

# Promoting A Supportive Work Environment for WVU Faculty and Staff with Mental Health Problems

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# Objectives

- Raise awareness of mental health issues of employees (faculty and staff) at WVU
- Trifecta of COVID impact
  - Statement on Diversity and Commitment to Antiracism, Disparities
  - How do we pace ourselves in this COVID ultra marathon?
- Impact of employee mental health issues on the institution
- Depression/Anxiety in the workplace
  - What does it look like?
  - How do we talk about it?
- Creating a mental health friendly workplace
  - What can the University, Employees, Co-workers do?
  - Stigmatization and use of language
- What resources are available at WVU? How do we help a struggling faculty member?

# “Trifecta” of suffering

1. COVID-19
2. The emotional fallout from COVID-19
3. Racial injustice, police brutality, health disparities by race

# WVU FSAP Stance on Diversity/Racism

- At WVU FSAP we are dedicated to developing secure, resilient individuals and successful, trusting relationships with employees and families in our University community. As such, we stand against all forms of racism and discrimination and stand in support of the Black community. With new eyes, we condemn the abhorrent impact of systemic racism in our world, our societies, and in our own organization.
- We are committed to listening, learning and growing, so that we can better embody our values of inclusion, equality and diversity. We can, and will do better. As a community, we commit to becoming an anti-racist organization, working in close collaboration with our Diversity, Equity and Inclusion Office, as well as with members in our community who have experienced marginalization.
- Our renewed aim is to share our expertise and knowledge in the service of healing racial trauma, helping people value differences while affirming our common humanity. We will take a more focused and deliberate action to welcome and promote greater openness and compassion in all our endeavors.

# Disparity in Educational Impact of COVID-19

Average months of learning lost in scenario 2 compared with typical in-classroom learning<sup>2</sup>



... and the result is learning loss from student disengagement and/or lack of access

<sup>1</sup>Estimates based on income quintiles, with assumption that top 2 income quintiles receive high-quality instruction.

<sup>2</sup>Includes 0.05 standard deviation reduction for black, Hispanic, and low-income students to account for recession impacts (~1 month of additional lost learning).

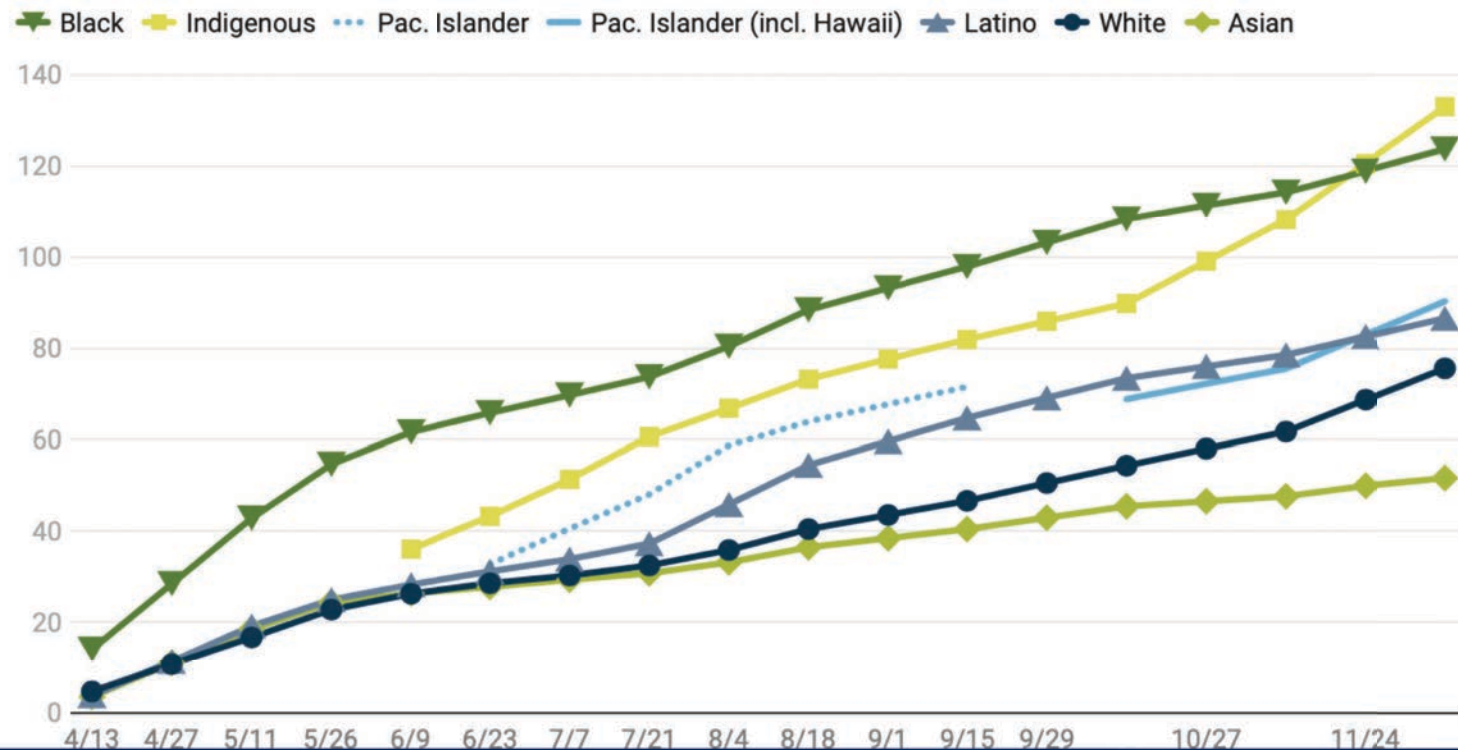
Source: US Census 2018



# Disparity in Death Rates

## Black & Indigenous Americans experience highest death tolls from COVID-19

Cumulative actual COVID-19 mortality rates per 100,000, by race and ethnicity, April 13-Dec. 8, 2020

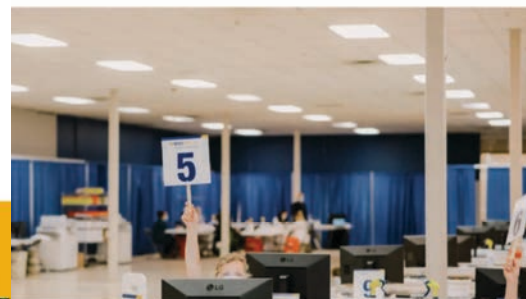


# “THE CHOICE”

Proctor and Gamble

# Just Give me the VAX.....

## WV Gets Positive Recognition...



### In the News: Federal Officials Praise West Virginia's Vaccine Efforts

The following article was published by the Pittsburgh Business Times on Jan. 29.

"A top Biden administration official on Friday praised West Virginia among seven states that have already given shots to 10 percent or more of the adult population with one of the two approved COVID-19 vaccines.

"Andy Slavitt, the administration's senior COVID-19 advisor, specifically mentioned the Mountain State along with Connecticut, Oklahoma, New Mexico, Alaska, South Dakota, and North Dakota during a briefing Friday with federal officials.

