



Managing Optimal Work Performance Through Behavioral Health Conditions

WHITE PAPER



A predictable sequence of impacts and events occur as symptoms emerge. This sequence of impacts can be used to create a map for supervisors whose employees are experiencing behavioral health conditions.

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INTRODUCTION

Jobs and their essential functions are typically designed for workers in optimal health, but not all workers show up that way. Millions of Americans struggle with mental health and substance use (alcohol or drug) conditions. The umbrella term for all these issues is behavioral health conditions. When an employee begins struggling with a mental health or substance use condition, supervisors are often frustrated by the decline in the employee's work performance. The employee may try to hide the condition for fear of losing their job. If the worker does disclose the condition, the supervisor may be confused about the course of such conditions within the context of work and unsure of how to respond.

Since mental health and substance use conditions are common, workplaces benefit when they are prepared and knowledgeable. A predictable sequence of impacts and events occur as symptoms emerge. Multiple areas of the worker's life and other aspects of their health become compromised. This sequence of impacts can be used to create a map for supervisors whose employees are experiencing behavioral health conditions.

Being prepared can help supervisors to:

- Respond appropriately when needed
- Support employees to perform at their best
- Maintain compliance with appropriate regulations

Many workplaces have multiple resources that supervisors can tap into for help. They can assist and support a successful return to health, well-being, and effective work performance.

A NOTE ABOUT TERMS

In this paper, the term mental health condition encompasses psychiatric diagnoses and their clinical precursors. This includes psychiatric symptoms that don't rise to the level of a diagnosable condition. It also covers symptoms that are clinically significant but haven't been diagnosed by a healthcare provider.

The term substance use condition includes both alcohol- and drug-related conditions, whether formally diagnosed or clinically significant.

The term used for a neutral or positive mental health state is just "mental health." The neutral or positive state for substance use is "sobriety," for people who haven't had any problems associated with substances. "Recovery" is the term for people who have had problems with substance use, but are actively working to abstain from drugs or alcohol.

There's no universal language, so the terms "psychiatric" and "mental health" are often used interchangeably. The same goes for "substance use" and "alcohol and drug use." In addition, the term "behavioral health" is generally understood as including **both** psychiatric and substance use conditions. It's used synonymously with the two.

THE PROBLEM

An estimated 23.2% of Americans aged 18 and older experienced symptoms of a diagnosable mental health or substance use condition in 2016. That statistic and the ones below come from the most

recent federal Substance Abuse and Mental Health Service Administration (SAMHSA) report, 2016 National Survey on Drug Use and Health (NSDUH) which shows:

- 44.7 million people (18.3%) experienced a mental illness.
- 20.1 million adults (7.5%) had a substance use condition.
- 8.2 million (3.4%) of Americans had both a psychiatric condition and a substance use condition.¹

According to that report, a significant percentage of people who experience symptoms of a mental health or substance use condition doesn't receive appropriate treatment. Instead, they suffer in silence. These silent sufferers include:

- Almost 10 million people with mental health conditions (21.6%)
- More than 16 million people with substance use conditions (81.1%)
- More than 4 million people with co-occurring mental health and substance use conditions (51.9%)

And, unfortunately, the report shows several growing problem areas:

- A significant increase in the percentage of adults with major depression in the past decade
- A dramatic increase in the rate of suicidal thoughts, plans, and attempts²
- An ongoing national emergency related to opioid use
- A corresponding epidemic of opioid overdose deaths³

Mental health and substance use issues may contribute to a wide variety of work challenges. These include presenteeism, absenteeism, loss of productivity, on-the-job accidents, low morale, interpersonal conflicts, turnover, and overall health costs for employers.^{4, 5, 6}

The sobering statistics make headlines, but there's a lack of discussion in the workplace. Employees may not disclose that they're struggling with mental health and substance use conditions. Employers are generally unsure how to respond when they're told about an employee's condition.⁷ Several factors contribute to the silence around these conditions, including:

- Employee denial or lack of awareness about the severity of his or her problems
- Fear that disclosure might impact job opportunities
- Shame related to negative perceptions about having mental health and substance use issues
- Stigma associated with mental health and substance use conditions⁸

Employers often have no clear way to identify employees with mental health and substance use issues. Thus, they can't address them directly. This contributes to pervasive confusion about how employers can best support struggling employees. As a result, employers may interpret employee actions associated with a behavioral health condition as a performance problem requiring corrective action or progressive discipline. Those actions can lead to noncompliance with state and federal regulations related to addressing medical issues in the workplace.

