

Speaker 1 ([00:06](#)):

Hello, I'm Gore Geral and I serve as the Chief Wellness Executive and Vice President at Northwestern Medicine. I also serve as the Wellbeing Consultant for the Brave of Heart Fund at the Center for Workplace Mental Health. It's my pleasure to be joined with our guest today who I'll have introduced next.

Speaker 2 ([00:24](#)):

Hi, my name is Nigel Gura. I'm a practicing transplant liver disease specialist. I work at Ochsner Health, which is based in Louisiana. I've had some traditional operational leadership roles. And then since November of 2018, I've held this less traditional role as Chief wellness officer at our organization. And I'm joined, joined by my colleague Morgan, and I'll let her introduce herself.

Speaker 3 ([00:55](#)):

Hi folks. My name is Morgan Lewis. I'm an associate program manager on Ochsner Health's office of Professional Wellbeing Team, which I get to be on with Nigel and the rest of our folks and really enjoy it. So happy to be here.

Speaker 1 ([01:08](#)):

Thank you both for joining us today. And Nigel, I think I'll start with you. As you mentioned, you're the chief wellness officer and we're here to highlight one of your interventions that you helped scale around helping with mental health. And I wonder if you tell us a little bit about your program and why you chose to scale this particular intervention.

Speaker 2 ([01:30](#)):

Sure, and just as background, the office I lead, the Office of Professional Wellbeing sort of adapts its strategy every year, but in 2023 we have five strategic areas of focus. To be clear, mental health is one strategic area of focus. The other four are creating a organizational culture that supports wellbeing, practice efficiency, leadership development, recognizing that's a huge driver, professional fulfillment, and another strategic area focuses around resilience. But a very important area is mental health. And we're going to talk about that today, Chi.

Speaker 1 ([02:14](#)):

That's fantastic. And in the mental health bucket, I heard about an intervention you all did, that was pretty unique and I wanted to share that with our audience today and have you teach us a little bit about it. And my understanding is it's sort based on these ideas of employee resource groups or ERGs, which are fairly common in a lot of other industries. And healthcare systems have had them for lots of different issues. Like we have one called the Nmm Champions Network that helps with our diversity, equity and inclusion initiatives. But you have one for mental health. I was wondering if you share a little bit about that.

Speaker 2 ([02:55](#)):

Yeah, so the history of that goes back pre pandemic. I honestly hadn't thought a lot about ERGs or employee resource groups. And honestly, I was very timid in terms of leading our efforts to focus on wellbeing or resilience because I did not want to send our physicians and apps a message that it's just all about the individual. But I think we first met in New Jersey g at a meeting at j j headquarters, and I

learned about their focus on mental health and one of their employee resource groups. And I was kind of captivated by that pre pandemic. I remember sending messages to our c e o and chief c e o and Chief Medical Officer, and it wasn't until really the pandemic highlighted how important this was. And so over the course of about two years, we had many, many conversations with our chief diversity officer, many conversations actually with j and j who were very helpful sort of sharing their information.

Speaker 2 ([04:05](#)):

And over time we thought this would be a nice offering or a resource group to live within our exceptional Abilities resource group and really with a focus on raising awareness about mental health with our employees de-stigmatizing mental health. So bringing people together to talk about shared experiences and lastly to support and advocate for the mental health needs of employees. Maybe I'll just ask Morgan if she wants just to sort of add a little bit about the history and where you started to really sort of take the reins in terms of the mental health E R G.

Speaker 3 ([04:52](#)):

Absolutely. So something we wanted to do with the mental health diplomats, which as Nigel had mentioned, lives under exceptional abilities, which that E R G really focuses on promoting the inclusion and acceptance of people, exceptional abilities, including those with the unseen exceptional abilities such as anxiety, depression, those sort of things. So in order for us to really create a great base for this, we wanted to provide a foundation with education. So we partnered with our local NAMI, new Orleans division, and we had about, our first group was about 10 folks that got trained in Mental Health First Aid, which is a national program that helps build the communication skills and the awareness around folks struggling with crisis and or substance abuse and just figure out ways to communicate with those folks and create resources for them. So our foundation was to build that education and folks that wanted to be a part of this group. And then with those folks, we decided to pull them on what peer support groups under the mental health diplomat Monica would we want to create. And they decided on caregivers grief and suicide and anxiety and depression. And we've had an absolute wonderful turnout for those meetings that we hold bimonthly. We've had about 82 unique folks come out to those and folks that come out to all of them for the month or they come out to them repeatedly. So it's been absolutely fantastic as a resource for our auction employees.

