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Welcome to Mental Health, Substance Use Suicide Prevention awareness for leaders. I'm your moderator today. I Jeannie Kuehler along with my colleague Melanie [ name unknown ]. I would like to introduce our speakers today. Peggy Burgess has with Magellan 31 years and 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 inpatient psychiatric case management. Peggy has had many roles in her extensive career at Magellan , including case manager intake, EAP affiliate management, quality improvement and also currently a consultant on the workplace support team. Alicia Miner is also a consultant on the workplace support team. She has been with Magellan 19 years , and is a licensed clinical social worker, certified employee assistance provider and substance abuse professional with over 30 years experience in addictions and mental health. She is also a faculty member in the Master of social work program at the prestigious St. Louis University. So I'm going to turn it over to Alicia to start today's presentation.

Thank you so much Jeannie. Thank you everyone for attending this very important topic. I will just review our objectives for today's presentation. We will learn the facts about mental health, substance use and mental illness. We will recognize the warning signs of mental illness, substance use issues, 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.

As you can see, we have a lot to accomplish in a short period. It is my hope, as we conclude today, will be armed with more information to better understand and respond to mental health and substance use concerns whether your own lives or your employees. That said, we will cover a lot of ground in may reference terms and issues that trigger more questions and concerns. Since this training is a general overview and time is limited, we encourage you to access your dedicated 1-800 number 24/7 or your EAP. We will hopefully have time at the end of the presentation for questions. So let's begin with a discussion on mental health to get a mutual understanding of what it is. Next slide please.

So mental health is an umbrella term under which many subtopics exist. Just like physical health, pertains to the strength of our physical bodies, mental health includes not only our biology, but also our emotional, psychological and social well-being. It affects how we think, how we feel and how we behave. 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. So on the next slide please, we will explore mental illness.

Multiple illness refers to a wide range of disorders which include substance use disorders that affect mood, thinking and behavior. People with mental illness often experience distress internally and problems functioning at work, home, and/or in social situations. Mental illness, unlike physical illness, also involves hidden challenges and is wrought with stereotypes. As a result, people with mental illness and substance abuse issues can be severely misunderstood. Let's look at some facts. Next slide please.

According to the World Health Organization, one in four people in the world will be affected by mental health issues at some point in their life. Around 450 million people currently have such conditions. Placing mental disorders among the leading cause of ill health and disability worldwide. Nearly two thirds of people with a known mental disorder, never seek help from a health professional. Stigma, discrimination, and neglect are contributors to that lack of care. Let's look at another fact. Next slide please.

Neither mental illness nor addiction is caused by a weakness in character. Although the exact cause is not known, many factors can contribute to mental health and substance use issues, including things like allergy, our genes or our brain chemistry. Life experiences such as having trauma or abuse. A family history of mental health or substance use issues. Pressures up for or home such as death, divorce, job loss or job change. Starting alcohol, nicotine or other drug use, at an early age. Next slide

I'm going to talk about opioids. Anyone who takes opioids is at risk of developing an addiction. Personal history and the length of time using opioids play a role. It is really impossible to predict who is vulnerable to an eventual dependence on and abuse of these drugs. Opioids are safest when used for three or fewer days to manage acute pain. This is pain following a surgery or broken bone. When opioids are needed for acute pain, it's best to work with the prescribing doctor to take the lowest dose possible, for the shortest time needed exactly as prescribed. For those living with chronic pain, opioids are likely to be not be safe in a long-term treatment option. Many other treatments are available including less addictive pain medication, and non-drug medication therapy like massage or physical therapy. We have all heard a lot about the opioid epidemic and the rising toll it's taking on our community.

In 2018, over 67,000 people , and in 2019, over 50,000 people died from overdoses involving prescription or illicit opioids. The Opioid overdose epidemic is not limited to people with addiction, who have accidentally taken too much pain reliever, or unknowingly ingested a tainted heroine product. These alarming numbers of overdose death, is a significant number of people who decided to take their own life. It can be really challenging to discover the true relationship between suicide and drug use. In the absence of a suicide note, it's difficult to assess the intentions of an individual who has died of an overdose other than circumstantially. While we do not know exactly how many opioid overdose deaths are suicide, some experts estimate up to 30% of opioid overdose is meet this description. A 2017 study using national survey data, showed people who misuse prescription opioids, were 40% to 60% more likely to have thoughts of suicide, even after controlling for other health and psychiatric conditions.

