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FROM THE LOCAL, STATE, AND NATIONAL NEWS SCENE

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Wellness in the Workplace

By Marsha Lazarus, MBA
Director of Workforce Development
Mental Health Association
in New York State

A recent survey found that global wellness is an estimated \$574 billion industry. Each of us continues to make our own "get healthy" resolutions – whether to exercise more, lose weight, eat healthier, stop smoking, etc.

The belief that healthy employees produce more and have a positive impact on the bottom line is also catching on. In 2014, "ninety percent of companies with more than 50,000 workers had wellness programs, as did half of U.S. employers with at least 50 workers" (Health Care News 2/2/14).

While clearly beneficial to employees, these corporate programs are primarily focused on physical health. They "typically offer on-site fitness centers, walking trails, corporate fitness contests, healthy cafeteria food and online or telephone health coaching" (Health Care News 2/2/14). "It may also include a biometric screening that checks cholesterol and glucose levels, blood pressure, body



mass index and other risk factors for chronic disease" (Wellsource.com).

The quality of our health though goes beyond simply not being ill or living with a physically debilitating condition. When defining health, the World Health Organization also includes such mental and emotional parameters as "having a zest for living and the ability to laugh and have fun" and "the ability to deal with stress and bounce back from adversity."

These qualities of mental and emotional health are a far cry from the media

portrayals in recent years. To the general public, "mental health" conjures up strange, unfamiliar, sometimes scary behaviors or perhaps, simply weakness. Whatever the image, it's not something positive or something with which most people want to be associated!

The fact is that mental health – like our physical health – is on a continuum from "wellness" to "developing problems" to "a serious disorder and/or chronic illness." And just as each of us is physically healthy in some aspects, less healthy in

others, the same is true of our mental well-being, our feelings about our life and possibilities. Resilience to adversity, outlook on life (optimistic, pessimistic or somewhere in between), self-esteem/self-confidence or inner sense of security differs for each of us, can change throughout our lives and even be developed in later life! These qualities also contribute greatly to our ability to perform well on-the-job.

"An estimated 20% of the adult working population experience a mental disorder in any year" (Mental Health First Aid Training USA, 2013). "Close to ten percent of workers are classified as – heavy alcohol users who drink large amounts of alcohol on a regular basis" (Substance and Abuse and Mental Health Services Administration, 2005, 2007) "There is also significant co-occurrence of mental and substance disorders (up to 25%) and significant co-occurrence of mental and substance use disorders with other chronic medical conditions" (Substance and Abuse and Mental Health Services Administration, 2007).

Those of us in the field know that mental disorders can be treated, recovery is

see Wellness on page 6

Introducing Collaborative Care in the Workplace

By Virna Little, PsyD, LCSW-R, SAP
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The Institute for Family Health

Depression in the workplace affects 10 million people each year (Value Options, How Depression Affects the Workplace) with 6-8% of the population having a major depressive episode each year (Kessler RC et al., The Prevalence and Correlates of Workplace Depression in the National Comorbidity Survey Replication, 2008). It often occurs during a person's prime working years – between ages 25 and 44 and 1 employee in 20 can be experiencing depression at any given time (Value Options, How Depression Affects the Workplace). Depression can lead to clinical symptoms which make it difficult to function in the workplace such as poor

concentration, low motivation, loss of energy, and even thoughts of suicide. Moreover, depression costs over \$51 billion in absenteeism from work and lost productivity and \$26 billion in direct treatment costs (Mental health America, Depression in the Workplace). Depression is often co-morbid with other physical and mental health conditions such as heart disease, obesity, diabetes, and anxiety, which contributes to the high medical costs.

Collaborative Care for Depression

Collaborative care is an evidence based model of depression that treats individuals with depression in a primary care setting. In fact, 70% of all antidepressant prescriptions are written by primary care providers. However, only 20% show improvement with this usual care model. The Collaborative Care Model integrates both medical and mental health care in the primary care setting. Unlike care as usual, which involves a primary care physician treating

the patient, the model involves a team-based approach which includes a primary care physician, a care manager and a consulting psychiatrist to provide care. Patients are actively monitored and treatment is adjusted as needed to ensure improved clinical outcomes (AIMs Center: Advancing Integrated Mental Health Solutions).

More than 79 clinical trials have demonstrated that Collaborative Care is more effective than care as usual. The IMPACT study, which is the largest depression trial to date, demonstrated that Collaborative Care more than doubles the effectiveness of usual care. Long-term analysis has demonstrated that \$6 is saved in health care costs for every \$1 spent, making it cost-effective (AIMs Center: Advancing Integrated Mental Health Solutions). Additionally, Collaborative Care has been chosen as the model of depression care by New York through many initiatives such as the Delivery System Reform Incentive Program (DSRIP) and the Collaborative Care Medicaid Program (CCMP).

How Workplaces Can Use Collaborative Care as a Resource

If employers were to refer their employees to collaborative care programs they would have access to effective depression care treatment that would be efficient and cost effective (Partnership for Workplace Mental Health – A program of the American Psychiatric Foundation, A mentally healthy workforce – it's good for business, 2011). The following are some of the steps employers can take: (1) Request more information about which organizations are participating in Collaborative Care; (2) Evaluate current health plan and mental health benefits; (3) Evaluate employee assistance programs to utilize collaborative care initiatives for short term effective depression care; (4) Conduct employee awareness program about depression; and (5) Offer depression screenings.

see Collaborative on page 22

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Behavioral Health News 2016 Theme and Deadline Calendar

Spring 2016 Issue:
“Preparing The New Behavioral Health Workforce”
 Deadline: January 14, 2016

Summer 2016 Issue:
“Behavioral Health and The LGBT Community”
 Deadline: April 14, 2016

Fall 2016 Issue:
“The Opportunities and Challenges of System Reform”
 Deadline: July 14, 2016

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“Transforming Systems of Care for Children”
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Getting Help: What Are Your Rights in the Workplace if You Are Battling Addiction

**By Arlene González-Sánchez, MS, LMSW
Commissioner, New York State Office
of Alcoholism and Substance Abuse
Services (OASAS)**

According to a 2012 survey by the Partnership for Drug-Free Kids and the New York State Office of Alcoholism and Substance Abuse Services (NYS OASAS), 10 percent of all American adults, ages 18 and older, consider themselves to be in recovery from drug or alcohol problems. That means many of the more than 23 million Americans are most likely in the workplace; balancing their jobs while managing their substance use disorder. And while more employers are taking steps to offer help, many people with the disease of addiction may not know what is available for support, or know their rights when it comes to their disease and the workplace.

Americans with Disabilities Act

The Americans with Disabilities Act, or ADA, prohibits private employers with 15 employees or more, state and local governments, employment agencies and labor unions from discriminating against qualified individuals with disabilities on the job. It goes on to define a disability as a physical or mental impairment that substantially limits one or more major life activities; has a record of impairment; or is regarded as having such an impairment. Does this include substance use disorders? So long as it meets the criteria of limiting life activities, yes.

The ADA specifies that employees currently engaging in the illegal use of drugs are not protected by this when an employer acts on the basis of such use. Employers are allowed to hold illegal drug users and people diagnosed with alcoholism to the same performance standards as other employees. But there are protections for workers in recovery. If a recovering addict is not currently using drugs or alcohol, then they are entitled to a reasonable accommodation. According to the law, that generally means employers should grant leave of absence for treatment or allow employees leave time or modify an employee's work schedule so he or she can participate in treatment.

Under the ADA, employers can ask applicants whether they drink or use illegal drugs. However, they cannot ask whether an applicant is an alcoholic or drug user, or ask whether he or she has ever been in a drug or alcohol rehabilitation program. Testing for illegal drug use is not subjected to the ADA's restrictions on medical examinations. However, the law prohibits employers from discriminating against drug users who are currently in a rehabilitation program. The Equal Employment Opportunity Commission further specifies a rehab program to include in/out patient programs, Employee Assistance Programs or self-help programs such as Narcotics Anonymous. A person suffering from addiction who feels his or her rights were violated are encouraged to file a complaint with



**OASAS Commissioner
Arlene González-Sánchez, MS, LMSW**

the EEOC (For more on the Americans with Disabilities Act visit: <http://www.eeoc.gov/eeoc/publications/fsada.cfm>).

If someone with a substance use disorder chooses to enter a treatment program before their employer takes disciplinary action, they cannot be fired for past errors or performance. The Family and Medical Leave Act can protect him or her from losing their jobs while they seek treatment. This law allows eligible employees to take an unpaid leave of absence while protecting their jobs. It grants 12 weeks of medical leave in a one-year period. Again, people with substance use disorders cannot be terminated while they seek treatment by a health care provider or by a provider of health care services on referral. (For more on the FMLA: <http://www.dol.gov/whd/fmla/>).

The Rehabilitation Act

The Rehabilitation Act protects workers from discrimination based on qualifying disabilities. The law defines that as "persons with a physical or mental impairment which substantially limits one or more life activities." Major life activities include things like walking, seeing, hearing, speaking, breathing and learning. Alcoholism is listed as an example of a qualifying disability under this law as well, and the law also acknowledges that alcoholism and other substance use disorders can be a substantially limiting life activity even with the help of medication.

The Human Rights Law

New York State also has protections under the Human Rights Law which provides further protection for those seeking treatment for SUDs. It safeguards individuals who consider themselves recovered from or are recovering from drug or alcohol addiction. An individual using drugs illegally is not protected by this law. Again, this law allows employers to adjust work schedules to allow for ongoing

treatment—but the employee must still be able to perform essential job functions as anyone else with similar skills, experience and background. Employers are encouraged, where the employer knows of current illegal drug use, or where the job performance of a person who is addicted to alcohol or other drugs deteriorates, to grant them a leave of absence. The employer is encouraged to require the employee to enter and attend a rehabilitation program, along with a "last chance" agreement. Such an agreement would require acceptable job performance and attendance when the employee returns to work. If they refuse leave, treatment or to sign an agreement, the employee may be terminated or disciplined.

Getting Help

Most companies are doing more for their workers when it comes to wellness. Many offer Employee Assistance Pro-

grams as a benefit, which can be a tool for workers to help them deal with problems or guide them towards health, fitness and other programs to help their general well-being. Workers should check with their human resources office to find out what is available to them. Many of these programs are managed by outside, third party companies or outside vendors, which adhere to strict privacy and confidentiality laws. Many of these EAPs can help with referrals to treatment for a substance use disorder and can help guide employees toward additional resources to assist them in dealing with addiction.

New Yorkers struggling with addiction, or whose loved ones are struggling, can call or text the State's toll-free, 24-hour, 7-day-a-week HOPEline at 1-877-8-HOPENY (1-877-846-7369). Information about accessing SUD treatment is also available on the NYS OASAS website: www.oasas.ny.gov.


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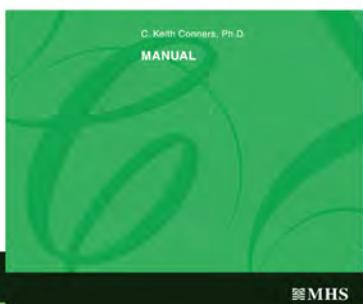
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Making Primary Health Issues a Part of Your Wellness Program

**By Le-Nise Watson-Hudson RN, MSN
Director of Nursing
ICL**

When we were children, annual trips to the doctor were made by our parents or guardians, but as we grow into adult life, making routine appointments may fall to the wayside. Instead of scheduling visits just for wellness maintenance, we may only get around to going when we have the flu or want a unusual looking mole checked out.

