

Mindful

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This issue's theme is suicide prevention and awareness

In this issue of *Mindful*, we aim to deepen our understanding of suicide, including its prevalence in different populations, risk factors to watch for, and resources that can help. We're also featuring personal stories from Quest employees on how suicide has affected them and their loved ones. In addition, we'll explore the impact of COVID-19 on mental health and suicide rates, particularly from the perspective of frontline healthcare workers, and much more. We hope you enjoy this newsletter!

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Introducing *Mindful*, the quarterly newsletter of the new Mental Health Awareness subgroup of DiverseAbilities!

The DiverseAbilities Employee Business Network is pleased to announce the launch of our new Mental Health Awareness (MHA) subgroup and its quarterly newsletter, *Mindful*. Following the success of Quest's Mental Health Awareness Month activities in May, it became clear there is a strong interest in continuing the conversation around mental health, mental illness, and neurodiversity year-round.

"Particularly during this challenging time, it's important for us to publicly show support for all of our colleagues and loved ones who may be experiencing mental health struggles," says Linda Behmke, Manager, Employee Engagement and HR Compliance and DiverseAbilities EBN Leader. "The MHA subgroup is a natural extension of DiverseAbilities, whose members are passionate about increasing disability inclusion—whether that disability is visible/apparent or invisible/non-apparent. The more open we are, the closer we get to breaking the stigma surrounding mental health and the more comfortable others feel in asking for help."

Looking to the future, MHA plans to host speakers and interactive events that shine a light on mental health, mental illness, and the resources available to Quest employees that can help. "We know that 1 in 5 American adults has a mental health condition, and the stress of dealing with COVID-19 is having a big impact," says Jess Breen, Marketing Copywriter, Greenhouse and MHA Subgroup Lead. "Our hope is that MHA can help empower our Quest colleagues to speak their truth and bring their authentic selves to work. Because it's okay to not be okay, and we're all in this together."

To learn more about DiverseAbilities and the MHA subgroup, visit our [Community](#) page.



Meet MHA's founding members

As part of our mission to break the stigma surrounding mental health issues, MHA's founding members are opening up about their own mental health journeys and what led them to join the group.

Linda Behmke
Corporate Engagement and
HR Compliance Manager
DiverseAbilities Employee
Business Network Lead



As one of the founders of the DiverseAbilities EBN and a lifelong self-proclaimed disability advocate, I have always felt strongly that we need to address disability inclusion in all its forms—including for “invisible” disabilities that aren’t always apparent. Following the events in May recognizing Mental Health Awareness month, we were approached about starting this subgroup and jumped at the opportunity! Like many people, I have several close friends who live with mental illness, so it’s important to me on a personal level that we all do our best to understand these disabilities and help overcome the stigma often associated with them. We hope this newsletter helps you learn and get inspired, and encourage you to share it with your co-workers, friends, and family.

Jess Breen
Marketing Copywriter, Greenhouse
DiverseAbilities MHA Subgroup
Leader



I frequently fall into the trap of what sociologists call “comparative suffering”—sizing up my emotional injuries against the world’s, and then downplaying my trauma because war, hunger, racism, the pandemic, and everything else that’s made 2020 a dizzying disaster are all still things. While it’s true that many have experienced incomprehensible horrors, it’s also true that denying my own wounds doesn’t heal them or do anything to help solve the world’s tragedies. Here’s my favorite analogy on the topic: If I break my arm while my friend is battling cancer, we both need treatment. If I don’t acknowledge my injury and wear a cast, not only will I cause myself further pain, but I may not be strong enough to help her when she needs me.

Bottom line: yes, the world sucks right now. But if we’re going to fight the good fight—whether that’s marching in the streets for justice, acting as a caregiver to an elderly parent, balancing work with home-schooling kids, or just having enough energy to get up in the morning and walk the dog—we can’t fight our own emotional needs.

So, here’s my mental-health elevator pitch: I was diagnosed with major depression following a suicide attempt at 15, and I’ve been in treatment for it ever since. Mental illness and addiction run rampant in my family, and I often have survivor’s guilt because I was able to escape. I’m thankful that after years of therapy and trying over a dozen medications, I’ve found what works for me and have never felt better. I also never thought I’d have a job where I feel comfortable sharing any of this, but Quest is truly special in that way—I continue to be impressed with our commitment to open discussion of mental health issues and providing employees the support they need. That’s why I jumped at the chance to lead MHA, and hope our group can play a small role in ensuring everyone at Quest knows their mental health matters—even in a year like 2020.