Speaker 1 ([06:26](#)):

I mean, that's fantastic. And maybe I could ask you tell us a little bit about how those first 10 folks were selected. Were you an ally or did you have to have lived experience here in terms of the training part for the Mental Health First Aid

Speaker 3 ([06:43](#)):

For sure. So instead of putting this training out to the entirety of auctioneer, just 35,000 employees, we reached out to other folks that had already been involved in the larger exceptional Abilities group, as well as those who are part of our HOPE program, which is connecting over peer empathy. We have folks that are trained in peer empathy that are employees that we can connect with other employees. So we ask them to join us as well as folks from our Vet Force one E R G, which is our veteran related E R G. So those folks were the ones that created the base for that first group. And since then we've had four trainings. So we've had about 51 people trained in Mental Health First Aid, and we've since expanded that to include folks from across ER Health, including social workers, chaplains, 80 nurses, but that first group was definitely focused on our E R G and COPE supporters.

Speaker 2 ([07:39](#)):

We began the training, I think in May of 2022, so over the course of 2022, we had four, as Morgan said, four cohorts go through. And I think really the launch in earnest was I think in January of this year. Is that right, Morgan?

Speaker 3 ([07:56](#)):

It was during our mental health during mental wellness month. So at the end of January we launched kind of the peer support aspect of this. So as you can see, what's developing here is that we have an education base to it as well as the peer support group. And anybody who's been educated in mental health for aid as well as those who attended the peer support groups are considered our mental health diplomats.

Speaker 1 ([08:22](#)):

Gotcha. And would you say that the dual part of this was catching my ear? Would you say that the folks in an E R G do need to be trained with the Mental Health First Aid? Because my understanding was for some ERGs, this is really about, we have the shared experience, this shared interest, and we get together, but we don't need that training or formal training around that. Would you have any recommendations for our audience on how you think about that?

Speaker 2 ([08:49](#)):

I'll let you take that one, Morgan. Yeah,

Speaker 3 ([08:52](#)):

We definitely don't discriminate against anybody wanting to join a peer support group as long as they're an auction employee. That's pretty much our only stipulation for that because we do want people to feel that they can come in their lived experiences, but the education part of it is just an added bonus for them. So if that's something that they want to take advantage of and those folks who have been trained that aren't necessarily interested in the peer support group aspect, what's wonderful about them is they can go out to their department, their unit and start to identify people who may be in crisis or emotional distress and say, Hey, you know what? We've got these peer support groups, or Hey, I know of these other resources that you can take advantage of at Ochsner, because I failed to mention this, the meeting format for those three groups is we set ground rules.

Speaker 3 ([09:43](#)):

We kind of say, come as you are, leave if you need to. Then we open it up to talking for 35 minutes. It's an hour long over lunch, we're okay with silence, so we might have six people and rarely we have a quiet minute. And then after that, we provide them with resources that Ochsner has as well as external resource that people may identify during the meeting. So someone we have grief support opportunities, but someone was like, I can't really make it to that. And so someone else on the call was like, well, griefshare.org is a wonderful opportunity to take advantage of, so we're more than happy if we don't have that resource of sharing a resource that might benefit our folks.

Speaker 2 ([10:25](#)):

I just want to add too, I'm incredibly proud of our mental health E R g, but it's not the whole mental health strategy. So we've tried to focus on measuring the state of mental health and the drivers of

mental health, perceived barriers to seeking mental health and importantly varying our support services. So how do we think about supporting the needs of our folks outside the traditional E A P program? How do we get more upstream? How do we get more on demand? How do we promote services and measure utilization and net promoter score? So the E R G I think is just one sort of element of the education normalization and rolling out support services an important one, but not the only one.

Speaker 1 ([11:18](#)):

I appreciate that, and I appreciate this idea that part of the objective of the E R G is to raise awareness of existing resources and obviously if there's a resource gap somewhere that this can provide you all the information you need to advocate for additional resources. I always tell people that a lot of times people say, you know what? I wish we had that. I was like you, we actually do. And putting them in connection with that is very gratifying.

Speaker 2 ([11:47](#)):

Thanks. I'll say in my mind too, Jay, I think I mentioned the five areas of focus. To me, mental health and doing things like this is high impact, low energy. I mean, this is reasonably easy stuff. It's not like solving practice efficiency or rolling out leadership development curriculum. There's very little investment needed in these, and yet it's just I think very, very important to our 35,000 employees.