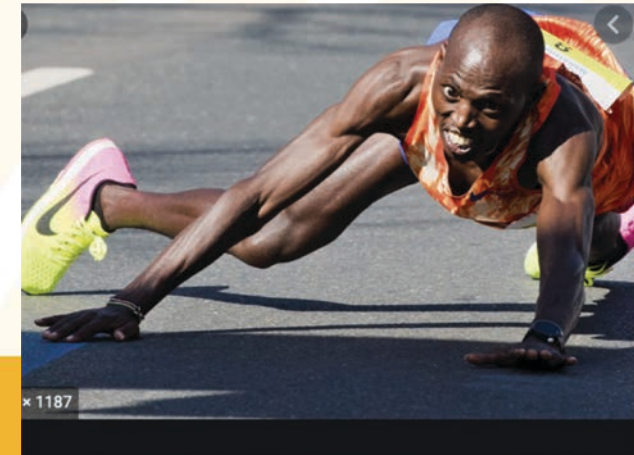
"Well done," Slavitt said.

"It was another confirmation of West Virginia's speed and efficiency in what has been a rollout complicated nationwide by short supply and logistical issues. There isn't enough supply of the two approved vaccines, from Pfizer/BioNTech and Moderna, to vaccinate everyone in the country yet."



# The COVID Super Marathon: How Do we get to the finish line?

- Have a Plan A, B, and C
  - Plan A-the race goes well (achievers) Fuel, Hydration, Rest, Recovery
  - Plan B-Account for a few mishaps (many moments and days this is more realistic)
  - Plan C-you used all your energy up in the first 20 miles-you might need to walk or trudge across the finish line
    - Take frequent breaks
    - Delegate tasks
    - Get in someone's tailwind (lean on family and friends)
    - Focus on basics-put one foot in front of the other



# The COVID Super Marathon: How Do we get to the finish line? (Continued)

- Run the mile you are in.....focus on what's in front of you, the role you are in, the task that needs accomplished in the moment.
- Connect to purpose-
- Run at 85% instead of 100%
- Turn back and cheer for your teammates!



We are all in this together....Let's get after it! Eyes forward, stand tall, we can make it to the finish line!



- CONNECT WELLNESS Dec 10, 2020. Megan Call Licensed psychologist, Associate Director of the Resiliency Center, University of Utah Health



# Mental Health Problems in The Workplace - Prevalence

- One in five people at the workplace experience a mental health condition.
- Stigma and lack of awareness of mental health at the workplace persist as barriers to equality.
- Frequently, people with mental illness conceal their illness for fear of discrimination when looking for or keeping a job.

- World Federation for Mental Health, Mental Health in the Workplace report:  
<https://www.wfmh.global/wmhd-2017/>



# Mental Health Problem or Mental Health Disorder?

- Mental Health Problem
- Mental Health Disorder-Diagnosable characterized by altered thoughts, emotions or behavior that result in distress and impaired functioning.
  - Organic mental disorders (dementia)
  - Substance Use Disorders (SUDS) (Alcohol Use Disorder or Opioid Use Disorder)
  - Delusional Disorders (schizophrenia)
  - Mood and Anxiety Disorders (Depression, Bipolar disorder, panic disorder)
  - Personality Disorders (paranoid, borderline etc)

# Consequences (Organizationally) of Mental Health Problems in the Workplace

- Mental health problems have a direct impact on workplaces through increases in the following:
  - Absenteeism (missed work days)
  - Presenteeism (reduced productivity at work)
  - Disability claims
  - Injuries / illnesses
  - Grievances / complaints
  - Turnover
  - Legal implications
- Annual global costs of mental problems are estimated at 2.5 trillion U.S. dollars and are expected to rise to 6 trillion U.S. dollars by 2030.
- Globally, depression at the workplace is a leading cause of lost work productivity, sick leave and premature retirement.

# Depression and Anxiety in the Workplace

- Treatment of depression for employees results in 40-60% reduction in absenteeism
- A \$1 investment in treatment for depression and anxiety leads to a return of \$4 in better health and ability to work.
- By proactively addressing depression and anxiety in the workplace, employers will reduce costs and support a healthier employee base.
- Employers and coworkers can recognize the signs of depression in order to help.

# Recognizing Depression in the Workplace

<b>What Depression Feels Like</b>	<b>How it Looks to Co-Workers</b>
<b>Deep feelings of sadness</b>	<b>Withdrawal from team, isolates oneself</b>
<b>Loss of interest in work or social activities</b>	<b>Indifference</b>
<b>Difficulty concentrating, slowed thoughts</b>	<b>Putting things off, missed deadlines, accidents</b>
<b>Forgetfulness and trouble remembering</b>	<b>Seems "scattered" or absent-minded</b>
<b>Trouble making decisions</b>	<b>Procrastination, indecisiveness, slowed productivity</b>
<b>Trouble sleeping or sleeping too much</b>	<b>Late to work, afternoon fatigue, accidents</b>
<b>Feelings of worthlessness or inappropriate</b>	<b>Unsure of abilities, lack of confidence</b>
<b>Energy loss or increased fatigue</b>	<b>Low motivation, detached</b>
<b>Irritability, anger, or tearfulness</b>	<b>Inappropriate reactions, strained relationships</b>
<b>Weight or appetite changes</b>	<b>Change in appearance</b>



# Creating a Mental Health Friendly Workplace

- A healthy, rewarding environment is important for positive mental health.
- A mental health-friendly workplace:
  - Values diversity
  - Includes health care that incorporates mental illnesses
  - Has programs and practices that promote and support health and wellness
  - Provides training for supervisors in mental health workplace issues
  - Safeguards employee confidentiality
  - Supports employees who seek treatment or require hospitalization or disability leave

# STIGMA

- Many people feel that they have to hide their mental illness because of misconceptions others have such as:
  - There is no treatment or hope
  - Mental health problems are caused by personal weakness
  - That people with mental health problems can't make decisions or run their own lives

# Where does it comes from?

- Stigma stems from antiquated and inaccurate beliefs that addiction and/or mental illness is a moral failing, instead of what we know them to be— chronic, treatable illnesses from which most patients can recover and or learn to manage and continue to lead healthy lives.
- <https://www.thenationalcouncil.org/wp-content/uploads/2016/10/Substance-Use-Teminology.pdf>

# Words Can Hurt

- Crazy
- Psycho
- Nuts
- Delusional
- Mental
- Loony
- Addict/Alcoholic
- Dirty
- User
- Manic
- Wacko
- Insane
- Split personality
- Deranged
- Nervous Breakdown
- Nerve Pills



# How Does Stigmatizing Language Affect People with Mental Illness or SUD?

- Reduce the willingness of individuals to seek treatment.
- Stereotyping can lead others to feel pity, fear, anger, and a desire for social distance from them.
- Can negatively influence even health care provider perceptions of people with SUD and MI, which can impact the care they provide.
  - <https://www.thenationalcouncil.org/wp-content/uploads/2016/10/Substance-Use-Terminology.pdf>

# People Are More than Their Diagnosis- Language Evolves

- Using pejorative language evokes negative and punitive implicit cognitions
- Person First Language
- A person's diagnosis is only one part of them as a whole person
- A person with mental illness diagnosis “has” a problem, rather than “is” the problem.
- More sensitive language avoids negative associations, punitive attitudes, and individual blame.
  - <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5937046>