Annelisa Crawford
Employee Engagement Specialist,
Nichols Institute SJC



Depression and anxiety have been like an automatic umbrella above my head since I was a small child. I close it over and over, but it is always there when I look up. Rain or shine, I see the sky through this tattered canopy. Childhood sexual abuse, a tenured professor sexually assaulting me on my last day of college, a recent difficult miscarriage, and burying 10 family members over the years due to cancer can make a feather seem daunting on some days. While my experiences do not define me, I must make a conscious effort each day to fill my mind with positive, faithful, healing thoughts from God and choose JOY. I joined the DiverseAbilities MHA subgroup to be part of a supportive community that fights the social stigma associated with brain health issues and encourages employees to seek help. Mental health issues are not a sign of personal weakness. Fight the stigma!

Tracy Canales
Employee Relations Specialist,
Quest ER Center of Excellence



Greetings! I got involved with DiverseAbilities due to my career focus, particularly around disability accommodations and the Americans with Disabilities Act (ADA). This has been an exceptionally challenging year for everyone, whether or not previously diagnosed with a mental illness or neurodiversity. The mental impact of the health and social situation we are currently facing is manifesting itself in actions ranging from grinding and cracking teeth due to stress, to the horrible rise in suicides among certain groups. I joined the newly developed Mental Health Awareness subgroup because I seek to learn more about what we can do to help each other through this critical time.

Suicide awareness and prevention

In September, communities across the country recognized National Suicide Prevention Awareness Month. Suicide, like other mental health challenges, transcends age, gender, race, ethnicity, sexual orientation, and geography. More than 800,000 people worldwide die by suicide every year—around 1 person *every 40 seconds*¹—and each suicide is a tragedy with a long-lasting impact on the families, colleagues, and communities left behind. If you or someone you know is in crisis, please see our list of [support resources](#).

More common than you think

Suicide is a national public health crisis, and rates have risen considerably in the last 20 years:

- Suicide is the second leading cause of death for individuals 10 to 34 years old, and the fourth leading cause of death for those 35 to 54 years old²
- From 1999 to 2018, the total suicide rate in the US increased by 35%²
- In 2018, there were more than 2.5 times as many suicides (48,344) as homicides (18,830)²

The hardest hit groups

Some populations are affected by suicide at a higher rate:

- LGBTQ youth are 4x more likely to attempt suicide than straight youth³
- Transgender adults are nearly 12x more likely to attempt suicide than the general population³
- Among African American youth, suicide attempts rose by 73% between 1991-2017, and the suicide death rate is increasing faster than any other racial/ethnic group—from 2.55 per 100,000 in 2007 to 4.82 per 100,000 in 2017⁴
- The suicide rate for males is 3.7x higher than for females,² and 75% of people who die from suicide are male³
- In 2017, veterans constituted 7.8% of the US population, but accounted for 13.5% of all deaths by suicide⁵

Personal stories

A critical part of suicide prevention is not treating it as a taboo topic. That's why MHA encouraged Quest employees to share personal stories of how they've been affected by suicide, whether through their own mental health challenges or those of a loved one. We want to thank all who submitted for their willingness to be open, honest, and vulnerable, and we know their stories will resonate with and inspire many in the Quest community.

Jess Breen

Marketing Copywriter, Greenhouse DiverseAbilities MHA Subgroup Leader

Growing up, my great aunt Laney was like a second mother to me. To most, she was a vivacious, independent woman with a successful career and a lovely house by the beach. But those closest to her knew she was also quietly battling depression and alcohol addiction. At 63 years old, she came from a generation that didn't openly discuss mental health, and my family avoided the topic. We lost Laney to suicide in 2005, and our silence still haunts me. She had a twin brother who died in a fire, which we suspect is why she chose to end her life by self-immolation. Her passing instilled a passion in me for mental health advocacy, and I hope her story inspires others to reach out to those who may be struggling. Even if they've never asked for help, trust your gut and brave any potential discomfort—it could mean the world to them.

