Chapter 7

Mental Illness and Chemical Dependency In The Workplace

Most of us, at some time during our lives, will personally experience mental illness. In any given year one in four adults living in the U.S. will suffer from a mental disorder and six percent will suffer a serious mental illness[1]. The treatment of mental disorders ranks among the top five costliest health conditions in the U.S,, along with heart conditions, cancer, trauma-related disorders, and asthma. The National Survey On Drug Use[2] conducted by the U.S. government estimates that in 2004-2005 use of illicit drugs ranged from a low of 5.9 percent in Iowa to a high of 12.2 % in Alaska for all persons aged 12 or older. The national rate for binge drinking among this age group is 22.7% of dependence on or abuse of alcohol were 7.7%.

In other words, mental health and chemical dependency problems are common in our country. In this chapter I am going to discuss how these problems manifest themselves in the workplace and how you can be helpful to your staff who are having these problems. In this discussion, I will use the term "behavioral health" when referring to the constellation of both mental and chemical dependency illnesses[3].

This discussion might make you feel a little uncomfortable. First, there is the subject matter itself. Most people are uneasy with this topic. It makes them feel anxious – not just the usual kind of anxiety, like the kind we feel before we take a test, but anxious in a way that is akin to watching the movie *Alien*, only to discover that you are not watching the movie, you are in it. Adding to your discomfort, I am also going to be exploring the possibility that at sometime during your work as a manager, you may experience a behavioral health problem yourself. It can happen to anyone.

Here is the most important thing for you to know about behavioral illnesses: *people do recover*. Whether you suffer from a behavioral illness or one of your staff does,

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1 For more statistics about the prevalence of mental illness in the U.S. go the website of the National Institute of Mental Health or read their full report at http://www.nimh.nih.gov/health/publications/the-numbers-count-mental-disorders-in-america/index.shtml.

2 For more the completed National Drug Use Survey, go to http://www.oas.samhsa.gov/2k5state/pdf/2k5state.pdf.

3 For more information about behavioral health in general, a good source of information is the U.S. Substance Abuse and Mental Health Services Administration, http://www.samhsa.gov/;

effective treatment is available for most people and most of us can return to our prior level of functioning. Recovery is not easy and it is not painless. But there is hope. Experiencing a behavioral illness is not the end of the world. Often, people who recover from a behavioral illness will be stronger and wiser than they were before.

Listen up!

When Your Staff Is Experiencing A Mental Illness

Mental illness is challenging, not just for the staff member who is experiencing a mental illness, but for you, the manager. The staff member is likely to feel that his diminished capability to do his work will put his career in jeopardy. On a personal level, he may be concerned that he is disappointing you.

The manager sees a person who is suffering. Most of us like the people who work for us and care for their welfare. To see them suffer is painful. We want to be helpful; we want to see their suffering go away. Quickly. Unfortunately, what we can do to be helpful rarely leads to a rapid diminution of symptoms. You look into your colleague's eyes and you may see a person who feels trapped, miserable, and frightened. Worse still, the look in their eyes tells you they have withdrawn deep inside themselves. You may try to reach out to them, but they are not all there. They may be acting in a way that is strange. They clearly are not themselves. Where have they gone? Will they ever come back? Will they ever see themselves as whole, intact, worthwhile people again? If they are not themselves now, who are they?

These are scary questions. You may wake up in the middle of the night confounded by them. You might find yourself crying, overcome by emotion, missing a colleague who appears to be "gone." These kind of responses are normal under these circumstances. Having strong feelings when someone you care about is suffering is a natural, human response. You are a person. Being a manager is a role.

On the other hand, as a manager you do have a role to play that can be helpful. One aspect of your role is formal: providing reasonable accommodation to a person who is experiencing an illness. The other aspect is psychological: being the kind of authority figure that helps a person restore balance to a life that has gone out of balance. To accomplish this, you will need to find a way to set your feelings aside while at work so that you can think objectively about how you and the work environment can support your staff to recover. This does not mean that you deny

your feelings or shove them underground. If you do that, you put yourself at risk of developing emotional difficulties. What "setting aside your feelings" means, is postponing a full expression and exploration of what you are feeling until you get off work. It means creating an emotion-neutral space for yourself where you can listen to your staff, empathize with their experience, and explore how, specifically, to be helpful.

There is no single answer to the question, "how can I be helpful?" One staff member will value your regularly checking in with how they are doing and feeling. The next staff member will want you to do just the opposite. Some staff will find it helpful to do less work, some will find it useful to do more. Fortunately, figuring out which approach will work best for an individual is relatively straightforward and quite similar to Plan B (see chapter on Collaborative Problem Solving).

