RESILIENT EMPLOYEES RESILIENT ORGANIZATIONS

Trauma-Informed Workplace Practices that Meet Employee Needs and Help Organizations Excel

June 21, 2022

A virtual conference by the Workplace Resilience Enhancement Project*

Summary

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Conference Panels:

Resilience on the Front Lines

Alexa James, CEO, NAMI Chicago, moderator

Tara Bynum, PhD, assistant professor, English & African American studies, University of Iowa

Melinda Linas, commander, community safety team, Chicago Police Department

Faith Townsell, rising senior at Whitney M Young Magnet High School, chair, neighborhood development, Mayor Lightfoot's youth commission, and co-president and founder of Feud for Food

The Impact of Mental Health on Workplaces:
Ending Stigma and Opening Up Access

Bernie Dyme, president & CEO, Perspectives, moderator

Clare Miller, manager, Life@ Mental Health and Strategic Health Initiatives, Meta

Sally Spencer-Thomas, clinical psychologist, award-winning mental health advocate and the lead author on the National Guidelines for Workplace Suicide Prevention

Teresa Garate, Ph.D., senior vice president, strategic partnerships & engagement, Kennedy Forum Illinois

Using an Equity Lens to Amplify

Joel Jackson, director of inclusion and equity strategies, UChicago Medicine, moderator

Jeana Stewart, training specialist, diversity equity & inclusion, UChicago Medicine

Maggie Gough, chief operating officer, WELCOA (Wellness Council of America)

Denean Pillar-Jackson, founding executive director, Chicago Resiliency Network

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Summary

Some of our employees have mental health conditions that we may or may not be aware of and nearly everyone experiences mental or emotional challenges that employers can help support. Resilient employees tend to be more engaged, more productive and more innovative. Supporting the mental health needs of employees is not only helpful for our employees, but a good best practice for organizations.

The widespread traumatic effects of COVID-19 mean that now, more than ever, workforce development and job readiness professionals must be prepared to attend to the ways that psychological and emotional trauma can affect people's abilities to focus on education and training opportunities, muster the self-motivation needed to search for and gain employment, and engage in the self-regulation needed to maintain employment.

Key topics discussed in the virtual conference included:

• Modern model for well being
• Supporting front line workers
• Impact of trauma on mental health
• Changing systems and culture
• Advocating for resources
• Listening to employees
• Being accountable to equity
• Supporting vulnerable populations
• Prioritizing workplace suicide prevention
• Addressing addiction and substance abuse
• Reducing stigma of mental illness
• One company's mental health strategy
• Building a well workplace

Mental illness in the U.S.

1/5 of adults live with mental illness
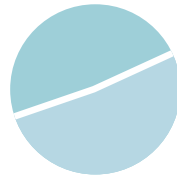
56% never get treatment

11 years between the onset of symptoms and treatment

132 suicides every day

Suicide is the 10th leading cause of death

Modern model for well-being

Maggie Gough, chief operating officer, WELCOA (Wellness Council of America), asks, "What if our well-being is more like a light we carry in our being, which can be amplified or diminished throughout the day by things inside or outside our control?"

Gough's suggested that the modern model for well-being is a fluid and responsive way to care for ourselves. Each day, we need to:

- Become mindful of our well-being
- Release the destination mindset
- Invest in things that amplify our well-being
- Respond to things that diminish our well-being

"Well-being is routine care within a messy life," Gough said. "Most of us have the knowledge to take good care of ourselves, but we need to master the ability to prioritize and value self-care. Self-care is not time spent becoming better; it is time spent meeting our needs, which change daily. If this is true for you, it's true for those you serve."

"Productivity through exhaustion is not resilience, it's a recipe for burnout."

– Maggie Gough

Now more than ever, Gough said, we need leaders who understand how to care for themselves – and support the self-care of those they serve. "Whenever a leader says, 'I'm going to take care of myself in these ways, they grant permission for someone else to do the same,'" she said.

"Resilience is the ability to nourish our well-being, restoring ourselves to healthy productivity. Ask yourself what you need to do to care for yourself today. Take a pause, rest, go for a walk, listen to music."

– Maggie Gough

Supporting front line workers

Front line workers were particularly impacted during COVID-19. **Alexa James, CEO, NAMI Chicago**, said the pandemic revealed our country's weak safety net, the significant gaps in our systems, and a breakdown in communities where people were expected to perform beyond their regular duties. A lot of us felt disconnected because the workplace was our connector.

She said, "Those of us who were working, managing crises, trauma and grief, loss and anger – once it was time for us leaders to dig into our own stuff, we said 'no thanks. We don't' want to go there. We don't want to stall this stamina because if we do, we won't be able to manage the pain.'"