The U.S. Equal Employment Opportunity Commission (EEOC) has reported a significant increase in the number of discrimination claims, charges, fines,

1 SAMHSA and NSDUH. (2017). Key Substance Use and Mental Health Indicators in the United States: Results from the 2016 National Survey on Drug Use and Health Retrieved from <https://www.samhsa.gov/data/sites/default/files/NSDUH-FFR1-2016/NSDUH-FFR1-2016.pdf>

2 Centers for Disease Control and Prevention. (2018). Suicide Rising Across the US. Retrieved from <https://www.cdc.gov/vitalsigns/suicide/index.html>

3 National Institute on Drug Abuse. (March 2018). Opioid Overdose Crisis. Retrieved from <https://www.drugabuse.gov/drugs-abuse/opioids/opioid-overdose-crisis>

4 SAMHSA. (March 6, 2017). Behavioral Health Reported to Have Greatest Impact on Overall Health. Retrieved from <https://blog.samhsa.gov/2017/03/06/behavioral-health-reported-to-have-greatest-impact-on-overall-health/#.WUmwpP5dCPw>

5 Harvard Health Publishing. (February 2010). Mental Health Problems in the Workplace. Retrieved from http://www.health.harvard.edu/newsletter_article/mental-health-problems-in-the-workplace

6 NCBI. (2010). Mental Well-being at the Workplace. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3062016/>

7 DMEC. (March 2017). 2016 DMEC Behavioral Health Survey White Paper. Retrieved from <http://dmecc.org/2017/03/27/2016-dmec-behavioral-health-survey-white-paper/>

8 NCBI. (2002). Understanding the Impact of Stigma on People with Mental Illness. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1489832>

and settlements related to mental health diagnoses in recent years.⁹ Employers may be susceptible to fines or legal action for failing to accommodate an employee under the Americans with Disabilities Act Amendments Act (ADAAA). For example:

- Resolutions of complaints related to ADAAA violations with respect to people with mental health conditions have increased by 180% since 2007.¹⁰
- The percentage of EEOC resolutions related to mental health conditions increased from 15% in 2007 to 23% in 2017.¹⁰

Employers have the potential to protect themselves from these risks. At the same time, they can support employees' return to health and better work performance. The path starts with education about the impact behavioral health conditions have on employees and the workplace. Understanding the course of these conditions can help employers to better recognize and address them, which could lead to better outcomes for all.

MENTAL HEALTH AND SUBSTANCE USE CONDITIONS AND THEIR IMPACT IN WORKPLACE SETTINGS

A person's health may vary over time across a well-being continuum. This includes physical health as well as mental health.



Even people who are generally well may experience occasional health issues that temporarily affect their

ability to perform at work. While everyone is unique, there are common indicators of an employee's struggle with health issues generally, and mental health and substance use conditions more specifically.

Behavioral health conditions may progress through five stages of impact on the employee's work performance. These stages go along with common workplace manifestations of the employee's symptoms, potential legal or regulatory issues that may apply, and appropriate ways an employer should respond. These conditions often begin with relatively mild impairment that has a minimal impact on the employee's performance but may progress to symptoms that increasingly affect the employee's work. In severe cases, this may lead to highly disruptive symptoms and chronic impairment. With effective treatment and appropriate support, many employees with more serious conditions improve, and they can achieve and sustain recovery.

Although the model diagrammed below shows a course of increasing impairment to a chronic level, the reality is that the employee's symptoms may improve at any point, leading to recovery earlier on in the process. In fact, many people cycle back and forth through the stages several times.



