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DISABILITY:IN

OCTOBER 19, 2021

LATAM COUNCIL WEBINAR: MENTAL WELLNESS IN THE LATIN AMERICAN WORKPLACE

12:00 P.M. ET

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>> LESLIE WILSON: Hello and welcome to the Disability:IN Latin American webinar mental wellness in the Latin American workplace. My name is Leslie Wilson, I am the Senior Vice President for global Workplace Initiatives at Disability:IN. A will a white woman with blond hair wearing a purple dress, a very bright purple dress in my home office. My pronouns are she/her/hers.

This webinar was developed in collaboration with Disability:IN's council. The LATAM council is a group of corporate representatives joined together to help Disability:IN advance inclusion in Latin America.

We are hopefully going to be developing more sessions with the Latin American council so please watch for information on future webinars on Disability Inclusion in Latin America. I want to thank Kate Calicut for her efforts to make this a success. I want to thank Jill Houghton, our CEO and a team of Disability:IN staff who support our global initiatives. We are fortunate at Disability:IN that has the team that never says no to any requests.

Today's webinar featured four fantastic companies and five panelists. Their presentations are content rich. I have looked at all of them and I am totally amazed and excited. This is going to be a very impactful webinar with 500 people in the audience.

Before we go further, I would like to start with a few housekeeping remarks. So, Quinn, can you give me the next slide, please.

>> Your microphones are muted. Can you imagine over 500 people having their mics open, so you are all muted but that doesn't mean you can't communicate with us. Questions may be asked throughout the session through the Q and A box at the bottom of your screen. Submit questions in that box. If you have a particular speaker you want to answer your question, put the name of the person or the company to we can field that question correctly.

We plan on having 30 minutes in the last part of this for Q and A. We want to make sure we leave lots of time because this is a great topic. We know people are going to have questions. For language translation, please see the Streamtext link sent to you by email and in a calendar invitation. That link will talk you to translation for Spanish, Portuguese and German.

Also, we are live captioning this event, so there is a live captioner presenting in English. It's at the bottom of your screen. In order to enable it you may have to click the CC box, and then enable live ‑‑ I was going to do that so I could tell you exactly what that looked like, yes, enable subtitles. So if you go to that little box at the bottom of your screen that has a CC on it, you can click that, a box will open up and it says show subtitle.

That's how you get the captioning to move across the bottom of your screen. ASL and Mexican Spanish sign language will be available today. We are doing both. They are both spotlighted on the screen, and visible to all of you. I think that pretty much covers all of our great housekeeping information. Next slide, please.

So if you are not familiar with us, Disability:IN is the leading nonprofit resource for business Disability Inclusion worldwide. We have a network of over 400 corporations, and our job is to empower you as a business to achieve Disability Inclusion and equality. We invigorate disability initiatives, we connect companies to discuss best practices. We know that business learns best when it learns from each other.

We are here to help you incorporate cultural change as well as to realize positive business outcomes, and we know that's true because Accenture did some survey using 40 years of disability and Disability Equality Index information and discovered that companies that are disability inclusive really do have better business outcomes.

I'm going to let you hear from Will Lewis, the chair of Disability:IN's Global Roundtable, he is also on our Disability:IN Board of Directors, and he is the Chief Diversity, Inclusion and Belonging Officer at Experian, little Houghton is the press and CEO of Disability:IN, our fearless leader, will, I will turn it over to you.

>> WILL LEWIS: Thank you so much, Leslie, I am thrilled to be here and more importantly really excited about your leadership. You have been doing just a magnificent job with the work of Disability:IN and helping us drive the Global Roundtable. My name is Will Lewis I'm a black male wearing a white short shirt, and white shorts, and I happen to have a beard as well.

I'm thrilled to be here with you all today and as Leslie mentioned, not only am I one of the cochairs of the Global Roundtable and also on the Board of Directors, but I am an advocate. I'm an advocate for Disability:IN and have been for years. I think what Disability:IN brings to individuals and also companies and businesses is a game‑changer as we think about Disability Inclusion.

For me, what they have done is, what Disability:IN has done is helped me drive awareness about all of the various ways of Disability Inclusion and what we as an organization and company can do to help ensure that not only our current teammates but also our customers, our product suite and our potential employees, those that haven't started working for us yet, what we need to be honoring to make sure that we are one of the most inclusive organizations when it comes to Disability Inclusion. Disability:IN does that in several ways.

Certainly we are here today talking about the Global Roundtable, but as an organization, they also offer tools and resources that really helps companies hone in into what they need specifically. It's tailored to you. Think about whether it's around procurement and how you purchase items and how you find vendors that are disability‑run organizations. Think about as you are thinking through your technology or even as you are bringing on early careers people that are recent graduated from school and what do you need to be thinking about as a part of that. Disability:IN does all of that and then more.

Now, today we are going to be talking to lots of fantastic companies and specifically sponsored by the Global Roundtable. The Global Roundtable is an organization of companies just like yours that have, that will have a chance to learn from each other around efforts and things that are happening at different organizations and different companies throughout the Latin American region.

We have split it up in a couple of different region, there is the EMEA region version of the Global Roundtable, Latin America, there is the North America section for the United States and Canada, and then Asia‑Pacific one as well. There are several events occurring. You will see them listed on your screen that will be occurring next year virtually. One day we will get together in person again soon, we do hope.

What's exciting about all of these events and opportunities to engage is it's an opportunity to learn. It's an opportunity to learn from each other and it's a way that I see that Disability:IN brings value.

If you are not a member of the Global Roundtable, please do join. You will see the message there, Kate@Disability:IN.org if you are interested in joining the Global Roundtable. For me, I did not realize the value it would bring and I don't just say that as a Board Member, I say that as a person that has learn and grown as an individual, and also helped my company and organization grow as far as our competency relates to disability inclusion as well. I will turn it over to a woman I learn from every time I speak to her. Jill.

>> JILL HOUGHTON: Thank you, Will. Buenos Dias, my name is Jill Houghton. I'm the President and CEO of Disability:IN. I'm a white woman with my hair pulled back and I'm wearing pearls and a Navy shirt. My pronouns are she and her. And really looking forward to engaging with you today on this really important topic. Next slide.

I think that during this time, during this global pandemic, this has been a real opportunity for us to be human, and to really lead with humanity and get to know each other in ways and talk about things like mental health. So I think today we are going to learn a lot from our speakers and I'm excited to hear the work they are leading at each of their companies.

I will just shine a light on a couple of things so we can kick right into mental health. I just want to draw your attention to two things, one, Will alluded to one of the things that we do at Disability:IN is we certify companies as being disability owned. This is something that IBM and Walmart asked us to begin doing to develop this program. We started in the U.S. and we are building this program to reach outside of the U.S. We have what we call DOBE, so Disability Owned Business Enterprise that is getting ready to get certified outside of the U.S., so a DOBE, so if you are wondering what is that anyway?

It's a company that is 51% owned, operated, controlled and managed by a person or persons with disabilities. And we recognize that business ownership is a form of employment, and that companies that are owned by people with disabilities are more likely to turn around and employ people with disabilities, and become great suppliers for each of you in your companies. Maybe they are not your prime but maybe you have your prime's contract downstream with businesses owned by women and LGBT and minority and disability‑owned business enterprises.

So shining a light on that this is a program that is now being expanded beyond the U.S. borders. Along those lines, some of you may be participating in the global DEI pilot. Some of you have played a role in helping to create this pilot. The DEI or Disability Equality Index was born because companies were saying where do we get started on this journey? What does good look like? And wanted a tool where they could bring different functions across the business together.

