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2016 DMEC Behavioral Health Survey White Paper
Mental health conditions continue to be among the leading causes of workplace absence and are associated with high cost for treatments and lost wages. The DMEC Behavioral Health Survey, conducted biennially, tracks employer strategies, advancements, prevalence, and effectiveness in the area of behavioral health management. Download your copy today.
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May is mental health month, and as we gain greater awareness, we realize that mental well-being is bigger than the absence of a mental illness.

The United States spent an estimated $201 billion on mental disorders like anxiety and depression in 2013, according to the new analysis in the *Journal of Health Affairs*. Serious mental illnesses result in approximately $193 billion in lost earnings per year, according to the National Alliance on Mental Illness.

Many C-Suite leaders assume that health plan costs capture the total cost of workplace mental health concerns. But, the data above tells a different story and suggests that not addressing mental illness can affect a company’s bottom line.

When presenting the business case to corporate leadership for workplace mental health, note that most employers already have many of the pieces in place to help employees overcome mental health challenges and enjoy full productivity.

Employee assistance programs provide counseling and other services, and the health plan or a carve-out plan offer mental health treatment options. When diagnosed early and treated properly, many people fully recover from a mental illness or can successfully control their symptoms. As many as 8 in 10 people suffering from a mental illness can effectively return to their normal activities if they receive appropriate treatment.

The bad news is that most people are not getting the treatment they need. One in five people is dealing with a mental health situation on a daily basis; yet only one-third of these people are receiving the care they need.

Employers can bridge this gap by combatting the stigma around mental illness, which can prevent employees from getting needed treatment. An easy place to start is changing the corporate vernacular. Instead of talking about mental illness, let’s talk about mental well-being which turns a negative into a positive.

Recently, the Royal Family in the U.K. shocked many of us when they rejected the idea of the “stiff upper lip” and openly discussed their own mental health challenges. So, from my vantage point, there is no reason we can’t “take the lid off” mental health in the U.S. as well.

This requires a dedicated initiative to reform corporate culture. The good news is that efforts like this do not involve significant capital investment; they just need support from company leadership. As integrated absence management professionals, it’s our job to articulate the business case to our corporate leaders and secure their support.

DMEC has provided two excellent resources to help you: the Minding Your Business: Mental Health in the Workplace Summary and the 2016 DMEC Behavioral Health Survey White Paper.

The Partnership for Workplace Mental Health offers free resources such as Right Direction, the ICU Program, the #IWILLLISTEN social media campaign, and Stamp Out Stigma.

And again this year, we will offer a mental well-being preconference workshop at the 2017 DMEC Annual Conference. The workshop is included in your full conference registration.

Please join us in Anaheim and help us celebrate 25 years of progress in addressing mental health in the workplace.

Terri L. Rhodes, DMEC CEO

See page 36 for The CEO’s Desk References
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CM #9  State and Local Law Updates

*California.* A new Fair Employment and Housing Act resource explains standards for the interactive process of reasonable accommodation. To learn more, visit https://www.dfeh.ca.gov/reasonable. *District of Columbia.* Under a new paid family leave (PFL) law, private sector employers (including nonprofits) will pay a tax of 0.62% of wages to fund the Universal Paid Leave Fund beginning Mar. 1, 2019. Employees can use up to six weeks of family medical leave, eight weeks of parental leave, and two weeks of qualifying personal medical leave in a 52-work-week-period beginning July 1, 2020.

*Illinois.* Employees now can use leave under the Employee Sick Leave Act to care for stepchildren and domestic partners. Another amendment limits an employer’s ability to request written verification from a healthcare professional for an employee’s absence. Several suburban municipalities are opting out of Cook County’s Earned Sick Leave Ordinance, which takes effect on July 1, 2017. The new law requires virtually all private employers to pay 100% of usual wages during leaves.


CM #10  ACA Projections and Employer Health Plan Impact

The Republican effort to repeal and replace the Affordable Care Act (ACA) narrowly passed the House and faces higher hurdles in the Senate. If this effort falls short, the ACA will continue in force. Major policy disputes and regulatory adjustments will force companies to stay up to date to maintain compliance. Increases for large group plans are projected to average 5% to 8%, with increased focus on reducing costs through network alignment, large buying pools, and a renewed focus on consumer engagement and shopping for value in health care. The shift to high deductible plans will continue. As regulatory regimes become more predictable, emphasis will shift away from compliance and back to the basics of controlling costs.

CM #11  Federal Contractor Privacy Compliance

A final ruling now requires specific privacy training and annual re-training, for federal contractors or subcontractor personnel dealing with personally identifiable information (PII). Contractors must prepare and maintain documentation of covered personnel completing the training. Training must be “role-based” or tailored to the contractor employees’ assigned duties, and must offer both foundational and advanced levels of training. For a summary, visit http://dmec.org/2017/04/05/new-privacy. For more details, visit https://www.federalregister.gov/documents/2016/12/20/2016-30213/federal.

CM #12  IRS Memo on Fixed Indemnity Health Plans May Impact Wellness

A recent Internal Revenue Service (IRS) memorandum clarifies the tax treatment of benefits paid by Fixed Indemnity Health Plans. Certain vendors market wellness programs that ultimately lead to the employee paying for a supplemental policy with pre-tax dollars. The IRS memo confirms that in such programs, the amount of reward or incentive given must be included in the employee’s income — a red flag for employers. To learn more, visit http://dmec.org/2017/03/01/irs-memo.
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Stress at work is reaching epidemic proportions. Whether you are a teacher, a doctor, or a customer service representative, chances are very good that your job stresses you out. In fact, 80% of workers feel stress on the job, while 40% feel that their jobs are very or extremely stressful.¹

Stress has long been recognized as an important driver of employee illness and absence. Stress has a powerful effect on employees’ health. It is estimated that 75% of all doctor visits are due to stress-related symptoms,² and research suggests that 37% to 52% of all sick days are due to stress.³ Research led by the Harvard Business School estimates that altogether, work-related stress accounts for 5% to 8% of employers’ healthcare costs, and is linked to more than 120,000 deaths per year.⁴ Based on these staggering statistics, researchers often equate the overall impact of workplace stress to the effects of secondhand smoke.

How can stress — what is often seen as a simple state of mind — have such wide-reaching effects? The reason is that the stress response, also known as the fight-or-flight response, affects every system in the body. Stress is the reaction of the mind and body to a situation that is perceived as threatening or beyond one’s ability to cope. During a stress response, hormones such as cortisol and adrenaline are released into the body to prepare it for physical conflict or exertion. The result includes increased heart rate, shallower breathing, tensing muscles, and the release of glucose into the blood stream. Digestive activity and the immune system are depressed.

While small doses and short periods of stress can actually be beneficial to performance, if this physiological state is maintained over time it will begin to wear the body down.

“In 2009, spurred on by the personal experiences and passion of CEO Mark Bertolini, Aetna decided to investigate the impact that mindfulness training could have on stress and well-being among its employees.”

By Andy Lee, MA
Chief Mindfulness Officer, Aetna
Research suggests that long-term exposure to stress can reset the baseline level of certain systems in the body, including the neuroendocrine system. This will cause the body to be triggered more readily by additional stressors. Finally, long-term stress leads to serious health issues including depression, heart disease, and Type 2 diabetes.

Employers have responded to this stress epidemic in many ways, including expanding access to behavioral health resources. Yet it is clear that more must be done to combat the toll that stress is taking on both employees and organizations worldwide.

**Paying Attention**

Mindfulness training has emerged recently as a promising approach to help employees and organizations manage stress and its effects. By the end of 2017, more than 40% of employers will be offering some sort of mindfulness programs to their employees. Meanwhile, more and more absence management professionals are asking how to best leverage mindfulness to enhance well-being and reduce illness rates among their employees.

