

THE HUMAN SIDE OF HEALTHCARE

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MENTAL HEALTH IN THE WORKPLACE

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Mental Health in the Workplace

BY RACHEL SHAW

Today, depression is the number-one cause of medical disability among Americans age 14 to 44¹, with the World Health Organization (WHO) reporting it as the leading cause of ill health and disability worldwide. And, the issue is growing, with more than 300 million Americans living with depression, a number that has increased 18 percent between 2005 and 2015. It is estimated one in five American adults experience mental health problems in any given year.² In addition to the harmful impact on individual lives and families, the financial repercussion in terms of lost productive hours and benefits to employers is colossal.

According to an article published in the *Journal of the American Medical Association*, workers with depression reported losing five or more hours of productive work each week — translating into roughly 30 work days³ or an estimated \$44 billion dollars per year.⁴

Anecdotally, in addition to greater leave usage, employers are often seeing mental health issues surface in the form of additional requests for accommodation, a rise in interpersonal relationship conflicts in the workplace, increased stress-leave needs, and in some cases an increased perception employees are using their claimed psychological disability as a “weapon” against their employer.

Balancing how to support your workforce while still managing your business is a challenge employers need to address. The answer is a comprehensive approach to mental health that includes exercising your Employee Assistance Program (EAP), creating protocols that engage parties in conversations early and on an ongoing basis, and understanding when the organization has been “triggered” to enter into the Interactive Process in accordance with the Americans with Disabilities Act (ADA).

Employer EAPs have been widely lauded for their positive effects, with tangible benefits ranging from fewer missed work days and less turnover, to higher employee satisfaction. Unfortunately, the number of employees who utilize these types of programs is low. It is estimated that fewer than six percent of employees use their employer’s EAP. A number of reasons may account for this including fears about confidentiality, not realizing the programs often offer more than therapy, or simply not knowing programs exist.

For many, the idea of mental illness conjures thoughts of diagnoses such as schizophrenia, bipolar disorder or other named illnesses. In reality, the vast majority of psychological matters impacting the workplace are related to stress — often, people struggling with real life issues such as a difficult breakup, childcare problems, caring for an ill or aging family member or managing financial matters. Your EAP





provides for a unique opportunity to provide both personal emotional support as well as a possible path back to higher productivity at work.

As an employer, you can both suggest your EAP as well as require attendance when you witness employees being impacted by a personal matter. In some cases, employees may not feel comfortable accepting support through an EAP — with many still holding stigmatizing beliefs. Allow employees to attend during work hours so family and friends don't have to know, and outside commitments don't get in the way of them obtaining assistance.

Another key to managing mental health or psychological issues is to ensure you are having conversations with employees early and often. For example, in many cases increased leave will be the first sign of an overly stressed worker. Communication is key. Establish internal protocols on when to have discussions with employees. Choose an amount of leave that triggers you to have a face-to-face conversation with an employee. Note that these are not disciplinary meetings. Talk with them about ways you can collaborate to reduce unnecessary leave. Continue to have these honest discussions as leave is occurring. A better relationship with the employee is likely to result in a better outcome for the organization.

If conversations on leave usage have not led to improvements, your EAP has not supported performance or attendance improvement, or if the

organization or employee believes there are issues related to a physiological medical condition, you will need to start the ADA Disability Interactive Process. Likewise, if you have concerns about misuse of leave, or if leave is unreasonable to support, you will need to begin this process as well. Again, this is not a disciplinary process, it is the disability interactive process and the goal is to find the right tool to support the employee and your bottom line.

I use a “hallway,” method with four doors or process steps:

1. Medical documentation
2. Exploration of accommodation ideas
3. Scheduling and holding a reasonable accommodations meeting
4. Closing the process properly.

At each step you are gathering the data you need to support sound decision-making, while also building understanding between employees, their representatives and supervisors.

The process is essentially the same whether a physical or psychological disability is involved, but some variations occur, especially in the case of psychological and stress-related disabilities. You don't always know where the hallway will lead you, but a structured and consistently applied process will ensure you don't underaccommodate those in need or overaccommodate those who may be seeking to misuse ADA protections.

Start by talking with your employee. If the employee is asking for a workplace accommodation due to a disability, go to Door 1 and request

more detailed information from a health care provider on the employee's psychological limitations at work. That data will then guide you down the hallway to consider accommodations (Door 2) and/or other appropriate next steps: an EAP referral, a leave of absence to support treatment, performance improvement support, or meeting with the employee to develop and implement a reasonable accommodation (Doors 3 and 4).

In the end, managing psychological disabilities can seem daunting, but when addressed quickly and utilizing a uniform process, organizations can be confident a sound decision can be made.

Learn more about mental health in the workplace at learning.ashhra.org.

Sources:

1. Walter F. Stewart, “Cost of Lost Productive Work Time Among US Workers With Depression,” *Journal of the American Medical Association* 289, no. 23 (June 2003): 3135-44.
2. Any Mental Illness (AMI) Among Adults. (n.d.). Retrieved October 23, 2015, from <http://www.nimh.nih.gov/health/statistics/prevalence/any-mental-illness-ami-among-adults.shtml>
3. Based on a 48 week work year.
4. Walter F. Stewart, “Cost of Lost Productive Work Time Among US Workers With Depression,” *Journal of the American Medical Association* 289, no. 23 (June 2003): 3135-44.

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