Mental Health Awareness for Staff:

Giving staff tools to identify their own challenges, and how insights into mental health issues not only benefits them personally, but also in working with residents

Jon Mattleman

Email: jonmattleman@gmail.com

Website: www.jonmattleman.com

X/Twitter: www.twitter.com/jonmattleman

Jon's Most Requested Mental Health Presentations



The Secret Lives of Teens & Tweens

Everything you need to know about suicide...and why you need to know it

Let's talk about the 'A" Word

Educator/First Responder Mental Health

Variety of trainings for public employees

...and many others

Jon's Most Requested Consultation Services to Municipalities

 Assessment and analysis of municipal departments in the areas of conflict management, leadership development, and communication issues.

- Small-group professional coaching
- One-on-One professional coaching

Trainings on topics such as dealing with difficult customers or colleagues, the importance of self-care, stress coping skills, motivating staff to succeed, and on mental health challenges such as anxiety and depression which impact staff both at work and at home. Specific trainings for library staff.

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Most Common Workplace Mental Health Issues

- Anxiety
- Depression
- Trauma
- Stress
- Burnout
- Bullying

Some Stats About Workplace Mental Health

76% of U.S. workers reported at least one symptom of a mental health condition.

Source: MindShare Partners' 2021 Mental Health at Work Report

84% of respondents said their workplace conditions had contributed to at least one mental health challenge.

Source: MindShare Partners' 2021 Mental Health at Work Report

81% of workers reported that they will be looking for workplaces that support mental health in the future.

Source: APA's 2022 Work and Well-being Survey results

The State of Workplace Mental Health in the U.S. in 2021



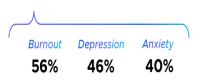
qualtrics. servicency.

SPONSORED BY MORRISON FOERSTER

THE ISSUE

Mental health challenges are near-universal.

76% reported experiencing at least one symptom of a mental health condition in the past year.



Mental health challenges are increasingly the norm.

36% of symptoms cumulatively lasted five months to an entire year. 80% lasted one month or longer.



THE IMPACT

Employees are leaving their jobs for their mental health.

50% of full-time U.S. workers have left a previous roles due, at least in part, to mental health reasons.

This number rises to...

- 81% of Gen Z respondents
- 68% of Millennial respondents
- 32% when considering voluntary departures

Absenteeism is on the rise.

Productivity losses are growing.

On average, workers reported performing at

of their full capability in the past year when considering their mental health.

The way we're working isn't working.

84% reported at least one workplace factor that negatively impacted their mental health.



Top workplace factors that negatively impacted mental health:



Younger workers and historically underrepresented communities are disproportionately impacted. These groups tended to be:

OPPORTUNITIES

- · More likely to report mental health symptoms.
- More negatively impacted by the work environment.
- More likely to have leave jobs for mental health.

BRIGHT SPOTS

Talking about mental health at work is increasingly the norm.

have talked about their mental health to someone at work in the past year.



Culture efforts are on the rise.

Mental health Leadership are Managers are advocates for equipped to support as an org. priority mental health mental health

+21%

+27% +32%

Companies are investing more into workplace mental health—sort of.

Mental health resources offered by companies grew:

Paid time	Mental health	Mental health
off	days	training
+55%	+41%	+33%

But the greatest growth in accommodations used by employees focused on day-to-day support:

+550%	+333%	+300%
more frequent breaks	communications with others	therapy during

Adjustments to

Advocate for mental health.



The most desired "resource" for mental health was an open culture about mental health at work.



The most common obstacle to self-care was leaders not promoting mental health at work.

Upskill employees.

Only 49% got a positive or supportive response when they talked about mental health at work.

Cultivate healthy work practices.

said their work or work environment had a negative impact on their mental health.

Investment pays off.

~Half as likely to report symptoms lasting 5 – 12 months.

more likely to be **comfortable talking** about mental health to their **manager** and **HR**.

2.5x more likely to intend to stay at their company for 2+ years.

5.6x more likely to trust their company and its leaders.

Get the full report

BIT.LY/msp-2021-report





Thriving "I got this."

Surviving

"Something isn't right."

Struggling "I can't keep this up."

In Crisis
"I can't survive this."

Calm and steady with minor mood fluctuations

Able to take things in stride

Consistent

Able to take feedback and to adjust to changes of plans

Able to focus

Able to communicate effectively

Normal sleep patterns and appetite Nervousness, sadness, increased mood fluctuations

Inconsistent

More easily overwhelmed or irritated

Increased need for control and difficulty adjusting to changes

Trouble sleeping or eating

Activities and relationships you used to enjoy seem less interesting or even stressful

Muscle tension, low energy, headaches Persistent fear, panic, anxiety, anger, pervasive sadness, hopelessness

Exhaustion

Poor performance and difficulty making decisions or concentrating

Avoiding interaction with coworkers, family, and friends

Fatigue, aches and pains

Restless, disturbed sleep

Self-medicating with substances, food, or other numbing activities Disabling distress and loss of function

Panic attacks

Nightmares or flashbacks

Unable to fall or stay asleep

Intrusive thoughts

Thoughts of self-harm or suicide

Easily enraged or aggressive

Careless mistakes an inability to focus

Feeling numb, lost, or out of control

Withdrawl from relationships

Dependence on substances, food, or other numbing activities to cope

Public Employees Recognized (FINALLY!)

While many recognized the achievements of public employees, sometimes they forget that you may have:

- Relationship and family challenges
- Financial stressors
- Physical challenges and conditions
- Mental health challenges and conditions



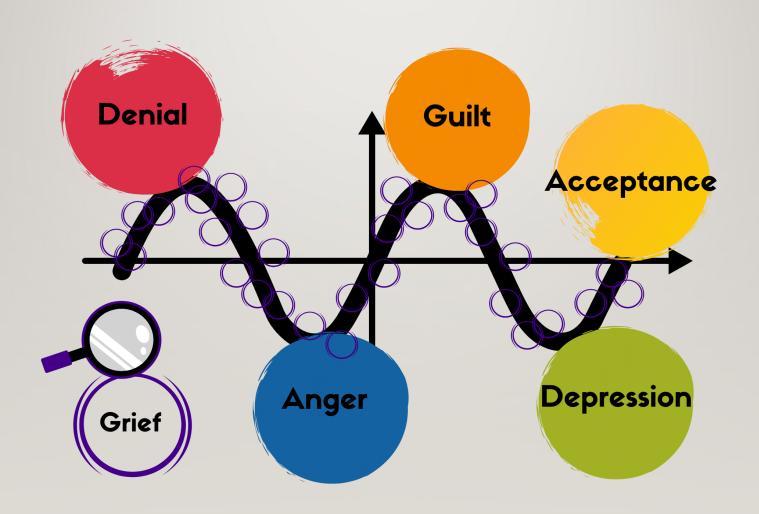
People don't fake their mental health

challenges, but they often fake

that they are fine/well.

