

Welcome
2015
**OEAP Annual Resource
Conference**



*Understanding Substance Abuse:
Current Trends in Treatment and Recovery*

September 15, 2015
State Fire Marshal Training Academy

**Effectively Addressing Substance Abuse and Mental
Illness (SAMI) Issue
in the Workplace**

Learner's Guide

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Introduction

- Drug and alcohol problems can lead to a variety of factors that prove costly for employers, including lost productivity, accidents and injuries, employee absenteeism, dips in morale, and overall health issues.
- “It is estimated that U.S. companies lose billions of dollars a year as a result of problems related to alcohol and drug abuse.”

*Peter Delany, Ph.D., LCSW-C.
Director of SAMHSA's Center for Behavioral Health
Statistics and Quality*

Notes: _____

Psychiatric Disorders: Disability and Cost

- Psychiatric disorders, including those associated with substance use, are the preeminent causes of years of life lost to disability among persons between the ages of 15 and 45 in the United States and in many other developed countries.
- It is well known that patients with mental and substance use disorders are more likely than age-matched peers to have other substantial general medical comorbidities and to die at younger ages. In a report prepared for the American Psychiatric Association, Milliman found dramatically higher medical costs for patients with mental disorders, primarily driven by the costs of hospital-based medical and surgical care.

Notes:

Substance Use Disorders: DSM-5 New Criteria

In order for a person to be diagnosed with a substance use disorder they must display 2 of the following 11 symptoms within 12-months:

1. Consuming more alcohol/other substance than originally planned
2. Worrying about cutting down or stopping use or consistently failed efforts to control one's use
3. Spending a large amount of time using drugs/alcohol, or doing whatever is needed to obtain them
4. Use of the substance results in failure to "fulfill major role obligations" at home, work, or school.
5. "Craving" the substance (alcohol or drug)
6. Continuing the use of a substance despite health problems caused or worsened by it.
7. Continuing the use of a substance despite its having negative effects on relationships.
8. Repeated use of the substance in dangerous situations (for example, when having to operate heavy machinery, when driving a car).
9. Giving up or reducing activities because of the drug/alcohol use.
10. Demonstrating tolerance to the effects of alcohol or drug.
11. Experiencing withdrawal symptoms after reducing or stopping alcohol/drug use.



Notes: _____

NSDUH 2013 Findings: Substance use

- In 2013, an estimated 21.6 million individuals aged 12 or older had a substance use disorder in the past year (8.2 percent of the population aged 12 or older).
- In 2013, an estimated 22.7 million individuals aged 12 or older in 2013 needed treatment for an illicit drug or alcohol use problem (8.6 percent of the population aged 12 or older).

Notes: _____

NSDUH 2013- Substance Use Treatment Need vs. Treatment Received

- Among the 22.7 million individuals 12 or older who needed treatment for an illicit drug or alcohol use problem, an estimated 2.5 million received treatment at a specialty facility for an illicit drug or alcohol problem.
- Based on combined 2010 to 2013 NSDUH data, individuals who felt the need for substance use treatment but did not receive it, despite making an effort to obtain treatment, reported they did not receive treatment because they did not have health coverage and could not afford cost (37.3 percent) or they were not ready to stop using (24.5 percent).

Notes:

