Stronger Together:
Strategies & Tools for Supporting
Employee Mental Health

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Understanding Mental Health

- Mental illnesses are common
    - 1 in 5 adults live with mental illness each year
    - 1 in 6 youth experience mental illness
- Mental illnesses are treatable
    - But less than half (39%) seek treatment
- Anxiety & Depression are the most common mental illnesses.
- People will wait an average of 11 years to seek help
- Mental health is a continuum and varies for us all
- The stigma of mental illness creates shame, isolation, and a reluctance to seek help
- Learning facts and talking openly reduces stigma
- Reducing stigma improves and saves lives

What is stigma?

A negative perception that causes someone to devalue or think less of the whole person

Stereotyping or labeling a person because of their condition

Prejudice and discrimination against people with a mental illness

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What can <u>YOU</u> do to stop the stigma?

- ✓ Recognize mental illness as a disease

- ✓ Use respectful language when talking about mental illness

- ✓ Combat stigma and misconceptions with facts when you see or hear them

- ✓ See the person, not the condition

- ✓ Share your own experiences

- ✓ Offer help and support

WHAT IS STRESS?

The American Institute for Stress states stress as "A most natural physical and mental reaction to life experiences."
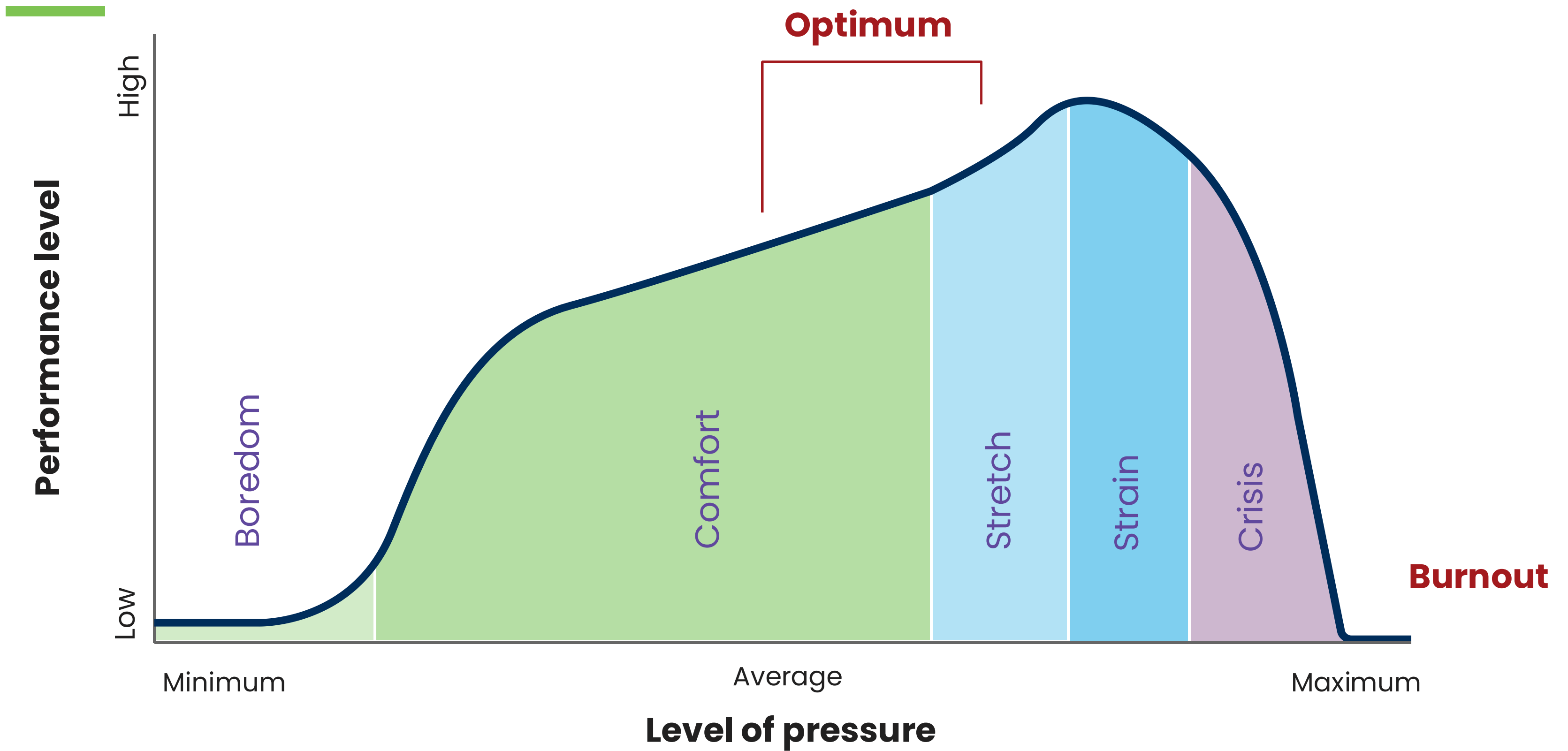
What are some common workplace stressors?

