMS

	Physical Symptoms	Behavioral Symptoms	Personal Health Dangers	Performance Indicators	Effects on Driving
A M P H E T A M I N E S	Dilated pupils Blurred vision Flushed/pale complexion Needle tracks Running nose/ nose bleeds Sweating Thirst Loss of appetite Dizziness Insomnia Headaches	Extreme mood swings Talkative Anxiety Restlessness Depression Irritability Paranoia Hallucinations Delusion	Increased heart rate Heart attack / stroke Brain damage (speech/thought) HIV/ hepatitis from injection Liver / kidney damage Malnutrition Toxic psychosis Depression	Unpredictable productivity Short-term memory loss Reduced concentration Illusion of increased capabilities Impaired perception and judgement	Distorted depth perception Impaired coordination Unable to correctly measure time and distance Slower response to traffic situations Overcompensation Slowed reaction time
H A L L U C I N O G E N S	Extremely dilated pupils Blank stare or rapid involuntary eye movements Slurred/blocked speech Warm skin Excessive perspiration Loss of appetite Insomnia Numbness	Distorted sense of sight, hearing, touch Delusions Hallucinations Anxious / panic reaction Increased energy Detached from surroundings	Genetic changes Mood disorder Paranoia Flashbacks	Lowered learning abilities Memory loss Impaired perception and judgement	Increased risk taking Impaired coordination Unable to correctly measure time and space
I N H A L A N T S	Watery eyes Involuntary eye Movement Sneezing / coughing Runny nose/nosebleeds Slurred speech Chronic tired feeling Substance odor on breath / clothes Loss of appetite/nausea Headaches Dizziness	Unconsciousness Violent behavior Irritability Hallucinations Severe disorientation	Suffocation Permanent brain damage Depressed central nervous system / breathing Inhalant displaces oxygen Increased/decreased heart rate Heart failure Inability to reproduce blood cells Liver damage Death	Impaired divided attention Discarded whipped cream (users of nitrous oxide) Presence of bags/rags containing inhalants Small bottles labeled "incense" (users of butyl nitrite) Impaired perception and judgement	Severely impaired driving ability Visual distortion Impaired coordination

Dos and Don'ts of Handling a Mental Health Crisis

Mental Health Awareness

Crisis episodes related to mental illness can feel incredibly overwhelming. There's the initial shock, followed by a flood of questions—the most prominent of which is "What can we do?" Use this checklist of dos and don'ts of how to handle a mental health crisis in the workplace.

Dos	Don'ts
<ul style="list-style-type: none"> Respect the privacy of the person experiencing the mental health crisis. 	Overpromise. Example: "No one is going to make you do anything you don't want to do."
<ul style="list-style-type: none"> Stay calm and mask your emotions. 	Do not get into any arguments with the individual experiencing the mental health crisis.
<ul style="list-style-type: none"> Be aware of the safety risks: weapons and any physical hazards like broken glass, sharp objects, water, gas, fire, and tall structures. 	Do not smother or trap the individual. Leave room for entrances and exits.
<ul style="list-style-type: none"> Build rapport quickly and continue to maintain the trust 	Do not respond in a challenging, hostile, or disciplinary manner.
<ul style="list-style-type: none"> Call appropriate help and/or emergency services 	Do not threaten; this may escalate the situation and increase fear
<ul style="list-style-type: none"> Remember your own safety and needs as well. 	Do not box yourself in. Be aware of all entrances and exits.
<ul style="list-style-type: none"> Know the limits, comfort zone, abilities, weaknesses and limitations, as well as strengths. 	Mis-gender a person during a mental health crisis. This will deplete the trust you have created in the relationship.
<ul style="list-style-type: none"> Learn how to really listen and exercise empathy. 	Do not be dismissive of a mental health concern.
<ul style="list-style-type: none"> Be clear and concise in your communication and body language. 	Don't say you know how they feel because it invalidates their experience.
<ul style="list-style-type: none"> Be aware of active shooter situations. In these situations, utilize the run, fight, hide method. Put your personal safety first. 	Enable the mental health concern by not addressing the impact it has on their work related performance and behaviors.
<ul style="list-style-type: none"> Ask if there is someone they would like to contact and to seek professional help. 	Do not embarrass the individual. Provide a restful place for them to collect themselves.