Five years ago, after an initial round of research on mindfulness and its impact on employee stress, Aetna launched further initiatives related to the relationship between mindfulness and stress. The findings led Aetna to offer free mindfulness training to all employees and to continually expand the ways in which mindfulness is incorporated into employee programs as well as those offered to customers.

Mindfulness can be described as paying deliberate attention to your present moment experience with an attitude of openness and curiosity. It is about being attentive and observant about what you are doing, how you are feeling, and what is going on around you as you go through the day. While this may sound simple, it is not easy to do. In fact, our minds wander away from their present moment experience about 47% of the time.

Unfortunately, the constant distractions and interruptions of today’s workplace may further increase this percentage, to the point where most of our day may be spent either in a reactive or autopilot state. Some examples of not being mindful include:

- Constantly checking your phone or email
- Being distracted from your work due to mental rumination about events in the past or future
- Not noticing that you are stressed

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- Eating lunch without noticing whether you’re hungry, what you’re eating, or how it tasted
- Getting stuck responding to low-priority emails while important projects languish

These habits are not only unproductive, they actually cause or increase stress.

Mindfulness can be cultivated through fairly simple and effective training practices, also known as mindfulness meditation. A common training practice is to close your eyes and simply pay attention to the sensation of your breath. As few as 10 minutes a day of this practice can have positive effects on your stress level as well as your mental clarity and your physical well-being.⁸

Currently, academic interest in mindfulness is booming. The number of research articles on the topic has grown from 46 in 2005, to 203 in 2010, and to 674 in 2015.⁹

Genesis of a “New” Approach

In 2009, spurred on by the personal experiences and passion of CEO Mark Bertolini,¹⁰ Aetna decided to investigate the impact that mindfulness training could have on stress and well-being among its employees. Led by consultant Kyra Bobinet, MD, MPH, they partnered with eMindful to develop a mindfulness program that could be made available to all employees. The program, called Mindfulness at Work, consists of one-hour weekly classes for 12 weeks. During this time, participants are also expected to spend 15 minutes per day doing mindfulness practice. The results of the initial study were published in a journal article in 2012.¹¹

The first interesting finding of the study came before it even started. As a pretest, participants took Cohen’s Perceived Stress Scale, a validated self-report stress assessment. Their stress results were then correlated with their healthcare claims. The people reporting average levels of stress had $2,196 in annual healthcare claims, while people with the highest stress levels had $3,648 in claims, an increase of 60%. While this correlation does not indicate a causal relationship, it is striking nonetheless.

The results of the program were also striking. Stress levels dropped 36% among participants during the course of the program, with the average stress levels of participants decreasing from the highly-stressed range, to well within the normal range. In addition, significant reductions in sleep disturbance and reported pain were observed. This suggests that mindfulness training is an effective way to combat...
stress-related illness and absence. The study also used the Work Limitations Questionnaire (WLQ) to assess the extent to which employees’ current health status interferes with their ability to perform their job. While scores on the WLQ also decreased significantly as a result of the program, they were not significantly different from those of the active control group.

These results inspired Aetna to make mindfulness training available to all employees at no cost. Since then, more than 4,900 people have completed the weekly Mindfulness at Work program. Aetna has continued to collect pre- and post-program results and continues to see decreases in stress levels and WLQ results in the 20% to 25% range.

“In a second eMindful program called Metabolic Health in Small Bytes… 56% of participants with metabolic syndrome saw the reversal of at least one of the five risk factors.”

In the last three years, Aetna has also made the Mindfulness at Work program available to its customers. Customers have seen exceptional benefits for their employees who have taken the program, with stress decreases exceeding 30% and WLQ decreases nearing 50%.

**Mindfulness and Absence Management**

Given the relationship between stress and illness, it would stand to reason that mindfulness training could reduce illness-related absence in organizations. However, at this time very little research has been done on this topic. Mindfulness training did lead to fewer sick days in a study of teachers. In a Norwegian study, mindfulness training contributed to people returning to work more quickly by improving their quality of life.

In terms of general trends, Aetna has also seen a decline in its illness-related absences over the period during which mindfulness training was implemented. That said, numerous other wellness-related programs were implemented during this time, so there is no basis for inferring causation here. Yet
the trend is encouraging.

More information is coming. Aetna is currently partnering with Ruth Wolever of Vanderbilt University Medical School to assess the healthcare utilization of the thousands of participants who have completed the Mindfulness at Work program, as compared to matched controls. Given the size of the sample and the direct assessment of costs, the results may be a watershed event in the study of the impact of mindfulness training on health and well-being. A second study on the impact on human resources variables, including turnover and absence measures, is planned as a follow-up.

Building on Success

Based on the success of the Mindfulness at Work Program, Aetna has continued to integrate mindfulness into its programs and services. These currently include:

- Developing a second eMindful program called Metabolic Health in Small Bytes, which helps members take a mindfulness-based approach to managing their metabolic health. Results to date show that 56% of participants with metabolic syndrome saw the reversal of at least one of the five risk factors during the program. While weight loss is not an explicit program goal, participants have lost an average of 2.5 pounds, with 35% losing 5 pounds or more.
- Making mindfulness a core element of the Healthy Lifestyle Coaching program, Aetna’s premier health coaching service, by providing mindfulness training to coaches and using mindfulness-based tools and practices to support participant well-being and healthy behavior change.

In addition, Aetna is taking steps to integrate mindfulness more fully into the corporate culture. Current initiatives include launching an annual month-long Mindfulness Challenge event; creating a Mindfulness Center to host in-person mindfulness practice as well as workshops and courses; and training a cadre of Mindfulness Advocates to champion mindfulness across the employee population.

The Work Ahead

So far, mindfulness has proven very effective in reducing employee stress, which is a significant driver of employee illness and absence. There are still many important questions to answer. To what extent can mindfulness reduce stress? What forms of mindfulness training are most effective for different employee needs or operating environments? Can mindfulness also accelerate return to work? Aetna is pressing forward for these answers with a belief that employers have a great opportunity to use this powerful approach to employee well-being.

References

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Most employers have seen their employees, managers, and whole departments struggle when mental health issues strike or linger. Employers often feel at a loss for how to best address mental health issues in the workplace and assist struggling employees. Perhaps you have had an experience with an employee similar to cases seen at PsyBar. Details have been changed to preserve confidentiality.

Imagine John, a 28-year-old, bright, enthusiastic, and efficient employee in your information technology (IT) department who manages security of the organization’s financial documents. He is creative and recognized as a leader. However, lately his mood has been sullen, he has not been meeting deadlines, and he is frequently absent. His manager has attempted to speak with him about his performance, but John has offered no explanation. His behavior continues, and the morale of the department declines.

Another IT employee has shared with management one of John’s Facebook posts, which states, “Life is too tough without her, and I don’t want to go on. Looking for an escape…” Management expresses concern to John, and he becomes emotional but denies writing the post. Management is concerned for John’s safety and his ability to do his job, and he is required to undergo a fitness for duty (FFD) examination. The examination recommends that John undergo counseling for a few weeks before he can safely return to work. John completes his counseling and returns to work. The employer has no plan of how to support John or his manager or deal with the morale of the department. The situation remains volatile, and the HR manager calls the mental health provider and asks what they should do now.

Now imagine Mary, a 48-year-old, above-average, dedicated, diligent manufacturing employee of 18 years. In her key coordinator role, a mistake can cause an incorrect product to be produced or create a backlog in the
manufacturing process. Mary was recently involved in a car accident and experienced momentary loss of consciousness along with numerous bruises and lacerations. She required a three-day hospital stay. Two weeks after the car accident, she sees her primary care physician and is eager to return to work; she denies cognitive problems, despite family members’ observations to the contrary. She is released to return to work (RTW) on a part-time basis for four hours a day.

