

case what happened was that the culture was already changing with the younger generation becoming more open minded about mental health. So, some expectations are coming into the training environment. Then over a period of 15 years, there were 13 deaths by suicide of a faculty physicians of all different specialties. About half way into the experience of that there was a recognition that or even just asking the question, does the workplace have anything to do with the loss of valuable physician colleagues, because suicide is obviously very complex. We can sit and wait and watch for a while just to collect ourselves and figure it out, but when it has been going on for years or worsening and spiraling into suicide risk or leading to work impairment in the case of physicians, medical errors are known to be tied to symptoms of burnout. Then, that's not okay and we can do better than that. So, we did a survey and we heard all about various aspects of anxiety, depression, addiction, burnout, lots of different reasons that people would not be willing to get treatment, let alone to seek it from anything related to the workplace, let alone to know how to have conversations about their own well-being in the workplace. Based on that we landed on a two-pronged approach it's called the Healer Education Assessment and Referral Program, HEAR for short. Basically, the two prongs are a massive educational approach trying to really get right at the stigma around our own mental health. So, it is about physician mental health and well-being, resilience, burnout, and suicide prevention, all of that, the whole spectrum. Paired with a program called the Interactive Screening Program which was developed by the organization I now work for, the American Foundation for Suicide Prevention. This Interactive Screening Program or ISP allows people who are in distress to interact online with a counselor without saying who they are. So, it's a very unique program that even just on its own has referred over 300 physicians into treatment over the 10 years. Most of whom said, I wouldn't have otherwise sought help.

Jen Fisher: Myth debunking - first of all what is mental illness, how do you define it?

Dr. Moutier: Well, I would even start by backing up and saying what is mental health. Mental health has to do with the way our thoughts are going, our perceptions, our feelings, but it affects our physical state as well. So, sleep, energy, appetite, those are actually are part of mental health. There is actually overlap, between mental health and physical health, but it involves emotions, perceptions, but also cognition.

Jen Fisher: So, then what is mental illness.

Dr. Moutier: Mental illness is the point which symptoms in our mental health are becoming more extreme to the point that they are leading to some level of us having to tend to them, spend energy on them, or start to impair us in some way. So, it is affecting our sleep, our thinking, our judgement, our mood, the effect can start so minor that we attributed to stress. Because we are experts about stress in our life. But there is a point at which it crosses a line and it is now running the show. So, a mental health condition is now leading the person to think and behave and feel in ways that are not their healthy norm even given the stresses that are going on.

Jen Fisher: Can you give an example of how would I identify that in my own life, because I hear what you are saying, but then how do you know when you kind of cross that line, if you will.

Dr. Moutier: I think it is actually really hard for the person to know themselves. It is really hard to be objective about our own really physical health too, but especially our mental health because we live inside our minds and our brains and it is the organ of the brain that is becoming sick at that point. I mean some good rules of thumb are if you are finding that you are having to spend extra time and energy because your anxiety and your worry is kind of leading you down a path to think that it is just the world is that stressful and there is that much to worry about, again that is the problem with generalized anxiety disorder. It just feels real and feels that way, but so does depression. Depression just feels like there is so much weight on my shoulder and there is so much dooming gloom. Our brain clearly can play tricks on us, I think it is one of the reasons that for all of us hopefully we have people in our lives that can include at times in a trustworthy way even our coworkers who can help reality check. Is the stress load and the way I am responding, are they matched up? Think about the patterns that you know in your own life and the choices that you tend to make most days even when stressed out. When those choices start to change and those patterns of behavior and you can think about your loved ones too. Your gut instinct, we're all fairly savvy if we are connected socially, we're wired that way to notice when things deviate from the usual patterns. Our brains are really good picking up on that, it is just that we have learned how to dismiss it and write it off to the stress of the day. I actually believe and we can talk about statistics perhaps later, but that mental health conditions, it is important to go see a professional and get a diagnosis and engage in treatment at a certain point, absolutely. But there is a huge swath of land in between my normal healthy self and when things deteriorate to that point that we can become much smarter about. These are just such common experiences that I would actually look at this way. That if one in four people are living with a mental health condition, more than that around us and maybe including ourselves are dealing with various vulnerabilities that could be leading down that path. Again, it is a more upstream approach just sort of dialing in our mental health.

Fisher: I want to talk a little bit about the stigma that exists today around mental health or mental illness. Can you tell me a little bit about what you believe the stigma is and why that stigma exist?

