

Making Mental Health a Business Priority

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>> Welcome to Disabilities At Work Radio where every week we explore issues, ideas, initiatives and innovations involving the employment of people with disabilities. We feature employers that go beyond compliance in supporting people with disabilities in the workplace and elsewhere. We bring you prominent members of the business community, service providers, government officials, researchers, educators and people who successfully manage their disability and careers. Join us now for Disabilities At Work.

>> RAY ZARDETTO: Hello. I'm Ray Zardetto and welcome to Disabilities At Work Radio here on the VoiceAmerica Business Network. Each week at noon Eastern Time, Disabilities At Work

explores the issues, ideas, initiatives and the innovations involving the workplace and people with disabilities and discusses them with the prominent members of the business, government and disability communities.

Disabilities At Work Radio is brought to you this week by two distinguished organizations dedicated to improving the lives of the disabled; the Kessler Foundation and the New Jersey Division of Disabilities Services and we will talk more about both them later in the program.

Today the issue, the discussion, will be around mental health. Mental health as a business priority, mental health as a portion or a segment of the Disabilities At Work discussion, and to start the discussion today I'm happy to be joined by Dr. David Shern, President and Chief Executive Officer of Mental Health America. So, first, doctor, let me welcome you to the program.

>> Dr. DAVID STERN: Hey, it's great to be with you.

>> RAY ZARDETTO: Thank you for joining us. And we want to get into a number of questions about what Mental Health America is, what it does and the implications of, of everything, but let's first start with just a simple definition of what we mean when we talk about mental health.

>> Dr. DAVID STERN: Well, mental health is more than just the absence of mental illness. You know, sometimes the two terms get confused with one another and today we are actually going

to talk a lot about mental illnesses. But mental health is -- captures sort of the overall state of wellness that an individual has in terms of participating in the important aspects of his or her life. So it has typically an emotional component to it, that's how you feel. It has got an intellectual component to it; it's how you are thinking. Uh, some people have a spiritual component that is associated with their mental health. But I think the best way to think about it and to measure it is the degree to which you are fully engaged in the important aspects of your life and mental illnesses can interfere with your ability to be fully engaged.

>> RAY ZARDETTO: So we are talking a very broad based definition here, it's both organic and psychological then; it can be either or both?

>> Dr. DAVID STERN: Right. You know, what we are increasingly wanting to do is to understand that there are certainly psychological concepts, but most of them have an organic basis, probably all of them have an organic basis and so one of the things that we work on in our organization is trying to get us away from thinking in what we call dualistic terms, that the mind is different than the body, because they are inextricably interwoven with one another.

>> RAY ZARDETTO: And is that part of what led you to start Mental Health America?

>> Dr. DAVID STERN: Well, we started -- Mental Health America

is actually about a hundred and two years old. It was founded in 1909 by a person who had bipolar illness, a fellow named Clifford Beers, who had some very, very bad experiences in the Connecticut hospital system, came out with a desire to reform, uh, the system for people who had mental illnesses and was joined by a very famous psychologist named William James and a very well-known psychologist named Adolf Meyer and they formed what has become Mental Health America with the goal of both improving the treatment of individuals who had mental illnesses and also improving the overall mental health of the population through preventative interventions as well as treatments.

>> RAY ZARDETTO: And so, so, the organization itself is well over a hundred years and so I imagine it has seen, and those who have been involved with it have seen, scores of changes since that time. I, I assume --

>> Dr. DAVID STERN: Enormous changes.

>> RAY ZARDETTO: Enormous changes, yep.

>> Dr. DAVID STERN: You could imagine, you know, we have gone through several cycles of reform of the mental health systems in the United States. We are going probably through and will reflect back on this time in a few years and probably see that we are going through yet another major cycle of reform as some of our science gets developed to the point where we understand how mind and body are related at a much more powerful level and we start to intervene more powerfully to get people well and to

keep them well once they are well.

>> RAY ZARDETTO: Mm-hmm.

>> Dr. DAVID STERN: But it's been a -- we have a tumultuous, tumultuous history in this country in terms of the way we deal with people who have mental illnesses.

>> RAY ZARDETTO: Why do you suppose that is?

>> Dr. DAVID STERN: Well, it's interesting historically because, you know, I think that there was a time when people who had mental illnesses were thought to have some sort of a -- some sort of a possession or a disorder of their spirit that involved something that wasn't a treatable illness, or at the time it was thought to be something volitional, that people chose to have these kinds of conditions, and as our sciences advanced and our ability to measure the functioning of the brain in the person have gotten more and more sophisticated. We have come to understand that mental health is integral to overall health and productivity and that mental illnesses clearly have a biological basis.

So our knowledge has increased. As it increases, uh, we have become more sophisticated in terms of the kinds of services that we offer, both to keep people well, to make them and keep them healthy, as well as to treat them when they become ill.