In my experience, incorporating Wellness Maintenance Medical Visit "Reminders" into annual Wellness Programs in the workplace can make a huge impact. These employee reminders obviously alert employees to schedule "Annual Wellness Maintenance Medical Visits" with their providers, and helps keep employees on track with regular checkups.

Health and Wellness Promotion Programs are associated with lower levels of absenteeism and reduced health care costs. Providing education and motivation to improve individual health can produce valuable rewards for both employers and employees. Since most people spend so many of their waking hours at work, it becomes an excellent environment for influencing healthy habits—in terms of both physical and mental health concerns and awareness.

Americans work harder, are more productive, and miss fewer days of work as a result of wellness benefit programs, according to the latest Principal Financial Well-Being Index. Forty-one percent of workers agree that having a wellness program encourages them to work harder and perform better at work.

The index, which surveys U.S. workers at growing businesses with 10 to 1,000 workers, is released by the Principal Financial Group and conducted by Harris Interactive. These findings focus specifically on wellness attitudes and behaviors among U.S. workers and were taken from the fourth quarter 2011 index.

According to the research, 52 percent of workers said they have more energy to



Le-Nise Watson-Hudson RN, MSN

be more productive at work by participating in a wellness program. Another 35 percent said they have missed fewer days of work.

The top four wellness benefits workers would most like to see their employer offer are fitness center discounts (25 percent), on-site preventive screenings (22 percent), access to wellness experts such as nutritionists (21 percent), and onsite fitness facilities (19 percent).

Looking at employee wellness programs as whole, recommended inclusions would incorporate the following:

- Health Screening: Type 2 Diabetes, Cholesterol, Lipids, Cancers (Colorectal, Breast and Cervical), Blood Pressure, and Obesity.
- Health Behaviors: Tobacco use, Alcohol and Substance Misuse, Physical Activity and Nutrition.
- Mental Health: Stress Reduction and Depression.

Because the success of any company

Wellness from page 1

possible and the sooner the intervention, the better the outcomes. Many workplace supervisors do not.

Without this information or the ability to recognize signs and symptoms of developing problems, supervisors will not be motivated to engage employees in important conversations. Nor will they feel comfortable making EAP/other service referrals or brainstorming ideas for reasonable accommodations. This along with social stigma and fear of discrimination keeps employees from seeking treatment and/or other support services... and from staying engaged and productive on-the-job.

Nearly two-thirds of individuals that experience a mental health and/or substance use disorder do not seek treatment. And while employee assistance programs (EAPs) are becoming increasingly available to employees, "the national average EAP utilization rate across all business and

industry is 4.5% for a face-to-face program and 3% for a telephone model program." (a service of REACH Employee Assistance and Work/Life Program).

Not only does this impact employee morale, it is costly to workplaces. "Mental illness and substance abuse annually cost employers an estimated \$80 to \$100 billion in indirect costs alone. (Finch, R.A. & Phillips, K., 2005, National Business Group on Health/Center for Prevention and Health Services). More days of work loss and work impairment are caused by mental illness than by other chronic health conditions, including arthritis, asthma, back pain, diabetes, hypertension and heart disease. (Druss, B.G. & Rosenheck, R.A., 1999, Psychiatric Services) The Harvard Business Review found that workers suffering from depression lose the equivalent of 27 working days per year – 9 because of sick days or time taken out of work, and another 18 due to lost productivity. "Studies have shown that substance-

depends heavily on the productivity and performance of its employees, the benefits of wellness programs can include lower healthcare costs; reduced chronic disease risk; decreased rates of illness, injury, and disability; reduced absenteeism and presenteeism (reduced performance while at work); increased employee productivity and efficiency; improved morale; lower stress levels and employee burnout; and enhanced retention of healthy employees.

What Workers Say About Stress on the Job

- A survey by Northwestern National Life found that 40% of workers reported their job is "very or extremely stressful."
- A survey by the Families and Work Institute found that 26% of workers report they are "often or very often burned out or stressed by their work."
- A survey by Yale University found that 29% of workers feel "quite a bit or extremely stressed at work."

Scope of Stress in the American Workplace

Job stress has become a common and costly problem in the American workplace, leaving few workers untouched. For example, studies report the following:

"One-fourth of employees view their jobs as the number one stressor in their lives."

—Northwestern National Life

"Three-fourths of employees believe the worker has more on-the-job stress than a generation ago."

—Princeton Survey Research Associates

"Problems at work are more strongly associated with health complaints than any other life stressor—more so than even financial or family problems."

—St. Paul Fire and Marine Insurance Co

It's during wellness visits that doctors are more likely to spot issues that fly un-

der the radar with few warning signs or symptoms, like Type 2 Diabetes, high-blood pressure, and even cancer. By limiting your doctor visits to emergency visits for specific illnesses, you eliminate the basic checkup when doctors can go over your vital signs and really have a conversation with you about what's going on in your life.

Another word of advice: Don't squeeze your annual wellness maintenance into one visit. Make sure you and your doctor discuss what tests should be run, what blood work needs to be drawn, and ways to improve your diet and exercise program.

Diagnostic tests can provide powerful insights into your health and enhance your wellness. Beyond yearly physicals, you should also receive regular screenings to decrease risk of disease. Colonoscopies, mammograms, pap smears, prostate exams, and vision tests are also part of preventative care. If you need referrals to get these important tests done, remember to ask your primary care doctor to set those up.

Keep up with cancer screenings, in 2014 more than half of new cases of colon cancer were diagnosed, but the Centers for Disease Control and Prevention estimates that roughly 34 percent of people aged 50 plus are overdue for their annual screenings. Cost, Fear and Misconceptions about testing stop many people from staying on top of their care.

Studies confirm that health improvements and cost savings are achievable by providing work-site programs for health promotion and disease prevention. On average, for every \$1 spent on health management and education, companies could save \$3 on healthcare costs.

Adopting healthy practices can be affordable, simple, and does not have to require expensive technology or elaborate measures in the workplace. Employers should provide health education and materials via wellness programs that can help employees take responsibility and transform their health allowing for a healthier work place environment.

Always Remember to Take Good Care of Your Health!

kinds of disabilities, can have a huge impact.

De-bunking myths about mental health challenges makes it easier for employees to reach out for help. Mental Health First Aid Training and mental health literacy discussions have proven to be effective stigma reduction tools. We also all benefit greatly from support from our co-workers. Imagine the impact if an employee felt just as comfortable sharing with a co-worker that they're feeling "blue" as the discomfort they feel related to a sprained ankle.

The Washington DC-based accounting firm Ernst & Young has had great success in implementing a Diversity - Disabilities-Friendly work environment. Some of the things they do:

- "A 'Diversity is Valued' message is conveyed to employees; respect, fairness and high expectations are communicated to all employees.

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Although statistics show that people with serious mental illness are dying 25 years earlier than the general population, by exploring the impact of past negative experiences, ICL treatment focuses on the whole person (not their symptoms) and on life goals to determine the best path to mental and physical health recovery. Treatment outcomes have shown a reduction in emergency room visits as well as hospitalizations for mental and physical health reasons.

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Improving the American Mental Health System: The Importance of the Workplace

By Michael B. Friedman, LMSW
Adjunct Associate Professor, Columbia
University School of Social Work

Bill lived in an almost constant sense of dread. At work he was distracted by his worries about his children, who were having problems in school and about his deteriorating relationship with his wife. He worried about having enough money to pay the bills. At night he lay awake ruminating about falling behind at work and missing deadlines. He was too tired when he got to work to get much done. He knew he was in trouble and considered getting help. But he didn't want to use his company's employee assistance program (EAP) for fear that word would get back to his boss, jeopardizing his job and possible promotion. He did not want to take advantage of mental health coverage he had through work because the co-pay seemed high and he was already stretched thin financially. He had also heard that it wasn't easy to get the necessary authorization from the managed care company his employer contracted with and that even with authorization it was hard to find someone in the network who was good and was available. He thought of talking with his personal physician, but he lived in a small town and didn't want the staff in the doctor's large group practice to know that he was losing it. For that matter, he didn't want the doctor to know. He didn't want anyone to know.

Bill was one of the 60% of Americans with a diagnosable mental or substance use disorder who do not get treatment. Had he gotten treatment from his primary care physician, he would have had about 1 chance in 8 of getting "minimally adequate care." Had he made it to a mental health professional—who are in terribly short supply—he would have had a 1 in 2 chance of getting minimally adequate care.¹

The difficulty people with mental or substance use disorders have getting good treatment is a major reason why there is now widespread agreement that the American mental health system is inadequate and in need of vast improvement. Unfortunately, proposals for improvement rarely include the workplace, despite the facts that over 50% of the people who live in America get health and mental health insurance coverage through employers² and more than half of American workers have access to behavioral health services at work or at their unions through employee assistance programs, onsite behavioral health clinics, disability management programs, and a variety of health and mental health promotion initiatives.³ Workplace mental health funding and services are a vital part of the American mental health system.



Michael B. Friedman, LMSW

Of course, improving publicly funded mental health and substance abuse ("behavioral health") services is extremely important. But to improve access, increase utilization, and raise the quality of behavioral health services, it is also critical to improve services funded and/or provided by employers.

Not all workplace mental health issues have been ignored in efforts to reform the American behavioral health system. The issue of parity—the demand for equal coverage of behavioral and physical health services—has been in the forefront of advocacy efforts for several decades. Sadly, it remains a major concern despite the fact that the Affordable Care Act mandates parity because there are significant problems of implementation.⁴

It is undoubtedly essential to get these problems resolved, but will that result in increased use of behavioral health services by those who need them? In theory, reducing co-pays and eliminating limits ("caps") on care that is paid for by health plans will remove a major barrier to use of mental health services. But some research has called this assumption into question⁵, and it is clear that cost is not the only reason why many people who need help do not get it.

Other reasons why working people and their families may not get access to good care include:

- Shortages of clinically and culturally competent providers
- Personal reluctance to get professional help due to:
- Fear that use of mental health services will not be confidential and will affect employment and promotion

- Embarrassment about having behavioral health problems and needing help
- Lack of realization that personal emotional distress may be a mental disorder
- Denial that drinking or using drugs has become a problem.
- Benefit design features in addition to lack of parity that create barriers to utilization and quality care including:

- Use of managed care to hold down utilization
- Reliance on credentials rather than on quality measures to develop networks of behavioral health providers
- Failure of some plans to cover family members as well as workers
- Lack of integration of physical and behavioral health coverage and treatment.

Sophisticated employers, unions, and benefits consultants are aware of these issues and try to address them.^{6,7}

For example, mental health education to help workers identify the need for professional help and to reduce embarrassment and shame regarding having behavioral health problems (reduce stigma) has always been a major component of EAPs. Much education has also been devoted to assuring workers that visits to EAPs and treatment for behavioral health disorders is confidential.