# For Mental Illness Diagnosis

DON'T SAY	INSTEAD SAY
Manic Depressive	Bipolar Affective Disorder
Nervous Breakdown	A Major Depressive Episode or a relapse in a mental illness for which they needed medical leave
Nerve Pills	Medication to treat a mood/anxiety or thought disorder or psychotropic medication
Committed Suicide	Died by suicide or lost by suicide
Schizophrenic or psychotic	Person with schizophrenia or experiencing psychosis, or with hallucinations
Normal Behavior	Usual or typical behavior

# Substance Use Disorders

DON'T SAY	INSTEAD SAY
Addict or alcoholic User/Abuser Junkie	Person with substance use disorder, person with _____use disorder
Former Addict or Reformed Addict	Person in recovery or long-term sustained recovery or person who previously used drugs
Habit	SUDs
Abuse	For illicit drugs-"use" for prescription medication- "misuse, used other than prescribed."
Clean	Tested negative or, In remission or recovery; Abstinent Not drinking or taking drugs
Dirty	Positive Screen or currently using



# What can we do? Macro-Mezzo-Micro - *Employers*

- Employers Can:
  - Be aware of mental health issues
  - Modify workplace risk factor for stress
  - Develop an organizational culture that promotes wellbeing and creativity
  - Facilitate access to healthcare for employees
  - Have understanding and flexibility for employee needs,
  - Combat Stigma –encourage open discussion

# What can we do? Macro-Mezzo-Micro - *Employees*

- Employees can avoid burnout and improve their mental wellness in the workplace. Here are some tips:
  - Practice resilience and self-care
  - Seek help when you need it
  - Maintain and enhance your social networks
  - Engage in regular exercise and leisure activities
  - Talk to your employer about your mental health needs
  - Know your rights

# What can we do? Macro-Mezzo-Micro - *Coworkers*

- Here are some tips on what you can do to help someone you work with who may be struggling:
  - Make it clear that you want to help, listen without judgement, and offer support.
  - Encourage them to seek professional help when they are ready.
  - If you think the person is in immediate danger, do not leave him or her alone. Seek professional help from the emergency services, a crisis line, or a health-care professional.
  - Stay in touch to check how the person is doing.

# Burnout and Mental Illness Intersect: What is Burnout?

1. Emotional Exhaustion
2. Depersonalization
3. Decreased sense of accomplishment



# Burnout is Prevalent

- 20-30 % of teachers have moderate to high burnout
- 50-75% of physicians have moderate to high burnout
- Most research on burnout has been done on professionals or “people who help people.”
  - Teachers, nurses, social workers-more research on parental burnout



# Why don't faculty get help?

Here are some reasons (verbatim) that professors in a survey gave for not disclosing their mental health concerns....

- Fear of losing all credibility. When my child was younger, fear of losing custody.
- I have seen a colleague with a serious mental-health issue subjected to constant gossip, originating with administrators, and I believe such would seriously damage my ability to work.
- Because academic work requires a very sharp, functioning mind, I've been terrified that revealing my mental-health problems would cause others to respect me even less than they already do.
- I am exhausted and overworked, which doubles the difficulty in hiding symptoms.
- I'm very worried I won't be seen as capable of doing the job if I disclose that I've suffered from major depressive episodes in the past.


- Promoting Supportive Academic Environments for Faculty with Mental Illnesses: Resource Guide and Suggestions for Practice

- [Temple Collaborative on Community Inclusion](#) | May 15, 2017 | Price and Kerschbaum


# Resources Available to WVU Faculty/Staff and Their Chairman/Managers for Consultation


- WVU Talent and Culture-Employee Relations Partners—304-293-5700 Ext. 5
- WVU Medical Management—Marsha Payton-FMLA & Intermittent Leave
- WVU FSAP
- WVU ADA Coordination-Jill Hess

**JILL HESS**  
ADA Coordinator



Jill Hess serves as the Americans with Disabilities Act (ADA) Coordinator for WVU. In her work, she provides direct service and accommodations to faculty, staff and GA/GTA/RAs with disabilities on all WVU campuses and ensures institutional compliance with Title I and Title II of the ADA. Jill began her career as a consultant for the Job Accommodation Network (JAN), and in 2006 joined WVU's Office of Accessibility Services (OAS) as a Rehabilitation Counselor, serving students

 [\(304\) 293-6692](tel:(304)293-6692)

 [jill.hess@mail.wvu.edu](mailto:jill.hess@mail.wvu.edu)

# Resources Available to WVU Faculty/Staff and Their Chairman/Managers

## Work-Life Integration

- [COVID-19 Faculty Accommodation Request](#)
- [COVID-19 Extension of the Tenure Clock](#)
- [Modification of Duties for Certain Full-Time Faculty; Extension of the Tenure Clock](#)
  - [Modification of Duties Request](#)
  - [Extension of the Tenure Clock Request](#)
- [Lactation Support Information](#)
- [Phased Retirement Program](#)

- Provost Office Resources

# Faculty and Staff Assistance Program (FSAP)



## Healthy Healers: Wellness Resources

FSAP	Faculty and Staff Assistance Program
Target Recipient	WVU employees and their dependents. This includes faculty, residents, fellows, and staff who are WVU benefits eligible.
Purpose	WVU FSAP is the internal EAP (Employee Assistance Program) for West Virginia University. This is a free service offered to employees and their dependents. This is a confidential resource that provides professional staff a safe place to sort through problems and determine the best resources available to address them. <i>If you need to talk, we're here to listen.</i>
Visit Options	Zoom; Phone; In-person (by request)
What to Expect	<ul style="list-style-type: none"> <li>• FSAP provides short term counseling and referral services.</li> <li>• We are able to see you within 24-48 hours of your call if needed (sometimes same day). We will work with you to provide an appointment time that is convenient for your schedule.</li> <li>• When you contact FSAP, we will connect you with one of our 5 FSAP providers</li> <li>• Each employee gets 3 sessions per year, without accessing your insurance.</li> <li>• You will see a licensed behavioral health provider and decide together if a long-term referral to the community is needed.</li> <li>• FSAP will help facilitate this referral and may provide additional sessions to bridge you to the community provider.</li> </ul>
Important Information	<ul style="list-style-type: none"> <li>• FSAP services are highly discreet and confidential; FSAP is subject to confidentiality guidelines similar to HIPAA. No documentation is entered into EPIC</li> <li>• Your employer will NOT be notified of your participation</li> <li>• If you would like to speak with someone who is not affiliated with our BMED department, please note this when making an appointment.</li> </ul>
Website	<a href="https://www.hsc.wvu.edu/fsap/">https://www.hsc.wvu.edu/fsap/</a>
Phone	For an appointment call: (304) 293-5590
Email	Email Aarika Willis at: <a href="mailto:fsap@hsc.wvu.edu">fsap@hsc.wvu.edu</a>
Location	The Suncrest Building (next to Applebees)
Hours	8:00am - 6pm M-Th; 8:30-4:30 pm Friday





# What is FSAP?

- ✓ A Benefit Provided by Your Employer
- ✓ 1-3 Sessions Per Employee per year- dependents and retirees are also eligible
- ✓ Confidential Brief Supportive and Informational Therapy/Counseling from Licensed Clinicians