So it looks at leadership and culture and enterprise‑wide access and employment practices and community engagement, and supplier diversity or inclusive procurement, and we are piloting this with you, outside of the U.S., across regions, and we want to learn whether the questions we are asking are culturally competent and if they are helpful, we want to learn about legal frameworks, and we have a lot to learn together with each of you in region as we work to refine this tool and build it so that it does become a global tool to help you really benchmark and identify tangible actions you can take to advance on your Disability Inclusion journey.

And embedded in there, like today we are talking mental health, there are mental health questions in there. This is just to shine a light on some of you your companies are part of Inclusion Works, I know Will and Experion and Accenture to name a few are part of this program, which is really a collaboration. It's a place where companies come together in a community to learn from each other, and to have access to consultants and we track quarterly hires and this program to date has helped 140,000 people with disabilities gain employment into the participating companies.

There is no program in the world that can say that over 140,000 people with disabilities have gained employment as a result of it. Not only are these companies learning from each other, but they are making an impact. Speaking of impact, I will turn it back to Leslie because I'm so excited had learn from today's speakers.

>> Leslie Wilson: Thank you Jill, thank you, Will. Here we are. Disability:IN presents mental health in the Latin America workplace, we will hear from Alison Cupito, we will hear from Alejandra Ferraro, Dr. Anuar Gomez Hernandez, Luciana Coen Director of Global Communications, Social Responsibility and Sustainability and Andres Pareja, Colombia chief country head at SMBC.

So we are going to start today with Dr. Hernandez.

>> ANUAR GOMEZ HERNANDEZ: Thank you. Any name is Anuar Gomez Hernandez I am senior manager for health and safety IBN in south, Costa Rica and Mexico. I'm wearing a white traditional shirt of south Mexico. I want to say thank you for the invite, thank you for allowing me to share with you our experience on what we have been doing on mental health. This is a topic that really passions to me and real ‑‑ I'm really happy to talk about it and I hope that this will be helpful for you. Next slide.

This is an overview of how we proceed and IBM has developed a culture of health over the years, which has been our strategy related to mental health, especially during and after pandemics and which are the resources that we have developed in order to be able to respond to the needs of our population and to be proactive in terms of what we can offer to IBMers around the world and especially in Latin America.

We currently have 350,000 employees worldwide. We have a region where we have operations in 10 countries. We divide Latin America into specific regions, Brazil is one region. We have over 15,000 employees currently. How do we perceive mental health in terms of how it's impacting our population? In general terms, we used to have already issues related to mental health in Latin American population before pandemics.

Of course, during and after pandemic, I would ask you who of us hasn't been impacted at some point by pandemics? Nobody I think has not been impacted in some way. Something in a more negative way, some of us in a harder way, but however, we have been impacted in so many fields of our life, personal and professional.

Depression continues to occupy the leading position among mental disorders. Between 10 and 15% of women in developed countries and between 20 and 40% of women in developing countries suffer from depression during pregnancy or the puerperium. Why did I include this on the slide?

If we begin to think about how many people get pregnant, and how usual it is to have pregnancy in our population and how this is linked to mental health, we can now realize that it's not just on isolated topic mental health related to pandemics or the outcomes of pandemics. It has been a topic from a lot of time before that.

At the same time how has been this reaction or what has been the investment of our countries in terms of mental health? The immediate man spending is 2.8% of the total spent on health worldwide and low income countries spend about .5% of their budget on mental health services. We go from .5% to 8.6 report reported by Suriname in our region.

So you can figure out which are the resources that any person around all regions may be able to reach if they have any issue related to mental health. That's something we are going to talk about in a few slides. Which of the points are the pain points four your population.

Increased stress, anxiety and depression, drug and alcohol use, the abuse of substance is one of the major topics we have seen, and we are going to see in our population, and all which is related to substance abuse is going to increase. It's increasing and it's going to increase more.

So it's something that we have to focus about and employ strategies for mental health for our populations. Increase in domestic violence. This is something that really concerns to me, and this is something that I always talk about when I talk about mental health and population.

Most people have a nice house, Internet, a computer, and we think that that's the context of whole people around us. And that's not the common, that's not the general for all populations. There are people that may not have those resources, and that may not have a good atmosphere when they are at home.

That's something that we have to take consideration because that may affect in the productivity they have as a workforce. Unemployment is another pain points for our population. In the cases of subjective perception of loneliness, we may think that people are affected in mental health, especially those who live alone, those who have not a family, and that's not, again, a general context.

We have now a different way of perceiving loneliness, because there is not interaction as before between families and between the people. We used to have a social net as Latin American countries where we may have parenting, parents living abroad or living outside the family house, but that they may have interactional relationship with the original family, taking care of children or taking care of an elderly or a senior person.

That net or that socializing process is in most of the cases broken and now it's beginning to be renewed at this point of pandemics, but that point may affect all of the process of social net of those people and that's something we have to take into consider when talking about workers in our organizations.

The benefits I think that we are all aware of which are the benefits of supporting workplace mental health, we may be the most full time at the workplace, we may be the most of the day, more than with our family working or interacting with other workers. So the benefits of supporting workplace mental health from the workplace strategy is something essential to allow for employees to give their best in what they are doing in organizations.

Some of these benefits, fewer days lost to sickness, improved team work and productivity, access to a wider pool of applicants for posts. I think that we have heard about it, all of us, but I would say that it's something more organic and it's more of common sense.

If we have the most of our time accessing and interacting with co‑workers, with our managers, with our verticals, we may have to take into consideration mental health when we are interacting between each other in order to be able to support them properly. Let's look at what IBM has done over history. We are a more than 100 years company. Employee health, wellbeing and safety dates to the early story of the company. We used to have a safety program that began in the 60's. Division currently of IBM about the health culture is summarized in five specific statements, provide safe and healthy work environments, improve the overall health of our employees, design health benefits and health promotion programs to improve access, reduce costs and drive innovation, support business continuity and results and address local and global health priorities.

This looks really nice in this document. It looks like in a paper written, buts what the main point of having something like this, having a strategy, something that I am currently sharing with you? What is the main point of this?

The main point of this is to go beyond just a policy. It has to be linked to every decision that we make. That's something that Dr. Lydia Campbell has stated very clear. These five statements that I share with you in the previous slide has to be linked to any decision that we make as an organization, any decision that is linked to the leadership.

In other words, to make it active, to put it into action, and not just to put it in the paper or in a document. So what have we done in terms of wellness programs related to mental health and to health in general for our population? We have stated an Employee Assistance Program for all IBMers and household members, it shows higher usage versus the book of business in LATAM. How have we done that I'm going to share in another slide something related to which has been our strategy of communication. I think for all of us it has been a big challenge to reach for people now in the virtual environment.

IBM from one day to another had to go virtual, 95% of all of the population., of all of the IBM, 95% of IBM population had to go on virtual basis almost from one day to another, and then I think that it's not just the case. Most of us, we had to do something similar when the pandemics began.

So to reach the people was like a big, big concern. It was not easy for any of us. That was something that we had to work on and we had to take advantage of all of the channels that we had on our hands in order to get the attention and get properly delivered the message that they wanted to deliver for our population.

Critical incidence response tools for managers. Over the years, I have been each time more surprised or more interested in how many employees or how many members of organizations reach the manager as first person when they have any mental health issue. So many, many times it's the manager who realizes that something is not okay. And many, many times the employee reach the manager because something is not okay, and even the employee has not clear what is happening with him or her.

