

TUFMINDS - Community and Workplace Mental Wellbeing Programs – Review of Recent Research Articles

John McIntosh^{1,2*}

¹Mackay Superclinic Group, Australia

²James Cook University, Australia

*Corresponding author: John McIntosh, Mackay GP Superclinic, 1-3 Old Eimeo Rd, Rural View, Mackay, QLD 4740, Australia

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Abstract

With suicide and mental illness problems rising across the world, new and innovative processes are needed to stem this problem. Here are two research studies that offer exciting solutions for community based mental wellbeing and suicide intervention using the TUFMINDS program. Without any professional input using passively watch videos, significant improvements in depression, anxiety, stress, mental illness stigma, optimism and mental resilience were observed. Additionally, suicide knowledge, skill and willingness to assist a mentally distressed person were all improved dramatically. The potential benefits for mental health improvements and suicide prevention in the community are enormous with this program that is available free as a smartphone app. There were also no iatrogenic damage and the program was found to be acceptable and effective in workplaces and across the community.

Introduction

Suicide continues to be a leading cause of death in 15–44-year olds Australians [1] and around the world and rates are not falling despite efforts and large amounts of financial input [2,3]. Workplace claims for mental illness also are the fastest rising cost for workplace injuries⁴ and workplace stress is a major risk for depression and anxiety. It was found that 38% of workers experience ongoing stress in their current job 46% believe that mental health is a “big problem” in their workplace and staff turnover caused by poor mental health environment at work – 40% have changed jobs and 50% would change jobs for this reason [4,5].

It also continues to be the case that around 45% of Australians experience mental health conditions at some stage of their life and one in five experience mental health issue every year [6].

Suicide and mental illness therefore continues to affect workplaces and the broader community despite all the efforts to intervene so the question needs to be asked as to the reason for this apparent failure of interventions, with skilled and dedicated professionals working at the limits of their capacity to stem this problem within our society?

The apparent deficiency across the suicide programs appears to be the absence of active mental illness interventions for the individuals at risk and availability of services at the time of need. The programs in the community tend to focus on awareness and referral of the person for professional help but do not provide any direct mental health intervention or strategies at the time of crisis. This follows the historical approach of community organisations avoiding direct mental health interventions and they have left these to the professionals when consultations occur. The delay in accessing this professional help and not being available after hours is well reported [7].

Another important aspect of addressing suicide risk is to have strategies in place to address impulsivity. Research also shows very clearly that the timeframe between suicidal ideation and suicidal action is very short [8]. The findings were that 75% of suicide attempts occurred within one hour of the initial suicidal thought. This very short timeframe from initial thoughts to action proves the importance for immediate access to suicide support and mental health intervention. The person at risk therefore needs to have access to

the information, education and support at any time of day or night and not be dependent on obtaining a professional consultation.

Promising Solutions with TUFMINDS Program and Research Model

The potential solution being offered in two recent research articles [9,10] with the TUFMINDS program that is an online or digital program that has the potential to be accessed on smartphones or off computers. TUFMINDS is currently accessible as a free smartphone app so can already be accessed immediately around the world.

The TUFMINDS program consists of video and audio modules providing a combination of mental wellbeing education, direct psychological counselling and a specific process called "Positive Mindfulness Cognition"™ (PMC) as well as relaxation, insomnia and personal development steps. The PMC process creates awareness of any negative impulsive thoughts and the active steps to destroy and replace them with positive alternative thoughts that are empowering and uplifting as described in the publication "Mastering Negative Impulsive Thoughts" [11,12].

The TUFMINDS program aims to

- I. Increase mental resilience by using "Positive Mindfulness Cognition"
- II. Reduce Stress and insomnia
- III. Reduce depression, anxiety and stress
- IV. Offer the "Suicide Crisis Module" – direct counselling for imminent suicide risk
- V. Recognise the signs and symptoms of suicide risk
- VI. Know the action steps to take to help individuals at risk of suicide
- VII. Reduce Stigma of Mental Illness
- VIII. Boost mental wellbeing
- IX. Positive communication strategies
- X. Personal development strategies including 100% responsibility, Class Act and Goal Setting
- XI. Improve skills to deal with negativity from others
- XII. Eliminate negative thoughts in the mind

This program was created based on evidence-based processes and accepted medical guidelines. The modules have been formulated using lived experience guidance, medical and psychological standards as well as using established Eastern philosophies of mindfulness, meditation and thought control.

TUFMINDS program was run over 3-6 weeks in a total of 6 hours. During this time the participants were exposed to a single viewing of 15 video modules from the TUFMINDS program, each of which is around 10-15 minutes (out of the total of 30 videos in the full TUFMINDS program).

Both research studies were measuring the impact of the program while being provided in a passive manner and without any direct professional input of the processes. The aim of this research was to assess if universal suicide prevention strategies in the community or workplace can actively improve mental health scores, increase skills and willingness to assist a person in suicidal or emotional distress and actively moves individuals away from the point of suicidal action, without having to involve direct professional services.