People with a prescription opioid abuse disorder were twice as likely to attempt suicide as individuals who did not misuse prescription opioids.

Next slide please. Shifting back to mental health. The good news is, studies show that most people with mental illness get better, and many recover completely. So let's talk a little bit about what does the word, recovery, mean? Recovery, refers to being able to live, work, learn and participate in one's communities. Recovery is individualized. For some, it is the ability to live a fulfilling and productive life. For others, recovery means symptoms have significantly reduced or gone away. Similar to recovery, treatment is also individualized. What works best for one, may not work for another. Many work with a combination of therapists, social workers, psychiatrists, nurses, and/or community support groups. In some cases, but not all, these treatments are combined with medication. Treatment can occur in a hospital or outpatient, depending on the individual's needs. Let's move on to discuss some of the signs of mental health and substance use issues. Next slide please.

Whether we are at work or in our personal lives we may notice significant changes in our self or others which can be confusing. When those occur in a place, there are additional issues to consider. Having advanced information can go a long way towards easing concerns and building confidence in responding to care some things you may notice. Withdrawing or isolating from friends, family, and coworkers. Decreased participation in usual activities including work assignments. If you notice someone who used to really enjoy and regularly participate in activity, and is no longer doing so? It might be something to be concerned about. Low energy and fatigue appear tired or complain often being tired. Feeling numb. Frequently sad or hopeless. Unusually confused, angry, upset, agitated, worried or scared.

That is a lot of different feelings. And usually, uncontrolled disturbing thoughts or compulsions. Maybe that person has an irresistible urge to engage in a certain behavior. This might pertain to substances. Changes in sleep patterns. Someone who is either sleeping too much or too little. Early awakening or not able to stay asleep. Loss of, or increase in appetite. This could be accompanied with an increase or decrease in weight. Trouble with daily tasks like getting to school or work. Giving up on appearance. You may see changes in that person's grooming. Or being able to care for dependent children or family members. You may see severe mood swings that cause problems or conflict with others, including at work. A person with more severe symptoms may appear to complain of hearing voices.

Another very serious symptom is having thoughts or making statements of harming oneself or others. Although only a trained professional can diagnose a mental health issue, it is helpful to be familiar with the symptoms to recognize and respond, especially when symptoms seem long-lasting. Next slide please.

Let's review risk factors for both children and adults for suicide. In the presence of one or more risk factors simply indicates a person is at higher risk for considering or acting on suicide, then individuals without these risk factors. Some risk factors could be academic failure, aggressive tendencies, bullying or being the victim of bullying. Family conflict. History of trauma or abuse, hopelessness, impulsivity, low self-esteem. The presence of a mental illness or substance disorder. Peer rejection. Physical illness or chronic pain. Previous suicide attempts. Relational, social, work or financial loss. Finally, social withdrawal. Next slide please.

On the flipside, we are going to look at protective factors for suicide prevention. Having protective factors reduces risk for considering or acting on suicide. Protective factors help for individual who both have or don't have any of the risk factors we just reviewed. Some of the protective factors to consider someone who has a trusting relationship in their life. To have an optimistic or positive outlook. They have the presence of child rearing responsibilities. They have coping and problem solving skills. They may have cultural and religious beliefs that discourage suicide. They are employed. Involvement in community activities. Proceeding there is a clear reason to live. Receiving effective treatment and care. Which I think is a very important factor as we start considering how to use our employee assistance program. Resiliency, self-esteem, direction, perseverance. Sobriety. Working towards or living a sober lifestyle. Finally, strong family bonds and social skills.

Risk and protective factors, where the two can really overlap. You need to be aware of them. Especially in developing prevention program and treatment intervention. Next slide please.

Before I review some of the warning signs for suicide, I would like to have Jeannie pull up a poll to an important question. Jeannie, if you could go ahead and pull the poll out.

Hi we would like to ask the audience if you would raise your hand. You see the icon at the top of the screen. Raise your hand if you have been touched by suicide. Raise your hand. Alicia, unfortunately I am seeing a lot of raised hands here.