Dr. Moutier: Well, I think that until even in recent years, there wasn't as much neuroscience and science around psychiatric illness and all the other social sciences, psychology, and otherwise to even inform us at a scientific level let alone for that information to be translate into lay knowledge. So, mental illness was thought of from the movie the One Flew Over the Cuckoo's Nest or whatever you grew up with that was your sort of stereotype picture of mental illness. So, it was really a skew picture of the truth which is that there are mild forms of mental illness that include mild chronic depression like dysthymia, mild forms of anxiety and people who can get panic attacks, mild forms of addictive behavior that we have unfortunately not recognized and we have in a way normalized a lot of mildly pathological problems.

Jen Fisher: Sorry to interrupt you, but mildly means in a lot of cases those people are functioning pretty much just fine or at least to the outside world just fine.

Dr. Moutier: So back to you question about what is stigma. I think stigma then, when we started talking about getting really smart about our mental health and mental illness, people get confused like I don't have that...whatever that stereotype is in my family or in my workplace.
Fisher: Because it is not extreme...

Dr. Moutier: Right, or in my school or community...guess what, yes do. The chances are in most families and absolutely every workplace and community, there are many different manifestations of mental illness. The stigma has kept it under wraps. So, people have become unfortunately really good at putting on a good face at the expense of their health and possibly even other health consequences.

Jen Fisher: But that is not sustainable ultimately, that eventually comes to life in many different unfortunate ways.

Dr. Moutier: Right, here the balance. We have all been raised in a society where self-sufficiency and putting on the good face and the strong face is part of the deal and that serves us really well if we have reasonably good health because it teaches us stamina, perseverance, resilience, and all of those important things that children and we all need to keep exercising the muscle of. But where it goes too far is where we didn't realize that continuing with the just buck-up and get more disciplined approach rather than actually reaching out for help or getting professional help, that's where it is point of minimal, like maximal and then diminishing return.

Jen Fisher: So, basically what you are saying is that, there are people that are not intentionally hiding their mental illness, but because of the stigma associated with it, they are just completely unaware that they have one.

Dr. Moutier: Yeah. Many people who are living with depression, PTSD, anxiety, addiction have it absolutely rationalized and normalized. Especially in certain occupations where the culture is particularly stoic and where your identity in whatever occupation that is I am talking about law enforcement, military, physicians, construction workers, agriculture, lots of different occupations that identity is wrapped up in well if I didn't see this every day in my work life and rationalizing their sense of extreme distress, their bodily problems, their suicidal ideation, their nightmares.

Jen Fisher: It is also probably because they have been living with it for so long that they have just accepted that okay that's the way it is or this is how life is.

Dr. Moutier: Yes exactly. Sometimes mental illness comes on with a bang, a big new psychotic break or a manic break. More often it comes on pretty insidiously where the symptoms start and they are embedded in your life and then the stress that is going on in all of our lives, all of the time and so we just don't feel it or sense it that way. Again, I think societally we just have not been educating each other and children on up about what that is and what are the manifestations of mental illness. It is the case that evolve one in four Americans living with mental illness, 50% of that swath of mental illness presents before the age of 14 and 75% before the age of 24. If you just think about that like we are not doing a good job at recognizing the onset early enough, years and years usually go by of that mental illness taking a toll before people realize and come to treatment and some people never do.

Jen Fisher: Yeah because there are some staggering numbers about the number of people that don't seek treatment.

Dr. Moutier: We are doing a pretty bad job at it. More than half of people with a mental health condition either don't know that they have one or they are not actively pursuing it in any official

ways. They are not getting treatment, they have never had it diagnosed. As a side note for example, when you read the most recent CDC report about suicide and it says 54% of the people who died by suicide didn't have a known mental health condition. A large portion of that can be accounted for by the fact that they didn't know that they did or their loved ones didn't know.

Jen Fisher: So, it wasn't diagnosed by a medical professional.

Dr. Moutier: Right. We are not yet a very mental health literate society, but we are trying, we are going to get there, we are going to deep in and get better for sure.

Jen Fisher: I guess when it comes to seeking treatment, those that do seek treatments. What is the success rate, what is that look like for somebody that does have a mental health condition?

Dr. Moutier: Treatments can be very successful if you are talking about treating depression for example. Then accessing treatment is going to be successful at managing if not leading to full remission, meaning all of the symptoms being fully addressed in about 80% of cases. Now the detail here though is that finding that best treatment, finding a treatment provider, finding a provider who takes your insurance and when you connect with can all be sort of overwhelming and if you are not well-versed in how to do this or if you are the loved one trying to help lead somebody to care. It can be extremely challenging and I think that is a reality that I don't want to minimize, but I also don't want it to keep people from seeking treatment. You wouldn't deprive yourself of treatment for any physical health condition...

