

MENTAL HEALTH ISSUES IN THE WORKPLACE

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THE BIG THREE

1. Depression is the leading cause of worldwide disability
2. Anxiety disorders affect the most people in the United States
3. Substance abuse is the second most common reason people present to their Employee Assistance Program across the United States

✦ **EXTREME CHANGES IN PERSONALITY AND/OR BEHAVIOR ARE** ✦
YOUR MOST CONSISTENT SIGN THAT SOMETHING IS WRONG

Symptoms that impact work include:

- Avoidance (i.e. procrastination, attendance problems, etc.)
- Isolation, withdrawing from others
- Lack of motivation, fatigue
- Concentration and attention difficulties
- Irritability or anger
- Poor decision making skills
- Cognitive and physical impairment from substance use
 - Must address impairment immediately if the person is driving
- **SUICIDAL IDEATION – Follow up directly if you have concerns**
 - **Intent – “Do you want to kill yourself?”**
 - **Plan – “How would you do it?” and do they have the means**
 - **Determine how to intervene – legal, management, KEAP**

Physiology

Anterior Cingulate – structure used to perceive our environment, more specifically threat assessment through the use of sensory information, which is a vital component of emotional regulation. When examined by MRI, people suffering from anxiety issues show that this area is atrophied and has decreased electrical activity. Catecholamines (adrenaline, norepinephrine) and cortisol are released under stress and negatively affect this structure.

Suicide

- One of ten leading causes of death
- 80% of those who commit suicide give some indication of intent
- 15% of those experiencing repeated, clinical depression commit suicide
- Steady increase every year since 1999 with greater annual percentage increases after 2006
- Second leading cause of death for ages 10 – 34, fourth for 35 – 54

Gender Differences

- Eight to 25 attempts for every one completed suicide
- Women are three times more likely than men to attempt suicide
- Men are four times more likely than women to die from suicides because men usually choose more violent ways to commit suicide
- Poisoning more common with females, firearms with males, but suffocation has increased steadily with both genders since 1999

Risk Factors

- Previous suicide attempt(s)
- Family history of suicide
- History of mental disorders, particularly depression
- History of alcohol and substance abuse
- Family history of child maltreatment
- Feelings of hopelessness, helplessness and/or being a burden
- Giving things away
- Impulsive or aggressive tendencies
- Easy access to lethal methods
- Barriers to accessing mental health treatment
- Unwillingness to seek help because of the stigma attached to mental health and substance abuse disorders or suicidal thoughts
- Loss (relational, social, work, or financial)
- Physical illness
- Local epidemics of suicide
- Isolation, a feeling of being cut off from other people

Dealing with Verbal Aggression

- **LISTEN** – repeat back with understanding.
- Be aware of the volume of your speech.
- Ask if the person is willing to sit down with you, but if not, then stand with them.
- Personal space – maintain at least two arm’s lengths away.
- Stand slightly at an angle to the person. Never toe to toe.
- Refrain from quick movements. Try to relax and breathe.
- Don’t point, shake your finger or touch the person.
- Try to move conversation away from “feelings as fact” – clarify problem and what can be done.
- Empathize with the emotions, but not the behavior if it is inappropriate. Set limits.
- Do not make promises that you cannot keep.
- Know when and how to leave.

If that person is displaying psychotic symptoms such as auditory / visual hallucinations, or delusions (conspiracy theories, grandiose thoughts, etc.):

- DO NOT attempt to challenge that psychotic material
- You do not need to lie about your perceptions, but acknowledge that they are experiencing something disturbing and validate how difficult it must be for them.
- Use their language to summarize their distress and attempt to argue for treatment.
- Assess for danger to self or others.

Remember: Providing a person with the opportunity to talk starts engaging the “new” parts of their brains and curbs the more primitive, aggressive and mood related areas that result in behavioral issues. Clarifying the difficulties and changing focus from emotions moves the person to use the more analytic parts of their brains which helps with acknowledging consequences to actions and improves emotional regulation and present moment awareness. You can be respectful, but still be firm and set boundaries.

FINAL THOUGHT: How can you help reduce the stigma associated with mental illness and seeking out help?

Resources

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Notes



The Kentucky Employee Assistance Program (KEAP) is dedicated to helping employees find solutions to the personal problems that may hinder their effectiveness at work.

Problems concerning marital, family, or emotional distress, alcoholism and drug abuse, financial or even medical issues can seriously diminish an individual's job performance. As a progressive employer the Commonwealth of Kentucky recognizes that there are positive, workable solutions to many of these problems that trouble employees.

State employees and their dependents are eligible for KEAP services. There is no cost for its information or referral services. All of your contact with KEAP is confidential as required by state and federal law. Employee involvement with KEAP is permitted on state time with the supervisor's prior approval. Supervisors may refer employees to KEAP when job performance deteriorates, however participation is voluntary.

KEAP Services

- **Assessment:** Each person seeking assistance will receive a confidential assessment with a trained EAP professional. The purpose of the assessment is to clearly identify the problem. The assessment may be conducted face-to-face or by telephone.
- **Referral:** Once a thorough assessment is conducted the EAP professional may make a referral to the most appropriate professional or resource and provide assistance in making contact with those resources.
- **Follow-up:** After making the referral, the EAP professional maintains intermittent contact with the employee to ensure that the process has gone smoothly and the needed services are being provided.
- **Crisis Intervention:** When critical incidents or workplace trauma occur, the EAP can provide crisis response. Crisis debriefings provide individuals with information about possible reactions that may follow a critical incident. A structured environment allows individuals to discuss their thoughts and reactions to the incident.
- **Grief Response:** When death affects a workgroup, KEAP is available to provide grief response groups.
- **Management Consultation:** Supervisors may consult with EAP professionals for guidance regarding employees and difficult workplace situations.
- **Education:** KEAP staff members are available for staff development training opportunities.

If you or your dependents could benefit from this assessment and referral service, call the KEAP office for more information. In Frankfort call 502-564-5788, or use the toll-free **1-800-445-KEAP** number from anywhere in the state. Kentucky State Police also have an Employee Assistance Program.