Speaker 1 ([12:17](#)):

I think there's a messaging and an optics to having this, that to your point was one of the reasons we wanted to highlight this resources. I feel like this is something that healthcare systems can do everywhere. One of the things that always comes up is where is this housed? I know for us there's a question of HR versus the office of Wellbeing versus the diversity office. Do you have any thoughts on how you might think about that?

Speaker 3 ([12:45](#)):

That's a really great question. So what we did for this program is O P W, our Office of Professional Wellbeing said to exceptional abilities, Hey, let's work together on this first cohort. Let's set the foundation for you guys. And then once we get these peer support groups started, what's going to happen is O P W will still manage the relationships with the educational aspects. So we'll still work on the logistics for the mental health first aid training with NAMI and or bringing that in-house and the exceptional abilities, which is the umbrella E R G for mental health diplomats will then take over facilitating the peer support groups, but we'll still be there to provide resources and that sort of thing. But it will end up just living under E R G for the peer support aspect of it.

Speaker 1 ([13:37](#)):

Can you give us some sense of the members currently or the attendees currently? Are you seeing the clinical workforce, the nonclinical workforce who seems to be attending early on?

Speaker 2 ([13:53](#)):

Morgan has some of the utilization data. Sorry, I'll cut you off. Morgan, I'll let you handle that one.

Speaker 3 ([13:58](#)):

No, that's totally fine. One thing that's really important to these groups is, is that we do let them know that it is confidential in terms of who's attending. They can not put on their camera, they can change their name. They don't even have to talk. They can just be in the chat. And that's a really important aspect for a lot of these folks. But if I were to give you kind of a broad stroke of it, it's definitely folks from all over. We have folks in corporate remote work, and we have folks that are on units while they're talking to us. We do ask them to make sure that they have headphones and aren't in a patient facing area. But it is a very broad range of folks that are attending these calls.

Speaker 1 ([14:36](#)):

And I guess I didn't connect that, and you may have said it earlier. So these are all meetings that are virtual.

Speaker 3 ([14:43](#)):

They're all via Zoom. We have many campuses across a very large region, and we want to make sure that everyone feels that they have access to this. So of the 82 folks that have attended, they've been from all over our system.

Speaker 1 ([15:01](#)):

Can you attend anonymously and not be on camera or do you have to identify? Absolutely.

Speaker 3 ([15:06](#)):

No, you do not have to identify. Like we said, you don't even have to tell us why you're there. We send out beforehand an email that shows them how to change their name on Zoom. We let them know they don't have to turn on their camera. And some people choose that route, and some people choose to be on camera. I'm always, as a facilitator of the group, they will always be on camera and share their name, department and location so that if anybody who joins the call feels like there's a conflict of interest for them to be on the call, then they know they can get off.

Speaker 1 ([15:39](#)):

Okay.

Speaker 2 ([15:40](#)):

I think you highlight a great point. Many of the support services that we have do promote the concept of anonymity. So there's a peer support or group therapy platform called Cabana where attendees can actually create an avatar of themselves and change their voices. And I think it may not be the most important thing, but for some it is a barrier to reaching out. I think that's important to address.

Speaker 1 ([16:12](#)):

Speaking of barriers, I think when I've brought this idea up, the barrier that I often hear is we're nervous about creating this group where someone might say they're suicidal or someone may say something that is concerning for harm of some sort or danger of some sort. How do you all address that? And Morgan, are you a mental health professional that as a facilitator, do you think you have to have a mental health professional as a facilitator?

Speaker 3 ([16:43](#)):

So what's really fantastic is that the mental Health first aid course, most of our current facilitators are trained in that. And anybody who'd like to become a facilitator, we do ask that they consider taking the course before becoming a facilitator because it does give you some of the tools in order to say, okay, this person might be, this is the direction we need to go in. And we're actually working on dusting off our S O P related to that sort of thing at Ochsner. So I'm really excited that that's something that is coming up because if we are hearing that from people, what do we do? What are our next steps? And we want to make sure that anybody on these calls who's facilitating feels confident enough to take those next steps.

Speaker 1 ([17:25](#)):

That's great, Nigel. And feel free from a recording perspective, we can delete this, but you had mentioned that the mental health had become personally and professionally important to you. Would you want to share anything there?

Speaker 2 ([17:42](#)):

I'm happy to. As I mentioned pre pandemic, I did not want to lead with resilience or mental health in the first summer of the pandemic, I actually found myself, I called it languishing at the time. In retrospect, I was anxious and depressed. I recognized the triggers in the summer. I think I've talked to others many years ago. I had a son that was born in the summer and died the following year. And I actually just found that summer things are just getting bad. I wasn't able to go back to Canada, which I usually do to compensate for those feelings to spend time with family and loved ones. And I reached out for help. But my realization moment was that most people, if not everybody, has some version of that story and they just may feel uncomfortable coming forward. So in September of 2020, composed an open letter, sent that to all employees at the time, and I was really nervous about that.