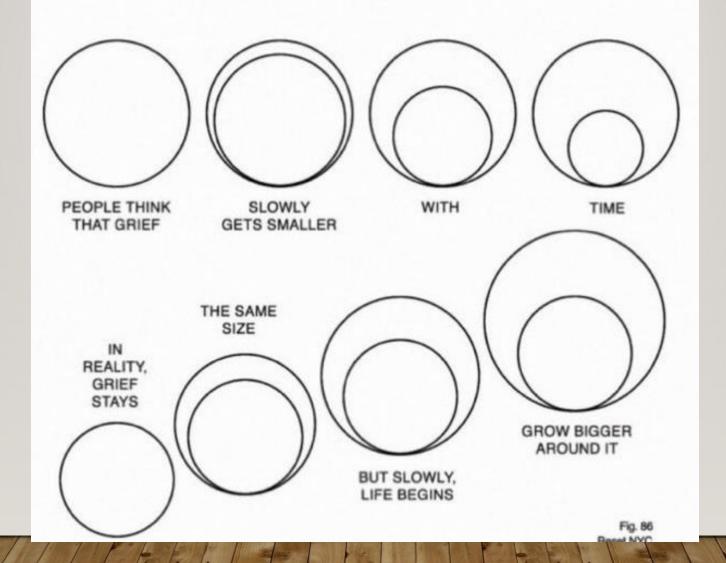


Stages of Grieving...

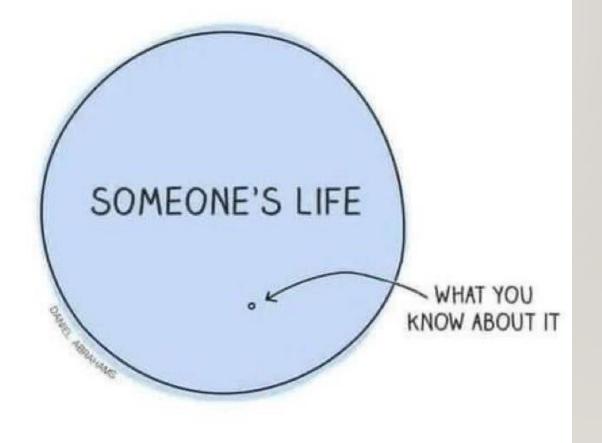


'GROWING AROUND GRIEF'

(Lois Tonkin, 1996)



WHY YOU SHOULD BE KIND TO PEOPLE



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- Trauma
- Stress
- Burnout
- Bullying

What is NOT your role...

- You are not a therapist
- You are not a problem solver

What is your role...

- Listen
- Be thoughtful
- Be a good friend
- Be non-judgmental
- Be helpful, use helpful language

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Barriers to Supporting Others

Lack of time

Lack of trust

Unclear roles and responsibilities

Personality conflicts

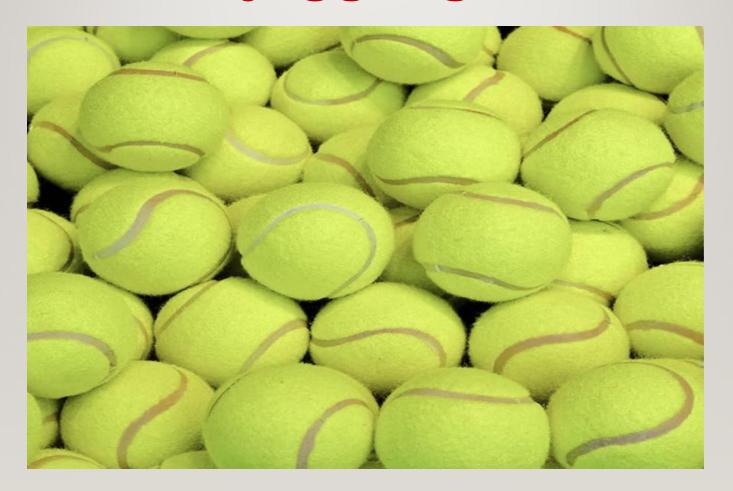
Poor planning and/or leadership

Cultural differences

Confidence and fear

Style of collaboration, confrontation

It's a juggling act...



Perspective...



Perspective...



Perspective...





1 in 5 U.S. adults experience mental illness each year.



1,155,000 adults in Massachusetts have a mental health condition.

That's more than 6X the population of Worcester.

It is more important than ever to build a stronger mental health system that provides the care, support and services needed to help people build better lives.





More than half of Americans report that COVID-19 has had a negative impact on their mental health.

In February 2021, 42.2% of adults in Massachusetts reported symptoms of anxiety or depression.

21.9% were unable to get needed counseling or therapy.



1 in 20 U.S. adults experience serious mental illness each year.

In Massachusetts, 260,000 adults have a serious mental illness.



1 in 6 U.S. youth aged 6–17 experience a mental health disorder each year.

66,000 Bay Staters age 12–17 have depression.

Bay Staters struggle to get the help they need.



More than half of people with a mental health condition in the U.S. did not receive any treatment in the last year.

Of the 363,000 adults in Massachusetts who did not receive needed mental health care, 30.1% did not because of cost.

3% of people in the state are uninsured.

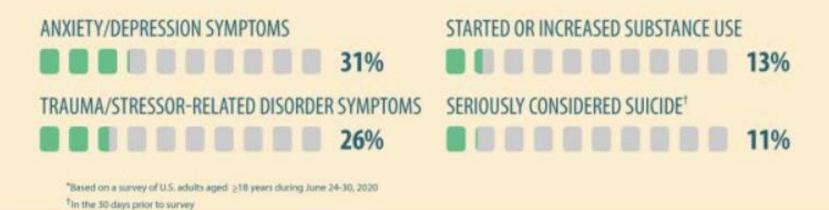


Bay Staters are over 5x more likely to be forced out-of-network for mental health care than for primary health care making it more difficult to find care and less affordable due to higher out-of-pocket costs.

273,105 people in Massachusetts live in a community that does not have enough mental health professionals.

National Stats -- DC

During late June, 40% of U.S. adults reported struggling with mental health or substance use



For stress and coping strategies: bit.ly/dailylifecoping

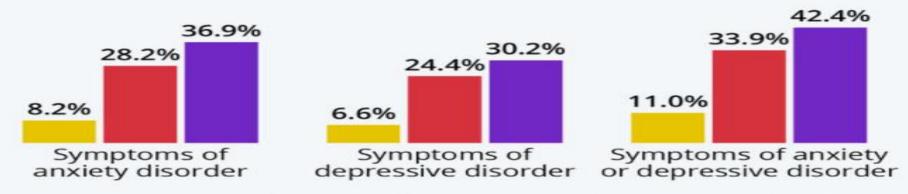
CDC.GOV bit.ly/MMWR81320 MMWR

National Stats -- DC

Pandemic Causes Spike in Anxiety & Depression

% of U.S. adults showing symptoms of anxiety and/or depressive disorder*

January-June 2019 May 14-19, 2020 December 9-21, 2020



^{*} Based on self-reported frequency of anxiety and depression symptoms. They are derived from responses to the first two questions of the eight-item Patient Health Questionnaire (PHQ-2) and the seven-item Generalized Anxiety Disorder (GAD-2) scale.

