



PRESENTATIONS

FOR

FRIDAY, NOVEMBER
21ST, 2008

Research on Suicide –
Implications for Prevention and
Practice: A Case Study in Public
Transit

Paul S. Links
Arthur Sommer Rotenberg Chair in Suicide Studies
Department of Psychiatry
University of Toronto
Banff – Nov. 21. 2008

Competing Interests and Acknowledgments:
Review and Gatekeeper Education Program

- Contract with Toronto Transit Commission (TTC) to evaluate Gatekeeper Training Program to Prevent Suicide.
- Acknowledge - Ruwan Ratnayake, MHS and Rahel Eynan, MA, PhD (candidate).

Prevention and Treatment of Acute
Psychological Trauma

Collaborators

- Ash Bender Co-PI CAMH
- John O'Grady TTC
- Joanne DiBiase TTC
- Carol Strike CAMH
- William Gnam CAMH
- Ruth Lanas LHSC
- Nathan Taback SMH
- Yvonne Bergmans SMH
- Kelly Murphy SMH

Research Coordinators

- Rahel Eynan SMH
- Jasmin Anthony SMH
- Sheena Bance SMH

Funding

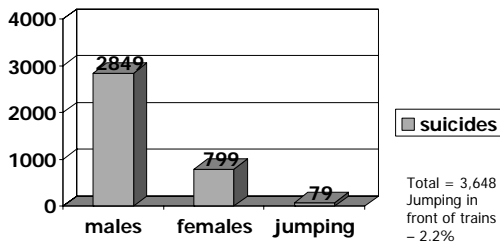
- Workplace Safety & Insurance Board #07033

Objectives

- Document long-standing relationship with Toronto Transit Commission
- Lessons learned for suicide prevention, practice and research.



Suicides in Canada: 2002





Subway Suicide

- Suicides and attempted suicides are an unfortunate reality of modern urban rapid transit systems.
- "Persons contacting the train" is one of the largest contributors to operating delays.

Subway Stations & Suicide

- **70% killed themselves at a station closest to their home** (Mishara, 1999);
- **↑ of incidents at busier stations;**
- **Transfer stations have higher number of attempts** (Johnson & Waddell, 1984);
- **85-90% of suicides incidents occur on the platform;**
- **40% occur within 50' of the tunnel entrance.**

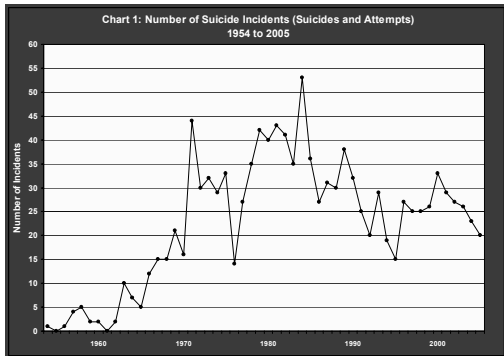




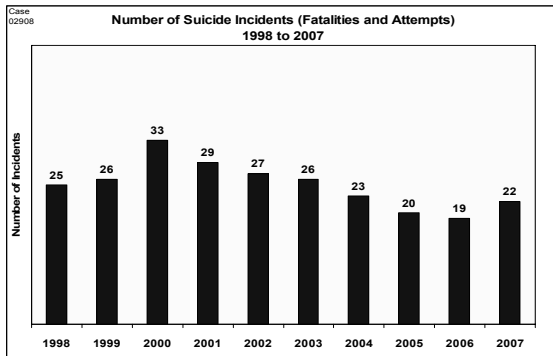
Risk Factors for Subway Suicides

- Increased occurrence of suicide among males, 20-30 years of age
- Solitary living (single, live alone)
- Serious mental illness
- At least 20% have had a previous attempt
- Higher incidence at beginning of work week, between rush hours.

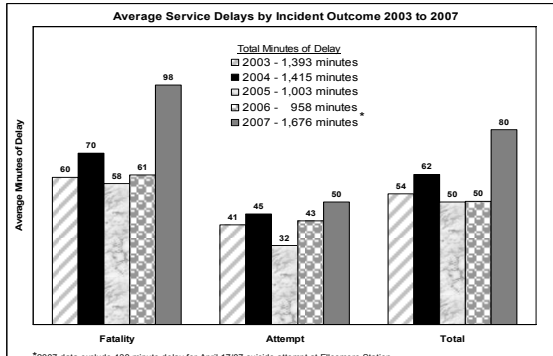
History



Recent History



Delays



Timeline

- 1954
 - 1963
 - 1966-8
 - 1971
 - 1990's
 - 1999
 - 2000-2
 - 2004-7
 - 2008
- Yonge Subway opens
 - University line opens
 - Bloor-Danforth opens
 - Media protocol
 - Pushing & copycats
 - ASR collaboration
 - Transit survey
 - Gatekeeper Program
 - Acute Psychological Trauma Study



Preventing suicides in the Toronto subway system: A program evaluation

Rahel Eynan, MA, PhD (Candidate)

The Efficacy of Suicide Prevention Strategies (Mann et al, 2005)

- **A systematic review of worldwide suicide prevention strategies concluded: most promising interventions are:**
 - ▶ Physicians' education
 - ▶ Means restrictions
 - ▶ Gatekeeper education.



Goals of TTC suicide prevention program

- Sensitization TTC personnel to suicide prevention,
- Increase suicide awareness,
- Improve and facilitate identification of distressed patrons,
- Enhance suicide intervention skills of Special Constables and Mobile and Surface Supervisors.