So we have to provide guidance to the managers and to leadership in order to allow them and provide them tools to take into consideration that mental health is something that may impact productivity, that may impact the behavior of an employee in the work environment. If they don't have those tools, it will be very, very difficult for them to realize that maybe there is something that can be improved through professional assistance related to mental health.

That's something that we have focused on. As health and safety strategical tool where people can ask questions and get answers quickly it's a tool that we have developed in order to guide those requests from employees to subject matter experts groups. They are all over the world in order to support these first questions, and to guide these questions to the proper groups of people to provide an answer.

So this is something that has 24 hours people response team in order to be able to provide assistance. This was very helpful over the pandemics, because there are always questions about, as you can imagine vaccines in the beginning of the pandemics about the disease, about all of these information that was coming from social media and so many resources that the people has access now. So it was really helpful and really it made easier to handle properly information, and to categorize properly what the people should be concerned about. Because people are not concerned of all of the information they have. That's a point of interest.

Physical activity program, financial wellness and vendor partnerships was another of the activities that we focused over this time. And all of this was leading us to our strategy, which is the next slide, which is this point about co. I think the strategy about mental health or about health programs cannot be made behind a desk. You have to include your clients. You have to include your population, your managers, your H.R. managers, you have to include the people that are in the field. It's not like I'm the physician and I'm going to develop a strategy from my head or from my experience.

That's important. But it's important as well to have the input of the people that you are going to focus on. So we made surveys related to HR managers, we made surveys related to the population in general in order to have what were their concerns? What were their needs? Their needs were related what the Pan American health organization was referring to and what it talks about things.

So we made these as proposal, we made these as a strategy which were the topics that we wanted to talk about over the year according to these surveys that we perform by the end of 2020, and something very important is that this, this strategy, we decided, and that's something that we had experienced previously, should not be like written in stone.

What I mean is that it should be flexible and adaptable, because the situation and the needs, specifically mental health and wellness and everything, is dynamic. What the needs of the people by the end of 2020 were not the same now that we are about to finish 2021.

So we have to develop that adaptability to adapt and respond to the needs if there is something new over the time. So this is what we have been doing, and what we are thinking about doing, we are currently executing actually for fourth quarter, but it's not something that is not subject of change.

This is what we offered, and what we have been getting a good response from our population and a good outcome related to this strategy.

What have we done as part of the resources that we have shared with our population. First of all, we have developed a platform called wellbeing at IBM. This platform gathers the information related to wellbeing and wellness all over the world. We have different kind of resources, of course, for geographical area.

We have developed geographical area because we have different resources in different languages and responding differently to the needs of each geographic area. In the case of Latin America, we have developed specific areas for each one of the countries we are going to see in the next slide, but this one is about mental health specifically.

The wellbeing at IBM gathers all of the information not just related to mental health, but about the resources that the insurance companies or partnerships and IBM by itself provides to the population. All of these resources will have this specific area for mental health where the employees are able to recognize and apply strategies for managing stress or life challenges and other mental health‑related issues where we use tools that are approved by universities or by institutions around the world in order to allow the employees to inform themselves, to inform, to get information to help themselves, and at the same time, to help others.

When we were talking about understanding what are the concepts when something is not well, and in that way, to guide properly the people to the resources that they can reach in cases where they have to get help. This is a specific program for Latin America. It is called Well be program. It gathers all of the sources in the region. We have different suppliers per country.

Each one of these points where you can click takes you to the resources that we have for each one of the countries, and, sock, this gathers or centralized information for those resources that we have globally in the Employee Assistance Program. We have celebrated as well the mental health day. We have offered virtual chats, Town Halls a mental health pledge in order to allow the employees to participate and to provide their own stories, the communication strategy that we have used email blogs, Slack, micro sites or hubs, digital newsletters, apps, we are think the virtual and digital tools have been very useful in order to provide assistance and to provide resources to the employees around the world, and, of course, in Latin America as well.

We have developed as well through the group of occupational psychologists in IBM this badge, which is an internal badge developed to provide information to make the people learn about the basic concepts of mental health, and to motivate this initiative of helping yourself in order to be able to help others. It is very clear, and we make this disclaimer over this badge that it's not our intention for the people to diagnose, it's not our intention for the people to treat by themselves, but it's our intention to make sense of community, to make a sense of I want to learn and I want to understand better in order to be able to help properly, and to be effective and efficient on what I want to do in order to allow the people to know which are the resources that my company, what I belong to, can provide in case of need.

So to finish my presentation, I want to say that mental health topics and prevention about mental health for organizations in the region is something that we must do. It's something that we must do why? Because when we provide prevention, when we provide information, we are working for all of the people that are not still on a diagnosis point of mental health issues. We have this big mental health diagnosis and we have this big community of people going to diagnose. If we see how many psychiatrics we have per city in our region we may understand better what are we talking about.

In Mexico, and in Latin America in general, we have .9 psychiatrists per 100,000 citizens. So we are not going to be able to treat all people if we don't prevent, and if we don't do this task of information, if we don't work on our employees to prevent to develop diagnosis related to mental health. It's something that we are owning and we have the responsibility to do. I hope that this was helpful for you. I'm happy to be participating in this forum, and please, I would like to welcome Dr. Andres Pareja I'm giving you the voice, please proceed with your presentation. Thank you so all of you.

>> ANDRES PAREJA: Thank you, everyone, for having the opportunity to be here so first I'm going to present very fast what SMBC is. It is a Japanese bank, one of the largest in Japan, and it's been around for 4.5 years. In Latin America we have been for almost 15 years, we have preference, Mexico, Colombia, Brazil, Chile and Peru where we have representative offices and full bank operation in Brazil. It is interesting to see that we don't only have a large Latin American team in country, but we have a large Latin American group based in New York, and, of course, we work cross border.

And this is where I would like to start on how do we connect with mental health and disabilities, which is a very interesting topic for me and for the organization coming from our very senior management.

When we started approaching issues on disabilities and bringing in people to be part of this initiative, the bank saw the need of having an empathetic approach to a situation that many other people were facing. In my personal experience when I joined the first events that we had, I was based in New York. I was recently transferred to New York as head of the Latin American corporate finance team.

And as many, you know, many of you here have faced, we haven't discussed this in this forum, but in others that the difficulties that we have with the language. That is just a very small community that we have and when you talk about that to the barriers that people with disabilities have, you start to realize how much courage and how much it has for them to face their day to day.

And as many of you know, disabilities can be seen and others are not, you know, they are not ‑‑ you cannot see them with the plain eye or there are mental disabilities. And that's what we, you know, when I realized the importance of being part of this, it really connected me with the reality that I had even though I don't have a disability, but it connected me with my reality that others were facing these challenges.

That's when we started to build around this fantastic initiative, which is unique, and many others that we have around to think about disabilities and connecting people. But I think that the most important message we want to deliver today, and this is what we have been working on which is not only the understanding the why which we already discuss here and Dr. Anuar Gomez Hernandez made a great presentation of why mental health is an issue, but how is very important to implement in organization and bring everyone to this type of initiatives.

So mental health is a common issue that everyone has, but how do we raise awareness? How do you engage people and increase the level of kindness and set some purpose to these goals. So having disabilities is a cornerstone in moving to mental health as an issue, as a tool that allows you to improve the different, or enhance the different challenges that everyone has been a key part of the strategies implementing these events in the bank and this initiative.

Can you hear me? Can I'm sorry. I just wanted to make sure that you guys can hear me.