Mary returns to work with enthusiasm and relief, but within a few weeks, her coworkers notice that she is a bit off with her number projections. She is also irritable and impatient. Her manager addresses these concerns, but Mary becomes defensive and angry. She rebuffs her manager’s suggestion that she pursue help through the employee assistance program (EAP). Mary’s performance does not improve significantly, and she is becoming worried that she will lose her job. The morale in Mary’s department has reached an all-time low, and even her supervisor is considering changing her job because of the stress of managing Mary. The human resources (HR) manager calls the provider and asks what she should do.

Do these cases sound familiar? It is not uncommon to see these types of scenarios play out with well-meaning employers and a worried, dedicated employee. What could these employers have done differently to avoid a negative impact on the productivity of the company, ensure a safe work environment, and support a dedicated employee? Below are some key recommendations that have emerged based on extensive experience helping employers manage cognitive and mental health issues in the workplace.

Develop a wellness culture from the start. Clear mental health policies are a must. The World Health Organization advises that developing a well-designed mental health policy is the first step to addressing mental wellness in any organization. There is an abundance of data to demonstrate the link between poor mental health and reduced productivity and increased costs. Strategies to implement the policy, along with buy-in from top leadership, is critical to sustainability and promoting mental wellness.

Providing readily-available resources and educating employees about these resources before crisis strikes is key.

Your fitness for duty procedures are also an important component of a mental health policy. Many employers do not consider a fitness for duty policy until they are in the midst of a volatile situation. Having the policy in place before the need arises allows all personnel to understand this is a resource available to help ensure employees are able to safely perform essential job tasks.

Act boldly early on. Don’t wait to address issues. Often we find that an employer will refer an employee for a FFD examination when it is too late in the accommodation process. Sometimes FFD examinations will occur as a last step before an employer is preparing to terminate. By that time, an acrimonious relationship usually has developed between the employee, the manager, and HR. A lack of trust has emerged on both sides, and attorneys become part of the RTW equation. Once attorneys become prominent players, the situation can become very expensive on multiple fronts. Stay in tune with your employees, especially after unexpected, potentially life-changing accidents or events. Share your performance concerns in an objective and frank manner. Don’t whitewash or coddle in giving feedback. Acting early to address issues can often prevent the situation from escalating, and at the same time, show support for the employee and reassure other employees.

If you determine an FFD examination is appropriate, don’t wait to do this as a last resort before termination. Act early!

Help managers identify markers of poor mental health and learn effective communication strategies. Behavioral health conditions can wax and wane; that is the nature of psychiatric illness. Many people are uncomfortable around co-workers who have mental health issues and shy away rather than acting in a supportive and candid manner. Secure expert training for your managers so they know the signs of mental illness and how to best address mental health issues. Encourage your managers to be observant and stay connected with employees.

Particular areas to pay attention to include: increased absences/tardiness, marked change in mood that persists, increased irritability in communicating with other employees, withdrawal or less social engagement, and rigidity in thought processes. A good manager knows the moods and personalities of employees. If an employee is off-kilter, the manager should address this not in an accusatory way but as an observation. Approach the employee early on about your concerns with compassion.

“Approach the employee early on about your concerns with compassion and support, not with a disciplinary stick; focus on successful work performance.”
and support, not with a disciplinary stick; focus on successful work performance. Managerial communication should always have the intent to be supportive with a shared goal of effective job performance.

Be collaborative and inclusive in your approach. Managing an employee with a mental health condition should not fall on the shoulders of one individual. The optimum strategy for success involves multiple individuals including the employee, co-workers, health professionals, HR, and supervisors. Confidentiality issues need to be respected. Self-disclosure on the part of an employee is an individual’s decision, but if there is a supportive and trusting relationship between the employee and the supervisor, information regarding an individual’s medical condition may flow more freely. A team effort will convey to the employee that everyone is supportive of a plan for success.

Don’t expect your employees’ treatment providers to have all the answers. One common mistake is the well-intentioned HR staff or manager deferring to an employee’s treating physician regarding restrictions and readiness to return to work. Often, physicians are ill-equipped to handle RTW matters. Physicians undergo very little training on managing disability-related medical conditions. It is not unusual to see a physician merely report what their patient desires, without an objective assessment regarding their capabilities or a real understanding of their job requirements.

If you receive recommendations from a treating physician that are unreasonable, then put on your collaborative hat. Attempt to obtain written permission from the employee so you can speak to the treating physician. Have a dialogue with the treating physician with the intent of crafting an RTW plan that everyone can support, but always remember that treating physicians are not experts in this area. There also may be situations where a physician recommends lower productivity as a way to support a successful transition to work. Be cautious as to how you respond to this request, as lowering job productivity standards can lead to a bad precedent. Lowering job expectations should be done only on a temporary basis, with clear guidelines on when a return to full duties is expected.

Ask for help. Consider a job coach. Have resources outside of the company ready to engage and support the stay-at-work/RTW process. In addition to EAP counselors and FFD resources, a mental health job coach can be a tremendous asset in addressing accommodation issues and providing support to the employee and management. This job coach is typically not part of your
traditional EAP services. This is a skilled mental health professional who has an understanding of mental health diagnosis and treatment as well as workplace accommodation issues.

The job coach can support and guide the employee through the stresses of the RTW process. With proper authorization, the job coach can also keep the treating physician informed of the employee’s process. At the same time, the job coach can advise management about realistic ways to communicate with and support the employee.

Conclusion
Utilizing these principles will help you as an employer to step up and face behavioral issues head on. As you strive to develop best practices in managing employees with mental health issues, remember to create a culture of mental wellness from the start. Don’t wait; address performance issues early on with compassion and support. Develop a team approach that includes the employee’s physician as a resource for the team, but not as the driving decision maker. Consider utilizing a skilled professional job coach who can assist both the employee and employer in managing mental health issues, preserving relationships, and keeping a valued employee functioning well in the workplace.

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The 2016 DMEC Behavioral Health Survey, the sixth biennial survey in the series, highlighted the continuation of several important trends in employer programs for mental well-being.

- Mental well-being is going mainstream as health plans (73.9%) and disability insurance providers (33.5%) are integrating mental health services, with fewer separate “carve-out” programs (13.3%).

- Stigma around mental health issues appears to be decreasing slowly. In 2016, 18% of respondents thought stigma in general had decreased since 2014, 15% thought it had increased, 58% thought it was unchanged, and 9% felt no stigma exists.

- Highest-ranked issues for mental health screenings to identify are depression, stress/anxiety, and substance abuse disorders.

Several trends were persistent from 2014 to 2016, which suggests continued challenges for progress in workplace mental well-being.

- More than half of respondents do not screen to identify psychological or psychosocial issues for employees who are off-work with claims or leaves (56.1%, up from 54.6% in 2014).

- Training and education about mental well-being has decreased substantially since 2010.

- Use of mental health professionals decreased across several categories.

The 2016 survey results suggest that workplace mental health is an important area of concern for most employers, with 86% indicating interest in the impact of behavioral risk.
(63% and 59% respectively) than small employers (43%), which may be due to the fact that many smaller employers have fewer resources available to manage workplace mental health.

Survey Composition

In 2016, the survey participants were recruited from a broader population. Among the 213 respondents, 78% were taking this survey for the first time, 12% had taken it once before, and 10% had taken it twice or more. Larger employers provided nearly 52% of the participation, with lower participation from mid-sized and smaller employers compared to previous years.