Suicide Prevention Programs

suicide alertness for everyone Tell Ask Listen Keep safe (safeTALK)

- Full-day interactive workshop offered to TTC Special Constables, TTC Supervisors, Trainers
- **Modules:**
 - * Introduction
 - * Magnitude of the problem
 - * Attitudes & Knowledge of warning signs
 - * Intervention skills
 - * Community Resources

suicide Always Watch And Report Effectively (suicideAWARE)

- Half-day interactive workshop offered to Train Operators as a component of their bi-annual re-certification.
- **Modules:**
 - * Introduction
 - * Magnitude of the problem
 - * Attitudes & Knowledge of warning signs
 - * Reporting
 - * Self care

Developed by ASIST and Trillium Health Centre

Summative Evaluation Objectives

To demonstrate the suicide prevention program implemented at the Toronto Transit Commission:

1. Improved positive attitudes towards suicide prevention and the suicidal patron;
2. Increased factual knowledge about suicide and suicide-risk warning signs;
3. Enhanced risk assessment and intervention skills.

Evaluation Methodology

Sequential Mixed-method approach:

- ▶ **Quantitative Evaluation**
- ▶ **Qualitative Evaluation**

Sample

- safeTALK → 13 workshops → 176 employees → 136 completed pre & post measures (77%).
- SuicideAWARE → 35 workshops → 184 employees → 171 completed pre & post measures (93%).
- Study participants: 307/360 (85.3%).
- Follow-up questionnaires returned: 150/347 (43.2%).

Quantitative Evaluation Measures

- **Attitudes:**
Suicide Opinion Questionnaire (SOQ) Modified
(Domino et al. 1982).
- **Knowledge: (safeTALK only)**
Intervention Knowledge Test (IKT) Modified
(Tierney, 1988).
Suicide risk Procedural Requirements Questionnaire (SPQ).
- **Intervention Skills: (safeTALK only)**
Suicide Intervention Response Inventory (SIRI) Modified (Neimeyer & Bonnelle, 1997)

Conclusions

Based on the learning and behavior outcomes the program evaluation hypotheses were confirm:

1. Factual knowledge about suicide and risk factors increased and was maintained over time. ✓
2. Positive attitudes towards suicide intervention increased and were maintained over time. ✓
3. Suicide assessment and intervention skills improved and were maintained over time. ✓

TTC Drivers in Crisis

Toronto Star January 21, 2008



Subway driver who suffer PTSD after two suicides and an accidental death. Depression returned when drunk assaulted him.

Prevention and Treatment of Acute Psychological Trauma (APT):

A case study in public transit

Collaborative Mental Health Project funded by a WSIB RAC grant

Toronto Transit Commission
St. Michael's Hospital
Centre for Addiction and Mental Health

Overall Purpose

- To develop effective treatment and return to work (RTW) approaches for workers at high risk for exposure to acute traumatic events in the workplace
- To partner with employers, employees and researchers to create programs for dissemination based on the current case study.

Research Objectives

- Determine the factors and processes related to seeking treatment and returning to work after an acute trauma
- Implement and evaluate a “best practice intervention” (BPI) for workers affected by an acute traumatic event
- Improve employee health and reduce lost time from work

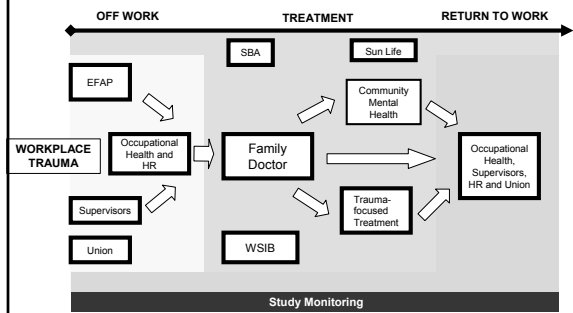
Hypothesis

- Lost-time due to trauma can be reduced by improving:
 - Education for those directly and indirectly involved
 - Treatment-seeking rates
 - Time to treatment
 - Quality of treatment
 - Return to work (RTW) coordination

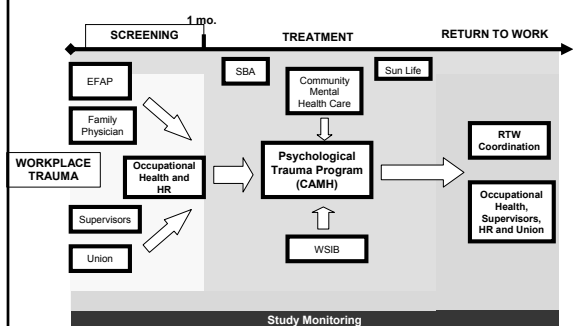
Study Design

- Phase One – Year 1
 - Treatment as Usual (TAU) Group
 - Qualitative Component
- Phase Two – Year 2
 - Best Practice Intervention (BPI) Group
- Phase Three – Year 3
 - Data Analysis and Reporting of Findings

Treatment as Usual



Best Practice Intervention



TTC Back to Work Today



April 27, 2008 TTC workers legislated back to work.

Progress

- Initiation of study delayed while negotiations underway,
- Recruitment started as of May 1, 2008,
- 26 participants have been recruited as of October 22, 2008.

Future Initiatives

- Develop "Best Practice" Guidelines for workplace psychological trauma
- Disseminate "Best Practice" Program to other higher-risk employers
- Advisory committee includes Toronto Police, Fire and Emergency Medical Services

Suicide Prevention Program Evaluations: Painted into a Corner

- De Leo (2002) reflected “suicide prevention remains essentially a land of hopes and promises but not of certainties.”
- Why has the demonstration of the prevention of suicide been so elusive to prove?