Sources: CDC, NCHS, U.S. Census Bureau





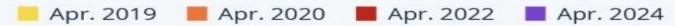


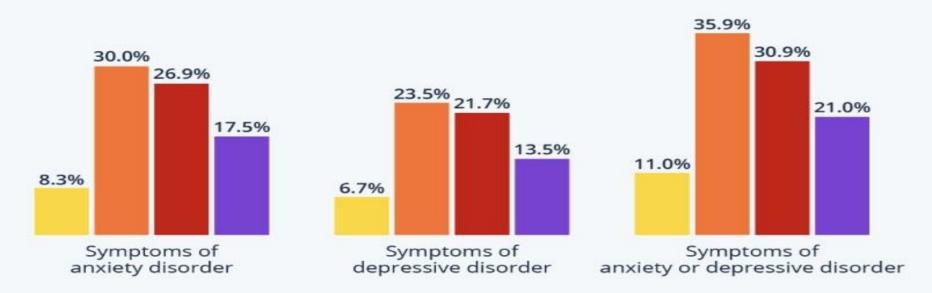




The Mental Health Toll of Covid-19 Appears to Be Fading

Share of U.S. adults showing symptoms of anxiety and/or depressive disorder*





^{*} Based on self-reported frequency of anxiety and depression symptoms. Derived from responses to Patient Health Questionnaire (PHQ-2) and the Generalized Anxiety Disorder (GAD-2) scale.







Stress VS **Anxiety** VS Trauma

Trauma doesn't make people stronger.

It damages their nervous system. It hijacks their digestive track. It keeps the person in a constant loop of hypervigilance. To tell someone they are stronger because of trauma is to deny what it has cost them to survive.

Things I Can't Control

The past

The future

What happens around me.

My response The

How others react.

What others say.

to other's behaviors. boundaries that I set w/ people.

What others think of me.

Attitude of others.

How I speak & treat others.

Things I Can Control

When/if I forgive someone.

If others forgive me.

Other people's boundaries.

Where I give my attention, energy, & time.

How I let others affect me.

How others behave.

What happens around me.

The beliefs and perceptions of others. How others feel or respond.

WHAT IS STRESS?

Stress is a normal response to situations

- It includes both eustress ("good" stress) and distress ("bad" stress)
- Stress responses vary based on the person

What does stress look like during an infectious disease outbreak?

- Fear or worry about your own health
- Fear or worry about the health of a loved one
- Changes in sleep or eating patterns
- Difficulty sleeping or concentrating
- Worsening chronic health problems
- Increased use of alcohol, tobacco, or other drugs



Creating Positive Stress

Positive Stress

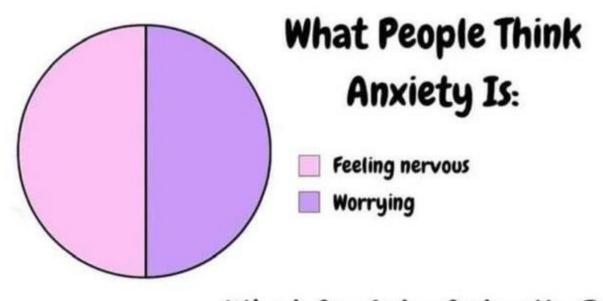
- Motivates
- Is short-term
- Feels exciting
- Improves performance
- Is pleasant and beneficial
- Is vital for physical and mental fitness
- Focuses energies and sharpens the mind

Negative Stress

- Doesn't fade, but builds
- Can lead to mental and physical problems, such as loss of concentration, irritability, depression, anxiety, headaches, tight muscles, fatigue
- Can be curbed with relaxation, positive "self-talk", and healthy boundaries and lifestyle







What Anxiety Actually Is:



Panic vs. Anxiety attacks

PANIC ATTACKS

- Start suddenly and peak within minutes
- Intense physical symptoms that can feel like a heart attack or a life-threatening situation
- Fear of losing control or dying
- Typically last for a shorter duration than anxiety attacks (a few minutes to an hour)
- Can happen without any apparent trigger or cause

BOTH

- Rapid heartbeat
- Shortness of breath
- Sweating
- Nausea
- Dizziness
- Chest pain or discomfort

ANXIETY ATTACKS

- Develop slowly over time
- General feeling of unease, restlessness, or tension
- Physical symptoms may be less intense than panic attacks
- Triggered by specific situations or events
- Can last for days, weeks, or months

Emotional Signs of Anxiety

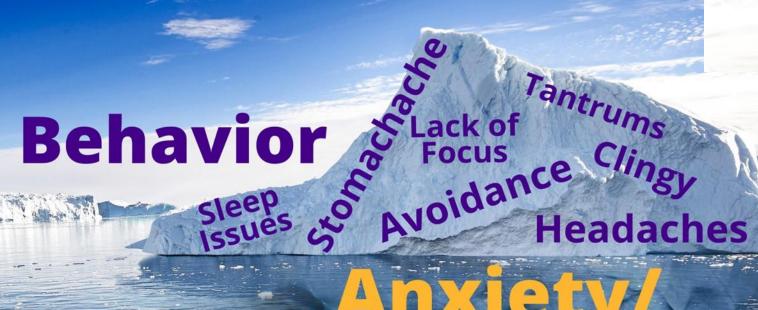
- Excessive stress or worrying
- Feeling powerless
- Having a sense of impending danger, panic or doom
- Trouble concentrating
- Feeling jumpy and tense
- Irritability

Physical Signs of Anxiety

- Increased heart rate
- Rapid breathing (hyperventilation)/shortness of breath
- Muscle aches/pains
- Dizziness/shaking
- Sweating
- Feeling fatigued/tired/weak

Factors That Create or Add to Anxiety...

