

MENTAL HEALTH AWARENESS

Reinventing Mental Health Services in a Pandemic



The COVID-19 crisis has impacted the mental health of our entire community. It's hard to find anyone who does not feel some degree of anxiety and unease. But for those dealing with mental health concerns before the crisis, and those most vulnerable and at risk, there are special challenges to meet the need.

Mental Health America of Los Angeles (MHALA), one of LA County's largest and most comprehensive mental health agencies, reimagined ways of providing services during the pandemic. In the last two months, the agency:

- Created food pantries to feed participants in partnership with local organizations and restaurants.
- Partnered with local businesses for much-needed supplies for participants, including hygiene kits, masks and water.
- Facilitated mobile phones for those they serve so that

they can continue to receive therapy, case management and an array of services.

- Provided virtual field trips and group meetings.
- Provided health and medical information to assist participants to remain safe.
- Continued assisting hundreds of people living on the street to move into housing.
- Helped participants obtain newly created jobs.
- Partnered with the LA County Department of Health Services to identify and triage those with medical needs.

Using social distancing guidelines, technology and protective equipment, all services have continued uninterrupted. In March alone, MHALA served more than 6,400 individuals, including 3,567 people living on the street.

MHALA will soon launch Project Resilience, an effort to assist the community cope with trauma and its impact.

"We want to help people manage their own response to trauma and to be able to help others cope with trauma," said Dr. Christina Miller, MHALA's President and CEO. "Anyone can learn ways to bolster their own resilience."

Initially the program will outreach to students, first responders, the medical community and faith-based groups.

Project Resilience, and others of its kind, will be instrumental as we recover from this unusual moment in history. As the long-term impact of the pandemic remains to be seen, mental health services at MHALA will continue to adapt to the community's needs.

For more information about Mental Health America of Los Angeles, please visit mhala.org.

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NAMI Spreads Message: You Are Not Alone

NAMI asks the public to share their stories at [NAMI.org/YourStory](https://www.nami.org/YourStory)

With May being Mental Health Month, the National Alliance on Mental Illness (NAMI) has been working to raise awareness and highlighting the fact that no one experiencing a mental health condition should feel alone.

More than 40 million people in the U.S. face the day-to-day reality of living with a mental health condition. And now more than ever, in these uncertain times, it is important for the mental health movement to come together.

This year, NAMI's You Are Not Alone campaign focuses on the power of connection for those affected by mental illness. Collectively, we can make a positive impact on the millions of people who are struggling and feeling particularly alone given the current situation of social isolation and physical distancing.

The You Are Not Alone campaign features the lived experience of people affected by mental illness to reduce stigma, inspire others and educate the public on available online resources. NAMI is asking the public to share their own experience with mental health conditions by submitting their stories at [NAMI.org/YourStory](https://www.nami.org/YourStory).



Story. The campaign also builds connection and increases awareness through digital tools, such as our social media platforms, online support groups and the NAMI COVID-19 Information and Resource Guide, which is available in both English and Spanish. These resources make connection possible despite the current climate.

"Especially during this time of isolation, uncertainty and tragedy, it is vital that no one

feels alone in their mental health journey," said Daniel H. Gillison, Jr., CEO of NAMI. "The COVID-19 crisis not only shines a spotlight on our need for social connectedness, but also our need for real mental health resources. This Mental Health Month, NAMI is raising awareness to change our fragmented mental health system into one that serves everyone, so people can get the care they need."

During Mental Health Month, and espe-

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cially in times of uncertainty, the NAMI community is here to help. Together, the organization believe that we can realize the shared vision of a nation where everyone affected by mental illness can get the support and help to live healthier, fulfilling lives — a nation where no one feels alone in their struggle.

For the NAMI COVID-19 Information and Resources Guide (in English and in Spanish), please visit [NAMI.org/covid-19](https://www.nami.org/covid-19). For You Are Not Alone resources, please visit [NAMI.org/MentalHealthMonth](https://www.nami.org/MentalHealthMonth).

The National Alliance on Mental Illness is the nation's largest grassroots mental health organization dedicated to improving the lives of individuals and families affected by mental illness. Join the conversation at [nami.org](https://www.nami.org).

Report Explores Workplace Impact on Mental Health

In collaboration with the Faas Foundation, Mental Health America (MHA) last year released the 2019 Mind the Workplace report, which explores the relationships between supervisor communication styles, company culture of open and safe communication, and employee engagement and wellbeing.

The findings showed that supervisor communication and a company culture of safe and open communication are correlated with an employee's motivation, confidence, and pride. Among all employee wellbeing measures, pride was the most correlated with supervisor communication and a company culture of safe and open communication. Consistent throughout the survey - whether employees were happy or not - was the importance of supervisors. The majority surveyed however indicated that they did not think their supervisors regularly checked in on their workplace needs, with only half reporting they received enough guidance to perform their jobs well.

The Work Health Survey was launched in 2018 and closed last year. It was available to the public through MHA's website, as part of MHA's Screening Program. The survey included 15 questions exploring topics of supervisor communication, company communication culture, and employee engagement and wellbeing. The Workplace Health Survey collected 9,802 responses in 10 months.