Suicide Prevention Program Evaluation

- Trials have to be not only large but of long duration
- Requires “proxies for the deceased”
- Ethically, many true experiments are not appropriate
- De Leo (2002) stated “There are many reasons for such skepticism [about the effectiveness of preventive efforts], all of them more or less centered on the extreme complexity of the suicide phenomenon and its relative rarity.”

Case Study Experience: Lessons Learned

- Mixed methods approaches can illuminate new opportunities for evaluating suicide prevention programs,
- Combining quantitative and qualitative studies; a distinctive methodology (Greene 2008),
- Mixed methods well placed to understand the complexity of suicide and suicide prevention interventions.

Case Study Experience: Lessons Learned

- Suicide prevention initiatives should be seen as having a complexity and breadth of outcomes:
 - Change attitudes in employees,
 - Reduce suicides and attempts,
 - Stimulate discussion on changing station features,
 - Promote best practices for treating acute psychological trauma in the workplace.

Challenges of Complexity: The Evaluation of Choose Life (Platt et al 2007)

- Multiple purposes for evaluation from providing developmental support to judgment of impacts,
- Multiple outcomes with unknown synergies between outcomes,
- Horizontal complexity – multiple organizations have stake in the outcomes.

Challenges of Complexity: The Evaluation of Choose Life (Platt et al 2007)

- Vertical complexity – impacts are intended on multiple players from individuals to organizations,
- Understanding the context of an intervention,
- Need plausible, robust and short-term surrogate measures of distal outcomes.

Case Study Experience: Lessons Learned

- Most true experiments not possible,
- Need to study “real world” experiments,
- Need to ensure that resources are available for evaluation and dissemination.






www.mentalhealthworks.ca


Return-to-Work Planning
An workplace perspective

The Government of Canada **Canada**



Background information

- Workplace mental health issues range from distress to trauma to illness
- Most managers are not prepared, trained or skilled to do this
- Fear and ignorance still dominate our response to mental health issues in the workplace



Why work is important ...

Every case is unique, but research shows that extended disability leave can increase mental health problems because it can:

- isolate the individual
- increase feelings of worthlessness
- make it more difficult to return to work

mental health WORKS
www.mentalhealthworks.co

We are not all the same

- What motivates me may not work for you
- What stresses you may energize me
- What I find offensive you find hilarious
- What I think is teasing you may find hurtful
- What I find amusing you may find idiotic
- I am not wrong. You are not wrong.
- How can we respect these differences?



mental health WORKS
www.mentalhealthworks.co

A wholistic understanding

- Workplace culture
- Limitations of stakeholders and work situation
- Possibilities for accommodation
- Need for education/awareness
- Personal impact – conflicts
- Performance issues
- Communication issues

mental health WORKS
www.mentalhealthworks.co

Workplace plan



1. What do you need from the workplace to be successful in your job? *(Solution/strengths focused)*
2. For your contribution towards a successful plan, what are you willing to commit to? *(Commitment, insight & control vs. compliance, blame & "favours")*
3. How do you want future workplace issues to be addressed? *(Clarity)*

mental health WORKS
www.mentalhealthworks.co

Commitment over compliance



The employee is key:

- what they need to succeed in their job
- what may be difficult
- what they will commit to
- addressing future issues

mental health WORKS
www.mentalhealthworks.co

Solutions/strengths based



What do you need to be successful in your job?

- Assume success
- And what else? And what else?
- Issues may include:
 - Flexibility
 - Graduated return
 - Instructions
 - Communication approaches
 - Challenges

mental health WORKS
www.mentalhealthworks.co

Commitment, insight, control




For your contribution towards a successful plan, what are you willing to commit to?

- Allow the employee to take both control and responsibility for their own well-being at work.
- Issues may include:
 - Self-care
 - Asking for help
 - Dealing with emotions

mental health WORKS
www.mentalhealthworks.co


Clarity to resolve future issues



How do you want future workplace issues to be addressed?

- Having a plan up front avoids problems
- Increase comfort of employee and employer
- Issues may include:
 - Intervention if illness flares up again
 - Approach to performance mgmt
 - Personality conflicts

mental health WORKS
www.mentalhealthworks.co



Who's next?



mental health WORKS
www.mentalhealthworks.ca

What we now know

Employers need to:

- Be well themselves to do this
- Take a holistic approach
- Not take it personally
- Help employees take control
- Keep expectations high
- Stay workplace-focused

mental health WORKS
www.mentalhealthworks.ca

www.mentalhealthworks.ca

The federal government of Canada **Canada**



The Return-to-Work Discussion

This is not a script. It is a guideline to help you think about how to begin the discussion about return-to-work in a positive and constructive way. It is in addition to whatever accommodation directives you receive about your employee from medical professionals. It is intended to involve asking open-ended questions, following the lead of the employee, and working with them to anticipate what can assist in creating a successful return to work. By engaging the employee in creating solutions that allow them to be productive and well at work, you are much more likely to have their commitment to the process.