Okay. So clearly suicide has impacted many of you personally. I would like to go over some of the warning signs someone might be considering suicide. So according to the American foundation for suicide prevention, there is no single cause for suicide. It is most often occurring when stressors, exceed current coping abilities of someone suffering from a mental health condition such as depression. Here are some warning signs. The person is feeling or saying, nothing matters. They are a burden. They are experiencing unbearable pain. Start giving away prized possessions. They visit or call and they appear to be saying buy. Start to see increased depressive symptoms. That can include isolating from others, withdrawal from activities, sleeping all the time, loss of interest, irritability and agitation. On the flipside, you may also see sudden cheerfulness following a depression. They start talking about doing it or looking for ways to do it such as researching methods online. Finally, awning or buying a gun. Over 50%

of suicides in the United States are by firearm, which is the most lethal. Other methods offer a window to change your mind. Such as poisoning, cutting or suffocation. That is not available in the case of using a firearm. As much as people would like to think suicide in the United States is uncommon, the reality is, it is the leading cause of preventable death and a major public health problem.

Some of the most recent data suggests, over 40,000 people in the United States died by suicide every year. About 45% of individuals who died by suicide, actually saw their primary care physician within a month before their death. For older adults, that number goes up to 58%. About 20% of these individuals saw a mental health provider before their death. More Americans die from suicide than car accident. For young people, ages 15 to 24, suicide is the second leading cause of death in the United States. For people age 45 to 64, they had the highest rate of suicide followed by people 85 or older. So are older generation is it very high risk of suicide.

Women attempt suicide three times more than men, but men die by suicide 3 1/2 times more often than women. This could be attributed to data that shows men often choose more lethal means of suicide like the use of firearms, versus those methods we talked about that offer that window to change your mind. In the last decade, the suicide rate in the United States hoarded the highest rate of suicide per capita in the last 30 years.

Suicide is a permanent, desperate solution to a temporary problem. If someone in your life talks about suicide, or demonstrates any of these behaviors, it's important to take it seriously and respond. Before I turn the slides over to Peggy, I would like to go to the next slide and just review some myths people have or stereotypes that people believe about suicide. Myth number one. People who talk about suicide are not really going to kill themselves. They're just looking for attention. The truth, people who died 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. Often, people who died by suicide have given many clues both obvious and subtle, and examples again of those clues might be saying goodbye, putting their freighters in order.

Myth number two. Someone is depressed, raising the issue of suicide with that person a result in giving them the idea. The truth. Putting the idea in someone's head should not be a concern. It's more important to directly address the possibility of suicidal thoughts in a nonjudgmental, caring manner. Openly talking about suicide can actually provide the person relief. Finally, myth number three. Suicide rates are highest around the winter holidays such as Thanksgiving and Christmas. The truth. They are actually lowest in the winter months and highest in the spring. So now I will turn the presentation over to Peggy. She will start with talking about substance use concerns next. Peggy?

[ pause ]

Peggy might be on mute.

You are absolutely correct. I am sorry about that. We just spent time looking at mental health issues. Now we will look more specifically at substance use and misuse issues. Let's start by doing a poll. So again, go ahead Peggy.

Sorry about that.

Ray sure hand at the top of your screen, the question is, if your life has been touched by substance use or misuse concerns personally or professionally.

Alright. We are seeing a lot of raised hands. And Peggy, if you could speak up just a little bit more or put your microphone a little bit closer.

Is that better?

Keep letting me know.

[ Indiscernible - overlapping speakers ]

I'm not surprised by the amount of raised hands. Use and misuse of alcohol and other drugs can affect people emotionally, behaviorally and physically. Listed here on this slide, are some of the most common signs of substance misuse. Even though you are not expected to, or responsible for diagnosing a problem, there are many signs that may indicate a problem with drugs or alcohol and should trigger action on your part. Let's take a look at these in the column. Emotional signs include, you see all listed here. Just to highlight couple, the source of aggression or anger outbursts that have not previously been seen. Hyperactivity, irritability, agitation. Being in denial about the seriousness or severity of the problem. Looking at behavioral signs. And able to sit still. Appears fidgety. Withdrawn or isolating from others or usual activities. Incidents of being unreliable such as a change in attendance patterns, is very common and, or suspicions of being untruthful.

