ADA
AUSTRALIA
Workplace program
Today we will be talking about alcohol, drugs and mental health.

Statistically, some of us here will have been touched by our own mental health challenges. Mental health disorders such as depression and anxiety are very common.

If anything we discuss today is uncomfortable for you, or triggers negative emotions, please feel free to give yourself a break. (And if you have any techniques for calming these feelings, please do use them.)

We are here to start a conversation and learn how we may assist each other – at work and at home – in getting help when help is needed.
Today **We Will:**

- Examine links between anxiety, depression and substance-use disorders
- Learn to recognise the signs and symptoms of depression, anxiety and other psychological injury (in ourselves and in others)
- Recognise the links between depression, chronic anxiety and substance misuse
- Gain an understanding of the nature of addiction
- Discuss the importance of reaching for help and advice for alcohol and drug problems and for depression, anxiety and other mood disorders
- Discuss the impact of COVID-19 on mental health
- Identify psychological challenges of isolation and loneliness (and how to guard against them)
- Examine the mental health benefits of positive thinking and positive emotions
- Learn to understand anger and how to manage it
- Look at how to seek help for ourselves and others
NEGATIVE THINKING, ANXIETY and DEPRESSION

Negative emotions narrow thinking – the problem becomes the only focus: *like walking with a stone in the shoe, all you can think about is the stone.*

- We all carry both negative and positive emotional biases
- These 'biases' influence our interpretation of the world around us, and our coping strategies
- When our thinking is crowded by negative self-talk and excessive worry, it can cause us to see only catastrophe and negative outcomes in stressful events
- Excessive worry, chronic and repetitive negative thinking may indicate symptoms of deeper mood disorders (like PTSD and depression).

**FACT:** One-in-eleven Australians suffer depression in any given year, and more than one-in-nine will suffer anxiety.
ANXIETY DISORDER:

- Anxiety is the most common form of mental disorder
- Among Australian adults around one-in-eight women report an anxiety-related condition and one-in-ten males (2015)
- Younger women (aged 15-24) suffer anxiety-related conditions at twice the rate of men of the same age (18.9% compared with 7.9%)

SOME SIGNS:

- Fatigue and chronic sleep disorders
- Nightmares and flashbacks
- Avoidance, loneliness, feelings of inadequacy, panic attacks
- Easily startled, hyper alertness, nervousness
- Irritability/shortness
- Excessive worry, and fear/feelings of impending doom
DEPRESSION:

• Depression changes thinking, relationships, sleeping, eating and enjoyment of life
• Terms like 'burn-out' and 'cracking the sads' can obscure the illness behind the symptoms
• Intervention and treatment is very important. You can help.

SOME SIGNS:

• Expressing hopelessness, failure, persistent negative talk
• Uncharacteristic weightloss or weight gain
• Emotional fragility (tearfulness and sadness)
• Feeling lonely and isolated (even when in company)
• Intrusive negative thoughts (including thoughts of suicide and self-harm)
• Drinking heavily, using drugs to mask negative feelings

DEPRESSION AND CHRONIC ANXIETY IS STRONGLY LINKED TO THOUGHTS OF SELF-HARM AND SUICIDE
ANXIETY, DEPRESSION AND SUBSTANCE DISORDERS

FACT: Anxiety and depression frequently co-occur (are 'cormorbid') with substance-use disorders (drugs and alcohol) and other mental disorders (chronic gambling, pain disorders, etc.)

FACT: Anxiety and depression frequently co-occur with thoughts of self-harm and suicide.

FACT: If untreated, the downward spiral can be very dangerous.
ALCOHOL, DRUGS AND OTHER DIVERSIONARY BEHAVIOURS
ILLEGAL DRUGS

- Synthetic Cannabis
- GHB
- Cocaine
- Methamphetamine
- Psilocybin Mushrooms
- Marijuana
- LSD
- Ecstasy
- Opium
- Heroin
LEGAL DRUGS

Of all drugs, tobacco and alcohol kill vastly more Australians than any other. And pharmaceuticals kill more Australians than all illicit drug deaths combined. (In Victoria, pharmaceutical drugs contribute in 81% of overdose deaths.)

These include:

- Alcohol
- Pharmaceuticals
  - Nicotine
  - Caffeine products
- Pain-relief medications
- Amphetamine/Methylphenidate medications
- Sedating antihistamines
- Pseudoephedrine
- Tranquilisers
- Dextromethorphan found in most cough syrups
FACT: 2 DRINKS
is the advised safe limit of alcohol consumption per day (and no more than 10 drinks per week) to reduce the risk of long-term health effects.

FACT: 4 DRINKS
on a single occasion is the advised safe limit of alcohol consumption to reduce the risk of short-term physical harm.

