



Safety on the Inside: Mental Wellness and Stress Management

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Richard Jones is an experienced therapist, clinician, and healthcare entrepreneur operating primarily in the behavioral health space. Richard has wide-ranging professional experience across nearly all behavioral health domains, including mental health, substance use disorders, co-occurring disorders, and intellectual disabilities.

He has over 20 years of management experience and has been instrumental in the launch and rebuild of multiple programs nationwide. Richard is passionate about providing quality care and supporting people in need. He has been the founding CEO of two non-profit organizations and two for-profit business dedicated to disrupting the behavioral health space for the betterment of people in need.



Agenda

- Why bother?
- Stigma reduction/awareness
 - SUBSTANCE USE DISORDER IS A “DISORDER”
 - SUICIDE PREVENTION / ANOTHER LOOK
- Questions/Answer

Underlying principles

**No one cares how much you
know until they know how
much you care.**

The problem is not (always) obvious

You never know what's going on “inside” another person...

Unless you ask...





- Refers to mental health and substance use disorders, life stressors and crises, and stress-related physical symptoms. Behavioral health care refers to the prevention, diagnosis and treatment of those conditions.
 - Enables people to realize their abilities, learn well, and work well
 - Not simply the absence of mental illness/substance use disorder
 - Exists on a continuum
 - Our mental health influences – everything:
 - How we think
 - How we act
 - How we feel
 - How we manage stress
 - How we relate to other people



The Numbers per 100,000

9.4

National
Construction
Fatality Rate (BLS)

53.3

Deaths by Suicide
(CDC)

5X

(4X-14)

162.6

Deaths by
Overdose
(CDC)

17X

(5X-34)

BLS & CDC.gov

SQUARE FEET

Construction Industry Grapples With Its Top Killer: Drug Overdose

Construction workers are more likely to die of overdose than workers in any other occupation, forcing the industry to rethink its approach to safety.



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56

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Figure 76. Two Milligrams of Fentanyl - A Potential Lethal Dose



Source: Network Environmental Systems (NES)

Can you spot the fake?

Counterfeit



Photo courtesy of California Poison Control System, San Francisco Division

According to the DEA, this pill is a replica. Analysis of a tablet from the same batch indicated that it contained fentanyl, promethazine, acetaminophen and trace amounts of cocaine.

Real



Photo courtesy of Mallinckrodt PLC

This legitimate prescription pill made by Mallinckrodt PLC contains hydrocodone bitartrate and acetaminophen.

THE WALL STREET JOURNAL.

What's the “real” problem?

“ In 2021, only 6% of people with a substance use disorder (SUD) received help for their SUD. ”

Source: SAMHSA National Survey of Drug Use and Health (NSDUH), January 4, 2023.
<https://www.samhsa.gov/data/release/2021-national-survey-drug-use-and-health-nsduh-releases>



Stigma drives resistance to help.

- Addiction and depression is a character flaw. Get up, get moving and knock that s**t off ...



Myth

- It is best to wait for a person to hit bottom before trying to help. Otherwise the person will refuse to get help and you will become frustrated.