Problems getting along with coworkers or were parts reports of partner breakups. Family chaos is common when substance issues are in the situation. Looking at physical signs. Change in weight, either

loss or gain. Sleep changes. Sleeping too little or excessively, and may be found sleeping on the job. Drug overdosing and alcohol intoxication can be in play. Unusual smells such as the smell of alcohol. We will talk more about what you can do if you suspect an issue as we move through these slides.

Let's move to the next slide. Use and misuse of drugs and more specifically alcohol and illicit substances including opiates, can and do significantly impact suicidal behavior. In fact, the abuse of alcohol and drugs is second only to depression as the most frequent risk factor for suicidal behavior. If the individual has both a substance use disorder and a mental health disorder, the risk increases. Alcohol use and intoxication is associated with suicide. Research study show a correlation between suicide and high rates positive blood alcohol level.

Intoxicated people are more likely to attempt suicide using more lethal methods. In fact, alcohol intoxication increases suicide risk up to 90 times, as compared to an individual who is not currently under the influence of alcohol. Acute alcohol intoxication is present in about 30% to 40% of suicide attempts overall. Finally, alcohol and illicit substance use problems contribute to suicidal behavior in several ways. Earlier, we learned risk and protective factors for suicide. Those who have substance use issues often have many of those risk flags, including depression, social and financial problems. It has been suggested, alcohol and drug use may be or may play an important role in the events leading to suicide amongst individuals with no previous psychiatric history. The innovation produced by intoxication or overmedication, probably facilitates suicidal ideas and increases the likelihood of suicidal thoughts put into action. Often, impulsively. Let's move to the next slide.

Now we will take a look at some statistics. How prevalent is substance misuse and suicide? On this slide, we seemingly one in 12 adults in the United States has a substance use disorder. When this data was collected in 2016, it highlighted 41,000+ deaths per year attributed to suicide. Those numbers have continued to rise. 2018, for instance, seeing 48,000 plus successful suicides. Suicide rates on the average are four times higher for men than women. As Alicia mentioned earlier, that is completed suicide. Opiates, including heroin, and prescription painkillers, are present in 20% of deaths by suicide. 22% of deaths involved alcohol intoxication. Additionally, suicide is the 10th leading cause of death, claiming more lives each year, then those due to motor vehicle crashes. It is the second leading cause of death for young people ages 10 to 24. Almost 4% of adults, that would be 9.4 million people age 18 or older have had serious thoughts of suicide in the past 12 months, according to the national survey on drug use and health.

Reviewing the slides regarding the scope of the problem factoring in substance abuse issues shows the correlation between substance use and suicide. Of special note during this pandemic time, where people are required to work from home , or work on site were not fooling fully safe, there are new stressors not previously experienced. We can tell you fire own caseload and consultations with employers, there is an increase in employer concerns about not only impaired coping of employees, but of suspicions of substance use problems that may be difficult to clearly identify. Employees should

consider updating their training and policies regarding managing, remote employees. In addition, employers should have employees update their emergency contact list, in the event employers are unable to reach the employee when they are to be present at work , or login, and not responding.

Personally, recently have had two clients with the employer's were not able to reach the employee who they knew were showing signs of struggling, and their emergency contact numbers were no longer in service. Not valid or completely out of date. Let's go to the next slide.

Suicide rates vary considerably within different population subgroups, and are affected by factors such as social economic status, employment, occupation, sexual orientation and gender identity. Various studies have shown that the populations listed here, are at higher risk for suicide. American Indians, Alaska natives. Individuals who are bereaved by the suicide of a loved one. Individuals in justice and child welfare systems. Individuals who engage in nonsuicidal self injury such as cutting themselves. Individuals who have previously attempted suicide. Individuals with medical conditions. Individuals with mental or substance use disorders. LGBTQ individuals who may lack the support of family, friends and community. Members of the Armed Forces, veterans , especially those who have served in combat duty. Men in midlife. As we learned about earlier, elderly men as well. Let's go to the next slide.

