MENTAL WELL-BEING AND WORK: *FROM THEORY TO PRACTICE*

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OUR SPEAKERS

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TODAY'S AGENDA

1. **Mental health defined**

2. **Historical perspectives on mental health**

3. **By the numbers: Current state**

4. **Comorbidity: Mental health and physical health**

5. **It's time for a new approach**

6. **What you can do**

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THE BASICS

"Mental health... is not a destination, but a process. It's about how you drive, not where you're going."

– Noam Shpancer, Ph.D

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MENTAL HEALTH DEFINED

THE ELEPHANT IN THE ROOM

Only **3%–5%** of violent acts can be attributed to individuals living with a serious mental illness.

People with severe mental illnesses are over **10 times more likely to be victims** of violent crime than the general population

mentalhealth.gov

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A state of well-being in which every individual **realizes his or her own potential**, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community.

World Health Organization (WHO)

WHAT IS MENTAL HEALTH?

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WE ALL STRUGGLE

Only about **17%** of U.S. adults are considered to be in a state of optimal mental health.

Center for Disease Control and Prevention (CDC)

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A wide range of conditions that affect mood, thinking and behavior.

WHAT IS MENTAL HEALTH?

Feeling sad or down
Confused thinking or reduced ability to concentrate

Excessive fears or worries, or extreme feelings of guilt
Extreme mood changes of highs and lows

Withdrawal from friends and activities
Significant tiredness, low energy or problems sleeping

Trouble understanding and relating to situations and to people
Problems with alcohol or drug use

Detachment from reality (delusions), paranoia or hallucinations
Inability to cope with daily problems or stress

Major changes in eating habits
Sex drive changes

Excessive anger, hostility or violence
Suicidal thinking

Mayo Clinic

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HISTORICAL PERSPECTIVES ON MENTAL HEALTH

A TROUBLED HISTORY

"What mental health needs is more sunlight, more candor, and more unashamed conversation."

– Glenn Close

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THE ORIGINS OF MENTAL HEALTH TREATMENT

In the later half of the 19th century, there was a tremendous push for **institutionalizing** mentally ill individuals to provide better access to quality care.

The **National Commission of Mental Hygiene** was established in 1909 to "humanize the care of the insane: to eradicate the abuses, brutalities and neglect from which the mentally sick have traditionally suffered."

As a result of several high-profile cases of abuse and human rights violations, by the 1950s, there was a push for **deinstitutionalization** and **outpatient treatment** across the globe.

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2408392/

The persistence of the stigma

- The brain remains a scientific mystery leading to **uncertainty in diagnoses**

- **No clear guidelines** on prevention can cause fear

- **Societal "otherness"**

- **Sense of personal failure** as opposed to "legitimate" illness

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A COMMON CHALLENGE

"Mental health is often missing from public health debates even though it's critical to wellbeing."

– Noam Shpancer, Ph.D

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BY THE NUMBERS: CURRENT STATE

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PREVALENCE OF MENTAL ILLNESS

Depression

Anxiety disorder
(60% will also have symptoms of depression)

Bipolar Disorder

ADHD

Approximately **1 in 5 adults** in the U.S. (46.6 million) experiences mental illness in a given year.

Approximately **1 in 25 adults** in the U.S. (11.2 million) experiences a serious mental illness in a given year that substantially interferes with or limits one or more major life activities.

https://www.nami.org/learn-more/mental-health-by-the-numbers

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FEW PEOPLE ARE GETTING HELP…

Nearly **50%** of adults with serious mental health issues are not being treated.

There is a shortage of mental health professionals.

Over 115 million people in the U.S. live in designated Health Professional Shortage Areas where the ratio of mental health professionals to resident is smaller than 1 per 30,000 people.

https://mentalillnesspolicy.org/consequences/percentage-mentally-ill-untreated.html

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MENTAL HEALTH AND PHYSICAL HEALTH

THE MIND/BODY CONNECTION

"It's called a mental illness for a reason, because it is an illness. Why can't it be accepted like any other illness?"

– HealthyPlace.com

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CDC (CENTERS FOR DISEASE CONTROL)

Employees afflicted with poor mental health could potentially experience the following symptoms:

Reduced focus

Low productivity

Reduced cognitive abilities

Poor physical wellbeing

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MENTAL AND PHYSICAL HEALTH: COMORBIDITY

Mental health affects physical health and physical health affects mental health

Common symptoms include:
Stomach pain, back pain, headaches, or other unexplained aches and pains.

The Costs are Enormous:

The costs for treating people with both mental health disorders and other physical conditions are **2 to 3 times higher** than for those without co-occurring illnesses.

By combining medical and behavioral health care services, **the United States could save $37.6 billion to $67.8 billion a year**.

Milliman Research Report, 2018

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HUMANIZING THE WORKPLACE

"Mental health needs a great deal of attention. It's the final taboo and it needs to be faced and dealt with."