Um, we have had big changes in terms of our healthcare reimbursement systems and how we pay for healthcare, which has,

along with new medications and sort of new treatment and social philosophies, allowed us to dramatically downsize the size of our state hospitals. In the 50s there were about a half a million people in state hospitals. Today we have about 40,000 people, uh, residing in those institutions. And as our financing changed and provided states an incentive to start shifting some of the burden of treatment for people with severe illnesses onto the federal government, we went to a much more community based treatment system.

Now some of the challenges we are dealing with today are the fact that although we only have 40,000 people in state hospitals for the treatment of mental illnesses, we probably have about 320,000 people in our prisons who have significant mental health problems. So we continue to have challenges.

You know, there are some who would argue that we trans institutionalized people with mental illnesses and addiction disorders into the prison system. So it has been a tumultuous time. There has been a lot of good news. We now know that people can and do get better with treatment, but we haven't got our systems of care developed to the point where we can reduce things, bad outcomes, like incarceration and premature death for people with severe mental illnesses.

>> RAY ZARDETTO: Okay. Let's focus the discussion a little bit now on the workplace of mental health because I know that is one of your focuses as well. It would probably be

surprising to a lot of businesses or business owners that when we discuss mental health as we have here that, um, it is a productivity impact in terms of how mental health affects employees and therefore how it affects the bottom line of businesses. Have you found that that's the case?

>> Dr. DAVID STERN: Absolutely. It's one of the major contributors to lack of productivity, absenteeism, et cetera, et cetera, and mental health and mental illnesses don't -- often times are accompanied by other health conditions or secondary to other health conditions, in which case they have a really traumatic impact on worker productivity.

>> RAY ZARDETTO: And are there, are there a couple of mental conditions that are much more prevalent than others that affect the workplace?

>> Dr. DAVID STERN: Yeah. With depression, um, it is the most prevalent mental health condition. Uh, anxiety disorders are quite prevalent, as are addiction disorders, you know, alcohol, uh, or other substance, uh, abuse.

>> RAY ZARDETTO: When we talk about either depression or anxiety disorders, let's distinguish those from somebody who has an anxious feeling or is nervous about being at work as many people do, this is something beyond that, right?

>> Dr. DAVID STERN: Right. Well, you know, these syndromes exist on a continuum, and so there are elements or components that are similar. And, anxiety, for example, uh, is

characterized by repetitive thoughts of thinking the same thing over and over again by a generalized sense of panic as though you are in danger or under attack, but where there is no clear reason to believe that you, in fact, are, are under attack.

And so those emotions are emotions that everybody feels, I mean people know what it's like to be afraid, and that can be a graded response. They know what it's like to feel as though your thinking is not clear or you just keep going over the same thought repeatedly. But when somebody has a mental illness, those are persistent experiences that people have, in the case of anxiety disorders, and they're -- remember we talked about mental health have to do with the full ability to participate.

>> RAY ZARDETTO: Right.

>> Dr. DAVID STERN: Mental illness, in contrast, is characterized by those kinds of signs and symptoms causing people to be less able to attend to what is important to them, less able to attend to their family or to their job, uh, or to other aspects of their normal daily activities.

>> RAY ZARDETTO: And so let's just, keeping that and taking it to the next logical question then, someone who may be suffering from one of these problems, how does it manifest itself in the workplace? What would an employer or, you know, a peer or someone see, um, if they are working with someone that may be afflicted by one of these?

>> Dr. DAVID STERN: Well, I think, you know, that for

depression, for example, the kinds of symptoms that characterize it are sleep disorders. Not that -- so that people who have trouble with staying awake at work or are reporting that they are always just sort of really tired or drug out, uh, might be having problems with depression as well as several other things can cause sleep disturbances. People who are, are withdrawn, who don't sort of, it is normally interact sort of beyond shy that are kind of nonresponsive that could be another sign or symptom.

Changes in the way that people act, you know, people start to lose interest in stuff that has traditionally interested them. So, one of your coworkers is just really, that used to really be a sports fan or really like to talk about movies or activities that they engaged in over the weekend and they just don't seem to take joy in that anymore, and big changes in appetite.

So all of these things are kinds of signs and symptoms of mental illnesses, depression, in this case, that can also obviously affect the degree to which somebody is -- can be productive in the workforce and really an effective member of a work team.

>> RAY ZARDETTO: And do you have any estimate as to how much business in the United States loses to, you know, the lack of or the drop in productivity because of these ailments?

>> Dr. DAVID STERN: It's interesting, Ray. You know, the best

estimate was done in a national study, a national survey, so it doesn't rely on people appearing in treatment environments.

>> RAY ZARDETTO: Right.

>> Dr. DAVID STERN: An epidemiologist researcher at Harvard named Ron Kessler, and Ron was looking specifically at the more severe mental illnesses and estimating what our loss of productivity was associated with the most serious mental illnesses, and his estimate is for 2002 and in 2002, he estimated that that was 193 billion dollars a year.

>> RAY ZARDETTO: And that was almost ten years ago.