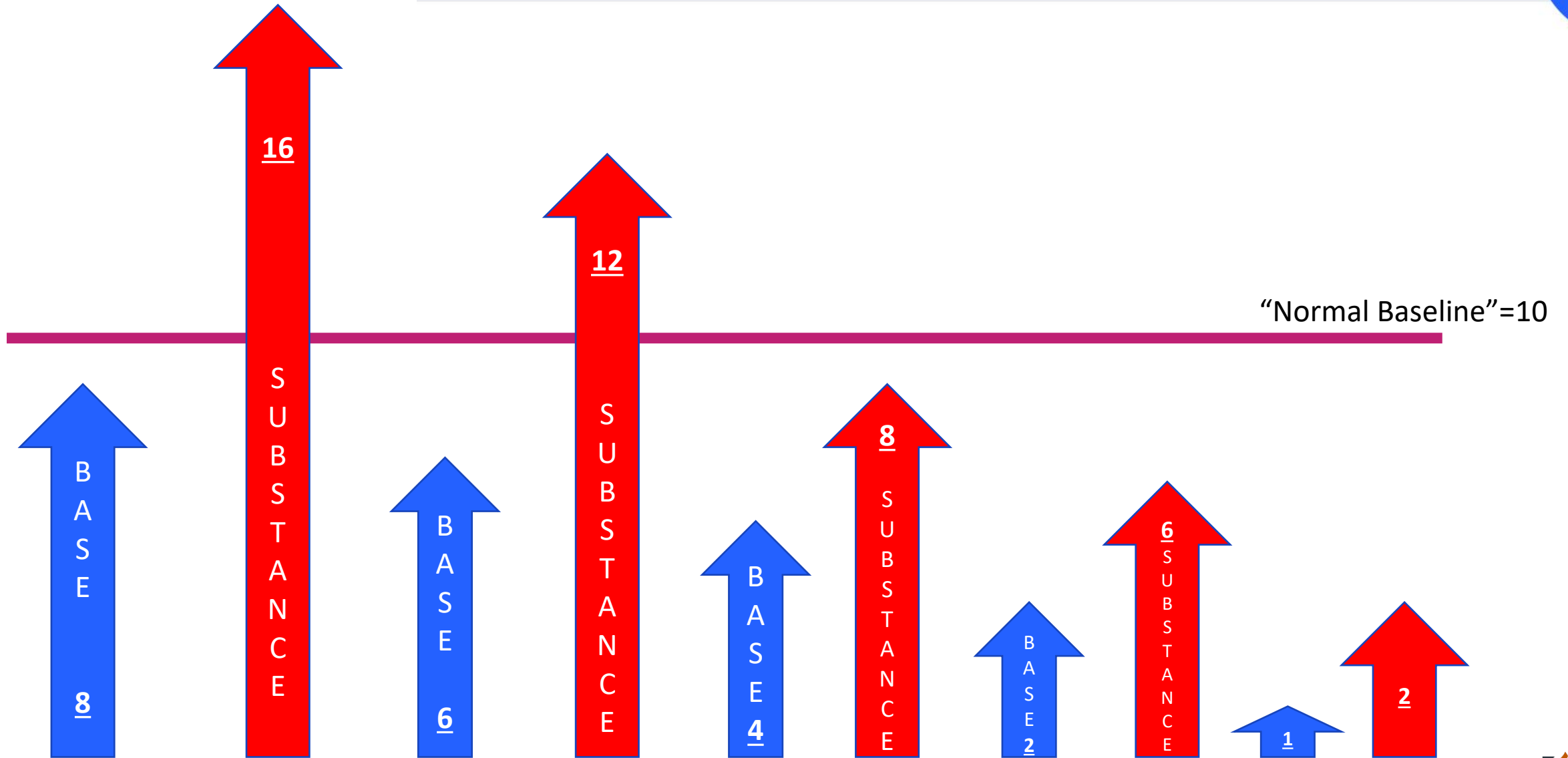




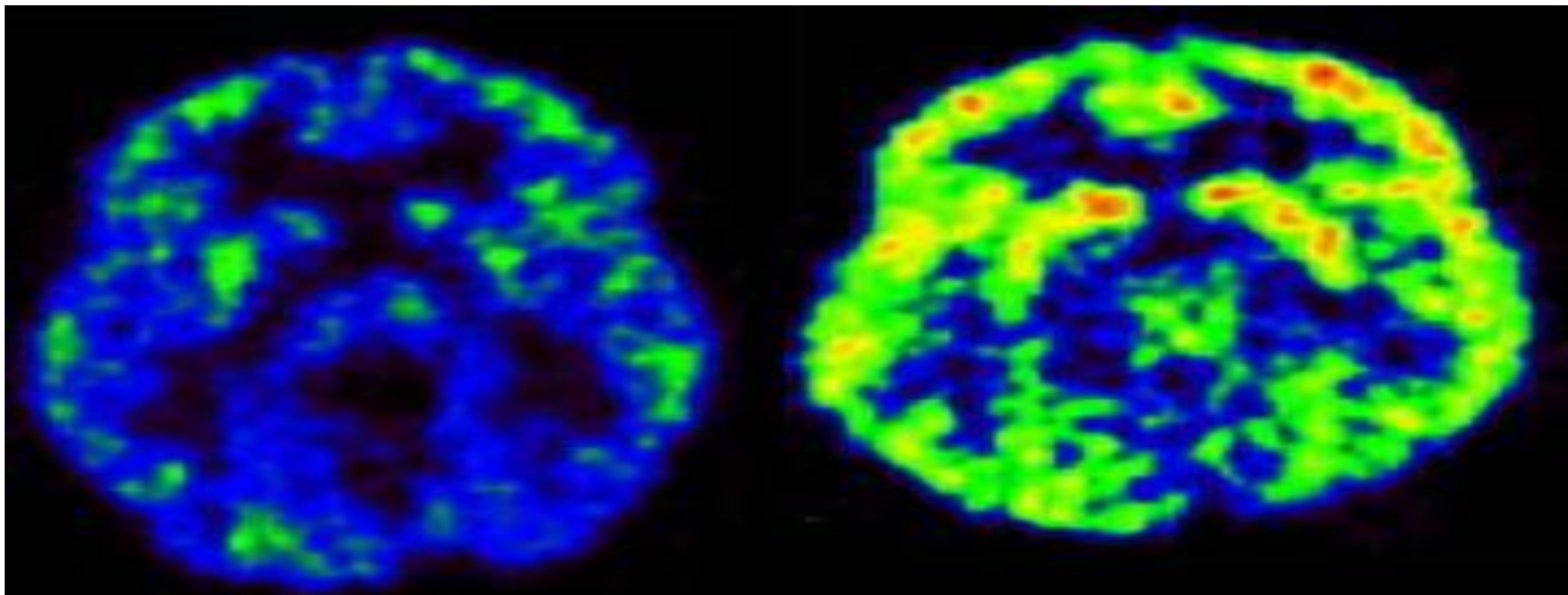
How much dopamine does an activity release?

Various activities cause the brain to release more dopamine than usual. Enjoying food brings a 50 percent boost to dopamine levels in the brain, for instance. Video games and sex also increase dopamine, and drug use does so significantly. It's not reasonable to equate the brain response to drug use with that of video games.





“It’s all in your head”...



Chronic Substance Use—Substance Use Disorder
Severe. Happens over time dependent on
substance, hereditary issues, age of first use.

No chronic use of substances. Healthy brain.