Jen Fisher: If you had a broken leg, you wouldn't just sit there and have a broken leg

Dr. Moutier: Right, you would put in the time and energy to figure out who is the best person covered by my insurance and that I can go see and figure it out. We do that for our physical health and many of us do it for our mental health as well. It does take some effort and it helps, therefore if there is no stigma at least in certain aspects of your whether it is your work place or your friend group or you can actually talk about what's going on, you can talk to each other about how to navigate that.

Jen Fisher: You talked about some stats already, but what can you tell us about kind of the status of mental health in America today, has it changed over the years, is it better, is it worse, what is contributing to these changes.

Dr. Moutier: Overall I would say the prevalence rate of mental health conditions is remaining fairly stable. Among youth, however, prevalence of mental health conditions is going up and that is very concerning. Is that a matter of being a little bit better at recognizing mental health conditions in young people? There might be a portion of it that is accounted for by that. But like physical health when it comes to mental health, the environment and the culture and the things that you are experiencing around you interact with your brain, just like they do it for somebody who has heart disease, same thing their environment, their stress level, they are smoking or not smoking all those things absolutely impact the course of the heart disease. Same thing with mental health conditions. So, people who develop depression, anxiety, PTSD addiction often times there is a genetic sort of under layer that puts them at risk in the first place and then there

are other sort of hits on top of that whether it is early childhood adversity, host of things that can happen in childhood and beyond that interplay with mental health. I think we would be remiss if we didn't think about some of the sort of just really prevalent trends in our society having to do with technology, having to do with phones and screen time, especially for children while their brains are developing still, things like that. Those most certainly can impact the development of a child's brain.

Jen Fisher: Can you talk a little bit more since we are on the topic of technology, screen time, social media, and social comparison. How is that impacting our mental health. Even for those of us that are I guess "mentally healthy" on most days, it still does have an impact. So, can you dive more into that.

Dr. Moutier: There is a growing literature, a body of research that is looking at the impact of social media and screen time on mental health. Particularly for young people, but for everyone as well. What the data showing is a sort of extreme mixture of results with one bucket, I'll just try to do some lumping into categories, saying that overall if young people and older people are not on their screens for more than several hours a day, then it is looking like a sort of nuanced level of good and bad and sort of fine overall. For people who have heavy use, then there are some significant vulnerabilities that can develop including addictive usage and depression and even increased suicidal ideation. But in that nuanced layer that I was talking about, there was a specific honing in on people who already have a propensity for depression, self-doubt, lack of self-confidence and security, or anxiety. For those individuals as they utilize social media in a different way so that they are gaging the feedback that they get from others in a way that is so much more sensitized...

Fisher: The number of likes...

Dr. Moutier: Yes. Even sort of I would call it distorting of comments. People who are very, very interpersonally sensitive will read the comments of other people's behavior in a different way and they do the same thing on social media. So, it is sort of just like real world put into that medium. For those individuals it can go south very fast in terms of impacting their mental health in a negative way. I will say there are many young people I have met now who are advocates for mental health on their college campuses and really cool activities going on, who spontaneously will talk about how they learned to unplug and they read their own indicators of when their mental health was starting to deteriorate because of their use of social media.

Jen Fisher: We have been talking about society at large. So, our organization are clearly just a microcosm of the society that we live in. Can you talk about what should organizations and leaders be doing or starting to think about when it comes to mental health in the workplace?

Dr. Moutier: I think that an understanding of our coworkers or our employees as resources of the company and the work that we do is usually not a sprint, it is a marathon. So finding ways to get the most out of ourselves as a resource. It might sound logical that if I just work 23 hours a day and I am there for everyone and responding, then that is going to be my to success. The fact is as a human being none of us will be able to sustain that for any length of time. I really think it boils down to creating a culture as the leader of a workplace for your individuals and role modeling this to yourself can help and all of us can actually help with that role modeling where we actually figure out ways to find that balance. I know we talk a lot about work-life balance, but

it might look quite different from one person to the next. Really I think just encouraging open dialogue about how do you even make those discoveries, is this something we can even talk about in the workplace where I am not going to be viewed as less than because I am actually talking about...trying to figure out how to dial up my strategy by unplugging some of the time.

Jen Fisher: So, I can be better when I am at work.

Dr. Moutier: Exactly, it is little bit of a paradox school sounding topic.

Jen Fisher: As a leader, so I am a leader of a team, how do I began that dialogue?