>> Dr. DAVID STERN: That is right, exactly. So what we do to kind of benchmark that, to make it and give it - because I mean, that is -- anybody would notice if that money showed up in their checking account. We don't have a good sense about how much is 193 billion. In 2002, only one company in the Fortune 500 had gross revenues greater than that, and that was Wal-Mart. If we trend that number forward to 2009, uh, Exxon Mobile and Wal-Mart now have net revenues, gross revenue, I'm sorry, which exceed the amount of productivity we lose, uh, from people who have severe mental illnesses.

So you can see that benchmarks in a way so it's like losing a Fortune 10 company every year, one of the biggest industries in the United States. So it's a substantial amount of money and that's only serious mental illnesses. So if you added other mental conditions, the estimate would go higher.

>> RAY ZARDETTO: Wow. Well, we need to take a short break. We will be back to talk more about this, I think this is a very fascinating discussion, very relevant too. We will have some other guests who will be joining us, but first we need to take a break and we will be back in just a moment. This is Ray Zardetto and this is Disabilities At Work Radio.

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site, Disabilities At Work. Also visit disabilitiesatwork.org.
Welcome back.

>> RAY ZARDETTO: And welcome back to Disabilities At Work Radio here on VoiceAmerica's Business Network. The show this week is brought to you by the Kessler Foundation and the State of New Jersey's Division of Disabilities Services.

I'm Ray Zardetto and today we are talking about mental health in the workplace and how it relates to other chronic conditions, physical conditions, heart disease, diabetes and other diseases, and how this has an impact on the workplace, on employees, and on employers.

And we have been talking with Dr. David Shern, President and CEO of Mental Health America, and we are going to bring in some other panelists now to enhance and broaden the discussion. So let me first introduce Bob Kley, Vice President of the Mental Health Association of New Jersey. Bob, welcome.

>> BOB KLEY: Thank you. Great to be here.

>> RAY ZARDETTO: Thank you. I'd also like to introduce Eric Arauz who is Employer Outreach Specialist and Trainer liaison between Mental Health New Jersey and the business community. Welcome Eric.

>> ERIC ARAUZ: Hi, how are you?

>> RAY ZARDETTO: Very good. And finally, last but not least,

Andy Germak who is President and CEO of the Mental Health Association of Morris County in New Jersey, he is also joining us. Andy, thanks for being with us.

>> ANDY GERMAK: Well, thank you, very good to be here.

>> RAY ZARDETTO: Very good. And I'm going to bring all three of you into this discussion again, but I have one more question that I'd like to post to Dr. Shern first, and that is about your fundamental health initiative. If you could explain that to us for a moment, what that is and what it is about.

>> Dr. DAVID STERN: Well, it's a public education campaign that we have assembled and now have delivered at ten large communities around the United States, including with our colleagues in New Jersey. And it's a campaign that is directed towards, uh, industry leaders and human resource management professionals. And what we do in it is, number one, demonstrate what I think is now reasonably well know, and that is that we have a very expensive healthcare system in the United States and one that underperforms most all of our Western developed nation competitors. That is fact one.

Fact two is that three quarters of the expense, 75 percent of our expenditures on -- for healthcare in the United States are for chronic diseases.

Fact three is that mental health and substance use are the most chronic diseases because they start in adolescence typically. Half of everyone who is going to have a diagnosable

illness in their life will have it by the time they are 14, but they won't be treated until, on average, until they are 24. So during that ten-year period, lots of disability occurs, people lack academic achievement, they are depressed, their occupational achievement ultimately also suffers. Um, and so those, these disorders are the most disabling conditions, they cause twice as much overall burden of disease in the United States than heart disease, just to give you a sense of the impact of them. Not only are they disabling when they occur alone, but they are the most common conditions to occur with other health conditions. So if you have heart disease, your most common other kind of illness, if you have a second illness, will be either anxiety or depression. The same with diabetes, same with hypertension, et cetera, et cetera.

>> RAY ZARDETTO: Right.

>> DR. DAVID SHERN: Now when someone has both of these conditions, it typically doubles their -- triples their medical expenditures. Uh, and these conditions are under recognized and under treated. We have some data to indicate that when they are appropriately recognized and treated, not only do you get large improvements in terms of how people are doing in their health, but you also get substantial reductions in healthcare expenditures.

So in the fundamental health presentation, we paint that picture. We tell them that the bad news is that we have an

underperforming healthcare system, chronic diseases are critical components, we don't recognize them or treat them well, the good news is we know an awful lot about what we can do to effectively treat people with mental health and addiction conditions and also to prevent them from becoming ill through workplace wellness programs, and that the science now is very strong, uh, that well implemented treatment services and well implemented, um, workplace wellness programs have a strong return on investment.

In terms of workplace wellness, the best studies, and these have been involved corporations from the Citicorp on one end down to much, much smaller organizations on the other, um, they estimate that there is about a six to one return for every dollar that is invested, about six dollars is returned in terms of employee productivity, less absenteeism, et cetera, et cetera.