- Expectations self and parents
- Organic/Biological
- Physical/Emotional Challenge
- Irrational Thinking
- Peer Pressure
- Depression
- Substance use/abuse
- Technology
- Perfectionism
- Covid-19, quarantining, and isolation

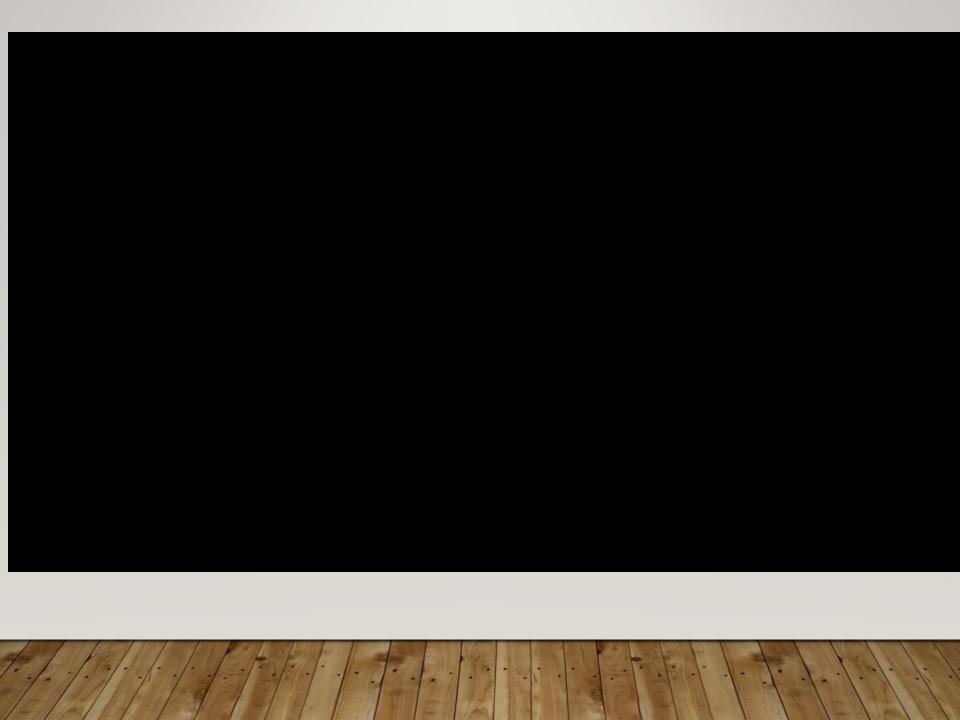


Anxiety/ Depression

Feelings

Anger
Frustration
Embarrassed
Ashamed
Confused
Overwhelmed
Stuck
Jealous

Sad Helpless Hurt Insecure Scared Uncomfortable Grief Lonely

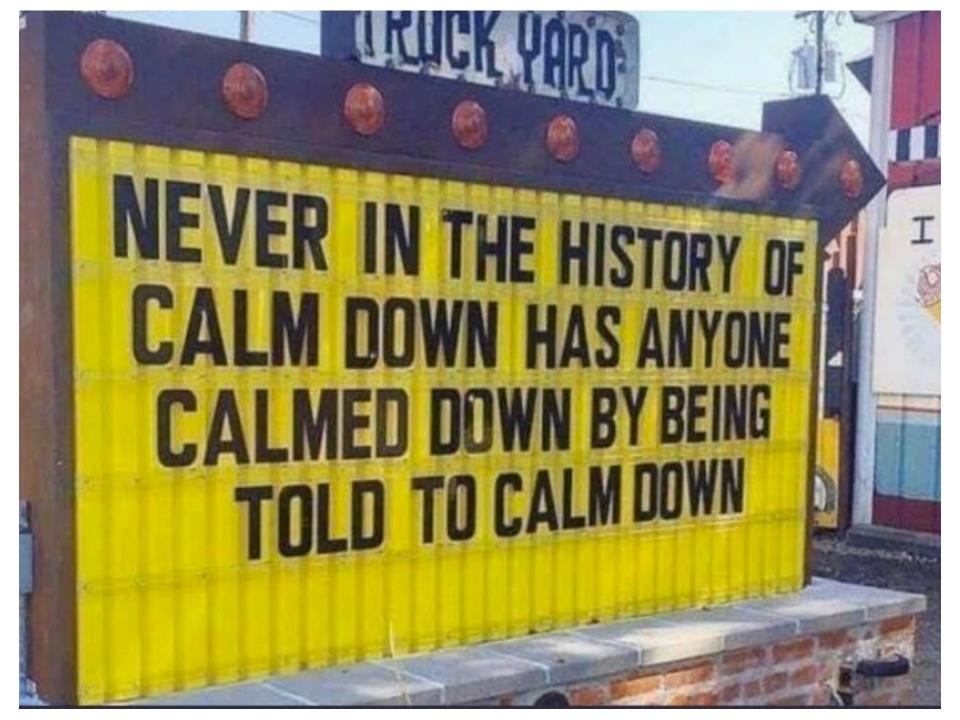


WHAT ANXIETY FEELS LIKE



What Are The Worst Things To Say To An Anxious Person





What Are The Best Things To Say To An Anxious Person...

- Tell me how you are feeling
- I'm listening
- Let's breathe together
- 1 to 10 scale, how horrible is it?
- Name 3 things...name 2 things, etc...
- How can I help you?
- I love you

More about Anxiety

- Feeling vs. Facts
- Anxiety is real, even if it can't be seen
- Anxiety is exhausting, and many hide it and feel shame
- Anxiety is like an overactive smoke detector
- Anxiety is all about control/lack of control
- Productive anxiety/worries vs. unproductive anxiety/worries
- The relationship between anxiety & depression/self harm/suicide
- Magical thinking...is just that, magical (and not very likely)

Top 10 Thoughts About Anxiety

- 1. Learn the signs of anxiety
- 2. Live in the moment
- 3. Know what to say and what not to say to self and others
- 4. Learn about CBT, other modes of therapy, medication
- 5. Don't avoid anxiety
- **6.** All about management not extinguishing anxiety
- 7. Less tech
- 8. Develop strategies in advance / be prepared
- 9. Be patient
- 10.Know where and when to get help at school, at work, etc.

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And sometimes we focus on some things (like all the challenging/awful things in our lives), and miss other things (like to good things)...

Count how many times the players wearing white pass the ball

And sometimes we focus on some things (like all the challenging/awful things in our lives), and miss other things (like to good things)...



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Signs of Depression

- Sadness and hopelessness
- Anger, rage, etc.
- Lack of interest in normal activities
- Isolation
- Difficulty concentrating
- Changes in work productivity
- Sleeping too much/too little
- Changes in diet
- Substance use
- Self Injury and suicidal ideation

Suicide and Self Harm...