Crisis episodes related to mental illness can feel incredibly overwhelming. There's the initial shock, followed by a flood of questions—the most prominent of which is "What can we do?" Use this checklist of dos and don'ts of how to handle a mental health crisis in the workplace.

Dos	Don'ts
<ul style="list-style-type: none"> • Be very clear and concise in your approach. Strengthen your message by keeping a slow cadence, using brief phrases, and repeating when necessary. 	<p>Do not attempt to diagnose the employee, you are not a mental health professional. Know the limits of your role.</p>
<ul style="list-style-type: none"> • Deliver communication as soon as possible and keep the individual informed on the next action steps when necessary. 	<p>Do not pressure them to discuss their issue with you.</p>
<ul style="list-style-type: none"> • Encourage the other person to be a part of the decision-making process. 	<p>Do not blame the person for changes in their behavior.</p>
<ul style="list-style-type: none"> • Exercise patience, tolerance, understand and in some cases respectful disagreement. 	<p>Do not promise secrecy. Instead you can say something like I care about you too much to keep this a secret.</p>
<ul style="list-style-type: none"> • If a person is in psychosis, acknowledge the images and voices they are sharing with you. Be reflexive in your responses by repeating back what they are telling you. 	<p>Do not respond with emotionally charged statements to inappropriate language and behavior.</p>
<ul style="list-style-type: none"> • If a person is demonstrating suicidal ideation, call 911 or escort the individual to a local hospital or call a suicide prevention hotline. 	<p>Do not leave a person who is demonstrating suicidal ideation alone.</p>
<ul style="list-style-type: none"> • Develop a basic understanding of the most common mental health concerns. 	<p>Do not debate the value of living or argue that suicide is right or wrong.</p>
<ul style="list-style-type: none"> • Use breaks of silence to allow the other person to cool off. 	<p>Do not try to single handedly resolve the situation.</p>

NAVIGATING

a mental health

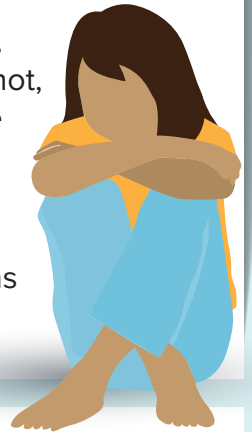
CRISIS



WARNING SIGNS of a Mental Health Crisis

It's important to know that warning signs are not always present when a mental health crisis is developing. Common actions that may be a clue that a mental health crisis is developing:

- ✓ **Inability to perform daily tasks** like bathing, brushing teeth, brushing hair, changing clothes
- ✓ **Rapid mood swings**, increased energy level, inability to stay still, pacing; suddenly depressed, withdrawn; suddenly happy or calm after period of depression
- ✓ **Increased agitation** verbal threats, violent, out-of-control behavior, destroys property
- ✓ **Abusive behavior** to self and others, including substance use or self-harm (cutting)
- ✓ **Isolation** from school, work, family, friends
- ✓ **Loses touch with reality (psychosis)**, unable to recognize family or friends, confused, strange ideas, thinks they're someone they're not, doesn't understand what people are saying, hears voices, sees things that aren't there
- ✓ **Paranoia**, suspicion and mistrust of people or their actions without evidence or justification



WARNING SIGNS of Suicide

- ◆ **Giving away personal possessions**
- ◆ **Talking as if they're saying goodbye** or going away forever
- ◆ **Taking steps** to tie up loose ends, like organizing personal papers or paying off debts
- ◆ **Making or changing a will**
- ◆ **Stockpiling pills or obtaining a weapon**
- ◆ **Preoccupation with death**
- ◆ **Sudden cheerfulness or calm** after a period of despondency
- ◆ **Dramatic changes** in personality, mood and/or behavior
- ◆ **Increased drug or alcohol use**
- ◆ **Saying things** like "Nothing matters anymore," "You'll be better off without me," or "Life isn't worth living"
- ◆ **Withdrawal** from friends, family and normal activities
- ◆ **Failed romantic relationship**
- ◆ **Sense of utter hopelessness** and helplessness
- ◆ **History** of suicide attempts or other self-harming behaviors
- ◆ **History** of family/friend suicide or attempts

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WHAT TO DO if you suspect someone is thinking about suicide

If you notice warning signs or if you're concerned someone is thinking about suicide, don't be afraid to talk to them about it.