9 U.S. Equal Employment Opportunity Commission. (December 12, 2016). EEOC Issues Publication on the Rights of Job Applicants and Employees with Mental Health Conditions. Retrieved from <https://www.eeoc.gov/eeoc/newsroom/release/12-12-16a.cfm>

10 U.S. Equal Employment Opportunity Commission. ADA Charge Data by Impairments/Bases – Resolutions (Charges Filed with EEOC) FY 1997-FY 2017. Retrieved from <https://www.eeoc.gov/eeoc/statistics/enforcement/ada-resolutions.cfm>

FIVE STAGES OF IMPACT

	STAGE 1 GENERAL WELL-BEING/ PRE-CLINICAL	STAGE 2 EARLY CLINICAL SYMPTOMS	STAGE 3 CLINICAL IMPACT	STAGE 4 CHRONIC IMPAIRMENT	STAGE 5 RECOVERY
SYMPTOMS	None, Acute, Mild	Moderate	Severe	Chronic: "Disability Mentality"	Moderate or Mild
POSSIBLE WORKPLACE MANIFESTATIONS	Presenteeism • Standard Performance Management	Absenteeism/ Presenteeism • Additional Performance Management	Time away from work	Job Loss	Return to Work • Own Job • Any Job
LEGAL/REGULATORY IMPLICATIONS	None	FMLA ADAAA Accommodations	FMLA ADAAA Accommodations	ADAAA Accommodations	ADAAA Accommodations
EMPLOYER RESPONSE	• Risk Assessment • Wellness Program with Mental Health Promotion and Resilience-building • Employee Assistance Program	• Stay-at-work Interventions	• Short-term Disability • Goal-directed Case Management	• Long-term Disability • Goal-directed Case Management	Return-to-work Interventions
CLINICAL RESPONSE	• Employee Assistance Program	• Outpatient Treatment	• Inpatient Treatment		

STAGE 1 GENERAL WELL-BEING WITH EMERGING RISK OF MENTAL HEALTH AND SUBSTANCE USE CONDITIONS

EMPLOYEE SYMPTOMS

In the earliest stages of a mental health and substance use condition, the impact is likely to be mild. Neither the employee nor those around them will recognize the emerging issues. The employee may experience early signs of a new condition or the re-emergence of a previously-controlled condition. The emergence of a condition may be triggered by a workplace event, such as an increase in job-related stress. Other triggers develop outside the workplace. The employee may be dealing with personal issues such as the loss of a loved one or demanding caregiver responsibilities.

At this stage, the employee's emerging condition has minimal impact on their work performance. One early sign may be an increase in presenteeism. Decreased productivity, increased errors, the start of interpersonal conflicts in the workplace, and tardiness may all develop during this stage. But they may be mild enough to not yet be recognized as an emerging condition.

The employee may respond to the emergence of initial symptoms with denial. Many believe that they can "handle" the situation on their own. They may fear a stigmatizing response from their coworkers and supervisor if they disclose that they're struggling with a behavioral health issue.

EMPLOYER RESPONSE

The responsibility of identifying and addressing any medical condition falls to the employee. However,

employers can be instrumental in providing support or in finding help for an employee in this stage. This makes it even more important to create a safe climate and culture for employees to seek help. All managers should be trained in how to document performance on a regular basis, noting any observed performance changes. Training in how to initiate difficult conversations and how to model emotion regulation during communication can also be highly valuable.

Managers should be familiar with the company's resources for support, such as management coaching and employee assistance programs (EAPs). EAPs can help address many issues before they get worse. They may also help avert more significant problems or help the employee access treatment to cope with their symptoms. Unfortunately, many managers miss this opportunity. Increasing EAP usage is vital, but challenging.

POTENTIAL BARRIERS TO EMPLOYEES' USE OF AN EAP INCLUDE:

- Privacy worries
- Time to schedule and talk with a therapist
- Fear of sharing personal information with a counselor or being judged
- Lack of awareness of free services and how they work

Communication, promotion, and training — particularly with managers — can help increase use of EAPs and other resources.¹¹ Efforts to address stigma and negative perceptions of mental health and substance abuse treatment have shown the most significant gains in EAP usage.¹²

Tools to Support Employees

Employee assistance programs are able to provide resources to employees with mental health and substance use issues. EAPs can also provide referrals to outpatient treatment under the employee's health insurance benefits. Employers also have many options for building workplace cultures and climates that support physical and mental well-being. Workplaces that promote people-centric values, ethics, and management practices help to reduce distress and conflicts. They also help employees feel connected to a sense of meaning and purpose through their work.¹³