- More misery and less perceived connection
- Anxiety
- Depression
- Major mental health challenge
- Emotional Regulation
- Access to a means
- Lack of access or perceived access to support
- Stigma
- Shame
- Inability to ask for help,
- Focus on negative, hard to see positive
- Inability to see others who are struggling/denial

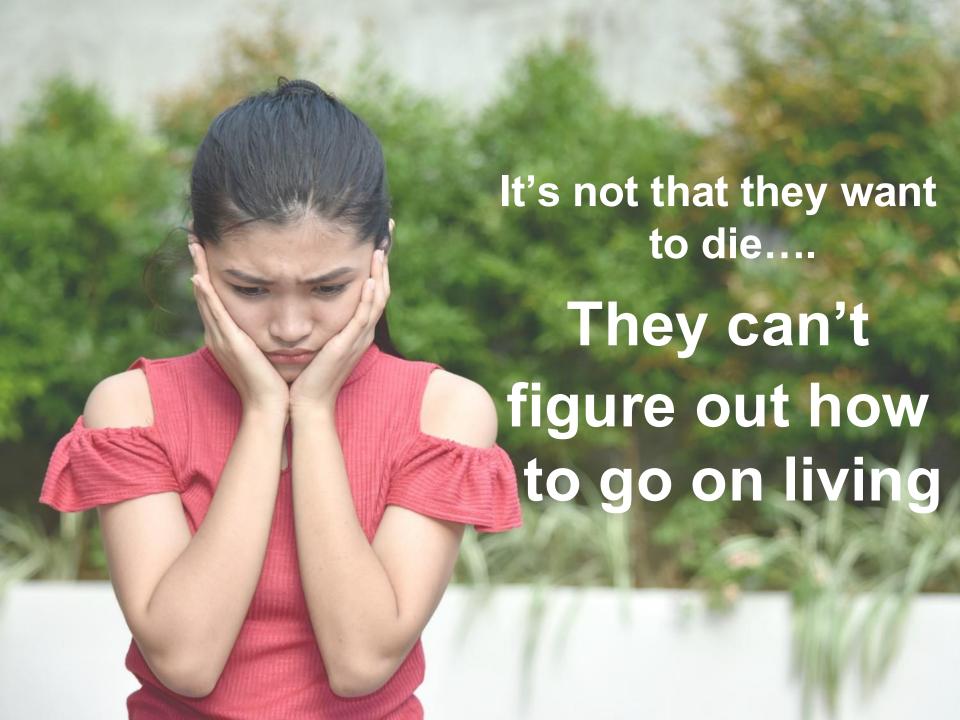
Self Harm/Self Injury...

What and Why:

- Cutting, burning, picking, or other forms of self-injurious behavior
- Also called Non-Suicide Self-Injury (NSSI) the connection to suicide is confusing and not always clear/present.
- Used in response to emotional distress, stress, or pressure that seems overwhelming
- Used to manage strong feelings and can bring relief in the moment
- Often associated with depression, OCD, eating disorders
- 20% of women/14% of men have participated in some form of self-injury.

Red Flags:

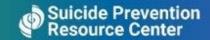
- May wear long sleeves or long pants even on warm days
- Frequent "accidental" injuries



9196

of adults in the U.S. believe that suicide can be prevented, at least some of the time







suicidepreventionnow.org

Suicide



- Fenway Park, E. Coli
- Leading causes of death in USA,by age/gender
- At-risk populations
- Gender differences
- **Kevin Hines**
- Facts vs. Myths
 - Terms, the Mantra, and 3 important words

Suicide Data: Massachusetts



Suicide is a public health problem and leading cause of death in the United States. Suicide can also be prevented – more investment in suicide prevention, education, and research will prevent the untimely deaths of thousands of Americans each year. Unless otherwise noted, this fact sheet reports 2020 data from the CDC, the most current verified data available at time of publication (March 2022).

15th

leading cause of death in Massachusetts

2nd leading

cause of death for ages 10-24

2nd leading

cause of death for ages 25-34

4th leading

cause of death for ages 35-44

6th leading

cause of death for ages 45-54

10th leading

cause of death for ages 55-64

19th leading

cause of death for ages 65+

Suicide Death Rates

		Rate per 100,000 Population	State Rank		
Massachusetts	618	8.35	48		
Nationally	45,979	13.48			

See full list of citations at afsp.org/statistics.

67.79% of communities did not have enough mental health providers to serve residents in 2021, according to federal guidelines.

Almost **six times** as many people died by suicide in 2019 than in alcohol related motor vehicle accidents.

The total deaths to suicide reflected a total of **11,685 years** of potential life lost (YPLL) before age 65.

50% of firearm deaths were suicides.

22% of all suicides were by firearms.



MASSACHUSETTS VIOLENT DEATH REPORTING SYSTEM SUICIDE 2022

Count												
100,000 100,000 100,000 100,000 100,000 100,000 100,000 100,000 100,000 100,000 15-24 58 12.0 12.2 18 12.6 3.8 76 12.1 18 12.5 3.4 44 97 15.5 5.5 14.7 22 15.4 4.4 97 15.5 5.5 14.7 14.7 16.0 32 22.4 6.8 103 15.5 11 14.7 16.0 32 22.4 6.8 103 15.5 11 14.7 16.0 32 22.4 6.8 103 15.5 11 14.7 16.0 32 22.4 6.8 103 15.5 11 14.7 16.0 32 22.4 6.8 103 15.5 11 16.7		MALE ¹ FEMALE ¹				TOTAL						
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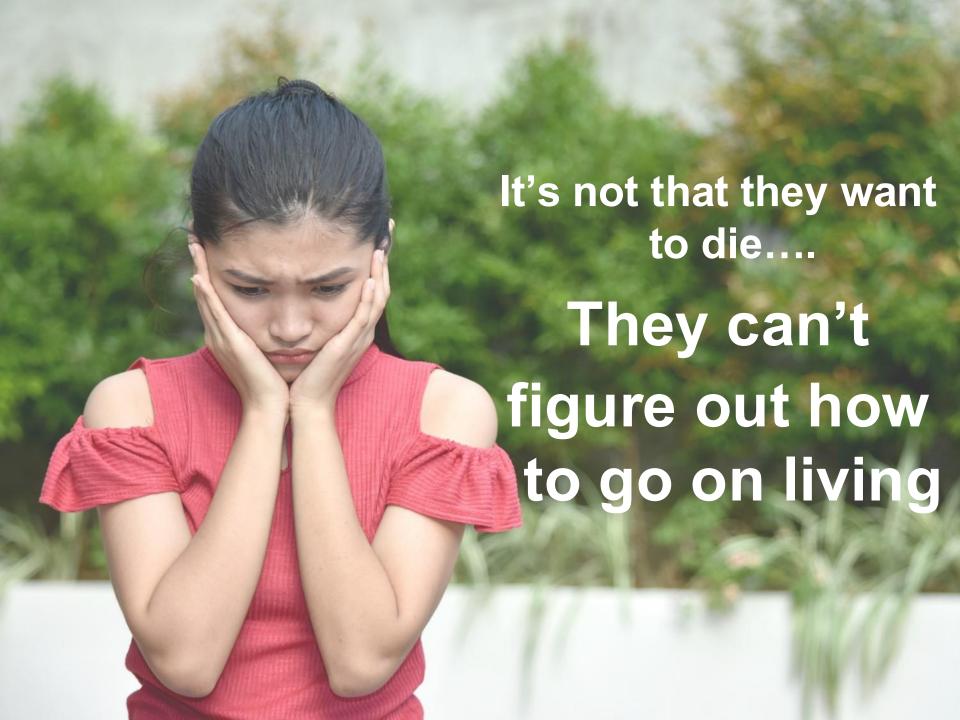
Source: Massachusetts Violent Death Reporting System, Injury Surveillance Program, Massachusetts Department of Public Health