So it's a program to introduce people to these concepts and then to introduce our mental health associations and Mental Health America affiliates as community partners who can help them improve, uh, their overall health productivity and better manage their healthcare expenditures.

>> RAY ZARDETTO: That's actually a good segue to Bob Kley because I wanted to ask him since Dr. Shern gave us a very, very good overview of this and, I think, it speaks somewhat of a national voice, how do you distill this down to a state-wide

level, which is what, of course, you do as being part of Mental Health Association in New Jersey?

>> BOB KLEY: Well, the statewide association, we are 63 years old, so we are almost as old as the Mental Health America and we have been an affiliate with them from the beginning. We have really taken employment as one of the major issues for us over the past eleven years. We have been looking at it from a variety of different ways of how we can work with people, helping people get back to work, how we can get mental health information to work with organizations like the Department of Labor, the One-Stop Centers, and really build the fact that employment is part of wellness and recovery.

I think Dr. Shern really clearly pointed out the fact that we are looking for mental health, we are looking at mental wellness and that we really see employment as really part of anyone's recovery and maintenance of their wellness.

>> RAY ZARDETTO: Mm-hmm.

>> BOB KLEY: So looking at this issue, um, we have been trying to work as effectively as, I think, we can in reaching out to employers. I think the stigma of mental illness that the doctor talked about, which has been there for a long time is starting to break down and has really limited opportunities for our information to get to employers, to start looking at some of these issues. And we wanted to start at the beginning to expand our contacts with employers and educate them on what

wellness is, what mental illness is and what some of the impacts are.

We have started this process a few years ago. We have done annual employment luncheons where we have brought together individuals with mental illness who have returned to work after having episodes of mental illness, and we brought back employers in who have hired consumers, trying to break down that stigma that people with mental illness can be and are excellent employers.

And so in 2009 with the fundamental health initiative, we found that this is an excellent opportunity to really focus that information on employers. So that also, I think, was, you know, multiplied by the fact that the economic downturn over the last few years. We start to see much more incidences of depression at work, people obviously these situations, the economic situations, make more situational depression and situational anxiety coming into the workplace that, you know, starts to highlight the fact that depression and anxiety are factors.

So to kick off our participation with Fundamental Mental Health, we held an employer breakfast at the end of 2009 that Dr. Shern attended and we started to -- we started to see for the first time, uh, companies interested in this issue. I think going to -- starting to address the fact of what the impact of on the bottom line of mental health in the workplace

can be, mental illness in the workplace. The arguments of how some of the issues have co morbidity with other illnesses, with mental health and diabetes. Those issues started to get some interest among employers and we began that process with about 85 companies and organizations coming together.

>> RAY ZARDETTO: And these are all in New Jersey?

>> BOB KLEY: All in New Jersey. Some of the HR organizations, professional human resource organizations, organizations like associations for things like corporate wellness came together, and we actually brought together academia in New Jersey. Our Rutgers School of Labor and Management attended.

So we are starting to see the idea that mental health is an issue in the workplace and starting to really come to the head. And it was an important first step for us to start really getting access and so we can really have a face-to-face communication with HR directors, supervisors and employees and start some of the - and getting some foothold to getting a dialogue on this issue as well as talking about workplace wellness issues.

>> RAY ZARDETTO: Okay. And so we have talked about it at the national perspective with Dr. Shern and now the statewide perspective, in this case New Jersey, with Bob Kley. So Andy, I'm just wondering now as present CEO of the Mental Health Association in Morris County, at the county level now, how do you deal with this and how is it different from what Dr. Shern

or Bob Kley was just talking about?

>> ANDY GERMAK: Right. Well, we operate along the very same continuum that Dr. Shern and Bob Kley laid out for you, um, we are a local affiliate of Mental Health America, and we have been around for just over 50 years and we are representing a county which sits about 40 miles west of New York City.

>> RAY ZARDETTO: One of the more affluent communities, by the way, right?

>> ANDY GERMAK: It is. Actually, we were recently ranked the seventh wealthiest county in the country, but juxtaposed with this statistic is the fact that each year we work with over 2,000 individuals with serious mental illnesses here in our county, so I think the message there is that mental health affects many people, actually the statistics are that one out of every four American adults can be afflicted by a mental illness in any given year. And --

>> RAY ZARDETTO: One out of four, did you say?

>> ANDY GERMAK: Yes. I believe that's a statistic from the National Institute of Mental Health. And so we see that here at the local level, the fact that we are working with many individuals with severe mental illnesses even though we may be in one of the wealthiest countries in the country.

What we do here locally is on the programmatic level, we started a program called Project A.C.E. That is an acronym that stands for Advancing Consumer Employment. We started this

program in March of this year, 2010, with some generous funding from the Van Ameringen Foundation and then the goal of this program is to help our clients who live in supportive independent apartments in the community, to help them to obtain and maintain competitive jobs in the community. And we have been doing this for about six months and have been quite successful in partnering with local small businesses to employ our consumers.

