



Moving Beyond Stigma: Mental Health & Employment

Frontline Focus Facilitator: Dr. Venoncia M. Baté-Ambrus

Chicago Jobs Council

August 12, 2020



Introduction: Meet Dr. V

- ❑ About me- I began my career as a Community Health Worker (CHW)
- ❑ I am a Community Health Psychologist and Pastoral Counselor who specializes in diversity, equity and inclusion, spirituality and healthcare ethics.
- ❑ My therapeutic orientation is eclectic: based on multicultural, feminist, narrative, cognitive-behavioral, Rogerian and Adlerian influences.
- ❑ 18 years experience in non-profit health and human services
 - ❑ 10+ years in organizational leadership and consulting
 - ❑ 5 years in healthcare workforce development and training
- ❑ 7 years as an adjunct and/or Visiting Assistant Professor at community colleges and state and private universities.



Agenda

- Introduction
 - Context setting Mental health 101
 - Mental health and the workplace
 - Questions from the audience
 - Wrap Up and Evaluation
- 



Centering & Grounding Ice Breaker:

1. Get comfortable in your seats
 2. Close your eyes (if you are comfortable doing so)
 3. Breathe in through your nose and out through your mouth (3 times)
 4. Open your eyes
 5. Enjoy a feeling of relaxation and clarity
 6. Prepare to engage in today's learning experience
- 



Mental Health in 2020

- ❑ Context setting of the training-What are contemporary issues affecting mental health in 2020 and how might they impact mental health?
- ❑ COVID-19
 - ❑ Physical
 - ❑ Emotional
 - ❑ Psychological
 - ❑ Social
 - ❑ Spiritual
 - ❑ Economic
- ❑ COVID 19 Mental Health Tips: <https://www.youtube.com/watch?v=o74nLLD7YCY>
- ❑ COVID 19, Mental Health & Employers: <https://www.youtube.com/watch?v=Wy6xtIRAVAY>
- ❑ Mental Health Tips During Social Unrest: <https://www.youtube.com/watch?v=XhIrxkrcU7k>

Mental Health in 2020



SOURCE: <https://www.youtube.com/watch?v=Xh1rxkrcU7k>



Mental Health 101 Dispelling Myths: Defining Mental Health & Mental Illness

Mental Health: Mental health includes our emotional, psychological, and social well-being. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make choices.

<https://www.mentalhealth.gov/basics/what-is-mental-health>

Mental Illness: Mental illness, also called mental health disorders, refers to a wide range of mental health conditions — disorders that affect your mood, thinking and behavior. <https://www.mayoclinic.org/diseases-conditions/mental-illness/symptoms-causes/syc-20374968>

Questions to Consider:

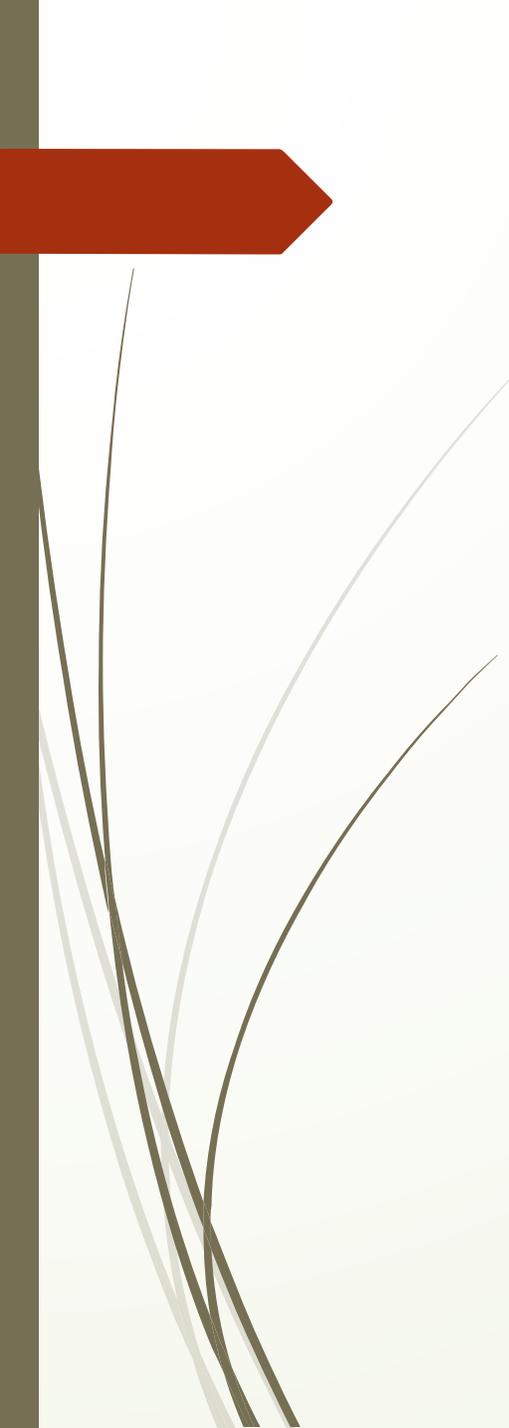
What comes to mind when you think of mental health?