Similar to 2014 and 2012, participants most commonly specialize in human resources and disability. In 2016, however, 14.5% specialize in absence, particularly if they have more than 10,000 employees (compared to 6.7% in 2014).

With the substantial increase in larger employers, and the influx of many new participants, the survey’s changed composition may have affected some trends. The survey analysis is focused on larger trends across the last several biennial surveys, some micro-trends in 2016 related to sub-categories are noted inside the larger trends.

Trends to Watch

The 2016 survey had 46 questions, with four new questions. One addressed return-to-work (RTW) processes that are in place to help employees with mental health disabilities. The leading choice, at 64.7%, was engagement in the interactive process. This surpassed referral to the employee assistance program (EAP) and other programs (at 55.1%) and development of transitional job modifications (44.9%).

For compliance with the Americans with Disabilities Act (ADA), it is a best practice to integrate the mental health disabilities RTW process with the ADA interactive process. If the ADA outranked EAP in this question, perhaps it is because by the time an employee is returning to work, any mental health issues already should have been addressed by appropriate mental health professionals.

Healthcare providers have a prominent and often misunderstood role in the ADA interactive process. In 2016, similar to earlier years, employers placed doctors high on the list of barriers to RTW from mental health conditions. Reasons for this include doctors not providing clear timeframes for when the employee will regain full work capacity (61.8% in 2016), employees relying on primary care physicians for mental health treatment rather than mental healthcare professionals (58%), and doctors failing to conduct RTW planning (55.7%).

In the area of using mental healthcare professionals (MHPs), employers have lower rates than in recent years across many categories. The rate of using MHPs to review all psychiatric or psychological claims was down to 55.0% in 2016 (from 76.1% in 2014 and 64.0% in 2012). Telephonic consultation with MHPs was down to 38.3% in 2016 (from 48.6% in 2014 and 60.0% in 2012). Using MHPs to review physical claims with potential underlying psychosocial or psychiatric issues was down to 26.7% in 2016 (from 38.5% in 2014 and 42.0% in 2012).

The perception that doctors are barriers to RTW from mental health conditions, together with reduced use
of MHPs, suggest that employers are dissatisfied in their relationship with providers, non-MHPs especially.

As mentioned already, fewer than half of the participating employers screen for mental health risk factors that may affect RTW from a leave or disability event. Among employers that screen, use of tools such as EAP or health risk assessments were used by 40.9% in 2016, supervisor communication with human resources at 40%, followed by 35.5% using "red flag" risk criteria. Review by an MHP was at the bottom of the list at 14.8%.

Training and education to support workplace mental health continues to be in a downward trend across several categories. Wellness promotion was at 72.5% in 2016 (down from 91.1% in 2010). Management training was at 65.5%, virtually flat from 66.5% in 2014 (the first year for this item). Communication skills were at 54.2%, down from 72.3% in 2010. Stress management/resilience training was at 50.7%, down from 76.2% in 2010, and substance abuse support was at 23.2%, down from 53.5% in 2010.

Supervisors play a leading role in identifying behavioral risk and communicating to HR, yet employers are decreasing training. This suggests that either employers are dissatisfied with training programs or are unable to successfully implement effective programs.

Among the panel of workplace mental health experts who reviewed the survey results, one found this trend an area for concern. Another expert suggested that the increase of large employers in the 2016 survey may have driven the results for 2016. Large employers may face challenges in rolling out a training program across disparate operating units, while small and mid-size employers may not.

Among uses for EAP, the option to use it as a delivery channel for behavioral health treatment was ranked third in the 2016 survey at 61.8%. More survey participants liked to use EAPs for financial counseling (75.8%) and legal services (68%). While an EAP can be an effective tool in early identification of mental health needs, new regulations have made it more difficult to directly link an EAP to full mental health treatment.

Conclusion
In the complex environment of workplace mental health and the ADA interactive process, employers are engaged and looking for solutions. Results from the 2016 Behavioral Health Survey suggest that increasingly, employers are not satisfied with many of the traditional solutions. It appears that the field is wide open for significant changes to traditional solutions, and introduction of new solutions.

Employers are exploring employee psychological resilience training to reduce their risk of lost time, presenteeism, and depression.

Resilience solutions are gaining ground in such leading corporations as Dow Chemical and American Express. The Journal of Occupational & Environmental Medicine recently reported resilient employees have higher psychological capital, health status, and job satisfaction, combined with lower perceived stress, burnout, and presenteeism (disengagement at work).1 The report describes resilience as a set of competencies to learn and develop: emotion regulation, impulse control, causal analysis, self-efficacy, and realistic optimism.

Resilience is frequently associated with mindfulness, another skill that can be cultivated and trained. But resilience has a special position as the ability to bounce back from stress or adversity — which are nearly continuous events in our fast-paced global economy. Employee engagement is a key to workplace productivity for many organizations, yet resilience is the path to engagement under difficult circumstances.

Resilience has a longer formal history in the United Kingdom and Canada, where it is embedded in employment laws as a safety factor. To better understand the contrasting models for resilience and how to achieve it in the workplace, we will review both the U.K. model and the U.S. model.

**United Kingdom Model**

In the United Kingdom, employment laws address resilience in the context of providing safe and healthful workplaces. The UK provides a voluntary tool to help employers meet its mandates, the Management Standards (MS) of the UK Health and Safety Executive (HSE), which list six key areas of work design:

- Demands (including the person’s workload, work patterns, and the working environment)
- Control (the person’s freedom to organize and approach work as desired)
- Support (encouragement and resources provided by the organization, line management, and co-workers)
- Relationships at work (promotion of positive working practices to avoid or minimize conflict)
- Role (do people understand their role in the organization and does the organization prevent conflicting roles for individuals?)
- Change (how organizational change is managed and communicated)

An organization’s status across the six areas of the MS is measured by an “Indicator Tool,” a 35-item survey.2 It has been validated by multiple studies as an effective tool to predict negative stress-related work outcomes such as job-related anxiety, depression, near misses, and sickness absence.3

Using the Indicator Tool, employers are scored based on the average of scores from individual employees. Employer scores fall into four categories: urgent action needed (scores below the 20th percentile); clear need for improvement (20th to 50th percentile); good (50th to 80th percentile); and doing very well (above the 80th percentile). Before employers take corrective actions, they are encouraged to further validate the findings and areas to improve by holding focus groups or other communications with workers.

To build the business case for resilience, two Italian researchers investigated the relationship between MS scores and employee personal development, job performance, and “organizational citizenship behavior.” The researchers secured completed MS surveys from 326 employees or 64% of a local business unit of a utility offering diverse services including energy.

They found that a high-demand work environment that also gives employees a high level of control over their work was associated with higher self-reported job performance and personal development.2 “Challenge stressors” such as workload and time stressors were positively associated with job performance and personal development. “Hindrance stressors” such as organizational politics, role ambiguity, and job insecurity had a negative association.

The researchers concluded that “interventions based on ill-health outcomes alone could help organizations to successfully reduce work-related stress, but could not fully guarantee the promotion of positive outcomes, the focus on which could provide useful information for the devel-
opment of interventions with a... preventive orientation.”

**United States Model**

While the United States has workers’ compensation programs and penalizes workplace bullying and discrimination, employers face no mandate to support employee resilience. As in other areas such as paid family leave, this country relies on voluntary employer initiatives to support employee resilience rather than federal legislation.

Those initiatives are diverse and may overlap or run parallel to programs such as mindfulness, engagement, and well-being. Stress management is a mitigation strategy, whereas resilience is a learning process that supports personal growth. Some stress management vendors may include resilience aspects in their program. Several vendors offer resilience or mindfulness programs, including Claritas Mindsciences, eMindful, Lantern, meQuilibrium, and Whil.