Jaelyn S. Banks

Clerk, Printing III, Employer Population Health Pride Network Transbassador

I no longer remember the date I tried to take my own life, but I do still remember why, how it felt, and ultimately, the choice I made to not do it. My father and I had a pretty poor relationship at the time, but the best thing he's ever done for me is talk me down and gently suggest that I call 911. No haranguing, no judgment, just a calm, wise voice in the middle of the very dark night. So, thanks, Dad. For everything. No, really: everything.

Anonymous

In 2008, both my husband and I came up on 15-month deployments to Iraq. He deployed 3 months before I did and I remember the fear I had sitting safely in the barracks while he was rolling out on missions. Once I deployed, my fear abated quite a bit because I felt as if I was "there for him" even though we were on opposite sides of Baghdad. During these deployments, death, loss, and trauma befell both of our groups and once we returned home it had a long-lasting hold on our mental state of mind. Survivor's guilt, disability shame, and emotionally cracking on the inside when we are expected to be strong and unbreakable on the outside was compounded with the stress of having other soldiers' lives, needs, and expectations resting on our shoulders. It was a lot, and we are trained to remain unshakable while under that pressure.

I quietly sought counseling without the Army knowing and felt as if I was coming to terms with the loss and trauma. Unfortunately, my husband felt that he could handle it all himself. Once he got out of the Army and was out from under that pressure and did not need to be strong anymore, THAT is when the real breakdown occurred and I was scared for him. When we were alone at home, I could see the

change in him. I could see the personality shift. Pre-deployment, he had the biggest, brightest, most beautiful smile and I never saw that anymore. He was the goofball and the life of the party and now he would not leave the house unless he was forced to. I could see it all taking its toll, but to the world he kept it all together.

While I was in Afghanistan, my husband's brother committed suicide. At the time, I was told that statistically, if a family member commits suicide, the chances for another family member to also chose that as an option increases by 20% (I do not know if that statistic has changed since). That next year, my husband was immersed in a depression that was crippling. He called me at work to apologize for any way he had hurt me over the years and to let me know I could have everything of his, but the way he worded it did not alert me to his plans. He attempted suicide that night. When he failed, he attempted again 2 days later.

That was the scariest day of my life, having to rush him to the hospital and praying to God that I got to him in time and the doctors had the ability to save him from himself.

When I spoke to him after he was released from the hospital, I asked him why he didn't work through this with me. He said he felt he was just a burden. He was ashamed of failing and breaking. He didn't want anyone else, including me or a counselor to know what was going on in his head because we would never understand. I was broken by those feelings.

Let me be clear:

- You are not a burden to those who love you. Dealing with your suicide is what would be a burden that many cannot bear
- People who love you and care about you on any level are often honored that you would entrust them with those feelings and will treat them with the care they deserve
- Everyone, no matter how strong they seem on the outside, MUST take a knee and recharge. It is not failing or breaking, it is normal. If you come out of a traumatic experience and do not need a hand or a little support, THAT is what is not normal. We are not designed to roll on autopilot
- I read a book recently that spoke to me called *The Beauty of a Darker Soul* by Joshua Mantz. The author said: "Even when you are utterly convinced you are alone and that nobody could possibly understand the depths of your pain, there will be someone in your life who'll prove you wrong. But you have to give them the opportunity. Trust in the power of connection"

Unfortunately, our marriage did not survive over the next few years, but let me tell you about the beauty of the life he now leads because he is still here and has chosen to seek healing over suicide. He lives down the street from his parents and sister who love him desperately, has a beautiful fiancé who supports his continued healing, and has a brand new baby boy that is the spitting image of him. Life can heal after trauma. Counseling, connecting with those close to you, and opening up about feelings or challenges are very important first steps.

Lizbeth L. Fernandez Infectious Disease & Immunology Account Executive

My childhood friend Carlos committed suicide in 2013. His little sister is still one of my closest friends. This affected her, her family, and our friends in such a profound way. When I was in middle school, Carlos would defend me when I was being made fun of. Children would call me "alien" because I had so many overlapping teeth before my braces came on. He was always there defending me and his sister and making us laugh it off and not worry about what others would say about us.

As an adult, Carlos seemed happy. He had a beautiful, loving wife and a 3-year-old son. Depression and mental health issues certainly come in disguise. No one suspected anything was wrong and he never reached out for help. His tragic death was on the eve of his 34th birthday, and his wife and child found him in his home office. When you try to wrap your brain around why he would do this and force his child and wife to see the way he chose to go, it seems selfish. It's taken a lot of time for healing. And for me, I had to really practice compassion because you can never understand why someone you love chooses to end their life. But we can grow and learn that whatever his battle, it was just that profound and nothing he could manage, especially on his own.