NB: WARNING RE COVID-19 ISOLATION
Isolation and alcohol is an uncomfortable mix. So, practice 'social distancing' from the fridge, and set rules for your alcohol use (and drug use). When feeling lonely, it can be tempting to drink more heavily, or misuse drugs to mask those uncomfortable feelings. The problem with drugs and alcohol (and gambling and other disorders), is that the mask is just temporary, but the problems it creates can be enduring.
WHAT IS A STANDARD DRINK?

- **30ml spirits** (40% Alc. Vol.)
- **100ml wine** (11.5% Alc. Vol.)
- **100ml sparkling wine** (12% Alc. Vol.)
- **285ml beer** (4.8% Alc. Vol.)
SOME WARNING SIGNS OF DEPENDENT DRINKING

- Regularly drinking on your own
- Drinking more than planned (beyond recommended amounts, binge drinking)
- Starting to crave alcohol, making excuses to drink
- Putting aside other activities to drink
- Hiding alcohol, and lying about alcohol consumption
- Wondering if you have a drinking problem
- You or another has been hurt by your drinking
- Your drinking alcohol is straining your relationships
- Memory loss

The chemistry of addiction is known and understood; it is the same for all, and hard-wired into the 'primitive' parts of the brain. Be vigilant, be careful.
SIGNS OF DISORDER/SUBSTANCE DEPENDENCY:

You should **speak up** if you are concerned that a workmate or colleague may be alcohol or drug impaired while at work – don’t be afraid to start the conversation. (However, be **considerate and careful.**)

You are looking for **SUSTAINED change.**

**PHYSICAL SIGNS:**
- Dramatic weight change
- Large or small pupils
- Malnourishment
- Tremors
- Slurred speech
- Skin wounds and bruises
- Pale; grey-looking skin
- Clammy skin or excessive sweating
- Bloodshot eyes/puffy eyes/glazed eyes
- Constantly sick or with flu-like symptoms
- Lack of hygiene
SIGNS OF DISORDER/SUBSTANCE DEPENDENCY:

**BEHAVIOURS:** Loss of interest in things that once brought enjoyment; slower (or hyped) reactions, speech or movement; always tired; absenteeism; unexplained absences

**COGNITIVE:** Poor memory; impaired coordination/ability to gauge speed and distance; impaired ability to use equipment; difficulty concentrating or understanding instructions; acting carelessly, unaware that they’re impaired, believing they are functioning ok

**MOOD CHANGES:** More anxious and on-edge; irritability and frustration; verbally or physically abusive; easily overwhelmed; passive and non-reactive; mood swings.
COVID-19

How long will this last?
When will work 'return to normal', will it be months or a year... or more?

How are we coping? Have our financial pressures increased?
Are our children troubled or anxious?

There are so many questions, but so few answers...
THE CORONAVIRUS CHALLENGE

“We don’t get to choose our challenges in life, but we do get to choose how we respond to them.”
THE LONELINESS EPIDEMIC
(Prior to COVID-19)

• 24.4% of Australian households are one-person households
• One-in-two Australians report they feel lonely for at least 1 day each week
• One-in-ten Australians aged 15+ report lacking social support
• Among adults (aged 25–44) more men living alone experienced loneliness (39%) than women living alone (12%)
• Around one-in-eight of Australian young people (aged 12-25) report a “very high intensity of loneliness”, having an average wellbeing “well below the normal range”
• One-in-four will experience mental illness and around 75% of mental health problems are evident before 25 years of age
ISOLATION and CABIN FEVER

Isolation can be challenging. Research conducted with ‘polar crews’ identified the following common responses to isolation:

- That we can expect to hit a period of low mood and increased tension (called the *third quarter phenomenon*).
- That this can be 'moderated' by reassuring positive thinking (comforting cognitions) and reminders that “this will end”.
- That acceptance is powerful – just “rolling with it” – in coping
- That dealing with things we have control over (problem-focussed coping), and “chilling” on the things we have no control over (emotion-oriented coping) will help us ride this through to the other side.
- That sleep is important in maintaining positive emotions
- Stress management techniques such as meditation, yoga and mindfulness improve mental health outcomes (and coping ability)
- Using isolation or confinement for “personal growth” has positive mental health benefits.
RECOGNISING LONELINESS

Despite our electronic devices and social-media platforms designed to connect us, loneliness has become a feature of modern living. But how do we recognise loneliness?