1085 Van Voorhis Rd. | 304-293-5590 | FSAP@hsc.wvu.edu



CALL or  
EMAIL to  
Schedule an  
Appointment



**Aarika Willis, BA**  
Program Assistant  
Aarika answers phones,  
emails, triages, does  
referrals and case  
management



**Bri Small, BA,**  
MSW Graduate Assistant  
Bri answers phones,  
emails, triages, provides  
referrals and case  
management

FSAP Support Staff

FSAP Full and part-time providers



**Janie Howsare, LICSW, MPA, CEAP, Director WVU-FSAP**

Associate Professor WVU Department of Behavioral Medicine & Psychiatry

- Certified Employee Assistance Professional
- 25 years of experience in behavioral health
- Specialty Certifications/Training in Trauma, Couples, Clinical Supervision



**Sandra Corbett, LICSW**

- Full-time therapist (M,T,Th,F evening appts)
- 11 years of clinical experience with adults.
- Couples, trauma, anxiety, depression



**Amy Zeiders, LGSW**

- Part-time therapist (M&W-15 hours evening)
- 13 years of clinical experience with all ages.
- Couples, trauma, mood, family/co-parenting



**Jacob Raymond, LPC**

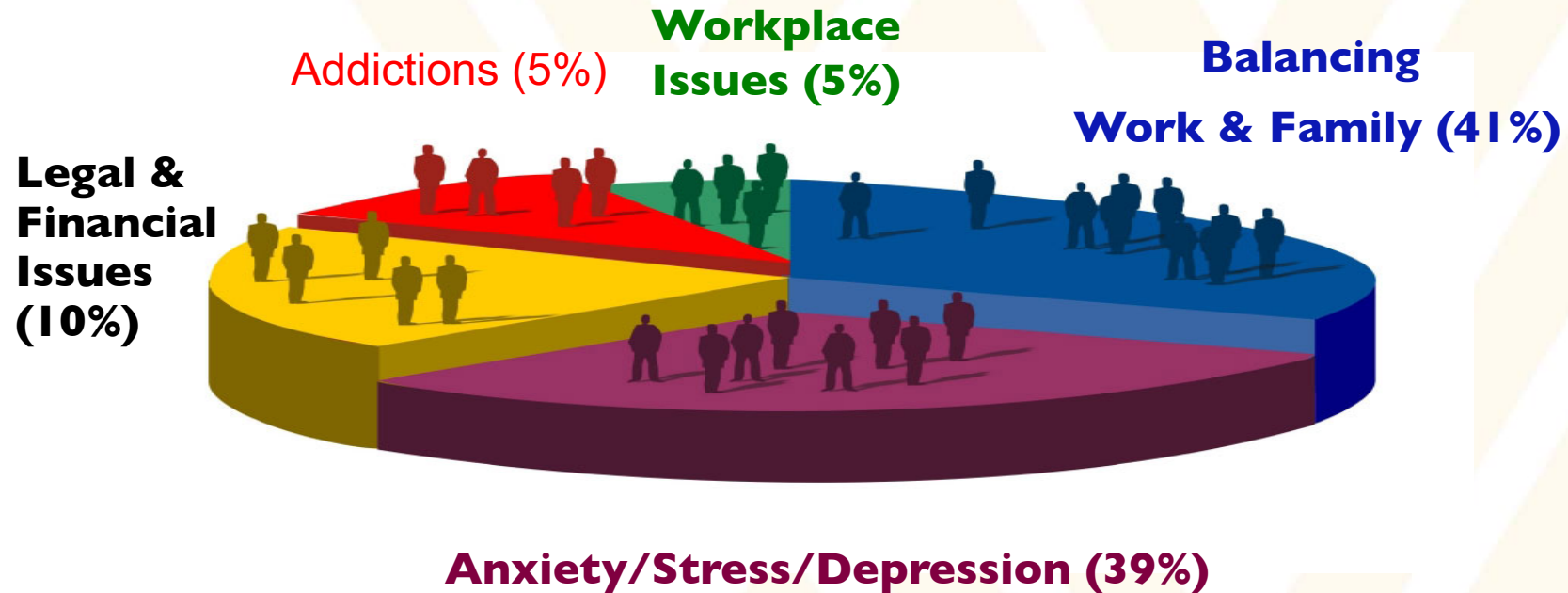
- Part-time therapist (T&W-8 Hours )
- 10 years clinical experience with adults.
- Trauma, anxiety, depression
- Psychodynamic training



**Jamie Jacobs, LPC, ALPS**

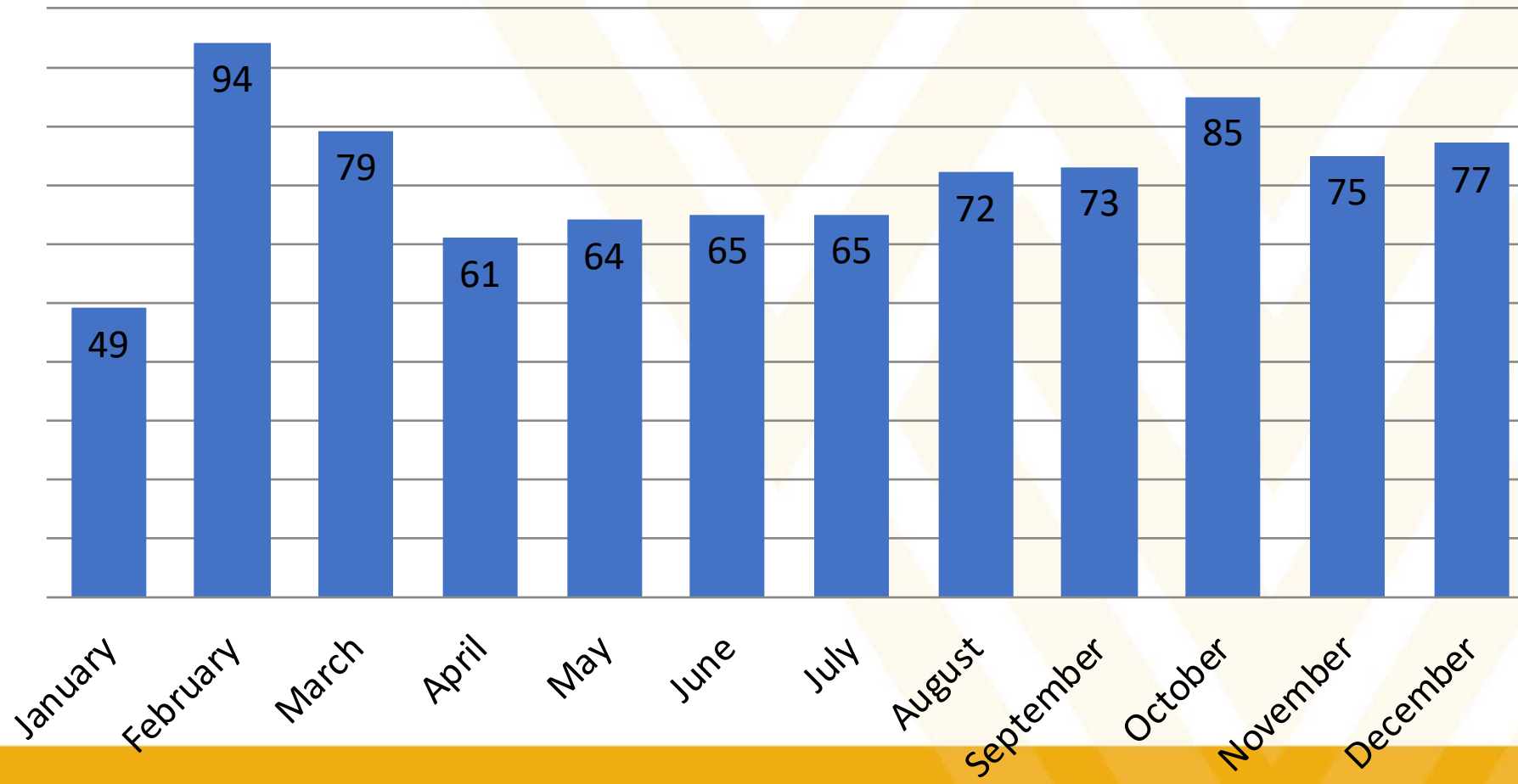
- Part-time therapist (2hours-Tues-AM-only)
- Former FSAP Director
- 14 years of clinical experience with teens & adults.
- CBT-EMDR trained-mood, life transition