You may want to begin with something like this at least one day before your face-to-face meeting:

Our discussion will be about how we can make your return-to-work both healthy and successful. We will talk about what you need to be successful in your job. This can include anything in terms of work-related issues such as hours, tasks, environment, interactions with others, and equipment. We will look at a gradual return to full time duties over the next couple of months to allow you to get back up to speed in a good way. Next we will discuss what you will do for yourself to make this successful. This can include things that will help you be well at work. Finally, we will discuss how you would prefer to interact with others in the workplace in the future. This can include how your supervisor assigns work, how you interact with co-workers, how you prefer to receive feedback, etc. We can discuss any options at all. I will let you know if I do not have the authority or ability to do something, but even if you think it might be unreasonable, let's at least discuss it.

Your questions during the meeting will be based on your employee's lead, but might include questions such as:

(What is in parentheses are notes to you, the supervisor, not part of the question to the employee.)

How are you feeling about the return-to-work?

What are you looking forward to? *(Try to incorporate these things early in the return and try to maximize them where possible.)*

What do you think will present a challenge? *(What can you do about these to make them easier rather than just avoid them.)*

What was a challenge before you were off? *(Try to avoid any discussion, opinion, or judgment about this. Simply ask about what can be done to make these easier.)*

In what areas would you want further training? *(Consider what has changed or is new since they have been off as well as necessary upgrading. Do not assume and make sure they know retraining is common after absences.)*

How do you think others might perceive you here? *(Be careful with this question. Put it in when the employee has brought up the issue of co-workers. The purpose is for the employee to identify any issues and then you are to ask: "What would you like to do about that?" to get at solutions. It may be helpful here to ask "If others are willing to start fresh, are you able to do this as well?". You do not want to rehash who said or did what to whom. You want a way to move forward and leave it behind. This may involve a change in communication, an acknowledgement of*

hurt or a recognition that the behaviours were due to being unwell. Do not provide the answer. Ask the employee for it.)

How would you like to be reintroduced to the group? *(This could involve individual meetings, a group reintegration meeting or something less formal. Find out what the employee wants.)*

Have you thought about what you will say about your absence? *(This is where the employee has expressed anxiety about people asking why they have been off. You can help them come up with a response such as, "I had some medical problems, but I am doing much better now thanks." If pressed, they can say, "I would rather just get back to work and not have you feeling sorry for me, so I would prefer not to talk about it." or whatever the employee feels is appropriate.)*

What do you think will be the most stressful part of your work day? *(Again you are looking at working in solutions before the problem actually arises.)*

Where do you feel your strengths lie? *(It is important to help the employee remember their own value to the organization and to play up that as much as possible in the early days of the return. Sometimes, it is even possible to have the employee spend more time at what they are good at and less at those they feel are more of a challenge.)*

Which tasks give you energy? *(Just an alternate way to get at the same information about strengths.)*

Which tasks zap your energy? *(Just an alternate way to get at the same information about challenges.)*

Is there anything your supervisor can do differently in terms of how they communicate, give feedback or instructions? *(This can be tough if the employee does not really trust the supervisor. Try to assure them that the supervisor will be better able to manage if they have an understanding of how to do this in a helpful way.)*

Can you give me some direction about how to approach you if we become concerned that you are unwell again? *(Again, this can be tricky, but the information can be so valuable. Some employees will actually share the early signs of their illness with you. Others will provide you with the language or specific instructions on who to call or what to do. Clarify everything and make sure that the entire plan is written as the employee agrees it should be.)*

So much of this will depend on your comfort level and relationship with the employee.

The point is to open up a conversation that gets at the day-to-day interaction between the employee and yourself and the co-workers.

Understand what will allow them to stay well and be productive.

Make sure you leave the door open to come back and discuss this again later if need be.

Mental Health Works can help you by providing training in the process or providing a consultant to facilitate.



Mental Health Works – Return to Work Discussion

Caution: Each of the steps below involve professional standards that must be adhered to including doing no harm to any participant, confidentiality, and ethical conduct. The ability to apply evidence-based techniques is required and both cognitive behavioural and narrative approaches are used. Further it is necessary to understand and honour all applicable laws including privacy laws, labour laws, and human rights laws. This document is intended to share information only and is not permission for anyone to hold themselves out as a Mental Health Works consultant, nor is it intended as a complete guide to the return-to-work process.

Objective: To facilitate an agreement that will enable the employee to successfully return-to-work or remain at work while maintaining productivity and improving workplace relations.

1. Provide training to the direct manager or supervisor in terms of managing employees who may be experiencing mental health issues.
2. Provide awareness education to all staff.
3. Determine the essential duties of the position and review the complete job description.
4. Review any relevant workplace policies (i.e. harassment, discrimination, sick leave, absenteeism, etc.)
5. Determine the employer's concerns about possible challenges.
6. Determine the concerns of other stakeholders including union, human resources, occupational health, co-workers, etc.
7. Determine the employee's perception of their strengths in relation to the position.
8. Determine the employee's perception of possible challenges.
9. Determine the healthcare provider's perception of possible challenges.
10. Facilitate a conversation (*given the entire context provided in steps 2 thru 8*) about accommodations to address the challenges, while retaining the use of the employee's strengths. Remember that the employee is the best judge of what will work for them.
11. Develop an agreement that will address past concerns, employee's accommodation, and ways to address future workplace issues.
12. Ensure that both employer and employee see the agreement as realistic and workable.