Common Workplace Stressors

- Workload pressures
- Role ambiguity
- Lack of control
- Workplace conflict
- Job insecurity
- Work-life imbalance

THE RELATIONSHIP BETWEEN STRESS & PERFORMANCE

Where are you today?
(boredom, comfort, stretch, strain, or crisis?)

Anxiety vs. Depression

Mental Markers of Anxiety:

Worry about the immediate or long-term future

Have uncontrollable, racing thoughts about something going wrong

Avoid situations that could cause anxiety so that feelings and thoughts don't become consuming

Think about death, in the sense of fearing death due to the perceived danger of physical symptoms or anticipated dangerous outcomes

Mental Markers of Depression:

Be hopeless, assuming that nothing positive will happen in the future for themselves, for others, or for the world

Believe it is not worth trying to think or feel differently, because of this hopelessness

Feel worthless, as if who they are or what they do is not valuable

Think about death due to a persistent belief that life is not worth living or that the individual is a burden on others

10 SIGNS OF MENTAL HEALTH DECLINE IN THE WORKPLACE

1. An unhealthy or unkempt appearance/abnormal appearance

2. Mood swings, emotional rollercoasters, and erratic behavior

3. Easily irritated, frustrated, or angered

4. Taking or needing a lot of time off

5. Changes in eating or sleeping behaviors

6. Moments of confusion or an inability to solve a problem

7. Unnecessary fear, worry, or anxiety

8. A decrease in or lack of productivity

9. Withdrawal from social situations, especially with co-workers

10. Abuse of drugs, alcohol, or other vices
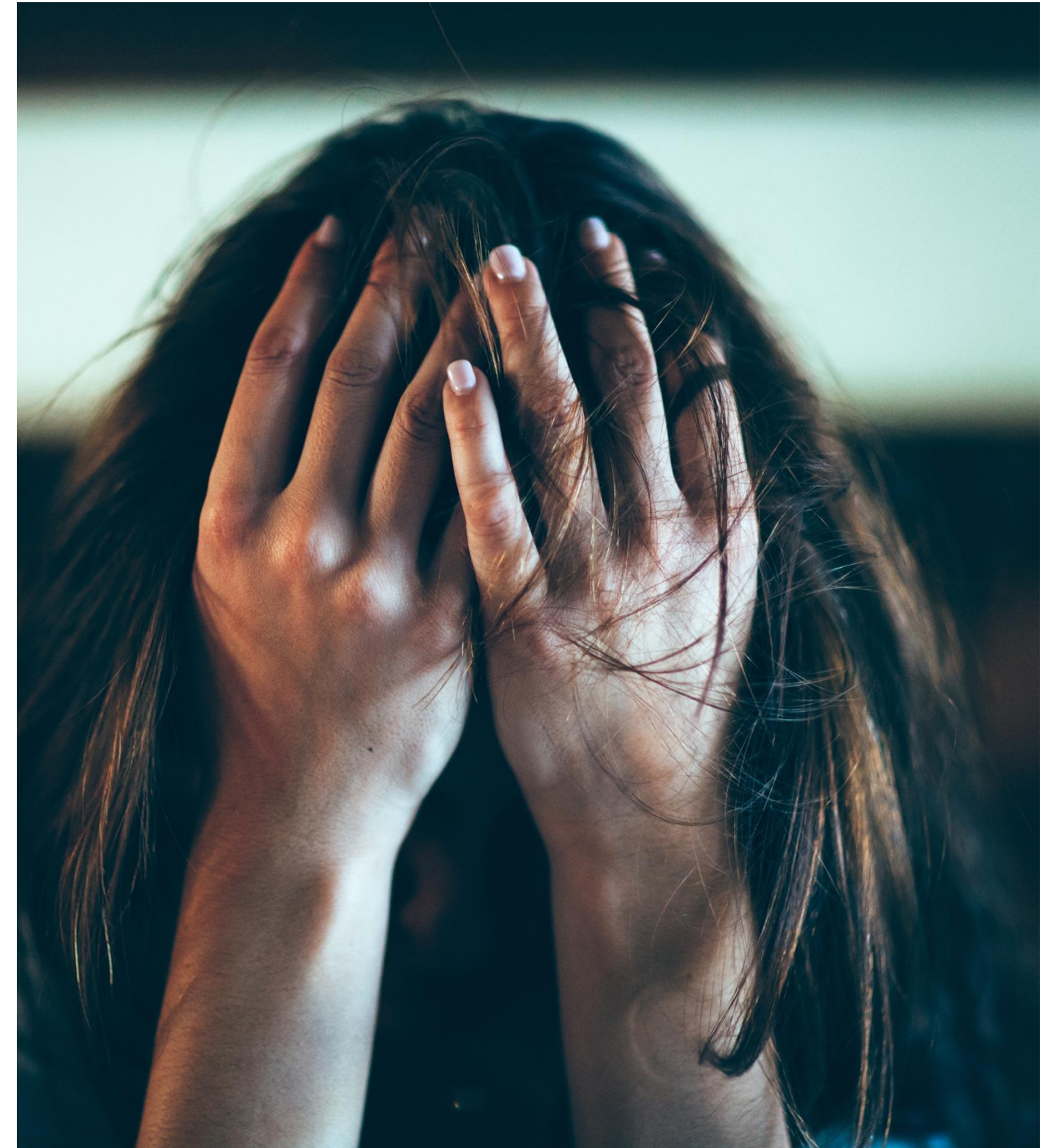
How does your workplace support mental health?

CREATE A CULTURE OF CARE AT WORK:
The role of the organization

- Promote work-life balance: encouraging flexible work hours, time off, and workload management

- Implement and regularly promote Employee Assistance Programs (EAPs) and mental health benefits

- Integrate mental health into HR policies and company values

- Develop clear protocols for supporting employees with mental health concerns