Case study – Chester Bennington



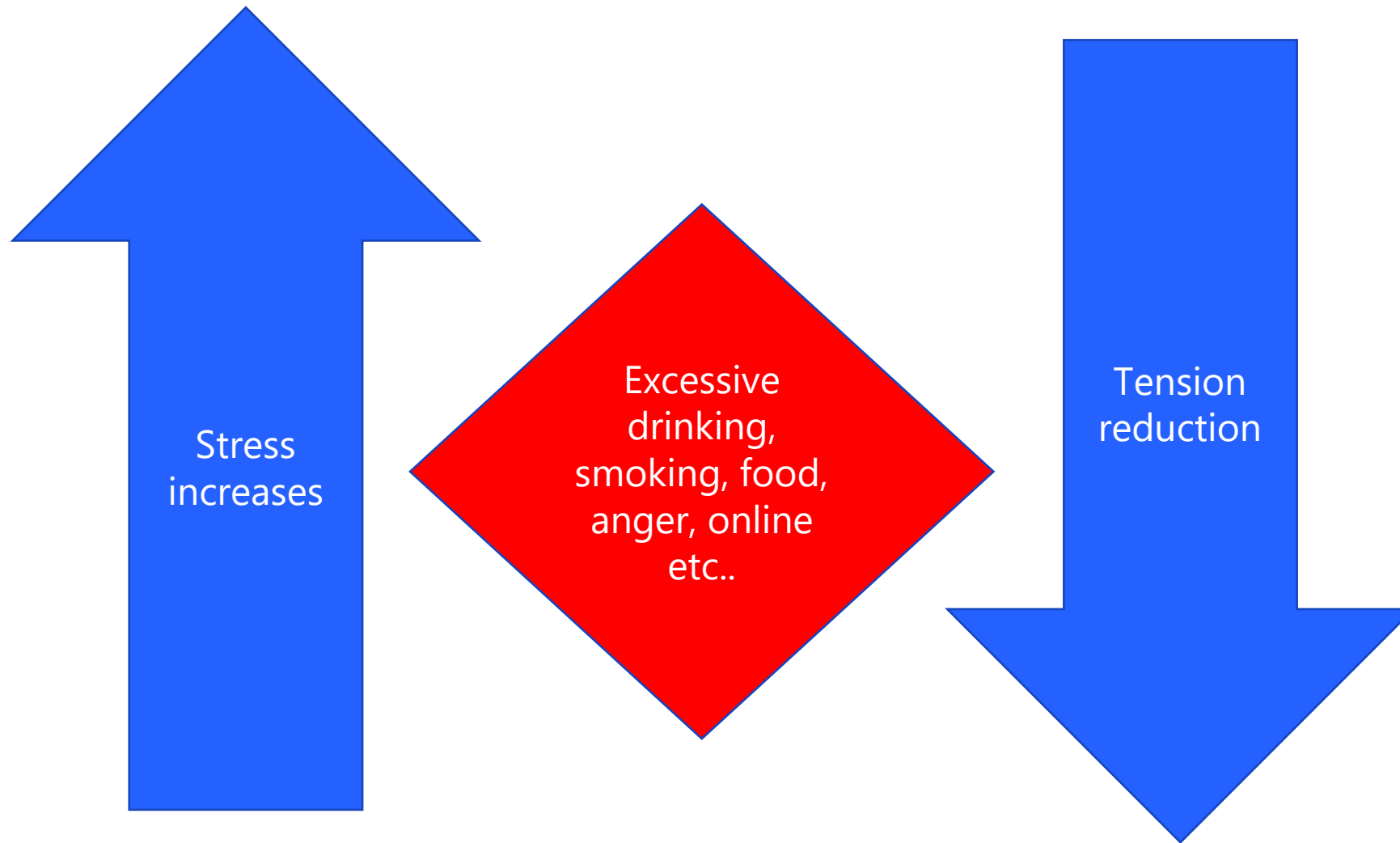
The biggest barrier to suicide prevention is stigma, shame and discomfort surrounding the topic.

