

Diversity, Equality & Inclusion

DEI Committee Friday Thoughts

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Mental Health in the Workplace

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in a Senior Living Community by Greta Christ

Mental Health in the Workplace

As we kick off Mental Health Awareness month, we would be remiss not to reflect on how this very important topic has evolved in the workplace. Mental health went from almost never being mentioned to being one of the most trending topics in Human Resources. In fact, mental health was cited as [one of the top three largest issues](#) for employers to tackle, behind labor shortages and retaining talent. The global COVID-19 pandemic surely had a hand in bringing mental health and wellness to the forefront of conversation for individuals of all ages. We are still wading through the “new normal”, both in the workplace and in our personal lives. While social lives are returning and masks are joyfully being removed, the trauma that some experienced may not slide away as easily.

There are a myriad of minor, undiagnosed and life-altering mental health conditions that plague our population. [It is reported](#) that 20% of adults in the United States experience mental illness each year. [Additional studies have shown](#) that most individuals will suffer from some form of mental illness in their lifetime. I am an HR professional and a person who has directly supported friends and family who experience and have experienced issues ranging from minor mental health issues to addiction and self-harm. It’s very important to me to bring awareness to this topic and learn how we can be more supportive of one another.

Like many of you reading this article, I am not a certified or licensed mental health professional. However, there are things we can do today that might make a difference in the lives of those we care for. Many individuals suffer silently, feeling afraid they will be judged if they express that they are not “happy” like others appear to be, especially after scrolling through a few posts

on social media. Thankfully, that negative stigma is becoming less prevalent. More people are speaking out about this topic and resources are becoming more accessible.

There are a few ways we can all do our part at Goodwin Living. Start by showing empathy and compassion to all. Encourage fellow team members to take PTO (to the extent possible). Remind those who seem stressed or burnt out that there is a confidential Employee Assistance Program available to help Goodwin Living team members find solutions. Outside of the workplace, it seems there are more options than ever before that allow those who seek assistance to attend virtual sessions and even text in real time with a licensed provider.

For more information on how to seek help, go to the end of the article.

Mental Health in a Senior Living Community

Whether a presenting concern is new or old, sudden or ongoing, a symptom of a formal diagnosis or not—sometimes it's just nice to have a non-judgmental space to process what is going on with someone who is bound by the rules of confidentiality and trained to hold that space with you. As a therapist, I have the privilege of being a part of older adults' lives in this way.

Due to where they are in their stage of life, older adults have additional and developmentally different psychological needs and concerns (Altekruse & Ray, 1998; Mardoyan & Weis, 1981). These include potential changes in their living arrangements, physical health, and/or levels of intimacy; experiencing ageism; and being forced into new, less-defined roles—sometimes without healthy role models to whom they can turn. Others may encounter parent-child role reversal, decreased autonomy, economic concerns and fears related to their own mortality. Additionally, all older adults undergo some form of grief and loss, whether that be due to the death of a loved one, the loss of a familiar routine (e.g., retirement) or the loss of former social roles in the community.

Like younger clients, older adults can find it challenging to seek counseling services. These barriers include facing the stigma of receiving professional help, financial constraints or lack of insurance coverage, transportation limitations and a workforce lacking in geriatric specialization (Pepin, Hoyt, Karatzas, & Bartels, 2014). The false beliefs that age is a medical problem (and not a normal part of life), depression is a normal part of aging,

symptomatology is less severe in older adults than younger adults, older clients have a poorer prognosis than younger clients (despite the same presenting issues) and that older adults are incapable of benefiting from therapy also exist in society. All of these myths further discourage older adults from seeking help as well as contribute to hesitation from others to make necessary referrals for mental health services (Fullen, 2016; Tomko & Munley, 2013, Altekruise & Ray, 1998).