The following hypotheses were tested:

- A. TUFMINDS program is associated with increased knowledge, skill, confidence and willingness to recognise, ask and actively assist a person with suicidal thoughts;
- B. TUFMINDS improves the mental health scores of participants directly;
- C. TUFMINDS improves the mental resilience and coping skills of participants to better manage stresses in life;
- D. TUFMINDS program is not associated with increased psychological distress or reduced mood;
- E. TUFMINDS is an acceptable and useful program for community and workplace use

Pre-intervention and post-intervention evaluations were used using the following criteria:

Optimism -	Life Orientation Test – Revised (LOT-R)
Mental Resilience -	Brief Resilience Scale (BRS)
Depression -	DASS-21
Anxiety -	DASS-21
Stress -	DASS-21

Life Satisfaction, Workplace Stress – Likert Scale

Suicide Knowledge, Skill and Willingness to Assist a Suicidal Person – Likert Scale

Satisfaction with Course – Likert Scale

There was a control group in one of the studies¹⁰ and in both programs, participation was compulsory and dictated by the managers of the businesses so results were expected to be lower than one would expect with willing participants.

Results

There were 127 participants in the two research studies with around twice as many males as females overall. Results reached statistical significance across most parameters and both studies showed major mood and resilience improvements. Optimism scores increased by 12%/15% with mental resilience increasing by 9%/16%. Mental health stigma was reduced by 13%/7%. The DASS21 showed improvement in depression 34%, anxiety 27% and stress 12%.

Life satisfaction was increased by 6% and work stress reduced by 8%/10%. It should be noted that the changes to work stress over such a short time reflected the changed mental processing as a result of the TUFMINDS program as there were no workplace changes during this short timeframe. Knowledge levels were increased by 45%/33% and self efficacy (skill, confidence and willingness to assist the emotionally distressed person) improved by 30%/22%.

There were no iatrogenic damage resulting from the TUFMINDS program and also the evaluations showed the program to be acceptable in the workplace and community and highly valued by participants (86%/75%) and they would also recommend it to others. The results overall are extremely good considering the very limited exposure to the content and the active and verbalised resistance to the process from participants in all groups.

Conclusion

These two studies really show a possible way forward to provide cost effective mental wellbeing and suicide intervention across communities in a cost effective manner. These studies show very strong support for the positive effects of the TUFMINDS program to improve mental wellbeing and reduces mental illness scores of depression, anxiety and stress. There is also significant improvement in optimism and mental health stigma so the program provides significant benefits personally and for social inclusiveness by reducing stigma and creating better attitudes, specifically to those suffering with mental illness. Mental resilience, life satisfaction, perceived stress at home and work were all improved but further studies are needed to evaluate the program with larger numbers.

Suicide knowledge and self-efficacy are both greatly improved which would imply that these individuals would be willing, skilled and confident to recognise and assist individuals at risk of suicide.

The implications of a passively delivered mental wellness and suicide intervention program are enormous. Because TUFMINDS is accessible 24/7 on any smartphone without any financial cost, the potential benefits are huge! There are health cost savings and better health outcomes because this is a passive program and can be available 24 hours a day, seven days a week. The cost savings to the health budget would be made by reduced payments for professionals or speakers, facility costs and trainer training and additionally the training could be done at the person's convenience at any time.

Being able to access the TUFMINDS program in privacy without seeing professionals, also provides solutions to the group who are not willing to accept that there may be a problem because it allows them to passively gather information and understanding relevant to them without any need to accept that they have a problem, including to themselves. Once they start to watch the modules, they are likely to start to recognise their mental health patterns as unhealthy, understand that the treatment processes can be effective and change their perspective to having hope and solution focussed knowledge.

Another implication with significant impact is that this process may provide an intervention to protect individuals at the point of

suicidal ideation and provide some protection before professional help can be obtained. The studies on impulsivity show that intervention needs to be in place with very little delay so having this information in an electronic form that is available 24 hours a day may provide protection to reduce the suicidal action steps and further research should be put into place to assess if this benefit is seen.

Further research needs to be performed to measuring the long term benefits of the program, measuring changes in suicide interventions actions taken, increasing the numbers of participants assessed to improve the statistical validity and testing the impacts across different digital media platforms.

Overall, these two studies reinforce the value of the TUFMINDS program to provide mental health improvements in the community and workplaces without professional intervention so offers an exciting new therapeutic options for individuals that need support before they can access traditional face to face counselling and medical services. It certainly has the potential to change the way that mental health support is provided across communities as the research confirms that digital programs can actively and significantly improve mental health and wellbeing without professional input!

Declaration

These studies were performed by the creators of the TUFMINDS program, Dr John and Elizabeth McIntosh in the process of developing and assessing the program content and acknowledge the conflict of interest.

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12. John McIntosh, MBChB, MRCP, MRCGP, FIML, is a medical educator with James Cook University, Mackay, Australia and GP running the Mackay

Superclinic Group. He created the GP Mental Health Unit in Mackay providing high level suicide, mental health and drug and alcohol services internationally. He is the co-creator of the TUFMINDS, bringing active mental illness interventions and suicide support and education for around the clock mental health support.



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