



# oneinfive

## Start the Conversation Guide

### Introduction

One in five Americans suffers from a mental health disorder every year, according to the latest data from the National Alliance on Mental Illness (NAMI). Impaired emotional wellbeing can affect personal health, relationships and finances as well as performance, dependability and team dynamics at work.

For too many, however, a combination of stigma and lack of accessible care leaves people feeling like they don't have anywhere to turn for help. Although job stress is estimated to cost U.S. companies \$300 billion annually in lost productivity, absenteeism and health costs, the American Psychiatric Association (APA) reports that roughly half of American workers say they are uncomfortable talking about their mental health in the workplace and more than one-third are worried about job consequences if they seek mental health care.

*"The continued hesitancy among many to talk about mental health concerns in the workplace is troubling. We have work to do to get to the point where people are as comfortable talking about mental health concerns as they are about physical health concerns." – APA*

Since 2020, the emotional toll of the Coronavirus (COVID-19) pandemic, economic instability, social injustice, political unrest and natural disasters has affected individuals across the globe. Although the impact has yet to be completely fully measured, these events have clearly heightened awareness and exposed the importance of mental health care.

The Start the Conversation Guide, a central component of the One in Five Campaign resources at [www.1in5.info](http://www.1in5.info), aims to conquer the discomfort associated with talking about mental health. It provides step-by-step instructions, information and tools to foster a workplace culture that supports emotional wellbeing – and translate for use in any setting, at home or in the community.



## Step 1. Opening the Dialogue

Bring Start the Conversation to your workforce using the three E's.

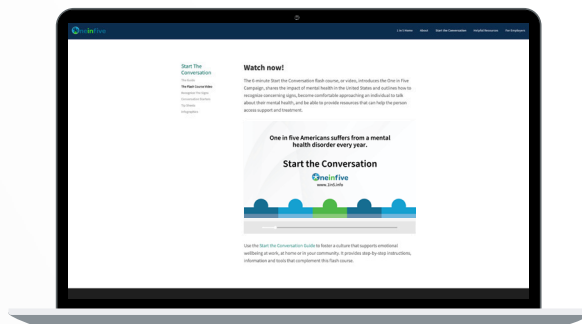
**Equip.** Provide the Start the Conversation guide to your human resources team, company leadership, supervisors and managers, health and wellness champions – anyone in a position to introduce the topic and coordinate discussions within your workforce.

**Educate.** Consider choosing a date to implement Start the Conversation resources company-wide. Then use other opportunities to incorporate mental health information and resources at meetings, on your intranet and networking channels, in eblasts and newsletters and by displaying flyers in public spaces if your workforce is onsite.

**Encourage.** When individuals begin to see and hear consistent messaging about mental health concerns, expect them to reach out for support. Encourage next steps by having health benefit, employee or member assistance program (EAP/MAP) and local resource materials on hand.

## Step 2. Watch the Start the Conversation “Flash Course” Video

The 6-minute Start the Conversation flash course, or video, introduces the One in Five Campaign, shares the impact of mental health in the United States and outlines how to recognize concerning signs, become comfortable approaching an individual to talk about their mental health, and be able to provide resources that can help the person access support and treatment.



Access the video online at [www.1in5.info/flash-course-video](http://www.1in5.info/flash-course-video) for easy viewing from any internet-connected computer, laptop or projection system.

### Sample Introduction to Viewers

According to the National Alliance on Mental Illness, or NAMI (Nah-me), one in five people have a serious mental health illness each year. Consider the size of our group today. Between those present, other colleagues, our families and friends, it's likely that each of us knows someone well who has struggled with their emotional wellbeing.

This short “Start the Conversation” flash course was developed as part of the One in Five Campaign, our anti-stigma and mental health awareness effort. It provides you with the confidence and necessary tools to reach out when an individual demonstrates the need for support. Let's watch.



## Step 3. Post-Video Dialogue

Host a follow-up discussion using the dialogue guidance and talking points below.

### Introduction

Mental illness is just like other chronic health conditions, such as arthritis, asthma, and high blood pressure. People living with types of health conditions are not stigmatized in the same way as those living with a mental illness, even though all are common, manageable and treatable.

### Definition

So what is stigma? It can be hard to explain. Generally, stigma is defined as anything that stereotypes, pre-judges, or places a label on a person, situation, or idea. It often comes from lack of understanding or fear. There are several types:

- **Public stigma** involves the negative or discriminatory attitudes that others have about mental illness. The media, books, movies and television shows often inaccurately and negatively portray people with mental illness as dangerous, unpredictable and to blame for their disorder.
- **Self-stigma** refers to the negative attitudes, including internalized shame, that people with mental illness have about their own condition.
- **Institutional stigma** is more systemic, where public and private policies intentionally or unintentionally limit opportunities for people with mental illness. Examples include lower funding for mental illness research or fewer mental health services relative to other health care.