Accommodations to consider only when the employee is unable to come up with their own responses:

If the challenge is maintaining **stamina**:

- Vary tasks throughout the day
- Provide more opportunities to learn new responsibilities to increase interest
- Ask for a self-paced workload
- Supportive employment services or work coach
- Do some or all of the work from home

- Job-sharing
- Change to part-time work
- Provide back up for regular breaks
- Take more frequent breaks
- Take longer breaks

If the challenge is **concentration**:

- Remove all but essential functions of job
- Reduce or remove interruptions
- Play soothing music
- Break large tasks into a series of smaller tasks
- Take a break when concentration declines
- Increase natural lighting in your work area
- Work from home

If the challenge is **organization and/or deadlines**:

- Use a daily to-do list and mark off items as completed
- Use calendars and reminders
- Use an electronic organizer – handheld or PC
- Break large tasks into a series of smaller tasks
- Ask for regular reminders from your supervisor
- Arrange regular meetings for follow-up and to set priorities

If the challenge is **memory**:

- Use a recorder for discussions and meetings
- Write down important or complicated issues
- Ask for instructions in writing
- Ask for the minutes of every meeting
- Ask for assignments in writing
- Ask for additional training time

If the challenge is **working relationships**:

- Have regular meetings to review and address issues
- Have management outline clear expectations
- Define what constitutes good working relationships
- Ask for open and honest feedback in a prompt manner
- Develop strategies to deal with problems before they arise
 - o Look at possible or previous issues – consider a way to address
- Ask for correspondence in writing
- Ask for clear expectations and the clear consequences for not meeting them
- Ask for written work agreements

mental health WORKS

- Develop a procedure to evaluate the effectiveness of each accommodation
 - o Think about how to measure effectiveness – i.e. deadlines met, no outbursts, etc.
- Do not discuss non-work related issues in the work area
- Explain to employees (or have your supervisor explain) about the accommodation
- Ask for the option of not attending work related social functions

If the challenge is handling **stress & emotions**:

- Seek help from mental health counsellors or Employment Assistance Program
- Ask employer to provide praise and positive reinforcement
- Ask for time off to attend counselling sessions or medical appointments
- Ask for phone calls to doctors or others to gain necessary support during the workday
- Ask for a clear outline of expectations to avoid misunderstandings
- Consider awareness training for co-workers about how to effectively interact with you
- Consider awareness training for all staff on mental illness

If the challenge is **dealing with change**:

- Let your employer/supervisor know that you will feel anxious when a change is introduced
- Ask to be informed in advance of changes, if possible, so that you can prepare yourself psychologically
- Ask to maintain communication with a previous supervisor to ensure effective transition
- Ask for regular meetings to discuss work-related problems with your supervisor

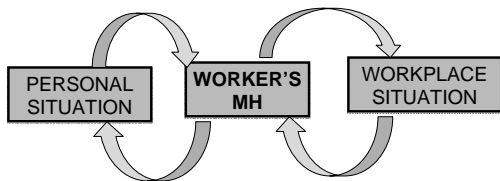
Please remember that the foundation of the Mental Health Works approach is to honour the voice of the employee with a mental health issue. By encouraging and coaching the employee to develop their own unique solution, you also allow them to increase their control and commitment to both well-being and good performance.

**From Awareness to Action in
workplace mental health**

Dan Bilsker, PhD
Consortium for Organizational Mental Health
CARMHA, Simon Fraser University

**Awareness of workplace
mental health has greatly
increased**

**Workplace MH must be seen in
Situational Context**



Health risks

Workplace Factors → MH Problems

control over workflow, perceived fairness,
work/life balance, etc.

MH Problems → Job Performance

absenteeism, presenteeism, disability

Legal Risks

Courts awarding substantial damages where
workplace factors contributed to mental-
health problems

Regulatory agencies requiring employers to
be proactive in addressing workplace
factors

Financial Risks

Reduced productivity for workers with
mental-health problems

Replacement costs for absent or disabled
workers

Disability insurance premiums

Lawsuits or regulatory penalties

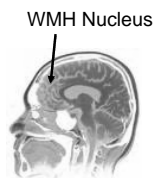
**It's time to move from
Awareness to Action**

High priority

Knowledge and best practices re
Workplace MH
Pragmatic & relevant tools
Flexible interventions for a quickly-
changing work environment

Lower priority

Highly controlled
treatment trials
Brain function studies
(There is no centre in
the brain for
Workplace Mental
Health)



We need Action Research

Directly relevant to workplace

Creates knowledge of immediate utility to employers & other key players
Tests practical **interventions, tools & training**

Inexpensive

Develops & tests interventions with low demand on resources (money and staff skills)
Particularly important in hard times

Applies Formative Evaluation

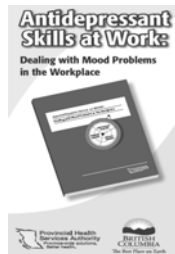
Real-world conditions, limited control
Interventions change in response to ongoing feedback
Blending qualitative & quantitative methods

Project I: Antidepressant Skills @ Work

What is it?

Self-care guide for workers dealing with depression

- ✓ CBT- based
- ✓ User-friendly
- ✓ Accessible
- ✓ Workplace-focused



Supported by:



BC Mental Health & Addiction Services



Provincial Health Services Authority
Mental health services. Better health.

Antidepressant Skills

I. Solving Problems Effectively

Identifying useful actions
Evaluating (pros & cons)
Planning, implementing

II. Realistic Thinking

Identifying distorted thinking
Challenging, replacing, practicing

III. Reactivating your Life

Social, self-care, interests
Goal-setting



BC Mental Health & Addiction Services



Provincial Health Services Authority
Services provinciales de santé
Autorité provinciale de la santé

Work-related topics

Preventing Relapse

- Planning ahead for stress
- Mood emergency plan

Making Decisions about Depression

- Should I tell people at work about my depression?
- Should I take time off work?
- How can I return to work successfully?
- What lifestyle changes might be helpful?