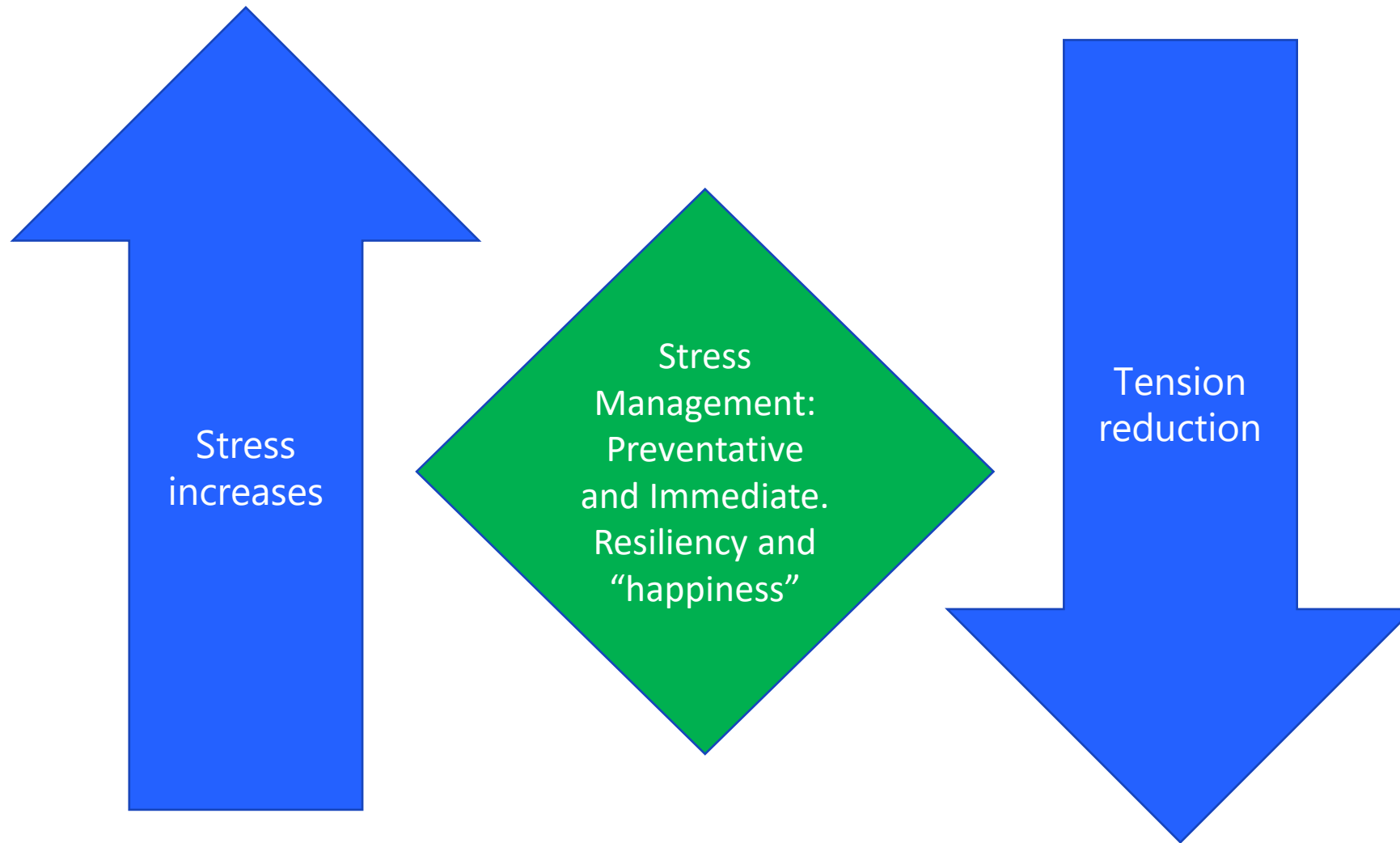
THIS KEEPS US FROM ASKING: “Are you okay—are you REALLY OKAY”?

Stress Management - “a lifestyle” issue

American Psychiatric Association

- Social interactions (toxic)
- Food
- Exercise
- Get outside (nature)
- Sleep
- Substance use