"We know that company culture and engagement can affect employees' confidence and satisfaction with their jobs," said Paul Gionfriddo, president and CEO of MHA. "Management should take note — when supervisors support and provide their employees with guidance, it creates a company culture where employees feel equipped

and motivated to perform their job well."

When that doesn't exist, employees suffer. The report found that the majority of employees felt unmotivated at work, with almost two-thirds indicating that workplace issues negatively affect their sleep. Half of respondents engage in unhealthy behaviors to cope with workplace stress. Nearly half - 45 percent - look for a new job at least several times per week.

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Also troubling was the impact of negative organizational culture, with 54 percent of people reporting that they were not comfortable reporting dishonest or unfair practices to human resources or management; 60 percent decided it was safer to remain silent than to voice their opinion on improvements; and 55 percent reported they were afraid to take the day off to tend to their mental health.

"We know that overstressed and unhealthy employees contribute to unhappy workplaces," said Andrew Faas, founder of



the Faas Foundation. "But it goes beyond just whether employees are satisfied with their job duties — when individuals remain silent rather than voice concerns, when they are scared that they will be punished for taking care of their overall health — that is a red flag that we need to do more to improve overall workplace culture and engagement."

MHA and the Faas Foundation are committed to uncovering workplace disparities and addressing the psychological needs of

the workforce. The organizations seek to explore factors in work environments that influence employee engagement, workplace stress, and mental health. The research results help inform programs that can be developed and guidance we can give companies to make all workplaces in North America successful and healthy.

To review the full 2019 Mind the Workplace report, visit [mhanational.org](https://www.mhanational.org).

When Caregivers Need Care

Caregivers less likely to access needed services, have health insurance, study finds

People who regularly care for or assist a family member or friend with a health problem or disability are more likely to neglect their own health, particularly by not having insurance or putting off necessary health services due to cost, according to a study published by the American Psychological Association.

“Caregivers provide tremendous benefits for their loved ones, yet they may be at risk for lacking access to needed services which puts their health in jeopardy,” said Jacob Bentley, PhD, of Seattle Pacific University, co-author of the study. “We found that caregivers were more likely not to have health care coverage or forgo needed medical appointments and services. They were also at an increased risk for experiencing depression in their lifetime as compared with non-caregivers.”

The study, published in the journal *Rehabilitation Psychology*, focused solely on people who provided care to family and friends, not professional caregivers.

More than 43 million adults in the U.S. function as caregivers each year, according to data cited in the study.

“Informal caregiving provides enormous economic value to our society because if we were to replace informal caregiving with formal, paid caregiving services, it could cost the country upwards of \$600 billion in wages for home health

aides,” said Bentley. “Despite the economic benefits for society and valuable assistance provided to care recipients, attention must also be given to caregivers’ own financial, physical and emotional challenges.”

The study used data from more than 24,000 people who participated in the Behavioral Risk Factor Surveillance System annual phone survey conducted by the U.S. Centers for Disease Control and Prevention. Most participants were white women under 65 earning between \$10,000 and \$70,000 per year. Half were employed, half were unemployed or retired.

Participants reported that they had provided regular care or assistance to a family member or friend with a health problem or disability within the 30 days prior to the survey. More than half of the participants provided care for up to eight hours a week, typically doing household tasks such as cleaning, managing money or preparing meals. The vast majority indicated that they did not need support services, such as support groups or individual counseling, suggesting a need for additional research into alternative support services that are prioritized by caregivers, according to Bentley.

Participants were also asked if they had health insurance, if there was a time within the 12 months before the survey that they did not see a doctor because of the cost and if they had ever been diagnosed with a depressive disorder by a health care provider.

“Caregivers had a 26% higher risk of not having health care coverage, compared with non-caregivers, and they were at a significantly higher risk, a 59% additional risk, for not going to the



doctor or getting a necessary health service due to cost,” said Bentley.

Further, one-fourth of the caregivers reported that they had been diagnosed with a depressive disorder by a health care provider at some point during their lives, representing a 36% increased risk over noncaregivers, according to the study.

“Also, nearly 30% reported experiencing at least one limitation to daily activities because of physical, mental or emotional problems,” said Bentley.

Bentley and his colleagues believe that some of these disparities may be due to financial barriers experienced by caregivers. Previous research has indicated that their duties may interfere with their ability to seek employment outside of the home or advance their careers due to the need for flexible schedules to accommodate their caregiving responsibilities, he said.

“While we expected caregivers to be more at

risk in these areas, we were concerned to learn of the extent of these risks and barriers to health care access encountered by caregivers,” said Bentley. “Given the scope of difficulties acquiring health care coverage and utilizing needed services in this large national sample, we believe our findings warrant additional research and likely the development of low-cost and accessible services that meet the multifaceted needs of caregivers.”

“At a broader level, these findings can serve as evidence for policymakers focused on public health agendas because they have the power to develop policies aimed at reducing financial burdens and health care service gaps among caregivers who are vital not only to those in our communities who need care, but also to our overall health care economy,” he said.

Information for this article was provided by the American Psychological Association.



Fundamental health starts here.

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of Los Angeles

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