Tara Bynum, PhD, assistant professor, English & African American studies, University of Iowa, said there was wasn't any toolkit to make the transition from classroom to Zoom. She felt that faculty were left out of the conversation. She said, "Lots of attention was paid to what students needed, but not what faculty needed. There was an expectation that we would do everything to support the students. As the year wore on, we started asking if anyone had talked about whether we wanted to invite students into our living rooms, whether we wanted our camera turned on all the time. It would have been helpful to hear those conversations in a public forum, not just me ranting to my peers."

Dr. Bynum also struggled how to navigate a world that looked so entirely different and was filled with so much loss – people, jobs, changes in the workplace, etc. She lost a mother and sister in the same year. "On the one hand, we experienced this all together, but we were also individuals having our own experiences," she said.

And then there were the students. **Faith Townsell, rising senior at Whitney M Young Magnet High School**, and chair, neighborhood development, Mayor Lightfoot's youth

commission, called the onset of COVID "eye opening." The pandemic forced issues such as the lack of access to resources and healthcare in impoverished black and brown communities into the foreground. Her mother and father got COVID and she spent several weeks cooking, cleaning, helping her sister with schoolwork and caring for the family. She admits that adopting this role was hard for her.

Townsell said to understand what's going on with students on Chicago's west and south sides, it's important to ask them what kind of help they need. "Not only will it help the response, it will let us know that people care about us. By taking the time to understand the issues, they will be able to offer solutions that are sustainable."

Melinda Linas, commander, community safety team, Chicago Police Department, said the last couple of years have been tough on her and her team. "I had to deal with losing my best friend to cancer, and then losing one of our own to suicide and another to violence. We forgot about our own wellness because we were in survival mode, working 12-hour days among unprecedented violence."

When things started calming down, she said, "and we could have face-to-face conversations with our officers, we realized we really needed to address their wellness.

We supervisors are sometimes forgotten about as far as wellness because we're always taking care of our officers to make sure they're okay. We need to create a culture within law enforcement where we can talk about wellness so we can serve our department and communities."

James directed us to ask, "Does my boss need some love? Do we need to have a conversation in our workplace about how the healers are being helped?

Impact of trauma on mental health

Denean Pillar-Jackson, founding executive director, Chicago Resiliency Network, believes that one silver lining of the COVID pandemic has been honest, urgent conversations about the impact of trauma on mental health.

"Employers and providers alike can benefit from understanding how trauma, and the many different forms of trauma, can impact a person's life, and how that lingering wound can cause barriers to receiving the skills and resources one needs, but also providing them to others in need," Pillar-Jackson said.

Jeana Stewart, training specialist, diversity equity & inclusion, UChicago Medicine, uses the professional quality-of-life survey data tool in her

resilience skill building training. The tool is Intended for helpers – healthcare staff, social workers, teachers, first responders, attorneys and all those in service of others. A series of questions allows an individual to rank their personal satisfaction and helps the organization understand the positive and negative feelings of people experiencing trauma. It's also an immediate feedback tool that improves the ability to take the temperature of the organization and to develop support services for employees and their teams.

"The quality-of-life survey trusts the individual with their own information and their ability to keep their own balance, which few tools do," Stewart said. "Resilience work needs to start with personal experience. If you don't know where you are, nothing I give you to make you more resilient will help you."

Stewart added, "We started building in resilience markers as part of our annual employee engagement survey, and we are in the process of developing data history that is specifically around the idea of resilience from an employee perspective. It's not us telling people what they need, it's people telling the organization what they need."

Pillar-Jackson said, "What's a little different in this environment is that organizations looking to thrive are amplifying their employees' voices.

Instead of just giving them different solutions, they're actually being more mindful to create surveys or assess what employees think they need. This is incredibly helpful to make sure the employer is solving for the right challenges."

Changing systems and culture

"We need to start at the top, we need a culture change. It's up to us to hold our leaders, our managers, accountable for addressing mental health."

– Bernie Dyme, president & CEO, Perspectives

Advice from our panelists:

• **Start** doing something to address mental health in your workplace by talking to your HR department about mental health coverage. If your workplace doesn't have an HR department and has little funds, begin by inviting people to share their stories, and work with managers to improve practices.

• **Talk** to leadership to make sure they're ready to set the tone/voice on mental health.

• **Encourage** leaders/workplaces to try one thing – it can be a small thing – but do it consistently and

measure how it's working. This work of building and transitioning culture takes time.

• If you're a leader and you've been impacted by mental health issues, **share** this in a safe space.

• **Download** free resources such as the nine practices from Suicide Prevention Workplace.

• **Make** mental health a part of every conversation. Align it with everything you do.

Bernie Dyme, president & CEO, Perspectives, said, "It's my hope that someday an employee can come to a boss and just as he would say, 'I have a cardiovascular issue and need to take some time off' and they get supported, they can come in and say 'I'm suffering from some kind of major depressive episode,' and the boss will be extremely supportive and get them where they need to go."