Proactive prevention and early identification programs with risk assessments, screenings, and educational programs that include brain health, mental health, and substance use topics help to provide a common language and to normalize discussions around these subjects. Wellness programs that include the following components may help employees avoid the emergence of symptoms or reduce their impact on their work performance entirely:

- Resilience training
- Mental health awareness
- Mental health self-care

Education campaigns, such as the "Right Direction" program¹⁴ and the "Make It OK" campaign¹⁵ can help employees and supervisors recognize mental health and substance use conditions early and address them directly rather than waiting until the problems become overwhelming.

11 Mental Health America. (June 26, 2018). Improving Workplace Mental Health through EAP Usage. Retrieved from <http://www.mentalhealthamerica.net/blog/improving-workplace-mental-health-through-eap-usage>

12 NCBI. (2017). How Perceptions of Mental Illness Impact EAP Utilization. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/29465185>

13 Great Place to Work. (December 17, 2015). A People-Centric Workplace: Good for Growth and Profits. Retrieved from <https://www.greatplacetowork.com/resources/blog/a-people-centric-workplace-good-for-growth-and-profits>. See also Cameron, K. S., & Spreitzer, G. M. (Eds.). (2011). *The Oxford Handbook of Positive Organizational Scholarship*. Oxford University Press.

14 Learn more about the Right Direction program at <http://www.rightdirectionforme.com/>.

15 Learn more about the Make It OK program at <http://makeitok.org/>.

CREATING A STIGMA-FREE WORKPLACE

Every workplace should strive to create a stigma-free environment. Workplaces can move toward this goal by:

- Focusing on education, encouragement, and communication
- Discouraging stigmatizing language
- Investing in mental health benefits
- Providing clear and direct communication from the leadership team that supports addressing behavioral health issues
- Encouraging employees to disclose issues early and receive treatment referrals and resources¹⁶

Employers should train new supervisors and communicate regularly with all supervisors. Make sure they know about available resources to support and develop employee performance as well as resources for employees. When employees are struggling, supervisors should reference their EAP and other services. This should be done at every employee performance discussion, even before initiating progressive discipline. Supervisors should be sensitive to the fact that not all employees will want to utilize these tools, and their approach in suggesting them should be one of support.

STAGE 2 EARLY CLINICAL SYMPTOMS

EMPLOYEE SYMPTOMS

During the second stage of most mental health and substance use conditions, the employee's symptoms

increase to a moderate level. They're more likely to noticeably impact work performance. Increases in performance problems may lead to an escalation of performance management tactics by the supervisor. At this stage, supervisors may still be unaware of the underlying condition driving the employee's decline in performance.

Referrals to an EAP are more common at this point. The employee may be more likely to manage their condition or seek treatment on their own. If the employee does seek help, their symptoms are often beyond the scope of a traditional EAP by the time they reach this level of impact. The EAP provider is likely to refer the employee to an outpatient provider through the employee's health insurance benefits. Navigating the mental health system and connecting with care can be difficult. Employees should be directed to internal or external resources that help connect them to the right treatment options.

At this stage, an employee may be absent more frequently. They may choose to request time off under the Family and Medical Leave Act (FMLA) or request an accommodation under the Americans with Disabilities Act (ADA) to help them cope with the situation. The employee may continue to conceal the nature of the behavioral health issue for fear of facing stigma or negative career impacts.

EMPLOYER RESPONSE

Absence management approaches may help employees address issues proactively and help them stay at work.

Stay-at-work disability management strategies are best initiated at this point.¹⁷ They may continue to be useful through later stages if the employee continues to work. Again, this opportunity is frequently missed for employees dealing with mental health conditions because either the condition has not been revealed, or the supervisor is unprepared as to how to support an employee experiencing a mental health issue.

¹⁶ Society for Human Resource Management. (September 15, 2014). How to Accommodate Employees with Mental Illness. Retrieved from <https://www.shrm.org/hr-today/news/hr-magazine/pages/1014-mental-health.aspx>

¹⁷ For additional resources, visit <http://dmeo.org/resources/mental-health-resources-tools/>.