I, like many others, have also suffered from depression and internalized it when I was younger. It's taught me to always stop and really ask someone how they are doing or just offer a smile. When you do that, you may be the only person that even looks at that person or acknowledges them that day. That is a gift that can possibly change their day or even their life. Mental health in my and Carlos's community (Latino) is not talked about. Our family never made this a dinner-time topic, and we would likely be told to just pray and have faith or that depression was just an excuse. I am happy with the awareness I see around it now, and much more needs to happen to remove the stigma.

Suicide prevention bill becomes first LGBTQ-inclusive law unanimously approved by Congress in history

On September 21, 2020, the US House of Representatives unanimously passed The National Suicide Hotline Designation Act, which will allow Americans to simply dial 988 to reach the National Suicide Prevention Lifeline, instead of the current 10-digit number (note: 988 isn't active yet, so in the meantime, continue to use Lifeline's current number: 1.800.273.8255). In addition, the bill contains several key LGBTQ-inclusive provisions, including a requirement for Lifeline counselors to undergo LGBTQ cultural competency training—making it the first bill that is specifically LGBTQ-inclusive to pass Congress unanimously in history. Passed by the Senate in May, the bill will now head to the President's desk.

[Read more](#)

Mental health during COVID-19: stories from the front line

Anonymous

I have a great life; it is picture perfect. From the outside looking in, I am a very successful person both in my personal life as well as my professional life. I have it made. On the inside, I battle PTSD, anxiety, and chronic depression. There are days I feel as if I am hanging on for dear life and other days I fear I am just too tired to hang on and I do not know if waking up the next day will be a reality. During these times, one part of my brain works to convince myself that others are better off without me and those who love me will forget soon enough. Another part of my brain works to find something, anything to hold on to. It's a war within my head, the weight of which sits on my chest and suffocates me until it finally dissipates hours, days, and sometimes weeks later. I would like to tell you about one such decision point, perhaps the worst moment I have encountered in the last 2 years, and how it changed my life.

Sunday, March 29, 8 PM:

Depression was in full swing. I had not eaten. I had not showered. I had not left my bed/bedroom in 3 days. I was being crushed by hopelessness and sadness and exhaustion within myself, my head, my heart, and from the very bottom of my soul. I did not want to continue. I was just too tired.

Logically, I knew I needed to ground myself in some way. I needed to connect to something or someone outside of the 4 walls of my bedroom. I recalled a conversation I heard between 2 acquaintances weeks before while they were discussing the sadness they felt over a mutual friend's suicide. One guy made the comment, "Man, sometimes you know you need to reach out, you have the number on your screen, and it is just so difficult to press that green button." That statement stuck with me and at that moment I knew he would understand.

Sunday, March 29, 8:17 PM:

I chose to text him. We texted about funny stuff, serious stuff, sports, our favorite foods, and anything else to keep a dialogue going until I finally fell asleep. He checked in on me the next day via text and the day after and so on.

We are now best friends. I now have a support system. I have someone who will walk me through the overwhelming moments and pull me out of the jail of my own thoughts. Reaching out that one time not only saved my life, it allowed me to focus on the work I need to put in to manage my depression and anxiety rather than wallowing just above the drowning point. I now have 6 months of serious work under my belt and I am so much happier within myself. I am that much closer to having the strength in my struggle to be that helping hand for someone else.

I encourage you in those mired moments to reach out. You will be amazed by who understands, who will sit there with you until you are ready to stand, and what that one moment of vulnerability will turn into. The strength you gain from someone in your corner is immeasurable and the distance you can go is limitless. I know how absolutely low that night was for me. If my life can change so dramatically by reaching out, I know yours can as well.

Surviving the stress of a pandemic —because your life *matters*

Sandy Riggs, RN, MSN

Medical Transcriptionist III,
Transcription Center of Excellence, Tampa, FL

In April 2020, at the height of the COVID-19 outbreak in New York City, Dr Lorna Breen took her own life.⁶ As an emergency room director at New York-Presbyterian Hospital in Manhattan, like so many Americans, she was under extraordinary stress during a time which required her to give more of herself than she could bear. Exhausted and dealing with long hours, inadequate PPE, an overflowing ER which only saw greater and greater numbers, and isolation from family and friends, she just couldn't take it anymore. This is a tragic but too familiar narrative in what has become our new reality.