Workplace health promotion (aka "wellness") initiatives have also been around for decades. These include stress management, substance abuse prevention, anti-smoking campaigns, education about nutrition, opportunities for exercise, discussions about managing with young children and with disabled older parents, etc.

There have also been a number of "depression initiatives" over the past couple of decades.⁸ More and more employers realize that depression is a cause of vast lost productivity, drives up health care costs, and increases risks of disability. To head off these losses to their bottom line, some have emphasized the importance of primary care providers screening for depression. Some have remodeled managed care to emphasize getting depressed workers into high quality treatment rather than holding down utilization and using inexpensive providers regardless of quality. In addition, some employers and health insurance companies have worked on sharing information between the physical and behavioral health sides of their health plans. For example, some health plans routinely send letters to members with heart conditions suggesting the need for screening for depression, a

common and dangerous concomitant of heart disease.

All this is impressive and undoubtedly helpful. But it has not had the widespread impact that is necessary to substantially increase the access to high quality treatment that many people in the American workforce need. To do so, our nation will need to find new ways to improve workplace mental health services as well as to enhance publicly funded services.

Michael Friedman is retired but continues to teach at Columbia University and to write about behavioral health and about aging. He is the founder and former director of the Center for Policy, Advocacy, and Education of the Mental Health Association of New York City. He can be reached at mf395@columbia.edu.

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Workplace Wellness: Taking Care of Our Most Precious Resource...Our Employees

**By Mary Pender Greene, LCSW-R, CGP
President and CEO
MPG Consulting**

The majority of workplace wellness programs are focused on enhancing physical wellness, such as stress management, promoting weight, and smoking cessation. While physical wellness continues to be a hot topic, there are other important issues in the workplace that are less often part of the conversation – substance abuse and mental health issues.

Very often, addiction is often a facade that individuals suffering trauma use to disguise pain and sometimes underlying mental health issues. These issues can lead to deficits in responsible behavior and reliability, absenteeism, chronic physical symptoms, low energy, anxiety and depression.

For those working in human services, workplace wellness is especially vital due to the emotionally taxing and universally stressful nature of our work, and because everything hinges on the successful relationship between employees and clients. Be mindful that human service employees are particularly susceptible to compassion fatigue, overwork and burnout. Look for signs that the employee may be taking on more than they can handle. Show gratitude and make sure to let them know how much they are appreciated.

Practice proactive observation. Pay close attention to your staff with all of your senses, and notice anything that seems out of sync with their behavior. A well-trained mental health manager will use their observation skills to detect subtle changes that may indicate the beginning of a wellness issue. Does the employee seem unusually tired, gaunt, stressed, irritable, nervous, or sad? Don't immediately chalk it up to laziness, a bad attitude, or poor work ethic. Ask questions. Be present. Get involved.

All employees can potentially have mental health or substance issues. They all need to be heard and validated. Managers need to first understand the issue from the employee's perspective before problem solving. Managers should focus on finding solutions, starting with informing the employee about the supports available within the organization as well as in

the community. It is critical to get the employee help while following HR protocols. However, leave the diagnostics and therapeutic interventions to an objective professional, always keep those boundaries in check.

The first conversation may be uncomfortable, but change begins wherever the person is at that first touch point. There may be concerns about privacy, professional protocol, or getting too personal. The best strategy is for managers to remain calm, neutral and non-judgmental, and keep a matter of fact tone. Simply mention what you have observed without shaming, blaming scolding or accusing. This will put the employee at ease and lessen defensiveness.

Addiction and mental illness are part of the human condition. They are illnesses that need to be part of the conversation and treated like any other workplace health issue. It is important to normalize the process for asking for assistance when one is in crisis, even as a professional in the field. When managers are mindful of addiction, loss and trauma issues, and conscious of anti-stigma messages, they can begin to cultivate and maintain a workplace culture dedicated to holistic wellbeing across all elements of health. They can begin to make workplace wellness a part of the organizations mission and the way they do business.

As human service leaders, we can directly influence the health of our employees through workplace wellness initiatives. When we offer wellness im-

provement assistance in the workplace, the chances are favorable that employees will make positive behavioral changes. A recent Gallup poll showed that 60% of U.S. employees are aware that their company offers a wellness program, and 40% of those who are aware of the program participate in it. Because few workplace wellness programs dedicate energy to other key elements of employee well-being beyond physical wellness, a substantial gap exists in other areas of health, such as mental health, emotional health, spiritual health, social health and financial health.

Are your employees thriving, struggling or suffering? Gallup found that in the U.S., 28% of adults aged 18 and older are not thriving in any of the well-being elements, while 7% are thriving in all five. Gallup also found that 4% of adults are thriving in physical well-being but nothing else. What happens when employees are challenged by mental health or substance abuse problems?

1. More absenteeism
 2. More likely to file a workers' comp claim
 3. More likely to seek out and change employers
 4. Less likely to bounce back after a setback
 5. Less likely to volunteer or give back to the community

By recognizing and embracing the importance of total well-being, managers can take action to make a positive difference in their employees' well-being. First, they must commit to wellbeing. It should be an integral part of the organization, reflected in its mission and values. Employees must understand that it is a part of the culture and that they are a part of it. Second, they must communicate a clear and consistent message that defines what well-being is, how it is achieved, how is it evaluated, and its benefits. This helps employees understand and internalize the messaging. Third, management must set an example for employees to follow, which means paying attention to your own overall well being.

Management must authentically care about each and every employee as unique individuals with a unique set of strengths, challenges, and circumstances especially in human services where our staff is our most important asset. It is not one size fits all. Managers can't solely focus on what the organization stands to gain from improvements in employee health and retention, or typical bottom-line outcomes. There must be balance. Employees must know that they are our most valuable resource and that their health is truly important to us. Leadership must also establish wellness policies that affect every aspect of work life, such as healthier foods, snacks and beverage served in the cafeteria, flextime schedules, and initiatives that reduce stress or fatigue during the work-day. Healthier employees undoubtedly beget a more prosperous organization.

Many organizations that execute well-being interventions neglect to test whether they actually work. Measure and monitor the effectiveness of your well-being programs. Make sure it can adapt over time to best meet employee needs. Adjust the programs when necessary to increase participation. Create a wellness ad hoc committee made up of employees from a cross section of your organization.

When employees with health or mental health challenges are treated with respect and are given the appropriate supports, they often become the most dedicated employees and top performers and help to boost organizational morale. Making workplace wellness a top priority ensures the wellbeing of both the bottom line and our most precious resource...our employees.

Mary Pender Greene, LCSW, CGP, President & CEO

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Mary Pender Greene, LCSW-R, CGP
President & CEO

Employee Wellness: Meeting the Challenge of the Workplace

**By Marshall Ellis, Vice President,
Crisis and Behavioral Health
Technologies, MHA-NYC**

Today's behavioral health agencies are under more pressure than ever to measure and improve outcomes, reduce costs, adapt to changing market and regulatory conditions. As a result of these sometimes competing pressures, burnout and compassion fatigue are ever present concerns in today's workplace. Burnout and compassion fatigue can have serious implications for the health and wellbeing of our workforce, budgets, and perhaps more importantly—on client interactions and outcomes. Burnout among providers of mental health care has previously been documented (Vilardaga et. al., 2011; Broome, Knight, Edwards, & Flynn, 2009).

Symptoms of employee burnout and compassion fatigue can include:

- Increased absenteeism
- Increased turnover
- Less effective interactions with clients
- Increased resistance to new ideas and initiatives

Establishing a systematic approach to measuring and addressing employee burn-

out, compassion satisfaction, and compassion fatigue is an important, but often overlooked aspect of running today's behavioral health organizations.

Focusing on employee wellness at the leadership level can have a real difference in the culture of an organization and employee wellness.

At The Mental Health Association of New York City's Here2Help Connect behavioral health call center, operator of 1-800-LIFENET, 1-877-8-HOPENY, and several other behavioral health and crisis intervention services, growth in volume of calls has outpaced funding levels. In order to effectively serve our clients around the clock, we have had to make a number of adjustments, including asking more and more of our workforce.

Concerned about the impact on our employees, the management team decided to more formally measure and address burnout, compassion satisfaction, and compassion fatigue. We began twice yearly confidential employee wellness surveys to measure and monitor the health of our workforce.

We also utilized the Professional Quality of Life scale which measures Compassion Satisfaction, and Compassion Fatigue (with the subscales of Burnout and Secondary Traumatic Stress), is a useful and relatively easy survey to implement in order to better measure and understand levels of burnout, compassion satisfaction, and compassion fatigue. The Profes-

sional Quality of Life scale can provide quantifiable information to inform approaches to managing employees.

The initial employee survey revealed a workforce in which Compassion Satisfaction was average, Burnout was average and Secondary Traumatic Stress was low. Based on the findings, we decided to enhance our practices to reduce burnout even further. We embarked on a series of initiatives to reach our low burnout goal and our 6 month follow-up survey revealed that Compassion Satisfaction remained average, but that employee burnout was low, a statistically significant finding.

In order to move from average to low burnout, we implemented a multipronged approach. We focused efforts on better training and supervision, particularly with attention to:

- Self-care
- Coping skills
- Psychoeducation on the effects of working in the helping profession

We also made deliberate efforts to be more diligent in soliciting ideas and recommendations from all levels within the organization and make efforts to incorporate them into our ongoing business objectives. We also launched an employee-led Wellness Committee which was empowered to organize and host quarterly

appreciation events and to sponsor wellness activities throughout the year.

Lessons learned from MHA-NYC's efforts that could be applied to other behavioral health organizations:

1. The importance of embracing and supporting wellness as a business objective
2. Data-driven approaches provide quantifiable and actionable information
3. Trusting and empowering employees improves workplace wellness
4. Formally incorporating conversations on self-care and coping skills as part of orientation and ongoing supervision reinforces commitment and keeps the team focused on self-care
5. Establishing a wellness goal as part of a team's performance measures provides focus and reinforces commitment as part of business strategy.

We are strong believers that organizations that make it a priority to commit to worker health, emotional wellness, safety and satisfaction are most likely to see a reduction in the signs and symptoms of workplace stress. The organization's ability to value and respond to employee needs is central to igniting passion, purpose and optimal performance in the workplace.



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New, Work-focused Approach Helps Employees with Depression Do Better at Work and Feel Better, Too

By Francisca Azocar, PhD
Vice President Research and Evaluation, Behavioral Health Sciences Optum

When employees injure their spine, they often receive physical therapy for this common condition. They learn how to strengthen weak muscles, lift properly and sit ergonomically. Essentially, they are taught proven strategies to get them back on their feet and back on the job.

But it's been a different story for employees with depression, another common disorder. In fact, 12 percent of employees at some point in their life have been diagnosed with depression, costing American business about \$23 billion in sick days alone, according to a 2013 Gallup poll (Witters, D., Agrawl, S., & Liu, D. "Depression costs U.S. workplaces \$23 billion in absenteeism." Gallup Wellbeing, July 24, 2013).