What do you think of when you hear the term mental illness?

Mental Health Myths and Facts Video



SOURCE: <https://youtu.be/H1FreOEc0S0>



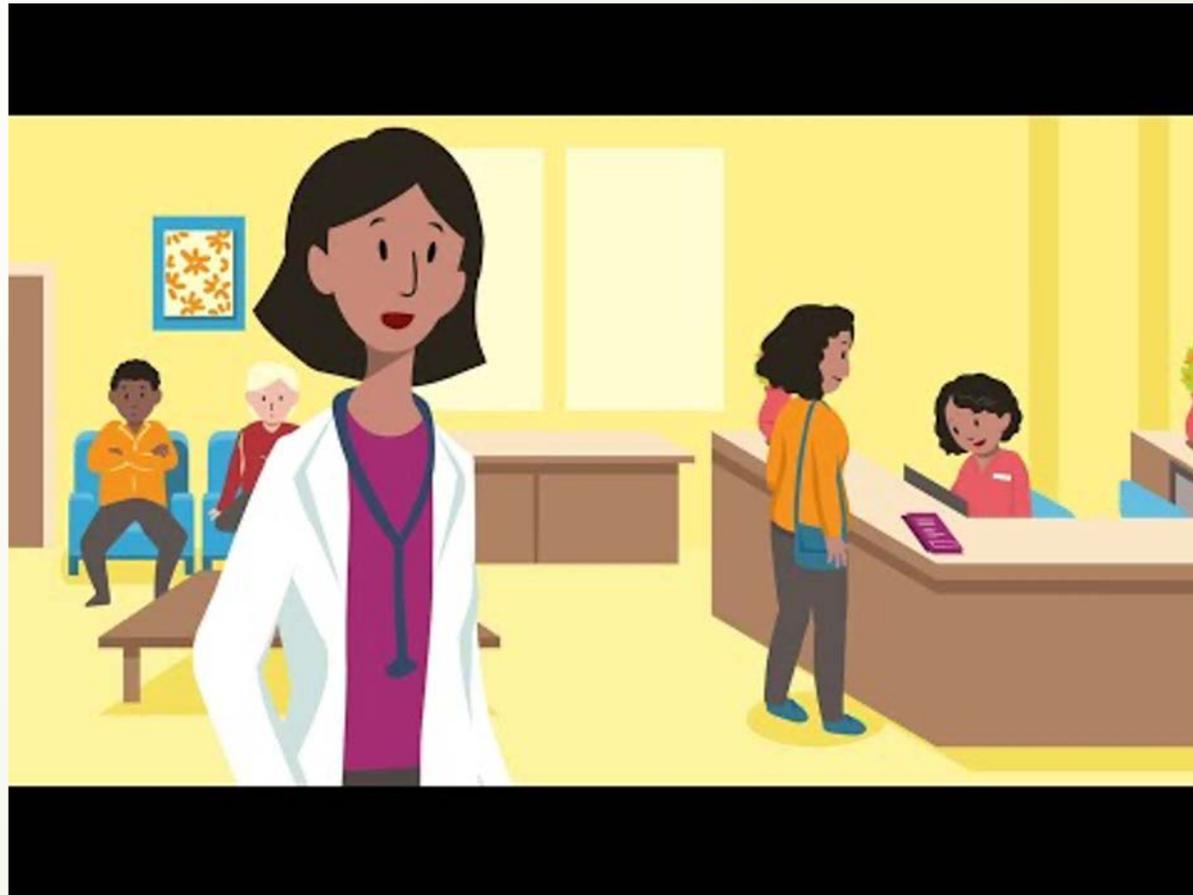
Mental Health 101: Trauma Informed Approaches to Adverse Childhood Experiences (ACES)