>> We can hear you.

>> ANDRES PAREJA: So all of the initiatives that we started around disabilities gather these concepts which at the end are about bringing happiness to our employees and making people more empathetic about the issues that everyone has. And by having this approach, I'm happy to see how senior management just connect to people with disabilities, and put us on the same, on, you know, put everyone on the same level of discussion. At the end we are human beings, we all are facing challenges and difficulties.

, and disconnects with what we are discussing here is what mental health, and especially after the pandemic, which has raised a lot of awareness on the issues that we have seen such as Dr. Anuar Gomez Hernandez was mentioning, issues on people, dependence, on addictions, violence, that has to be addressed. And more importantly we want people to be confident and ensured that they can share with everyone these kinds of issues.

So in our perspective, the best way for that to happen is through this kind of seminars in which we talk about mindfulness. We have seen managers speaking about the different issues that they have so they can connect better with other people that are afraid of stepping up and taking the lead and presenting their issues. So I think that we have been able to value a culture in which many people just come up and go, you know, open on the disabilities that they may have.

They use mindfulness as, we use mindfulness as one of the tools to achieve this openness and we want them to come out and express their concerns.

So the global mindfulness program that the bank has helps to reduce stress and develop an entitlement that says to everyone to share openly their thoughts on subjects that are centered around emotional challenges.

We have seen in October of 2019 we have been developing a very interesting agenda on the different, on mindfulness focused on many of the different topics that we wanted to touch upon in order for having everyone to participate in this kind of events, and open about the different situations.

So we have done, you know, events around empathy, at gratitude, courage, acceptance, perseverance, mental health is an issue we have been discussing, and it connects well with the situation we are facing now as well as dealing with loss, vulnerability, kindness, self‑love, and I can go through all the list we have here.

But at the end it is common to the situation that everyone is facing after the pandemic, but is not just to stay there because these issues may continue at times, and it is important for organizations to take up a bold approach to situations that we are facing.

Now, I would like to pass it on Luciana. Thank you very much for this space. Luciana Coen.

>> LUCIANA COEN: Thank you for both of you, Dr. Anuar Gomez Hernandez and Andres Pareja, it was helpful to listen to you. Now, I think I'm going to bring a different perspective on what a company can do in terms of mental health, so, yes, I'm going to talk about what we do to our employees and families, but I'm going to start with our big social project regarding mental health.

So I'm Luciana Coen. I manage communications and sustainability for SAP Brazil, and this was supposed to be a video that I understand it's not going to be possible to run. Right?

>> That is correct.

>> LUCIANA COEN: So maybe to the next one, and I will explain what the video is about. So whomever wants and is interested, the video, you can email me. The video is available on YouTube or even the event can send it to you, but I'm going to talk about a social project that we have running in Brazil, the name is algorithm of life, and how does it work.

So it is basically an Artificial Intelligence app that is connected on Twitter and Twitter is totally public posts so it basically is listening and reading Twitter 24 by 7 on what we call or not we call, Harvard University calls depression grammar.

So according to a study, the study is the depression grammar from Harvard, there are some phrases or expressions or words that are very common to people with suicidal ideation or deep, deep depression or other very severe mental illness. So what we did was teach the algorithm to have him identify people asking for help on Twitter, and there are a lot of cases for people who feel alone and start to Tweet about very, very, very severe mental illnesses and they are basically asking for him help.

This algorithm, what it does, it brings to the dashboard all of the information, all of the Tweets, and the profiles brings to a dashboard, and on that dashboard there are some people two NGOs, one about doctors that is health oriented, and one NGO is specialized in suicidal prevention, and these mediators, people, humans would analyze, see if there is any false positive and send a message to these people who are suffering.

So to better discipline who we are, we are a team of companies that created this algorithm, and the creation and conception was by Africa. It's an agency here in Brazil. SAP supports the technology and also supports the NGO and the human side of the project. AWS helps with all of the free space that we need on Cloud, and the two NGOs that work with us are these ones here, Horas da vida, and this one.

So basically what we do to these people that we identify are suffering and publicly asking for help? We identify them and we check if they are open to receive a message through Twitter. If they are, we send them a message with three possibilities of support. The first one is the CVV which is something related to the Samaritans.

We invite them, if they want, to give a call or reach out to the website of CVV. The second possibility is a partner that is Vittude, they provide, they are a platform of psychologist sessions. They have psychologists there who would be able to talk to these people for six hours for free.

So it's social psychology sessions for these people. And the third support and option that we offer is a platform of mental health content provided by soul.me. And they developed a specific content only for people in a very, very severe crisis of mental health.

And this is it. This is basically what we do. We identify people asking for help on Twitter. We send them three options to get some support, and then we no longer talk to them. We are the mediators are not allowed to start chatting with these people whatsoever. They can go and watch some content on mental health made specifically for them. They can go to psychology sessions or they can talk to someone immediately through CVV or Samaritans.

The algorithm works since 2018. These are the numbers only for last year and this year. We received through the software, millions of with Tweets. We analyze. We have capacity to analyze hundreds of thousands of Tweets and we supported 16,000 people. We receive answers and it's important for us to understand if there are people who answer. We never, ever got a bad answer. It is always an answer either wants to talk to us from the algorithm or just saying thank you, I never knew there were people reading this, and this is the best result that we ever could get.

This is a social project that is run basically by Africa, AWS Brazil and SAP Brazil. And if you have any other doubts or any inquiries, please feel free to reach out to me or here at the platform. But nothing of this would be possible if we didn't have a very, very strong and a very, very open dialogue inside the company about mental health. So, yes, we talk about mental health in SAP, and we decided to talk about it before, and the same year we decided to support the algorithm of life.

We know from researchers that the cases are getting worse and very, very much severe. One of the researchers, Dr. Carlos showed, but I would like to reinforce that there was statistics about mental health on women, and we have to be very, very careful about it because there is already in our western society that women have more cases of mental health than men. And that is not true.

So we have to be careful when we emphasize that there are cases in women and women suffer from that and this and that. It's not a women problem. It's a severe problem of our society, and women, men, teenagers, it's very severe. So because of that, we decided for in SAP having what we call a stigma‑free environment.

And this means that it doesn't matter if you have, for example EAP or if you have a psychologist instead the company or if you ‑‑ inside the company, or if you promote a lot of activities related to the employees and families, but if people can't talk about mental health, if people are still ashamed of sharing with a manager that there is depression going on or there is another, a severe case of mental illness with this employee or with someone in the family.

So we decided to go and talk about what is, what hurts in our society. There is this shame of having a mental illness or having a mental issue. We decided to go for what we called a stigma‑free environment.

And there is something very, very important that was already brought in this seminar that is how do we talk to our managers? How do we prepare, how do we prepare managers to talk about mental health? And from our experience in SAP, the managers and the leaderships are key to build a healthy environment, a healthy work environment.

We had a lot of training. We provided a lot of training for leadership and for management in order to not only having the leadership to be prepared to work with its employees and its teams, but also we understood that the leadership needs to be able to show that they are also vulnerable. And our key to get to the program and get to being one of the ten best companies to work in the region and the mental health campaign was a big part of it was the leadership to understand from the leadership we need to understand that we need to, there is no more space for a manager or a leader that it's always, it's everyday with the same emotions that doesn't have any problems, that doesn't share my problems and doesn't show vulnerability whatsoever.