START the Conversation by sharing specific signs you've noticed, like:

"I've noticed lately that you [haven't been sleeping, aren't interested in soccer anymore, which you used to love, are posting a lot of sad song lyrics online, etc.]..."



Then say something like:

- ✓ "Are you thinking about suicide?"
- ✓ "Do you have a plan? Do you know how you would do it?"
- ✓ "When was the last time you thought about suicide?"

If the answer is "Yes" or if you think they might be at risk of suicide, you need to seek help immediately.

- ◆ Call a therapist or psychiatrist/physician or other healthcare professional who has been working with the person
- ◆ Remove potential means such as weapons and medications to reduce risk
- ◆ Call the National Suicide Prevention Line at 1-800-273-8255 or call 911

LISTEN, EXPRESS CONCERN, REASSURE.

Focus on being understanding, caring and nonjudgmental, saying something like:

"You are not alone. I'm here for you"

"I may not be able to understand exactly how you feel, but I care about you and want to help."

"I'm concerned about you and I want you to know there is help available to get you through this."

Please remember, a suicide threat or attempt is a medical emergency requiring professional help as soon as possible.

"You are important to me; we will get through this together."

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WHAT TO DO in a mental health crisis


IF YOU ARE WORRIED that you or your loved one is in crisis or nearing a crisis, seek help. Make sure to assess the immediacy of the situation to help determine where to start or who to call.

- ◆ **Is the person in danger** of hurting themselves, others or property?
- ◆ **Do you have time** to start with a phone call for guidance and support from a mental health professional?
- ◆ **Do you need emergency assistance?**



If the situation is life-threatening or if serious property damage is occurring, don't hesitate to call 911 and ask for immediate assistance.

TECHNIQUES that May Help De-escalate a Crisis:

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

When Calling 911 for a Mental Health Emergency

Remember to:

- ✓ Remain calm
- ✓ Explain that your loved one is having a mental health crisis and is not a criminal
- ✓ Ask for a Crisis Intervention Team (CIT) officer, if available

They will ask:

- ✓ Your name
- ✓ The person's name, age, description
- ✓ The person's current location
- ✓ Whether the person has access to a weapon

Information you may need to communicate:

- ✓ Mental health history, diagnosis(es)
- ✓ Medications, current/discontinued
- ✓ Suicide attempts, current threats
- ✓ Prior violence, current threats
- ✓ Drug use
- ✓ Contributing factors (i.e. current stressors)
- ✓ What has helped in the past
- ✓ Any delusions, hallucinations, loss of touch with reality

If you don't feel safe
at any time, leave the
location immediately.



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PREPARING for a crisis

No one wants to worry about the possibility of a crisis—but sometimes it can't be avoided.

It's rare that a person suddenly loses control of thoughts, feelings and behavior. General behavior changes often occur before a crisis. Examples include sleeplessness, ritualistic preoccupation with certain activities, increased suspiciousness, unpredictable outbursts, increased hostility, verbal threats, angry staring or grimacing.

Don't ignore these changes, talk with your loved one and encourage them to visit their doctor or therapist. The more symptomatic your family member becomes, the more difficult it may be to convince them to seek treatment.

If you are alone and feel safe with them, call a trusted friend, neighbor or family member to come be with you until professional help arrives. In the meantime, the following tips may be helpful:

If you're feeling like something isn't right, talk with your loved one and voice your

concern. If necessary, take action to get services for them and support for yourself.

When a mental health crisis begins, it is likely your family member is unaware of the impact of their behavior. Auditory hallucinations, or voices, may be giving life-threatening suggestions or commands. The person believes they are hearing, seeing or feeling things that aren't there. Don't underestimate the reality and vividness of hallucinations. Accept that your loved one has an altered state of reality and don't argue with them about their experience. In extreme situations, the person may act on these sensory distortions.