- ❑ Adverse Childhood Experiences (ACES): The original ACE Study was conducted at Kaiser Permanente from 1995 to 1997 with two waves of data collection. Over 17,000 Health Maintenance Organization members from Southern California receiving physical exams completed confidential surveys regarding their childhood experiences and current health status and behaviors (<https://www.cdc.gov/violenceprevention/childabuseandneglect/acestudy/about.html>)
- ❑ Trauma-Informed Approaches: Trauma-informed care is not a therapy, intervention, or specific action. It is an approach to engaging people with histories of trauma that recognizes the presence of trauma symptoms and acknowledges the role that trauma has played in their lives. Trauma is extreme stress that overwhelms a person's ability to cope. It can be an event, a series of events, or set of circumstances that harms a person's physical or emotional well-being (<https://www.dhs.wisconsin.gov/resilient/trauma-informed-practices.htm>).
- ❑ Center for Health Care Strategies Trauma video: <https://youtu.be/fWken5DsJcw>

Question to Consider:

- ❑ How can human service organizations and other workplaces adapt these practices to create trauma-informed organizations?

Mental Health 101: Trauma Informed Approaches to Adverse Childhood Experiences (ACES)



SOURCE: Center for Health Care Strategies Trauma video: <https://youtu.be/fWken5DsJcw>

Mental Health 101: Common Mental Illnesses in the U.S.

- ❓ **Mental Health & Mental Disorders Video:** <https://youtu.be/G0zJGDokyWQ>
- ❓ **Depression:** The individual must be experiencing five or more symptoms during the same 2-week period and at least one of the symptoms should be either (1) depressed mood or (2) loss of interest or pleasure.



SOURCE: UW Signs of depression:
https://youtu.be/eRXGwffy_90

Mental Health 101: Common Mental Illnesses in the U.S.

- ❓ **Anxiety:** A Generalized Anxiety Disorder is a condition characterized by excessive anxiety and worry, occurring more days than not for a period of at least 6 months, about a number of events or activities. The individual finds it difficult to control the worry.



SOURCE: Uncontrollable
Anxiety Film:
<https://youtu.be/ymTm7dJP5L4>

Mental Health 101: Common Mental Illnesses in the U.S.

- ❓ **PTSD:** Posttraumatic stress disorder (PTSD) is serious mental illness characterized by symptoms of avoidance and nervous system arousal after experiencing or witnessing a traumatic event (<https://psychcentral.com/disorders/ptsd/posttraumatic-stress-disorder-ptsd-symptoms/>)
- ❓ Resource: Basics of major diagnoses: <https://www.mentalhealth.gov/what-to-look-for>

SOURCE: What it feels like to have PTSD:
<https://www.youtube.com/watch?v=PFW4hYsYF-o>





Case Study 1: Grace

□ Grace is a 25 year old female Korean immigrant. She moved to the U.S. 9 months ago to live with her husband Jae who is in the U.S. on a student visa while attending graduate school. Grace speaks limited English and has no social connection in the U.S. except for Jae. Jae has had little time to spend with Grace because of his rigorous studies. Grace reports missing her family, friends and life in South Korea. She also states that she has difficulty sleeping and eating. She has no appetite and has lost 15lbs since arriving in the U.S. Grace cries throughout the day and feels hopeless. For the past she has stopped communicating with her friends and family in South Korea, whereas previously she welcomed weekly calls. She has been feeling this way for the past 7 months.

What mental health condition do you think Grace has?

Which resource might you refer her to best meet her needs?



Case Study 2: Gordon

□ Gordon is a 63 year old African American male with disabilities. He has been a wheelchair user for 5 years due to multiple sclerosis. Two years ago when he and his eleven year old grandson, Tyshon, were sitting on the front porch playing cards a car sped by and opened fire. Gordon was grazed but Tyshon was shot in the chest. Both Gordon and Tyshon survived their wounds. But now Gordon has been feeling irritable, anxious and always “on edge”. He reports having frequent nightmares and daydreams about the incident. Gordon says that whenever he hears a car backfire, hears glass breaking or a car speeding he just “shuts down”.