Now we will look a little more in depth at specific employees. This slide isolates behavior, behavioral or more observable signs your employee may be dealing with a mental health or substance use issue. These may include, lower productivity or quality or absenteeism such as increase in days of work missed , arriving late, leaving early . Frequently, away from the workplace. This was mentioned briefly on a previous slide. If the attendance is a different pattern than previous and unplanned, it can be the indicator of substance use issues, or a serious mental health concerns such as depression or anxiety. Morale problems or significant change in behavior such as inappropriate actions and reaction. Anger outbursts or conflict with supervisors, coworkers and family members. Changes in motivation and becoming disengaged or isolating. Displays of safety risks or increased in accidents or near accidents in the workplace or a motor vehicle. And ability to concentrate or peers forgetful or confused. Slowness in processing or response time. May appear sad, tearful or confused. Poor grooming or disheveled or unkempt appearance. Signs of alcohol or other drug use such as those noted on the previous slide like smelling of alcohol, unsteady gait, weight loss or gain. Statements of thinking about suicide. Harming oneself or others. Employees may make these kinds of statements in response to depression, anger or anxiety.

When confronted, they may say you did mean it. Have no intention of harm, and become upset when they have a consequence for that statement. It is so important for employers to remain consistent with the policies as written supervisors and managers should not be in a position to decide if an employee should be taken seriously or not. Employees should be reminded, when they do annual review of their policies, all statements will be taken seriously and maybe expected to seek counseling. Let's go to the next slide.



Why is it important to get help? Now that we have covered key facts and how to identify a mental health and substance use issue, let's look at why treatment is so important. Along with the social, work, and family impact, we have discussed chronic mental health and substance problems are linked with serious and often life-threatening medical conditions such as heart disease, diabetes, and cancer. People with untreated serious mental illness may die 25 years earlier than those without mental illness. Suicide is the 10th leading cause of death in the U.S. Remember, over 41,000+ Americans died by suicide yearly. Of this, about 90% have a diagnosable mental illness such as depression, or substance concerns. Which are either undiagnosed, undertreated or untreated. As noted earlier, more than 80% of depressed people can be treated quickly and effectively. The key is to recognize the symptoms early, and received or be steered to appropriate treatment.

An estimated 88,000 people die from alcohol related causes annually. Making alcohol the third leading preventable cause of death in the United States. More than 70,000 Americans died from drug overdoses in 2017, including illicit drugs and prescription opioids. A twofold increase in a decade. A recent study revealed 4% of the workforce tested positive for illicit drugs. In addition to the employee behavior, outlined on the prior slide, it's important to recognize, the impact and addressed mental health and substance concerns can have overtime on the entire. Not just the individual with the issue. Workgroups, as a whole, can experience decreased productivity, increased workplace conflict and lower morale in extreme situations, and addressed mental health issues can lead to on-site, critical incidents or trauma including on-site injury and death.

Next slide please. Today we know a great deal about mental health and substance related illnesses, and must believe treatment is effective. Yet some still believe people with mental health issues are dangerous and unpredictable. Because of those prejudices, and the misunderstandings, many are afraid to go public with her illness or seek help. Here are a few suggestions on how to fight mental health stigma from the national alignments on mental illness. First, talk openly about mental health. Be willing to share how dental health affects you, and listen to how it affects others. Educate yourself and others on mental health. You have learned information today, information you can pass on. Share the facts, if you hear others sharing inaccurate information. The pandemic has given any employers an unexpected opportunity to review available resources such as the employee assistance program that has 24/7 access to support. For many employers, the services are now available not only in person, but telephonic, tele-video or even texting depending on what modality of service is contractually offered. Be conscious of using respectful language and referencing. Always because mental health appropriately, and not with slang that can make some people feel even more isolated while they are struggling. Encourage equality between physical and mental illness. As we discussed, mental illness is a disease, just like diabetes, heart disease or cancer. Have empathy for those with mental illness and substance concerns. Put yourself in others' shoes. Ask yourself, how you would want to be treated if you were struggling with and illness. To's empowerment over Shane. Refuse to allow others to date hate how you feel about yourself or others. Don't take on shame or shame others. Encourage others to do the same.

Don't harbor self stigma. Pay attention to the thoughts you have about mental illness. Change negative or shame for self talk.

