A 21st Century Solution to Mental Health Stigma, Led by Employers

MACOEM
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Agenda

• Workplace impact of mental health
• Stigma largely attributable to *The Mind*
• Evidence-based alternative to *mental* label
• How companies can lead the effort to de-stigmatize mental health
World Mental Health Survey (WMH)

- Mental illness is #1 leading cause of disability worldwide
- 33.3% of respondents affected globally
  - Addiction, anxiety, eating, mood, personality, psychotic, sleep & somatoform disorders
- 47.4% in US
Working Well

• Anxiety: Most prevalent
  – Range: chronic stress to constant debilitating fear
  – Cost: $46.6 billion/year
  – $23 billion: non-psychiatric treatment

• Depression
  – Cost: $83.3 billion/year
  – 62% attributable to indirect costs
Direct Costs of MH at Work

• Mental disorders cost employers more than other chronic medical conditions
  • Medical/pharmaceutical
  • Disability
• Comorbid with other health conditions & can worsen health outcomes
Indirect Costs of MH at Work

• Absenteeism related to MH accounts for 7% of global payroll across all organizations
• Presenteeism
  • Increased errors
  • Poor judgment
  • Accidents
  • Decreased motivation
  • Increased conflicts
Costs

- WHO estimates the global cost of mental illness at nearly $2.5T
  - two-thirds in indirect costs
- Projected increase to over $6T by 2030
Intransigent mental health stigma deters employees from seeking evidence-based treatment, or even learning about it.
What Do Most People Think About Mental Health?

- Don’t want to go there
- Too complicated
- Don’t want to dig up past
- I’m not crazy
- Don’t want anybody else to find out that I have problems
- Lots of “treatments” seem bogus
Off-Putting Treatment Stereotypes
Consequences

• People often seek ineffective treatment
  – At least 600 psychotherapy “brands”
  – Most have never been subjected to clinical trials
  – Many are long-term, very expensive
• Spend lots of healthcare dollars doing so
  or
• They just tolerate annoying/debilitating MH issues…presenteeism
A Basic Problem with Mental Health is its linkage to *The Mind*

- **The Mind**
  - Indefinable
  - Burdened by centuries of philosophical, religious & psychiatric speculation
- **What constitutes a healthy mind?**
- **What do minds do?**
Minds think.
It's not a nap if I'm sitting at my desk.
So, why not replace *mental health* with a label not linked to The Mind?

- It’s already been done
  - US Army: Renamed the domain *behavioral health*
- But *behavioral* has problems too
  - It suggests overt behavior problems
  - *Behavioral* fails to capture the thinking component of all psychological problems
Cognitive

Pertains to psychological processes involved in acquisition and understanding of knowledge, formation of beliefs and attitudes, and decision making and problem solving.
Cognitive health is most accurate replacement term for mental health

- Doesn’t focus on speculations
- Cognitive health focuses on data
  - Accessible, real-time, cognitive data
  - Behavioral data
  - Measurement tools
- Psychological problems, regardless of etiology, exist in the present as thinking problems
Cognitive Health Focus: Thinking

- Healthy thinking: Rational/Reality-Based
- Unhealthy thinking: Irrational/Self-Defeating
Cognitive Health Doesn’t Minimize

- Complex personal histories
- Psychological & emotional pain
- Value of talking about personal problems
- Appropriate use of medication
- All the name change does is:
  - Reduce stigma
  - Increase likelihood of evidence-based treatment
Evidence-Based Treatments

- Develop awareness of how your characteristic thinking determines how you feel and act
  - Regardless of how/where it originated
- Your self-talk fully capable of shaping your sense of reality…even if it’s totally irrational
- Provide tools to
  - control & dispute self-defeating irrational thoughts with rational “healthy” ones
  - enhance well-being and happiness
Evidence-Based Treatments

- Cognitive-Behavioral Therapy (CBT)
  - Most widely accepted evidenced-based psychotherapy
  - Default “talking therapy” provided by the National Health Services in UK & Australia
  - 50+% improvements demonstrated across many studies

- Others
  - EMDR
  - Dialectical Behavior Therapy
  - Behavioral Activation
In the US

• CBT is nearly invisible to general public
• CDC, NIH, medical newsletters link cognitive almost exclusively to dementia & Alzheimer’s
• Why shouldn’t cognitive also be applied to the psychological problems associated with younger peoples’ thinking?
Two Perspectives on Mental Health

**Traditional Perspective**
Mental health is so complex that it can only be understood after many years of self-examination

**Evidence-Based Perspective**
Mental health is shaped by characteristic thinking habits that can often be identified, classified and unlearned, sometimes within weeks
Two Perspectives on Mental Health Treatment