Those of us who work in the healthcare sector are particularly prone to burnout, stress, and fatigue, all of which can contribute to depression, hopelessness, and despair. We have spent the last 8 to 9 months feeling that we are on the precipice, physically, emotionally, and financially. We may respond well during actual moments of crisis by going into "rational mode" to deal with the emergency, but we experience constant anxiety about constrained resources, working to the point of exhaustion, financial and job security, exposure to COVID-19, etc. We manage to get through the minutes, hours, and days only to repeat this emotional upheaval again and again. We put our emotions "on hold" so that we can deal with the crisis or the work at hand, but what happens when the pressure to act is relieved and replaced by the pressure to *feel*?

About my perspective and experience

I am a Registered Nurse with a master's of science in psychiatric nursing. I have over 30 years of experience in mental health nursing, including mental health crisis response and treatment, giving me a first-hand view of how individuals, their families, their social contacts, and communities deal with and respond to mental health emergencies. The emotional toll of dealing with the prevention and aftermath of suicides is heavy, which is why I decided to make a mid-life role change. I have been working for the Quest Diagnostics Transcription Center of Excellence as a medical transcriptionist since 2017, while still volunteering my professional expertise within my community.

Finding coping strategies while we adjust and heal

It's going to take time for us to adjust and heal from the challenges we're facing during the pandemic. Each of us will process our emotions in different ways and at different rates from others. Some may look to suicide because they think it is the only way to control the uncontrollable in a world devoid of hope and certainty. Do you feel vulnerable, anxious, sad, angry, hopeless, helpless? Putting a name on those feelings will help you and others to deal with them more effectively. We may also use a variety of coping skills to deal externally with feelings (talking, painting, writing, or doing nothing at all). Of course, social distancing has deprived many of us of our usual outlets for coping, leaving us increasingly isolated. Try to reach out to your family, friends, co-workers, or a counselor (such as those available through Quest's [Employee Assistance Program](#)).

Helping others at risk

You may ask, “What can I do, how can I help, what if I say the wrong thing?” Feelings are hard to talk about, but sometimes just listening is one of the best ways to help. It’s okay if you don’t have a solution to someone’s problems. Remember, just because someone says “I’m okay,” doesn’t make it so.

Listen and watch for warning signs⁹:

- Signs that may indicate someone is contemplating suicide include expressions of hopelessness and depression, loss of appetite, loss of interest in things that usually have meaning for that person, putting one’s affairs in order, purposely creating social/emotional distance, drug or alcohol use, aggressiveness, or posting plans on social media
- Has this person recently had a loss (eg, job, income, family member, spouse, etc)? Do they express concern that they may be a burden to someone? If they are depressed, do they express a reluctance to seek or accept help? These are all factors that can increase the chance of a suicide attempt
- Not all suicides are planned, and the lethality of a suicide attempt increases if there is access to lethal means (eg, guns, jumping from a great height). Even a less serious suicidal gesture (overdose, mixing pills with alcohol, cutting) can result in death or permanent disability if no one is around to respond to someone’s “cry for help.” Don’t wait until the gesture is made to start noticing that there is a problem; by then, it may be too late

Please know that despite our best intentions and efforts, suicides will sometimes happen to people we care about. If this is the case, be sure to take care of yourself. You are never to blame, but it is your responsibility to get the support you need to deal with your feelings about it. Keep a list of [support resources](#) so you have that information handy when you may be too distressed to search for it.

There is hope for the future

In many cases, someone who is suicidal is often depressed—and the good news is that 80% to 90% of people who seek help for depression are treated successfully using therapy and/or medication.⁷ In addition, the Dr. Lorna Breen Health Care Provider Protection Act is currently in the first stage of the legislative process. It was introduced to support the mental health of healthcare professionals during COVID-19 and aims to reduce and prevent suicide, burnout, and mental and behavioral health conditions.⁸ Bottom line: there is hope, and your life matters.

Keep your light burning bright

Ashleigh C. White, Floater

I have been a phlebotomist for nearly 9 years, and have been working as a floater for Quest for 4 years. I work in and out of a number of in-office phlebotomy sites and Patient Service Centers. It feels as if I have seen it all, heard it all, and felt it all. Long before COVID-19 stepped in, our jobs on the front line could be emotionally and physically draining on certain days, but the good days typically outweighed the bad and we were able to balance work and life.