One of these vendors, meQuilibrium, is using a unique approach featuring “digital coaching” which provides individualized plans that build resilience skills using a suite of automated training tools. Automated training is gaining traction in the marketplace as employers seek to reduce costs and desire scalable solutions to quickly ramp up from pilots to full implementation.

The 16-question meQuilibrium survey yields a “meQ score” on a 100-point scale to help guide individuals in resilience training. This score can be used to identify individuals at higher risk for negative work or personal outcomes, similar to the way health risk assessment scores are used. Employee scores can be aggregated to assess the level of strain in workplaces, helping employers identify opportunities to reduce stress.

A recent report in a peer-reviewed journal described the meQuilibrium survey and resilience training outcomes. Working with a sample of 2,063 completed surveys, meQuilibrium tested its survey against several validated surveys. This research, published in the Journal of Occupational & Environmental Medicine, found that people with higher resilience as measured by the meQ score had less negative impact from eight areas of workplace strain such as “stress score” and “high intent to quit.”

The study concluded that a high-strain work environment had the strongest negative impact on burnout, job satisfaction, and sleep problems. In low-strain work environments, resilience provided a higher level of protection in four areas (Figure 1 below; charts A, B, D, F). In high-strain workplaces, resilience provided a greater increase in job satisfaction (chart E) and higher protection against likelihood of absence (chart G), compared to low-strain workplaces. Resilience also showed strong protective effects in high-strain workplaces against likelihood of depression (chart C) and productivity loss (chart H).

These findings bolster the business case for investing in employee resilience:

- In both high-strain and low-strain work environments, resilience provided a protective effect.
- In high-strain work environments, resilience provided a strong protective effect against lost time, low productivity, and depression, which are top cost targets in many organizations.

MeQuilibrium also conducted a validation study that was not peer-reviewed. One interesting finding was that, on average, a 1% improvement in the meQ score was associated with a reduction of 0.24 absence days per year, or nearly one absence day per four people per year.

**Figure 1: Outcomes Comparing High and Low Resilience Under High- and Low-Strain Work Environments**

![Figure 1](image-url)
For Employers and Providers Alike, Mental Health Is All About Integration

Employee mental health initiatives are driving expanded program integration as employers and vendors build on the model developed for employee health and productivity initiatives.

Program integration has become an accepted best practice in the world of employee health and productivity. For example, giving employees one claim intake point and essentially one return-to-work (RTW) process, regardless of the type of claim, is now embraced by many employers. Even if benefits remain in separate silos, these program innovations help reduce disability durations for many employees.

Employers enjoy even greater advantages when integrating or coordinating program silos. Employers have increased leave management efficiency and shortened leave durations by integrating short-term disability (STD) and Family and Medical Leave Act (FMLA) programs. To secure those advantages, 86% of organizations that outsource FMLA management also outsource STD management to the same vendor.1

STD and FMLA are the most frequently integrated benefits, but many benefits or programs are being integrated or coordinated. The Americans with Disabilities Act (ADA) overlaps many benefits, including workers’ compensation (WC). Several benefits require RTW transitional duty work, on a template very similar to an ADA accommodation, making the ADA another integration driver.

As a result, health and productivity initiatives may integrate or coordinate a long list of programs: FMLA/unpaid leave, sick leave, STD, state disability insurance, long-term disability, WC, wellness, ADA management, employee assistance programs (EAP), paid time off, health plans, and now paid parental leave or paid family leave. Nearly all of these benefits must be coordinated closely with an organization’s payroll department and human resources information system (HRIS).

Employee mental health can directly impact utilization of all the benefits above, making it another integration driver. In response, 41% of employers integrate other benefits with the company EAP through outsourcing.1

Employer Integrations

Integrated absence management professionals know that the design of an organization’s program can create barriers to effectiveness. These program barriers can be compounded by personal psychosocial traits that create built-in personal barriers to accessing mental health services for many individual employees. These traits tend to follow generational patterns. The two largest generations that together represent nearly 70% of the U.S. workforce carry their own significant barriers to access.

• **Millennials** (now aged 20 to 36 years) despite tolerant attitudes about mental health issues, have a very low rate of scheduling preventive health services — only 7%.2 “According to many sources, institutional-averse Millennials see the entire healthcare system as yet another dysfunctional collusion,” notes Terri Rhodes, DMEC CEO. Because many Millennials avoid healthcare and disability insurance, they have little or no safety net in the event of a mental health episode.

• **Baby Boomers** (aged 53 to 71 years) are likely to stigmatize mental health issues. To hide their mental health needs, they may avoid treatment, self-medicate with alcohol or drugs, or visit a primary care provider (rather than a mental health specialist) seeking a prescription. These approaches delay effective treatment and make them vulnerable to more significant problems.

Personal barriers to access create difficulties for employees even when they do seek treatment. According to the Cigna white paper, Integrating Behavioral and Medical Health: A More Holistic Approach to Health,3 approximately 80% of people with behavioral needs visit facilities lacking the skills or capacity to address their needs (such as emergency rooms or primary care clinics).4 Although an estimated 70% of primary care provider (PCP) visits are related to psy-
chosocial issues, only 20% to 30% of these patients inform their PCP about their concerns.\(^5\)

To promote employee mental health, the existing model for integrating or coordinating program silos is not adequate. One important area to enhance is communication and education to reduce the impact of institutional aversion on the part of Millennials and mental health stigma with Boomers. Success in this area helps reduce the internal access barriers in these populations, which supports better and earlier access to mental health services when needed.

Toward this goal, several communication and education tools are appropriate:

- Challenging stigma through positive communications about mental health being like any other disease rather than a moral failing or a “weak personality” and instilling the value of early treatment
- Challenging an aversion to institutions through positive communications about personalized care for every individual, emphasizing the level of control available to patients
- Websites and other private venues where employees can anonymously learn about various mental health conditions, available treatment, costs, and convenient gateways to assistance such as the company EAP
- Mental health champions who publicly acknowledge their own challenges with mental health or addiction, making themselves available to answer questions and encourage co-workers to seek care as needed.

Communications must be backed up by an environment that delivers on promises about privacy, protection of rights, convenience, and the advantages of seeking treatment early. Some examples are:

- Supervisors and managers are trained in supporting employees with mental health needs, including handoffs for FMLA or other leaves, and prepared to engage in the ADA interactive process.
  - All privacy protections are functional.
  - Handoffs from EAP to mental health specialists are efficient, and employees have access to treatment without delays (requiring adequate capacity in the health plan).

**Provider Integrations**

Providers must also integrate programs to ensure that people with mental health issues receive appropriate care early and efficiently. Historically, behavioral services focused on cases with obvious needs. Today, we know that those are the tip of the iceberg and that addressing only those cases means late and ineffective intervention for many other cases.

Medical and behavioral conditions have high rates of co-morbidity, particularly with chronic medical conditions such as diabetes.\(^4,5\) Rather than treating co-morbid conditions separately and sequentially, a smart care system integrates care to improve patient experience and outcomes. Several tools can help health plans increase integration:\(^4,5\)

- Ask the health plan to validate that medical providers (particularly PCPs) are trained to screen for behavioral conditions, and provide a first layer of treatment and/or refer to behavioral providers, as appropriate.
- Train behavioral practitioners to identify co-morbid medical conditions and effectively work in a medical setting.
- Leverage the expertise of behavioral providers, social workers, and health plans to provide training and services (i.e., care management), to enable PCPs, specialists, and other medical practitioners to more effectively treat their patients.
- Embed behavioral providers in primary care settings (and vice versa) to address immediate needs and offer onsite consultations, referrals, and treatment.