What mental health condition do you think Gordon has?

Which job placement may be best for Gordon given his mental health condition?



Case Study 3: Gabriela

❓ Gabriela is a first generation 18 year old Salvadoran-American female. Her parents were born in El Salvador and came to the U.S. fleeing violence. Gabriela's parents are undocumented and have lived in the U.S. since 1990. Her family's immigration status is mixed, some of her siblings were born in the U.S. and others in El Salvador. There have been frequent ICE raids in her neighborhood leaving her fearing for her family's safety. Gabriela reports a sense of constant worry, irritability and difficulty concentrating. She also states feeling a shortness of breath, hot flashes, chest tightness and light headedness.

What mental health condition do you think Gabriela has?

If you knew that Gabriela had this condition which is sometimes accompanied by panic attacks, if she had an attack in your office how would you respond?

Resource: <https://blogs.webmd.com/mental-health/20200609/how-to-help-someone-during-a-panic-attack>



Mental Health 101: Stigma in the Agency- For Your Clients

- 1) Clients might feel embarrassed, ashamed, vulnerable or defensive so they don't ask for help.
 - 2) Clients may fear that disclosing a mental condition could result in termination from or reduction in services.
 - 3) Clients may be concerned about confidentiality issues.
 - 4) Client may be afraid that others will view them with suspicion, sympathy or disrespect.
 - 5) Clients may carry cultural stigma or inaccurate beliefs about mental illness which prevents them from disclosing.
- 



Mental Health 101: Stigma in the Workplace for Employees

American Heart Association mental health in workplace:

<https://youtu.be/N0iSUvtWCHQ>

- 1) Employees might feel embarrassed, ashamed, vulnerable or defensive so they don't ask for help.
- 2) Employees may fear that disclosing a mental condition could result in termination, involuntary transfer, reduction in work hours, social isolation or withholding a promotion.
- 3) Employees may be unaware of policies (organizational, union, governmental) that protect workers experiencing mental illness.
- 4) Employees may be unaware of resources available at the workplace

Mental Health in the Workplace Resource:

<https://www.mentalhealthfirstaid.org/at-work/>

Mental Health 101: Stigma in the Workplace for Employees



Discover what **EMPLOYERS** can do



to build a

**mental health-friendly
workplace.**

CEO Roundtable

SOURCE: American Heart Association mental health in workplace: <https://youtu.be/N0iSUvtWCHQ>



Creating a Safe and Welcoming Environment to Discuss Mental Health

❓ **Organizational Strategies:**

- ❓ Provide mental health training to employees, clients and community members this normalizes mental health as a part of overall health
- ❓ Develop organizational policies that promote mental health well-being, protect employees with mental illness and educate staff on policies
- ❓ Offer onsite health, wellness and stress management resources
- ❓ Create and discuss organizational safety plan
- ❓ Consider including “check-ins” and reflections as part of team meetings

❓ **Individual Strategies:**

- ❓ Engage in self-care to reduce burnout or vicarious trauma
- ❓ Know your own triggers and stress points
- ❓ Build in mindfulness, reflection and movement/activity in the workday
- ❓ Listen actively to others around you and used Trauma-informed, inclusive language
- ❓ Be knowledgeable about community and governmental MH resources and know how, when and where to refer



Mental Health 101: Trauma-informed conversations and observations

- ❑ Words to use: “What happened to you?” “Do you want to talk?” “I’m here”
 - ❑ Demonstrate care, concern and empathy by talking about stress management, well-being, mental health and wellness, positive coping skills, resilience, value the person
- ❑ Words not to use: “What wrong with you?” “Why do you act like that” “Stop it”
 - ❑ Crazy, loca/o, touched in the head, psycho, sick, violent, criminal, strange, weird, loony
- ❑ What are some observable signs of mental health challenges?
 - ❑ Delusions-seeing, feeling, hearing or smelling things that are not there
 - ❑ Talking to someone who is not there
 - ❑ Repetitive behavior
 - ❑ Agitation and irritability
 - ❑ Crying, seeming “down”, isolation and loss of interest
 - ❑ Weight loss or gain
 - ❑ Poor hygiene and disheveled appearance
 - ❑ Habitual absenteeism or tardiness can indicate lack of sleep or sleeping too much