# Use of FSAP Services



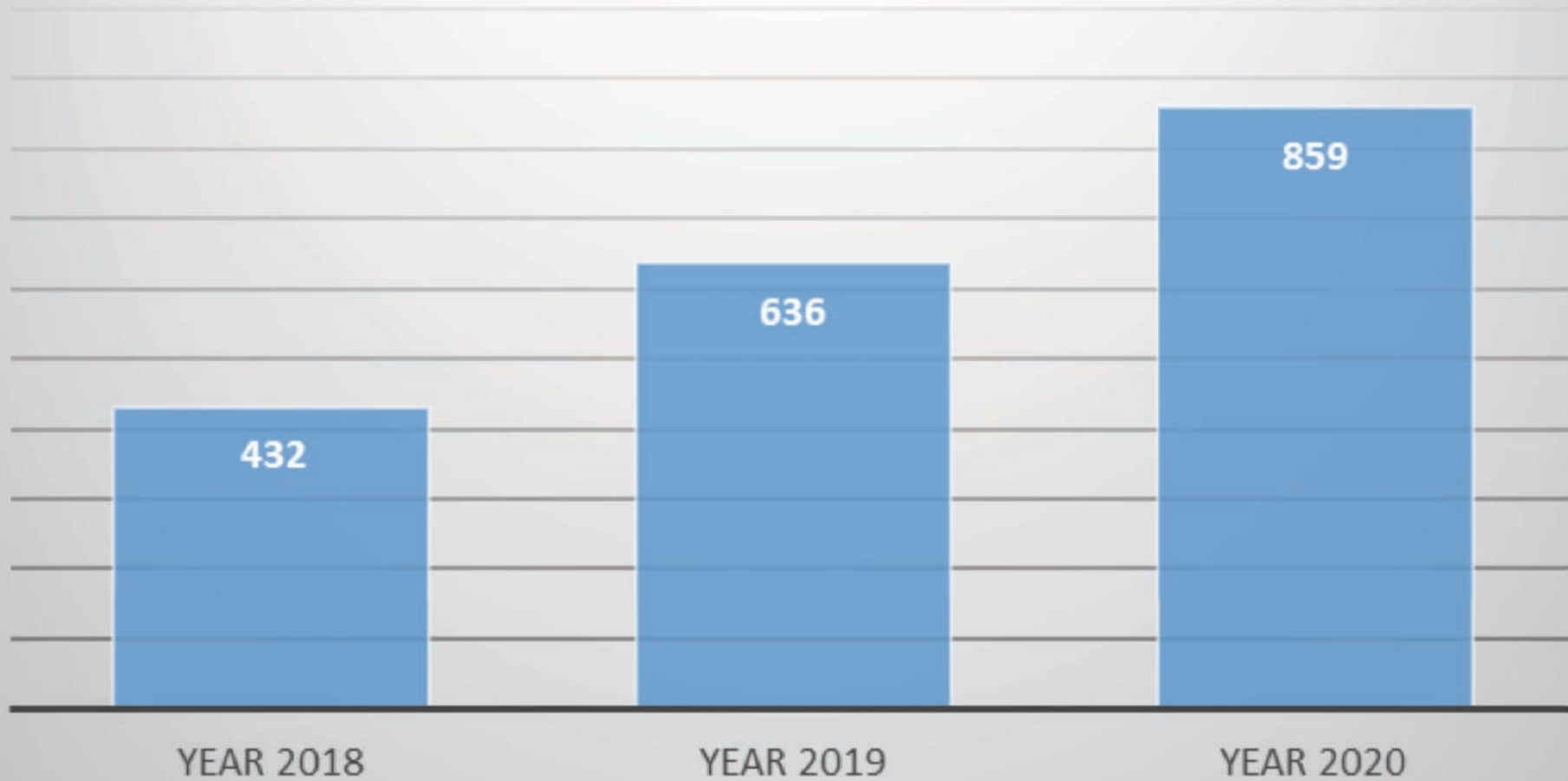
# Employee Visits per Month (2020)