It's hoped this information can be useful for recognizing the unique challenges that Goodwin Living residents face so that collectively we can better support, honor and uplift them in their golden years. You do not need to be a mental health professional to assist, though. Just taking the time to be patient and empathetic to the changes residents are undergoing can help them feel seen and heard in their own homes and contribute to their positive mental health and well-being. **Find links to all cited sources below.**

Mental Health in the Workplace | Resources

Team Members

- Team Members who are full-time or part-time may contact our Employee Assistance Program (EAP) free of charge. The Cigna EAP can help those struggling with mental health, financial, legal and other difficulties confidentially. You may contact Cigna 24/7 by calling 866.395.7794 and identify Goodwin Living (Employer ID: Episcopal).
 - Additional resources and articles can be found here: <https://www.cigna.com/knowledge-center/>
 - A listing of monthly seminars on various topics can be found here: <https://www.cigna.com/knowledge-center/mental-health-awareness-seminars/>
- If you or a loved one are in crisis, you may call one of the numbers below:
 - National Suicide Prevention Lifeline: 1.800.273.8255
 - Crisis Text Line: Text HOME to 741741 from anywhere in the USA.
 - National Domestic Violence Hotline: 1.800.799.7233 or text LOVEIS to 1.866.331.9474
- On May 23, Goodwin Living is hosting speaker Sharon Weinstein at 2:00 p.m. in the GHBC Auditorium to discuss mental health, stress and burnout. You may attend in person or virtually (see flyer and/or HR for details).

Residents

- Individual Therapy Providers (in addition to contacting HR and the Social Work department)
 - Psychologytoday.com provides directory of mental health therapists, which you can filter by insurance, specialization and theoretical orientation
 - ElderLink offers free one-hour consultations for caregivers between 8 am and 4:30 pm Monday through Friday. Call 703.324.5374 to connect with a mental health provider.
- Support Groups
 - Alzheimer's & Dementia Caregiver Support Group at Virginia Hospital Center Carlin Springs Campus: Offered the third Wednesday of each month between 10:30 am to 11:30 am. Visit www.vhchealth.org/classes-events/healthy-aging/ to register for a class or call the Health Promotion Department at 703-558-6740.
 - Caregiver Action Network (CAN) is a non-profit organization that provides free education, peer support, and resources to individuals providing care to loved ones (including friends and family of individuals with chronic conditions and/or older adults).
 - Compassionate Friends provides in-person and online grief support to parents who have suffered the death of a child. To find a local chapter go to www.compassionatefriends.org/find-support/chapters/chapter-locator/
 - National Widower's Organization is an online resource for men experiencing grief that provides education and connects other men to community supports (in-person and online).
 - The Well Spouse Association provides support to caregivers of all ages and stages. In addition to informational articles, they also provide a tailored list of local, phone and online support groups.

Mental Health in a Senior Living Community | References

Altekruse, M. K., & Ray, D. (1998). Counseling older adults: A special issue. *Educational Gerontology*, 24(4), 303-307.

[Altekruse and Ray 1998 Counseling Older Adults.pdf](#)

Fullen, M. C. (2016). Counseling for wellness with older adults. *Adultspan Journal*, 15(2), 109-123.

[Fullen 2016 Counseling for Wellness with Older Adults.pdf](#)

Mardoyan, J. L. & Weis, D. M. (1981). The efficacy of group counseling with older adults. *The Personnel and Guidance Journal*, 60 (3), 161-163.

[Mardoyan and Weis 1981 The Efficacy of Group Counseling with Older Adults.pdf](#)

Pepin, R., Hoyt, J., Karatzas, L., & Bartels, S. J. (2014). New Hampshire REAPs results: Tailored outreach program assists older adults at risk for mental health conditions and substance misuse. *Journal of American Society on Aging*, 38(3), 68-74.

[Pepin et al 2014 .pdf](#)

Tomko, J. K., & Munley, P. H. (2013). Predicting counseling psychologists attitudes and clinical judgements with respect to older adults. *Aging Mental Health*, 17(2), 233-241.

[Tomko and Munley 2013 Predicting Counseling Psychologists Attitudes.pdf](#)

Goodwin Living DEI Committee: Statement of Purpose: Educate, Embrace and Empower team members, residents, members* and all served by Goodwin Living to support Diversity, Equality and Inclusion.

Goodwin Living DEI Committee Desired Outcome: The Diversity, Equality and Inclusion Committee (DEI) will seek open and honest communication and collaboration that will inform and celebrate the age, culture, ethnicity and sexual orientation of team members, residents, members* and all served by Goodwin Living without bias.

Questions or comments? Please contact us DEI@GoodwinLiving.org.

*Members include Priority Club members and Goodwin Living at Home members.