

# Mental Health, Substance Use and Suicide Prevention Awareness for Leaders

# Our speakers

- **Peggy Burgess MSW, LCSW, CEAP, SAP** has been with Magellan 31 years, is a Licensed Clinical Social Worker, Certified Employee Assistance Provider and Substance Abuse Professional. She has worked in disaster relief, serving military families and veterans with the American Red Cross and providing in-patient psychiatric case management. Peggy has had many roles in her extensive career at Magellan including intake, EAP affiliate management, Quality Improvement and Workplace Support Services.
- **Alicia Miner MSW, LCSW, CEAP, SAP** has been with Magellan 19 years, is a Licensed Clinical Social Worker, Certified Employee Assistance Provider and Substance Abuse Professional with 30+ years experience in addictions and mental health. She is also a faculty member in the Master of Social Work program at St. Louis University.

# Objectives

- Learn the facts about mental health, substance use and mental illness.
- Recognize warning signs of mental illness, substance use, suicide and work performance concerns.
- Learn how to help and respond to mental health issues, substance use, work performance concerns and emergency situations.
- Receive additional information on manager, supervisor and human resource responsibilities and specialized resources.

# What is 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. Mental health is important at every stage of life, from childhood and adolescence through adulthood.



# What is mental illness?

Mental illness refers to a wide range of disorders which includes substance use disorders that affect mood, thinking and behavior. People with mental illness often experience distress and problems functioning at work, home, and in social situations.



***“One in four people in the world will be affected by mental health issues in their lifetime.”***

***“Mental illness and addiction are not caused by a weakness in character.”***

***A person can become addicted to opioid medication even when prescribed by a doctor.”***



***“Studies show most people with mental illness get better, and many recover completely!”***

# Warning signs of a potential mental health issue

- Withdrawing from people and activities
- Low energy and fatigue
- Numbness, sadness and hopeless feelings
- Unusually confused, angry, upset, agitated, worried or scared
- Uncontrollable, disturbing thoughts or compulsions
- Sleep changes
- Appetite and/or weight changes
- Trouble performing everyday tasks
- Severe mood swings
- Hearing voices
- Thoughts of harming self or others



# Shared risk factors for suicide

- Academic failure
- Aggressive tendencies
- Bullying, victimization
- Family conflict
- History of trauma or abuse
- Hopelessness, impulsivity, low self esteem
- Mental illness/ substance disorder
- Peer rejection
- Physical illness or chronic pain
- Previous suicide attempt(s)
- Relational, social, work or financial loss'
- Social withdrawal

# Shared protective factors

- A trusting relationship
- Optimistic or positive outlook
- Child rearing responsibilities
- Coping and problem-solving skills
- Cultural and religious beliefs that discourage suicide
- Employment
- Involvement in community activities
- Perceiving there is a clear reason to live
- Receiving effective treatment/ care
- Resiliency, self-esteem, direction, perseverance
- Sobriety
- Strong family bonds and social skills

# Warning signs of suicide

- Feeling as if 'nothing matters'
- Giving away possessions
- Saying 'goodbye'
- Increased depressive symptoms
- Sudden cheerfulness following depression
- Talking about doing it
- Owning/buying a gun



# Dispelling common myths about suicide

- **Myth #1:** People who talk about suicide are not really going to kill themselves. They are just looking for attention.
- **Truth #1:** People who die by suicide usually talk about it first. Although suicide can occur without warning, most suicidal people plan their death in advance and give clues that indicate they have become suicidal.
- **Myth #2:** If someone is depressed, raising the issue of suicide with that person may result in giving them the idea.
- **Truth #2:** It is more important to directly address the possibility of suicidal thoughts in a nonjudgmental caring manner. Openly talking about suicide can often provide relief.
- **Myth #3:** Suicide rates are highest around the winter holidays such as Thanksgiving and Christmas.
- **Truth #3:** Suicide rates are actually lowest in the winter months and highest in the spring.

# Warning signs of a potential substance use concern

## **Emotional**

- Sudden mood changes
- Aggression/ anger
- Anxiety/ fearful
- Paranoia/ hallucinations
- Hyperactivity
- Irritability/ agitation
- Low mood/ hopeless
- Denial

## **Behavioral**

- Unable to sit still
- Low motivation/ energy
- Withdrawn from others/ usual activities
- Unreliable/ untruthful
- Change in friends, hobbies, hangouts
- Financial concerns
- Legal involvement
- Relationship issues
- Use despite consequences

## **Physical**

- Weight loss/ gain
- Sleep changes
- Signs of withdrawal (cravings, sweating, shakes, chills)
- Bloodshot eyes
- Smaller/ larger pupils
- Slowed/ slurred speech
- Slowed reactions
- Unsteady gait
- Tolerance
- Unusual smells

# The substance use/misuse and suicide connection

- The abuse of alcohol or drugs is second to depression as the most frequent risk factor for suicidal behavior; risk increases if a substance disorder co-occurs with a mental health disorder.
- Active alcohol use/intoxication is associated with suicide; those who complete suicide have high rates of positive blood alcohol.
- Intoxicated people are more likely to attempt suicide using more lethal methods; alcohol intoxication increases suicide risk up to 90x as compared to abstinence.
- Alcohol and substance use problems contribute to suicidal behavior in several ways:
  - Those who are substance dependent have other risk factors for suicide including depression, social and financial problems.
  - Substance use can impact impulsive behavior which is a factor in suicide attempts.