Advocating for resources

While the demand for mental health services has gone up, the supply of providers has at best remained the same, said Dyme. "The gap between needing help and getting help has increased. And if you are a person of color and you don't have resources, guess what – you're in even worse shape. We have to really be pushing and fighting for our organization and political leadership to really get behind this and do something about it."

Dyme added, "Honestly, one good thing that's come out of COVID-19 is that mental health has taken more prominence, but we need to keep it going because it goes back into the closet pretty quickly."

Listening to employees

Sally Spencer-Thomas, PsyD, clinical psychologist and award-winning mental health advocate, emphasizes listening to employees before grabbing off-the-shelf mental health programs to get the ball rolling. She said, "A whole bunch of benefits ensue when you listen deeply to your people. They're going to see you cared enough about who they were and what they were going through that you asked questions and listened to them. You get buy-in and they feel like they're part of the solution. You're also going to capture baseline data to benchmark against or you can sometimes identify unintended consequences and tweak programs early on."

According to Dr. Spencer-Thomas, an added benefit to listening well is that you find your storytellers and champions. You can then report back to leadership and say "this is what our people tell us, this is where the pain is, these are where the barriers are, here is some data." She believes this gives managers a lot more leverage to garner the resources needed to establish a comprehensive and sustainable program.

Being accountable to equity

Stewart explained that UChicago Medicine used a leadership model that was referred to as E3 --- Engage, Evolve and Excel – before Equity was added as the driver in 2020. "It allowed us to say that equity is not just a guiding principle, but that accountability to equity is built into the UChicago Medicine leadership system," Stewart said. "Every week, there are E4 leadership report outs where people are held accountable for engaging, evolving and excelling, but they also have to address the idea of equity in everything that is being done."

Stewart believes that viewing work through an equity lens needs to be addressed by an organization in an actionable manner. Is this commitment on a flyer, or is it part of the strategic plan? Is there an infrastructure that will sustain a commitment to equity? Or will it evaporate because there's no way to keep it going? "For supports to be effective, especially supports for team members, the team needs to feel that the organization has skin in the equity game," she said. Consciously thinking about equity highlights the fact that while we all have universal experiences that can impart trauma and impact resilience, each unique person has their own unique experience. "An equity lens will help us honor the fact that we don't know what we don't know," she said. "If that's where you're willing to start, it will give greater credibility to your equity efforts."

Gough shared an example of how wellness programs explicitly create equity issues. "When you have a program that says your biometrics are X, or that all employees must do these sets of things to achieve well-being, and if not, you'll pay more for your insurance premiums, you're creating an equity issue in people's income," she said.

Equity is also impacted by privilege. Gough said, "A friend of mine, a white woman with financial privilege, said she did not have time to submit her children's flu shots to prove her well-being for the benefit of a lower insurance

Prioritizing workplace suicide prevention

Mental health issues, suicidal thoughts and behaviors are largely invisible in the workplace, said Dr. Spencer-Thomas, lead author of the National Guidelines for Workplace Suicide Prevention.

Approximately 80% of all people who die by suicide are of working age (18-65), making the workplace the most cross-cutting system for suicide prevention, intervention and crisis response. The majority of people who die from suicide are working men, most of whom have never stepped foot in any kind of mental health resource and have made one attempt, which was fatal.

Workplace Suicide Prevention has eight guiding principles for making suicide a health and safety priority at work: Strategic integration, comprehensive and sustained investment, harm reduction, culture cultivation, dignity protection, wellbeing promotion, empowered connection, and action orientation.

The organization also offers nine recommended practices to help create a healthy workplace (click the link to watch videos):

Leadership

Job Strain Reduction

Communication

Self-Care Orientation

Training

Peer Support & Well-Being Ambassadors

Mental Health & Crisis Resources

Mitigating Risk

Crisis Response

Dr. Spencer-Thomas encourages all workplaces and professional associations to implement the National Guidelines. "Now is the time to make suicide prevention a health and safety priority at work," she said. "It takes a few, bold leaders to step into the arena, raise their hands and say 'let's tackle this together to make a really big difference.'"

premium. But what happens further downstream is that a single mother may not have the same financial privilege to make the decision my friend did. There are all sorts of equity issues embedded in these programs that control outcomes of human beings."

Supporting vulnerable populations

Pillar-Jackson believes it is important than ever to support youth, undocumented workers and the disabled –

populations that are having significant challenges during this time. For employees looking to support these populations and think more broadly, managers must be trained in how to think about those challenges. "More employees are caregivers, so it's important to listen with a compassionate ear, and not just assume what they need," she said.

Instead of assuming the worst about an employee's behavior, managers need to first ask themselves: what happened that this employee is showing

up late, is disengaged or not as productive as usual? "We need to teach managers to be more comfortable and learn the language – how to ask the right questions in the right way so they can create psychological safety on their team," Pillar-Jackson said. "Then they can have communications with their team members so they can better support them. Sometimes it's guiding them to the benefits the organization offers or connecting them with another employee who can support, mentor and guide them."