However, before discussing how to do this, we need to take a detour. I have been discussing "mental illness" without defining the term or providing you with a conceptual framework for understanding what it is. Obviously, this topic is huge. Many books have been written on this subject and the "experts" do not all share a common view. What I will attempt to do below is provide you with information that will help you work with staff members who are suffering from mental illness. This information should also be of assistance to you in recognizing when you may be suffering from a mental illness yourself.

What Is Mental Illness?

America's official list of mental illnesses and mental disorders (the terms are interchangeable) changes every few years. Owned by the American Psychiatric Association, changes to the list reflect changes in science, changes in our culture and politics, and intermittent manifestations of common sense. This list (which comprises a very thick book) will be of no practical use to the supervisor of a staff person with mental illness. However, it is worth looking at a samplings of definitions of mental illness and mental disorders from a range of sources. There is no one definition of mental illness that professionals all subscribe to[4] , but a review of a handful of them will give you a pretty good idea of how we distinguish mental illness from "normal" mental functioning.

[4] For a comprehensive and "official" view of mental illness, see the Surgeon General's report at http://www.surgeongeneral.gov/library/mentalhealth/toc.html#chapter1

On a technical level, the term "mental illness" refers to a disorder generally characterized by dysregulation of mood, thought, and/or behavior, as recognized by the most recent edition of the *Diagnostic and Statistical Manual* (DSM) of the American Psychiatric Association. In other words, the list defines mental illness. The DSM will not be helpful to managers. It is barely helpful to mental health clinicians! Let's look at some definitions of mental illness that might help create a useful framework for understanding this concept.

Mental illness is:

> *A psychological or behavioral pattern that occurs in an individual and is thought to cause distress or disability that is not expected as part of normal development or culture.* (From Wikepedia)
>
> *Any of various conditions characterized by impairment of an individual's normal cognitive, emotional, or behavioral functioning, and caused by social, psychological, biochemical, genetic, or other factors, such as infection or head trauma..* (From Answers.com)
>
> *Mental illnesses are medical conditions that disrupt a person's thinking, feeling, mood, ability to relate to others and daily functioning. Just as diabetes is a disorder of the pancreas, mental illnesses are medical conditions that often result in a diminished capacity for coping with the ordinary demands of life.* (From the National Alliance On Mental Illness)
>
> *Any of various disorders in which a person's thoughts, emotions, or behaviour are so abnormal as to cause suffering to himself, herself, or other people* (From The Collins English Dictionary)

I find the Collins definition the most illuminating in terms of how our thinking about mental illness is shaped by culture. As you can tell from the British spelling of "behaviour," this definition is Old World. Old "us." Our cultural roots inform us that if we, the normal people, are suffering as a result of another person's behavior, it must be the other person who has an illness. For centuries, if not millennia, this view of behavior has been used as a great excuse to lock up people whose ideas differed from that of the majority. These could be people who expressed political ideas that threatened the powers that be, like the right to free speech, or heretical ideas, such as the "crazy" notion that the earth revolves around the sun. We are culturally

conditioned on a deep level to see and to respond with fear and loathing to behaviors that differ from the norm.

I pose to you the challenge of seeing mental illness as a common problem, one you don't need to run from, a problem that is likely at some time to happen to you, a colleague or a loved one. It is no surprise that our bodies periodically experience injury or disease. Why should it be a surprise that from time to time we become emotionally or cognitively dysregulated? Just think how many people would be dying of strep throat today if we viewed their symptoms as a sign that they were simply weak individuals.

But *what is a mental illness?* From the definitions above, I prefer the one offered by answers.com. It captures the multi-factoral nature of the causes of mental illness as well as the white variety of its manifestations. None of these definitions provides the manage with a very practical definition to work with. You are not a trained mental health practitioner. On what basis are you going to even begin to entertain the idea that one of your staff is suffering from a mental illness or on their way to having one? Here are the three main things to look for:

- Signs of significant and prolonged stress.
- Significant and prolonged deviation from baseline functioning.
- Significant disruptions of interpersonal relationships.

Stress

The American Institute of Stress[5] recognizes that there is no one definition of stress that is universally accepted. That said, it is generally agreed that everyone experiences stress on a regular basis and that stress is often "good" in that the heightened mental and physical alertness that is part of stress can increase productivity and other areas of emotional, cognitive and physical functioning. Stress becomes "bad" or "distress" when we experience too much of it for too long. What is too much or too long for one person is not too long or too much for another. We each have different stress tolerances, just as we each have different pain tolerances. We vary in terms of our genetic makeup; our life experiences and skills; and the breadth and depth of the social supports we have to draw on to help us through hard times.

[5] For more information about the American Institute of Stress and a more in depth discussion of the subject, go to http://www.stress.org/Definition_of_stress.htm.