>> RAY ZARDETTO: Alright. So we get the idea from the local, the state and the national level. And what I'd like to do after we take our next break, which unfortunately I have to do now, but when we come back, I'd like to talk to Eric a little bit. Because based on what he does and I think and the way he does it we can probably fairly say that, Eric, you are in the trenches on a lot of this, would that be correct?

>> ERIC ARAUZ: That would be absolutely correct.

>> RAY ZARDETTO: Okay, good, I think that will be an interesting perspective to mind in the discussion on that level when we come back. So we are going to take another break. And when we come back, we will talk with Eric a little bit about that.

Let me just remind all our listeners, if you can, please listen to Disabilities At Work Radio on our tweam, which is DisabilitiesAt. D-i-s-a-b-i-l-i-t-i-e-s-A-t. That is our tweet address. And also, if you are so inclined, please friend us at

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I'm Ray Zardetto and we will be back with more. This is Disabilities At Work Radio.

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>> RAY ZARDETTO: We are back on VoiceAmerica's Business Network and this is Disabilities At Work Radio and I'm Ray Zardetto.

Today's show is sponsored by the Kessler Foundation which is dedicated to improving the lives of the disabled. It does so through the rehabilitation research done by the Kessler Foundation Research Center and through the work of the Kessler Program Center which prepares the disabled for demands of the workplace. If you want more information on this, please visit their website at www.kesslerfoundation.org.

And today's show is also sponsored by the New Jersey Division of Disabilities Services which is part of New Jersey's Division of Human Services, and this division focuses on helping people who have become disabled as adults so they can live more independently in their communities. And Disabilities At Work Radio thanks both the Kessler Foundation and the New Jersey Division of Disabilities Services for their consideration and sponsoring this week's show.

We are back now to talk more about mental health and the workplace and we haven't had a chance to talk with Eric Arauz who is an employer outreach specialist and trainer liaison between the Mental Health Associations that we have talked to so far in the show and the business community. So as we said before the break, Eric, you are kind of right there in the

trenches. And I'm just wondering, as you make this information available to employers and you roll out, I'm sure, some of the numbers and the stats we have heard, what kind of reaction do you get?

>> ERIC ARAUZ: Well, initially the reaction has been positive because of the information that Dr. Shern was able to put out with the idea that we are looking to bring into the discussion about mental health and work, we are now making it a discussion about a value-added process and a return on investment.

>> RAY ZARDETTO: So what do you mean by value-added process?

>> ERIC ARAUZ: Meaning that, instead of just coming in as a nonprofit organization and saying we would like to talk to you about a certain situation for the good of the people there, we can actually come in with a business discussion and say if you look at mental health, we will add value to your company, not just simply to discuss mental health for the sake of discussing it.

>> RAY ZARDETTO: Mm-hmm.

>> ERIC ARAUZ: And that opens many more doors because now we are on the same playing ground as other people coming and trying to get the attention of companies. And when you can show return on investment, that Dr. Shern does, then they are willing to listen because they see it as an issue that is now somewhat treatable and also something that will add to their bottom line and its opened up the discussion for more

involvement with the Mental Health Association in New Jersey as well as a discussion on how they can better improve their companies output rather than just simply treat sick employees.

>> RAY ZARDETTO: Mm-hmm. So you say - is it fair to say that the bottom line argument, if we want to put it that way, that a value-added argument as you called it, is that the argument that finally gets you past the stigma of this? That the fact that perhaps that because it's mental illness and maybe some people are not comfortable with that, they don't want to face it if they don't need too?

>> ERIC ARAUZ: I think that's a great point, one I hadn't actually hadn't actually thought of until right now, but, yes, it does allow us to usurp the discussion about it simply being a stigma or non stigma issue and just a financial issue.

>> RAY ZARDETTO: Mm-hmm.

>> Dr. DAVID STERN: In that case, because often times when I go in to talk many of the companies, the larger financial companies, don't necessarily want a discussion about serious mental illness or that, they want to talk more about a situational issue and how it's linked to the current economy and how we can help with the burn out and those things related to it.

So that's a great point and right on, because it allows a discussion to veer away from them being uncomfortable and allows all of us to really participate in helping that company

move forward.

>> RAY ZARDETTO: Alright, great. Um, I think at this point it would be great if we could open up discussion now with all four of our panelists and talk about some of the more broad issues again. One of the first questions I'd like to ask, and I'll maybe ask the doctor this question first, so Dr. Shern, compared to, say, twenty years ago, and I know this would only be your own opinion or whatever, but compared to say twenty years ago, would you say that the American workforce is physically and mentally healthier or less healthy in these last two decades?

>> Dr. DAVID STERN: I think that it's physically and mentally less healthy, uh, and that is in comparison to what we should be expecting.

Twenty years ago we had, in the United States, we were ranked eleventh in the world in terms of our average age of death or morality. Um, twenty years later, we are now 47th. So that just gives you a sense in the context of having the most expensive healthcare system, really illness care system, in the world, we have dropped to below Bosnia in terms of our overall morality, expected life expectancy.