Depression can profoundly affect a person's ability to work. For many, it erodes concentration, time management, task completion, and the ability to get along with supervisors and co-workers. Indeed, lost productivity caused by Major Depression, a severe form of depression, is estimated at \$102 billion annually (Greenberg, P., Fournier, A-A, et al,



Francisca Azocar, PhD

"The Economic Burden of Adults with Major Depressive Disorder in the United States," 2015).

Of course, there's a great difference between treating employees with back problems and those with depression. Unlike people who know they have a herniated disc, many people with a mood disorder don't know they are depressed.

And aware or not, employees with such an insidious disorder often fail to see how it impairs them at work. Traditional treatment for depression — brief goal-oriented psychotherapy and antidepressants — can ease symptoms. However, because they do not focus specifically on work-related functioning, they may not resolve depression-related work impairment. All these factors argue for employers to be more aggressive in addressing depression.

Until recently, few, if any, workplace interventions existed to identify employees with depression and also help them overcome related work impairments. But a recent study I co-authored with my colleagues at Tufts reveals an exciting new solution, confirming the results of earlier, smaller-scale trials (Lerner D, Adler D, Hermann RC, Chang H, Ludman EJ, Greenhill A, Perch K, McPeck WC, Rogers WH. "Impact of a Work-Focused Intervention on the Productivity and Symptoms of Employees with Depression," 2012).

In a national, randomized clinical trial (Lerner, Adler, Rogers, Chang, Greenhill, Cymerman, Azocar, "A Randomized Clinical Trial of a Telephone Depression Intervention to Reduce Employee Presenteeism and Absenteeism," 2015.), we found that helping employees develop strategies for depression-related problems at work significantly improved job per-

formance and significantly relieved depressive symptoms. Basically, this intervention helped employees do better at work and helped them feel better, too.

This finding differed from our study's control group — employees with depression who were referred to their employer's EAP or health care provider. Although the control group showed some improvement, they had smaller gains in symptom severity, productivity and absenteeism.

How It Works

Our intervention is low-cost and easy to implement. And it removes most barriers that keep depressed people from seeking help, such as difficulty accessing providers close by, transportation, childcare or costs. Employers can readily adapt it to their workplace — much like other wellness programs — by facilitating access to the program online and leveraging incentives and the support of their medical director.

To start, employees at their workplace voluntarily take a web-based assessment on depression and its effect on their work. Screening out other factors impacting work performance and mental health (bipolar disorder, psychosis and alcohol abuse) the evaluation takes no more than

see Depression on page 22

With Hope, All Things Are Possible.

Reframing treatment around recovery and resiliency offers new hope and a bright future for those who live with mental illness. While everyone must follow their own path to recovery, and every local community offers a unique set of supports, a few key principles can help ensure success:

- Person-directed support for the whole person, regardless of their age or stage in life
- Building on the strengths and abilities of each individual
- Cultural competence
- Techniques, tools, and technology to empower people to live purposeful lives
- Peer support from others who have been there
- Flexibility and innovation at every step
- Inspiring hope to drive recovery

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The NYSPA Report: Conversion Therapy

By Barry B. Perlman, MD
Chairman, Committee on Legislation
New York State Psychiatric Association

Primum non nocere, "first do no harm," is a maxim well known to physicians and might be one that should be taken to heart by state decision makers. It is with this dictum in mind that NYSPA urges the NYS Senate to finally pass during its 2016 session the bill defining the practice of "Sexual Orientation Change Effort" (SOCE) with clients/ patients under the age of 18 as professional misconduct. This year such a bill (A. 4958) sponsored by Assemblywoman Deborah Glick passed the Assembly for the second time. A bipartisan Senate companion bill sponsored by Senator Brad Hoylman unfortunately has not advanced out of committee.

The proposed bill is meant to protect youth during their formative, developmental years from being exposed to "conversion" or "reparative" therapies the goal of which is to alter their sexual orientation. While research in the domain of gender identity and sexual orientation development is acknowledged to be both difficult to conduct and limited in its scope, there is virtually no sound scientific evidence of the efficacy of such efforts. There is considerable evidence that members of "sexual minorities", especially during their adolescent years, experience unique stressors and developmental challenges which place them at



Barry B. Perlman, MD

heightened risk for developing clinical symptoms of depression, anxiety disorders, substance use disorders and even suicidality. Indeed, since "homosexuality" is recognized as normal variant of human sexual expression, there is, *a priori*, no reason to submit any person to therapy meant to change it.

Rather, it is considered clinically appropriate and ethical for therapists to assist their patient's effort to define and express their core, individual preferences.

The Assembly bill specifically allows for counseling and psychotherapies which support "coping, social support and identity exploration and development." In other words, thinking as clinicians do about benefits and risks, there is no acceptable upside to SOCE but considerable potential for adverse outcomes. As such, it is appropriate to define SOCE as professional misconduct while favoring supportive, constructive therapies as defined in the bill.

To date, a number of states including Illinois, California, Oregon, and New Jersey along with Washington, D.C. have passed comparable legislation and legislation has been introduced and is currently wending its way through many other state legislatures. Interestingly, a jury in New Jersey recently found JONAH, (Jews Offering New Alternatives for Healing), a program claiming to change young men from gay to straight to be fraudulent and unconscionable. Lee Beckstead, a psychologist with expertise on SOCE and a member of the American Psychological Association's task force which addressed that topic testified: "It's outdated ...it's confusing, it's misleading. It's even reckless. And it's harmful. It's worse than snake oil."

Furthermore, at this point in time, SOCE has been reviewed by and found to be both clinically and ethically unacceptable by the American Psychiatric Association, the American Psychological Association, the American Academy of Child and Adolescent Psychiatry, as well as

several British specialty groups including the Royal College of Psychiatrists, the British Psychological Society, and the Pan American Health Organization and World Health Organization among others.

These professional societies have adopted their positions after reviewing the scientific literature in relation to the public benefits and harms resulting from SOCE. While some may view such findings as biased by a particular cultural agenda, it would be better to view the positions adopted as motivated by the respective societies shared mission of avoiding doing harm to those whom they serve. Lacking a rationale and scientific basis there can be no compelling reason for the state to allow such potentially harmful practices.

Based on the argument presented above, the NYSPA urges the NYS Senate to work with the Assembly to introduce and pass "same as" bills defining SOCE to be professional misconduct while affirming appropriate therapies during the 2016 session with the goal of protecting at risk youth. We believe that it is the moral obligation of health care practitioners as well as of our legislative representatives to protect our state's vulnerable adolescents from fraudulent, harmful practices and a bill such as this year's A.4958 can help that goal to be realized in NYS.

In addition to his current position as Chairman on Legislation, Dr. Perlman is a Past President of the NYS Psychiatric Association.

Wellness from page 6

- Regular opportunities are scheduled for people with disabilities, managers, supervisors to discuss issues around working with disabilities at Ernst & Young.
- Employees are encouraged to watch short video clips in which true stories in the workplace are shared that teach something about how to be inclusive day to day.
- Posters portraying employees with invisible disabilities are placed throughout their buildings and get people thinking differently." (Ernst & Young, 2010)
- Managers recognize that not every employee hired will prove to be a good "fit."
- All retained employees have access to advancement opportunities.

A supportive work environment and its impact on our emotional health can also be the glue that keeps employees engaged and on-the-job. In a Paraprofessional Healthcare Institute study of Certified Nursing Assistants in long-term care settings, frontline workers who stayed in their positions reported that they:

- worked with fair-minded supervisors who showed interest in their lives,
- had education and career development opportunities,
- worked with nurses who valued their

knowledge, skills and input,

- were made to feel part of the care team,
- had adequate resources to provide quality care, including ability to provide affection, support, and care to their residents.

Sometimes supervisors see significant changes in an employee's behavior. For example, have you (or one of your supervisors) ever observed a highly motivated and engaged employee become increasingly lethargic and disinterested in their job, begin taking constructive feedback very personally or become withdrawn and uncommunicative?

These changes could be a result of mental health issues. Supervisors with strong relationships with their staff are better able to: (1) Notice "red flags" - when changes occur in employees' behaviors/job performance; and (2) Engage employee in discussing identified performance issues. So whether or not this is a mental health issue, a supervisor will have the ability to make an appropriate referral before the problem mushrooms...and enable the employee to get back on track.

Wherever we sit within an organization, it's important that all managers and supervisors be on board. When management at the helm and throughout the organization fully recognizes the value-added by these practices, the organization is now in a strong position to effectively implement them.

see Wellness on page 22



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Merging Missions: Building a Staff Wellness Program

By Colleen Beagen
Vice President of Human Resources
Odyssey House

Bringing wellness into the workplace is a natural development for Odyssey House where the mission of the organization is to promote a healthy recovery for individuals and families facing a range of life challenges from substance use disorders, mental illness, homelessness and chronic medical conditions. In 2011, we introduced a free, voluntary program called R U Fit?! to offer employees the resources they need to improve their own health via education and a supportive work environment.

This staff wellness initiative is a continuation of our commitment to support and promote good health among program participants. It takes a similar positive reinforcement approach to the proven model Odyssey House developed with clients and provides staff with group support, free on-site fitness facilities, and access to an employee-only online health coaching service.

Our objective in implementing a wellness initiative is to help workers make changes in their lives that undermine their health, thereby boosting morale and productivity, improving employee recruitment and retention, and reducing health care costs.

The development of the program was spurred by Odyssey House president, Dr. Peter Provet, who has made wellness a top priority, based on his firm belief that "ultimately, it is the clients we serve who will be the beneficiaries of healthier, happier staff members."

"Given the steep rise in health care costs coupled with increased awareness of the importance of a healthy diet and regular exercise," he added, "we looked at what we could do to both help staff improve their overall health and impact our bottom line. We found that a program that offered personalized and confidential coaching was a sound investment in our most valuable resource, the 350 counseling, educational, medical, and administrative staff who dedicate themselves to the mission of Odyssey House."

A survey of American workers backs this up. The survey found that 51 percent of workers agree that having a wellness program encourages them to work harder and perform better at work; 59 percent said they have more energy to be productive; and 43 percent said that they have missed fewer days of work.

Conducted by The Principal Financial Well-Being Index in 2013, the survey further found that the incentive-driven and ease-of-access approach Odyssey House offers – an enhanced program that includes fitness center discounts, on-site prevention screenings, access to health experts, and onsite fitness facilities – is on target with wellness benefits most desired by employees.

Incorporating Wellness Into Company Culture

Fitness has long been a priority at Odyssey House. All staff are encouraged to



Colleen Beagen

practice healthy habits at work and have access to exercise equipment at Odyssey House treatment centers. The emphasis on diet and exercise is foremost in a number of events we host, including our annual 5K fundraiser, Run for Your Life, intramural sports leagues, and rigorous training with the Odyssey House Marathon Team (since 2002 more than 400 clients and former clients, staff, board members and other supporters have completed the New York City Marathon).

The purpose of R U FIT?! is to complement these activities with free, online, confidential health coaching and personalized programs to promote weight and nutrition management, encourage regular exercise and stress reduction, and support smoking cessation. All employees who enroll have access to health coaches, agency-wide competitions, online workshops and more.

To allay any concerns staff may have about confidentiality and to encourage trust in disclosing personal information, Odyssey House provides these services via an outside company called Health Advocate. Data collected by the service is anonymous and in the aggregate, and only collated to monitor overall participation and refine services.