I think the corporate world is tired already of us having to be all of the time ready and smiling and with no problems. And also the culture that we have to leave our problems outside the company and leave our problems at home and be like super heroes. And that was the provocation that we brought to our managers and our leadership. And we changed completely our environment at SAP when we understood that, and we had, for example sales, VP man saying that he needs to go to therapy because he was dealing with some issues and he didn't feel he needed to hide it neither from the team or from the peers.

So it took us some time to get there. It was with a lot of, we brought a lot of professionals, psychologists and psychiatrics to talk and to teach us about that, and a lot of conversations to transform our company on a stigma‑free environment company. Because mental health is still about stigma, and that's the worst thing.

So I hope I brought something else to the discussion. Thank you for having me.

>> ALISON CUPITO: Hello, everyone, Ali Cupito. I am a white woman with blond highlights I'm wearing a white and Navy blue striped wet sweater. My pronouns are she/her.

Thank you Luciana, and the previous speakers, I learned so much today, I love joining these sessions. I am the global mental health and wellness program lead at Accenture.

I'm going to give you guys a high level overview of what we are doing globally, and then my wonderful colleague, Ale is going to dive into what we are doing across Latin America so we can learning from each other. So very, very exciting.

>> I am joining from the Accenture on mindfulness. So small world. Love your mindfulness practice. I will give an overview of some of the things we are doing which are pretty similar to what you heard from the folks at IBM.

I think Accenture is well positioned in the mental health and wellness space globally, and we have over 624,000 employees here, shy of a small country. We have a very large footprint around the world in 57 countries, and we were fortunate that prior to the pandemic about six years ago, we started training mental health allies in the U.K. and grew that program worldwide. So proud to say that today we have nearly, nearly, I think, almost 9,000 as of today mental health allies in 57 countries around the world, which was no easy task.

We had to make sure that we were localizing and translating to local language and adopting our approach to local culture so we have done that successfully across Latin America as well. In addition to that, we focused really on training our people. So I know someone mentioned in the chat how do you train leaders? How do you train managers to recognize the signs and symptoms? We have invested a lot of time to train our mental health allies in the resources we have, and recognizing when someone needs help and then asking the right questions, but beyond that, we offered globally a training call the mental health essentials that was for anyone else.

So someone who didn't want to necessarily commit to being a mental health ally, but they were curious to learn about the resources and some of the warning signs. So that's been globally adopted. We lunged last year right at the start of the pandemic thriving mind, which is a partnership with thrive global and standard medicine. It's available to anyone interested. We have been able to make it available to some of our partners. It is in eight languages, but we have seen a really strong takeup of that program in particular because it teaches people about science behind stress, why your brain reacts to stress the way it does and then how to recharge your brain's battery when you need it most.

That's been a successful program here. And then we supplemented a lot of our offering because of the mental health crisis reducing the number of professional therapists available for folks that need one. It takes a tremendous amount of courage to ask for help, and when you do finally make that phone call if you are waiting eight to ten days or two weeks just to get on the phone with a therapist, that could be incredibly discouraging.

So we are supplementing with things like talk space in the U.S., WYSA which is a chat penguin in India for folks there and linking them directly from the WYSA app to the Employee Assistance Program.

We are giving things that help proactively address mental health in the workplace, things like calm for sleep and mindfulness meditation, things like the thrive global app that help you embed daily micro steps and habits into your work schedule and work life balance and things like thrive reset built into our Microsoft Teams platform that remind people that they need to take a break.

We are living in a world where there is no boundary between work and life. It all is muddled together, and I think the more we can each help each other proactively set boundaries to take care of ourselves, nutrition, sleep, human connection, and action, activity, physical activity are super important right now.

So if you go to the next slide, I will just highlight a few of the testimonials we have had from our wonderful mental health ally network. There is nothing stronger than talking with someone who works with you who gets it. These are just some of the comments our folks around the world are saying.

We are really impacting people one conversation at a time. And I think in the Latin America culture, we are really trying to break the stigma that is okay to talk about this in the workplace. It is okay to ask for help. And asking for help is a sign of strength, not weakness.

I'm going to let Ale tell you more about what we are doing across Brazil and Hispanic South America now. If you have questions for me, you can find me on LinkedIn and I would love to hear what you are doing.

There is no one size fits all solution for mental health in the workplace, so we can all learn from each other collectively. So, Ale, over to you.

>> ALEJANDRA FERRARO: Thank you Ali and thank you Luciana, andres and Dr. Carlos, thanks for inviting us. I'm Alejandra Ferraro, I'm the MR lead for Latin America.

I am medium height. I'm white, I have brown hair and brown eyes. My pronouns are she/her. And I'm delighted to be here with you today. If we go to the next slide, let's imagine a year of unexpected events if we need to think and position our minds, I cannot forget Friday, 13th of March, 2020. You will tell me why do you remember the 13th? And not the 6th or the no the 20th?

Because that day in Accenture, we decided everyone was going home, was going home. And at that point, that day probably everyone in the office when we picked up things, we said, well, see you in two weeks, right? That's what we thought. Everyone thought that in two weeks' time frame, we were going to get back to the office.

Actually, that as we know did not happen. At that point in time in Latin America, we were about 30,000 colleagues sitting across seven countries from Mexico to Argentina, Brazil to Chile, across all different countries, and across all of the moments of the pandemic, we grew up to what we are today almost 30,000 people in Latin America.

If we go to the next slide, I, in LATAM really we have been working for a while significantly and I will walk you through more in the next slide in our initiative of truly human. I want to highlight here particularly that our wellness mental health program is really focused on as we were hearing, destigmatized mental health.

And we want to talk about mental wellness. That's what we have been doing and what we have been working heavily across all areas, across all leadership, across all of our different countries. So if we move to the next slide, what we created, we have two languages, and out of the two languages, we created our own probably for some of our colleagues here, and probably you have the same.

We don't speak Spanish. We don't speak Portuguese, we speak north language. So with that we created two programs. We launched stay well, and to be closer today, greater than ever. And probably we created this program particularly last year when we went all home because we thought we are stopping to see each other physically. So there are a quite a lot of things that we probably if we are not conscious that we need to integrate in our day‑to‑day basis we are going to miss.

So based on that we extended across all of our countries and across all of our different locations where all of our people are sitting, these two main programs with the objective of having an integrated program which has four angles, the angle on taking care of our body, taking care of our mind, taking care of our heart, and taking care of our soul.

And why the four of them? Because the four of them represent what we are and we wanted to make sure that we were given tools that we were given different possibilities to our people to be able to generate that wellness, that wellness that right now I'm going to focus a little bit more on what we do in the mental wellness particularly.

So we made quite a lot of synergy and also, I always say that maybe the pandemic brought things that probably we don't like, but the pandemic brought things that actually they brought a lot of synergy. They brought the magic of generating this type of programs where everyone despite being in Costa Rica, three hours behind Buenos Aires or sitting in Monterey or Santiago, we all can leverage and get together on multiple initiatives that got in a greater dimension that if they could have been just generated, isolated in different locations or in different countries.

So if we to the next slide, many of the things as I heard the different colleagues, they have similar points of view, which is I think terrific because it is in different other industries we are doing things alike, but let me walk you through a little bit on what we did particularly in Latin America. First of all, we did 90 sessions related to wellbeing and mental health with multiple list of things such as anxiety disorder and depression, mental health and wellbeing, we talk about isolation, we talk about challenges for sleep, we talk about depression, so we brought multiple and I'm going to walk you through the list of the different sessions, but multiple sessions with a very big variety of experts from different points in the geography in Latin America to give point of view, to give point of reflection, and out of that to generate circles of networking and discussions among our colleagues sitting in Latin America.