**Traditional**
- Explore your personal history to obtain insight
- Once you obtain sufficient insight, symptoms will abate

**Evidence-Based**
- Personal history is interesting, but insight alone does not alleviate symptoms
- Regardless of history, your psychological/emotional problems reside in habitual present-day thinking
Situations → Automatic Thoughts → Your Emotions
Automatic thoughts are thinking habits.
Automatic Thoughts

• So ingrained that you often don’t “hear” them
• They can be whole or partial sentences, or pictures
• Like other habits, they’re learned
• Can be unlearned
• They can be irrational and self-defeating…

• But, in the moment, we believe them anyway!
Cognitive Health Perspective Enables

- Self-assessments to change from judgmental...
  - crazy, defective, incorrigible
- to descriptive
  - chronic worrying/catastrophizing, chronic self-putdowns, frequent flashbacks
- Optimism that symptoms can be alleviated
  - Evidence-based treatments
  - Including evidence-based self-help
Evidence-Based Self-Help Resources

**Phone Apps**
- What’s Up?
- MoodTools
- CBT Thought Record Diary
- Moodkit ($4.99)
- iCBT ($5.99)

**Websites**
- moodgym.anu.edu.au ($39)
- Getselfhelp.co.uk
- PsychologyTools.com
Employers in Unique Position to Reduce MH Stigma

- Committed to improving health & reducing costs
  - CBT typically lasts 1-3 months
- Name change requires no regulatory approval
- Businesses can initiate a stigma removal effort that no government can/will
- Changing *mental* to *cognitive* is justified
  - Eliminates stigma associated with *mental*
  - Encourages evidence-based treatment
  - Discourages outdated treatment expectations
Companies Can Take the Lead in Reducing Mental Health Stigma

- Can act unilaterally within their purview
  - Change stigma-inducing name, like the US Army
- Insurance reimbursement for cognitive health services can remain the same
- Business Roundtable (8/19/19)
  - “Fundamental commitment” to all stakeholders, not just shareholders
Corporate Cognitive Health Program Characteristics

- Never uses the term *mental health*
- Provides training & resources re: evidence-based cognitive health concepts
- Scalable: Integrates with existing EAP, well-being & health coaching programs
Cognitive Enables EAP’s to Focus More on Education

- Lunch-and-learns re: evidence-based treatment
- Evidence-based reference materials
- Guidance re: how to evaluate individual therapists
- Direct employees to
  - Online resources
  - Smartphone apps

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Review

- Workplace impact of mental health
- Stigma largely attributable to *mental* label
- *Cognitive health*: Evidence-based alternative to *mental health*
- Companies can lead the effort to de-stigmatize mental health
Automatic thoughts are thinking habits.
1. All-or-Nothing

You look at things in black and white categories.
2. Overgeneralization

You interpret a negative event as a never-ending pattern of defeat.
3. Mental Filter
You dwell on the negatives and ignore the positives.
4. Discounting the Positives

You insist that your accomplishments “don’t count.”
5. Jumping to Conclusions

You predict that things will turn out badly...“Fortune Telling”; or you make negative assumptions about others’ feelings about you...”Mind Reading”
5. Formatting: What If’s?

Because open-ended, rhetorical questions can’t be challenged, they just hang there, predicting negative outcomes.
6. Magnification or Minimization

You blow things way out of proportion or else shrink them way out of proportion.
7. Emotional Reasoning

Your feelings dictate your thoughts: “I feel like an idiot, so I must be one.”
8. Should Statements

Shoulds, musts, ought to statements enforce moral imperative: They induce guilt which often implies that you’re a bad person.
9. Labeling

Instead of criticizing your own behavior, you engage in Name-Calling; for example, idiot, loser, hopeless
10. Personalization

You blame yourself for something you were not entirely responsible for; so you end up apologizing unnecessarily, a lot.
Once you identify & classify self-defeating thinking habits, what can you do about them?
You dispute them with rational alternative thoughts.
For example…

If my project doesn’t work out…

• *It’ll be awful!!*
  – Awfulizing
  – Catastrophizing

• But would it be *awful*?
Awfulness Scale

- Death
- Divorce
- Your house is destroyed
- You get shingles
- You get fired
- You car gets totalled
- You break your big toe
Rational Alternative Thoughts

It won’t work out and that would be awful.

- I don’t know that it won’t work out
- It might work out
- If it doesn’t work out, it would be disappointing and sad, but not awful
Summary: How to Unlearn Self-Defeating Automatic Thoughts

1. “Hear” them
2. Record them
3. Classify them
4. Dispute them
Putting It All Together

Situations

Automatic Thoughts

How You Feel

How You Behave

Identify & Control Self-Defeating Thoughts
If you think you can or you think you can’t, either way you’re right!