Things You Can Do To Help Yourself
When You Are Experiencing Traumatic Stress
Some practical, common-sense suggestions -that work.

"It's Okay..."

*Remember, you are having normal human reactions, just like others under similar stress. You 're not going "crazy" or having a nervous breakdown.
Give yourself permission to feel bad. Like the flu, traumatic stress has to run its course.

*Unwanted thoughts, dreams or flashbacks are normal, too. Accept them as part of healing. They should decrease over time, and in most ways, they are adaptive and healing.

"Stay in Touch with Others."

*Don't isolate yourself.
*Talk it out with people. Talk is a very healing medicine.
*Allow supportive people to assist you.
*Reach out to people who care –family, friends, clergy, co-workers, counselors.
* Don't wait to ask for help if you want or need it.

"Stay Active."

*Maintain a normal, active and productive schedule; modify as necessary.
*Physical exercise (within your normal limits) is one of the best ways to reduce stress. Do things that you enjoy.

"Help Others." (It Will Help You, Too.)

*Realize that those around you may also be under stress.
*Help your co-workers. How are they doing?
*Assist family members who may be experiencing stress, also.

"Take Care Of Yourself."

*Avoid stressful situations for awhile.
*Have some relaxing times.
*Don't abuse drugs or alcohol. This can hinder and delay recovery.
*Eat well-balanced and regular meals (even if you don't feel like it).
*Get plenty of rest, remembering that sleep disturbance is common, tool
*Avoid hazardous activities -there is an increased likelihood of accidents.
*Delay making major life decisions until your stress level lowers and symptoms decrease significantly.

THINGS TO REMEMBER ABOUT TRAUMA

* **Everyone responds differently to trauma. *Try* not to judge yourself or others. This is an important time to honor your own feelings and experiences as well as those of others.**

* **Experiencing a critical incident may trigger memories of other trauma you have experienced. This is normal and although painful, will pass in time.**

* **Take care of yourself It is important to rest, eat well and exercise to relieve pent-up feelings and stress. Put unrelated stressful decisions on hold. Don't force yourself to do things that feel uncomfortable. Allow for time alone and with others as you need it.**

* **A trauma in the workplace is serious. We may not realize how much a part of our lives our co-workers have become until something happens to one of them.**

* **While we may question the appropriateness of "grieving" at work, it is necessary in order to put closure on the incident. people grieve in different ways and those differences need to be supported and respected.**

* **It can be helpful to consider the possible positive results that can come from experiencing a trauma or loss. The experience can lead to a reassessment of what's really important, an opportunity to make changes, and to be more appreciative of those around us. For many people, surviving a crisis can help build self-confidence. Knowing they had the strength to manage through a very difficult situation can lead to believing: "1f I made it through that, I can make it through anything!"**

Parents must talk to kids about tragedy: experts

By JUDY PATRICK
Gazette Reporter

Whatever you do, talk to your kids.

That was the message for parents from local child psychologists following Tuesday's catastrophes in New York City and Washington.

"It's much better for children to get this information first-hand from people they love and trust," said Melissa Doyle, a pediatric social worker at Albany Medical College. "It's more scary and worrisome when it comes from some other sources."

Parents should also try to keep the children's lives as normal as possible, a sense of normalcy that should help reassure them, said George Nevulis, a school psychologist at Burnt Hills-Ballston Lake Central School.

That's the approach most schools took Tuesday as news of the terrorist attacks unfolded. Lessons were taught, lunch was eaten and recess was enjoyed.

"The idea is to keep things as normal as possible," Nevulis said.

Doyle agreed, saying that continuing on with family life, school and other activities are valuable ways of letting children know their world will go. "It's a reassurance to the child that they are truly safe, that the adults are in charge and in control," she said.

Children of different ages need to hear different things.

> "It's much better for children to get this information first-hand from people they love and trust."
>
> **Melissa Doyle**
> Albany Medical College pediatric social worker

Preschoolers are beginning to develop a better concept of the world, including its potential dangers. But their thinking is still colored by the possibility that magic or wishes can change reality.

"Parents should be very brief, clear and direct, and not offer a whole lot of detail," Doyle said. "It should be very brief, accompanied by a lot of reassurance ... about their safety and the people they care about."

Older children, those 8 to 10 years old, will likely ask a lot of questions as they seek a logical explanation for what happened. "They'll ask why this happened, or why are people angry at the government," Doyle said. And while children of this age are primarily searching for information, they need reassurance that they're safe as well.