However, in the past 6 months since the arrival of COVID-19, there has been no balance. The stress of our jobs may end at 5 PM, but we’re now met with the stress of the new COVID world once we clock out. The pandemic has added multiple new tasks for us to complete. Patients, struggling with their own anxieties, often come off as irritable and angry. Our co-workers are also struggling to manage their stress and anxiety. All of this added tension leaves us feeling as though our light is burning out.

We’re not alone. A recent report from the Centers for Disease Control and Prevention (CDC) confirms a decline in mental health due to the pandemic. It was found that essential workers have been one of the groups affected most, with over half of the essential workers surveyed reporting at least one adverse mental or behavioral health symptom. The percentage increased even more among those with prior mental health conditions. See more information on the report below.

If we want to make it out of this pandemic with our light still burning bright, we have to start taking care of ourselves. We cannot care for patients and perform the extraordinary work we’re known for with our minds overwhelmed and burdened. Remember those things you used to love to do but haven’t had time or energy for lately? Make the time. Prioritize your mental health. Those things we enjoy are the very things that hold us together during hard times. It’s okay to care about yourself. Take that extra time with your kids or pets, take a break from social media, sit outside, and clear your mind. Proper hydration and exercise can also have a positive impact on mental health. If you practice these things and you’re still feeling uneasy, Quest offers us wonderful [resources](#) that can help connect you with a therapist, or you can seek advice from your primary care physician. Don’t let the darkness overcome your light. You are too important. We all are.

CDC report links COVID-19 to a national mental health crisis

A CDC report released in August sheds new light on the impact of COVID-19 on mental health. Based on a survey of 5,421 adults in the US, the report found that *almost 41% of respondents are struggling with mental health issues stemming from the pandemic*—related to both the pandemic itself and the measures put in place to contain it, including physical distancing and stay-at-home orders. (Prior to the pandemic, it was estimated that 20% of US adults were living with a mental illness.)

Among the 40.9% who reported having at least one mental health condition:

- 31% experienced symptoms of anxiety or depression
- 26% experienced trauma or stressor-related disorder symptoms
- 13% started or increased substance use
- 11% seriously considered suicide in the last 30 days

Certain populations were hit hardest. For example, at least one adverse mental health symptom was reported in:

- 75% of those 18 to 24 years old
- 67% of unpaid caregivers of adults
- 54% of essential workers

The percentage who reported having seriously considered suicide in the last 30 days was also higher in certain groups:

- 31% of unpaid caregivers for adults
- 26% of those 18 to 24 years old
- 22% of essential workers
- 19% of Hispanic respondents
- 15% of Black respondents

Read the full report [here](#).

Emotional well-being resources

Resource	Description	Contact information
Internal resources for Quest employees Take advantage of these free, confidential services offered to all Quest employees and their dependents.		
Balance program from Johns Hopkins Medicine	All Quest employees and their dependents can take this mental health assessment and be connected to care if needed, regardless of medical plan enrollment	HopkinsBalance.com
Employee Assistance Program (EAP)	All Quest employees and members of their households are eligible for 6 EAP counseling sessions each per year, regardless of medical plan enrollment	1.800.851.4442 LiveAndWorkWell.com (Use access code "Quest")
Sanvello™ app	All Quest employees have access to this mobile app offering on-demand help for stress, anxiety, and depression	LiveAndWorkWell.com (Use access code "Quest" for free access to the premium version)
HealthyQuest Advocate	Guidance on Quest's mental health resources and medical plan benefits	1.800.432.2574
External resources Access free, confidential crisis support 24/7 and learn more about mental health topics with the resources below.		
National Suicide Prevention Lifeline Crisis Text Line Lifeline Chat	24/7 phone, text, and chat support for individuals in crisis	1.800.273.TALK (8255) TTY: 1.800.799.4889 SuicidePreventionLifeline.org Text HELLO to 741741 CrisisTextLine.org SuicidePreventionLifeline.org/Chat/
Trevor Lifeline Trevor Text Trevor Chat	24/7 phone and chat support for LGBTQ youth (text support available M-F 3-10 PM EST) from the Trevor Project	1.866.488.7386 Text START to 678-678 TheTrevorProject.org/Get-Help-Now/
Veterans Crisis Line Veterans Crisis Text Veterans Crisis Chat	24/7 phone, text, and chat support for service members, veterans, and their loved ones	1.800.273.8255 (press 1) TTY: 1.800.799.4889 VeteransCrisisLine.net Text 838255 VeteransCrisisLine.net/Get-Help/Chat
National Alliance on Mental Illness (NAMI)	Education and advocacy from the nation's largest grassroots mental health organization	NAMI.org
National Institute of Mental Health (NIMH)	Research and news from the lead federal agency for research on mental health	NIMH.NIH.gov