My personal definition of stress is that it is a heightened state of mental, emotional, and physical alertness that is a response to a perceived threat. A threat can come from the physical world (a car spinning out of control, crossing over into your lane); the social world (your spouse wants to leave you, a friend is angry at you); or the work world (you have more work to do than time to do it; layoffs are anticipated to be announced at the beginning of next month.) To respond to a potential threat, we are wired to shift our brain chemistry into a heightened state of arousal. Research shows that the bodily sensations associated with stress are, in the short term, indistinguishable from that of excitement. In other words, it is how we interpret the adrenaline rush of a roller coaster ride vs. our car veering off the road that makes the amusement park ride a thrill and the car wreck an experience of terror. Our body is saying, "Get ready for action," and our mind looks at the action ahead and says, "This is going to be good" or "This is going to be bad."

Most people, most of the time, figure out a way to respond effectively to perceived threats at work or in their social environment. This is how we "manage" our stress. When we are successful, we lower our stress to a level that is not disruptive of our ability to do what we need to do in the world. If we fail in these efforts, we are likely to experience a deterioration in our functioning in both our work world and/or our social world.

The workplace is stressful. When you read the statistics below you may say to yourself, "What a mess we have created in the modern age." I do not mean to diminish how stressful work can be, but I would suggest you see stress in the workplace from an historical and evolutionary perspective. Until about 13,000 years ago, we were all hunter-gatherers. When our "work" did not go well, our children died, those in our clan died, we died. With the invention of farming and increasingly complex forms of human organization, we have dramatically increased the likelihood that work will provide us a predictable level of calories and a secure source of shelter. But these are just probabilities. People today can lose their jobs, lose all social connections and supports and eventually die in the back allies of the richest cities in the world. Millions of people die of starvation in third world countries when their agricultural work fails. Work and peril still go hand in hand.

We should also recognize there still are hazardous lines of work in both advanced and advancing countries. Mining and fishing are particularly dangerous. Playing in the NFL is not much better. Players rarely die playing football, but their risk of

dementia as they age is 19 times greater than that of the average male office worker ages 30 through 49[6].

Examining the American workplace, The National Institute for Occupational Health and Safety[7] finds that job stress is more strongly associated with health complaints than financial or family problems. In addition:

- 40% of workers reported their job was very or extremely stressful
- 25% view their jobs as the number one stressor in their lives
- 26% of workers said they were "often or very often burned out or stressed by their work"

A Gallop poll[8] sponsored by the Marlin Company on American attitudes in the workplace revealed that:

- 80% of workers feel stress on the job. Nearly half say they need help in learning how to manage stress and 42% say their coworkers need such help
- 14% of respondents had felt like striking a coworker in the past year, but didn't
- 25% have felt like screaming or shouting because of job stress. 10% are concerned about an individual at work they fear could become violent
- 9% are aware of an assault or violent act in their workplace and 18% had experienced some sort of threat or verbal intimidation in the past year

People experiencing prolonged stress feel bad. You may hear your staff saying they are experiencing headaches, stomach problems, or sleep disturbances. Staff who are usually calm may be quick to anger; the extroverted person may become introverted, or visa versa. A person who generally likes their job and does well at it may become increasingly dissatisfied and/or lose interest.

As a psychologist who was initially trained as a psychoanalytic (Freudian) psychotherapist, I pooh-poohed the notion of “stress” for many years. I don’t anymore! The data is overwhelming: stress is a real phenomena. Managers need to take it seriously.

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6 For more about the risks of playing professional football in the United State, read this report by the *New York Times*, http://www.nytimes.com/2009/09/30/sports/football/30dementia.html.

7 For more information on the National Institute for Occupational Health and Safety and the findings of their survey, go to http://www.cdc.gov/niosh/docs/99-101/.

8 For more detailed information about this Gallup poll, go to http://www.stress.org/2001Harris.pdf.

Deviation From Baseline Functioning.

As a manager, you may not know much about what goes on in your employees' lives outside of work, but you usually can see quite well how they are doing at work. In considering whether a specific staff member's behavior indicate that he or she is showing signs of a mental illness, you should ask yourself whether their behavior represents a significant and prolonged negative deviation from their usual level functioning. If you have a new employee working for you, it will be hard to know if their current behavior is different from their baseline. However, we generally have people reporting to us who have been working for us for six months or more, which is usually enough time to have observed our staff's highs and lows.

We all have our good days and our bad days, good weeks and bad weeks. None of us functions the same all the time. "Stuff" happens in the real world, both in our work life and in our home life. It effects us – and not just negatively. Great things can happen in either world as well and when it does, we can feel super-charged and accomplish more in a week than we often accomplish in a month. We also may feel super-connected with those around us. We are on a natural high. Awful things happen too and when they do we can observe ourselves drifting downward in mood, accomplishments, and relationships.