**Conclusion**

The more we know about employee health and productivity, the more we see the value of program integration. Especially when employees are reluctant to pursue early
Stay-at-work and return-to-work consultative solutions

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treatment for mental health needs — or any treatment at all — they need a web of connected programs providing a safety net to promote and support their participation.

References


Overtime and the ADA: Schedule Change, Maybe; Eliminate Essential Function, No

Can a no-overtime restriction be a reasonable accommodation for an employee with a disability? Yes, according to the Equal Employment Opportunity Commission (EEOC), which states that an employer must provide a modified or part-time schedule when required as a reasonable accommodation, absent undue hardship, even if the employer does not provide such schedules for other employees.¹

**Focus on Essential Functions**

The next question becomes, are employees with no-overtime restrictions still able to perform the essential functions of their position? An employer does not have to eliminate an essential job function as part of or as a result of an accommodation under the Americans with Disabilities Act (ADA). This is because a person with a disability who is unable to perform the essential functions, with or without reasonable accommodation, is not a "qualified" individual with a disability under the ADA.

Nor is an employer required to lower qualitative or quantitative production standards that are applied uniformly to employees with and without disabilities. However, an employer may have to provide a reasonable accommodation to enable an employee with a disability to meet the standard.²

Consider Robert, one of many employees working nine-hour shifts, five days per week processing online catalog orders for a clothing retailer. These employees are not tasked with completing a designated number of orders per day. Robert develops migraine headaches, and his physician states that Robert cannot work more than seven hours per day because looking at the computer screen for a longer time can cause the onset of or exacerbate a migraine. Is Robert entitled to this schedule change as an ADA reasonable accommodation? Probably, because the employer has not set a quantity of orders Robert must process during his shift, so his no-overtime schedule does not cause him to fail to perform an essential function.

Now consider Maria, who works in a call center for a furniture retailer that assigns its order processors to handle specific lines of business, such as sofas, mattresses, office furniture, and so on. The processors must have a detailed knowledge of the furniture items in their assigned line. Shifts start at 8:00 am, and workers are usually finished by 5:00 pm; however, the job description requires them to stay on duty until all orders received by 3:00 pm that day in their product line have been processed, which occasionally may be as late as 7:00 pm. Maria has carpal tunnel mostly controlled by ergonomic aids, but her condition has worsened, and her physician restricts her to working no more than eight hours per day. This added accommodation, if granted, would mean that Maria is unable to perform an essential function of her job: completing all orders received by 3:00 pm in her product line each day.

Is Maria entitled to this schedule change as a reasonable ADA accommodation? Probably not. Based on essential functions of her position stated in the written job description and the employer’s practice of strictly enforcing the work-to-completion rule, a reduced schedule would mean that Maria is no longer performing one of her essential functions. Her employer will need to consider other possible accommodations and possible reassignment to a different position, but it does not have to eliminate the essential function of working until all orders are processed.

**References**


2. EEOC Enforcement Guidance cited above, see the "General Principles" section.
Addressing Mental Well-Being In and Out of the Workplace: How Employers Can Help

The National Institute of Mental Health estimates that in 2015, 17.9% of adults experienced a mental illness and 6.7% experienced an episode of major depression. The impact on your employees and the resulting absence and productivity losses can be significant. Your employees’ mental health can be impacted by stress at work, finances, and their personal lives. Employers can play a major role in eliminating some of these stressors and thereby enhance employees’ mental well-being.

Perhaps the biggest opportunity for employers to prevent behavioral disability exists in selecting the right individual for a job. The importance of job fit cannot be overestimated. Do we consider what a job requires in the way of characteristics and capabilities, and interview accordingly? Asking job candidates about their strategies and coping skills to manage similar stresses in past jobs is not only legal, but wise.

Then, once at work, is that individual managed by a thoughtful supervisor who is prepared to help employees find meaning in their work and deal with challenges at work, as well as their own or family members’ health challenges? Do supervisors encourage and welcome return to work for employees who have had a disability? If a behaviorally-related accommodation is requested, is it appropriately considered? Providing employees with clear expectations and regular, thoughtful feedback does much to decrease stress in the workplace. Helping employees develop their talent gives them a sense of security. A corporate culture of health and wellness impacts both physical and mental well-being. Exercise and diet are critical in helping people maintain their mental health. Socialization at work around health may also help the individual who otherwise is isolated to find support and make new connections.

Health risk assessments can focus individuals on potential health concerns and everyone should have a comfortable, established relationship with a healthcare provider. Because physical illness may contribute to psychiatric illness, your health plans should be accessible when needed. When employers contribute to health savings accounts for their employees covered by high deductible health plans, they should ensure their employees are aware of how to access the financial support.

Most employers offer employee assistance programs (EAPs), but have they been carefully selected for quality and promoted to employees? Does the EAP encourage employees to seek help from a therapist when they experience relationship or family difficulties? Are they promptly referred to appropriate providers when a psychiatric illness emerges? Are employees aware of the resources available to pay for psychiatric interventions or do they just avoid getting help?

Research has shown that people with debt face an increased risk of developing a psychiatric illness. Do EAPs also provide financial counseling? Do employers promote financial planning and financial well-being? Do we help the individual who has experienced a catastrophe?

These are basic opportunities that arise every day. Attention to these issues can help significantly improve the mental well-being of employees and the success of your company. We know that a holistic approach to an individual who has a psychiatric disability can make a very significant impact. But why not design workplaces and provide resources that prevent disability?

References
A senior disability manager from a financial services firm presented this accommodation challenge.

Working from home has become a popular accommodation request at our company. With today's advanced technology, it is hard to argue that the essential job functions cannot be done remotely. However, many managers complain that associates who work remotely are just not as effective in contributing to the team because they are not physically present for informal communication during a workday. They are “out of sight, out of mind,” and harder to reach when small issues arise. How can my company articulate the importance of being present with the team? Can a company ever justify that this could create an “undue hardship”?

Accommodation experts Jenny Haykin and Tom Sproger explain how to review work-at-home requests, including informal assessment of “undue hardship” on the employer.

First, it is important to determine if the employee’s restrictions can be accommodated effectively without telecommuting. The employer has the right to choose the least disruptive, effective accommodation.

If ongoing telecommuting is the only viable accommodation, and the employee can perform all of the essential functions from home, consider and document the anticipated business impacts of telecommuting. From there, assess if the impacts on the business are avoidable while still allowing telecommuting. If the employee is medically able to report to the worksite at a frequency that meets the needs of the business and the team while still primarily telecommuting, the impacts may be eliminated. If informal communications can occur using technology such as instant messaging, videoconferencing, etc., the “out of sight” concern may be moot. But if the business impacts are not avoidable and can be articulated in such a way as to convince a jury, yes, undue hardship could be considered justified.

In EEOC v Ford Motor Company, the US Court of Appeals for the Sixth Circuit decided in favor of the employer. The court concluded, “in most jobs, especially those involving teamwork and a high level of interaction, the employer will require regular and predictable on-site attendance from all employees,” and “most jobs would be fundamentally altered if regular and predictable on-site attendance is removed.” It is important to note, however, that Ford had already allowed telecommuting and found four essential functions that the employee could not perform at home. When all essential functions can be performed from home and no business impacts create a hardship, such a case is not likely to prevail if tested in court.

If it is not clear how the business will be impacted but there are concerns, offer telecommuting on a trial basis to assess potential problems. There may be positive business impacts that were unforeseen such as the employee might be more productive when working from home. If the employee experiences performance issues when working from home or is not available to colleagues when needed, resulting in lower productivity for the team, undue hardship may become evident.

Some employment law attorneys believe juries are more sympathetic when an accommodation places a hardship on other employees. In one case we observed, no one on a work team would be able to take time off for six months due to crucial deadlines while a couple of employees were medically unable to do their share. If it had been necessary to claim undue hardship in court, the employer would have had a relatively strong position.