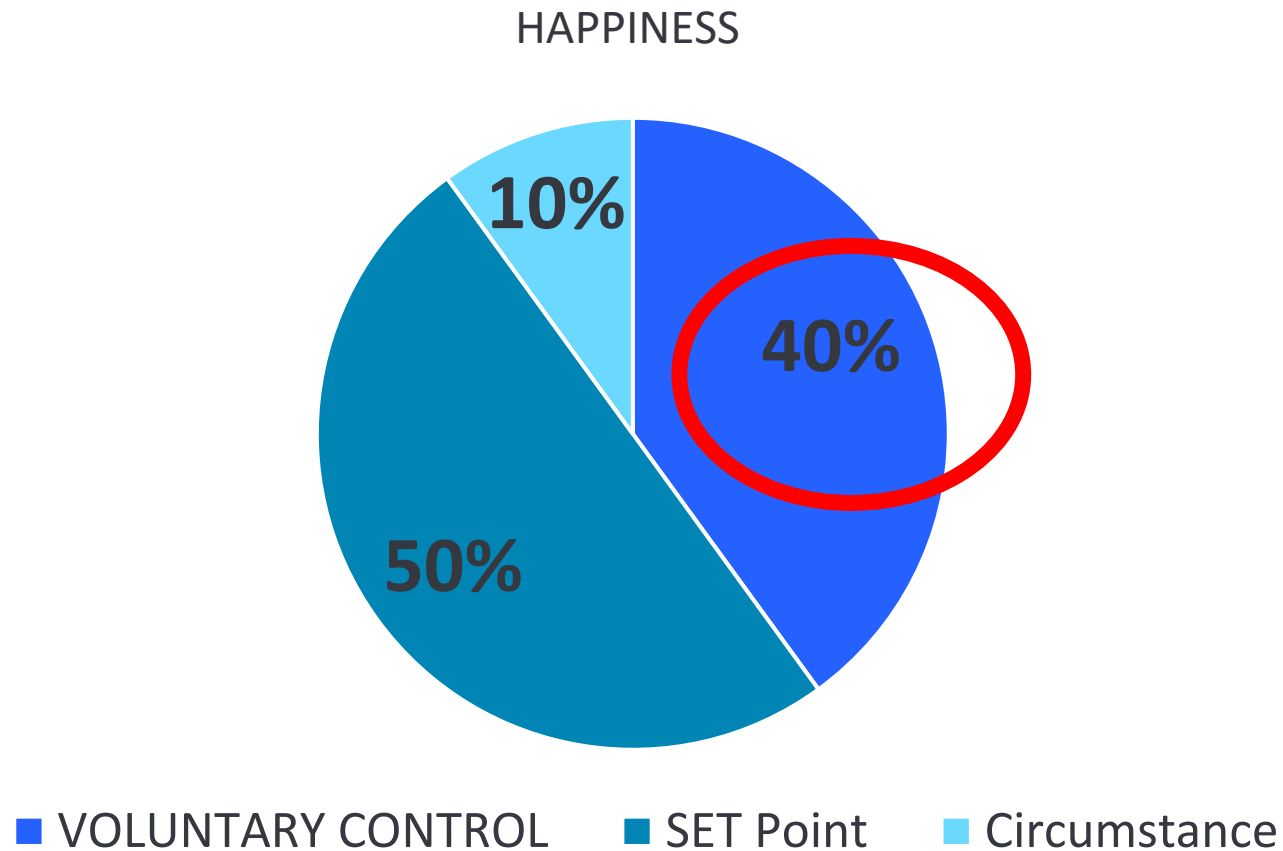


Positive Psychology origin story ...

My experience with positive psychology ...



Foundation



The 4th Wave

- Psychoanalytic
- Behaviorists
- Cognitive Behaviorists
- Humanists



Tip #1: PERMA

- P = pleasure
- E = engagement
- R = relationships
- M = meaning
- A = achievement (attitude)



Activities

Pleasing (FUN): TV	Living: working, hiking, yoga, taking a college course, learning a new trade, try experiment
Yielding: doom scrolling; internet; mindless***	Agonizing: work; chores; putting the kids to bed

hurkle-durkle

/verb LittleGnomad

to lie in bed or lounge about when
one should be up and about.

The only true solution for
“burnout” is rest... until you
sufficiently rest you won’t
feel better.

Tip #2: Back to basics

- GRATITUDE INTERVENTIONS:
 - 3 Good Things
 - Gratitude letter/visit/call
- SAVORING Positive Emotions
 - “Photo Album”

Tip #3: free three!



Tip #4: Social Media Fast



Tip #5: You control your thoughts

- Activating event
- Belief (interpretation of the event)
- Consequence (emotional, acting out, self-destructive coping)
- Dispute (your belief)