Each year we offer all staff on-site biometric screenings and confidential consultations with health educators. The screenings measure cholesterol levels, glucose readings, blood pressure and BMI (Body Mass Index). Using their results, employees complete an online Personal Health Profile (PHP), which provides a customized report containing overall wellness scores, identifying high risk areas, and describing steps that can be taken to reduce future health risks.

In its first five years, R U Fit?! has contributed to a shift in culture toward a healthier overall lifestyle, and we have seen improvements in the health of our employees. Between 2013 and 2014, we found the following year-over-year improvements for all participating staff:

- 50% improvement in average blood pressure
- 55% improvement in average cholesterol ratio

- 100% improvement in average glucose levels

For employees with at least one risk factor (e.g., BMI over 25, elevated blood pressure, high cholesterol) over the same period:

- 55% improvement in average BMI
- 45% improved average waist circumference
- 70% improvement in average blood pressure
- 75% improvement in average cholesterol

Our goals now are to continue to improve biometrics numbers for high-risk employees; maintain non-risk employees in the healthy range; increase both participation and engagement in the R U Fit?! program; and expand the stress reduction program.

Sound Bodies, Sound Minds

To aid in managing R U Fit?!, we hired a nutritionist and wellness coordinator to act as a liaison between employees and Health Advocate. A registered dietitian and certified Pilates instructor, the coordinator has been instrumental in promoting the program and encouraging staff participation.

She has made it her mission to build a wellness program that expands beyond

the standard biometric screenings, gym discounts, health competitions, and cooking workshops. Her first order of business was to build trust with the community of employees that span across 13 locations from downtown Manhattan to the Bronx. By establishing rapport with the employees, the doors of communication were opened and she was able to carry on her mission within the agency.

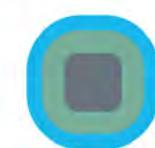
Our coordinator used her expertise to develop nutrition and exercise-related initiatives, such as agency-wide competitions like 10,000 steps, Pilates and yoga classes, and lunch and learn seminars. However, due to the fact that depression now costs employers more money than smoking does, she made it a goal to reach employees at a deeper level. Her latest initiatives focus on meditation, mindfulness, yoga and Pilates. She is also planning programs targeting compassion, gratitude, and self-esteem.

Employees often share their stories about how one or more aspects of R U Fit?! helped them in their lives, both professionally and personally. Whether it was the impact a nutrition seminar had on them, the weekly meditation classes, or the free gyms we have at six of our facilities, staff have been able to make changes to their lifestyle and create healthier habits that ultimately lead to a higher quality of life.



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Integrating Staff Wellness into Agency Culture: A Win, Win, Win

By Liza Szpylka, LCSW
Vice President, Behavioral Health Services
Putnam Family and Community Services

According to Officevibe.com, 78 percent of Americans describe their jobs as stressful. In discussing this with colleagues, the feeling was that this figure was a bit high. However, as we moved on to discuss an informal contest of who had the most webinars to watch for the week, it was quickly apparent that this figure may not be high enough, particularly within the behavioral health sector. We are so focused on providing quality care, learning new initiatives, implementing needed changes in our organizations, forming partnerships, and understanding regulations that we lose focus on keeping a healthy body and mind for ourselves and for our overall staff. This article will address some of the reasons why an organization should implement an employee wellness initiative and will highlight some steps that have been taken at Putnam Family and Community Services.

There is significant research available on the internet that clearly shows decreases in medical costs for corporations that have a wellness program. As per officevibe.com, medical costs fall by about \$3.27 for every dollar spent on wellness programs. Within PFCS as well as other non-profits, each year is a struggle to re-



Liza Szpylka, LCSW

negotiate rates for health insurance and while there are many factors that impact the negotiation, a decrease in employees' medical costs can improve a bargaining stance. Of course, reduced medical costs can also equate to less use of sick time/absenteeism.

Following the "golden thread," a healthier body and less sick time leads to increased productivity. Taking it one step further, increased productivity leads to feelings of accomplishments and enhanced worker engagement. Aside from

wanting the population to be healthier in both mind and body, the ultimate goal of business wellness programs is to cultivate a workforce who is passionate about their work and who can help the agency grow and become better. It is an engaged workforce, both administrative and direct care, which promotes innovation and creativity to achieve the desired outcomes.

It is clear that having a wellness program for employees is an essential function of any business operation. The challenge within PFCS and for most nonprofits is how to do this when both time and money are scarce. Over the past 2 years, PFCS has chosen to target wellness initiatives on increasing the employee's sense of belonging within the agency. A wellness committee was formed from volunteers throughout the entire agency. The members of this committee, which includes the Human Resource Director, researched and introduced a number of health initiatives designed to promote lifestyle changes as well as fostering some friendly competition. The first was a 55 day challenge that had components relating to diet, exercise, water intake, and taking vitamins/health supplements. Twenty percent of the staff at PFCS signed up for this challenge. Each day, the participants added up the total number of points they earned and entered the scores onto a group log. There was also a poster board next to the log in the staff lounge so that the participants could support one an-

other and share tips. Overall, the group as a whole lost over 30lbs and many report sustaining significant life changes such giving up candy and drinking more water.

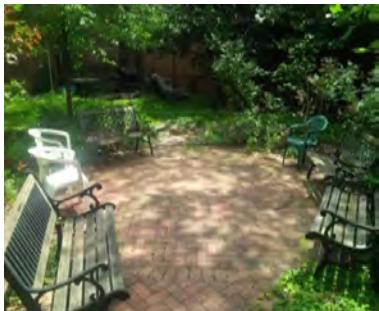
Another challenge that was distributed to staff focused on fitness and exercise. Though there are some exceptions, a large percentage of the staff at PFCS have jobs that do not require any physical activity. The thirty day fitness challenge was comprised of daily exercises that were done in individual offices or empty conference rooms. For example, one day the exercise was twenty wall pushups and two minutes of arm circles.

All in all, each daily routine could be done in ten minutes but those ten minutes of activity can impact the rest of the day in terms of alertness and motivation. Once again, about 20 percent of the staff signed up for this challenge and supported each other throughout the weeks. When the 30 day fitness challenge ended, a meditation challenge was distributed to give the calming of our minds equal attention.

These challenges certainly raised the staff's awareness of the importance of self-care but they also began to impact the overall culture of the agency. The staff room is typically filled with cakes, donuts and cookies, but now fresh fruit and garden fresh vegetables are also being left for staff to help themselves. The Wellness Committee sends out articles on stress

see A Win, Win on page 17

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Merger Fears

By James R. Dolan, Jr., DSW, LCSW
Director of Community Services,
Nassau County Office of Mental
Health, Chemical Dependency and
Developmental Disabilities Services

A young man came to marriage counseling and reported that he had two panic attacks in his life. One occurred years ago, and the other happened on his way to our session. He knew he needed to more effectively merge with his wife, but he did not know how that was possible; and moreover, he feared that the marriage counseling process may make matters worse.

That story reminds me of a recent public forum I attended where people were invited to provide comments on the proposed merger of the New York State Office of Mental Health with the New York State Office of Alcohol and Substance Abuse Services. As with the marriage counseling situation, it seemed to be understood that a merger should take place, but the question of how that could be accomplished, and done so in a way that did not make matters worse, was an often expressed concern.

It was initially puzzling to hear speakers say that, while they understand that mental health and substance abuse care should be integrated, they were opposed to creating an organizational structure that would facilitate the delivery of that needed care.

During the marriage counseling session and during the public forum, it quickly became apparent that the prominent issue was fear. As any competent practitioner knows, one of the first things that must be conveyed to a client is that the counseling process is safe, and the reasons for that need be made clear. In fact, this should occur in any merger situation, whether we are discussing the merger of people, the merger of companies or the merger of organizations.

The fear related to a merger of mental health with substance abuse services needs to be debunked. In part, this can be accomplished by reassuring the substance abuse providers that their value will not be diminished. These providers should be recognized and validated for the good work they have performed, and they need to know that their status and influence will not be diminished by a merger.

A similar allaying of fears had to occur when the NYS Division of Substance Abuse Services (DSAS) was merged with the Division of Alcoholism



James R. Dolan, Jr., DSW, LCSW

and Alcohol Abuse (DAAA). Back then, the argument was made that drug and alcohol abuse are distinct conditions and should be treated separately. A similar argument is made by some that mental health and substance abuse care should remain separate; and this is based on the experience of having a mental health practitioner miss the fact that one had a co-occurring substance use disorder. The reverse complaint is also made of substance abuse practitioners who did not recognize when a mental health condition was present. Such experiences, however, should not be interpreted to mean that mental health and substance abuse treatment should remain separate, because just the opposite needs to happen. It is a disservice to those we serve when mental health and substance use issues are not addressed simultaneously. Having said that, it is clear that the first thing we have to address is the fear.

Substance abuse providers must be reassured that the purpose of a merger is *not* to reduce their funding. Further, they need to know that their ability to influence the trajectory of public policy on health matters would be enhanced, and certainly not lessened. Furthermore, the life-saving contributions they have made, and will continue to make, should be roundly acknowledged. It is only after meeting these requirements that we will be able to effectively move forward and achieve the type of synergy that occurs in a successful marriage.

A Win, Win from page 16

management and self-care, particularly around the holidays. Recently, a staff member, who is a certified Yoga instructor, offered a free introductory class. Another staff member was able to get her local gym to offer a free fitness class to PFCS employees. All of these things, whether utilized by staff or not, pave the way to keep wellness on the agenda.

It has always been true in Health and

Behavioral Health Care but particularly now as there is so much change, that our jobs have many challenges, stressors and traumas. In order to meet the challenges, agencies, regardless of size and resources, can implement multiple strategies to address practitioner, management, and organizational wellness. It takes time to implement but no steps are too small.

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Psychological Flexibility in the Workplace: A Value-Driven Journey

By Glenn M. Sloman, PhD, BCBA-D, NCSP and Michael C. Selbst, PhD, BCBA-D, Behavior Therapy Associates

The modern day workplace is filled with discomfort and stress. This may take the form of fatigue, frustration, avoidance, and irritability, and arises when there are conflicts among our responsibilities in helping others (i.e., co-workers, family, and friends), completing our own obligations and responsibilities, and achieving personal and company goals. The management of these expectations in a goal-driven workplace may be overwhelming. According to the Mayo Clinic (2013), stress is associated with headaches, muscle tension/pain, chest pain, fatigues, stomach issues, hypertension, heart disease, obesity, and diabetes. Within psychology, stress is correlated with anger, depression, anxiety, concentration issues, fatigue, and irritability (American Psychological Association, 2013). Stress is also related to the development of problematic behavior used to attenuate undesired feelings such as alcohol, tobacco, and other substance use. The reality is that discomfort shows up among all of us and is not limited to the workplace.