A jury may accept the employer’s undue hardship defense if a business is negatively impacted, colleagues are harmed, or customers are negatively impacted to a significant extent, but it is important to look at all aspects of the request before it is denied.
While there is still a sizeable gap in understanding, more organizations are beginning to recognize the importance that mental health plays in the workplace. They have come to realize that creating and fostering an environment that supports mental health can also lead to many organizational benefits such as increased productivity, lower claims costs, and improved rates of employee retention. While significant strides have been made, one related topic still warrants much more attention: stigma and social prejudice toward employees with mental health challenges.

The statistics and research findings related to mental health issues are compelling. Approximately one in five people is dealing with a mental health situation on a daily basis, and studies show that people with depression have a 2.5 times higher risk of on-the-job injury. Mental health challenges, regardless of whether they are situational or chronic, are fraught with societal stigma. This stifles diagnosis, treatment, open dialogue, awareness of mental health, and caring for those impacted.

The workplace is no different, and some argue even greater stigma occurs at work among peers and leadership. This, in turn, can impact absence and productivity. In fact, the 2015 National Survey on Drug Use and Health found that just over 35% of respondents cite social concerns as reasons for not receiving mental health services. This was second only to the cost of care. Even more surprising, 9.5% indicated getting care might create a negative image of them in the workplace.

Fortunately, employers have begun to address cultures of health and well-being in a variety of ways. The common goals of these initiatives are to improve workforce and employee health, impact health and disability costs, and improve employee engagement and experience. Eliminating mental health stigma and social prejudice is just one facet of these broader programs. Increased education and awareness in the workplace can help eliminate labeling and misconceptions that create barriers to those seeking mental health treatment or other accommodations.

An employer can take steps to assess its workplace culture and begin the process of eliminating ill-conceived notions. Three initial steps include:

- **Integrate physical and mental well-being.** Separate silos for physical and mental health are dissolving as benefit managers and risk managers alike are promoting a culture of health and tapping prevention-oriented strategies commonly available in group health plans. Education campaigns are raising awareness and putting mental wellness on equal footing with physical health.

- **Educate managers and supervisors.** Organizations are training managers and supervisors to better understand mental health conditions and to identify and address behaviors warranting early outreach. This training can educate managers about the damage caused by stigma.

- **Provide workplace supports.** Employees need to feel that requests for help will not be penalized and will produce real benefits. Some organizations are implementing peer support programs such as the ICU Program, a workplace awareness campaign designed to decrease the stigma associated with mental health that is available at no cost through the Partnership for Workplace Mental Health. Some organizations offer mental health champions who have overcome stigma, societal prejudice, and other challenges who can inspire and support their co-workers.


**References**


3. To learn more about ICU, visit [http://www.workplacementalhealth.org/getattachment/70b4d0d8-e94d-468f-b6f9-ebe0ee09c135/ICU_Implementation_Guide_FINAL.pdf](http://www.workplacementalhealth.org/getattachment/70b4d0d8-e94d-468f-b6f9-ebe0ee09c135/ICU_Implementation_Guide_FINAL.pdf).
Best Practice #2: Addressing and Overcoming the Disability Mindset

An employee who has a disabling injury or illness may also experience a psychological event: the disability mindset. On day one of an acquired disability, we begin the race to prevent the disability mindset, a process by which people adjust to their disability status and become invested in it.

A disability mindset makes return to work (RTW) less likely. Statistics from the U.S. Department of Labor indicate that when someone has been off work for six months, the likelihood of RTW decreases by 50%. More recent research suggests that the likelihood of RTW might decrease much faster and more drastically. Brigham suggests that the likelihood of RTW decreases to 70% at day 20, goes down to 50% by day 45, and hits a low 35% likelihood by day 70.

Compounding the challenges of RTW likelihood and general management of mental health are common compliance concerns surrounding an employer’s ability to address psychological events. All this can lead to “analysis paralysis” in which employers don’t know how to help their workforce.

However, employers can apply several health and productivity best practices to help employees avoid the disability mindset and safely return to work in a timely manner. These best practices can also help employers better manage their compliance risk from an Americans with Disabilities Act (ADA) and Family Medical Leave Act (FMLA) perspective.

Communication. Employees need to feel connected to the workplace and to know their employer and co-workers care about them. Losing that connection leads to the disability mindset. During the leave, employers should always reach out to the employee and express concern and support. However, many employers go completely silent when an employee is out on an FMLA leave for fear that discussions with the employee will result in FMLA interference liability. The FMLA does not completely ban communication with employees who are out of work. Organizations can develop manager tools and checklists to identify the “dos and don’ts” of communicating with employees on leaves, so managers can express how they care about their workforce while also managing compliance concerns. As the leave nears an end, employees often feel anxious about RTW. Research suggests that if employees understand how their day will look upon their return, they are more comfortable returning.

Flexible Work Arrangements. Incrementally transitioning over a defined period of time leads to success and loyalty toward the employer. Having a formal transitional RTW program can also help employers better manage their ADA obligations. The interactive process requires employers to engage in a discussion with employees with disabilities to find reasonable accommodations. Having a well-defined RTW program can give managers and organizations one accommodation pathway, among others.

Job Satisfaction. RTW motivation involves more than finances. Employees often begin the RTW process due to financial concerns but the desire for satisfaction from meaningful work and connection to the workplace drive long-term success. Employers can enhance satisfaction by ensuring employees understand their role in accomplishing the organization’s vision, and by providing a clear and defined pathway to return to work.

References
Mental illness and substance abuse exact a huge toll. In 2015, approximately 43.4 million people aged 18 and over suffered a diagnosable mental illness, and almost 20.5 million needed substance abuse treatment. Lost productivity costs run $80 to $100 billion annually. And those costs continue to rise. According to the World Health Organization, if current trends continue, by 2020 depression will account for 5.7% of the total world burden of disease, second only to ischemic heart disease in disability adjusted life years.

Fortunately, even brief treatment can have a positive impact on productivity. As summarized by the Partnership for Workplace Mental Health:

- A clear majority of employees with depression who received treatment reported improved work performance and improved work satisfaction.
- One study showed that the number of work-impaired individuals with mental illness was halved after three weeks of treatment, and cut by two thirds after 21 weeks.
- 39% of those with mental illness reported a problem completing their work. After three months of treatment, 77% had improved.
- Even one session of mental health treatment improved work performance, according to an ongoing study by ValueOptions.

The problem is that stigma prevents many people from reporting work-related problems due to mental illness. Employees with disabilities often don’t disclose out of concern that they will be ostracized or treated unfairly. Unfortunately, their fears have been shown to be well-founded. Disclosing disability status can create disadvantages in hiring, and in treatment received by current employees.

On the other hand, when employers succeed in creating a positive environment, employees with disabilities tend to feel more empowered and included, which improves engagement, retention, and productivity. For those who do not have a disability or have yet to disclose, seeing their coworkers treated fairly can build organizational loyalty and commitment.

An employer can act in several areas to improve access to mental health care and reduce lost productivity costs:

1) Evaluate and improve your programs. Work with your employee assistance program, or get one.

2) Make sure human resources is well trained in accommodations for mental illness.

3) Positively impact workplace attitudes toward mental health; conduct employee awareness programs, educate managers, and offer mental health screenings.

4) Don’t label those with mental illness, and don’t use disrespectful terms. People aren’t their diagnoses (i.e., “he has a bipolar disorder” vs. “he’s bipolar”).

5) Don’t be afraid of people with mental illness, and don’t treat them differently than those with a physical illness. The mentally ill aren’t more likely to be violent, and the person who is depressed can’t “get over it” by an act of will, any more than can someone with diabetes or cancer.