Let's go to the next slide. Beyond fighting the stigma of mental illness, there are practical things you can do to be supportive of others in your work and personal life around mental health and substance issues and beyond. There's the power of listening. Only people or often people lack support and someone in their lives who will truly listen. A large portion of people thinking or getting assistance report what really helped the most, if they had someone to talk with. The power of normalizing. People with mental illness or other life stressors can feel isolated and alone. They may also feel embarrassed and ashamed about their situation and the need for help. People struggling with mental health and substance issues or other life stressors, often feel relief when they hear their symptoms are not uncommon and are shared by many others.

They feel validated when they hear situation like theirs reasonably and typically do cause issues like stress and confusion. They feel comforted in knowing someone really has taken the time to listen to them. Finally, the power of increasing hope. By listening , normalizing and providing a little reassurance, people often start to feel a little better and more hopeful. Hopefulness, naturally causes the person's mood to shift positively, billing less discouraged and anxious. Into the feeling paralyzed or struck, a person can start to take positive steps towards change like accessing professional care. Next slide please.

We have been talking about the importance of professional intervention for people with mental health and substance use issues. Now let's get more specific. There is no right or wrong way to seek help. The main thing is to not avoid or put it off hoping the problem will go away. As we have been discussing, likely, it will worsen. Early intervention is so important. Primary care doctors can be a great way to get started you two already having a pre-existing, trusting relationship and potential for access to timely appointments. They can make the initial assessment and refer onto a psychiatrist, therapist or other specialist including hospital based care. Primary care providers can start a trial of medication if appropriate. Keep in mind though, agile health and substance use issues are not there specialty. Substance issues, for example, can easily be missed if the patient does not ring it up or may not be truthful about their use.

Another common way to access care is through your employee assistance program which we commonly refer to as, EAP. One EAP revenges it is available 24/7, 365 days a year. Even holidays. Employees and family members can speak confidentially with the train, mental health professional for a free consultation and referral to the appropriate treatment provider and/or community resource. Leaders, such as yourselves, can also access Magellan's workplace support team by calling the company specific EAP 1-800-number. The EAP website can be accessed anytime to confidentially learn about the different types of mental health providers, locate local providers, and even complete referrals online. Additional information and resources are available on the website just for leaders. The EAP is a great preventative

resource with tip sheets, webinar recordings and numerous online tools for navigating through our daily stressors and challenges. Also listed here, are several helpful mental health substance abuse resources and their accompanying websites for accessing treatment. The national Institute of mental health, the national alliance on mental illness, the substance abuse and mental health services administration. The final thought helping someone access care. Is simple, yet powerful thing is your presence. Is being there to listen, help them call if they need that support. It can take the difference. If they would be more comfortable calling away from work, make sure they have the 800-number. Remind them, calls are confidential. If unsure how to help them access, just as the person what would make them feel more comfortable? Let's go to the next slide.

Managers, supervisors and human resource professionals have additional responsibilities, along with specialized resources to assist in managing mental health and substance issues impacting your workplace. Know the full reins of your EAP benefits and promote the EAP to employees. Another good way to become very familiar with the EAP benefits, to attend any available EAP orientation training for leaders, and allow for your employees to attend EAP orientation training for employees. Become familiar with the typical warning signs of a potential workplace problem. Attending a training such as this one is a good way to accomplish this. Establish an open line of communication with employees. Letting them know they can receive respect, compassion, support and very importantly, confidentiality. It should be respected unless there is a life-threatening manner to address. Openly share expectations everyone is responsible a respectful and supportive workplace. When issues arise, meet with your employee. Along with sharing performance observations and expectations, express concern for their well-being. Share specific details about support available through the EAP. Make it clear, you want the employee to get the best possible help. Some types of assistance are outside your area of expertise. And by expressing your willingness to work with your employee. If they are of value to you and your team. Remember, you do not have to handle tough workplace issues on your own. As noted on the prior slide, call Magellan support team any time. You approaching performance concerns and developing an action plan, refer back to your company policy and your legal department if needed to ensure company protocols are followed. Talk with your immediate supervisor. Reach out to human resources. Refer to the EAP supervisor handbook prepare in advance in Clay's of a workplace critical incident. Know how to access intervention and support. Let's go to the next slide.