The emotional, behavioral, and physical correlates of stress and discomfort can leave us feeling stuck and powerless. Stress-reduction and inoculation program-



Glenn M. Sloman, PhD, BCBA-D, NCSP

ming seeks to remediate (i.e., change, minimize, eliminate) this feeling. However, stress and discomfort do not simply go away; rather they appear to be an essential part of life. Attempts to directly eliminate or reduce stress may increase the amount of stress in the long term. Goal-focused employers and employees may find that the struggle to eliminate these feelings is a hopeless endeavor. Rather than stress-reduction as the an-



Michael C. Selbst, PhD, BCBA-D

swer, a values-based approach to stress that incorporates psychological flexibility, mindfulness, willingness, and committed action plans, may serve to provide a different and more workable method.

Increasing psychological flexibility permits one to focus on the present moment (by being more mindful), be in a better position to notice what is important in the situation, and be willing to take steps in the direction toward that which

one values. An important step toward becoming more psychologically flexible requires you to notice your thoughts, feelings, and sensations without trying to change them, avoid them, escape from them or control them. Experiencing these thoughts and feelings for what they are (thoughts and feelings), rather than allowing them to define who you are, is a critical step. For example, you can notice that you have the thought "I'm overwhelmed," "Nobody listens to me," "I can't give a good speech," or "I'm stupid," instead of trying to get rid of, challenge or convince yourself otherwise. Next, you can take a deep breath and press your feet firmly to the floor, and think about what is meaningful to you (e.g., supporting your staff, showing kindness toward your customers, communicating clearly with others). Then, you can consider what specific actions you can implement consistent with these values even when the unwanted, undesirable thoughts and feelings show up for you. This "moving in a value-driven direction" involves emotional willingness and acceptance rather than emotional fighting. Moreover, even if you think you have "won" and defeated your negative thoughts, they are likely to show up again when you hit another bump on the road.

When taking these steps in a value-driving direction, you are moving toward what is important to you.

see Flexibility on page 23



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Workplace Success for Individuals with Autism and Sensory Issues: The Critical Role of Wellness and Strategies for Success

By Jennifer Kolarik, Lance Haskins and Ryan Therriault, MA, Brevard Center, College Internship Program

What factors are most important to an individual's success in the workplace? If this question was posed to a group of people, one might expect a range of answers including experience, education, work ethic, people skills, and the ability to problem solve. However, in working with young adults with Asperger's Syndrome, autism and learning differences at the College Internship Program (CIP), another answer rings especially true to us: one's wellness. The dictionary defines wellness as "the quality or state of being in good health especially as an actively sought goal" (Merriam-Webster.com, Merriam Webster, 2015). While wellness is important for any employee's success, it seems to be an even greater challenge with very profound effects for young adults on the autism spectrum.

In our experiences at the CIP Brevard Center, when wellness is suffering, it can have a detrimental effect on students' work performance by negatively impacting Executive Functions (the ability to engage in purposeful, organized, goal-directed behavior). For example, if students are experiencing high levels of anxiety or depression, they might "shut down" and miss a work shift. If they are not getting the proper nutrition and hydration, they may not have the stamina to make it through the work day. If they were up late gaming and did not get a good night of sleep, they might miss their shift, be late, or lose focus. Also, they may struggle to write a report if they are hungry and tired because they may not be able to coherently organize their thoughts.

CIP Founder, Dr. Michael McManmon, recognized the importance of well-



Jennifer Kolarik, Lance Haskins, and Ryan Therriault

ness in his own life and in the lives of our students. Dr. McManmon said "I noticed that I would have meltdowns when I did not eat, exercise or have quiet time. Upon learning of my diagnosis, I started to implement meditation, some yoga, swimming, and bicycling. And as a result, my emotional regulation skills increased." Therefore, students meet with staff for individual and group appointments each week to work toward their individual wellness goals. At the CIP Brevard Center, students participate in a range of ac-

tivities like tennis, basketball, fitness challenges, martial arts, etc. Some students even propose their own wellness activities such as getting a good workout by dancing to Dance Dance Revolution. Over weekends, many of the students participate in activities such as 5K runs, hikes, indoor rock climbing, surfing, and trips to the gym. They also discuss nutrition, hydration, and other wellness topics.

For young adults on the autism spectrum, maintaining wellness also requires management of their sensory challenges. When they are experiencing sensory overload, it can dramatically affect their ability to focus, communicate with others, and handle stressful work situations. Our occupational therapist works with students to create individualized sensory diets that can contribute to their overall wellness. Their sensory diets may include heavy lifting, pressure (through a firm massage or wearing weighted items), swinging, eating crunchy or chewy foods, and participating in physical activities such as swimming. In CIP wellness sessions, we teach appropriate self-stimming exercises such as using different pressure points to raise alertness or practicing deep breathing exercises to promote calmness. This, in turn, helps students to refocus and perform better.

see Workplace Success on page 21



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Cuomo Announces Expanded Services for NY Youth with Schizophrenia

By the Office of NYS Governor
Andrew M. Cuomo

Governor Andrew M. Cuomo recently announced that the New York State Office of Mental Health is expanding a program that provides much needed mental health services to young adults with newly emerging psychotic symptoms. Individuals diagnosed with schizophrenia typically experience their first psychotic episode in young adulthood. With \$6.75 million in current annual state and federal funding, the Office of Mental Health has developed the OnTrackNY program, which provides psychiatric treatment, employment, educational services, and family education and support for young adults throughout New York State.

"Early intervention can save lives, and with this funding we're going to be able to reach more young adults with mental illness and put them on the path toward comprehensive treatment," Governor Cuomo said. "I thank our state and federal partners for working with us to secure this funding and ensuring that more New Yorkers get the services they need."

This program offers the resources necessary to help New York's youth struggling with mental illness take control of their health," Governor Cuomo said. "As with many illnesses, early intervention can save lives, and by expanding access to



Andrew M. Cuomo

these services, we are helping these young New Yorkers get back on track and on a path towards comprehensive treatment."

OnTrackNY began with sites in Brooklyn, Manhattan, Queens, and Yonkers; which serve approximately 160 youth at any given time. The Office of Mental Health has now expanded this program to five new locations, in Buffalo, Farmingville, Syracuse and another two in Manhattan, which will serve 175 youth combined. An additional three OnTrackNY sites are in currently in development for Albany, Rochester, and New

York City and plans to further expand the program with existing resources are also in development.

It is estimated that nearly 3,000 New York residents develop schizophrenia each year, which if left untreated leads to a number of significant issues, including problems at school and work, strained family relations, and estrangement from friends. Untreated schizophrenia can lead to problems such as homelessness, incarceration, and substance abuse, the probability of which increases the longer the psychosis goes untreated. Oftentimes, untreated schizophrenia leads to disability, which exacts painful human costs upon the individuals and their families, as well as substantial financial costs to individuals, families, and the healthcare and social service systems.

Started in 2013, the OnTrackNY program provides an innovative, evidence-based, team approach to providing recovery-oriented treatment to young people who have recently begun experiencing psychotic symptoms. OnTrackNY helps young adults with newly emerged psychotic disorders achieve their goals for school, work, and social relationships. This program follows principles of care which include shared decision making, youth friendly and welcoming environments, and connection with flexible and accessible mental health services.

"Through early identification and intervention through programs such as On-

TrackNY, we are able to mitigate the disruption and suffering faced by these young people and their families. The expansion of OnTrackNY will build upon the successes of the existing programs and increase the access and availability of community-based psychiatric care throughout New York State," said New York State Office of Mental Health Commissioner Dr. Ann Marie T. Sullivan, M.D.

Senator Charles Schumer said, "The OnTrackNY program is a vital resource for New Yorkers with severe mental illnesses. This is a much-needed expansion to ensure some of our most vulnerable residents have the care and treatment they need," said Senator Schumer. "We should continue to invest in programs to make sure every New Yorker has the care they need."

Congresswoman Carolyn Maloney said, "Early treatment and intervention is essential for young people who suffer with severe mental illnesses like schizophrenia. The expansion of the OnTrackNY program will allow more people to benefit from lifesaving services, and avoid problems like homelessness and incarceration that often plague those who do not receive proper treatment. I applaud Governor Cuomo for his leadership, and will continue supporting strong federal funding for the Office of Mental Health."

Congressman Brian Higgins said, "Opening an OnTrackNY location in

see Services on page 22



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Health Education Class in the Workplace

Rebecca J. Pfaffenbach, MA
Founder and President
MyBodyBuddy.org

As a native New Yorker, playing co-ed softball in Central Park is simply a rite of passage. A few years ago as I was preparing to bat, a small boy ran up to me very intrigued by what we were doing. But like any child, he was full of questions. His first question was, "Why are boys playing softball, not baseball?" I laughed ready to dismiss him. His next question was, "Why don't the adults have to wear helmets while batting?" Now I was the one intrigued. He had a good point. We should. We are old enough to understand the risks and have more responsibilities than ever with work, kids, and bills. We should be protecting ourselves more than ever. His last question was, "What are you waiting for?" I stood standing confused staring at him. He continued, "Shouldn't you be stretching?" I was shocked that this child just called me out on everything that I should be doing! As he ran away, probably to go squish bugs, I realized how absolutely correct he was. We are taught so much information when we are younger about how to appreciate our bodies and our health; but, when we get to adulthood, when it really counts, we forget all the information we learned in Physical Education and Health class from when we



Rebecca J. Pfaffenbach, MA

were younger. This moment was when I realized things have to change!

And other people agree with me on this trend. Corporate wellness is becoming a bigger and bigger business. Now, corporate wellness can mean many different things, but in this instance, we mean it in terms of bringing health education classes into the workplace. We all tried to figure out how that trig class was supposed to prepare us for life in the real

world but instead we actually missed realizing that it was health class that was really preparing us.

As employees, it's our productivity that really keeps an organization moving. But there are so many obstacles in the way as we grow. In 2013, the American Heart Association reported that 154.7 million Americans over the age of 20 are considered to be overweight and/or obese. And according to the Fort Wayne study conducted by Indiana University-Purdue University in 2006, 87.5% of health care claims costs are due to an individual's lifestyle. These lifestyle decisions are aiding the rise of wellness programs as proactive information.

Organizations are now being faced with the challenge of stepping into employee's lives, not just to show that they care about their staff, but also for the fluidity of their bottom line. Retaining good staff and keeping health-related costs down are very important factors to growing businesses during this economy.

In the past, human resources or an office manager used to call in a health fair. They would have vendors come in and offer services. Maybe even have medical staff perform a physical. These programs do have value, but unfortunately, no follow through. Employees get back a piece of paper stating their results, maybe signifying that they had high blood pressure or high cholesterol, and are told to follow-up with their doctors on their own time

(which they could have done on their own from the beginning.)

And this is where the shift in proactively taking an interest in employees is now being made. More and more organizations are implementing in-house programs that can help their staff realize these changes, rather than just speaking about them. About 62% of companies have some type of wellness offering (Society for Human Resources Management, 2006.) As many companies are looking for extra benefits and team building exercises to not only show value but also to give back to their staff, health education classes are becoming commonplace and across all industries. Not only are many of these programs available at little or sometimes no cost to the actual institution, but services can also be matched to the actual needs of that particular industry. The benefits from these programs have been known to put dollars back in the pockets of the business by saving costs of workers comp, sick days, and on-site injuries. Employers have experienced increases in employee morale, improved employee health, reduction in workers compensation claims, reductions in absenteeism, and increases in productivity (National Business Group on Health, 2005.) The low cost offering and high reward benefit also makes these programs appealing to non-profit organizations.

see Class on page 22

Workplace Success from page 19

But even with these supports, some students (as you would expect) still struggle with the motivation to fully utilize these resources. So, during one of the CIP Brevard Center collaborative meetings (with the Wellness, Academic, and Life Skills departments), staff discussed ways to motivate our students. Instead of using a chart or graph to track their weight and activities each week, we decided to use a game board to visually display their progress in a fun way. Then we awarded prizes for wellness milestones. We named it the "Greatest Wellness Winner Game."