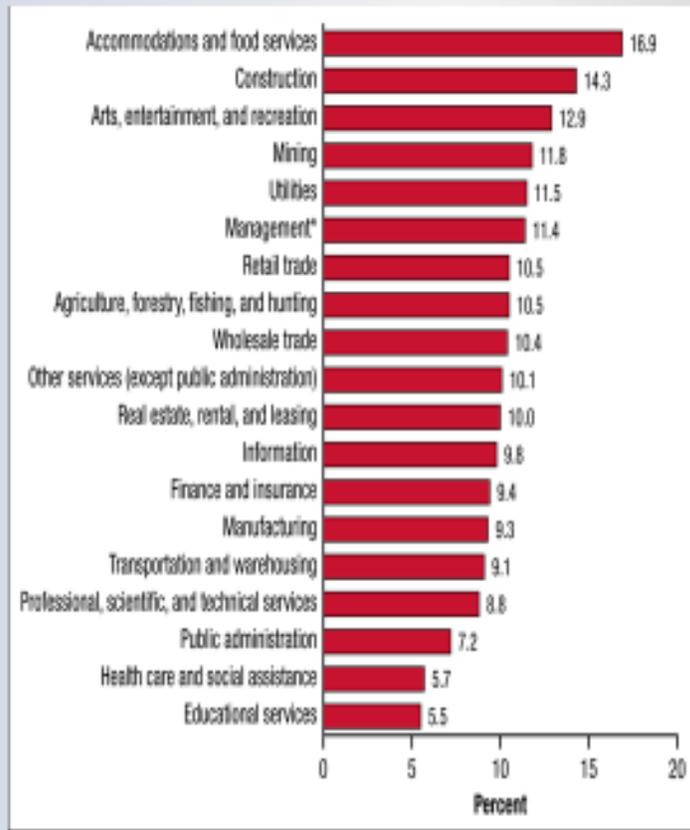
Substance Use and Industry: CBHSQ report Apr. 2015 (SAMHSA)

- Previous research has shown that males have higher substance use rates than females and adults aged 18 to 25 have higher substance use rates than older adults.
- Combined data from 2008 to 2012 indicate that an annual average of 8.7 percent of full-time workers aged 18 to 64 used alcohol heavily in the past month, 8.6 percent used illicit drugs in the past month, and 9.5 percent were dependent on or abused alcohol or illicit drugs in the past year.
- Workers in the accommodations and food services industry (16.9 percent) had the highest rates of past year substance use disorder.

Notes:

Figure 3.
Past year substance
use disorder among
adults aged 18 to 64
employed full time,
by industry
category: combined
2008 to 2012

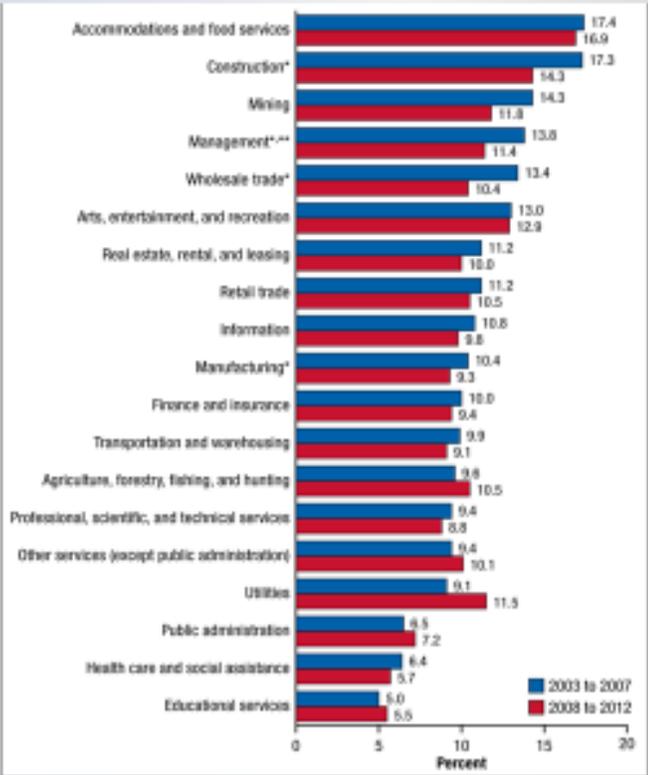
National Surveys
on Drug Use and Health
(NSDUHs) 2008 to 2010
(revised March 2012)
and 2011 to 2012



Notes: _____

Figure 6.
 Past year substance use disorder among adults aged 18 to 64 employed full time, by industry category: combined 2003 to 2007 and combined 2008 to 2012

National Surveys on Drug Use and Health (NSDUHs) 2008 to 2010 (revised March 2012) and 2011 to 2012



Notes: _____

Indicators of Possible Workplace Substance Use Problems

Job performance

- Inconsistent work quality.
- Poor concentration/lack of focus.
- Lowered productivity/erratic work patterns.
- Increased absenteeism or on the job "presenteeism".
- Unexplained disappearances from the jobsite.
- Carelessness, mistakes, errors in judgment.
- Needless risk taking.
- Disregard for safety of self and others- on and off the job accidents.
- Extended lunch periods and early departures.