"You want to allow them some room to do some of their own thinking," she said. Parents should answer questions as best they can, and shouldn't be afraid to admit they don't have all the answers.

"The important thing is to get a conversation started about how these things can occur," she said.

Doyle cautions against directly exposing very young children to intense media coverage of the event. Most children have some level of exposure to TV violence, particularly via cartoons. But the real images could be disturbing, even difficult for them to process, she said, adding that parents should consequently watch TV alongside their children.

And parents should be careful about how they react to the unfolding events. Too extreme of a reaction often sends a message to children that something has happened that they need to be worried about.

Teen-agers are developing their own sense of identify, less linked with their family and more with their friends. "But it's still important for parents and other important adults to be engaging them in discussion, to allow them to voice their own opinions," Doyle said.

Children who have already faced some tragedy in their lives — a fire, a car accident, for example — may be more likely to be affected, Doyle said. Those kinds of events in the past often make children more sensitive, she said.

Some links to articles on helping kids cope with 'disaster'.

Some are in direct response to 9/11, others are older, but relevant articles. Thought you might want to share these.

How to talk to children about disaster (current newspaper article)
http://www.ag.uiuc.edu/~disaster/teacher/csndact2.html

Calm young children; explain to older kids
http://www.usatoday.com/life/2001-09-12-talking-to-kids.htm

Responding to Children after a Crisis: What Parents and Adults Can Do
http://www.ehealthIndiana.com/media/releases.asp?go=79

Helping Children Handle Disaster-Related Anxiety
http://www.nmha.org/newsroom/terrorismtips.cfm

AAP Offers Advice on Communicating with Children about Disasters
http://www.aap.org/advocacy/releases/disastercomm.htm

Helping Children After a Disaster
http://www.aacap.org/publications/factsfam/disaster.htm

Disaster Recovery: Children's Needs
http:///www.ces.ncsu.edu/depts/fcs/humandev/disint.html

What to Tell Children about Terrorist Bombings
http://www.trauma-pages.com/bombing.htm

After a Disaster: What You Can Do With Your Children
http://www.disastertraining.org/after.htm

Disaster Handouts & Links
http://www.trauma-pages.com/pg5.htm

Children, Stress, and Natural Disasters: School Activities for Children
http://www.ag.uiuc.edu/~disaster/teacher/csndact2.html

Tips for Talking to Children about Disasters
http://www.ehealthindiana.com/media/releases.asp?go=78

HOW TO HELP GRIEVING PEOPLE

Relatives, friends and neighbors are supportive at the time of a death, during the wake and funeral. Food, flowers and their presence are among the many thoughtful expressions. After the funeral, many grieving people-wonder what happened to their friends. They need their support and caring even more when the reality begins to hit and the long process of grief begins. Their help is essential, since immediate family members have their hands full of grief and may find it difficult to give support to one another, or may not live nearby. Your help and understanding can make a significant difference in the healing of your friend's grief. Unresolved grief can lead to physical or mental illness, suicide or premature death. A grieving person needs friends who are willing to: LISTEN; cry with them; sit with them; reminisce; care; have creative ideas for coping; be honest; help them feel loved and needed; believe that they will make it through their grief. Ways of helping grieving people are as limitless as your imagination.

1. All that is necessary is a squeeze of the hand, a kiss, a hug, your presence. If you want to say something, say "I'm sorry" or "I care."

2. Offer to help with practical matters; i.e., errands, fixing food, caring *for* children. Say, "I'm going to the store. Do you need bread, milk, etc.? I'll get them." It is not helpful to say, "Calf me if there is anything I can do."

3. Don't be afraid to cry openly if you were close to the deceased. Often the bereaved find themselves comforting you, but at the same time they understand your tears and don't feel so alone in their grief,

4. It is not necessary to ask questions about how the death happened. Let the bereaved tell you as much as they want when they are ready. A helpful question might be, "Would you like to talk? I'll listen."

5. Don't say, "I know just how you feel."

6. The bereaved may ask "WHY?" It is often a cry of pain rather than a question. It is not necessary to answer, but if you do, you may reply, "I don't know why."

7 .Don't use platitudes like "Life is for the living," or "It's God's will" Explanations rarely console. It's better to say nothing.

8. Recognize that the bereaved may be angry. They may be angry at God, the person who died, the clergy, doctors, rescue teams, other family members, etc. Encourage them to acknowledge their anger and to find healthy ways of handling it.