Signs and symptoms of chronic loneliness can be easily misinterpreted:

• Lonely people can seem aloof, unwilling to join in (“not a team player”)
• Social withdrawal, awkwardness, easily flustered or embarrassed
• Clues in conversation: a common thread of being alone, of solo activities
• Poorly defined routines around sleep; chronic insomnia and disturbed sleep
• Compulsive behaviours around food, alcohol or drugs (driven by feelings of low self-esteem)
• Weight gain: where food becomes a substitute for the nourishment of love or friendship.

JUST MAKING CONNECTION – ONE PERSON TO ANOTHER – CAN HELP.
(We are going to learn more about our capacity for compassion over the next several months.)
COMBATTING LONELINESS WHEN WORKING REMOTELY

- Working from home, especially when living alone, can be totally isolating.
- For those who relied on the workplace for their social connections, there is an additional layer of risk.

**SO:** Set up a ‘buddy check’ system with rotating groups of four or five colleagues
- Create a weekly ‘happy hour’ bringing the whole team together
- Structure projects for more collaborative engagement and wider involvement
  (Building 'shared meaning' through a wider sharing of effort and sense of accomplishment.)
- Be especially alert to those who may have mobility problems, or disability, or at risk of discrimination.

**AND NOTE:**
Some will be dealing with an added layer of anxiety: those whose employment has disappeared. So, reach out and call them.

This is all that connection is. It’s not complicated. A friend engaging person-to-person, showing an interest, can be life-saving.
• Positive thinking is good for your health both physically and psychologically.
• The positive thinker can recognise stressful events as parts of a picture – and not the whole picture – and can typically see and construe positives in the negative event itself.
• The practice of positive thinking ‘muscles up’ emotional resilience.
• It also helps protect the wellbeing of those around us (who are impacted or influenced by our behaviours and coping strategies).

POSITIVE THINKING and RESILIENCE
CREATING HABITS OF POSITIVE THINKING

• Positive emotions provide a protective armour for the psyche (and help us to better manage psychological stress)
• Positive thinking (and emotional resilience) encourages flexibility and self-belief
• This puts a brake on negative thinking and emotions and helps guard against anxiety, depression and mood disorders.

The good news is, we can train our brains to notice and focus on 'the positives'

Some tips (for training the brain):
• Focus on ‘the little joys’ - trigger the voice in your head to say them
• Get your ‘self-talk’ right – counter every negative thought with a positive one
• Be thankful; list your blessings – savour and appreciate the good in our lives
• Smile: the simple act of smiling changes mood, and triggers little releases of 'feel good' chemicals in the brain

PS: So far you’ve survived 100% of your worst days. You’re doing great.
MANAGING ANGER

Anger is a normal responsive emotional state, a survival response to confrontation and threat. When we feel anger, we feel it at varying intensities. If in control of our emotions, we weigh the situation, take control of our responses and de-escalate.

SOME TIPS FOR MANAGING ANGER, TAKING CONTROL:

- Know yourself: recognise your warning signs
- Get on top of the ‘lizard brain’
- De-stress
- It's not “someone else’s fault” (your anger is yours, ‘own’ it)
- Find ‘the better self’ within
- Talk: talk about ‘you’, talk about ‘them’
- Laugh loud, laugh lots

SURE: Financial or family pressure, uncertainty or stress can wear away at our emotional control. But if not controlled, anger eats away at the personality and sits like an ugly dog in the corner, always there, always waiting to bite.
ANGER and COERCIVE CONTROL

Uncontrolled anger, explosive rage and aggression, and the conflict and violence that can accompany it, is very dangerous and can have severe consequences in the home (and at work and in the street).

If you feel you cannot control your angry thoughts, are frequently ‘on edge’, frequently bothered – even by small things – and frequently explode into rage, get some help.

Witnessing anger-driven conflict at home, or being caught up in it, can put children at extreme safety risk and leave them with lifelong scars to their mental health.

Chronic anger also has negative physiological and psychological health outcomes for the person carrying it.
WHERE TO GET HELP:

Whether reaching for help or supporting someone who is going through a hard time – you do not have to do it alone:

- LIFELINE: 13 11 14 - 1800 RESPECT - BEYOND BLUE: 1300 22 4636
- ADA AUSTRALIA’S ‘A FRIENDLY EAR’ SUPPORT LINE
  Phone: 1800 ADA AUS / 1800 232 287
- NATIONAL MENTAL HEALTH HELPLINE: 1300 643 287 / admin@mhfa.org.au
- EAP/COUNSELLING SERVICES, OR DELGATED REPRESENTATIVE
- SPEAK TO YOUR GP OR HEALTH PROFESSIONAL
- IF IN CRISIS: CALL TRIPLE ‘000’
NATIONAL MENTAL HEALTH HELPLINE
1300 643 287

If you have any questions, we are here to help you!

Better Mental Health For All