

## **Surpassing the Stigma; Effective Management of Mental Health Illness in the Workplace**

The term “mental health illness” often evokes feelings of anxiety and fear among stakeholders responsible for the management of illness and disability in the workplace. The lack of understanding associated with mental health illness fosters perceptions based on misunderstanding and preconceived judgments. The term “mental health illness” can conjure up images of people who could cope better if they tried, are using an excuse or simply just don’t “cut the mustard”.

The statistics confirm that depression and heart disease are the leading sources of lost working years in the global economy. It is even more concerning that there are linkages between depression and heart disease. Depression is also linked to other physical and chronic conditions such as asthma, diabetes and hypertension. Mental health disability is the primary and secondary issue in 60-65% of disability insurance claims in Canada. Less than 20 % of individuals who require treatment for mental health illness receive it and in any given day, 10-15 % of Canadians experience a mental health disorder. Stakeholders need to accept that mental health illnesses are not functions of character or weakness but rather are conditions that affect the entire body and body systems. Employees experiencing job stress can triple the risk of disability associated with mental health illness, anxiety, substance use, back pain, injuries and infections. Combined work and home stress increases the risk for mental health illness and disability in the workplace.

When mental health illness occurs in the workplace, the result is a complex set of barriers and challenges for employees, employers and bargaining agents. Organizations faced with mental health illness in the workplace often implement damage control measures focused on removing the employee from the workplace. The employee is sent home on approved sick leave or disability claim and the workplace goes on with minimal acknowledgement of the situation. Workplace conversations are hushed as coworkers share theories regarding the final straw that caused the employee to experience the “breakdown”. The employee does not hear from the workplace and organizations may forgo flowers and cards in a misguided attempt to downplay attention to the illness. The isolation can “fracture” employee/ employer relationship and further complicate the effective management of the illness and subsequent return to work.

Alternatively, employees may feel shame and guilt when faced with mental illness or disability in the workplace. They often share the same misperceptions and judgments regarding mental health as their peers and do not feel comfortable seeking or receiving treatment. The employee believes they are “weak” or feel inferior to peers. They may not be comfortable acknowledging or accepting the early signs and symptoms of mental health illness and in the case of chronic mental health issues, believe they must keep the condition hidden from the organization at the risk of repercussions. Employees may not be comfortable disclosing their health concerns in fear of the potential impact to their position, earnings potential and future career development. Employees feel they need to

“get it together” and without appropriate intervention, the mental health illness may increase in severity or progress to disability.

Employers need to be aware that the workplace response to employees suffering from mental health illnesses and disabilities may constitute discrimination under the Human Rights, Multiculturalism and Citizenship Act. Employers, unions and coworkers do not intentionally discriminate against employees however the actions taken in these types of cases can return to haunt stakeholders once they are reviewed at arbitration or tribunals. Organizations will often reduce or significantly change the employee’s position in the form of reassignment without realizing this action may be legally construed as punitive action. The utilization of an integrated policy and process structure will ensure consistent interventions with predictable outcomes.

The utilization of a proactive model of early intervention can mitigate the impact of mental health illness in the workplace. The importance of proactive assessment and support of employee job performance cannot be overstated in the context of separating mental health illness issues from the need for performance management intervention. Human Resource professionals and managers need to develop accurate job descriptions and performance assessment tools to define employee responsibilities and emerging performance changes or problems in the workplace. Stakeholders need to monitor perceptions that employees suffering from a mental health illness are not “as ill” as employees suffering from physical health conditions.

There is an opportunity at the point when a manager questions employee job performance issues to determine whether there may be a health issue which requires medical assessment and intervention. Managers require training to assist them to respectfully question employees in an effort to determine whether health is a factor in job performance issues. Managers are in the best position to identify changes in the employee’s work performance and behavior. There is a risk for managers to “attach” or “transfer” their own life experiences and judgments regarding mental health on an employee who may be experiencing a mental health illness or disability. Management training strategies should be based on best practices for intervention in cases of employees who may be experiencing mental health illness.

Managers need to know the early signs and symptoms of mental health illness and understand the importance of referring the employee to appropriate resources as soon as concerns are identified. The impact of mental health illness or disability can be mitigated with expedited access to employee assistance programs, occupational health services and medical evaluation. Human resource professionals also need training to use in their coaching role with managers. Managers and human resource professionals need to recognize that performance issues must be separated from any health issues and only addressed once it is confirmed that a mental health illness or disability is not a factor in the employee’s ability to perform their work functions. Performance management should not be considered while health issues are being investigated and is not appropriate before the employee is cleared to return to regular work duties.

An effective communication structure is critical to successful intervention and management of mental health illness in the workplace. Stakeholders tasked with addressing mental health illness require access to expert medical consultation and case management resources in an effort to determine whether health issues are present and require evaluation and treatment.

Family physicians need to be included in the process of obtaining relevant medical information and ongoing support for independent assessment and treatment maintenance. A majority of family physicians are not receptive to communicating directly with employers due to their obligation to maintain patient confidentiality. Certified Occupational Health Nurses are well positioned to liaison directly with medical practitioners with informed employee consent. The maintenance of confidential medical information is critical in the management of all illnesses and in cases of mental health illness there is a heightened sensitivity of the employee that they will be judged on the basis of their illness instead of their ability to return to work. Certified Occupational Health Nurses also have the ability to assess secondary health conditions which may impact the employee's need for medical assessment and treatment. Physicians and specialists need concrete information regarding the employee's work environment, nature of work duties and demand for cognitive task completion. A full assessment and evaluation of work, home and health factors including the specific nature of any performance concerns will ensure the ability of practitioners to appropriately diagnose a mental health illness and recommend treatment.

There is a high risk of failure for a successful return to work outcome if stakeholders do not fully accept and make a commitment to the return to work plan. The opportunity to successfully return an employee to work following a mental health illness significantly decreases after one year. The point at which an employee is cleared to return to work can be considered the most critical time in the management of a mental health illness. The goal of managing mental health illness in the workplace is to return employees to their own occupation and position. Active collaboration between medical practitioner(s), employees, union representatives, managers, human resources, benefit carriers and occupational health is essential during the return to work process. "Setting the stage" for the return to work is critical to achieving successful outcomes. Return to work reintegration after a mental health illness includes support for the employee to resume regular work functions and continue with a recommended treatment plan. Coworkers need to be informed that the employee is cleared to return to work and encouraged to discuss concerns directly with the manager.

Everyone shares accountability and return on investment in the effective management of mental health illness in the workplace. Stakeholders need to examine their belief systems and perceptions regarding mental health illness and accept the responsibility to learn the real facts regarding this category of illness. Education regarding the early signs and predictors of mental health illness, contributing work environment factors and available resources will build the comfort and confidence level of stakeholders who are tasked with managing mental health illness in the workplace.

Communication and integrated policy structures need to support early and ongoing multidisciplinary stakeholder intervention. Mental health awareness and promotion strategies implemented in the workplace foster employee comfort and accountability to address their mental health illness issues.

The effective management of mental health illness is a significant human resources challenge in today's competitive business environment. Barriers to returning employees with this type of illness must be challenged and factors contributing to mental health illness in the workplace identified, examined and addressed. Stakeholder partnerships will ultimately breach the mental health illness stigma and facilitate change through the initiation of education, early intervention and prevention strategies in the workplace.

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