9. Be available to LISTEN frequently. Most bereaved want to talk about the person who has died. Encourage them to talk about the deceased. Do not change the conversation, or avoid mentioning the person's name.

10. Read about the various phases of grief so you can understand and help the bereaved to understand.

11. Be PATIENT- Don't say, "You will get over it in time." Mourning may take a long time. The bereaved need you to *stand by them* for as long as necessary. Encourage them to be patient with themselves as there is no *timetable* for grief.

12. Accept whatever feelings are expressed. Do not say. "You shouldn't feel like that." This attitude puts pressure on the bereaved to push down their feelings. Encourage them to express their feelings -cry. hit a pillow. scream, etc.

13. Be aware that a bereaved person's self-esteem may be very low.

14. When someone feels guilty and is filled with "if only's," it is not helpful to say, "Don't feel guilty." This only adds to their negative view of themselves. They would handle it better if they could. One response could be, "I don't think that you are guilty. You did the best you could at the time, but don't push down your feelings of guilt. Talk about it until you can let it go."

15. Depression is often part of grief. It is a scary feeling. To be able to talk things over with an understanding friend or loved one is one factor that may help prevent a person from becoming severely depressed.

16. Give special attention to the children in the family. DO NOT tell them not to cry or not to upset the adults.

17. Suggest that the bereaved person keep a journal.

18. The bereaved may appear to be getting worse. Be aware this is often due to the reality of the death hitting them.

19. Be aware of physical reactions to the death (lack of appetite, sleeplessness, headaches, inability to concentrate). These affect the person's coping ability, energy and recovery ..

20. Be aware of the use of drugs and alcohol. Medication should only be taken under the supervision of a physician. Often these only delay the grief. response.

21. Sometimes the pain of bereavement is so intense that thoughts of suicide occur. Don't be shocked by this. Instead, try to be a truly confiding friend.

22. Don't say, "It has been 4 months, 6 months, 1 year, etc. You must be over it by now." Life will never be the same.

23. Encourage counseling if grief is getting out of hand.

24. Suggest that grieving people take part in support groups. Sharing similar experiences helps. Offer to attend a support group meeting with them. The meetings are not morbid. They offer understanding, friendship, suggestions for coping and HOPE.

25. Suggest that the bereaved postpone major decisions such as moving, giving everything away, etc. Later they may regret their hasty decisions. It is best for the bereaved to keep decision making to a minimum.

26. Suggest exercise to help work off bottled up tension and anger, to .relax and to aid sleep. Offer to join them for tennis, exercise classes, swimming, a walk, etc.

27. Practice unconditional love. Feelings of rage, anger and frustration are not pleasant to observe or listen to; but it is necessary for the bereaved to recognize and work on these feelings in order to work-. through the grief, rather than become stuck in one phase.

28. Help the bereaved to avoid unrealistic expectations as to how they "should" feel and when they will be better. It is helpful when appropriate to say, "I don't know how you do as well as you -do."

29. Don't avoid the bereaved. This adds to their loss. As the widowed often say, "I not only lost my spouse, but my friends as well."

30. Be aware that weekends, holidays and evenings may be more difficult.

31. Consider sending a note at the time of their loved one's birthday, anniversary, death or other special days.

32. Practice continuing acts of thoughtfulness -a note, visit. Plant, helpful book on grief, plate of cookies, phone call, invitation for lunch. dinner, coffee, Take the initiative in calling the bereaved.

Managing Traumatic Stress: Tips for Recovering

From Disasters and Other Traumatic Events

Posted with permission from the American Psychological Association

Tuesday's terrorist attacks on the United States were the type of events we thought could never happen. Like other types of disasters they were unexpected, sudden and overwhelming. In some cases, there are no outwardly visible signs of physical injury, but there is nonetheless a serious emotional toll. It is common for people who have experienced traumatic situations to have very strong emotional reactions. Understanding normal responses to these abnormal events can aid you in coping effectively with your feelings, thoughts, and behaviors, and help you along the path to recovery.

What happens to people after a disaster or other traumatic event?

Shock and denial are typical responses to terrorism, disasters and other kinds of trauma, especially shortly after the event. Both shock and denial are normal protective reactions.

Shock is a sudden and often intense disturbance of your emotional state that may leave you feeling stunned or dazed. Denial involves your not acknowledging that something very stressful has happened, or not experiencing fully the intensity of the event. You may temporarily feel numb or disconnected from life.