- Conduct ongoing mental health workshops and seminars

- Observe mental health awareness days or events (e.g., World Mental Health Day)

- Conduct workplace well-being surveys

- Monitor employee engagement and satisfaction

- Use feedback to improve mental health support initiatives

CREATE A CULTURE OF CARE AT WORK:
The role of managers

- Train managers to be mental health advocates

- Encourage leadership to model healthy mental health behaviors (e.g., taking breaks, setting boundaries)

- Equip managers to respond when an employee discloses a mental health concern

- Ensure leaders understand all available resources

CREATE A CULTURE OF CARE AT WORK: The role of coworkers

- See something, say something

- Talk openly about your own experiences

- Establish peer-led support groups or buddy systems

- Encourage Make it Ok or Mental Health First Aid training among employees

- Share your own experiences with the EAP or other MH resources

CREATE A CULTURE OF CARE AT WORK:
The role of the individual

- Mindfulness and relaxation techniques (deep breathing, meditation)

- Time management and prioritization strategies

- How to set boundaries between work and personal life

- Self-care practices (sleep, movement, nourishment)

- Identify workplace and external mental health resources (EAPs, counseling services)

DISCUSSION

- Workplace Scenarios and Small Group Discussion

For Crisis & Support

Hotlines

- **988 Suicide & Crisis Lifeline**: Call or text 988; or chat at 988lifeline.org. Available 24/7.
  - TTY Users (deaf or hard of hearing): Use preferred relay service or dial 711 then 988
  - Línea de Prevención del Suicidio y Crisis: 1-888-628-9454
- **Veterans Crisis Line**: Call 988 (Press 1) or Text: 838255
- **County & State Crisis Lines** *(find the numbers for your area, every county and state have one)*
- **National Crisis Text Line**: 741 741
- **National Youth Crisis Hotline**: 1-800-442-4673
- **The Trevor Project (LGBTQ+)**: Call 1-866-488-7386 or text START to 678 678
- **Minnesota Farm & Rural Helpline**: 1-833-600-2670
- **911**