We have almost 80,000 people participating. That means based on the numbers that I showed you that most people at least assisted three times. So it was really a topic of high need and based on the reactions and the positive feedback that we received, we kept on creating new possibilities bringing new experts to the table and deep diving on things that we thought and we identify as things that the people were also requesting us.

The second point, we made live sessions, as I said, very dedicated to mental health. I want to reinforce how important it was in all of the sessions the leadership participation, both in the first one of wellbeing and in this one especially on mental health, all of them have leadership participation. That means the CMD of the country, members from the country managing, the Directors, so very present not only sometimes giving testimonies, but being present, giving the importance that this topic has for us with people at the center.

The third point is that we realized we needed to give more tools to carry our counselors and leaders being close to people. Career counselors played an important role as being the reference in terms of understanding how people are, careers, learning opportunities, but especially related to also understanding really how the individual is doing.

So that's why we gave additional tools with training and sessions on emotional intelligence, things associated to change management, because even, and I want to say, if in Latin America we don't have change management with the changes that we have all of the time from political standpoint and things going on in the region, but anyway, we complemented with change management because we thought it was something that was coming out in need especially last year.

Meaningful conversations, not only associated with really deep dive, but meaningful conversations based on how and the needs today. They were not only associates to professional needs or aspirational related to future with new roles or new assignments but very associated for to how people were doing, family needs. Also based on those types of feedback, we created many of the sessions I was sharing for the family.

To in many of these points, we open kids, teenagers, family members, they were all invited and welcome to participate actually in my specific sessions.

Another thing we as Ali was mentioning, we had allies on mental health we had over 100 people playing an important role because they had passion for mental health and they had been trained to be with eyes and ears open and especially with the challenges from virtuality, to be connected on virtuality, when possible trying to see also when cameras are open things that we can see. So very, very open to really understand signs of people and to be able to have those individual conversations and based on that actually to later come and eventually ask for support., either to H.R., to our experts, to our medical service also with experts on this matter.

We are leveraging with WYSA and thrive, we have huge amount of people utilizing different ones and not only on an individual basis. That became sort of a habit, a positive habit when starting meetings. For example rather than starting a work meeting directly with the agenda on the topic, let's pause, let's have an activity together of regaining energy, a short exercise of briefing exercise, and that even not being an expert, everyone has started to really get the courage to start meeting in a different way, even if right now we would be sitting in that room in the ideal world seeing each other, but one hour and twenty minutes of talking it would be good reset of doing that in a room.

So those are the things we try to encourage to bring this on different moments along our day and not just to milestones which are the wellbeing sessions or the training, but really small habits that we integrate on our daily journeys. The third point we have almost 6,000 people that completed thriving minds, and we have lots of people still that will continue to do this on the next months. 1600 people increased on psychological inquiries, and the use of the EAP, here 4U, they had extreme amount of use not only for individuals, we have tracked family members using this. So this is something that people are always requesting and we have a very increasing trend this for us is very positive this use.

We improved in countries before pandemic our medical plans were not as strong, we invested in increasing our medical plans especially associated to psychotherapy sessions, improving our coverage not only for individuals, but for family members. So this also showed and based on the combination of components that we have in place, that encouragement to really use because it's what we need.

Probably the last point to comment is our virtual health fair. That virtually health fair had almost 3500 people with lots of online sessions and activity of take away, and learning and those are things we repeat along the year because they have a very positive adherence from people.

One thing that I would like to cover is all of that is brought if you want in a, that we work across the organization, but one thing that we did is we started to work very closely with top leadership because sometimes these practices are brought to the organization, but if there is a break between what we give to the organization, but we don't with the leaders, there is mismatch of what we want to bring. Why do I bring this to the table? Because we started and part of the actions that we did is we did coffee breaks with the top leadership of Latin America.

And with them when we have those sessions, the sessions were only covered to understand how are you, and how are you really from internal perspective. And in those sessions, we have the testimonies of people and, again, I will make it public, including myself, where we shared our journey, especially last year and also asking for help.

And that gave that hopeness and vulnerability for other people to also share their stories and share and come out with their needs. Probably if we go to the next slide, there is only, I'm sorry, probably the slide was not there, we wanted to bring a video that we couldn't. There was some testimonies from people and there is a few I will read quickly two of them very linked to what I was saying our leaders, who everyone thinks are strong individuals and make no mistakes has moments of huge vulnerability, and this shows us we are going through the same thing, but we are facing this together. Other testimonies such as Accenture from day one always said our priorities are people.

And it's amazing to know that someone is thinking about us. Unfortunately the video could not run, but to close up with this, really putting this in the center is critical for our people. It's critical for sustainability as a business, and it's critical really to embrace this in the whole organization and have leaders which really show themselves fully as they are with vulnerability, showing also their testimonies and as we had one of their testimonies, showing that we really ask for help and we also get and have the same type of challenges.

So with that said, congratulations for this. I mean, it was fantastic to hear the rest of the colleagues, and really I celebrate, it has been such an amazing topic to discuss in Latin America. Thank you.

>> Thank you, that was wonderful, and to all presenters, thank you. See I have been collecting the questions and I would like to go ahead and walk through some of those. Dr. Anuar Gomez Hernandez, are you still with us? I know you may have had to drop off. Let me check. The first question ‑‑ there he is, the first question is for you. Can IBM tell us if they offer mental health training to employees and or managers and if so, who is the provider or do you ever use mental health first aid, which is MHFA? Dr. Anuar Gomez Hernandez?

>> ANUAR GOMEZ HERNANDEZ: Yes. We actually have developed the resources by the occupational psychologist group from IBM. We have built this management system related to psych do social risk group who gather the psychological, professional psycho logic professionals were both in this assessment the needs of mental health in the organization globally.

We finally got to the result or outcome that we may need specific training with not the idea of diagnosing are treating people, the same employees, but by learning and providing them information about basic concepts on how to guide properly people to the correct resources depending on the country where they belong.

So it was really focused on stigma, about stigma, really focused on making, normalizing the topic to talk about, and to make the people aware of mental health issues related to the workplace and related to the work related activities. That was the main purpose.

So it is really developed by IBM, and in the case of the Employee Assistance Program that we offer to employees, we have specific resources that we ask to our employee, to our supplier in order to provide information and assistance, but in general terms, the training is developed by IBM.

>> Leslie Wilson: Thank you, Dr. Anuar Gomez Hernandez, excellent. Andres Pareja you talked about your program being centered around the signs of having this at work and personal happiness, can you elaborate more on the programs, practices that you embedded into your organization to help bring more happiness aside from the mindfulness program.

>> ANDRES PAREJA: Absolutely. Thank you, Leslie.

First of all, allow me to properly introduce myself. I didn't do it. I'm a Latin American, I'm wearing a white shirt with a blue jacket. And I'm working here from the back of my house.

Going back to your question, yes, we do have around, around the mental health program a number of different initiatives that build on gratitude, mindfulness, and changing mindset and smile and laugh. Let me elaborate a little bit. For instance, in smile laugh, what we do is we rule out a ‑‑ roll out a program that has the purpose to bring joy to employees.

We gather and I have actually participated in one of those in which we, we are just put outside of our comfort zone. And just connect at a completely different level. I'm no longer the manager. I'm no longer the senior perp talking to clients it's just another human being there having fun and expressing the most intimate feelings and during that session.