Workplace behavior/observation

- Frequent financial problems.
- Avoidance of friends and colleagues.
- Blaming others for own problems and shortcomings.
- Complaints about problems at home.
- Deterioration in personal appearance or personal hygiene.
- Complaints, excuses, and time-off for vaguely defined illnesses or family problems.

Notes:

Substance Use Disorders- “Red Flag” Presentations

- Behavior/performance/relationship changes
- Trauma/accidents/abuse
- Psychiatric presentations
- Poorly controlled medical illness
- Poor self-care patterns
- Suggestive physical exam findings
- Medical illnesses related to substance use

Notes:

Employer Substance Abuse Programs-1

- Early identification of substance use problems can prevent employees and companies from incurring higher subsequent health and productivity costs.
- Substance use disorders are chronic conditions. They respond to treatment similar to other chronic health conditions, such as asthma, diabetes, and hypertension.

12

Notes:

Employer Substance Abuse Programs-2

Key program elements include:

- Workplace policies (drug- free workplace) and drug testing (pre- employment, random, for cause).
- Communicating information about the health and productivity hazards of alcohol and drug use- company websites, wellness programs, EAPs.
- Ensuring company wellness programs, EAPs provide education, screening, and follow- up services for drug/alcohol problems.
- Health benefits that provide comprehensive coverage for substance use disorders, including counseling, medication treatment, and aftercare
- Respect for employee's privacy regarding substance use issues.

Notes:

Seeking Drug Abuse Treatment: Know What to Ask (NIDA 2012)

Topics addressed:

- Does the program use treatments backed by scientific evidence?
- Does the program tailor treatment to the needs of each patient?
- Does the program adapt treatment as the patient's needs change?
- Is the duration of treatment sufficient?
- How do 12-step or similar recovery programs fit into drug addiction treatment?

15

Notes:

NSDUH 2013 Findings: Mental Illness

- In 2013, an estimated 43.8 million adults aged 18 or older in the United States had any mental illness in the past year. This represents nearly one in five adults in this country (18.5 percent of all adults).
- In 2013, 34.6 million adults aged 18 or older (14.6 percent of the population aged 18 or older) received mental health care during the past 12 months.

Notes:

Mental Illness in the Workplace

- Researchers analyzing results from the U.S. National Comorbidity Survey, a nationally representative study of Americans ages 15 to 54, reported that 18% of those who were employed said they experienced symptoms of a mental health disorder in the previous month.
- When researchers rank the most costly health conditions (including direct and indirect costs), affecting employees, depression is often found to be the most costly condition with anxiety disorders also in the top five costliest conditions. Obesity, arthritis, and back/neck pain typically also rank near the top in terms of cost.

Notes:

Mental Illness: Workplace Costs

- Many of the studies in this field have concluded that the indirect costs of mental health disorders — particularly lost productivity — exceed companies' spending on direct costs, such as health insurance contributions and pharmacy expenses.
- Given the generally low rates of treatment participation by employees, researchers suggest that companies should invest in the mental health of workers — not only for the sake of the employees but to improve their own bottom line.

Notes:

DSM-5 Depressive Disorders

- Major Depressive Disorder
- Bipolar Disorder, depressed
- Persistent Depressive Disorder
- Premenstrual Dysphoric Disorder

Notes: _____

Depression in the Workplace-1

- Depression- 6% twelve month prevalence among employed persons.
- In the workplace, this disorder is likely to manifest as nervousness, restlessness, or irritability and in physical complaints, such as a preoccupation with aches and pains. In addition, employees may become passive, withdrawn, aimless, and unproductive and appear fatigued. Depression may also impair judgment or cloud decision making.

29

Notes:

Depression in the Workplace-2

- Workers with depression report an average of 27 lost work days per year-9 sick days, 18 days reflecting lost productivity.
- Employees with depression are more likely than others to experience job loss, frequent job changes.
- Many workers with depression do not seek treatment. Of those who do, a low percentage receive treatment considered adequate (consistent with published guidelines).