So, it's like you said, it's a difficult question to answer in the abstract, but I think if you just look at overall population health, we lag developed nations on almost every indicator and typically we are near the bottom of the twelve or

thirteen developed nations that are included, uh, in these studies. So we have real reason to be concerned about this and this, of course, shows up in the workplace.

>> RAY ZARDETTO: So I open this up to anybody, again, what do you think are the one or two main reasons why we have seen the slippage that the doctor just described, what happened?

>> BOB KLEY: Well, I think our healthcare system is not based on any kind of preventive approach. I think that's one of the movements towards our healthcare reform is to get -- be more proactive about dealing with mental health and physical health issues. I mean, it's been an issue of access to care.

We have, I'm not sure what the number is, but it was 47 million Americans without healthcare. They really didn't have access to prevent proactively dealing with mental health issues and dealing with, um, physical issues. Mental health itself, just over the last few years from work of many advocates with the Mental Health America being one of the leaders, uh, it's just voting for national parity for access to mental health services and substance abuse services.

So there really hasn't been access to a lot of these treatments for services and access to anything by a large portion of our country, um, as compared to other parts of the world where there is more access to those kinds of services. I think that limits, um, you know, one of the reasons that we have and I think definitely the last three years of our

economic kind of downturn that has exponential increased the situational depression, the situational anxiety and other issues, again, with the economic fear of not having access to healthcare for many workers in this country.

>> UNIDENTIFIED SPEAKER: I think that's a really good point. You know, something else that we have heard a lot about recently is the increasing inequality between the very rich and the poor and sort of the slow, uh, absence of the middle class. I think one thing we now know and have very good science on is that people who live in a state of what is called chronic or toxic stress, and if you can imagine as your economic condition becomes more and more uncertain and as this difference between the rich and the poor gets greater, that causes people to live in a state of constant kind of activation, um, and we know that that literally causes brain damage given prolonged exposure to that kind of situation. So I think that some of this general inequity, uh, in terms of income distribution in the United States has contributed to the decline in health.

And as Bob said, we also have not been strong on preventive measures. We really have an illness treatment system and not a healthcare system so that the way we design, the way we pay for healthcare, the way we access it, all relies on people already having become ill, uh, but our greatest advances in public health have come from prevention. They have come from getting clean water, safe food, disposing of our

waste appropriately, vaccinations, as well as antibiotics, which are used for treatment, but the real advances have come from preventive interventions and that is something that Mental Health America has stood for, for the last hundred years, since we were founded and I think you are hearing more and more about it in current discussions.

So, I think there are a number of contributing factors, a lack of access and continuing discrimination that represents as well as -- this is my opinion, I don't know this for a fact, but this increasing level of stress and uncertainty caused by the overall problems and the structural problems in the economy made worse by what has happened over the last three years as well as not preparing people to be resilient, which is what you would do through a prevention program, have all contributed to our declining health status.

>> RAY ZARDETTO: Interesting. Andy, Andy Germak, I was wondering, because as you mentioned, you are active on this at a local, at a county level and one of the more influential and affluent counties in the country, um, what's the perspective you see there relative to what we were just talking about in terms of, you know, the breach between rich and poor on this thing? Do you find, do you find much of that where you are? Or do you find other reasons why this might be happening?

>> ANDY GERMAK: That's a very interesting conversation, and we find here locally, and I think that my panelists would agree

that the stigma related to mental illness really puts up an extreme barrier for people as they try to seek employment. I would argue that this is the number one barrier facing many of our clients who want to work. And one of the things that we focus on through Project A.C.E is trying to educate employers that we speak with about how mental illness and a person who has a mental illness as an employee does not, in any way, mean that this could not be a productive employee.

And it's actually been my experience working in this field for several years that clients who may have a severe mental illness who are placed in jobs and working in competitive environments are often times the best employees in the workplace. And I actually had local employers tell me that and I truly believe that if we want to talk about preventative solutions for folks with mental illness, offering jobs to people can be, I think, one of the most preventative measures that we can do to help mitigate the negative effects of having a mental illness.

>> RAY ZARDETTO: And I'm just curious, when you speak to the employers, Andy, and they, you know, they express either a reluctance or concern based on what you were just saying, what's the basis of this, is it because they think it would be more difficult to keep, to watch these employees or it will cost more money to have them on site? What's the basis of their objections?

>> ANDY GERMAK: I find it's often the mystery that surrounds mental illness, and mental illnesses are not apparent for the most part. So it's much different if you have an employee in the workplace who may have a physical disability, who may sit in a wheelchair and it's very apparent the accommodation that can be provided by the employer might be a different type of a desk or a different type of a work setting. With mental illnesses that don't manifest themselves always physically to an employer, I think they just don't understand, well, how do we respond? What if the employee shows up late for work a few days every week? What if they are not, you know, finishing their assignments? And we try to educate them and say, look, you may need to have a flexible schedule with that employee, if you can. Or you may need to set up some time for that human resources department to speak with this employee each week, if you can. So there are different types of suggestions we make to try to educate employers on how they can work with people with mental illnesses.