We have one final critical topic. That is around responding to emergency situations. There are times when an employee can display very concerning or unsafe behaviors. If you become concerned about the immediate safety or well-being of yourself or others, there are recommended states to take pick one key thing is to remain calm and supportive with a calm and supportive composure. How you respond can impact how others respond, including the person you're concerned about. Speak slowly and softly and clearly. People in crisis who need immediate support or intervention can contact or be help to contact the free, confidential, national suicide invention lifeline listed here. Crisis workers are available to talk 24 hours a day, seven days per week. Of special note, this is also the same number for the veterans crisis line as well as the helpline for LGBTQ. You can also contact your EAP program for immediate support and intervention. If the situation is life-threatening, call 911 or go to your nearest hospital emergency room. Do not send in impaired employee away on their own. If appropriate, call it

pre-identified emergency contact. Those decisions are usually done with the input of workplace Council, management and are driven by your HR policy. If you are at work, notify your manager and security department per your policy.

This concludes the presentation part of the webinar. 1010, I will turn it back over to you. I do see there may be some questions.

Thank you. Peggy, and Alicia. Wow, you guys really shared a lot of very important information today. Such an important topic. I really appreciate all the time, effort you put towards preparing all of your content today. Thank you for that. I want to remind folks about your EAP. Peggy and Alicia have done a tremendous job talking about the program and the access. Your company specific 800-number to access via phone or your web address. If you want to access on the way to 24 hours a day, seven days a week. If you don't know your company 800-number or web address, reach out to your human resources department for assistance. I just want to turn it over to you guys to allow time for questions. We have a little bit of time. I don't want to belabor anymore talking. I turn it back to you ladies.

Okay. This is Alicia. I will go ahead and read one of the questions. Basically, what Melanie has done, there were many similar questions kind of put group questions to pick one that has shown up fairly regularly, has it been established alcohol use itself, increases the risk of an individual committing suicide, or is it merely coincidence in that alcohol is a common way to self medicate? That's a really excellent question. My understanding of the statistics is that, just the presence of someone being under the influence of alcohol and drugs, can really reduce that inhibition. Where someone was already depressed, and now you got alcohol onboard. It kind of takes away some of those stops that might naturally happen when thoughts occur. It reduces those inhibitions and can cause people to act impulsively.

I would also say, there is a perception alcohol and drugs may be help depression. There's a lot of literature that people self medicate using substances. Actually, the exact opposite is true. Folks who are experiencing mental health issues like depression. They start using drugs or using alcohol, hoping to feel better, it actually causes their depression to get worse. There is a really a lot of reasons why alcohol tends to be something that is present in folks that complete suicide or attempt suicide. Both making the depression worse. It's kind of reducing the impulsivity where someone might normally be able to tell themselves they need to stop or get help or do something differently. They tend to act on those thoughts.

I hope that answers the question.

We have time for one more quick question.

I will take that. I see there are multiple questions about how do you monitor someone virtually? What you want to consider? Different companies have different things available, technology wise. Do you have the opportunity to speak with them while on camera? Is that an opportunity? Is there a way to measure their productivity? Are they available when you try to reach them, or is there a pattern of not being available? If there is a way, if you do have concerns and you are in the same city for same area, within a reasonable distance, can you schedule time to meet with them in person? Using appropriate, safe distance and whatever protocols your company has put in place. Sometimes, especially with substance issues, meeting with someone in person and being able to look at their response while you are asking important questions is really important. If you do not have those kinds of measures in place and you are able to put those measures in place, that's great

Other than that, you have to rely on your instincts. If there are concerns, you are having them in there is a pattern that exists, that's when you may want to have more candid conversations with your employee and asked them directly about concerns you may have. I hope that answered that question somewhat.

Thank you Peggy. I think as well, if you want to talk about that in more detail. It is a detailed question. There's a lot of information to cover. Called the EAP and asked to speak with the work place consultant to provide a more extensive consultation. We have pulled up the exit poll question. Please rate your overall satisfaction with today's webinar. The options are very satisfied, satisfied, dissatisfied, very dissatisfied. If you can click the radio button to the left of the response one time. That will register response. We have pulled up a certificate of completion to download if you would like to have that we are out of time. I want to thank everybody for joining today's webinar.

Thank you.

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