If you have a gut feeling that your employee's level of functioning is deteriorating – and you see signs of prolonged stress – take a look at previous performance reviews. Compare them to how the employee is doing now. This exercise will give you a more objective basis for concluding whether there is a problem. If you do not have a performance dimension that evaluates your staff's communication abilities and abilities to work as part of team, create one. You will need to examine this dimension to determine if there are significant disruptions to your staff member's interpersonal relationships.

Disruptions Of Interpersonal Relationships

What do you observe in terms of how your staff interact with their peers at work? Their customers? You? If your staff is under significant stress, you are likely to observe disruptions in many types of relationships. Sometimes work and non-work relationships deteriorate; sometimes they don't. I have seen some staff members be at their worst on Monday morning (following a weekend of interacting with their family) who slowly improve in their functioning and work-relationships throughout the week, hitting a peak on Friday, only to return to their lowest level of functioning

the next Monday morning. For them, work was a refuge from stress at home. Work was a place of consistency and safety, a place where they could count on feeling competent and valued. The statistics on work presented previously would indicate that more often, just the reverse is true: work represents the primary source of stress for the employee and home/social life represents a reprieve. This scenario is even more likely than the first to generate disruptions to relationships at work.

Just as we all have our good days and our bad days at work, our individual relationships naturally have their highs and low. When thinking about possibility of a person having a mental illness, the question is whether the bad days are significantly bad and prolonged. What is significant? What is prolonged?

What can the "experts" tell us? *The American Psychiatric Association's Diagnostic and Statistical Manual* (DSM) defines an Adjustment Disorder (basically the mildest form of mental illness) as an inability or maladaptive reaction to an identifiable stressful life event or series of life events. Symptoms, which could include depression, anxiety, and significant changes in behavior have occured within three months of the event(s) or stressor(s) and persisted for no longer than six months.

As a manager, do you wait until three months have passed to talk with your employee about how he or she is doing? No. As an important person in your employee's life, there is a real opportunity to be proactive, particularly if the source of the stressful life event is at work. Many "disorders" can be averted. Let me provide you with a rule of thumb based on my own experience that hopefully will prove helpful to you. If you observe that your staff member's performance and/or ability to relate with others at work is as bad as you have ever seen or worse and continues at this level consistently for four weeks, you should be worried. Whether or not that person is truly suffering from a mental illness or is leading up to one does not matter. You are not a clinician. You are a manager who has an interest in your staff's mental health and ability to do their job. This is all you need to know to come to the decision that you need to have a conversation with that employee.

Have A Philosophy And A Policy

On what basis do you initiate such a conversation? It is likely to be difficult (though not impossible) for you to have this discussion with staff unless the organization you work for has a philosophy, if not a literal policy, regarding how it views and how it responds to its employees who have mental illness or show signs of mental distress.

An example of such a policy is provided in Appendix 1. Feel free to copy and edit it to suit your particular work environment.

All new employees where I work receive a copy of this policy during their orientation. We also review this policy as part of our cultural diversity training program. Having had these conversations provides both the manager and staff with a platform for discussing mental illness, should the need arise later on. The "ice" has already been broken. Therefore, you won't be coming completely out of left field when you invite your staff to talk with you about your concerns regarding their mental health. Conversely, your staff won't be coming out of left field either if they ask to talk with you about their observations and concerns about their own behavior and emotional well being. In my experience, staff have come to talk with me before I have reached the threshold of needing to initiate a conversation with them. They have seen that how I act day in and day out is consistent from the stated policy and come to the conclusion that I am likely to be receptive to discussing these matters with them.

Having A Conversation

Whether or not your organization has a formal philosophy or policy regarding mental illness in the workplace, your discussion with an employee who is showing signs of an actual or impending mental illness is going to begin the same way if you are initiating the conversation. A modified version of Plan B (see chapter on Collaborative Problem Solving) will serve you as a helpful guide for having this conversation.

Step 1: Get Permission. Observe out loud. STOP. Listen.

All the examples below will assume that you have started a conversation by saying something like, "Fred, is this a good time to talk?" If the answer is "no", schedule another time that is good for the two of you.

- *Fred, I noticed that you seem kind of sad lately.*
- *Miranda, I've noticed you've recently been coming to work late and taking pretty long lunch breaks too. I don't remember your doing this before.*
- *Jim, over the past few weeks it seems like your attention has been elsewhere.*

➢ *Annette, it seems that over the past month or so, you've expressed anger to me and to other members of our team several times a week. I've worked with you for three years, and this seems out of character for you.*

After asking a simple, observational question, such as the examples provided above, STOP. Let your staff speak. Stay out of the way. Don't ask questions or say anything until the response to your question is complete. That response could be very short, "not really, I'm fine" or "yeah, I've thought of hanging myself." Conversely, your staff might talk non-stop for twenty minutes. Knowing your staff, you can most likely predict whether your simple question will open the floodgates or need a follow-up response from you within five seconds. Be prepared for either scenario because under unusual circumstances, which these likely are, your staff may act out of character. When you are "not feeling yourself," how you act, how you respond to a simple question, may very well be different from how you usually would respond.