Supports

- **NAMI**: nami.org/help or 1-800-950-NAMI (6264)
- **NAMI MN**: https://namimn.org/
- **NAMI Ending the Silence Youth Program** (middle & high school): https://ets.nami.org
- **United Way**: Call 211 or Find Your Local 211 at UnitedWay.org

Thank you!

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Youth Mental Health

The 'Why'

- **1 out of every** 5 youth experience a mental health challenge.
- Suicide is:
  - The 2nd leading cause of death for youth aged 10 – 14
  - The 3rd leading cause of death for youth aged 15 – 24
- 1 in 4 teens have been a victim of cyberbulling
- 50% of adolescents have at least 2 symptoms of disordered eating
- 57,000 Minnesotans aged 12–17 have depression
- High school students with depression are more than 2x more likely to drop out than their peers
  - 59.3% of Minnesotans aged 12–17 who have depression did not receive any care in 2022

Early Warning Signs

- Sleeping patterns
- Eating patterns
- Change in grades
- Friendship changes

How much sleep do kids need?

12 to 16 hours (including naps)	11 to 14 hours (including naps)	10 to 13 hours (including naps)	9 to 12 hours	8 to 10 hours
Infants: 4 to 12 months	Toddlers: 1 to 2 years	Preschoolers: 3 to 5 years	Gradeschoolers: 6 to 12 years	Teens: 13 to 18 years

Hours per 24 hour sleep period

What's Typical for Adolescents and What's Cause for Concern?

Typical	Not Typical: Cause for Concern
1. Increased moodiness	Intense, painful, long-lasting moods; risky mood-dependent behavior, major depression, or panic attacks; self-injury or suicidal thinking
2. Increased self-consciousness, of feeling "on stage," increased focus on body image	Social phobia or withdrawal; perfectionism and unrealistic standards; bingeing, purging, or restricted eating; obsessive about or neglectful of hygiene
3. Increased dawdling	Multiple distractions to point of not being able to complete homework or projects, lack of focus that interferes with daily work or tasks, regularly late for appointments
4. Increased parent–adolescent conflict	Verbal or physical aggression, running away
5. Experimentation with drugs, alcohol, or cigarettes	Substance abuse, selling drugs, substance-using peer group
6. Increased sense of invulnerability (may lead to increased sensation seeking or risk taking)	Multiple accidents; encounters with firearms; excessive risk taking (e.g., subway surfing, driving drunk or texting while driving), getting arrested
7. Stressful transitions to middle and high school	School refusal; bullying or being bullied; lack of connection to school or peers; school truancy, failure, or dropout
8. Increased argumentativeness, idealism, and criticism; being opinionated	Rebellious questioning of social rules and conventions; causing trouble with family members, teachers, or others who attempt to assert authority over the adolescent

Typical	Not Typical: Cause for Concern
9. Increased sexual maturation; sexual interest or experimentation	Sexual promiscuity, multiple partners, unsafe sexual practices, pregnancy
10. Becoming stressed by everyday decision making	Becoming paralyzed with indecision
11. Increased desire for privacy	Isolation from family; breakdown of communication, routine lying, and hiding things
12. Strong interest in technology; social media	Many hours per day spent on computer, on high-risk or triggering websites; casually meeting partners online; revealing too much (e.g., "sexting," overly personal posts on Facebook, Tumblr, Instagram, in blog)
13. Messy room	Old, rotting food; teen not able to find basic necessities; dirty clothes covering floor chronically
14. Sleep cycle shifts later (urge to be a "night owl" and to sleep late on weekends)	Often up nearly all night; sleeps almost all day on weekends; routinely late (or missing school) because of sleep schedule

Layers of Service

Good Mental Health ↑

Good Mental Health with Mental Illness | Good Mental Health without Mental Illness

← **Severe Mental Illness** | **No Mental Illness** →

Poor Mental Health with Mental Illness | Poor Mental Health without Mental Illness