STAGE 3 SEVERE CONDITIONS

EMPLOYEE SYMPTOMS

In the third stage of progression for mental health and substance use conditions, the employee experiences severe symptoms. These symptoms directly impact his or her functional abilities and work performance. Performance problems and absenteeism may escalate to the point where the employee requires a disability leave. The FMLA or the ADAAA may protect their employment, just as they do for physical disabilities.^{18, 19}

EMPLOYER RESPONSE

Performance management may continue during this stage. It might be limited if an employee qualifies with a disability under the ADAAA.

Ideally, the employer would consider accommodations for the employee prior to stage three. In many cases the need for accommodations in supporting recovery finally becomes more visible.

It is helpful when employers understand mental health diagnoses and accommodation strategies to help these employees. The more employers learn about the conditions, the more they will see that most employees experiencing them can succeed at work with support and accommodation.

Employees at all levels of organizations, including those occupying the C-suite, experience behavioral health conditions. The ability to succeed despite the conditions is often predicated on getting the right combination of support. It's important to work with the employee and other stakeholders in an interactive process to develop accommodations tailored for the employee's specific limitations or restrictions related to their diagnosis.²⁰

HR, EAP, and disability management professionals can play an important role in reducing common myths about behavioral health conditions. For example, many believe that people with mental health conditions are prone to violence, cannot tolerate stressors, and are unlikely to recover.²¹ Working to create a stigma-free workplace can dispel these false perceptions. In addition, supervisors may benefit from guidance on what kinds of questions they can legally ask the employee. They also need to know what information they can share with other co-workers.

Some strategies to help employees with mental health conditions do well at work might include:

- Reducing distractions in the office
- Providing help with organizational or time-management tools
- Modifying break times, offering flexible scheduling, or allowing work from home
- Modifying the employee's job to include only the essential job functions²²

Providing accommodations may be the most difficult and least understood process associated with managing an employee with a mental health and substance use condition, since it requires clear communication and negotiation; balancing the needs of the individual employee with the essential job functions; and the needs of the business. The specific limitations and restrictions faced by an employee may be unclear and possible accommodations may require creative, "outside the box" thinking. This also requires flexibility and openness on the part of both the employee and the employer.

Using these kinds of accommodations early may keep an employee engaged in their work, successful in their role, and more supported by their peers. This may prevent the need for short-term disability leaves. In the event that an employee's work performance continues to decline, managers should be trained to recognize and document such changes. They should also be able

18 ADA National Network. (2017). Mental Health Conditions in the Workplace and the ADA. Retrieved from <https://adata.org/factsheet/health>

19 USCCR. Sharing the Dream: Is the ADA Accommodating All? Retrieved from <https://www.usccr.gov/pubs/ada/ch4.htm>

20 U.S. Equal Employment Opportunity Commission. Procedures for Providing Reasonable Accommodation for Individuals with Disabilities. Retrieved from https://www.eeoc.gov/eeoc/internal/reasonable_accommodation.cfm

21 ADA National Network. (2017). Mental Health Conditions in the Workplace and the ADA. Retrieved from <https://adata.org/factsheet/health>

22 Job Accommodation Network. Accommodation and Compliance: Mental Health Impairments. Retrieved from <https://askjan.org/media/Psychiatric.html>

to recommend appropriate support and resources as soon as possible to keep the workplace safe and productive.

Obstacles to Stage 3 Accommodations

Unfortunately, by this time the supervisor or employer may have developed a negative perception of the employee beyond any stigma associated with mental health and substance use conditions. They may perceive the employee as constantly complaining, never happy, unreliable, high maintenance, overly emotional, difficult to get along with, or just generally difficult. When that happens, the supervisor may be tempted to “manage the employee out,” adopting strategies that may increase the likelihood of the employee leaving, whether voluntarily (resignation or disability leave) or involuntarily.²³ This may be complicated as the employee’s behavior may violate the employer’s standards of conduct, and employers may have difficulty navigating the interface between a protected disability and productivity.²⁴