859 Visits Total

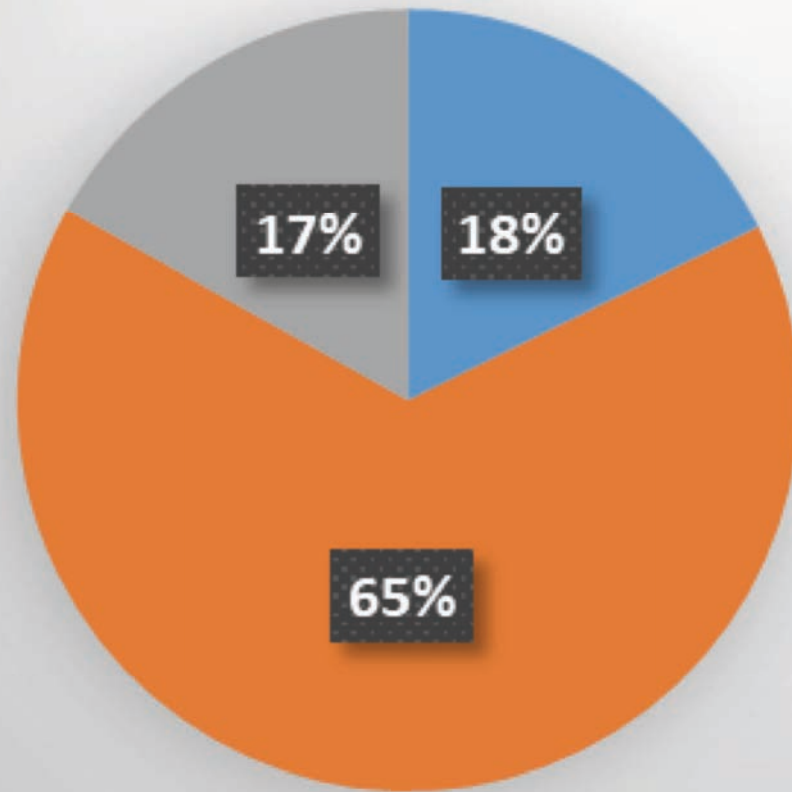




## Total Number of Visits

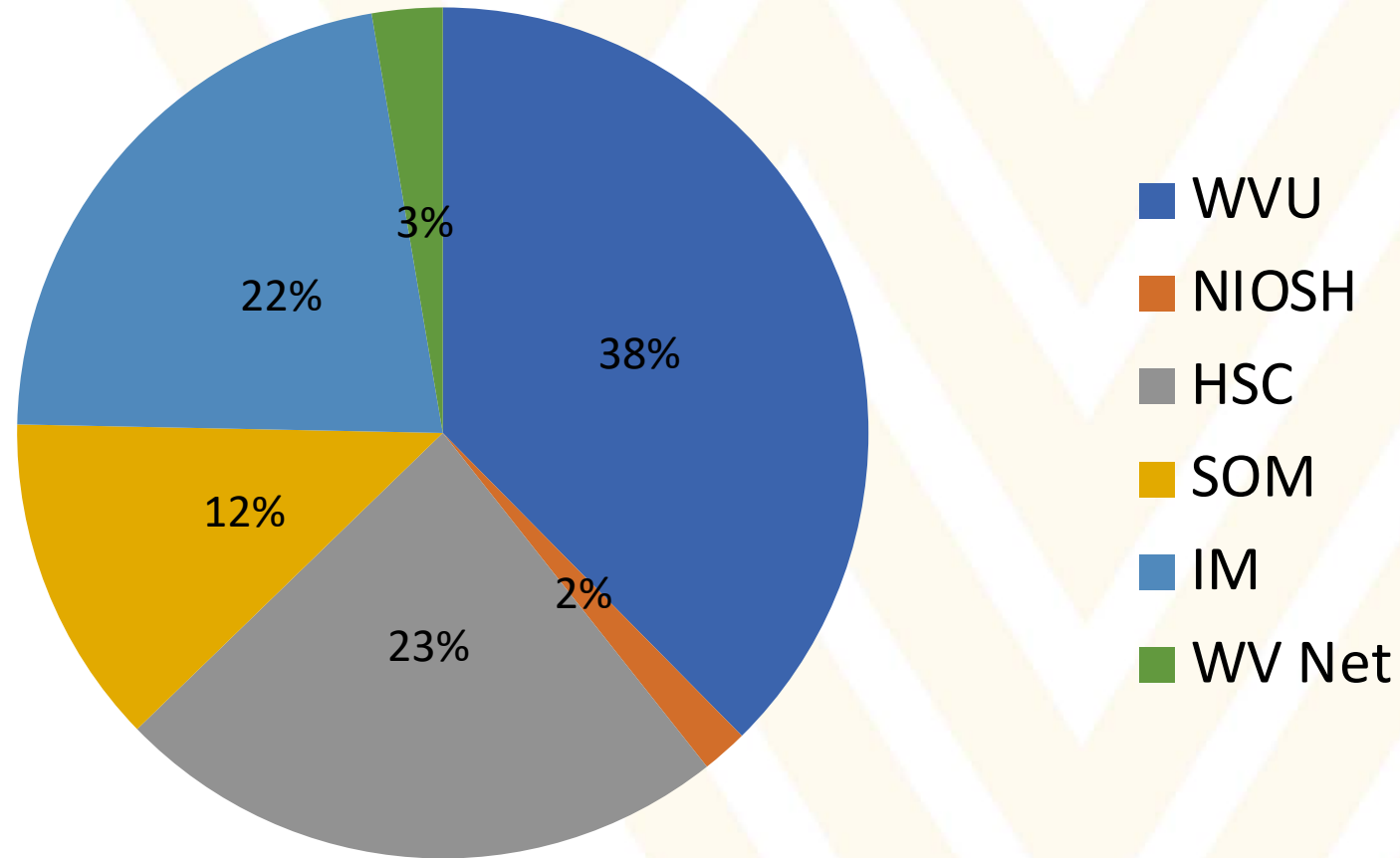


## Type of Visit



- Mandatory Referrals (Total Visits)
- Self Referred Visits
- Wellness

# 2020 Visits by Area

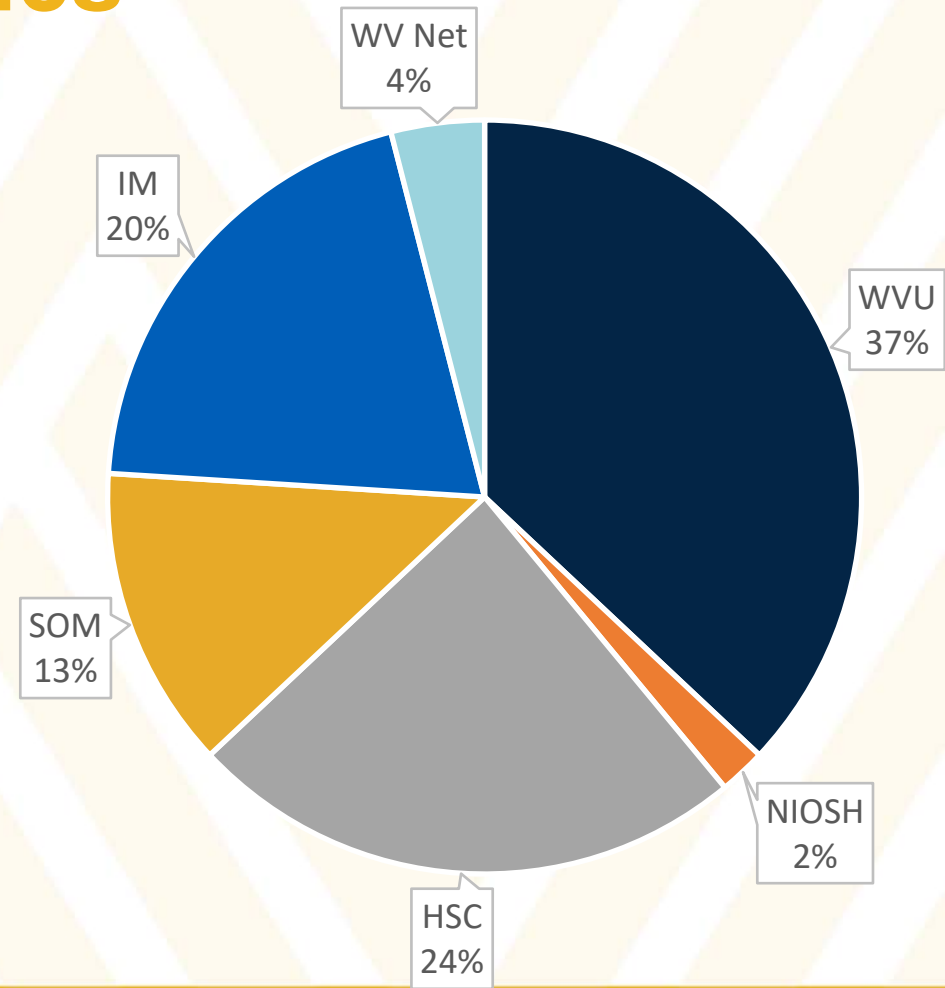
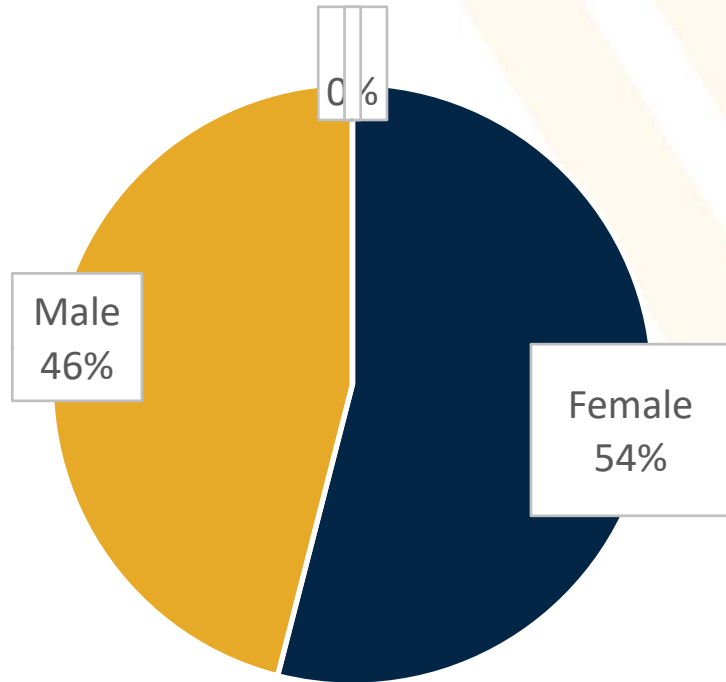