Coaching Credentials

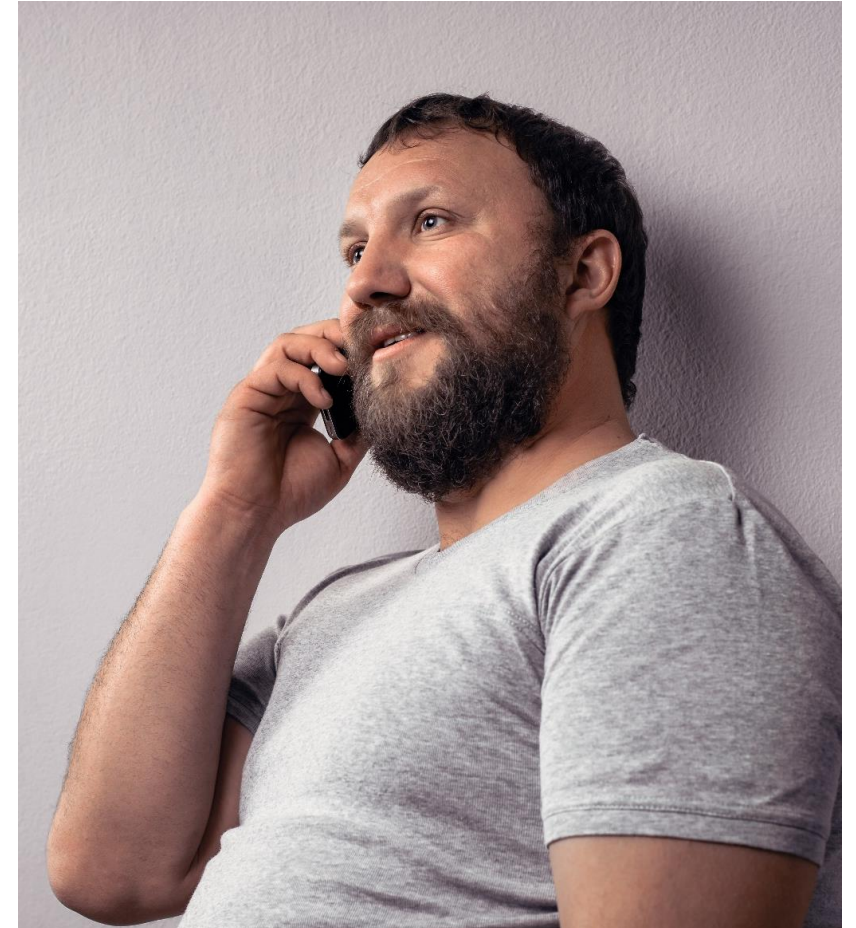
- National Certification with NAADAC
- Assertive Community Engagement (ACE) Coaching
- Dedicated and Credentialed Family Coaches
- Adherence to CFR-42 confidentiality laws and HIPAA privacy/reporting laws at federal and state level

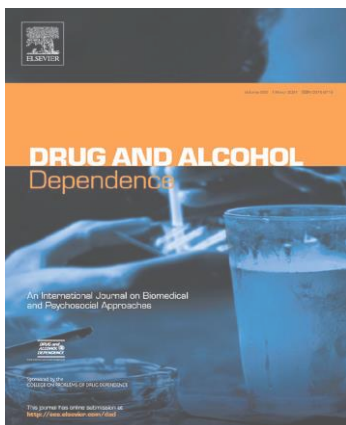
Strategies

- Regular and consistent touchpoints with participant
- Referrals to providers and treatment
- Help high-risk/crisis cases
- Participant and Family Engagement
- Paradigm shift: The professional is responsible for the engagement of the participant

Engagement

- Establish consistent contact at appropriate level for participant
- Meet participant where they are at
- Collaborate with participant and family