Speaker 2 ([19:03](#)):

I did not know, and I know you can appreciate this, whether the state licensing board was going to come asking questions about my previous applications and that whether I talked more broadly about the stigma that exists in mental health and that I came to work that morning and opened up my inbox and there were probably about a hundred emails of support. And I think that was a bit of a crossing the Rubicon moment for the organization. I think our executive communication style has changed a little bit. People are a little more focused on storytelling rather than just report out some promoting some sense of vulnerability and how we communicates. And so I would say in September of 2020, it became obvious to me that there was really something to not just raising awareness, but as I said, normalizing de-stigmatizing largely through leadership behavioral norms.

Speaker 1 ([20:22](#)):

Fantastic. I appreciate you sharing. We've interviewed folks as part of this grant to share their stories because when senior leaders like yourself do that and are willing to be vulnerable, I think that's what changes culture. So I appreciate you sharing with us here as well. Couple last questions. I know it sounds like you're pretty early in the launch. Any anecdotal stories or data that you would like to share with the audience in terms of impact you're seeing?

Speaker 2 ([20:53](#)):

Morgan, you mentioned sort of reasonably nice quick win, I think with the suicide prevention work.

Speaker 3 ([21:05](#)):

Yeah, so what's really crazy, we've got our ERGs exceptional abilities, and this is mental health. Diplomats lives under exceptional abilities. And then we have the three peer support groups at this time, and one of 'em is grief and suicide. And one of our attendees, and gee, you mentioned this earlier and it triggered that thought is we're like, do we currently at Ochsner have a suicide advocacy effort or thing? And I may have searched suicide one too many times on our internal site and was like, you know what? I don't think we have a big enough effort that I can find right now. So because of that, we started the Suicide Awareness Alliance last month, and we already have 50 people who have joined that from 14 Ochsner Health locations. It is just another twig on the branch of peer support, and it just feels so incredibly impactful.

Speaker 3 ([22:01](#)):

We know that suicide and healthcare workers is something that we're seeing a lot more in the news, unfortunately. And just to Nigel's point of confidentiality, people just don't really trust that their mental health hygiene is being held in confidentiality. So the fact that we're de-stigmatizing something that's so big, not just mental health, but suicide is just incredibly impactful. So we have a lot of things planned for suicide Prevention Awareness month coming up in September and that week in there. So very excited about that. Not the brightest topic, but to be able to be impactful in that sort of way is really inspiring.

Speaker 1 ([22:43](#)):

That's fantastic. That's a great story and a great win. I think that's what I love about this initiative is to me it's a values alignment initiative. As much as anything else is what we're willing to talk about, the hard stuff, and we're willing to provide support to everyone. I think that's fantastic. Any other last comments about tips you would give to someone else thinking about starting this program? Any sort of keys to success that you've learned along your journey thus far?

Speaker 2 ([23:14](#)):

Yeah, to the extent possible, we alluded to this, if you have a chief diversity officer, many organizations have a fairly well probably emerging, but areas of focus and the diversity, equity and inclusion. But to the extent that you're able to align efforts with those things that are going on, I think it increases the likelihood of success. Certainly there's been this great cross-pollination between our work in the wellbeing space and the work going on in the diversity, equity, inclusion areas. We've been able to learn things from many of our ERGs and I think vice versa. So I think it's very important to align your efforts with existing efforts within the organization

Speaker 1 ([24:05](#)):

Station. Anything else, Morgan, from your perspective?

Speaker 3 ([24:08](#)):

Yeah, absolutely. Getting buy-in from other folks and breaking down silos. There's so many resources that you just don't know about that might be in your organization or things that you can take advantage of for something of this nature and just reach out to people, email them in your organization and say, Hey, what do you think of this idea? So it's been fantastic. I will say making sure if you're going to start a program like this to spread out some of these things, it can be a little emotionally exhausting, even though it is very impactful for someone. I would say make sure that you have other people that can

support as facilitators for these peer support groups, but if anybody needs any help with it, they can reach out to us at Ner Health. So we're more than happy to share any tips or tricks.

Speaker 1 ([24:55](#)):

I imagine you're going to be getting a lot of calls, so thank you all for taking the time to do this interview and spreading mental health diplomats. That's certainly, I think what you're doing here is really innovative and novel. And thank you all again.

Speaker 2 ([25:10](#)):

Thanks. Thank you, g.