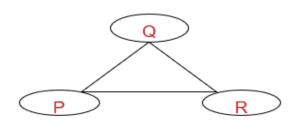
SUICIDE MYTHS & FACTS

- Myth No one can stop a suicide...it is inevitable
- Fact If a person in a crisis get the help they need, they may never be suicidal again
- Myth Confronting a person about suicide will only make them angry and increase the risk of suicide
- Fact Asking someone about suicidal intent lowers anxiety, opens up communication, and lowers the risk of an impulsive and destructive act
- Myth Only experts can prevent suicide
- Fact Suicide prevention is everybody's business, and anyone/everyone can help prevent suicide

SUICIDE MYTHS & FACTS

- Myth Suicidal people keep their plans to themselves...
- Fact Actually, most suicidal people communicate their intent at sometime preceding their attempt
- Myth Those who talk about suicide don't do it...
- Fact Actually, people who talk about suicide may try, or even complete, an act of self-destruction
- Myth Once a person decides to complete suicide, there is nothing anyone can do to stop them...
- Fact Actually, suicide is very often a preventable kind of death, and almost any positive action may save a life



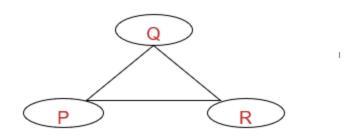


QPR

Suicide Clues and Warning Signs

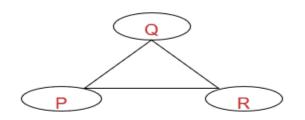
The more clues and signs observed, the greater the risk...

Take all signs seriously



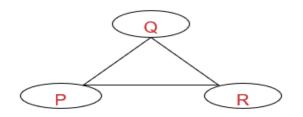
Direct Verbal Clues...

- "I've finally decided to kill myself"
- "I wish I were dead"
- "I'm going to commit suicide"
- "I'm going to end it all"
- "If (such and such) doesn't happen, I'll kill myself"



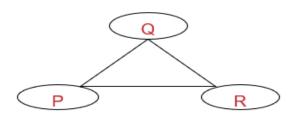
Indirect or "Coded" Verbal Clues

- "I'm tired of life, I just can't go on"
- "My family would be better off without me"
- "Who cares if I'm dead anyway"
- "I just want out"
- "I won't be around much longer"
- "Pretty soon you won't have to worry about me"



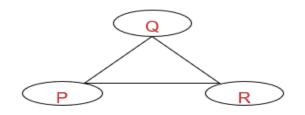
Behavioral Clues

- Any previous suicide attempt
- Acquiring a gun or stockpiling pills
- Co-occurring depression, moodiness, hopelessness
- Putting personal affairs in order
- Giving away prized possessions
- Sudden interest or disinterest in religion
- Drug or alcohol abuse, or relapse after a recovery
- Unexplained anger, aggression, and/or irritability



Situational Clues

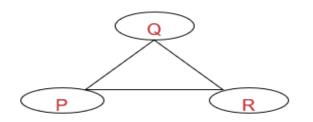
- Loss of any major relationship
- Being fired or being expelled from school
- A recent unwanted move
- Death of a spouse, child, or best friend --- especially if by suicide
- Diagnosis of a serious terminal illness
- Sudden unexpected loss of freedom/fear of punishment
- Anticipated loss of financial security
- Loss of a cherished therapist, counselor, or teacher
- Fear of becoming a burden to others



Tips for Asking "The Question"

- If in doubt, don't wait, ask the question
- If the person is reluctant, be persistent
- Talk to the person alone in a private setting
- Allow the person to talk freely
- Give yourself plenty of time
- Have your resources handy; phone numbers, counselor's name, and/or any other information that might help

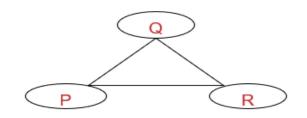
Remember: How you ask the question... is less important than the fact that... you ask it



How To Ask the Suicide Question...

Less Direct Approach:

- "Have you been unhappy lately?" "Have you been very unhappy lately?" "Have you been so very unhappy lately that you've been thinking about ending your life?"
- "Do you ever wish you could go to sleep and never wake up?"

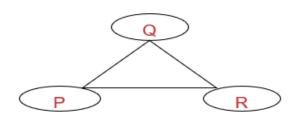


How To Ask the Suicide Question...

Direct Approach:

- "You know, when people are as upset as you seem to be, they sometimes wish they were dead. I'm wondering if you're feeling that way, too?"
- "You look pretty miserable, I wonder if you're thinking about suicide?"
- "Are you thinking about killing yourself?"

NOTE: If you can not ask the question, find someone who can

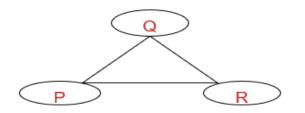


How To Persuade a person...

 Listen to the problem and give them your full attention

 Remember, suicide is not the problem, only the solution to a perceived insoluble problem

- Do not rush to judgment
- Offer hope in any form

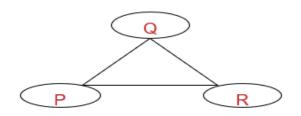


How To Persuade a Person

- "Will you go with me to get help?"
- "Will you let me help you get help?"
- "Will you promise me not to kill yourself until we've found some help?"

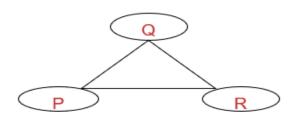
YOUR WILLINGNESS TO LISTEN AND TO HELP CAN REKINDLE HOPE...

AND YOU... CAN MAKE ALL THE DIFFERENCE



How To Refer a Person

- Suicidal people often believe they cannot be helped, so you may have to work hard...
- The safest option involves taking the person directly to someone who can help...
- The next safest option is getting a commitment from them to accept help, then making the arrangements to get that help...
- Another option is to give referral information and try to get a good faith commitment not to complete or attempt suicide...
- Any willingness to accept help at some time, even if in the future, is a good outcome...



For Effective QPR

- Say: "I want you to live," or "I'm on your side...we'll get through this."
- Get Others Involved...Ask the person who else might be of help
 - ➤ Family?
 - >Friends?
 - ➤ Brothers?
 - >Sisters?
 - ➤ Pastors? Priest? Rabbi?
 - ➤ Physician?