Opportunities to Support Stay at Work and Return to Work

Internal and external disability management professionals have a unique opportunity to initiate goal-directed case management to support the employee’s ability to function and promote a rapid return to work. Factors that can contribute to a successful recovery include:

- Assisting the employee to obtain services through an EAP
- Identifying reasonable accommodation strategies that allow the employee to perform the essential functions of the job
- Helping the employee identify in-network healthcare providers, particularly those who use collaborative or integrated care models to address both physical and mental conditions proactively, and helping to ensure the employee connects with care

The mental health system can be difficult to navigate and have significant wait times to see providers. This presents a unique opportunity for employers and benefits managers to stay engaged with and assist in the process in the following ways:

- Supporting the employee’s FMLA application
- Leveraging employer’s purchasing power by contacting the health plan to assist in shortening wait times

Your disability insurance policy may have a requirement to treat an employee through a mental health professional. If so, you should develop a strategy to help engage with the employee early on with the identification of a mental health professional.

The disability carrier can also share ideas that could impact the employee’s ability to return to work. These include:

- Suggesting helpful responses or offering alternative solutions
- Coordinating treatment between the employee’s providers
- Creating a team approach in the RTW plan
- Addressing unrealistic perceptions voiced by the employee

Return-to-work strategies should be initiated as early as possible after the employee leaves work. This opportunity is frequently missed. Employers often operate under a mistaken belief that people with these conditions don’t get better. Another misperception is believing employees must be “completely recovered” before they can return to work.²⁵

23 Financial Times. How Employers ‘Manage Out’ Unwanted Staff. Retrieved from <https://www.ft.com/content/356ea48c-e6cf-11e6-967b-c88452263daf?mhq5j=e1>

24 U.S. Equal Employment Opportunity Commission. The ADA: How It Applies to Performance & Conduct Issues. Retrieved from https://ada.georgia.gov/sites/ada.georgia.gov/files/imported/vgn/images/portal/cit_1210/42/56/185672241Performance&Conduct.pdf

25 ADA National Network. (2017). Mental Health Conditions in the Workplace and the ADA. Retrieved from <https://adata.org/factsheet/health>

STAGE 4 CHRONIC IMPAIRMENT

EMPLOYEE SYMPTOMS

During the fourth stage, the employee may continue to experience severe or chronic symptoms and apply for long-term disability (LTD) benefits. This could eventually lead to job loss and the loss of health insurance benefits. The employee may adopt a disability mentality or identity — seeing themselves as “a disabled person.”²⁶ This mindset and situation go beyond the financial impact of living on a percentage of pre-disability earnings. The employee is likely to struggle with finding a sense of purpose or meaning in life. Being outside the workforce often reduces or even eliminates social interactions and creates negative self-perceptions. It contributes to a sense of failure or defeat. Not working may also eliminate an important reason the person had to get out of bed, shower, and go out every day.

*Research shows that by the time an employee has been out of work for six months, only 50% return to work. The earlier the intervention, the better the chances that the employee will return to work.*²⁷

EMPLOYER RESPONSE

Goal-directed case management and return-to-work strategies are generally initiated or continue during this stage. However, their impact is generally lower than during earlier stages. Research shows that by the time an employee has been out of work for six months, only 50% return to work.²⁷ The earlier the intervention,

the better the chances that the employee will return to work.

Depending on the employee’s work situation, FMLA and/or ADAAA-related issues may continue during Stage 4. If the employee is amenable, regular communication may help reduce a sense of isolation. Communication can increase a sense of connectedness with the workplace as well as the employee’s own self-worth and identity.

STAGE 5 RECOVERY

EMPLOYEE SYMPTOMS

In the fifth stage, the employee’s condition is improving — either as a result of treatment or as part of the natural course of episodic nature of the condition. Recovery can occur at any stage in an employee’s journey. Recovery before severe or chronic symptoms develop often depends on an employee connecting with timely and effective care and support.

Less than half the people who meet the diagnostic criteria for a mental health diagnosis will ever get treatment.²⁸ Despite this, the majority will improve. Some mental health and substance use conditions are episodic and may improve with time and self-care. Even people who don’t seek treatment may get better on their own. For those who don’t improve over time, treatment helps. Despite the common perception to the contrary in our culture, behavioral health conditions are treatable.

