No Work, Big Worries

With politicians of all stripes focused on jobs—and the lack of them—Sane editor, David Evans, spoke with A. Kathryn Power, M.Ed.—director of the Center for Mental Health Services at the Substance Abuse and Mental Health Services Administration (SAMHSA)—about the toll the recession has taken on people's mental well-being, and what business "warriors" can do to stay strong in the face of challenges.

July 23, 2010 By David Evans

SAMHSA reported an increase of about 30 percent in the volume of calls to the National Suicide Hotline in 2008 and that a substantial proportion of people said that economic conditions were the primary reason for their distress. Has Have the volume of calls and subject matter call volume stayed high or has it gone downchanged in the last past year?

The high level of calls to the National Suicide Hotline has remained higher through 2009 and into 2010, and the percentage of people who cite the economy as the reason for their call is holding steady at about 28 to 30 percent. They're basically talking about their fear, their uncertainty, their concern about the potential for a job loss or an actual job loss. They are not necessarily talking about suicide, but they're calling to express their concern about the lack of control over their life, what are they going to do about it, how are they going to help their family members, how do they talk to their children about being unemployed—those kinds of things.

What about in the workplace, what are we seeing there in terms of people seeking help for mental health?

The National Business Group on Health tells us that the referrals to employee assistance programs [EAPs] for mental health concerns are up by about 15 to 30 percent, and we're also seeing an increase in requests for services to the providers and the agencies that receive grants from SAMHSA. We're seeing a greater number of people citing their economic condition as one of the reasons why they may be seeking help from a mental health or substance abuse agency.

Data show that long-term unemployment can significantly affect a person's mental health. Can you expand on that?

Generally people handle short-term unemployment fairly well. Anything over six months you tend to move into another level of stress. It begins to affect your confidence level, your ability to sustain relationships and your sense of being in control of your life. It certainly predicts the fact that you

might have higher levels of depressive symptoms, and the longer the duration of the unemployment, the more difficult these symptoms become. We also have evidence from some of our programs of an increase in domestic violence, and we know there is an increase in fractured family relationships. There's an increase in irritability, anger, drinking and in the use of drugs. So the short answer is that the longer you're unemployed the more susceptible and vulnerable you are to depressive symptoms, and particularly to anger.

We are very concerned as an agency that the level of unemployment has sustained itself for a long period of time at around 10 percent. And the economists are basically saying that we're probably in this for a fairly long haul if you look at the predictors of other recessions. So that means that the unemployment rate itself may not decrease very rapidly. What we have to do is essentially create a whole host of new jobs, and that's hard to do when you have industries that are basically not existing anymore, like the auto industry, the banking industry and the media industry.

What about people who still have their jobs, but feel that their jobs are vulnerable? People who feel they have to perform at an even higher level than normal just to keep their job. How does that affect a person's mental health?

It clearly affects their mental health status in the sense that they have to do some sort of psychological adjustment, to adjust to feeling like they may be under scrutiny or have to perform at a higher level. For example, my sister just went through a merger of companies and everyone in both companies [isn't] sure what's going to happen, so everybody feels like they have to step up and perform at a level that will be much higher than perhaps they did before.

There can be positive aspects to that, and many people handle that very well, but there can also be those individuals for whom that extra burden and additional stress causes them to have more concern and worry over the future. And frankly, sometimes it is worse having this thing hanging over your head and worrying about it than having the actual loss of your job, because the worry itself stresses your relationships, stresses the way you behave, and can really affect your family in ways that are very significant. Certainly if you are the main source of economic stability for your family this can have an impact on your spouse, or your family members. I think that's one of the reasons we're seeing people going to EAPs more, or seeking counseling and support services, because they're trying to just manage this additional stress when in fact the economic news is not all that good. It's not like somebody is saying to you, "Well, just get through this, and in a month it will all be better." People just can't see the end of this.

About half the people who need mental health services actually get those services. I'm wondering, especially when you talk about mental health in the workplace, how much of a role does stigma about mental illness play in keeping people from trying to access services?

One of the things we've tried to do [at SAMHSA] is to reframe the stigma discussion, because we think that every time we talk about stigma we further stigmatize the issue. We say first of all that

individuals with mental illnesses can make a contribution to society, that people can recover, and that we should do everything within our power to support individuals with mental illnesses and substance abuse disorders because they are like any other health condition.