To track their activities, students have been using phone apps and photos. A student named Thea turns on her GPS to record her walking, takes a screen shot on her phone, and emails the picture to staff. Another student, Dan, uses the smartphone app "Map my Ride" (www.mapmyride.com) to record his bike riding mileage. For healthy meals and grocery shopping, students take pictures of what they purchase or meals they prepare for their roommates. They can also provide a grocery receipt to staff. Students can move one space on the game board for each wellness activity or healthy weight change they are able to verify, and two spaces if they accomplish a wellness goal independently. Each time a student lands on or passes a colored square on the game board (located every five spaces), he or she receives a prize and a raffle ticket for a bigger prize at the end of the game. Some prizes include gift cards donated by local businesses. Other prizes are more creative. For example, CIP staff members offered to

throw a student karaoke party or give a martial arts demonstration. Another raffle prize is the ability for a student to pick out the activity for his or her wellness group one week. For workplaces or programs that would like to implement their own wellness game, we suggest creative prizes such as an extra "dress down" day, lunch with a manager, or perhaps something wacky like having administrators wear Halloween costumes on a given day.

As a result of the wellness game, a number of students are improving their activity levels, eating better, having positive weight changes and staying motivated. They are coming in more alert, well rested, less stressed, and eager to tell us about their activities over the past week. When asking students how the game and CIP wellness activities have impacted them, Dan said that Lance, his wellness coordinator, makes working out fun. Another student said that she has lost 40 pounds over the last year and, as a result, she can physically navigate her work environment much easier and is less depressed. In turn, her stamina and work performance have improved.

One CIP Brevard Center college student with Asperger's was especially inspired by CIP's Greatest Wellness Winner game. In the past, she skipped meals and binged at night. As a result, her weight went up substantially, her self-esteem went down, and her anxiety increased. She would make a plan to complete the tasks for the day, but she was so distracted by her frustrations with herself that she began to miss deadlines. As a result, she struggled to even get out of bed to face the day. She fell further behind on assignments, which

only deepened her feelings of stress and despair. Unfortunately, despite her inconsistent efforts to show up and look positive to others, it appeared that she did not care. This became a concern at her college classes as well as her internship where she would frequently miss or arrive late.

Once she started participating in the wellness game, she began planning to eat throughout the day and declined temptation to snack on sweets. She started to lose weight and began to progress around the wellness game board. She found herself getting raffle tickets and grab bag prizes. She had a sense of pride, began to sleep better, ate better and felt more relaxed. With her basic needs met, she was ready to begin making consistent progress toward her goal of graduating college and creating social connections to advance her career. She started planning and completing her assignments early, which further boosted her confidence. If she ran late or fell behind on something, she would call. She still got upset when she felt like she did not meet expectations, but because her anxiety was lower, she was able to cope and recover faster. It has been exciting to see her growth and success.

For others trying to help individuals with autism and sensory issues improve their wellness, some additional tips which are provided in "Autism and Learning Differences: An Active Teaching Toolkit" (M. McManmon Ed.D., 2015) include:

- Telling these young men and women that when their own needs are taken care of, they will be stronger and more resilient to stress. Explaining that exercise is a

powerful stress reliever – even though it may be the last thing they feel like doing. Any activity that raises their heart rate and makes them sweat is an effective way to lift their moods, increase energy, sharpen focus, and relax both the mind and body.

- Healthy eating can help each person get through stressful work days and avoid mood swings. (Sugar and caffeine zap energy.)

Explaining that while they cannot control everything, exercising, eating well, getting a good night's sleep, and feeling fit, groomed, and ready to go each day will go a long way to coping with stress and emotional challenges at work.

As our CIP students continue to strengthen their wellness routines and better understand the importance of striving for good health, it is our hope that they will reap the benefits in the workplace (and in their personal lives) for many years to come!

Jennifer Kolarik serves as the Lead Career Coordinator for all six sites of the College Internship Program (CIP). Lance Haskins, is the Wellness Coordinator at the CIP Brevard Center in Melbourne, Florida and Ryan Therriault is the Lead Academic Coordinator. CIP (www.cipworldwide.org) is a comprehensive program serving teens and young adults with Asperger's, Autism and other Learning Differences. CIP offers year round and summer programs. A portion of this article was excerpted from Chapter 5, Autism and Learning Differences (An Active Learning Teaching Toolkit), by Dr. Michael McManmon Ed.D., published by Jessica Kingsley Publishers, London 2015.

Class from page 21

According to The Journal of Consulting and Clinical Psychology in April 2005, research from a collaborative study between Dartmouth and Brown University showed that in a study of 100 people, people placed with a supportive "buddy" were successful in weight-loss, while those without either dropped out of the study or did not reach their goals. The information from this study is just as applicable with a group of co-workers as "buddies." Having a weekly health education class where people from various departments come together creates two levels of support.

The first level of support is with the fellow co-workers. When "class" is not in session or when the coach is not in the building, the sight of other co-workers helps remind one of the goals they are committed to through what they are re-learning. Usually changes can also be seen in more tangible ways through office kitchens and people's lunch options. These non-verbal cues stick in one's mind. Of-

ferring classes such as, "How to read nutrition labels," "Setting SMART Goals," "Reducing stress and creating a healthier work/life balance," and "Cooking for a family on a budget" are just a few topics that truly educate the listener for a lifetime. The second is the relationship with the coach. The trust and confidentiality is really created by this person. One-on-one time should always be made available and good group facilitation skills are mandatory in this setting.

With Americans spending more time at their offices than at their homes, it is imperative that organizations get involved in the health of their employees for both financial purposes and brand loyalty. Employers need to be careful in supporting their staff rather than controlling their choices. Facilitating this help has benefits that will outgrow the initial investment and have employees working at peak performance for the organization that supports them.

You may reach Rebecca Pfaffenbach by calling 914-469-8647.

Wellness from page 14

As more and more of our organizations look to introduce or build wellness programs, let's keep in mind all the factors that contribute to good health. Yes, physical fitness enhances our health and well-being. So do workplaces in which differences are respected and open dialogue between supervisors and their staff is encouraged. "Feeling valued" is consistently listed by employees as a top reason

for staying with a company. When employees truly feel that their contributions are valued, they are much more likely to be motivated to do what it takes to remain productive team members.

Marsha Lazarus has been involved in workforce development for over 30 years and been with MHANYS since 2009. To learn more about available resources, forums and training opportunities, contact Marsha at 518-434-0439 x224 or mlazarus@mhany.org.

Services from page 20

Buffalo will bring a mental health care program to Western New York that has already proven successful in other areas of the state. This combined federal and state investment will provide critical and comprehensive services to young people and their families who are learning how to manage mental health issues, allowing them to navigate personal relationships and educational and career goals to lead

fulfilling lives."

Congressman Lee Zeldin said, "It's crucial that Long Island residents and families have access to the highest quality of mental health care, especially our youth in need. I am proud to join with Governor Cuomo to announce the expansion of treatment for those families affected by mental illness in Suffolk County. The expansion of this program,

see Services page 22 column two

Collaborative from page 1**Workplaces Incorporating Collaborative Care as a Resource**

Major corporations are providing coverage for the Collaborative Care model in Minnesota where The Institute for Clinical Systems Improvement (ICSI) has launched a program in 2008 called DIAMOND (Depression Improvement Across Minnesota, Offering a New Direction). DIAMOND was established in several primary care clinics and health plans agreed to make monthly payments to participating clinics. More than 1,600 patients have been enrolled and among and results have demonstrated that 43% of patients who have been in the program for at least 6 months have recovered from their depression, which enable employees with depression to contribute productive efforts at work (Institute for Clinical Systems Improvement, ICSI). The value of providing collaborative care models for treating employees with depression).

A variation of the collaborative care

model was also used in an intervention in the Netherlands where those with clinical depression received services directly in the workplace. In this study, occupational health case managers facilitate services with primary care providers and mental health specialists and results show this as an effective means of delivering care (Gilbody, Simon et. al, Better care for depression in the workplace: integrating occupational and mental health services, 2012).

Conclusion

As a new model, we are proposing that organizations consider integrating the collaborative care model into their benefit and employee assistance programs and packages. 80% of depressed people can be treated successfully and this model will ensure that employees continue being productive at work and reduce financial costs for employers (Mental Health America, Depression in the Workplace).

You may reach Virna Little at vlittle@institute.org or Sudha Sarode at ssarode@institute.org.

Depression from page 13

seven minutes. And, in accordance with the law it's completely confidential, alleviating privacy concerns, too.

Employees receive results from the screener immediately — along with data showing how their scores compare to those of co-workers and their national peers.

A Wake-up Call

This information can be a much-needed wake-up call for folks with depression.

Overall, people with depression don't always connect their problems at work to how they are feeling. This includes individuals with short-term, severe depression and those with a less intense yet chronic form of the disorder. Each group was represented in our intervention, with symptoms ranging from moderate to severe.

Participants with scores signaling depression and associated work impairments were offered our free, work-focused intervention. About a third enrolled. We believe employees who enroll, in general, are interested in feeling better and improving job performance.

Eight Telephonic Coaching Sessions

The depression intervention consisted of eight, 30- to 50-minute coaching sessions on the phone. A specific coach was assigned to each participant for the intervention's duration of approximately four months. All sessions were strictly confidential and could take place when and where employees chose. Allowing this flexibility and confidentiality is a key feature to help address concerns about being stigmatized for depression.

The coaches were Optum EAP counselors, trained in engaging and educating participants about depression and skilled in customizing strategies for associated work issues.

During the sessions, employees learned about depression, its symptoms and how it manifests on the job. And they worked with their counselor to define their own depression-related work problems and how to resolve them. Here's an example of a typical session.

A Typical Session Scenario

An employee with depression describes working hours long after the close of business, but producing less than coworkers on a more normal work schedule. Frustrated and anxious, he works even more hours, but ends up more tired, and accomplishing less. He feels incompetent and fears that others in the company see him that way, too.

Without judgment, the counselor listens carefully and helps the employee identify the cycle and factors driving it. They talk about the employee's difficulty concentrating for extended periods and habit of postponing tough assignments until late in the day. Feeling over-

Services from page 22 column one

which is centered around early detection, helps accelerate the identification and treatment process and provide timelier support for those who are suffering."

OnTrackNY is funded by the New

York State Office of Mental Health and the United States Substance Abuse and Mental Health Services Administration.

Together the counselor and employee devise strategies to stop the cycle. Divide challenging projects into manageable chunks. Take short breaks to regain focus. Tackle tough assignments earlier in the day when energy is higher. Make a daily to-do list. Practice replacing negative thoughts about self-worth with positive ones, and develop strategies for better sleep hygiene.