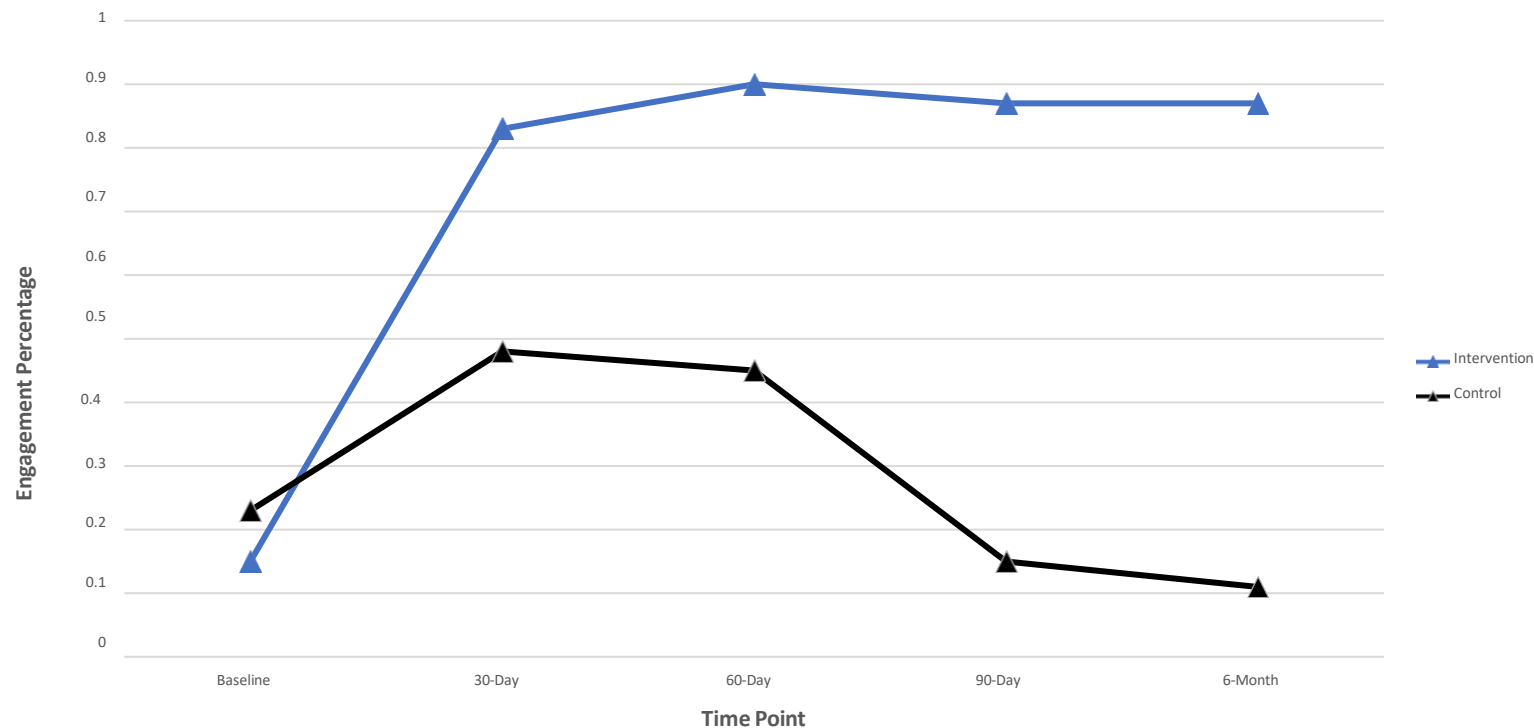


Results

Engagement rate over the six-month post-discharge time period was higher for participants in the recovery coaching intervention (84%, 95% CI: 78% to 91%) compared to the standard of care control condition (34%, 95% CI: 25% to 44%), log OR = 28.95, $p < .001$.

Conclusion

SUD is a chronic, relapse-prone disease, and the most important factor for predicting improvement at five years post-discharge is on-going engagement (Weisner et al, 2003). This study demonstrates that inpatient linkage to recovery coaching services improves engagement rates and can feasibly be implemented in a single large hospital system. This intervention is promising for both short-term and long-term engagement in recovery support services.



Randomized Control Trial Results

When paired with a coach, participants had an 89% engagement in recovery versus traditional treatment at 10%.

Kaileigh A. Byrne, Prerana J. Roth, Krupa Merchant, Bryana Baginski, Katie Robinson, Katy Dumas, James Collie, Benjamin Ramsey, Jen Cull, Leah Cooper, Matthew Churitch, Lior Rennert, Moonseong Heo, & Richard Jones | *Clemson University, Prisma Health-Upstate, University of South Carolina School of Medicine Greenville*



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