Stigma not only directly affects individuals with mental illness but also the loved ones who support them, including family members, friends and sometimes even co-workers.

*Follow up question:* What other examples of public, self or institutional mental health stigma can you think of?

### Disparities

A number of disparities play a role in unmet mental health needs. Perceived stigma and self-stigma related to seeking mental health care may be greater in some professions. Diverse populations such as racial/ethnic and LGBTQIA+ minorities often have long lasting consequences related to mental health. Common reasons for this include a lack of treatment availability, the belief that mental health treatment “doesn’t work” and a system that is weighted heavily towards non-minority values and culture norms. Racism, bias and discrimination also exist in treatment settings.

Whether or not you have personally experienced the challenges associated with mental health disparities, anyone can help make a difference. Here are a few ways you can be an advocate:

- Speak up whenever there is an opportunity talk about mental health.
- Share information you’ve learned about accessing quality care with others.
- Try to be more open and understanding when someone else’s experiences are different than yours and simply offer support.



## Step 3. Continued

### The Harmful Effects of Stigma

Stigma, and the discrimination that may come with it, can contribute to worsening symptoms and reduce the likelihood of getting treatment. Harmful effects of stigma can include:

- Reluctance to seek help or to stay in treatment
- Exclusion from groups and activities or self-imposed isolation
- Lack of support from family, friends, co-workers, or others
- Fewer opportunities for work and trouble finding housing
- Bullying, physical violence or harassment

Knowing or having contact with someone with mental illness is one of the best ways to reduce stigma. Individuals speaking out and sharing their stories can have a positive impact.

*Follow up question:* If you have had experience with mental illness, would you be willing to share?

### Talking About Mental Health

Starting conversations about mental health is another way to reduce stigma. Choosing words wisely can help with expressing thoughts and ideas that are respectful, supportive and person-centered.

#### For example:

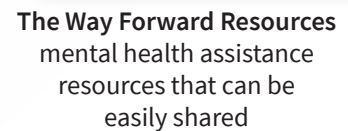
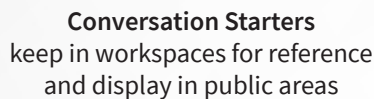
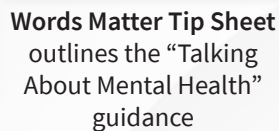
- Instead of saying “someone is mentally ill”, which equates the person with their illness and perpetuates negative labels and stereotypes about having a mental health condition, use person-first language such as “someone has mental illness”
- Likewise, rather than calling someone an “addict” or “drunk”, say that someone “has an alcohol or drug problem”
- Avoid words or phrases that suggest pity, such as “suffering from,” “being afflicted with,” or “a victim of mental illness.” Instead say “has a history of,” “is being treated for,” or “lives with” mental illness.
- The phrase “committed suicide” refers to the outdated notion that suicidal actions were crimes and ignores the fact that suicide is often the consequence of an unaddressed illness. “Died by suicide” removes fault, blame and stigma from the person who has lost their life and for their loved ones.
- Refrain from using derogatory words or phrases that drive stigma surrounding mental health issues. Examples of these include crazy, psycho, nuts, deranged, wacko, disturbed or low functioning.
- One of the most common issues is using diagnostic or mental health terms to explain everyday traits or common behaviors, such as, “that’s my OCD” or “I’m so ADHD”

Word choices — whether intentional or unintentional — have much broader implications. These guidelines address general considerations but it is important to respect each individual’s preferences for how they wish to discuss mental health. Follow their lead and if you have any concern, ask for their guidance.

*Follow up question:* Which one or ones of these suggestions were eye-opening to you?



Use the following tip sheets as handouts after Start the Conversation dialogue has taken place. Each contains relevant information shared during the flash course or post-video dialogue. They include:



Encourage your workforce to explore the [www.1in5.info](http://www.1in5.info) campaign site for more resources, including a self-assessment, apps, podcasts and additional tip sheets.

- **Communicate regularly.** Make education around stress management and work-life balance an ongoing part of staff communication. Place reminders about mental health resources in public spaces, verbal messages, electronic and print materials and on intranet and benefits portals. Encourage employees to use available benefits, such as EAP services or paid time off.
- **Expand offerings.** Host seminars or workshops on topics such as mindfulness, resilience and meditation, to help employees reduce stress and anxiety and improve focus and motivation.
- **Optimize orientation.** Educate new employees about company policies and supports that relate to stress management and work-life balance.
- **Model healthy behaviors.** If leadership makes healthy behaviors – such as pausing for lunch and taking short walk breaks - a priority, it signals to all employees that it's a priority for the company.

*The One in Five Campaign is provided by CuraLinc Healthcare.*