And that allows many others to open up. This is where the value is created. This is when we start to see how people are feeling. We start to assess their needs in terms of mental health. So even though I'm not an expert, I'm not a doctor, I'm not a psychiatrist, I'm a banker, I'm not going to provide any kind of guidance to this person, but I'm going to listen. I'm going to be there to understand what their needs are.

And I'm going to help and raise my hand inside the organization to provide help to this person. So this helps a lot to build around this initiative.

>> LESLIE WILSON: . Can you talk about the myth that more women than men have mental health issues. Luciana Coen?

>> LUCIANA COEN: I'm going to make Andres Pareja my words. I am not a specialty. So I'm not from a medical degree, but what I'm talking about is about prejudice and about stigma. And there is a stigma in society that women have more mental health issues than men. Since Freud in Europe, right. So what I was pointing in my speech is that we have to be careful on when we show database that doesn't put men, women or even people from different ages in the same page in terms of mental health issues. That's my point here. We have to be careful with that because it's something related to men, women, children, teenagers, elderly people, you name it.

We are also in a pandemic, a mental health pandemic besides COVID, unfortunately. So that was my point. It was related to research that Dr. Anuar Gomez Hernandez showed at the beginning of his speech. I'm sure he didn't mean that, but it was, it was there, women has more ‑‑

>> ANUAR GOMEZ HERNANDEZ: It's related to the numbers in the organization. I agree that it can be perceived that it is something related to women. And I absolutely agree it is not related to women. We know, and we see it in organizations. It's a topic that impacts no matter if it's woman or if it's men, it is related to everybody. As I mentioned during the presentation, it has impacted all of us in many ways, so, yes, I agree with you, it's not something related just to women. That was a number handled by the pandemic and the health organization but it should not be perceived as something related to women.

>> LESLIE WILSON: Ali, you have your hand up.

>> ALISON CUPITO: I agree wholeheartedly, we have information that it's not one in four, it's all of us, because if you are not directly impacted by a mental health condition, you are a caregiver to someone who is. The most perception is women are more vocal about it. Men don't talk about it. Moan don't ask for help. They culturally are told to be strong and women are told to be emotional, and I think that's the challenge. It's kind of like the perception is around speaking up about it, but I agree with you completely.

Everybody, everybody has mental health and it does not discriminate at all. It's just the way we culturally and the way that our diversity impacts how we address it and how we speak up about it is a very real thing.

>> LESLIE WILSON: This is eye question from Alison Cupito and Alejandra Ferraro from Accenture can you talk about how we get senior management engaged in this initiative as we see a lot of times senior management is only focused on work as opposed to taking care of their people. There seems to be a failure to recognize that taking care of people leads to higher productivity as well.

>> ALEJANDRA FERRARO: I will start, and Ali, if you want. First of all, the senior managers or the leaders on teams are all human beings. So we engage them because we try to go to the hearts and move them, you know, from an initial perspective.

When we talk always about moving, it's first of all, I lead myself to be able to lead others to be able to lead the organization. When we take care it's the same. It's like the mask when we get or we used to get into a plane, it's been a while, I have the no gotten into a plane, but when we get into a plane, what do we hear? We hear before putting the mask to your kid, put your mask on.

Well, this is the first movement we have been trying do at least with my leaders here in Latin America is first of all to acknowledge that we need to put our own mask on, and with that you already make the step to be able to go to others. For example with the example of Thrive reset, I piloted Thrive Reset personally before even talking to the rest of my organization about Thrive Reset. Why? I wanted to have the full experience and understanding, you know, how I could eventually later be automobile to transmit that to others, and try to get into others that aspiration to generate micro habits, whatever micro habits each individual brings.

So summarizing, we tailor not because we were talking to them as leaders. We were talking to them as human beings, and while talking to them as human beings, to be able to inspire them on that journey to be able have them as leaders.

>> LESLIE WILSON: Did you want to add anything to that?

>> ALISON CUPITO: I completely agree. Everybody is a human being. Everybody is facing something. Unfortunately, I think that the managers in the middle face the most stress because they are managing up and down at the same time. And so we have done a few things across Accenture in the last I would say six months to a year around leading with empathy type toolkits or resiliency workshops for those core group of managers, and really tailoring it to their schedule, so getting our senior, you know, leaders, Managing Directors, there was a group in the U.K. and Ireland, there was a group in North America. We took different folks through different modules, but 30 minutes once a week on a Thursday, one lesson for you to learn and practice for the following week.

I think leaders are looking for practical day‑to‑day skills that they can use on their teams. One of the very first modules is put your own oxygen mask on first before you help others, but always looking inward, are you taking care of yourself? Sometimes we can't manage the workload, but we can manage how we deliver the workload news to our people and we can ask them if they are okay, and we can ask them can you take this on, or do the things that you can to reduce pace, create space and act with grace.

That's been our mantra. I love it because it's so great, reduce space, create space, act with grace to the extent you can.

>> LESLIE WILSON: I will go with this question to cover all. Any advice for those of you who work at organizations where we don't have people who are willing to talk openly about their abilities or mental health disorders? I am a person with an invisible disability and a mental health disorder so I'm unsure of how my manager or my company will react if they find out, and if they will hold it against me? I appreciate any advice you can provide. That's for all of you. Who would like to tackle that one first? Go ahead, great Andres Pareja.

>> ANDRES PAREJA: That's a very good question. I agree, and I think that first of all, senior management has to be involved, right, and we need to raise senior management awareness of the fact that many people won't like to open up about a mental health issue.

But then once we have senior management, how do you encourage this person to speak up and to present and be open about the issue of the mental health that this person might have, which is in many cases you can perceive it and the person is holding back on that. So that is a complicated situation. If you see a person with, on a wheelchair, you will immediately realize the problem, the situation that they have. But in these other cases it's more complicated.

And actually this happened to us, it happened to me with a person that had a mental health issue, and what we, the way that we approach it is we started with a mentoring program, and we had senior management, managers speaking to people with these kinds of disabilities and more than anything with the goal of making them comfortable to speak out about their issue, making them comfortable that nothing is going to be held against them because of the disability that they have, and more importantly, for them to understand that they needed to speak about it, because it's in their best interest, in the best interest of the organization.

So these managers, what they have to do mostly was listening and being open and empathetic about the situation. They were not there to solve the mental health issue, you know, thus what a doctor and a psychiatrist or a psychologist is there for, but we wanted the person to be comfortable about it, having senior management involved and, again, and to me one of the most important things is empathy.

And you reach that empathy also by having the senior management, manager sharing with everyone many issues that they have. And that's how you can kind of put things on the same level and everyone opens up. It is a process, but it's a way that it started and it worked in this example.

>> LESLIE WILSON: This is a great question. Alcoholism and drug addiction have always been and continue to be a growing challenge in Latin America. And it's a major cause of mental health disorders. Any advice on how we address this topic given H.R. hesitancy to address it in the workplace?

>> ANUAR GOMEZ HERNANDEZ: Yes. I think that these kinds of topics which affect our health as we have talked about the stigma on mental health should not be something that we stop talking about. That's what we have been talking about normalizing mental health, normalizing the specific issues with our melt because otherwise, it's not going to be possible to handle, to handle it in an effective way, to make it efficient.

We just had a story telling event with a person who used to have alcoholic issues in the workplace, and we had more than 250 assistants. These people stayed, 50 of these 250 stayed 30 minutes more with the person virtually because they were asking a lot of questions.

So there is an interest in the population about this specific point because as we have seen, the abuse of substance is a topic that has increased because of pandemics. So people need assistance about it, need to talk about it, need to know which kind of resources we have to help them.