BC Mental Health & Addiction Services



Provincial Health Services Authority
Services provinciales de santé
Autorité provinciale de la santé

Stories



Using Antidepressant Skills to Solve Problems
The following stories illustrate how people have used antidepressant skills to solve problems and cope with difficulties. These stories are intended to provide inspiration and ideas for how you can use these skills in your own life.

Stories illustrate:

- Contribution of conflicts or coping difficulties to depression
- Use of support systems
- Use of the antidepressant skills



BC Mental Health & Addiction Services



Provincial Health Services Authority
Services provinciales de santé
Autorité provinciale de la santé

Relevance

- CBT-based Self Care is effective for mild to moderate depression
- CBT skills have specific benefit for work function:
[CBT] has a direct effect on psychosocial functioning through therapeutic work on issues that have relevance to psychosocial functioning, such as the building of social skills.

Hirschfeld RM et al (2002), Biol. Psychiatry 51.



Actions

1. Make the workbook accessible to employees
2. Train supervisory or HR staff to support its use



Cost

- Workbook: free download or print @ \$12
- Staff training



Project 2:
Guarding Minds @ Work

What is it?

- A website and guide showing employers *how* to protect employees' psychological health.
- Includes:
 - Psych. Risk **Survey**
 - Psych. Risk **Audit**
 - Step-by-step **Guide** to identifying risks, implementing response and evaluating results
- 2009 Benchmark Report -- **Mental Health & Safety in Canada** to be based on Ipsos Reid survey

Supported by:
Great-West Life
THE ASSURANCE COMPANY

Relevance

- Neg. Workplace Factors (eg low perceived support) contribute to MH problems
 - Increasing financial consequences (reduced productivity, low retention, disability rates)
 - Increasing legal consequences (court awards, regulatory sanctions)
- Addressing these Factors protects employees **and** employers

Great-West Life
THE ASSURANCE COMPANY

Cost

Tools, Guide & Benchmarks will be provided to employers at no cost via Guarding Minds @ Work website



Evaluation


To be rolled out in a corporate setting to determine acceptability, knowledge transfer & effective implementation strategies



Conclusions

- **We've done it before**
 - Physical Health & Safety greatly improved through public/private investment
 - Mental Health & Safety can be improved the same way
- **In tough times, build infrastructure**
 - MH&S is workforce infrastructure








STIGMA & THE HEALTH SYSTEM

There is Some Good News

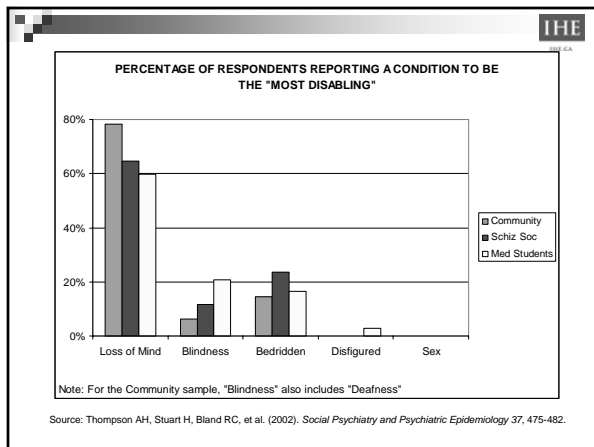
Angus H Thompson, Ph.D.

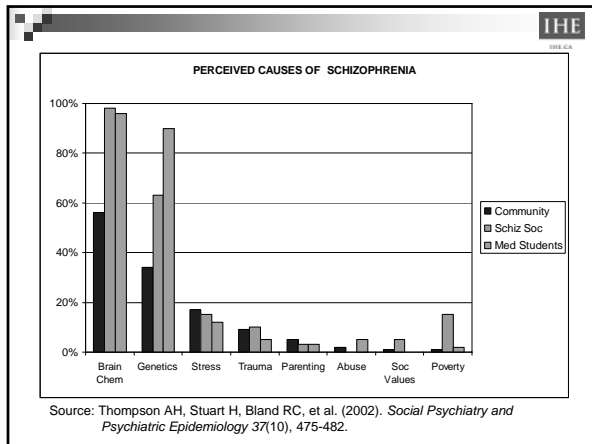
Mental Health Research Showcase
Banff, Alberta, November 19-21, 2008