>> RAY ZARDETTO: Alright. Great. I want, when we come back after the next break, talk a little bit about where we see the most progress, what are the most progressive either companies or industries that have tackled this issue and maybe we can talk a little bit about that and some other things. So, we need to take one more quick break and I ask our audience, please stay with us. I'm Ray Zardetto and this is Disabilities

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>> RAY ZARDETTO: And welcome back to Disabilities At Work Radio. Remember that Disabilities At Work Radio can be heard each Wednesday at noon Eastern Time on VoiceAmerica's Business Network.

And we are here today talking about mental health in the workplace and we have had a fascinating discussion with our guests and we are going to continue it now. And I want to go back to Eric for a moment, Eric Arauz, to talk a little bit about some of the work he does, uh, in the trenches, as we say, as an advocate for the Mental Health Association and an advocate for employers both looking at the problem and taking steps to solve it.

And Eric, I think, um, you wanted to talk a little bit about a tool kit which you have, which I assume you use with the various businesses that you interact with.

>> ERIC ARAUZ: Yes. The Mental Health Association in New Jersey really steps forward in their involvement with me. I'm actually a national consumer advocate that has bipolar disorder that also has a master's degree in labor and employment relations, and Vice President Bob Kley sat down with me as they were preparing to have the breakfast was Dr. Shern to lay out what we could do with companies and involving this breakfast.

And what we found is that we put together a tool kit that involved five different sections where we would come in and sit with companies for free and do an overall evaluation of how they felt the mental health services were, allow them access to our employment institute and the different managers that we have to deal with on-site issues. We have, um, a statewide help line, which we would allow their customers and

clients to use, as well as a peer line. And then also just to keep up with them down the line to make sure that any issues that they had with mental health we could address. And we did that in conjunction with the Rutgers School of Management and Labor Relations, which is my alma mater, and their studies on the invisible disabilities to see what exactly they thought human resource professionals desired in the workplace to work in conjunction with EAP's and it's been received very, very, very well.

And it's allowed us, again, to move away from a simple talk of stigma, but more to the idea if you treat mental health as you would any other health issue and with the fact that it's co morbidity with the more serious diseases such as heart disease and stroke and hypertension, that you will improve your bottom line.

And the Mental Health Association of New Jersey has been a leader in the incarnation of such a tool kit as well as negotiating with someone such as myself who works on a national level, but wanted to come in and deal with employment issues on this state level and show that they don't have a stigma and that they would hire someone as public as myself to come in and deal with the companies and then help with the tools that they may need to move forward in this very tight economic situation.

>> RAY ZARDETTO: And I'm curious if this tool kit, does it provide a formula or an equation that allows an employer to

look at what kind of bottom line impact this program can have?

>> ERIC ARAUZ: Well, ideally, what we tried to do was work within a 21st century business model where we are not necessarily coming in with a designed product as much as to listen and see how we can add value with our services for each issue that they have that is unique to their company. We can show return on investment statistics, which we have gotten from Dr. Shern and we can show them why they would want to do this, but what we are trying to do is be more like any other company coming in consulting and say, what are your specific issues, we are an expert in this field, let us help you address exactly what is going on and partner from now until you decide that you would like to bring us in in a different level or move on. But, again, see what they feel is happening at this company because each company is different depending on age of employee, stress level.

There is an actual term in Japanese called karoshi, for death by overwork. And right now we have a much older work system and work population where people are doing more jobs at once and they are suffering more stress and more age related illness and accompanying that will come to depression that comes from being out of work that long.

So we are in a way being organic and involving with the company, working hand-in-hand with them, and showing the expertise that we have at the Mental Health Association of New

Jersey over the last 60 years, to really be a partner and a value-added tool in the process.

>> RAY ZARDETTO: And I'm wondering, Andy, on the level that you deal with the various businesses in Morris County, um, about how many, how many disabled persons have you worked with in Project A.C.E and the other projects that you have worked with?

>> ANDY GERMAK: Sure. We currently work with about 30 to 40 individuals in Project A.C.E., and these are all individuals that are actively seeking employment. We have been successful in placing several of them during this first six months at local employers, and for the most part, our employer partners are small businesses in the area, although we would love to develop relationships with larger firms.

Uh, we found success in going and speaking with small business and actually working with them to satisfy a hiring need that they might have where we can present qualified employees to that business and actually take the burden off of that small business owner to try to staff hard to fill positions.

>> RAY ZARDETTO: Are there particular kind of industries more than others where you do this?

>> ANDY GERMAK: Well, it really depends. We do have some retail positions that we have developed with the local retail employer here. We have also looked at some printing and

mailing types of jobs, some homecare jobs. So it really depends. Um, we try to match the job that a client is seeking and go out in the community and find that job at a particular employer.

>> RAY ZARDETTO: And, Bob Kley, I assume at the state level you work pretty much the same way?