26 Aetna. (2014) Disability and the Disabled Mindset: The Human Costs and the Opportunity. Retrieved from <http://dmecc.org/wp-content/uploads/2016/03/Aetna-White-Paper-Disability-and-the-Disabled-Mindset.pdf>

27 American College of Occupational and Environmental Medicine. June 27, 2006). Preventing Needless Work Disability by Helping People Stay Employed. Retrieved from <https://www.acoem.org/PreventingNeedlessWorkDisability.aspx>

28 SAMHSA and NSDUH. (2017). Key Substance Use and Mental Health Indicators in the United States: Results from the 2016 National Survey on Drug Use and Health Retrieved from <https://www.samhsa.gov/data/sites/default/files/NSDUH-FFR1-2016/NSDUH-FFR1-2016.pdf>

Below are just a few behavioral health recovery and relapse statistics.

- 70% of depressed patients recover within 12 months.²⁹
- Continuation Electroconvulsive Therapy is effective in 85% of severely depressed patients.³⁰
- 70% of people with panic disorder respond to cognitive behavioral therapy.³¹
- 50-60% of people with Generalized Anxiety Disorder recover at 6 months.³²
- 75% of people diagnosed with schizophrenia show improvement over 10 years, with 25% experiencing good recovery.³³
- For Substance Use Disorders, recovery occurs in up to 60% of individuals; relapse rates for Substance Use Disorders are similar to those for other chronic diseases like diabetes or hypertension and may range from 40% to 60%.³⁴

EMPLOYER RESPONSE

Goal-directed case management and return-to-work strategies are key during recovery. Effective support can empower the employee and help rebuild confidence. Discussions between an internal or vendor-provided disability manager and the supervisor about accommodations to allow the employee to return to work can be very helpful.

These solutions may include:

- Allowing for a graduated return (from part- to full-time work)
- Modifying job duties
- Flexibility to attend appointments

Clear communication and negotiation between the employee, the employer, and other stakeholders is key to a successful return to work. In addition to the accommodation options noted previously, returning employees may benefit from having a designated representative identified in advance to welcome them back to the office, along with a clear, concrete plan to help them reintegrate into their team. Training on procedural or other changes that have occurred in the employee's absence, refresher training for employees who have been out of the office for a significant amount of time, job shadowing with another employee, and frequent meetings with a job mentor or job coach may ease this transition and increase the likelihood of a successful return.

In addition to the accommodation options noted previously, returning employees may benefit from having a designated representative identified in advance to welcome them back to the office, along with a clear, concrete plan to help them reintegrate into their team.

Successful Communication with Coworkers Maintains Privacy

Communication with coworkers is one aspect of an employee's return to work that employers often overlook. Managers and supervisors need to communicate clearly with their coworkers while respecting the employee's privacy. For example, coworkers may question why the employee gets what they perceive as preferential treatment. Some may ask to receive the same accommodation as the returning employee. Supervisors need to be proactive in heading these responses off, much like they would for employees returning from cancer or other treatment.

29 American College of Neuropsychopharmacology . (2002). Neuropsychopharmacology: The Fifth Generation of Progress. Retrieved at https://acnp.org/wp-content/uploads/2017/11/CH69_1009-1016.pdf

30 NCBI. (December 2006). Continuation Electroconvulsive Therapy vs. Pharmacotherapy for Relapse Prevention in Major Depression: A Multisite Study from the Consortium for Research in Electroconvulsive Therapy (CORE). Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/17146008>

31 NCBI. (August 1999). Brief Cognitive Therapy for Panic Disorder: A Randomized Controlled Trial. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/10450630>

32 NCBI. (November 1999). Recovery Rates in Generalized Anxiety Disorder Following Psychological Therapy: An Analysis of Clinically Significant Change in the STAI-T Across Outcome Studies Since 1990. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/10616949>

33 NCBI. (June 2012). Antipsychotic Drugs Versus Placebo for Relapse Prevention in Schizophrenia: A Systematic Review and Meta-analysis. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/22560607>