Dr. Moutier: Well I think the message usually needs to actually counter the old way, which was much more of the hardcore traditional trying to get the most out of your employees. This is a different way to get the most out of everybody and it can start with a concrete conversation like this. Especially let's say at a new staff orientation, if the supervisor says something like because the work is intense here and life is happening for all of us in real time, it's helpful to know and have you come to me at an earlier time, don't wait. If something is going on in your life in your health or family member's health that warrants a discussion around just creative brain storming, possible informal ways to make sure that you can keep working and working well. I would rather have that conversation early rather than find out after the fact when things have started to show up in terms of negative impact on your work. That's one way to actually make is very specific to say let's talk about these things earlier rather than thinking you need to hold it in like no one is going to notice and then it becomes a problem.

Jen Fisher: How do you balance creating a workplace culture that promotes or moving the stigma around mental health and balancing that with someone's own personal privacy.

Dr. Moutier: I think that's a good question and I think it comes from a place of that we're early with this experience of how we navigate mental health in the workplace and what I would say is having had hundreds of these conversations with everyone from medical students, to coworkers, to bosses, to colleagues in the hospital and now at a nonprofit organization. In the same way that an employee might have a physical illness let's say diabetes or hypertension that they are not comfortable revealing to their coworkers or their supervisor and that is absolutely within the right to never mention and never have to mention what their diagnosis is. But they have to have a conversation with their boss around needing something to accommodate something that is going on with their diabetes and again they do not have to call it diabetes when they have that conversation, the same type of conversation can happen for depression or PTSD. Addiction is a little bit trickier because there is defined impairment. It is not social, normative drinking or use at that point, but with every other mental health condition there is this continuum of space around being able to manage it potentially very effectively and continuing to work or being accommodated informally or formally for that health condition.

Jen Fisher: No one should ever feel forced to come forward with a physical or mental illness beyond their own comfort level.

Dr. Moutier: I just want to make it really clear, there is no suggestion in any conversation about workplace mental health of changing HIPAA laws and necessitating conversations between providers and supervisors that is not on the table.

Jen Fisher: This is just a conversation about how do we make the workplace a kinder place when it comes to mental health and the things that we all struggle with.

Dr. Moutier: Correct, I would even take it a step further as you have already eluded to, that it makes the workplace not only a kinder more positive environment, but it is very likely that the workplace productivity and engagement and the ways of measuring the bottom line all become going in the right direction. I mean that is one of the selling points certainly to the C-suite about all of this change that is happening.

Jen Fisher: I was watching a previous interview that you gave and something that you said really struck a chord with me. You said that we have been socialized to hide or distress. Can you say more about that, I can talk about what that meant to me, but what is kind of the thinking behind that. Because I completely agree with it and all of the things that we have already talked about, but certainly the translation of that into the workplace is very, very real in today's corporate America.

Dr. Moutier: I think it depends on the family you grew up in, your generation you are going up in, and also your occupation and the specific work environment. But I think it would be hard to find anyone who hasn't been socialized in this way to basically, let's start with the home environment, for a child who is having an upset moment and crying and to be sent to their room until they are ready to put on their good to happy face and come out and be a good boy or a good a girl. I mean this is the message that many of us grew up within our home environment that sadness and anger were completely unacceptable and actually bad. So on an unconscious level I think we have this layer of that is a sign of weakness and shame and badness, so we have to hide that. Whereas a healthier approach would be to say feelings of all sorts are just normal, they are like agnostic, there is no judgement about them they happen for people. It is how we process and it is what we do with them and learning to control our behavior in response to those feelings. So, those are messages that children can receive that is a different approach and could lead to a much more healthy sense of like the full range of emotions and upset and distress is okay, but I do have to give myself a moment to figure out what to do with that. I think that is the next step that requires actually some skill. For people who haven't accessed to psychotherapy, I think things like journaling and other sort of self-reflective meditative practices, mindfulness, music, a lot of that can be away, yoga even, but I will say just putting a plug in therapy can be not just for people who are mentally ill. Therapy can help dial up your game for just every human sort of neurotic problem that we have and really help a lot. So, any way back to the distress thing, I think we all learned very early on just don't show it and you pay less of a price.

Jen Fisher: It is interesting right because I do think we have been socialized to hide our distress, but also often times in the workplace we celebrate the badge of busy or the person that so stressed out they don't have time to go to the bathroom. That's an interesting dynamic, right. It is not okay to be angry or sad, but it is completely okay to be so stressed out that you don't know which way is up.

Dr. Moutier: And that became culturally associated with the high achieving student or worker. A lot of that can be a whole lot...looking like there is a lot of emotion going around and not necessarily the most direct line to an effective strategy, implementing that strategy.