What we encounter are tremendous myths about mental illness and substance abuse disorder. What we encounter is discrimination. What we encounter is fear. And those are the ways we define the issue of stigma. We see it in terms of myths people hold on to, we see it in terms of discriminatory policies, we see it in terms of fear and isolating behaviors, we see it in inaccurate media portrayals of people with mental health illness and substance abuse disorders. And we really need to overcome all of that.

By the way, people with mental illnesses and substance abuse disorders have to overcome those things too. They have to be able to step out and say, "I'm ill, but I can manage my illness. I'm not the same as my illness, I am first and foremost a person, and I in fact am capable of being a part of society. I am capable of having my own recovery."

It seems to me that public attitudes are changing about mental illness. Would you agree?

Absolutely. You're right on target. I think that public attitudes have changed significantly, certainly over the last 30 years, and specifically over the last 10 years. This is partly because of brain science—we can take pictures of the brain and see what actually happens in the brain. And [that had led to] this greater acceptance of individuals who may have some sort of psychological disorders, of people who may have very common forms of phobias, for instance, or depression. And [we accept] that these are really common illnesses.

That's what people don't really understand, that [these disorders] really are pretty common, and that you can get treatment for [them] and move on. And I think it's the more serious illnesses—the 1 or 2 percent who may have schizophrenia, for instance—that can lead to misperceptions. But there's a much larger percentage of people that have depression, which is the most statistically visible. And I think you're right—there's this sense that in this stressful world it's not uncommon to have some sort of mental condition. You just have to be aware of your mental health status and know when is the time to seek some assistance.

I've read that men and women might experience mental illness differently, or certainly deal with it differently. For instance, men statistically seem less likely to report depression but are more likely to have substance abuse disorders. Is that true?

The reality is that there are definitely difference between genders on health and help-seeking behavior. And the differences in gender are true for both physical and mental health issues. So the notion of gender being a driver for the seeking of behavior or the not seeking of behavior is very true. Generally, men have a more difficult time articulating when things are bothering them, and they generally have a more difficult time asking for help. And that's true again on both the physical and mental health sides.

In addition, women more generally will seek a socializing environment in which to deal with some of their issues. They may confer with their sisters or their mothers, or a group of other women, and try to deal with sorting through some of those physical and mental health issues before they might seek outside help. But they are much more likely to seek outside help. The difference in the genders then also provides the basis for looking at the differences between ethnic groups or different races or people who speak English and people who don't speak English. And people who have been exposed to trauma. And so all of those factors have a role in whether or not people seek out care, but there are bona fide studies that show statistical differences in gender, racial groups and ethnic groups.

I find it ironic that men so often say they have to be strong for their families, and yet the symptoms of their untreated depression and anxiety can be quite hard on a family. How do you help men understand that?

Often the way to reach people is in terms of saying, "You need to accept responsibility, but you also have to allow yourself to be human."

This addresses how they define their roles in their families and society. So if they see themselves as the breadwinner and the caretaker, then you can appeal to those roles in terms of saying, "In order to be a healthy breadwinner, and a healthy caregiver, or a healthy caretaker, you need to be in as healthy as you can be."

You're not trying to isolate them and say, "There's something wrong with you." [Instead, you say,] "These are very common disorders—oh and by the way, we have a lot of work we do with veterans and the Department of Defense and the real warriors." The "real men seek help" kind of message is really resonating across a lot of those men. The fact is that we have to message it in such a way that is says, It's the real men that seek help. Because the real men are the ones who understand that they have a responsibility to themselves, to their unit, to their family to be mentally whole.

There's a powerful campaign that the Veterans Administration and the Department of Defense are using to encourage help-seeking behavior [among military personnel]. "Real Men, Real Depression" is another campaign that the National Institute of Mental Health did that appealed to executives. Terry Bradshaw from the NFL and a number of chairmen of several corporations in that campaign basically said, "You know, I'm a real man, and I have real depression. I seek help for this, and it's made me a better person. And I'm more on top of my game because I'm in charge."

It's the control issue. It's this notion of control, and as people lose control of themselves, therefore that affects their performance and their ability to be good managers and good executives. If they can regain their sense of control about what's happening to them, then they become better leaders, better managers, better family members, better spouses, better caretakers for their children.

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