>> BOB KLEY: Yeah, we try working a little bit more with some of the larger employer, HR organizations, trying to get in, onto that level and trying to present some of same information, some of the availability, the tool kit, talk about issues, I think, that are coming up nationally.

New Jersey has mental health parity law. We have a national mental health parity law that will impact on businesses because they will be required to offer parity between mental health and substance abuse services on the same level as physical issues. So that's something that we need to help focus issues on and they are focused on because this is a real opportunity for us to do the best we can to ensure that employers are offering a full and the most comprehensive level of mental health benefits and substantive benefits to employees as this national law takes effect. And in New Jersey, we have had that in effect for the last few years. But, you know, it's also compliance and how do you do that?

>> RAY ZARDETTO: Mm-hmm.

>> BOB KLEY: And whether some of the issues are involved and

what kind of plans make the most sense for your organization as well as the employee.

>> RAY ZARDETTO: Right. And so Andy, at the Morris County level, if there is a business interested in working with you and discussing this with you further, what's the best way for them to contact, um, the county association?

>> ANDY GERMAK: Sure, well, if you are listening and you are a business that would like to speak with us, you can reach us by phone at area code 973-334-3496. Or you can visit our website, which is www.mhamorris.org and get connected with us, and we can set up an introductory conversation with you.

>> RAY ZARDETTO: And Bob, at the statewide level, and, this again, we are talking New Jersey at this point, right?

>> BOB KLEY: Absolutely. New Jersey. The best way to reach us is through our website, and that is www.mhanj.org. You will see right on the webpage, very prominently a little link to our business services page, which explains how to access our tool kit and how to access us for a consultation, and a lot of information about the whole issue of mental health, mental health illness and the workplace.

>> RAY ZARDETTO: Andy and Bob, I would also assume, though, that what you have done in the learning, what you have done in the county and the state level, is probably something that can be extrapolated to others in other counties and other states throughout the country, right?

>> BOB KLEY: Absolutely. I think as Mental Health Associations we are committed to partnership and we work with -- we will be happy, I'm sure, to talk with folks around the country, different states and local organizations to see how we can work together to develop the kind of strategies that work to get more folks in the workplace dealing with these issues.

>> ANDY GERMAK: Just to quickly add to that, we, as the Mental Health Association we represent the consumer, and we do try to empower people with mental illness to seek and live better lives. And so we, unlike maybe some other models, we do stand behind the consumer and we will advocate to help people live those better lives.

>> RAY ZARDETTO: Very good. Um, Dr. Shern, just a couple more questions for you, we are getting close to the end of our time here today, but, um, I'm curious because you have more of a national perspective, is there a particular part of the country, or particular industries that you think of more progressive in terms of dealing with this issue than others?

>> Dr. DAVID STERN: Well, I think that what is characterized the greatest is that the larger companies have kind of gotten this sooner and more completely. So there is a group called the National Business Group on Health and they have really been leaders in terms of appreciating the importance of the provision of high quality and integrated mental health and addiction services for people in the workforce.

So, you know, they are national companies typically, they are the Fortune 50, so companies like IBM, J.P. Morgan Chase, Xerox, General Mills, General Electric.

And Bob was mentioning, and Andy as well, that in some sense, it's making these kind of technologies in creating this knowledge base an intermediate size and more moderately size companies where there is probably a lot of room to move. I think that the IBMs and the Johnsons and Johnsons of the world have gotten this and are implementing it and they are working on getting better. So I don't think it's regional, I think it has more to do with sort of the size of the company, if you are just sort of talking, um, large scale.

>> RAY ZARDETTO: Alright. And Dr. Shern, for anybody who wants more information on the Mental Health America, the national program, the national organization, what's the best way for them to, uh, do that?

>> Dr. DAVID STERN: Well, it's best to use our website as well, which is [www.mentalhealthamerica](http://www.mentalhealthamerica.net), all one word, dot net as opposed to org. So we are n-e-t, mentalhealthamerica.net.

And building off of what both Bob and Andy were saying, you know, we have 300 affiliates all around the United States that cover 91 percent of the U.S. population. So if anyone who is hearing this program in any other part of the United States goes to our website, you would be able to locate an affiliate in your area and, of course, we would be happy to help you with

that if we can.

>> RAY ZARDETTO: Alright. Very good. I think we have come to the end of our time for today's show. I want to express my thanks and appreciation to our guests today; Dr. David Shern, President and CEO of Mental Health America; Bob Kley, the vice president of the Mental Health Association in New Jersey and Andy Germak, President and Chief Executive Officer of the Mental Health Association of Morris County in New Jersey. And also, of course, I want to thank Eric Arauz who is Employer Outreach Specialist and Trainer liaison for Mental Health New Jersey and the business community. Gentlemen, I think this is a very good show, very interesting, very stimulated. And congratulations on the very, very good work you are doing and thanks for joining us today.

>> Thank you, Ray.

>> Thank you.

>> Thank you very much.

>> Thank you very much.

>> RAY ZARDETTO: Thank you.

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