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“HR Trends and Challenges: Mental Health in the Workplace”
THE SYMPTOMS OF MENTAL ILLNESS AND JOB PERFORMANCE

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SYMPTOMS OF MENTAL DISORDERS AND JOB PERFORMANCE

“Individual and organizational risk factors contribute to depression and it is important to consider both in developing an intervention.” – Depression and Work Function Study sponsored in B.C. by UBC, Great-West Life and Health Care Benefit Trust.

Crossover Effects

The crossover between unrecognized symptoms of a mental disease is one of the most complicated features of mental disability management.

Symptoms of mental conditions can be mistaken for a “negative attitude” on the job. This never happens, of course, when an employee has a physical injury such as a broken arm.

In that case, it becomes self-evident he or she cannot function 100 per cent. But with depression and anxiety, nothing is self-evident to managers or co-workers.

Nonetheless, like other injuries and illnesses, depression affects the performance of the individual employee – but the reasons usually go undetected and unrecognized.

Researchers have found that employees with depression tend to “play through their injury” (to use a sports phrase) and trudge to work each day not recognizing they have a medical condition. Downtime ensues. Part of the workday gets lost.

These random absences represent a bigger cost to business than disability leaves. This is one complication in managing mental disability. There is another.

Many managers today do not deal with performance issues effectively, defer HR problems, avoid them or wait for a downsizing solution. Also, formal job descriptions frequently do not describe the actual responsibilities of the employee.

On the other hand, performance management is an important tool in the early identification of job stress, distress and developing medical conditions. For example:

- The observance of sound performance management practices combined with empathetic two-way communication between the “direct report” (employee) and his or her boss, will ultimately smoke out symptoms of depression and anxiety.
- But when performance concerns do not get discussed or dealt with in a timely way, important conversations do not happen.
- Further, the build-up of performance problems often parallels the decline of working relationships, thus creating a residue which becomes a trap waiting to snare the employee when he/she returns to work from sick leave.

Re-Entry Interview

As a result, ironically, the most telling and risky milestone in the RTW process may be the point at which the employee is cleared by his/her physician to return to work.

The employee is likely still in recovery mode and – like anyone coming back from any illness – uncertain, even brittle. This is natural. There are certain protocols, planning, and sensitivities, therefore, the employer must observe:

- The employer must welcome the employee back, first and foremost, and affirm its duty and desire to accommodate a smooth re-entry.
- Make it clear that the employee’s job is waiting for him/her. The assumption behind this: the employer has not filled the job permanently in the employee’s absence.
- Do not make the “residue of issues” which developed in the immediate pre-leave period the order of first business. These matters can and should be addressed later in the process.

Signs and Symptoms

A co-worker, manager or supervisor can recognize the signs of distress in others by recognizing changes in the way their colleague or direct report conducts themselves.

- For example, an even-tempered person becomes routinely irritable, down in the dumps a lot, obviously struggling to participate in meetings, looking sluggish, uneasy and tired much of the time.
- The co-worker or direct report may also begin to show signs of being unable to concentrate, being late on deadlines and for meetings when they were punctual before.

- Inside themselves, that person may feel like they aren't pulling their weight, and feel guilty about it while becoming defensive and sharp with anyone who innocently inquires if they need or want help with a particular task.
- At the same time, even a person who was usually optimistic is not always optimistic about how things might turn out begins to doubt that anything will work out OK, they come to expect problems.
- And when those problems occur – as they often do foreseen or unforeseen – the person in distress feels both darkly satisfied (I told you so) and deeply frustrated (nothing works anymore so nothing matters anymore).
- In terms of what a co-worker or boss can do in response to seeing these signs fairly consistently over a period of time – say, 2-3 weeks – there are three assumptions to make before taking action of any kind:
 1. Unless the person in distress wants to talk about what's bothering them, unless he or she decides they should seek professional help, then neither friend nor boss can force them to do either.
 2. A co-worker may reach out to this person privately and sympathetically as a friend if that friendship – and trust that goes along with it – pre-exists that point-in-time.
 3. A boss, on the other hand, should reach out privately, with compassion and empathy. But the supervisor's job, at that point, is to manage the person's job performance not their health.

We should note the following:

The co-worker supports a person who is a friend (sympathy), and the boss engages a person who is an employee (empathy). Both are appropriate dimensions or how to relate to someone in distress. . Both are anchored by compassion. But the purposes differ:

- *The friend helps the person; the boss helps the person continue to be a productive employee. Both for reasons which are appropriate and can be mutually reinforcing.*

Performance Problems and Emerging Symptoms -- "Rule out Rule (1)"

The Roundtable offers the "Rule out Rule (1) (2) as a tool to distinguish between developing medical symptoms and garden variety performance and relationship problems, on the one hand, and organizational health risks, on the other.

The “rule out rule” gives managers and employees a way to discuss sensitive matters fruitfully and clearly – taking into account:

- The employee’s right to personal privacy and –
- The manager’s accountability for that individual’s presence-in-the-job and performance of it.