- ✓ **Learn all you can about the illness your family member has.**
- ✓ **Remember** that other family members are also affected, so keep lines of communication open by talking with each other.

- ✓ **Avoid guilt and assigning blame to others.**
- ✓ **Learn to recognize early warning signs of relapse**, such as changes in sleeping patterns, increasing social withdrawal, inattention to hygiene, and signs of irritability.
- ✓ **Do what your loved one wants, as long as it's reasonable and safe.**
- ✗ **Don't shout or raise your voice.**

- ✗ **Don't threaten**; this may be interpreted as a play for power and increase fear or prompt an assault.
- ✗ **Don't criticize or make fun of the person.**
- ✗ **Don't argue with other family members**, particularly in your loved one's presence.
- ✗ **Avoid direct, continuous eye contact or touching the person.**
- ✗ **Don't block the doorway or any other exit.**

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A CRISIS PLAN

A crisis plan is a written plan developed by the person with the mental health condition and their support team, typically family and close friends. It's designed to address symptoms and behaviors and help prepare for a crisis. Every plan is individualized, some common elements include:

Remember that the best time to develop a crisis plan is when things are going well and you can create it together.



- Person's general information
- Family information
- Behaviors present before the crisis occurs, strategies and treatments that have worked in the past, a list of what actions or people that are likely to make the situation worse, a list of what helps calm the person or reduces symptoms
- Current medication(s) and dosages
- Current diagnoses
- History of suicide attempts, drug use or psychosis
- Treatment choices/preferences
- Local crisis lines
- Addresses and contact information for nearby crisis centers or emergency rooms
- Mobile crisis unit information, if there is one in the area
- Contact information for healthcare professionals (phone and email)
- Supports - adults the person has a trusting relationship with such as neighbors, friends, family members, favorite teacher or counselor at school, people at faith communities or work acquaintances
- Safety plans

The crisis plan is a collaboration between the person with the mental health condition and the family. Once developed, the plan should be shared by the person with involved family, friends and professionals. It should be updated whenever there is a change in diagnosis, medication, treatment or providers. A sample crisis plan can be obtained at www.nami.org.

Support for First Responders

Mental Health Awareness



While it is natural to think of your first priority as being the other person's safety and well-being—after all, you're there to help them—placing yourself in an unsafe situation, or pushing yourself beyond your personal limits, doesn't do anybody any good. The activities you engage in and the daily choices you make affect the way you feel and how you're able to help yourself. These choices in turn affect those around you. Here are some basic tips for practicing self care:

1. **Get Enough Rest** – To have good mental and emotional health, it is important to get enough sleep. Most people need anywhere from 7-8 hours of sleep each night. Make the investment in a better mattress and setting a regular bed time.
2. **Get a dose of sunlight** – Sunlight lifts your mood, so try to get at least 10-15 minutes per day, or use a lightbox in winter or places that receive a lot less sunlight.
3. **Enjoy nature** – Simply walking can lower blood pressure and reduce stress. The same goes for walking through a park, hiking, or relaxing on a beach.
4. **Engage in meaningful work and hobbies** – Do things that challenge your creativity and make you feel productive, whether or not you get paid for it—things like advanced yoga classes, drawing, playing an instrument, or building something.
5. **Make time for fun** – do things for no other reason that it feels good to do them. Go to a comedy club, go for a hike, read a good book, or hangout with friends. Hard play is not an indulgence; it's a necessity for emotional and mental health.
6. **Avoid cigarettes, drugs and alcohol** – Stimulants make you feel unnaturally good in the short term, but have negative long-term consequences for your mood and your emotional health.
7. **Limit screen time** – We all love our smartphones and mobile devices but spending too much time staring at a screen denies you the face-to-face interactions that can meaningfully connect you to others.
8. **Avoiding isolation** – Living alone or in a limited social circle due to relocation, aging, or decreased mobility can lead to isolation and an increased risk of depression. Whatever your situation, try to schedule regular social activities with friends, neighbors, colleagues, or family members who are upbeat, positive, and interested in you.

**Adapted from Mental Health Emergencies by Nick Benas and Michele Hart, LCSW*

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