As the initial shock subsides, reactions vary from one person to another. The following, however, are normal responses to a traumatic event:

- Feelings become intense and sometimes are unpredictable. You may become more irritable than usual, and your mood may change back and forth dramatically. You might be especially anxious or nervous, or even become depressed.
- Thoughts and behavior patterns are affected by the trauma. You might have repeated and vivid memories of the event. These flashbacks may occur for no apparent reason and may lead to physical reactions such as rapid heart beat or sweating. You may find it difficult to concentrate or make decisions, or become more easily confused. Sleep and eating patterns also may be disrupted.
- Recurring emotional reactions are common. Anniversaries of the event, such as at one month or one year, as well as reminders such as aftershocks from earthquakes or the sounds of sirens, can trigger upsetting memories of the traumatic experience. These 'triggers' may be accompanied by fears that the stressful event will be repeated.
- Interpersonal relationships often become strained. Greater conflict, such as more frequent arguments with family members and coworkers, is common. On the other hand, you might become withdrawn and isolated and avoid your usual activities.
- Physical symptoms may accompany the extreme stress. For example, headaches, nausea and chest pain may result and may require medical attention. Pre-existing medical conditions may worsen due to the stress.

How do people respond differently over time?

It is important for you to realize that there is not one 'standard' pattern of reaction to the extreme stress of traumatic experiences. Some people respond immediately, while others have delayed reactions - sometimes months or even years later. Some have adverse effects for a long period of time, while others recover rather quickly.

And reactions can change over time. Some who have suffered from trauma are energized initially by the event to help them with the challenge of coping, only to later become discouraged or depressed.

A number of factors tend to affect the length of time required for recovery, including:

- The degree of intensity and loss. Events that last longer and pose a greater threat, and where loss of life or substantial loss of property is involved, often take longer to resolve.
- A person's general ability to cope with emotionally challenging situations. Individuals who have handled other difficult, stressful circumstances well may find it easier to cope with the trauma.
- Other stressful events preceding the traumatic experience. Individuals faced with other emotionally challenging situations, such as serious health problems or family-related difficulties, may have more intense reactions to the new stressful event and need more time to recover.

How should I help myself and my family?

There are a number of steps you can take to help restore emotional well being and a sense of control following a terrorist act, a disaster or other traumatic experience, including the following:

- Give yourself time to heal. Anticipate that this will be a difficult time in your life. Allow yourself to mourn the losses you have experienced. Try to be patient with changes in your emotional state.
- Ask for support from people who care about you and who will listen and empathize with your situation. But keep in mind that your typical support system may be weakened if those who are close to you also have experienced or witnessed the trauma.
- Communicate your experience in whatever ways feel comfortable to you - such as by talking with family or close friends, or keeping a diary.
- Find out about local support groups that often are available such as for those who have suffered from natural disasters, or for women who are victims of rape. These can be especially helpful for people with limited personal support systems.
- Try to find groups led by appropriately trained and experienced professionals. Group discussion can help people realize that other individuals in the same circumstances often have similar reactions and emotions.
- Engage in healthy behaviors to enhance your ability to cope with excessive stress. Eat well-balanced meals and get plenty of rest. If you experience ongoing difficulties with sleep, you may be able to find some relief through relaxation techniques. Avoid alcohol and drugs.
- Establish or reestablish routines such as eating meals at regular times and following an exercise program. Take some time off from the demands of daily life by pursuing hobbies or other enjoyable activities.
- Avoid major life decisions such as switching careers or jobs if possible because these activities tend to be highly stressful.
- Become knowledgeable about what to expect as a result of trauma. Some of the 'Additional Resources' listed at the end of this fact sheet may help you with this learning process.

How do I take care of children's special needs?

The intense anxiety and fear that often follow a disaster or other traumatic event can be especially troubling for children. Some may regress and demonstrate younger behaviors such as thumb sucking or bed wetting. Children may be more prone to nightmares and fear of sleeping alone. Performance in school may suffer. Other changes in behavior patterns may include throwing tantrums more frequently, or withdrawing and becoming more solitary.

There are several things parents and others who care for children can do to help alleviate the emotional consequences of trauma, including the following:

- Spend more time with children and let them be more dependent on you during the months following the trauma - for example, allowing your child to cling to you more often than usual. Physical affection is very comforting to children who have experienced trauma.
- Provide play experiences to help relieve tension. Younger children in particular may find it easier

to share their ideas and feelings about the event through non-verbal activities such as drawing.