So if we don't normalize these kinds of topics, we are just putting the dust behind the sofa. We are not working properly on what we should be doing from a preventive perspective or even prescriptive for those who already have an issue.

>> LESLIE WILSON: Alejandra Ferraro, you have your hand up.

>> ALEJANDRA FERRARO: Probably complementing, I think this is one of the comments that needs to be addressed and brought to the table as Dr. Carlos was saying. In our experience, one way to bring it up, this has been already for a while is within the context of working parents. Why in that context? Because sometimes starting to talk about alcoholism or talking about this in the context of family and as well as the use of drugs, it's a way to bring the topic to the table where finally we bring it from a community perspective.

This is a topic that I think we need to continue to bring at least in our case, and it's something that is very requested and we also it's one of the examples where the family members had an extended invitation.

>> LESLIE WILSON: I am not a clinician, but this is a topic that is very near and dear to me because as Ali said nine out of ten of us have been impacted either through our own mental health challenges or those of a family member or close friend. It is unfortunate that this is something that we don't talk about and becomes taboo which means that fewer and fewer people get treatment.

So thank you all, thank you for the question. Excellent question, and think thank you for an answering that question. Luciana Coen where did the idea come from for the algorithm of life and how did it get started?

>> LUCIANA COEN: The idea came from after from a, our partner, and they were basically looking for a really, really tough worldwide social problem to support. And they were also at that point at the end of 2017 trying to talk about issue that is very dear to youth. They decided to approach this subject that is suicide, that is something very difficult to talk about, and we have to be very careful to talk about, and so they were, they wanted to do this project.

And we weren't, SAP and AWS, we weren't with them at this point. So they developed their idea was develop a five‑month project to impact people on Twitter, and at this point we can change, but at this point is Twitter in Portuguese, Brazil and Portuguese.

So it was supposed to be a project from January to May 2018, and in the middle of that, SAP was talking, was being very bold on mental health, so we found the project and thought it was a project that needed technology and Cloud space and everything, we decided to embrace that.

So it was not our idea. We just decided to embrace and the project was supposed to work for five months is working until now with a lot of implementation in technology, in the people part of the project and all.

And the beauty of the project in my view is that we use Artificial Intelligence and technology, but we also use people to mediate and people that are trained and trained by doctors and psychologists. And I think that's the way to go in something that is so delicate as this. Technology doesn't work by itself, but technology brings scalability.

So the beauty of the algorithm of life, it's that it's human and technology together.

>> LESLIE WILSON: Beautiful marriage, right, Andres Pareja, I saw you turn your camera off. I hope you are with us. Can you talk more about your monthly mindfulness program, the topics that your mindfulness program covers seems like topics that staff would not be comfortable talking about, self‑love, depression, empathy. How do you get them comfortable sharing during those sessions?

>> ANDRES PAREJA: Yes, that's always a challenge having people to speak up about these difficult topics, but, again, first of all, it's senior management involvement, and having, if you can have, in our experience what has happened is that you have a senior manager expressing or talking about one of the issues, if you can have a manager or someone from the organization willing to speak up about it, and that will immediately resonate with the people in the audience and they will start feeling more comfortable about sharing this, on these very complicated topics. And that to me is having senior management involved and having a compelling strategy across the organization around be the importance of having everyone to speak up about this difficult issues.

>> LESLIE WILSON: This is one for everybody. I'm curious about knowing if there is any effort being done in order to have health security services ‑‑ get health security services to perceive mental disorders or conditions. In some cases it's even difficult to show up with a mental rather than a physical disability.

>> ANDRES PAREJA: These issues are to raise awareness, having everybody speak up about disabilities they have, the situations they are facing and the organization, Human Resources, of course, is supporting all of these initiatives and they are connecting with the different and they are connecting with resources to get into solutions for the issues that people are presenting.

Frankly speaking, I can't go into all of the details around that, a person on that side might do a better explanation than I do, but that is how the strategy works and to my understanding it's been providing the solutions that people have been asking for.

>> LESLIE WILSON: I work in the financial services industry which has a cut throat culture in Brazil. Do you think it is best to go to work in an industry that is more supportive or is it better to put up the good fight to change this industry despite the uphill battle at hand? Is it better to stick with it and fight the good fight or would it be better to go into an industry that is more supported?

>> ALISON CUPITO: I would encourage you to ensure that your own oxygen mask is on first before you take on the fight. It's a long stamina. You got to have long stamina. I worked in public relations for the financial services industry and I would say that that was 15 years ago, and I think they have come a long way, but I think that financial services, consulting and legal are the top three industries rated for having the most stress and the most mental health concerns in the workplace.

So I'm right there with you. I'm an inclusion and diversity, and boy I will champion that cause forever. I would like to get myself out of a job. I wish we didn't need wellbeing leads in the workplace, but I would say if you are going to take it on, you know, you have got a whole group of people here who can support you but make sure you are up for the challenge because you will have to hear no a lot, and you will have to just power through it. So just look internally before you take that on.

>> LESLIE WILSON: Anybody else want to add to that? I just want to mention to alley and Alejandra Ferraro there was a question directed to Accenture which I did not ask. I hope one of you have responded to that question. Excellent. We are good.

My last question, we just have four minutes left. I would like you to talk about the tools that all of you are using to provide managers the support they need to support their team members' mental health? What are you doing internally to prepare managers to support their team members' mental health?

>> ANUAR GOMEZ HERNANDEZ: From most perspective from IBM and I talked about it during the presentation, it's to provide these kind of resources of framing, because it's very important that you may not provide the idea to any employee that they may be able to diagnose or treat people. So there is a very, very tiny line of where you can go and where you cannot go.

You will be as a manager very possibly you will be the first person that employee will reach if they have any specific issue with the work activities and related to mental health. Manager may be the first person that the employee will reach.

So what the manager needs to have this information and learn which are the resources of professionals that will help that case, that will help that employee, that's the main point. And, of course, what we have talked about, reduce the stigma, to talk about it, to normalize conversation, and to make it possible to the managers and to the verticals the direction and everything to know that it's an option, the mental health when you talk about people, when you talk about employees.

>> LESLIE WILSON: This one is in Costa Rica we could have a project, webinar, podcast where people with mental disabilities could go to get help, weekly or biweekly where we can fight the constant battle. Is there something like this available? Does anybody know in Costa Rica or Latin America if there is anything available to support people with mental illness or disability, a webinar or podcast or anything that's openly available to people? So I will just say from Disability:IN, we try our best to do as much as we can to support mental wellness in the workplace.

If you go to the Disability:IN website, Disability:IN.org, you will see a lot of resources in our library, just open source on the issue of mental health. And I strongly encourage you to go there. We also from time to time have webinars that are open to anyone who would like to join, so please watch our website to see what is available from Disability:IN. We know that since the pandemic began and even before that, as Ali said nine out of ten of us are touched by mental health, 66% of us are touched by ourselves, and so as we continue to talk about this, we will reduce the stigma, and as you have seen from this great group of panelists, they are open and honest, and the more we do that, the more we talk, the more we will change the treatment of mental illness in the workplace. What better place to do it. Where do most adults go? They go to work every day. If we can do a better job there maybe we can conquer the stigma and get more people to seek treatment. I want to thank our panelists. You guys are wonderful. You did a nice job. We will be sending out the link to the recording and the presentation, the PowerPoint presentation to everyone within the next week, and so for that, I'm going to say thank you on behalf of Disability:IN, and have good mental health. So long.

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