21

Notes:

DSM-5 Anxiety Disorders

- Specific Phobia
- Social Phobia
- Panic Disorder
- Agoraphobia
- Generalized Anxiety Disorder

Notes:

Anxiety in the Workplace-1

- Anxiety disorders affect about 6% of the population at some point in their lives, but may go undiagnosed for several years from their onset.
- In the workplace anxiety disorders are likely to manifest as restlessness, fatigue, difficulty concentrating, excessive worrying. Sufferers may require constant reassurance about performance. Irritability and physical complaints may be prominent.

Notes:

Anxiety in the Workplace-2

- Only about 1 in 3 individuals with an anxiety disorder receives treatment for it.
- Those with anxiety disorders are more likely than others to seek medical care for somatic manifestations of anxiety, such as gastrointestinal distress, insomnia, concerns about cardiac disease.
- Anxiety disorders cause significant work impairment. Generalized Anxiety Disorder results in work impairment similar to that attributed to Major Depression.

Notes:

Attention- Deficit Hyperactivity Disorder (ADHD) in the Workplace-1

- ADHD starts in childhood, but persists into adulthood in a significant number of patients. Survey data indicates 3.5% of employees have ADHD.
- In the workplace, symptoms of ADHD may manifest as disorganization, failure to meet deadlines, inability to manage workloads, problems following instructions from supervisors, arguments with co-workers

25

Notes:

Attention- Deficit Hyperactivity Disorder (ADHD) in the Workplace-2

- Studies indicate workers with ADHD may lose 22 work days per year (sick days + lost productivity) compared to those without the disorder.
- Employees with ADHD have very high rates of workplace discipline actions and job terminations.
- Treatment rates among employees with ADHD are quite low- in the 10-15% range according to studies.

Notes:

Supporting Emotional Health in the Workplace-1 (ICU)

- ICU (I See You), a program developed by Dupont, is an awareness campaign designed to decrease the stigma associated with discussions of mental and emotional health.
- The acronym corresponds to the three core steps of the program: (1) Identify the signs of distress. (2) Connect with the person experiencing distress. (3) Understand the way forward together.
- The program envisions an environment wherein people are vigilant and responsive to psychological injury or illness. ICU does not require clinical know-how of mental health diagnoses; rather it focuses on encouraging employees to lend an ear when they observe a peer in distress and help "move forward together."

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Notes:

Supporting Emotional Health in the Workplace-2 (ICU)

- The ICU product centers on a short video explaining how employees can confidently—and appropriately—connect with distressed peers who may need support. Other components include an implementation guide, a slide presentation, and templates for a flier and email message.
- Successfully implementing ICU does not require additional resources or infrastructure. ICU offers a platform that reminds employees about benefits they already have but often go unused, such as their employee assistance program or other health and wellness services.

28

Notes:

Supporting Emotional Health in the Workplace-3 (Right Direction)

- “Right Direction” is an initiative to increase employees’ understanding of depression’s debilitating effects and encourage those who need care to seek it. It was launched by a coalition of 300 major U.S. employers along with the American Psychiatric Foundation’s (APF) Partnership for Workplace Mental Health in 2013.
- The concept behind the initiative is that having depression can make one feel lost and alone in the wilderness, hence the use of a brown bear as a “guide”.

Notes:

Supporting Emotional Health in the Workplace-4 (Right Direction)

- Right Direction deploys the tools of modern business, mainly delivered over the Web, to inform human resources personnel and then all employees about depression. These include a Web site, posters, e-mails, and PowerPoint slides. The PHQ-9 serves as a self-administered depression screening instrument.
- The material informs employees about the symptoms of depression and how they are manifested in the workplace. Employees are urged to seek help for themselves or their family members through medical professionals and their employee-assistance program.