DiverseAbilities initiatives

The DiverseAbilities EBN has been part of the Quest Diagnostics community for over 3 years. Some of our initiatives include:

- An “autism-led” hiring initiative in the Specimen and Forensic Processing departments of several of our labs that we hope to expand in 2021
- Educating candidates, employees, and senior leadership on disability inclusion ([click here](#) to watch a video our senior leaders made—scroll down to “Culture & Diversity”)
- Webinar meetings on the Americans with Disabilities Act, and how to navigate the vocational rehab system if you are the caregiver of an individual with disabilities
- Encouraging self-identification and possibly self-disclosure of disabilities

What else would you like to see us doing? How would you like to get involved? Please send your ideas to the [DiverseAbilities mailbox](#).

Upcoming event with guest speaker from Rogers Behavioral Health

Join us for a Zoom meeting, hosted by Scott Jeffers, with a guest speaker from Rogers Behavioral Health discussing various aspects of mental health, including suicide prevention and how our EBN communities are impacted, especially during COVID. This will be an interactive event with time to ask our guest questions. An invitation will be emailed to all EBN members, so keep an eye out for that!

Call for *Mindful* submissions

What are the creative ways you stay mindful of your mental health and wellness? Send us your original art, poems, and photos to be considered for inclusion in a future newsletter! We'd also love to hear your ideas for future newsletter topics, mental health awareness events, or feedback on this issue. Contact Jess at Jessica.E.Breen@QuestDiagnostics.com. We look forward to hearing from you!

Mindful mantras

We know mental health can be a heavy topic, so each issue of *Mindful* will end with uplifting affirmations. Say them out loud, take a deep breath, and repeat for as long as you need to!

Annelisa Crawford
Employee Engagement Specialist, Nichols Institute SJC

How I feel matters.

I take time to care for my body, mind, and spirit.

There are no mistakes, only lessons to be learned. I did the best I could.

References

1. World Health Organization. First WHO report on suicide prevention. 2014. Accessed October 7, 2020. <https://www.who.int/mediacentre/news/releases/2014/suicide-prevention-report/en/>
2. National Institute of Mental Health. Suicide. Last updated July 2019. Accessed October 7, 2020. <https://www.nimh.nih.gov/health/statistics/suicide.shtml>
3. National Alliance on Mental Health. Mental health by the numbers. Last updated September 2019. Accessed October 7, 2020. <https://www.nami.org/mhstats>
4. The Congressional Black Caucus. Ring the alarm: the crisis of black youth suicide in America. December 2019. Accessed October 7, 2020. https://watsoncoleman.house.gov/uploadedfiles/full_taskforce_report.pdf
5. US Department of Veterans Affairs. 2019 National Veteran Suicide Prevention Annual Report. Accessed October 7, 2020. https://www.mentalhealth.va.gov/docs/data-sheets/2019/2019_National_Veteran_Suicide_Prevention_Annual_Report_508.pdf
6. New York Times. Top ER doctor who treated virus patients dies by suicide. April 27, 2020. Accessed October 7, 2020. <https://www.nytimes.com/2020/04/27/nyregion/new-york-city-doctor-suicide-coronavirus.html>
7. American Psychiatric Association. What is depression? 2020. Accessed October 7, 2020. <https://www.psychiatry.org/patients-families/depression/what-is-depression>
8. American Medical Association. Federal legislation's message to doctors: It's OK to ask for help. October 7, 2020. Accessed October 8, 2020. <https://www.ama-assn.org/practice-management/physician-health/federal-legislation-s-message-doctors-it-s-ok-ask-help>
9. Suicide Awareness Voices of Education. Warning signs of suicide. Accessed October 8, 2020. <https://save.org/about-suicide/warning-signs-risk-factors-protective-factors/>

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