Notice that my statements were strictly observational. I did not indicate that what I was observing was indicative of a mental illness, a performance issue, or other "problem." My goal was to contrast current observed behavior with past observed behavior and then leave it to my staff to share their experiences with me if they wanted to and to provide their interpretation or disputation of my observations.

Quite possibly what you have been observing has nothing to do with a staff member's being in emotional distress. Listen carefully to what is being said. It is quite possible that you have misinterpreted or over interpreted what you have observed. On the other hand, if you are right and what you have observed really is a sign of emotional distress, your staff may not want to say anything about what is going on for them the first time you enquire…..or ever. Staff have a right to keep their private life private. You also have a right and a responsibility to look out for their welfare, which means understanding that it is difficult for people to talk about their inner turmoil and it may take several demonstrations of empathic interest on your part before they are willing and/or able to open up, even a little. Patience is required. Besides the difficulty of anyone sharing feelings or thoughts that are painful, there is the additional difficulty of doing so with one's boss, the primary authority figure in a staff member's life. Your staff may already predisposed to fearing a negative judgment by you. Compound this with our societal tendency to judge mental problems as personal shortcomings, and you, in your role as manager may be the very last person your staff wants to self-disclose too.

On the other hand, we look to authority for protection. If you have a history of being a caring and empathic person with your staff, under most circumstances that will overcome their resistance to sharing with you what they fear you might perceive as their shortcomings. You need to be patient though. Your staff will need to see a level of persistence that shows you care. You will need to demonstrate that you will not be put off by initial rejections while continuing to honor their right to be in charge of self-disclosure. Leave at least a few days between attempts to broach your concerns. Use slightly different wording each time. You don't want to sound like a broken record. Rephrase a simple observation as a simple question. Volunteer assistance. For example:

- *Joe, you seem lost in your thoughts, far away. Are you feeling OK?*
- *Debbie, how's it going for you? You seem to be near tears.*
- *Bob, you seem preoccupied with personal matters. Is there anything I can do here at work that would be helpful to you?*
- *Diane, you look really worried a lot of the time. That's not like you. What's up?*

Step 2: Empathize with your staff's view of the situation

If and when your staff decide to talk with you about what is going on with them. Be prepared to hear strong expressions of emotion. You would think that this would be most likely to occur during Step 1, but my experience is that it is more likely to occur as staff's response to a properly executed Step 2. When people feel understood and safe, that is when they open up. The manager's demonstration of empathy does that. This may be a reason why managers, on an unconscious level are wary of being empathic. On some level we know it may open the floodgates and we will be faced with a person who is expressing more emotion than we are comfortable with.

There are two primary reasons these situations make us uncomfortable. First, we feel responsible for our staff, so we feel that we must "do" something about our staff member's distress. The more distress they show, the bigger the "fix" we feel that we have to engineer. Managers, particularly good ones, are great problem-solvers, so we are inclined to see the psychological problems of the person sitting in front of us as problems we need to jump in and help to solve. This is an understandable, but inaccurate view of our responsibilities. We are hired to be

managers of a business, not psychological counselors. Our responsibility in these situations is to listen, empathize, and support. No "fixing" is required, needed, or helpful. If your staff asks for help, or you think it is appropriate to recommend that the staff member seek help, your sole "fix it" responsibility at the moment is to remind them of the medical benefits (and Employee Assistance benefits, if they have them) that are available.

Empathy, however, is a tricky proposition. To be able to reflect to our staff that on some level we understand their pain means that we can imagine what it is like to feel that pain. To imagine that pain requires that, to some extent, we let it in. That can feel dangerous. We fear that the powerful emotions being expressed may somehow breach the walls that we construct to contain our emotions and to maintain our emotional equilibrium. In short, we are afraid that our staff's expression of raw emotion will either drag us down into their web of pain or somehow open up a path to our own.

It will. You will end up a raving lunatic strapped down to a tiny cot, confined to a windowless concrete room where the only sound you will hear, besides your own, is the screams and moans of the other inmates in the asylum.

Or maybe not. Probably not. We are better put together than that. It is our imagination that is likely to get out of control in response to the strong emotions of others, not our own emotions or sanity. You really can hear strong emotions without being engulfed by them. Just let them be. Know that you are giving something valuable by just listening. Remind yourself that these emotions are not yours, they are someone else's, a person you care about who has a need to be heard. Staff might like you to be able to take away their pain, but on some level knows that you can't. Whatever is causing their pain is theirs to deal with, though having an empathic ear is comforting and can make the pain more bearable. The fact that you can listen without losing your composure or solidity is also reassuring. A person in distress feels safer when it can be observed that those they count on for support are stable, reliable, and confident in themselves. Continue to be that person for your staff. Don't run. Don't hide. Just be there - open, but not porous; separate, but not distant.