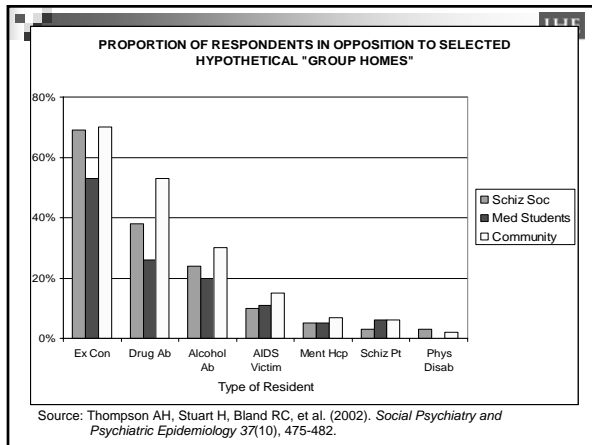


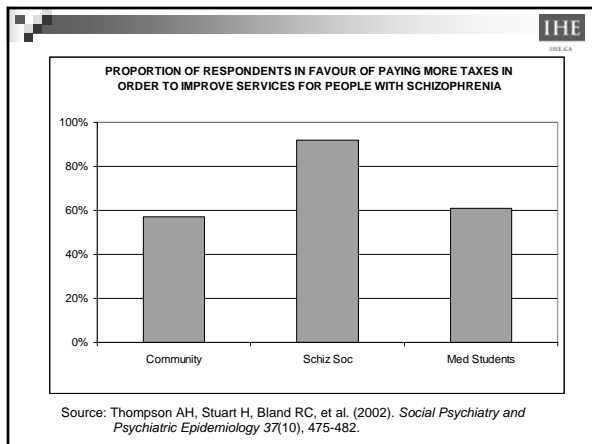



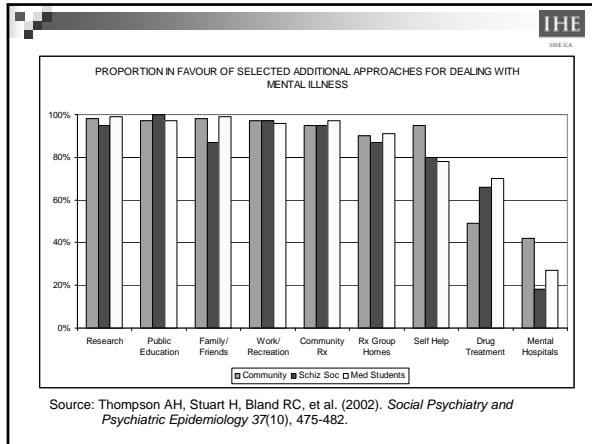
ATTITUDES!

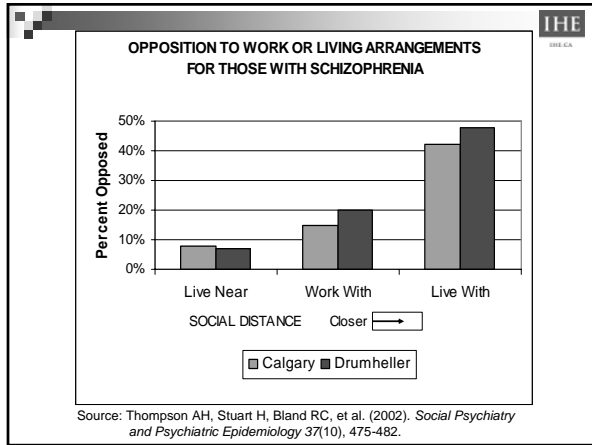


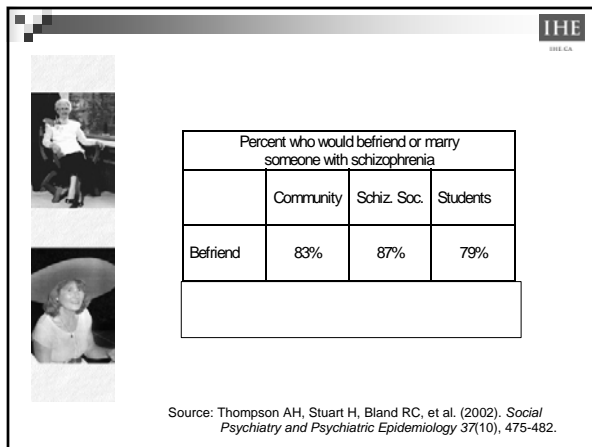




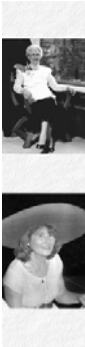








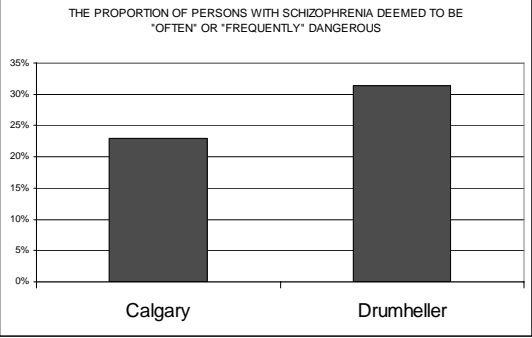
IHE
SHE.CA



Percent who would befriend or marry someone with schizophrenia			
	Community	Schiz. Soc.	Students
Befriend	83%	87%	79%
Marry	27%	10%	6%

IHE
SHE.CA

THE PROPORTION OF PERSONS WITH SCHIZOPHRENIA DEEMED TO BE "OFTEN" OR "FREQUENTLY" DANGEROUS

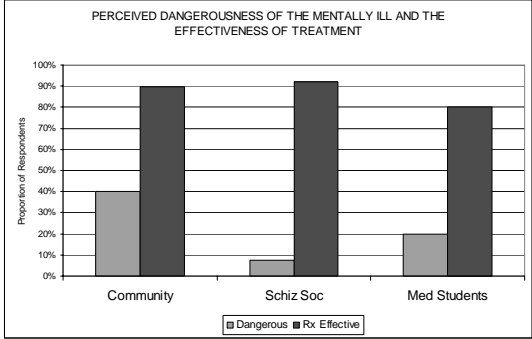


Location	Proportion (%)
Calgary	~23%
Drumheller	~31%

Source: Thompson AH, Stuart H, Bland RC, et al. (2002). *Social Psychiatry and Psychiatric Epidemiology* 37(10), 475-482.



IHE
SHE.CA

PERCEIVED DANGEROUSNESS OF THE MENTALLY ILL AND THE EFFECTIVENESS OF TREATMENT





Group	Dangerous (%)	Rx Effective (%)
Community	~40%	~90%
Schiz Soc	~10%	~90%
Med Students	~20%	~80%

Source: Thompson AH, Stuart H, Bland RC, et al. (2002). *Social Psychiatry and Psychiatric Epidemiology* 37(10), 475-482.