Mental Health Awareness for Staff:

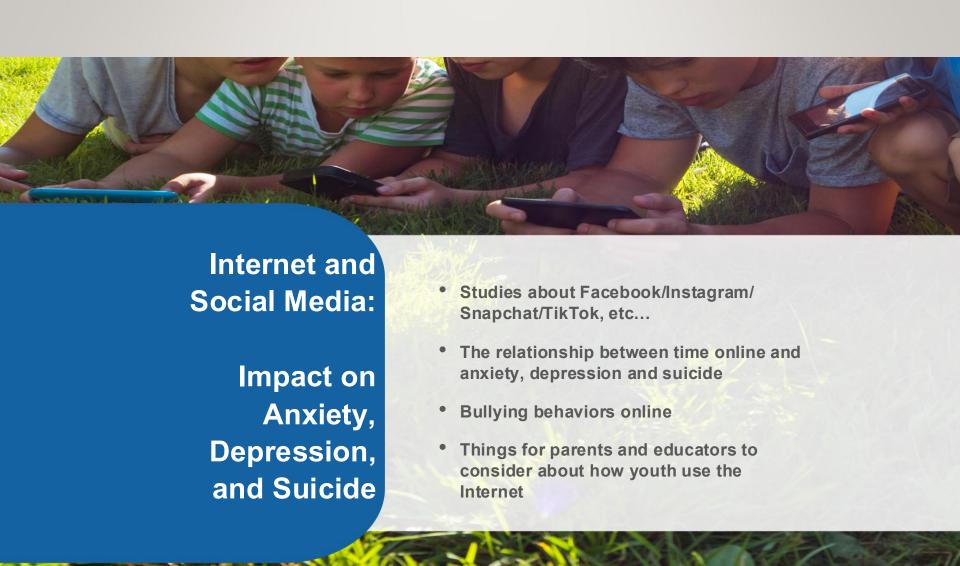
Giving staff tools to identify their own challenges, and how insights into mental health issues not only benefits them personally, but also in working with residents

Jon Mattleman

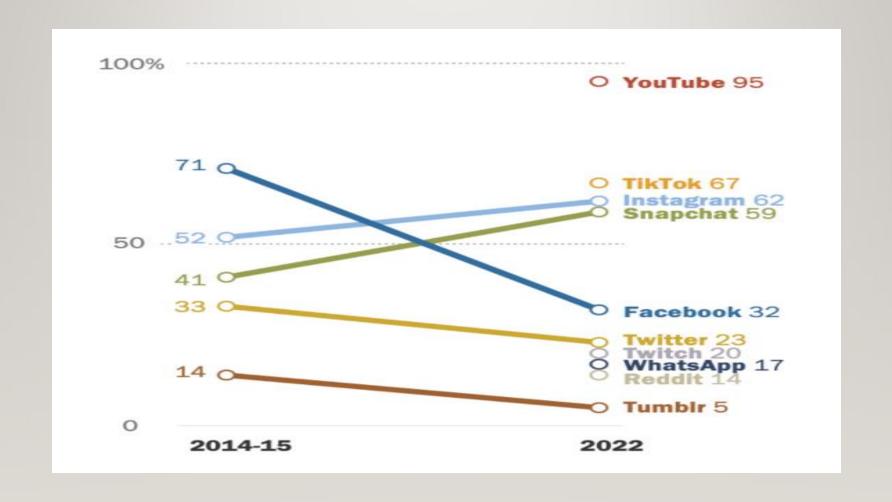
Email: jonmattleman@gmail.com

Website: www.jonmattleman.com

X/Twitter: www.twitter.com/jonmattleman



Social Media Sites and the Relationship with Mental Health

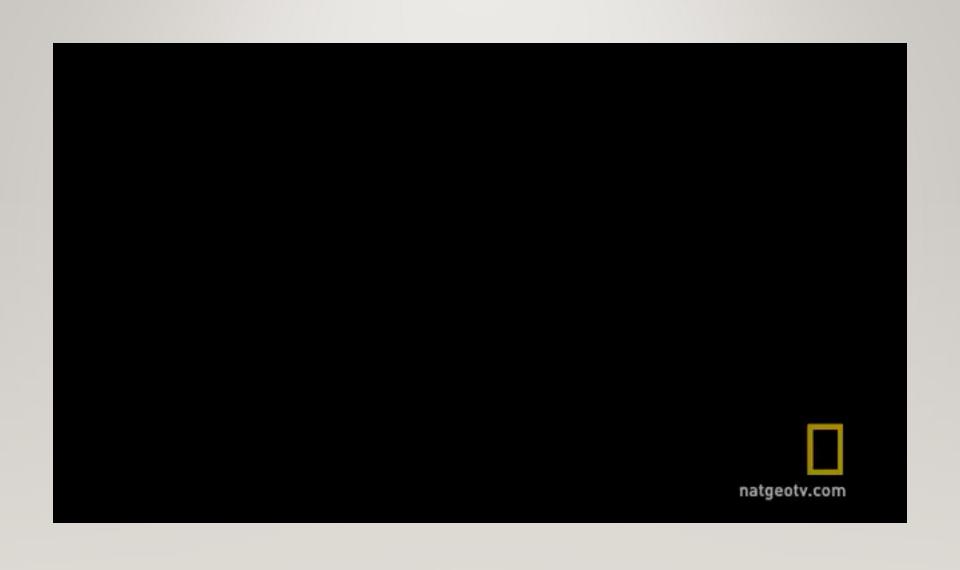


The Good...

- Means of expression
- Gives voice to the silent, isolated, and disconnected
- Connection and a sense of belonging and community
- Support and acceptance
- It's fun and entertaining
- Brings awareness and insight
- Breaks down stigma
- Normalizes mental health challenges
- Relatable

The Bad...

- Largely unmonitored
- Inaccurate messages/information
- Dangerous messages/information
- Relationship to anxiety, depression, and suicide
- Bullying, harassment
- Digital self harm
- Usurps time
- Safety physically and emotionally
- Tech is unforgiving
- Magnifying the hardest parts of life



Mental Health Awareness for Staff:

Giving staff tools to identify their own challenges, and how insights into mental health issues not only benefits them personally, but also in working with residents

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Email: jonmattleman@gmail.com

Website: www.jonmattleman.com

X/Twitter: www.twitter.com/jonmattleman

Top 14 Things for those who work with the public to know

1. When a person is not achieving/doing what you tell then to do....

Can't vs. Won't

- 2. Using better language "what do you need..."
- 3. The importance of "previewing"
- 4. Teach/practice breathing exercises
- 5. Stressful/anxious moments and places

Top 14 Things for those who work with the public to know

- 6. Areas to unwind and take a break
- 7. Think about: What does this trigger in you?
- 8. Debrief
- 9. Don't box yourself in
- 10. Laugh and cry (at the appropriate time and place)

Top 14 Things for those who work with the public to know

- 11. Don't hold a grudge --- every day should be a new day
- 12. Listen...don't fix
- 13. Change only happens when...
- 14. Everything a person does, they do for a reason....
 - and actually, a good reason

25 Ideas to Consider When Dealing with a Challenging Youth, Adult, Organization, Colleague, Resident ...

- 1) Observe and think before acting.
- 2) Listen carefully to the person's questions, requests, or complaints before responding.
- 3) If the person seems emotional, don't respond immediately until you have gotten yourself together.
- 4) Be aware and communicate clearly.
- 5) Use simple to understand language.
- 6) Always be respectful.
- 7) Don't take things personally.
- 8) Be calm both in your voice level and tone.
- 9) Approach the person as nonjudgmental as possible.