These are practical, coping methods. More importantly, they are developed in a collaborative coaching context.

Weekly Homework and Check-ins

To make these self-help strategies stick, participants did weekly homework. Counselors checked each week to see how the new strategies were working. Any success was applauded. Any glitch was addressed. And every two weeks, participants were reassessed on their functioning at work and their depressive symptoms.

If employees were seeing a provider for their depression, with the employee's permission, the counselor shared these results with the clinician of choice.

The Results

Our results were remarkable. Compared to our control group of employees, our participants made notable progress in their ability to work and their work performance. They also showed improvement in their mood disorder. Case in point: they showed a 44 percent improvement in work productivity compared to the control group's 13 percent. And sick days were down by 53 percent versus the control group's 13 percent. The severity of their depressive symptoms also dropped by 51 percent; the control group, by 26 percent.

The benefit-to-cost ratio was estimated at \$6.19 for every \$1; the annual productivity cost savings per employee, at about \$6,000.

Depression is a debilitating disease. It affects millions of American workers on and off the job, draining billions from their employers in productivity losses and sick days and taking an inestimable emotional and physical toll on those with the disorder. As our study shows, employers have a unique opportunity to end this negative cycle. Employers would do well — and do good — to embrace it.

Optum does not recommend or endorse any treatment or medications, specific or otherwise. The information provided is for educational purposes only and is not meant to provide medical advice or otherwise replace professional advice. Consult with your clinician, physician or mental health care provider for specific health care needs, treatment or medications. Certain treatments may not be included in your insurance benefits. Check your health plan regarding your coverage of services.

York State Office of Mental Health and the United States Substance Abuse and Mental Health Services Administration.

For more detailed information about OnTrackNY, please visit the following website: www.practiceinnovations.org/CPIInitiatives/OnTrackNY/tabid/202/Default.aspx.

Tips for a Successful Employee Wellness Program

**By DeAnna Backus
Mitzi Sackett, CPC
and Christy Jaromack**

At Springbrook, over 1,200 employees work hard each day to deliver compassionate care and support to people of all ages with developmental disabilities from across the state of New York. Our work is centered on maintaining the healthiest, safest, most inclusive environments for the people we support. To that end, we know that healthy people often encourage healthy behavior in the environments around them. As an employee's lifestyle becomes healthier, so does his or her attitude toward making and promoting healthy choices, which can greatly influence the diet and exercise levels of the individuals they support. This is why one of the many benefits we provide our employees is the Springbrook Health and Wellness Program.

According to a recent internal survey, Springbrook's Health and Wellness program has a 70% satisfaction rating. The survey also revealed that 94% of those who participated in the program agreed that healthy habits contribute to better productivity at work. As one of our Community Homes Residential Supervisors says: "The Wellness Program is a great tool in our personal and professional lives. It gives us direction and a realistic approach on how to [live healthier] with small steps that make huge differences...it's been fun learning and hearing real stories. There are no gimmicks—just support."

Flexibility from page 18

A commonly-used metaphor is to think of values like a compass. Values are the cardinal directions (north, south, etc.) of our lives, and goals are the places we find when heading in one direction or another (Harris, 2009). A compass includes directions and keeps you on track when you are traveling. If you decide that traveling west is important to you, then you take committed steps moving in that direction. If you begin in New York and get to California, then you have been traveling west and your journey has not ended. Instead, you can continue to travel further and further west, experiencing the discomfort that may come along (rough waters, bad weather, roadblocks, and fatigue).

Our chosen values provide us with the same direction in life. These values commonly include family relations, intimate relations, parenting, friendships, career, educational growth, recreation/leisure, health, spirituality, and community life (Harris, 2009). After considering and choosing which values are important to us (which could include some or all of these), you can choose which goals you want to achieve along your journey (e.g., complete an MBA, start a company, develop a new product, spend more time with friends, exercise more).

In the workplace, for example, if it is important to effectively lead a group of salespersons, counselors, or teachers, consider what specific behavioral steps you could take consistent with the value of

The strength of Springbrook's Health and Wellness Program is primarily due to careful budgeting and creativity, which ensures we get the most out of every dollar invested in the program. Springbrook has succeeded and we want other organizations to have the same experience. Here are some of our tips on how to create an effective, fiscally responsible employee wellness program:

1. Create a Wellness or Health Promotion Committee that includes staff members from each program or department within your organization, who can act as representatives for their respective groups. Most of Springbrook's committee members attend monthly meetings in person. However, our organization is spread out over a large geographical area, so for those who cannot be physically present, they have the option of teleconferencing.
2. Our Health and Wellness team has been able to build relationships with local fitness centers and retailers to provide discounts for our employees. Consider doing the same by reaching out to local businesses for free health-related promotional items, gym discounts, or low-cost wellness presentation opportunities.
3. Educate and provide direction for employees who wish to quit smoking. New York State is one of the many states that offer free smoking cessation tools for its residents. Springbrook has helped several employees quit smoking by working with them to understand how to achieve a

smoke-free lifestyle using the method they have chosen.

4. Consider offering fitness classes for either free or discounted rates. To absorb the costs associated with hiring instructors, check with your company's health insurance broker or carrier to see if there are partial or full reimbursements available. Another way to save money is to share the cost with employees. If space allows, a great way to save money is to have the classes or exercise space right at your work location. For example, Springbrook recently furnished an empty classroom at our school with donated exercise equipment and converted the space into a staff gym.
5. If you have vending machines at your organization, replace sugary drinks and salty snacks with healthy alternatives. Springbrook recently did this and added stickers indicating the healthier options, giving people the power to make informed decisions.
6. Provide educational materials and coaching sessions on healthy living topics. For example, distribute a regular Health and Wellness e-newsletter packed with helpful resources and wellness advice. At Springbrook, we share a monthly e-newsletter that is full of helpful information about employee wellness. We also provide coaching sessions for groups and individuals on a variety of topics.
7. Promote a "Take the Stairs" campaign or sponsor a "Biggest Loser" competition.

Springbrook placed "Take the Stairs" posters near elevators and staircase entrances as an inexpensive way to remind employees to take the healthier route. Springbrook also provides an opportunity for employees to take part in an annual "Biggest Loser" challenge. This is done in partnership with a local fitness center, which has agreed to provide the program to staff at a discounted rate.

Here at Springbrook, we recognize that creating the right Health and Wellness program is a continually evolving process. With an active, hands-on approach that includes consistent feedback and evaluation, we can tailor a program that meets employees' needs. We aim to provide a culture of healthy living for both our staff and the individuals we support. With the recommendations above, your organization can contribute to an empowered, positive lifestyle for your employees, just as we have done.

Springbrook provides at-home care, residential and educational services, day services, and clinical, therapeutic, and behavioral supports to over 850 people with developmental disabilities from across New York State. The organization is Otsego County's third largest employer with over 1,200 employees. Visit us online at www.springbrookny.org or call 607.286.7171 for more information.

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leading and teaching others. This may include demonstrating compassion, listening to what is important to them, providing them with specific resources, ensuring they have attainable short- and long-term goals identified, etc. When you notice the unwanted internal sensations (thoughts and feelings), it is important to understand and accept that these are part of the journey and keep moving forward.

As a hard-working individual, whether in a leadership role or employee, you may feel like you are running on the proverbial hamster wheel, noticing discomfort as described above. The approach is the same regardless of your position, role or responsibilities. Experiencing discomfort is part of being human. Being willing to experience this discomfort while taking steps in the direction we want to move is the difference between psychological flexibility versus inflexibility. The consequences of this are significant with regard to our well-being, success in the workplace, and relationships among colleagues.

It is also important to differentiate happiness from having a valued-driven life. One may have an advanced degree, lead a company, earn a lot of money, drive a luxury car, have many friends, participate in many activities, and have what appears to be the "white picket fence" life. Yet, they may be unhappy and experience significant discomfort. This occurs because accumulating "things" and doing "things" does not necessarily equate to happiness. Instead, one should strive to have a life that is meaningful, with committed actions to

ward what one values, and being willing to experience the discomfort that shows up.

When considering values and goals further in the workplace, we can think of being productive as a value, while getting work done as a goal that is in the service of your values. Values are about knowing what matters and doing what it takes (Curtin, 2014), not for the sake of attaining happiness, but of living with vitality. Often goal achievement is seen as the parent of happiness. However, happiness is short lived once the goal is attained. By shifting the paradigm to values, one may experience a fuller, richer, and more vital life.

Subsumed under a framework called Acceptance and Commitment Training/Therapy (ACT) a growing body of peer-reviewed empirical support is demonstrating this approach on human functioning. ACT targeting clinically relevant mental and physical health problems (such as anxiety disorders, depression, addiction, and somatic health problems) is as effective as established psychological interventions and ACT is superior on life satisfaction / quality measures than treatment as usual (A-Tjek et al. 2015). Interventions to improve psychological flexibility have been associated with decreases in absenteeism (Bond, Flaxman, & Bunce, 2008), and greater acceptance / willingness to have internal experiences is predictive of mental health and job performance (Bond & Bunce, 2003). Additionally, ACT has been found to reduce stress and burnout (Brinkborg, Michanek, Hesser, & Berglund, 2011), and reduce worksite stress to

a clinically significant degree (Flaxman & Bond, 2010). Training using ACT can promote more flexible decision-making and reductions in perceived barriers (Varra, Hayes, Roget, & Fisher, 2008) and adoption of new strategies in a continuing education context (Luoma et al., 2007).

You may find that you need some guidance taking steps on this valued-driven journey. Fortunately, there are excellent online resources available, including the Association for Contextual Behavioral Science, a worldwide online learning and research community (www.contextualscience.org), and ACT Mindfully (www.actmindfully.com.au). There are professionals who have expertise providing coaching, consultation or therapy to individuals and companies. These approaches commonly involve a cooperative, interactive and professional approach to address the issues of discomfort and stress discussed in this article, to help people move forward, identify problems and their own contribution to the problem, identify values and take committed actions toward specific goals consistent with these values. As George Eliot wrote, "It's never too late to be who you might have been." Which path will you choose to take?

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Office of Global and Lifelong Learning

Upcoming Events

2016 EVENTS: SAVE THE DATE

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- » April 18-19 | **Extending Care for Foster Care Youth in Transition** (*two-day event*)
- » April 25-27 | **Latino Social Worker Conference** (*three-day event*)

FRIDAYS AT SILVER ON THE SQUARE SEMINARS:

- » January 22 | **La Familia Perspective: Integrating Cultural Competency Standards and Code of Ethics to Enhance Social Work Practice**
- » February 12 | **Infertility and Adoption**
- » March 11 | **Adoptive Families**
- » April 1 | **Trauma Through the Life Cycle**
- » May 13 | **Trauma-Informed Care for Refugee Populations: Building Awareness, Skills, and Knowledge**
- » June 10 | **Fundamental Social Work Skills for Working with Refugee Populations**

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October 20, 2015 | 5:30 - 6:30pm

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Philip Coltoff, MSW

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December 1, 2015

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Tazuko Shibusawa, PhD

(1 CE hour approved by NYSED)

December 3, 2015

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For more information, visit **socialwork.nyu.edu/events1516**.