# Substance use and suicide statistics



Nearly 1 in 12 adults in the U.S. has a substance use disorder.

**41,000+**

More than 41,000 deaths a year in the U.S. result from suicide.

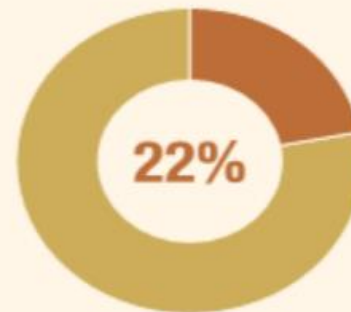


Opiates, including heroin and prescription painkillers, are present in 20% of suicide deaths in the U.S.

Rates of suicide in the U.S. are **almost four times higher** for men than for women.



**4x**  
higher



22% of deaths by suicide in the U.S. involve alcohol intoxication.

# At Risk Populations for suicide

- American Indians/Alaska Natives
- Those who are bereaved by another's suicide
- People in justice and child welfare systems
- Individuals who engage in non-suicidal self injury
- Those who have previously attempted suicide
- Individuals with medical conditions
- Having a mental and/or substance use disorder diagnosis
- Persons who identify as LBGT
- Members of the armed forces/veterans
- Men in midlife
- Older men



# Employee behavioral considerations

- Reduced productivity, work quality, or attendance
- Morale problems/significant change in behavior
- Safety risks/accidents
- Inability to concentrate, appears sad or tearful
- Poor grooming or disheveled appearance
- Signs of alcohol or drug use
- Thoughts of suicide or harming one's self or others

# Why get help?

- Mental health problems are linked with serious medical conditions (heart disease, diabetes, obesity, cancer).
- People with untreated serious mental illness may die 25 years earlier than people without mental illness.
- Suicide is the 10th leading cause of death in the U.S. Of those who die by suicide, 90% have a diagnosable mental illness.
- More than 80% of depressed people can be treated quickly and effectively.
- Alcohol misuse contributes to 88,000 yearly deaths.
- Overdose deaths have been on a sharp rise with over 70,000 yearly deaths and over two-thirds of those from opioid overdose.
- Untreated mental health conditions can have a huge workplace impact, from decreased employee productivity to lower morale to employee injury and death.

# Fighting mental health stigma

- Talk openly about mental health.
- Educate yourself and others on mental health.
- Be conscious of the language you use.
- Encourage equality between physical and mental illness.
- Have empathy for those with mental illness.
- Choose empowerment over shame.
- Don't harbor self-stigma.

## Ways you can help others

- The power of listening
- The power of normalizing
- The power of increasing hope

# Getting help

- **Primary care doctors**
- **Employee Assistance Program (EAP)**
  - 24/7
  - Confidential
  - Trained and licensed consultants
  - Telephone
  - Online
  - Prevention
- **National Institute of Mental Health** [www.nimh.nih.gov/health/find-help](http://www.nimh.nih.gov/health/find-help)
- **NAMI (National Alliance on Mental Illness)** [www.nami.org](http://www.nami.org)
- **SAMHSA (Substance Abuse and Mental Health Services Administration)** <https://findtreatment.samhsa.gov>

## Manager, supervisor and human resource responsibilities and resources

Know your EAP benefit details and promote the EAP to employees (flyers/brochures, orientation trainings, website).

Be familiar with warning signs of a potential workplace problem.

Address issues promptly, discreetly and with compassion and concern for your employee.

Remember, you do not have to handle tough workplace issues on your own:

- Consult with Magellan's Workplace Support team.
- Talk to your immediate supervisor.
- Reach out to your Human Resources Department.
- Refer to your EAP Manager's Program Guide.

Be prepared in case of a critical incident in the workplace.



## In emergency situations . . .

- Maintain a calm composure
- Call the National Suicide Prevention Lifeline: 1-800-273-8255
- Call your EAP
- Call 911 or 9911, remember, you may need to dial 9 first!
- Notify management and security

# Your Employee Assistance Program

**Call toll-free or visit us on the web**

**24 hours a day/7 days a week**

**Thank you!**

## **CONFIDENTIAL INFORMATION**

*The information presented in this presentation is confidential and expected to be used solely in support of the delivery of services to Magellan members. By receipt of this presentation, each recipient agrees that the information contained herein will be kept confidential and that the information will not be photocopied, reproduced, or distributed to or disclosed to others at any time without the prior written consent of Magellan Health, Inc.*