- Encourage older children to speak with you, and with one another, about their thoughts and feelings. This helps reduce their confusion and anxiety related to the trauma. Respond to questions in terms they can comprehend. Reassure them repeatedly that you care about them and that you understand their fears and concerns.
- Keep regular schedules for activities such as eating, playing and going to bed to help restore a sense of security and normalcy.

When should I seek professional help?

Some people are able to cope effectively with the emotional and physical demands brought about by a natural disaster or other traumatic experience by using their own support systems. It is not unusual, however, to find that serious problems persist and continue to interfere with daily living. For example, some may feel overwhelming nervousness or lingering sadness that adversely affects job performance and interpersonal relationships.

Individuals with prolonged reactions that disrupt their daily functioning should consult with a trained and experienced mental health professional. Psychologists and other appropriate mental health providers help educate people about normal responses to extreme stress. These professionals work with individuals affected by trauma to help them find constructive ways of dealing with the emotional impact.

With children, continual and aggressive emotional outbursts, serious problems at school, preoccupation with the traumatic event, continued and extreme withdrawal, and other signs of intense anxiety or emotional difficulties all point to the need for professional assistance. A qualified mental health professional can help such children and their parents understand and deal with thoughts, feelings and behaviors that result from trauma.

What To Do When an Employee is Depression

1995

Depression Affects the Workplace

As a supervisor, you may notice that some employees seem less productive and reliable than usual--they may often call in sick or arrive late to work, have more accidents, or just seem less interested in work. These individuals may be suffering from a very real and common illness called clinical depression. While it is not your job as a supervisor to diagnose depression, it may help to understand more about it.

- Each year, depression affects at least 17.6 million people, often during their most productive years--between the ages of 25 and 44.
- Untreated clinical depression may become a chronic condition that disrupts work, family, and personal life.
- Depression results in more days in bed than many other ailments (such as ulcers, diabetes, high blood pressure, and arthritis) according to a recent large-scale study published by the Rand Corporation.

In addition to personal suffering, depression takes its toll at the workplace:

- At any one time, 1 employee in 20 is experiencing depression.
- Estimates of the cost of depression to the nation in 1990 range from $30-$44 billion. Of the $44 billion, depression accounts for close to $12 billion in lost work days and an estimated $11 billion in other costs associated with decreased productivity.

"Major depression and bipolar disorder accounted for 11% of all days lost from work in 1987," reported the medical director of a public utility company.

However, there is good news. More than 80% Of depressed people can be treated quickly and effectively. The key is to recognize the symptoms of depression early and to receive appropriate treatment. Unfortunately, nearly two out of three people with depression still do not receive the treatment they need.

Many companies are helping employees with depression by providing training on depression and other mental disorders for supervisors, employee assistance, and occupational health personnel. Employers are also making appropriate treatment available through employee assistance programs and through company-sponsored health benefits. Such efforts are contributing to significant reductions in lost time and job-related accidents as well as marked increases in productivity.

Depression Is More Than The Blues

Everyone gets the blues or feels sad from time to time. However. if a person experiences these emotions intensely and for long periods of time, it may signal clinical depression, a condition that requires treatment.

Clinical depression affects the total person--body, feelings, thoughts, and behaviors--and comes in various forms. Some people have a single bout of depression; others suffer recurrent episodes. Still others experience the severe mood swings of bipolar disorder--sometimes called manic-depressive illness-with moods alternating between depressive lows and manic highs.

Symptoms of Depression Include

- Persistent sad or 'empty" mood
- Feelings of hopelessness, pessimism
- Loss of interest or pleasure in ordinary activities, including sex
- Feelings of guilt, worthlessness, helplessness
- Decreased energy, fatigue, being "slowed down"
- Thoughts of death or suicide, suicide attempts
- Sleep disturbances (insomnia, early-morning waking, or oversleeping)
- Irritability
- Excessive crying
- Eating disturbances (loss of appetite and weight, or weight gain)
- Chronic aches and pains that don't respond to treatment
- Difficulty concentrating, remembering, making decisions

In the Workplace, Symptoms of Depression Often May Be Recognized by

- Decreased productivity
- Morale problems
- Lack of cooperation
- Safety risks, accidents
- Absenteeism
- Frequent statements about being tired
- Complaints of unexplained aches and pains
- Alcohol and drug abuse

Symptoms of Mania Include

- Inappropriate elation
- Irritability
- Decreased need for sleep
- Increased energy and activity
- Increased talking, moving, and sexual activity
- Racing thoughts
- Disturbed ability to make decisions all the time
- Grandiose notions
- Being easily distracted

Get an Accurate Diagnosis

If four or more of the symptoms of depression or mania persist for more than two weeks, or are interfering with work or family life, a thorough diagnosis is needed. This should include a complete physical checkup and history of family health problems as well as an evaluation of possible symptoms of depression.