Here are some examples of how to use active listening to empathically reflect what you have heard. A brief commentary follows each example.

Joe, it sounds like you have been in a similar place before and somehow managed to find a way to get your life and health back. Now similar things are happening to you and you

*are worried that you do not have the **resources** to do this a second time. Did I get that right?*

> In restating what I hear, if I can detect any glimmer of hope in what has just been said, I always make sure to state this clearly. My purpose is not to put a rosy gloss on what otherwise would be a painful story, but to remind my staff that they have strengths on which they can build. When a person is in a negative mood, all they can generally remembers is times in their lives when they felt similarly. The negative emotions literally block out memories of experiences that link to positive experiences and positive capabilities. So, any opportunity that presents itself to provide a reminder of other points in time when the person felt differently as well as strength-based capabilities is an opportunity you don't want to miss. I purposefully used the word "resources" rather than "strength" because "resources" includes both internal and external supports. "Strength" is a word that people are inclined to hear in judgmental terms; it focuses exclusively on internal capabilities, which at this moment, are experienced as low to non-existent.

*Debbie, that's a lot to have going on. I can see why you **might** feel overwhelmed at times.*

Preceding this feedback, Debbie had described to me a divorce she was going through, troubles she was having with a child, and difficulties she was having at work. I chose not to restate the long list of problems that she was dealing with because it seemed to me that I would just be doing to her what she was already doing to herself: recreating a vivid image of a huge and messy pile of problems she felt ill-equipped to deal with. Clearly her path to health would involve learning how to compartmentalize her problems and deal with them one at a time rather than twenty at a time. So, instead of the list, she heard me say, "you have a lot going on." I did use the word "overwhelmed" in my summary because I thought that most accurately captured how she felt, but I tempered it with "might feel….at time" as a way to remind her that she did not feel overwhelmed every minute of the day. There were non-overwhelmed times to build on.

Bob, I've heard that depression runs in families. I've also heard that there is effective treatment for depression.

In this statement, I have not literally stated, "you sound depressed" or "I'm hearing that you are feeling hopeless and worthless." To do so would not have been inaccurate, but I chose to use wording that sounded like medical terminology. In so doing I was thinking that it would help Bob to see himself and his circumstances more objectively and with hope for recovery.

Bob feels that he has morphed into a person whose being has changed, a person who is permanently depressed. He believes that to be true in almost every fiber of his body. (Is a person with cancer a cancerous person or a person with cancer?) Bob is wrong. He is a person who has an illness called depression. If you tell him that he is wrong, that he is not permanently changed or damaged, he will not believe you and he will most likely get angry at you because you are challenging how he is feeling. Never do that. You can not argue with feelings. What you can 'argue" with is the future. No one knows the future for sure. In this example, the manager is linking a hopeful future to hopeful medical treatment.

Don't expect people feeling this way to thank you then and there for your stating or implying that there is hope for their recovery or that they are not permanently damaged. That is how they feel. However, even if your implied statement of hope and recovery of health is objected to or responded to with disbelief, that's OK. It is important that you said what you said because somewhere in the back of your staff's mind what you have said <u>has</u> registered. Your comment nurtures a deeply buried sense of self and latent strength. This is what needs to grow if there is to be recovery. In many cases medications can help, but they are only part of the process. During mental illness we withdraw. We hide out. We protect what is most precious from real permanent damage. Recovery involves slowly venturing out once again, one step at a time, one risk at a time.

Dianne, if I am understanding you correctly, you are saying that you are having a hard time keeping up with so many deadlines and so many difficult and demanding customers. This is leading to your feeling anxious at work and having a hard time sleeping at night. I think I am also hearing that at times, it seems to you that I am one of those difficult and demanding customers. Is that an accurate summary?

As we know from the statistics presented earlier about stress, it is highly likely that work life is a factor that is effecting a staff member's declining

emotional well being. Given this likelihood, the manager is just as likely to be perceived as part of the staff's problem as part of the solution. Even if your staff does not literally say this to you, if you are picking up from staff's affect or if it just seems logical that the work you have put on your staff members plate is part of their stress, then ask them about this directly. Be open to the possibility that it isn't the work you have given them, but how you have given it to them that is causing stress.

Step 3: Determine what support is wanted, realistic, and likely to be helpful.