6) Be a role model. As former President Bill Clinton said, “Mental illness is nothing to be ashamed of, but stigma and bias shame us all.” Teach your coworkers, your employees, and anyone who will listen about the importance of understanding, and treating, mental illness.

References
The impact of employee well-being on workplace productivity is no longer a question. A recent report shows six in 10 employees have or will need to take leave for family or medical reasons at some point and employer support is critical. This column looks at the consumerization trends of leave management with a focus on employee well-being.

**Trend #8: Employee (Leave) Assistance**
A new study from Pew Research Center shows adults value flexibility as much as paid leave benefits. The rise in the number and type of family-friendly benefits further supports this trend and shows employees are looking for assistance beyond paid leave. Many employers have built out their employee assistance program (EAP) benefits to include supportive services such as Torchlight (for employees caring for aging parents), Milkstork (breastmilk shipping service), and Lucy (easy access to health and wellness experts supporting expectant parents).

Along with benefits, employees need assistance to be aware of their benefits and how to use them. One solution is to provide employees and companies consolidated leave benefit and policy information, helping employees understand and plan for leave, while helping companies simplify and standardize the employee experience.

**Trend #9: Family Leave Financing**
Whether it is parental leave, elder care, or personal illness, the expense of an event can compound the stressful nature of the life change for the employee. Flexible spending accounts and 401(k)-style savings accounts for family leave are gaining support. Benefits such as Care@Work help employees manage family care needs, from access to childcare to housekeeping and dog walking.

**Trend #10: Return to Work**
Return to Work (RTW) can be as critical as the leave-planning process. Flexible work arrangements and automatic “phase back” — allowing new mothers to transition back to work on a part-time schedule — are the latest trends. Technology and information-sharing capabilities allow companies to offer returning employees a more flexible and family-friendly schedule.

Job sharing is an early trend among U.S. employers, yet it has grown enough to create a market for companies such as Emissaries, which match freelancers to leave fill-in positions. Other companies are designing holistic leave packages to encompass all life event considerations. Working Mother magazine reports that 23% of the 100 companies on its list of the most family-friendly workplaces have some “automatic phase back” benefit to ensure a smooth transition for mothers returning to work.

All 10 leave management consumerization trends identified in our last three columns demonstrate the increased importance of the leave experience for employees. By focusing on the employee leave experience, companies can implement benefits that attract and retain talent, while also improving workplace productivity.

As we continue to explore the future of leave management, we will focus on legislation that may create a federal paid leave benefit, parallel to the the Family and Medical Leave Act.

**References**
Benefits of Integrating Leave of Absence and Employee Assistance Programs

A 2013 study by the Integrated Benefits Institute (IBI) reported that the prevalence of depression among workers is close to 20% and that more than 60% of these depressed employees go untreated. At the same time, 97% of employees who file a leave claim for depression also report other comorbid conditions. The impact of depression and other conditions may be amplified when employees are on leave caring for family members that need them. At a minimum, there are emotional, financial, and lifestyle implications for these employees.

For employers, the IBI study estimated the yearly cost in lost work time and medical treatments at $62,000 per 100 employees.

In an internal analysis of its parent company, UPMC WorkPartners discovered that employees who took a leave of absence were 5% more likely to suffer depression than they were before taking the leave.

To combat this and associated costs, a pilot program was implemented to engage employees on leaves of absence with the LifeSolutions employee assistance program (EAP), providing them the resources they need to help them manage the range of life challenges they may be facing.

Pilot Overview
The pilot, now in its twelfth month, includes employees who are calling in to request a leave to care for a spouse, child, and/or parent. The leave intake specialists process the leaves as normal and then, near the end of the interaction, warm-transfer the employee to a live phone connection with the EAP provider. Next, the EAP care manager engages the employee in a conversation, giving the employee information on services that may assist the employee based on the details of the individual situation. Each employee’s original EAP care manager makes a follow-up call 30 days later to review the employee’s needs and provide additional support if appropriate.

Types of Services Used
By speaking with the EAP care manager, employees are able to determine services that will best assist them throughout their leave. The types of services used by those who accepted assistance varied but show the diverse concerns and issues these employees experience as they go through the leave process. The services most utilized were referrals to the Institute on Aging, general counseling, child care, legal services, and financial consultations.

Most individuals using leave need to manage multiple issues. EAP care managers report they have helped to address nine or more different areas of need related to health, emotional issues, work-life balance, financial, legal, and more. In fact, it is rare that someone only has one specific area of need. Care managers have assisted with linkages to other programs, such as wellness coaching and complex case management.

Pilot Findings
While the results of the pilot consider a number of variables (type of leave, leave circumstances, etc.) that are still being studied to fully determine the effect of EAP programs on leave duration, some key results include:

• All employees who were transferred to the EAP accepted the initial services for a 100% engagement rate. An informational flier was sent to all callers who agreed to receive it.
• Care managers reported there were no complaints about the offer of free services through the EAP.
• Of the employees who were transferred to the EAP, 12% accepted services beyond the initial warm transfer.
• Employees who used the extra support experienced leave durations that were, on average, four days shorter than those who did not use the support.
Mental health conditions continue to be among the leading causes of work-place absence and are associated with high cost for treatments and lost wages. Given that employees are spending more than half of their day at work, inadequate staffing, low increases in pay, and high job expectations are proving to have a significant impact on stress-related physical and psychological illnesses. Thus, the compounded impact of mental health conditions on businesses, both from a cost and productivity perspective, is substantial.

It is essential for employers to build and sustain cultures of health and well-being in their organizations, which can lead to improved workforce and employee health, increased productivity, decreased health and disability costs, and enhanced employee engagement and experience.

As we recognize Mental Health Month in May, DMEC brought together a variety of free resources and tools to help your organization address mental health in your workplaces and combat the stigma surrounding treatment and care.

From surveys and educational resources to toolkits and factsheets, the mental health resources available through programs such as the Partnership for Workplace Mental Health, Mental Health America, The Kennedy Forum Illinois, and more provide employers with tangible tools they can use to change the dialogue about mental health and encourage employees to gain the support they need.

To access these free mental health resources and tools, visit http://dmec.org/2017/04/27/mental-health-month-resources/.

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References for The CEO's Desk, from p. 5
3. DMEC members can access the Minding Our Business: Mental Health in the Workplace Executive Summary at http://dmec.org/2016/12/21/mental-health-workplace-executive-summary/

Conclusion
MeQuilibrium’s program offers employers a business case to work from as they look to introduce prevention strategies. However, employers will still need to answer several questions before they introduce a resilience program in their organization. Is the program engaging enough that their employees will stay with it? Does it deliver resilience that can measurably improve performance of their employees in their industry? Can resilience training partially or totally replace stress management? Can it be integrated with other offerings in their employee assistance program or wellness program? An open-ended, employee-focused approach may appeal to Millennials especially, who may regard it as a benefit rather than another work obligation.

References
2. The MS Indicator Tool can be retrieved at http://www.hse.gov.uk/stress/standards/pdfs/indicatortool.pdf
4. The meQuilibrium 16-question resilience scale was evaluated against the Copenhagen Psychosocial Questionnaire, the Patient Health Questionnaire-9, the Perceived Stress Scale, and the Positive Psychological Capital Scale.

Spotlight: Program Showcase, from p. 23
Responsiveness to meQuilibrium training varies from one employee population to another. In one case study, a financial services firm averaged a relatively high 8% improvement in meQ scores among all employees pipating, resulting in substantial improvement across multiple risk areas. MeQuilibrium is also researching its claim that resilience interventions for corporate leadership may influence overall organizational effectiveness.

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