PUBLIC EDUCATION




PUBLIC EDUCATION


- Supporting evidence is not strong
- A single approach, but several are indicated
- Based on a singular belief – stigmatizer culpability




NOT EVERYTHING IS STIGMA!

 IHE
1988 CA


NOT EVERYTHING IS STIGMA




- The Hotel Vancouver 1986
- “Employment Opportunities”
- The name “Mental Health Services”
- Is it stigma if it is true?

 IHE
1988 CA


STIGMATIZATION





The taking of action based on inaccurate or unfair application of a label or stereotype that results in a person being said to (or perceived to) exhibit characteristics associated with the label or stereotype without regard to that person’s actual makeup.

 IHE
1988 CA



STIGMATIZING BEHAVIOUR



RECEIVER ATTRIBUTES + PERCEIVER ATTRIBUTES + SOCIAL PRESS



THE WAY WE THINK

BENEFICIAL UNDERPINNINGS

- Categorical Thinking
- Assignment of attributes to group
- Ingroup Favouritism
- Causal Attributions

Source: Thompson AH (2006). Normal thinking and problem-solving as the underpinning of stigma. Bulletin of the International Federation of Psychiatric Epidemiology 4(2), 2-6.

FEAR

- Fear is very adaptive, but error prone
- Increases probability-based decisions (justice/fairness is truth-based)
- Fear is more powerful than attraction
- Avoidant behaviour is enduring
- Fear of Strangers - Hurt by Friends

IHE
© IHE CA

STIGMATIZING BEHAVIOUR


RECEIVER
ATTRIBUTES

+

PERCEIVER
ATTRIBUTES

+

SOCIAL
PRESS



IHE
© IHE CA

STIGMATIZING BEHAVIOUR


RECEIVER
ATTRIBUTES

+

PERCEIVER
ATTRIBUTES

+

SOCIAL
PRESS



- Dangerous
- Unpredictable
- Low Currency
- Unhappy
- Powerless

IHE
© IHE CA

STIGMATIZING BEHAVIOUR


RECEIVER
ATTRIBUTES

+

PERCEIVER
ATTRIBUTES

+


SOCIAL
PRESS



- *Dangerous*
- *Unpredictable*
- *Low Currency*
- *Unhappy*
- *Powerless*

- Protective/Afraid
- "Labellous"
- Naive
- Prejudiced


IHE
© 2018 C.A.



STIGMATIZING BEHAVIOUR

RECEIVER ATTRIBUTES	PERCEIVER ATTRIBUTES	SOCIAL PRESS
<ul style="list-style-type: none"> • <i>Dangerous</i> • <i>Unpredictable</i> • <i>Low Currency</i> • <i>Unhappy</i> • <i>Powerless</i> 	<ul style="list-style-type: none"> • <i>Protective/Afraid</i> • <i>"Labellous"</i> • <i>Naive</i> • <i>Prejudiced</i> 	<ul style="list-style-type: none"> • <i>Competitive</i> • <i>Stressful</i> • <i>Structural Bias</i> • <i>Factionalized</i> • <i>Objectifying (pop. culture)</i> • <i>Political Corr.</i>


IHE
© 2018 C.A.



STIGMATIZING BEHAVIOUR

RECEIVER ATTRIBUTES	PERCEIVER ATTRIBUTES	SOCIAL PRESS
<ul style="list-style-type: none"> • <i>Dangerous</i> • <i>Unpredictable</i> • <i>Social Currency</i> • <i>Unhappy</i> 	<ul style="list-style-type: none"> • <i>Protective/Afraid</i> • <i>"Labellous"</i> • <i>Naive</i> • <i>Prejudiced</i> 	<ul style="list-style-type: none"> • <i>Competitive</i> • <i>Stressful</i> • <i>Structural Bias</i> • <i>Factionalized</i> • <i>Objectifying (pop. culture)</i> • <i>Political Corr.</i>

IHE
© 2018 C.A.




"LOVE IS NEVER ENOUGH"

A.T. Beck

We Need:

1. Accurate information on dangerousness
2. To learn how to generalize and to discriminate (appropriately)
3. To increase reflective thought
4. Reduce defensiveness

ELEMENTS OF PREVENTION IHE
IHE.CA



Child Development

- Skillful generalization and discrimination
- Healthy attachment
- Lots of experience with success
- Anything that leads to healthy, happy, prosocial individuals


ELEMENTS OF PREVENTION IHE
IHE.CA




An Inclusive Society

- Not “Onwards & upwards & the devil take the hindmost”!
- A place for everyone
- More success, fewer losers
- Politically incorrect to hype group virtues


WHAT TO DO? IHE
IHE.CA



- Define Stigma & What is Not Stigma
- Accept the Underpinnings of Stigma as Beneficial Attributes Gone Wrong
- Change Underlying Factors
- Avoid Stigmatizing Purported Stigmatizers

 IHE
IHE.CA

AN APPROACH



Focus on Quality of Life
(Housing, Relationships, Work, Recreation)

Address Stigma When Needed

- Specific Projects
- Emphasis on Dangerousness
- Decision Theory: Rebalance contingencies

For More Information:

Angus H Thompson, Ph.D.
Institute of Health Economics
Many Thanks

gthompson@ihe.ca

www.socialproblemindex.ualberta.ca