34 National Institute on Drug Abuse. (January 2018). Principles of Drug Addiction Treatment: A Research-based Guide (Third Edition). Retrieved from <https://www.drugabuse.gov/publications/principles-drug-addiction-treatment-research-based-guide-third-edition/frequently-asked-questions/how-effective-drug-addiction-treatment>

It may help to train supervisors on a generic answer to provide when faced with coworkers' questions. For example, "Although our standard policy (regarding the accommodation identified by the coworker) is consistent for all employees, we view and treat employees as individuals. We make considerations based on good business practices that protect the privacy of each individual."³⁵

SAW & RTW Strategies

During recovery, stay-at-work and return-to-work strategies can have a positive impact on limitations and restrictions. Strategies may be even more effective when they're embedded in a company-wide culture focused on managing mental health and substance use issues to minimize their impact on work.

Training for managers and supervisors on the importance of EAP, wellness, and HR support and collaboration can be valuable. Health coaching may reinforce skills learned in treatment, support new healthy routines, and enhance resilience. This coaching should include:

- Physical activity
- Mindful awareness
- Emotion regulation
- Brain-healthy eating
- Positive mind sets
- Rational thinking skills
- Social interaction

SUMMARY

Mental health and substance use conditions are common in the United States. Without effective services and support, these conditions may have a negative impact on employees' work performance. However, issues of shame, concern about negative consequences of disclosure, and stigma often lead to these conditions going unrecognized in the workplace. Employers are often blindsided when an employee shows behaviors that suggest they're dealing with a behavioral health issue.

Understanding the general course of these conditions can assist employers in early identification and helpful responses. Employers can offer a variety of programs and benefits when employees are having problems. Coordination between all stakeholders and vendors can increase the probability that the employee will achieve a timely and sustained recovery and return to work.

35 Job Accommodation Network. Morale and Fairness Issues Related To Accommodations Under the ADA. Retrieved at https://askjan.org/publications/consultants-corner/vol12iss07.cfm?csearch=1925780_1

MENTAL HEALTH AND SUBSTANCE USE MANAGEMENT CHECKLIST

Further strategies for managing mental health and substance use conditions in the workplace can be found below. Review the list for ideas to enhance your programs.

- Coordinate and cooperate, where appropriate, with all involved resources and managing parties: internal HR, absence management, disability management, wellness, and ADAAA professionals; EAP; health insurance; short-term disability insurance; and long-term disability insurance vendors.
- Identify a designated internal resource or absence management vendor to assist with common difficulties employees face with paperwork and administrative issues related to the FMLA.
- Engage a disability insurance vendor to assist the employer with a wide range of services that can reduce the impact of mental health and substance use conditions on an employee's work performance. These services may include:
 - ✓ Educational campaigns
 - ✓ Stigma-reduction efforts
 - ✓ Consultations with the employer related to wellness and resilience programs
 - ✓ Development of a high-performance, people-centric, team-oriented culture
- Establish and train on-site coordinators to provide stay-at-work interventions and support to prevent disability claims even before a claim is filed, as well as return-to-work support for employees coming off disability leave.
- Involve disability business staff members who are knowledgeable of employer programs and benefits in order to assist the employee in navigating the complex system surrounding health issues and disability claims.
- Explore the availability of case managers who are licensed and/or certified mental health professionals, and who can provide specialized case management interventions and support.
- Establish a liaison to assist with communication with the employee, the employer, and treating providers to align all stakeholders in the employee's situation and to ensure that factors that may inadvertently lead to negative outcomes are identified and addressed.
- Consider creative accommodations — effective accommodations can be key to managing mental health and substance use conditions in the workplace, and often require outside-the-box approaches.

Employees coping with disabling conditions are often forced to navigate a confusing set of requirements and options, involving multiple vendors and diverse benefits. This can be especially difficult for employees who are struggling with mental health and substance use challenges, so coordination between the various vendors can facilitate getting the employee the right services at the right time. Employees may need help in navigating the differences between the FMLA, the ADA, STD, and LTD.

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The Disability Management Employer Coalition (DMEC) is the only association dedicated to providing focused education, knowledge, and networking for absence and disability professionals. Through its education programs, DMEC delivers trusted strategies, tools, and resources to minimize lost work time, improve workforce productivity, and maintain legally compliant absence and disability programs.



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