# FSAP Outreach Trainings

- Self-Care in the Time of COVID –
  - Faculty Provost - 1 Training, 80 Participants
  - Staff Training - 2 Trainings, 120 Participants
  - Extension – 80 Participants
  - Student Life – 50 Participants
  - OB/GYN Residents- 10 Participants
- Supervisor's Training (With Talent and Culture) – 20 Participants
- Physician Burnout Camden Clark Residents – 20 Participants
- Behavioral Medicine/CRC –Accessing EAP/FSAP, 60 Participants



# Employee Demographics



# Location/Contact Information

## **Faculty Staff and Assistance Program**

Suncrest Center  
1085 Van Voorhis Road  
Morgantown, WV 26505

Phone: **304.293.5590**

Website:

<http://www.hsc.wvu.edu/fsap>



The Suncrest Center Building is located between Applebeessand Starbucks on Van Voorhis Rd., Morgantown, WV.



# What about it?

Religious **grace** is favor, the free and undeserved help that God gives, Unmerited

**Secular grace** is a proactive acceptance, love and caring for our fellow human beings person to person. Humans being human to other humans. The concept of **Secular Grace** acknowledges that there is nothing more valuable, moral or ethical than people loving and accepting one another.



# Ubuntu-I Am Because We Are



There is a word in South Africa - Ubuntu - that describes his greatest gift: his recognition that we are all bound together in ways that can be invisible to the eye; that there is a oneness to humanity; that we achieve ourselves by sharing ourselves with others, and caring for those around us.

— Barack Obama —

AZ QUOTES

Questions/Comments?  
Thank you for your time  
and attention.



# BREAK

# Extended Presentation: Burnout

# Why Burnout Matters: Personal & Professional Consequences

- Employee satisfaction and safety
- Disruption to family
- Higher rates of
  - Divorce
  - Depression
  - Anxiety
  - Substance abuse
  - Suicide



# Emotional Exhaustion

- What is an emotion?
  - Emotions are tunnels
  - Exhaustion happens when we get stuck in the middle of tunnel
  - Why do we get stuck?
    - Job demands
    - Other role demands-parenting
    - We can't find our way through
    - We get lost and need another compassionate presence to help us find our way

Emotional Exhaustion  
+  
Human Giver Syndrome  
= burnout --> sickness (emotionally and  
physically).



Of the 3 components of  
Burnout, 1 is strongly linked to  
negative impacts on our health,  
relationships, and work  
.....especially for women

# Stress and Stressors

- Stress is the neurological and physiological shift that happens in your body when it encounters a threat.
  - Fight –Flight
  - Survival response
  - Focus-breath, heart beats faster, blood moves to extremities
  - Your body prioritizes moving oxygen and fuel to your muscles
  - Any other non –relevant task is postponed (digestion, reading social/emotional cues)

Just because you've dealt  
with the stressor doesn't  
mean you have dealt  
with the stress itself

# Why we get Stuck in the Tunnel

- Chronic Stressor => Chronic stress
- Social Appropriateness
- It's Safer
- Freeze =shut down



# Ways to Complete the Stress Response

- Physical Output (20-60 minutes a day-most days)
- Other (less effective ways) to complete the cycle
  - Breathing-
  - Positive social interaction
  - Laughter
  - Affection (the 6 second kiss) (the 20 second hug)
  - Being with animals
  - A Big Ol' Cry
  - Creative Expression
  - Find what works for you
    - **Nagoski**, Emily and Amelia, **Nagoski, Burnout**: The Secret to Unlocking the Stress Cycle. New York: Ballantine **Books**, 2019.



Wellness is when your body is a place of safety for you even when your body is not in a safe place.

- Wellness is not a state of being, but a state of action.
- **Nagoski**, Emily and Amelia, **Nagoski**, **Burnout**: The Secret to Unlocking the Stress Cycle. New York: Ballantine **Books**, 2019.