Now that you have established rapport with your staff and have started a dialogue regarding their emotional well being, you can offer to think out loud with your staff about how you might be helpful. It is not necessary that you come to a conclusion regarding whether a staff member's level of emotional distress does or does not constitute a mental illness. By offering to "think out loud" (do some problem-solving) with staff about their distress, you are also not offering to be the person's therapist. You are not volunteering to be an agent of change or a healer. You are simply going to ask your staff how you can support their efforts to address their distress. Here are some examples:

Joe, how might I be helpful to you?

This is a simple, open-ended question. It invites the staff to problem-solve without your getting in the way. You can always say more later.

Debbie, you did not mention getting professional assistance. Have you thought about talking with an Employee Assistance Counselor or talking with your PCP about how you are feeling?

In most instances, this would be the second or third thing you would say following a question like, "how might I be helpful to you." Sometimes you can jump directly to a question about getting outside assistance, particularly when making use of such assistance is something the staff member has done before and told you about.

It is important to note that many people would prefer to begin getting emotional help through an Employee Assistance Program (EAP) rather than access their medical benefit and go directly to a mental health practitioner. The stigma barrier is lower. That's the point of an EAP: makes it easy for people to get help. A person does not have to see him or herself

as "ill" to talk to a counselor. If in the course of seeing an EAP counselor, it is determined that the person is suffering from a mental illness, the EAP counselor has the time and the type of relationship to explain this to the their client and can facilitate an appropriate referral.

If the organization you work for does not have an EAP, I would suggest you look into getting one. Their services are not that expensive and, in the long run, they will save your organization money while improving the health and morale of your organization's employees. There two primary national associations that can help you identify programs which might be a good fit for your organization. They are:

- The Employee Assistance Professionals Association (EAPA)
- The Employee Assistance Trade Association (EASNA)

Quite often, people seek the help of their primary care physician (PCP) when they are experiencing psychological difficulties. If they have a good relationship with their PCP, this comfort level makes it easier for your staff to reach out for help when there are feeling distressed. A PCP might provide short term counseling or, like an EAP counselor, make a referral to a mental health specialist. You might be surprised to know that the majority of medications prescribed to treat mental illness in the United States are not prescribed by psychiatrists; they are prescribed by PCPs. For the most part this is a helpful. However, most PCPs have very little time available to talk with their patients. Many feel the pressure of 10 minute appointments to get to their next patient quickly. Combine this pressure with the pressure many patients put on their PCPs to "just give me a pill" and we see a situation that is heavily weighted towards a pharmacological approach to treating mental and emotional distress. Medications certainly can be helpful. Sometimes they are all a patient needs, but this is the rare exception. Let me repeat: this is the rare exception. The scientific literature overwhelmingly shows that for the most common mental illnesses, such as depression and anxiety disorders, counseling alone is just as effective as medication alone in treating the illness and is less invasive. When medication is an appropriate component of treatment, the combination of medication and counseling is more effective than just giving someone medications.

A PCP talking with a patient for ten minutes every few months while writing a prescription is not counseling. Taking those ten minutes to talk

with a patient is certainly better than not talking for ten minutes, but patients are being short-changed if this is all the counseling they are getting during the acute phase of a mental illness. If PCPs do not have more time available to do real counseling under these circumstances and/or do not have the professional training that would enable them to do such counseling effectively, they should be making referrals to counselors to provide this additional service. Additionally, if they are dealing with either a complex mental health disorder or one that is complicated by serious physical illness, they should either be consulting with a psychiatrist or referring their patient to a psychiatrist.

You might also hear from your staff that they are talking with a priest, minister, or other member of the clergy about their mental health problems. These days most clergy have training in identifying mental illness and in doing basic counseling. Most know what they can do within the limits of their training and make referrals to mental health professionals as needed. As a manager, you want to be supportive of your staff seeking help from a person that they trust. Who they see is their choice. On the other hand, if you observe that a person is not getting better and you know that they are not seeing a mental health professional, this is an option that would be helpful for you to suggest.

Bob, what's your next step?

This is another simple, open-ended question. Unlike, "how can I be helpful to you", it does not reference even a supportive role for the manager….but it does not rule it out either. This question moves the discussion into a problem solving mode while communicating to the staff the he or she is the owner of that process. Sit back. Listen.

Dianne, I'm hearing that it would be helpful for the two of us to take a look at your workload and see what we can do to make it more manageable. What else might be helpful for you? Are their other resources or supports you could draw on to help you with how you are feeling?