25 Ideas to Consider When Dealing with a Challenging Youth, Adult, Organization, Colleague, Resident ...

- 10) Repeat your request if necessary.
- 11) Only use humor when appropriate, but mostly, avoid humor.
- 12) Keep remarks professional and not personal --- use "I "statements.
- 13) Try to resolve the problem, if you cannot, know who to call for assistance and support.
- 14) Don't attempt to restrain or detain a person forcefully.
- 15) Do not argue with outrageous statements.
- 16) Stay pleasantly calm...but firm.
- 17) Don't argue

25 Ideas to Consider When Dealing with a Challenging Youth, Adult, Organization, Colleague, Resident ...

- 18) Keep remarks focused upon the issue (don't get sidetracked).
- 19) Don't touch the person, don't yell
- 20) Offer options and choices whenever possible.
- 21) Do not allow the person to manipulate you.
- 22) Encourage the person to make a complaint in writing if you can't satisfactorily resolve the issue.
- 23) Always "debrief" after an incident.
- 24) Don't gossip to others about it
- 25) Talk to other people who witnessed it --- in other words, attend to everyone who might have been impacted

WHEN THEY GO LOW

WE GO HIGH

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Signs of Burnout

- Exhaustion
- Lack of energy
- Negative feelings about work
- Mental disconnect from tasks
- Reduced productivity
- Decrease in work quality
- Sleeping too much or not enough
- Irritability
- Constant feelings of stress

What you can do

- Establish clear boundaries between work and personal life.
- Encourage realistic working hours, discourage overworking, and support the use of vacation days.
- Focus on self-care and mental health -- help employees utilize your EAP
- Check in regularly
- Build a culture of recognition and reward achievements
- Practice open communication with your team
- Be inclusive and empowering
- Ask about work happiness

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What is workplace bullying?

Workplace bullying refers to repeated, unreasonable actions of individuals (or a group) directed towards an employee (or a group of employees), which is intended to intimidate and creates a risk to the health and safety of the employee(s). Workplace bullying often involves an abuse or misuse of power.

A Bully Lives in Many Workplaces

60 million

Americans are affected by workplace bullying.



the balance

29% of employees who are targets of bullies remain silent about their experiences.



40% of people targeted by a bully experience stress-related health problems



60% of the target's coworkers' reactions are harmful to the targets of a bully.



61% of Americans are aware of abusive conduct that takes place in the workplace.



71% of employer reactions are harmful to the workplace targets of bully behavior.



10 things a person can do about workplace bullying

- 1) Be a role model
- 2) Don't ignore
- 3) Never use humor
- 4) Respect the target
- 5) Document
- 6) Report to HR
- 7) Get outside advice (e.g. from HR, upper management)
- 8) Don't gossip
- 9) Follow up
- 10) Show that this is important and act swiftly

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PUBLIC EMPLOYEES EXCEL AT...

- Serving the community
- Volunteering
- Supporting colleagues
- Giving of their time
- Planning ahead
- Pre-thinking about obstacles (& how to work around them)
- Being generous with others
-and many, many, many, others

BUT MOST ARE NOT GOOD ABOUT THEIR OWN SELF-CARE



Instagram: @peopleiveloved

Importance of you... the captains of the ship





And when the captain is not right, the ship...



The below are important to your well-being... and by extension to your family

- Prioritizing and practicing your physical health
- Prioritizing and practicing your mental health
- Identifying what nurtures you, what brings you joy, and what to avoid
- Setting boundaries and time alone
- Seeking support if/when needed

SELF-CARE IS...

- Not selfish
- More deeply understanding your priorities and needs what actually makes you feel rejuvenated?
- Implementing boundaries time, space, money, energy
- Making "peace" with discomfort of saying "No"
- Less tech, unless it's fun
- Asking for support and/or delegating
- Listening to/trusting your internal voice
- Limiting time with people/places/things that are draining

What Self-Care May Look Like

Laughing

Mindfulness

Therapy

Medication

Napping

Healthy eating/drinking

Self Generosity

Being in the moment

Exercising

Faith

Volunteering

Being in nature/outside

Showering/taking a bath

Identifying your strengths

Being creative

Emergency Joys (credit to Scott)



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Emergency Joys (credit to Scott)



Has COVID-19 forced you to wear glasses and a mask at the same time?

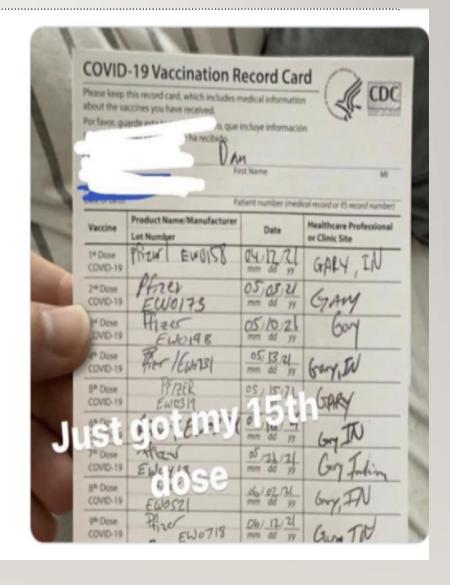
If so, you may be entitled to condensation.



op-ed: everyone more worried than me about omicron is a maniac and everyone less worried than me is an idiot



congrats to covid on its season three







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Emergency Joys (credit to Scott)

Jon's Emergency Joy – Brigham's Chocolate Chip Ice Cream



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Emergency Joys (credit to Scott)

ACTIVITY

What self-care strategies do you use?

What might your self-care look like?

Top 10 Thoughts About Self-Care

- Get enough sleep
- It can take work to identify what self-care is best for you
- 3. Prioritize your mental health
- 4. Get your thoughts out and practice gratitude
- Eat well and limit alcohol/drugs
- 6. Get moving/get outside
- Never be ashamed to practice what nurtures you
- Indulge/pamper yourself
- Laugh...and cry
- 10. Unplug

Constructs to Consider...

- Expectations can be crushing...
- The little things are big things...
- It can be hard to ask for help...
- Intentions vs. Actions...

Questions Comments Concerns Thoughts Feedback

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