Jen Fisher: One that probably is going to take you down the path of burnout as oppose to long-term success, speaking from my own experiences.

Dr. Moutier: Yes, most definitely. Many people who are kind of driven and sort of more type A individuals will have a whole set of rules that apply only to them because they expect so much of them and maybe whatever it is that that they have internalized of the messages that they heard in younger years and what not. But when you start realizing the rules that are applied to you like, whatever it might be, my day is only a worthwhile day if I have...you name it, exercised, eaten in a certain way. Again, we set up these sort of rules for ourselves, but you don't believe that about other people that you really care about or respect that there is a little, you got to catch yourselves, that does not make sense then you are holding yourself to some standard for possibly unreasonable and unhealthy reasons that warrants looking at.

Jen Fisher: What are some other ways that we can better proactively take care of our mental health?

Dr. Moutier: I would encourage every person to just think about what are the factors in your life that tend to stress you out the most and just do a little bit of work around what are the inputs into those factors. For example, right now one of the most stressful things going on in your life is your elderly mother who is ill and you have these assumptions that yes I am one of my three or four adult children, but the responsibility falls to me and I am obligated to do X, Y, and Z. Now, I have a whole build-up of resentment around that and you are feeling basically trapped and help us in your situation. I think trying to unravel that a little bit and finding out are the assumptions you have made that are set in stone that you actually can modify and I don't mean to stop taking care of your mother necessarily, but to have a conversation with your siblings or with her healthcare providers. To also think about the ways that you scheduled your life activities and your care giving activities where that all fits in and looking at ways to rejigger that, so that your own self-care activities might take a bit of a higher seat for a while. That's the other piece to it. Each person actually has to figure out what activities is it that really fuels me up the most because it is going to be somewhat different for different people.

Jen Fisher: We have talked a lot about stress and perhaps stress in the negative form. Now, there are positive reasons for stress as a matter of fact.

Dr. Moutier: I would reframe it a bit perhaps and think of the things that are really positive that are stressful are probably the things that brings us meaning and purpose. They drive us to sacrifice for them. We work hard, hopefully we find some meaning and gratification in our work in addition to earning a living by doing that. We make sacrifices for our significant others, for our children, for our friends, and our coworkers because it means something to us and being part of that relationship. I think there are many positive aspects to stress, another way to frame it is in terms of structure, like we think that we would be happier if we were just on the beach eating bon bons every day and the truth is every human being needs a level of structure to function

and to feel their optimal health and well-being. I know that sounds weird. If you think about stress in a different way, there is a chart of the most stressful events in a person's life and this is as measured by the cardiovascular association that measures impact on heart disease outcomes and those stressful events, some of them are very, very positive. They are getting married, they are having a child, they are moving out of the house for the first time, starting college. Basically, we human being are sensitive to transition and change and anyone of those moments represents tremendous change and some people are more sensitive to those transitions than others based on their genetics and other psychological sorts of underpinnings and factors. I am talking about both vulnerabilities as well as strength. We have a mixture of both in our internal beings.

Jen Fisher: So, would you say...it is not right to say that if you are in a stressful situation or job or role for a long period of time and in all cases it is going to lead to a mental health condition, that is not correct.

Dr. Moutier: No.

Jen Fisher: Is it more about how each individual is able to process and deal with that stress or the type of stress, obviously negative chronic stress overtime is going to have some impact on you, but there are people that thrive in a really high performing, high stress world or life and actually sometimes seek it...maybe that is appropriately or inappropriately.

Dr. Moutier: I will answer your question in a bit of a different way. As a group of employees or any population that we want to look at, there is going to be a mixture of types of health conditions and health vulnerabilities that may not have manifested yet and so whether they end up in this work environment or that work environment, may or may not impact the course of the manifestation of the health condition and the progression of disease where it goes from there. But what I would say is the individual as well as the environment both have to play a role. One way to look at this whole topic of workplace mental health is to think about that interaction between the responsibility that every individual has to be as healthy as possible and the responsibility of the workplace to create a culture and an environment that promotes that. Not as an afterthought, again because of our socialization and the stigma being so prevalent, it will not be that way. It will not be a healthier way without specific concerted efforts made by a workplace.

Jen Fisher: So, you can't just react when there is an issues or an incident.

Dr. Moutier: Right, we can be in reactive mode for a long, long time until we decide to get more upstream from there and actually take a look at, what do we do to put into place that will lead to healthier, actual culture, where these conversations are not only acceptable to have, but they are normal, they are encouraged.

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