The “rule out rule” is called for given the high prevalence rates of mental disorders and mental disability insurance claims in the workforce. By using it, the manager makes no assumptions or inquiry about the health of the employee.

The “rule out rule” revolves around gradual or marked change in an employee’s performance, relationships, affect, energy and other visible signs. It involves a trainable, learnable and non-judgmental construct of oral communications and empathetic observation.

Organizational and Individual Health -- “Rule Out Rule (2)”

Ruling in or ruling out the health concerns of the individual is only one part of the strategy to prevent the disabling effects of mental disorders. The other part is ruling in or ruling out the possible contributory symptoms of the organization itself.

Is the workplace sick – and is it making the people working there sick?

Data demonstrates certain management practices and workplace practices can precipitate or aggravate mental health problems. Do these practices show up in the departing employee’s department, office or work area?

As a matter of due diligence, therefore, employers are advised to deploy “Rule out Rule (2)” to determine whether such factors may be in play:

- Seek out signs – those common stress traps which frequently snare employees and using the principle of the “exit interview” among current employees, evaluate whether these hazards are routinely in play.
- Survey employees now off work on sick or disability leave to determine their experience, what worries them about returning to work.
- Survey managers and supervisors and consult executives to ascertain if a preponderance of employee absence – noted through common observation if not formally monitored – is collecting in any given part of the organization.
- Interview the employee-on-leave’s direct supervisor to affirm the individual’s understandings of their role in facilitating a successful return to work process and, in turn, inquire as to workplace factors which may impede the employee’s safe return to work.

- Over and above the case manager or union rep., the employee should have the option of being accompanied at the re-entry interview by a family member, personal friend, trusted co-worker, or his/her physician.
- It is critical that as the gradual return to work proceeds, the employee is not isolated for weeks after the re-entry interview. This can be destructive to his/her health. Being alone at this point is both unnecessary and unhelpful to the return to work process.

Recovery and RTW

The longer the period of recovery, the more likely the time off work will compound disproportionately.

Greenberg et al estimate the average length of an episode of depression is 12 weeks for those who receive adequate treatment and within those 12 weeks, the employee may accrue 33 days of lost work compared to 60 days over an 18-week period.

Also, untreated sufferers of depression spend twice as many days home in bed than treated sufferers spend in hospital – when that is called for – 32 vs. 16 days. This means helping employees at home to get “out and about” and stay connected to the workplace.

In a study by Carolyn Dewa at the Centre for Addiction and Mental Health, employees on disability using recommended first line anti-depressant medication in recommended doses were significantly more likely to return to work rather than to claim LTD benefits.

“These results are congruent with the hypothesis that anti-depressants can play an important part in the ability of employees to resume work,” the study finds.

Further, “early intervention was associated, shortens disability by three weeks among employees who receive appropriate anti-depressant medication.”

Based on the average wage of the sector (financial services), this represented a per-employee saving of about \$3500 in productivity terms and total savings of up to \$875,000 to employers with a combined workforce of 63,000.

Depressed and highly stressed individuals may seek medical attention for physical conditions such as unspecified pain, fatigue or headaches or develop more serious illnesses with psychosocial antecedents such as heart disease; also, people with serious illness become depressed as a result.

Therefore, aggressive outreach to provide treatment and facilitate maintenance therapy to prevent relapse might have positive workplace effects and the costs could be amortized over a longer pay back period than costs of other chronic disorders

Maintenance therapies can dramatically reduce episode recurrence. This must be considered as seriously as treatment.

Days Lost Compounded

Certain data from one major U.S. study gives us insight into the numbers of days lost when mental disorders are in play. This can be used to develop and track timelines on a “rule of thumb” basis, a compass of sorts, given the absence of formally approved timelines for recovery and return to work.

Average work loss associated with depression et al: (Kessler et al)

1. 6 complete days per month per 100 workers
2. 31 downtime days per month per 100 workers
**2 denotes presenteeism impact, greater (5-1) than previously projected*

Average work loss associated with co-morbid disorders (depression plus) (Kessler et al)

1. 49 complete days per month per 100 workers
2. 346 downtime days per employee per 100 workers
**employee w/no health problems average 2 complete and 11 downtime days*

Analysis shows that role impairments among four of the most common chronic disorders is almost exclusively limited to those with co-morbid mental disorders which represented 20 – 50 per cent of the total number of employees with co-morbid conditions.

There is compelling evidence that co-morbid mental health problems and addictions have considerable fall-out across a range of other conditions and produce disability and work performance problems on a large scale.

Individuals with a chronic illness have 41 per cent greater risk of depression. Employers should act on three fronts concurrently:

1. Equip managers to understand their role in managing employee performance within the context of a healthy workplace model.
2. Determine how much expertise their health service providers have in the area of mental health.
3. Learn what is driving their long-term and short-term disability experience – who is on LTD and why – why did STD migrate to LTD – why didn’t treatment work – and if it did work, why isn’t the employee back to work.

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