– Adam Ant

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IT'S TIME FOR A NEW APPROACH

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WHAT EMPLOYEES WANT FROM EMPLOYERS:

Nearly three-quarters (72%) of workers say they want their employers to champion mental health and well-being in the workplace.

More important than **equality** (48%), **sustainability** (38%), **diversity** (31%).

All generations prioritize mental health and well-being above all other causes
Gen Z (76%), Millennials (73%), Gen X (75%), Baby Boomer (56%).

[Peldon Rose survey of office workers, July 2018]

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EMPLOYEE CONTINUUM OF NEEDS
Identify and Address Root Cause

STAGE 1	STAGE 2	STAGE 3	STAGE 4	STAGE 5	STAGE 6
SURVIVAL	**SECURITY**	**AUTONOMY**	**ACTUALIZATION**	**INFLUENCE**	**FULFILLMENT**
Safe and **ergonomically sound** working environment. **Physiological needs** met. Compensated for work performed.	**Emotional safety and security**. Expectation of **continued employment** and **benefits**.	**Trusted** to work independently and **manage work** time and place. Treated respectfully and being heard.	**Rewarded for accomplishment** and **achievement**. Encouraged to explore new possibilities.	Offered the opportunity to **inspire** and/or **lead others**. Lead or influence **change initiatives**.	Achieving full **potential**. Understanding and living personal **purpose**. Experiencing **flow**.

RELATIONSHIPS
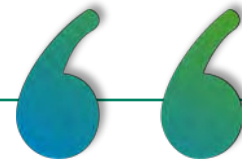
TECHNOLOGY **CAN** HELP

Please share your feelings on the work/life
balance at Company A.

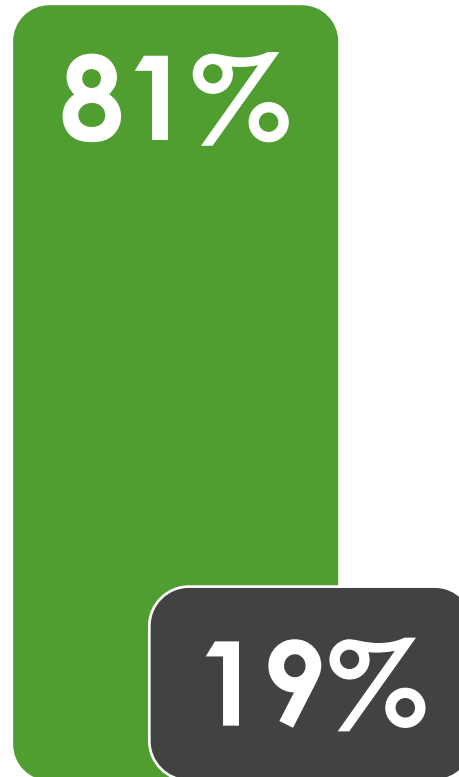Be candid. This survey is anonymous.

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" Being a good manager is to a great degree being able to **decode what makes each of your employees unique and how to manage this uniqueness**. It is true that some people are very resilient and will need little support when things are not going well, while others will need your support and caring even during the good times.

TOMAS CHAMORRO PREMUZIC

ManpowerGroup Chief
Talent Scientist

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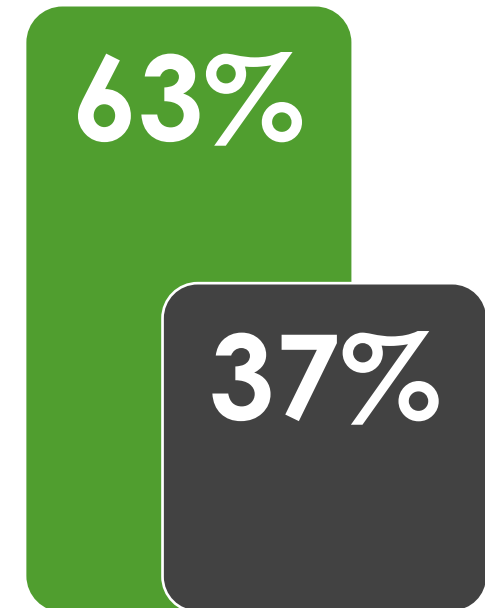
WHAT CAN ORGANIZATIONS DO?

Productive Atmosphere

Livable wage

Reasonable accommodation

Health, Wellness, & Environment (EAP)

Open Communication

Employee Accountability

Management Accountability

Work/Life Balance

Clear & Positive Values

Fitness

https://www.mentalhealthamerica.net/workplace-wellness

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It's worth the investment!

According to the World Health Organization (WHO), **for every $1** put into scaled up treatment for common mental disorders, **there is a return of $4** in improved health and productivity.

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WHAT CAN **YOU** DO PERSONALLY?

PRACTICE self-awareness

REQUEST screening with your annual physical

SEEK help, if needed

Give yourself permission to be vulnerable.