↓ **Poor Mental Health**

SELF CARE & SOCIAL SUPPORT		PROFESSIONAL CARE	
HEALTHY Normal Functioning	**REACTING** Common & Reversible Distress	**INJURED** Significant Functional Impairment	**ILL** Clinical Disorder. Severe & Persistent Functional Impairment.
Normal mood fluctuations. Takes things in stride. Consistent performance. Normal sleep patterns. Physically and socially active. Usual self-confidence Comfortable with others.	Irritable/Impatient. Nervousness, sadness, increased worrying. Procrastination, forgetfulness. Trouble sleeping (more often in falling asleep) Lowered energy. Difficulty in relaxing. Intrusive thoughts. Decreased social activity.	Anger, anxiety. Lingering sadness, tearfulness, hopelessness, worthlessness. Preoccupation. Decreased performance in academics or at work. Significantly disturbed sleep (falling asleep and staying asleep). Avoidance of social situations, withdrawal.	Significant difficulty with emotions, thinking High level of anxiety, Panic attacks. Depressed mood, feeling overwhelmed Constant fatigue. Disturbed contact with reality Significant disturbances in thinking Suicidal thoughts/intent/behaviour.

← →

IN CRISIS	STRUGGLING	UNSETTLED	THRIVING	EXCELLING
• Very anxious • Very low mood • Absenteeism • Exhausted • Sickness, physical pains • Isolation • Very poor sleep • Weight loss • Psychotic break • Severe drug/alcohol abuse	• Anxious • Depressed, sad • Low self-esteem • Tired • Poor work performance • Presenteeism • Poor concentration • Poor sleep • Poor appetite • Drug/alcohol abuse	• Worried, nervous • Edgy • Irritable • Frustrated • Self-doubting • Sad, gloomy • Trouble sleeping • Tired • Distracted • Decreased social activity	• Normal mood, some variations • Positive • Calm • Functioning normally in job • Sleeping well • Focused • Eating normally • Normal social activity	• Cheerful, joyful • Solution focused • Energetic • High job performance • Prioritising sleep and recovery • 'Flow' – intense engagement • Fully realising potential • Actively seeking connections

Layers of Service

Level of Service Intensity

Level 0 Basic services

Level 1 Recovery maintenance health management

Level 2 Outpatient services

Level 3 Intensive outpatient services

Level 4 Intensive integrated services without 24-hr psychiatric monitoring

Level 5 Non-secure 24-hr services with psychiatric monitoring

Level 6 Secure 24-hr service wth psychiatric mangement
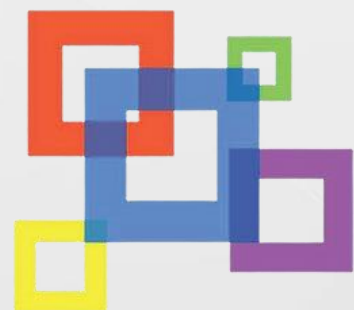
Layers of Service

- **Consider assessments to help guide!**
    - Diagnostic Assessment
    - Sensory Integration Assessment
    - Vision Assessment
    - Neuropsychological Assessment

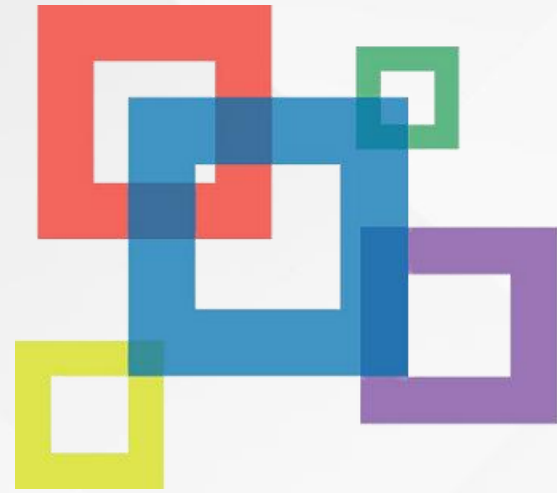- **National Resources**:
    - 988 Suicide & Mental Health Lifeline

You are NOT alone!

TOOLS & RESOURCES

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DEVELOPMENT CORPORATION