De-escalation and safety tactics

- ❑ Remain calm
- ❑ Active listening but do not stare at the person
- ❑ Use “I” rather than “you” words
- ❑ Do not patronize
- ❑ Be empathetic not sympathetic or confrontational
- ❑ Do not try to convince a person that they are delusional
- ❑ Do not act as if you are a therapist or first responder (unless you are)
- ❑ Don’t make sudden moves, gestures or actions
- ❑ Reassure but do not promise anything
- ❑ Assure the person in distress that they have choices, options, control etc.
- ❑ Follow your organization’s safety action plan
- ❑ Maintain safety of self and others, call for additional help as needed (security, 911)



Coaching Clients with Mental Disorders



- ❑ Begin from a strength-based, trauma-informed, positive regard approach
- ❑ Be comfortable and honest in discussing the client's mental disorder and occupational implications.
- ❑ Do not pretend to know what it is like unless you have the same disorder and even then your experience may be very different than your client's.
- ❑ Acknowledge the social determinants of mental health and approach with cultural humility.
http://media.morehousetcc.org/RESEARCH_PROJECTS/THRIVE/PUBLICATIONS/Compton%20Shim%202015%20Clinical%20Synthesis%20Social%20Determinants%20of%20Mental%20Health.pdf
- ❑ Help the client to set realistic goals and expectations, do not “sugarcoat”.
- ❑ Practice role playing the client's areas of concern or deficiency.
- ❑ Be knowledgeable of helpful policies such as the Americans with Disabilities and Family Leave Acts.
- ❑ Provide resources such as Employee Assistant Programs (EAP) and referrals to other services as needed.



Using Technology to Make Referrals

- ❑ Aunt Bertha: <https://www.auntbertha.com/>
- ❑ NowPow: <https://www.nowpow.com/>
- ❑ Pathways HUB: <https://pchi-hub.com/> or <https://ccspathways.com/>
- ❑ SignifyHealth: <https://www.signifyhealth.com/who-we-serve-community-organizations>
- ❑ MyOwnDoctor: <https://www.myowndoctor.com/>
- ❑ Transitions to Success: <http://transitiontosuccess.org/how-it-works>
- ❑ Community Resource Referral Platform Executive Summary: <https://sirenetwork.ucsf.edu/sites/sirenetwork.ucsf.edu/files/wysiwyg/Community-Resource-Referral-Platforms-Executive-Summary-1.pdf>



Mental Health 101: Resources for Effective Referrals

- ❑ NAMI: <https://www.nami.org/Find-Support>
- ❑ Mental Health America: <http://www.mentalhealthamerica.net/workplace-mental-health>
- ❑ SAMHSA: <https://findtreatment.samhsa.gov/>
- ❑ Emotional CPR (eCPR): <https://www.emotional-cpr.org/>
- ❑ Local Resources
 - ❑ The HANA Center: <https://www.hanacenter.org/community-wellness>
 - ❑ The Living Room: <https://www.tpoint.org/>
 - ❑ Crisis intervention centers: <http://www.habilitative.org/index.php/westside-community-triage-and-wellness-center>
 - ❑ Community mental health locations
 - ❑ https://www.chicago.gov/city/en/depts/cdph/supp_info/behavioral-health/mental_health_centers.html
 - ❑ <https://www.c4chicago.org/>
 - ❑ <http://www.hascares.org/>
 - ❑ <http://www.thresholds.org/>



Mental Health 101: Stress Management and Self-care

- ❑ Making time for self
- ❑ Breathing exercises
- ❑ Movement/Physical Activity
- ❑ Spirituality: Prayer/Meditation/Reflection/Mindfulness
- ❑ Journaling
- ❑ Music, Dance and/or Art
- ❑ Nature
- ❑ Hobbies
- ❑ Positive social supports
- ❑ Healthy eating and hydration
- ❑ Healthy sleep hygiene
- ❑ Social media or technology break
- ❑ Work-life balance
- ❑ Realistic goal setting and time management



Questions, Conclusion and Contact Info

- ❑ Thanks for your participation!
- ❑ Dr. Venoncia M. Baté-Ambrus
- ❑ Email: criollav@homail.com
- ❑ Linkedin: <https://www.linkedin.com/in/venoncia-m-bat%C3%A9-ambrus-phd-68ab1237/>