Addressing addiction and substance abuse

The statistics are daunting:

• **22 million** people in the U.S. suffer from substance abuse issues

• Only **11%** get treatment

• Last year, **106,000 people** died of an overdose (mostly opioids)

• **Alcohol** is still the number 1 killer

"Addiction and substance abuse is not a fun topic, but it's one we can't forget," said **Teresa Garate, Ph.D., senior vice president, strategic partnerships & engagement, Kennedy Forum Illinois.** "Before COVID-19, mental health and substance abuse were the biggest issues of our time. Overdose is still the leading cause of accidental death for people under age 50 – more than gun violence or car accidents. During COVID-19, we almost forgot about the companion crisis of

substance abuse and addiction, and it's time to go back and understand that."

We've all been taught, "if you see something, say something," but we don't do the same thing for mental health issues, Dr. Garate said. "There's a lot of judgement around substance abuse. People question why they should be saving people with the opioid overdose treatment, NARCAN. The answer is 'if they're not alive, I can't get them into treatment.'"

Kennedy Forum Illinois is active in the Don't Deny Me Campaign, which educates people about their right to equal access to mental health and addiction treatment services. Many families in crisis don't know how to access services and they believe insurance companies won't pay for treatment. The 2008 Federal Parity Law requires insurers to cover illnesses of the brain, such as depression

or addiction, no more restrictively than illnesses of the body, such as diabetes or cancer. However, many insurers are not following the law. Mental health parity has been called the new frontier of civil rights by the Kennedy Forum Illinois. Illinois now has the best state parity law, which the Forum is working to expand into other states.

Dr. Garate advises people to watch the CBS documentary, "Hiding In Plain Sight: Youth Mental Illness," by Ken Burns, which features first-person accounts from more than 20 young people who live with mental health conditions, as well as their parents, teachers, friends, healthcare providers, and independent mental health experts.

"Please go back and tell someone about this conference, why this is so important, because people are dying," Dr. Garate said.

Sharing stories to reduce stigma

> *"If you're a leader and you've been impacted by mental illness, find a way to share your story in a safe space."*
>
> – Dr. Sally Spencer-Thomas

Dr. Spencer-Thomas is a strong advocate of sharing stories. "When we share our stories, we see a human, not another. We see our shared lived experiences even when we have different worldviews, different political views. We see a connection and that's what gets us to the other side," she said.

She shared that her brother Carson's shame and isolation around his mental illness was a big part of what drove him to despair and suicide. "It wasn't necessarily that he believed he couldn't get out of his pain, because he had before. It was more the social piece. My brother died because of shame, and because he didn't have a peer, another insurance executive in his world who said, "let's lock arms and walk together."

Dyme believes that talking about these issues normalizes mental illness and helps people understand it. "Most managers are afraid of mental illness, so we need to develop a strategy for diminishing the fear.

When people aren't afraid, they're more open to doing something," he said.

One company's mental health strategy

Clare Miller, manager, Life@ Mental Health and Strategic Health Initiatives, Meta@, shared the pillars of the company's mental health strategy.

- **Increase awareness and reduce stigma:** Research demonstrates the best way to reduce stigma is by people connecting with others who have lived experience. Meta@ tackles stigma about mental health through #OpenUp, a storytelling experience that helps open up the conversation about mental health and increase awareness of resources. As a result of the #OpenUp campaign inviting people to share their stories, people reached out for help in much greater numbers and there was a change in attitudes about mental illness.

- **Improve access to quality care:** one in four people experience a mental illness in any given year, yet research shows people often wait a decade before reaching out for help. Meta@ focuses on early intervention and quality care by investing in programs like Lyra and ICAS. The company integrates mental health across Life@ pillars so people get care when they need it.

- **Provide peer-to-peer support:** People with shared experience form communities which can improve recovery. Communication is fostered through Workplace groups like Mental Health@ and Building Resilience@, and Meta resource groups.

Meta@ puts the mental health strategy into action by listening and engaging with employees, bringing cross-functional teams together devoted to mental health (legal, environmental health and safety, occupational health, diversity and inclusion, HR, security, benefits), and ensuring that the right benefits are in place.

"Our mission is to help care for our employees while they're doing the best work of their careers at Meta@," Miller said. "To do that, we give them services that help them with childcare, financial well-being, mental health and healthcare, so they can live their best life."

Building a well workplace

WELCOA and NAMI Chicago share what they have learned about the roles that wellness and mental health play in the workplace with the [Well Workplace Mental Health Toolkit](). This resource provides a framework with clear explanations and actionable steps to build a well workplace and improve the workplace's mental health approach. ■