30

Notes:

“Right Direction” Program Material

What depression feels like:

- Poor quality work
- Procrastination, accidents on the job
- Poor quality work
- Procrastination, slowed thinking, indecisiveness
- “Presenteeism”-just showing up
- Missed deadlines, absenteeism
- Poor relationships with boss, co-workers, clients; low morale in the workplace
- Late to work

How it looks to co-workers:

- Slowed thoughts and difficulty thinking
- Lack of concentration
- Forgetfulness, difficulty remembering
- Trouble making decisions
- Reduced interest, low motivation
- Self-medication
- IN MEN- irritability, anger
- IN WOMEN-tearfulness, upset
- Sleep disturbance, can’t get going in the AM

Notes:

NSDUH 2013 Findings: Substance Abuse/Mental Illness (SAMI)

In 2013, 3.2 percent of all adults aged 18 or older (7.7 million adults) had both a substance use disorder and any mental illness.

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Substance Use Disorders (SUDs) in those with Mental Illness

- SUDs are common in those with mental illness, particularly in those with more severe mental illness.
- About one third of people with anxiety and depressive disorders have a SUD at some time in their life.
- Over 50% of people with schizophrenia, bipolar disorder/other severe mood disorders have a SUD at some time in their life.

Notes: _____

TABLE 1.1. Lifetime Prevalence (%) and Odds Ratios (ORs) of Substance Use Disorders for Various DSM-III Psychiatric Disorders

Group	Any substance abuse or dependence		Any alcohol diagnosis		Any drug diagnosis	
	%	OR	%	OR	%	OR
General population	16.7	—	13.5	—	6.1	—
Schizophrenia	47.0	4.6	33.7	3.3	27.5	6.2
Any mood disorder	32.0	2.6	21.8	1.9	19.4	4.7
Any bipolar disorder	56.1	6.6	43.6	5.1	33.6	8.3
Major depression	27.2	1.9	16.5	1.3	18.0	3.8
Dysthymia	31.4	2.4	20.9	1.7	18.9	3.9
Any anxiety disorder	23.7	1.7	17.9	1.5	11.9	2.5
Obsessive-compulsive disorder	32.8	2.5	24.0	2.1	18.4	3.7
Phobia	22.9	1.6	17.3	1.4	11.2	2.2
Panic disorder	35.8	2.9	28.7	2.6	16.7	3.2

Note. An odds ratio (OR) is the ratio of the odds of having a substance use disorder in the psychiatric diagnostic group to the odds of the disorder in the remaining population. The data are from the National Institute of Mental Health Epidemiologic Catchment Area (ECA) study (Regier et al., 1990).

Notes: _____

SAMI-Treatment

Integrated treatment in a setting that can address both mental health and substance use issues is superior to either sequential or parallel treatments

Notes: _____

Concluding Thoughts-1

- The NSDUH report highlights the opportunity for alcohol/drug and mental health awareness programs in the workplace to address the needs of employees.

“Over my career, which spans 35 years, I’ve noticed that those businesses that have employee assistance programs to identify workplace alcohol and drug abuse are practicing smarter business than those who don’t have programs,”

Frederick Goggans, M.D., Medical Director at McLean Borden Cottage, a residential alcohol and drug treatment facility in Camden, Maine

Notes:

Concluding Thoughts-2

“Communicating to people where they can go for help, providing affordable care, and reducing discrimination against those with substance use and mental disorders can do a lot to reduce the level of alcohol and drug use,”

Peter Delany, Ph.D., L.C.S.W.-C., the Director of
SAMHSA’s Center for Behavioral Health
Statistics and Quality

Notes:

Concluding Thoughts-3

- Workplace culture- respectful, non- punitive, supportive culture allows for employees to bring problems to managers/supervisors with less fear of negative consequences.
- Proactive checking- in with supervisees allows for early problem identification.
- When employees indicate workplace difficulties, help them to: identify stressors, collaborate on solutions and rephrase identified issues as intended outcomes, clearly articulate expectations and identify the process that will be followed if expectations are not met. Support an employee's request to obtain resources to manage workplace stressors or mental health concerns.

Notes:

Concluding Thoughts-4

- Motivational interviewing (MI) techniques are extremely useful when employees present in distress.
- Four key MI processes: engaging, focusing, evoking, and planning.
- Five key MI communication skills: asking open questions, affirming, reflective listening, summarizing, informing and advising with permission.

Notes:

Questions...



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