Depression Affects Your Employees

John had been feeling depressed for weeks though he didn't know why. He had lost his appetite and felt tired all the time. It wasn't until he couldn't get out of bed any more that his wife took him to a mental health professional for treatment. He soon showed improvement and was able to return to work.

Depression can affect your workers' productivity, judgment, ability to work with others, and overall job performance. The inability to concentrate fully or make decisions may lead to costly mistakes or accidents. In addition, it has been shown that depressed individuals have high rates of absenteeism and are more likely to abuse alcohol and drugs, resulting in other problems on and off the job.

Unfortunately, many depressed people suffer needlessly because they feel embarrassed, fear being perceived as weak, or do not recognize depression as a treatable illness.

Treatments Are Effective

Mary couldn't sleep at night and had trouble staying awake and concentrating during the day. After visiting the doctor and being put on medication for depression, she found that her symptoms disappeared and her work and social life improved.

More than 80% of people with depression can be treated effectively, generally without missing much time from work or needing costly hospitalization.

There is a choice of treatments available, including medications, psychological treatments, or a combination of both. These treatments usually relieve the symptoms of depression in a matter of weeks.

What Can A Supervisor Do?

What Can a Supervisor Say to a Depressed Person?

> "I'm concerned that you've been late to work recently and aren't meeting your performance objectives ... I'd like to see you get back on track. I don't know whether this is the case for you, but if you have a personal problem you can speak confidentially to one of our employee assistance counselors. The service was set up to help employees who are experiencing personal problems. Our conversation today and your appointment with the counselor are confidential. Whether or not you contact this service, you will still be expected to meet your performance goals."

As a supervisor, you can:

Learn about depression and the sources of help. Reading this brochure is a good first step. Familiarize yourself with your company's health benefits. Find out if your company has an employee assistance program (EAP) that can provide on-site consultation or refer employees to local resources.

Recognize when an employee shows signs of a problem affecting performance which may be depression-related and refer appropriately. As a supervisor you cannot diagnose depression. You can, however, note changes in work performance and listen to employee concerns. If your company does have an EAP, ask a counselor for suggestions on how best to approach an employee who you suspect is experiencing work problems that may be related to depression.

When a previously productive employee begins to be absent or tardy frequently, or is unusually forgetful and error-prone, he/she may be experiencing a significant personal or health problem. Discuss changes in work performance with the employee. You may suggest that the employee seek consultation if there is a personal problem. Confidentiality of any discussion with the employee is critical.

If an employee voluntarily talks with you about health problems, including feeling depressed or down all the time, keep these points in mind:

- Do not try to diagnose the problem yourself.
- Recommend that any employee experiencing symptoms of depression seek professional consultation from an EAP counselor or other health or mental health professional.
- Recognize that a depressed employee may need a flexible work schedule during treatment. Find out about your company's approach by contacting your human resources specialist.
- Remember that severe depression may be life threatening to the employee, but rarely to others. If an employee makes comments like "life is not worth living"" or "people would be better off without me ,"" take the threats seriously. Immediately call an EAP counselor or other specialist and seek advice on how to handle the situation.

Professional Help Is Available From:

- Physicians
- Mental health specialists
- Employee assistance programs
- Health maintenance organizations
- Community mental health centers
- Hospital departments of psychiatry or outpatient psychiatric clinics
- University or medical school affiliated programs
- State hospital outpatient clinics
- Family service/social agencies
- Private clinics and facilities

"What To Do When An Employee is Depressed: A Guide for Supervisors" is published by the National Worksite Program organized by D/ART -- DEPRESSION Awareness, Recognition, and Treatment. Sponsored by the National institute of Mental Health.

For further information about the National Worksite Program or D/ART, contact:

D/ART
5600 Fishers Lane
Room 10-85
Rookville, MD 20857
(301)443-4140

For a free brochure about depression, call 1-800-421-4211.

HealthierYou

MHi Select Your Destination--> GO

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