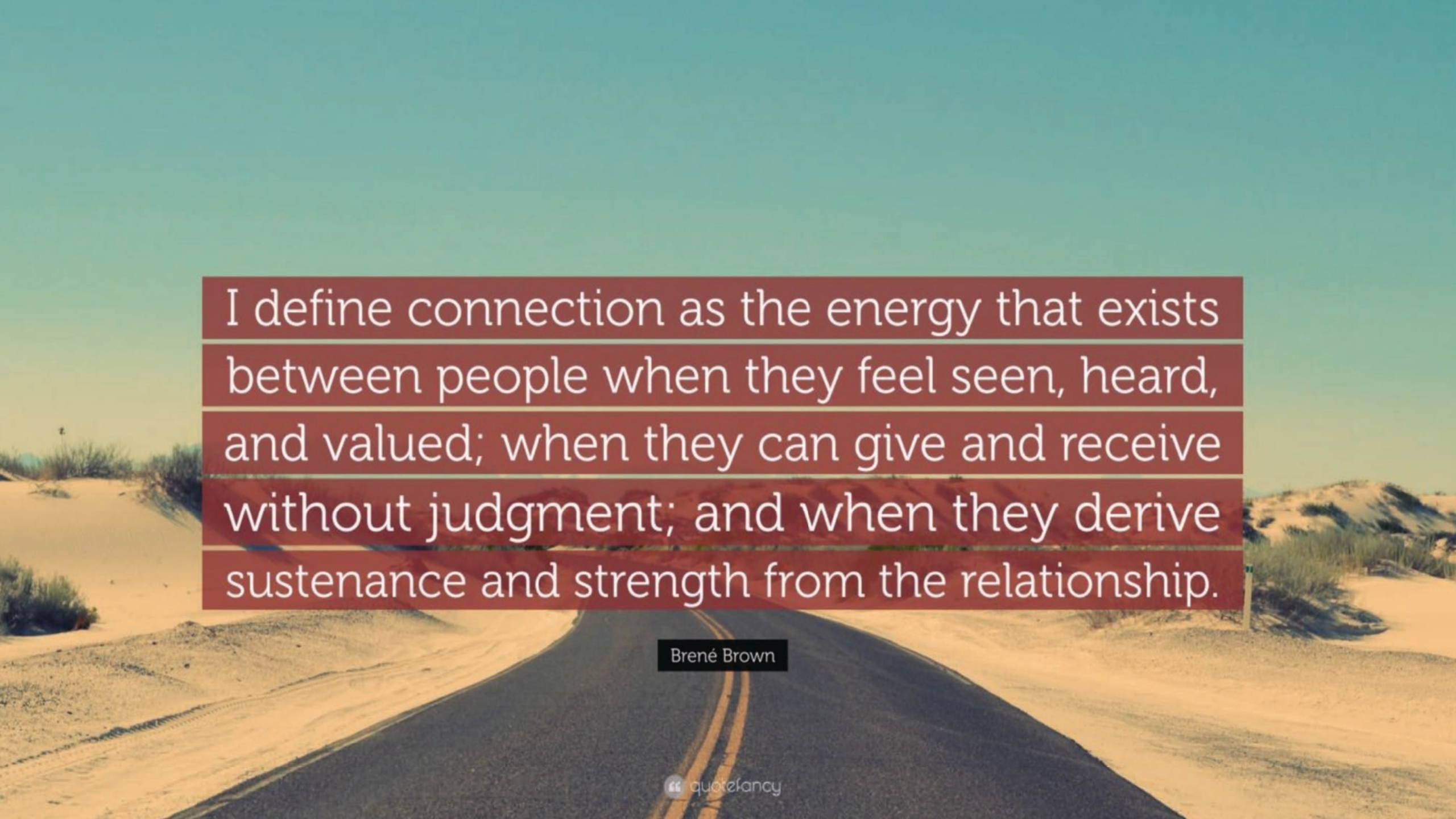
# Summary

- Just because you have dealt with the stressor does not mean that that you've dealt with the stress (stuck in your body). You have to complete the cycle.
- Physical Activity is the most effective way to complete the stress response.
- Affection, writing, drawing, singing, whatever works for you to begin to feel safe in your own body again.
- “Wellness” is the freedom to move through cycles of being human, it is not a state of being; it is a state of action.

# More on positive social interaction....

- Connection is as necessary as food and water
- We co-regulate or load share without realizing it
- 2PN –two person neuroscience-



A photograph of a desert landscape. A dark asphalt road with two yellow lines curves through the foreground, leading towards the horizon. The road is flanked by sandy dunes and sparse, low-lying desert vegetation. The sky is a clear, pale blue. A large, semi-transparent dark red rectangular box is centered over the middle of the image, containing white text.

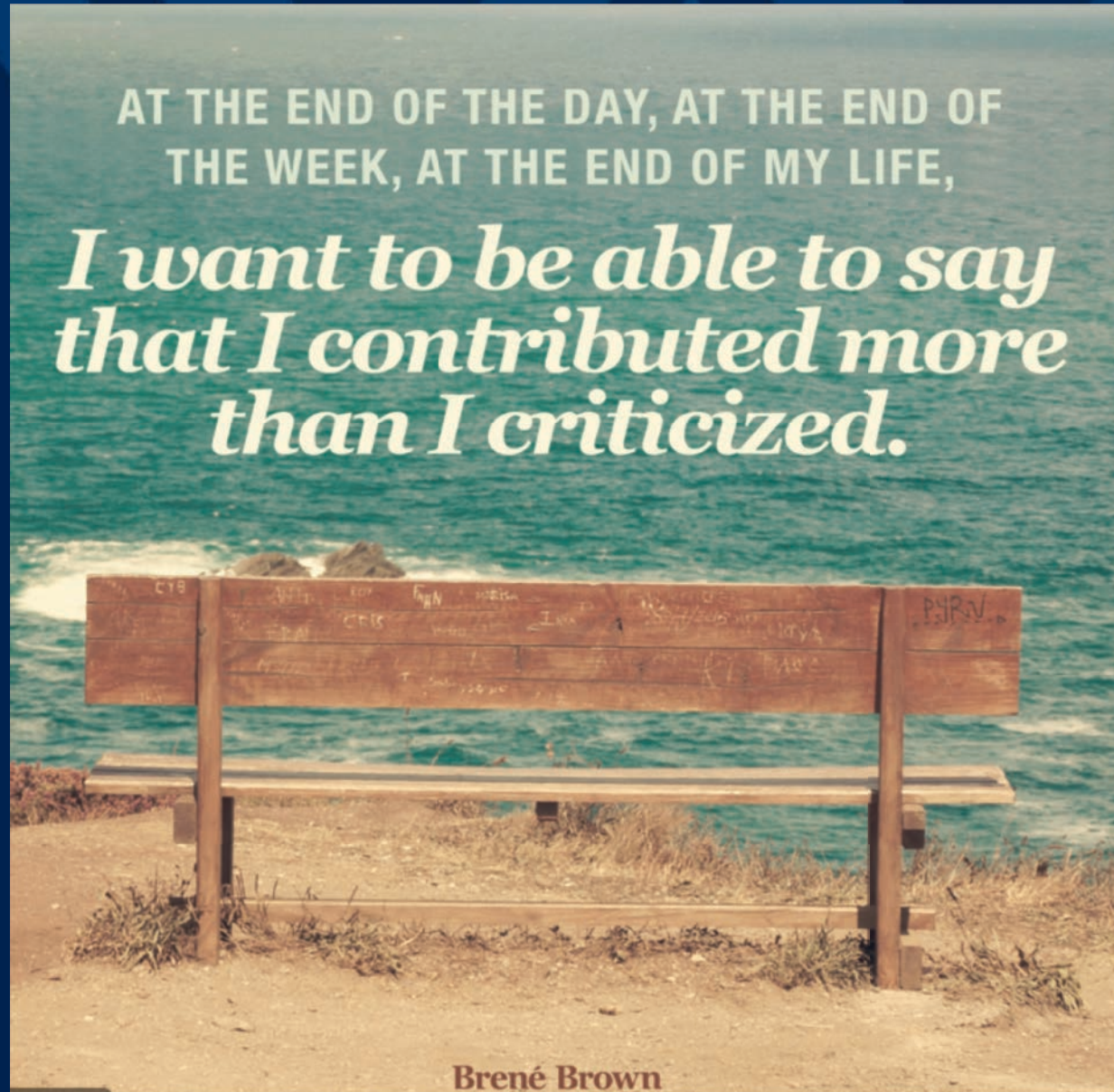
I define connection as the energy that exists between people when they feel seen, heard, and valued; when they can give and receive without judgment; and when they derive sustenance and strength from the relationship.

Brené Brown



AT THE END OF THE DAY, AT THE END OF  
THE WEEK, AT THE END OF MY LIFE,

*I want to be able to say  
that I contributed more  
than I criticized.*



Brené Brown



THANK YOU and  
QUESTIONS?