It is essential that when you put forward an invitation to problem-solve how work could be less stressful that you not limit the focus of your support or your staff's attention exclusively to the work place. Although we know that the work place can be a significant source of stress, it is rare, in my experience, that the underlying factors that drive a mental illness

reside exclusively at work. If you can succeed in figuring out and negotiating a rearrangement in the staff's workload, responsibilities, work hours etc., this can be tremendously helpful in supporting your staff's recovery. It will rarely the case that this will be enough. Your staff member is inevitably going to have some social stressors or a lack of non-work social supports that also need to be addressed if he or she is to recover. Addressing those factors is beyond the scope of the manager's responsibility. So, there will still be a need to ask your employee if they have considered talking with an EAP counselor or with a trusted person such as a PCP or minister. These are people for whom such a conversation would be within the scope of their work.

Step 4: Create A Work-Based Mental Health Support Plan

For employees who are in the process of recovering from a mental illness, it can be helpful to know that once they recover, there is an individualized plan in place at the workplace that is designed to help them maintain their mental health. The goal of such plans is to prevent the return of the illness through active intervention at the first signs of a potential future illness.

These plans work like psychiatric advance medical directives. Such directives are written by the patient to their doctor, informing , informing the medical practitioner how to be of most help to the patient, should signs of their illness return and the patient is psychotic and therefore unable to be an active participant in making treatment decisions. A work-based support plan informs the manager how he or she can be of most assistance to staff, should symptoms of mental illness return and the staff member not be able to approach the manager to talk about it.

The core design of these plans[9], whether medically-based or work-based, is illustrated most dramatically in Homer's classic, The Odyssey. On his long and dangerous journey home from the Peloponnesian War, Ulysses, as the captain of his ship, takes his vessel by a point of land that is guarded by creatures call Sirens. Sirens sing a beautiful song that lure all men who hear their song to steer their ship closer and closer to the cliffs where the Sirens dwell and to eventually crash their ships onto the rocks which lie below the cliffs. Ulysses knows this; he can see the evidence of smashed ships all about him. Still, he wants to hear their song.

[9] Some psychiatrists have referred to these directives as "Ulysses' Pacts."

Creating the very first "work-based mental health support plan," Ulysses orders his men to put wax in their ears, so they won't hear the sirens' call. Then, he orders them to tie him to the mast and to not listen to a word he says when his ship comes near the cliff's ahead. He tells his men they will be court-martialed if they disobey the order he is giving to them now, while he still has his wits about them, and NOT to obey any order he gives while his ship passes by the cliffs. As he predicted, when Ulysses' ship comes near the cliff's and he hears the Siren's call, he directs his men to steer the ship towards the source of the beautiful song that fills his ears and his ears alone. Being well-trained and dedicated, his men do not listen to a word he says. They follow his advance directive. As a consequence, the ship makes it past the cliffs, Ulysses is then unbound from the mast, and thanks his crew. All are safe.

There are complications in applying this story to real life, but the general principle the story teaches us is powerful and useful. We think more clearly when we are not suffering from a mental illness than when we are, so making a plan while we are thinking most clearly can be of great practical benefit when we do not have access to our clearest thinking. Of course it is important to not disrespect or discount the thoughts and wishes of people who are in the throes of a mental illness, but it is essential to not turn a blind eye to the fact that their thinking and judgment is impaired. By creating a work-based mental health plan you are formalizing an agreement to take direction from your staff when they are at their best. This is respectful. This is wise.

Turn to Appendix 3 to see the structure of a work-based mental health plan. I have also included a sample "agenda" that can be used for guiding a discussion regarding the creation of such a plan. Appendix 1 is an example of a company policy regarding the support of employees who have a mental illness and mental health issues. Appendix 2 is an example of information to provide staff regarding their employee assistance program.

When Your Staff Are Showing Signs Of Having A Chemical Dependency Problem

A person who is addicted to either legal or illegal substances has an illness. The various types of chemical dependency illnesses are listed in the Diagnostic and Statistical Manual (DSM) of the American Psychiatric Association along with the various types of mental illnesses. Often, people have both a mental and a chemical dependency illness. There are many similarities between all of these behavioral illnesses, but there are differences too and these differences very much impact how a manager should respond

to a person who has a chemical dependency problem which manifests itself in the workplace.

Understanding the difference between "chemical dependency" and "substance abuse" would be a good place to begin[10]. Behavioral professional divide chemical dependency illness into these two subcategories because they represent the two primary patterns of problems people have with substances.

The term "chemical dependency" is what most people think of as addiction. A person who is addicted to a substance "persists in use of alcohol or other drugs despite problems related to use of the substance….. Compulsive and repetitive use may result in tolerance to the effect of the drug and withdrawal symptoms when use is reduced or stopped."[11] Chemical dependency is an illness that is progressive, often leading to death. Bear this in mind when thinking about how to interact with a staff member who has an addiction. A person's employer has significant leverage with an employee, a leverage that might not be present anywhere else in the addicted person's life. This leverage is precious and if used wisely, might just help save a life.

"Chemical abuse" refers to a pattern of excessive substance use that results in significant negative consequences to a persons social or work life – usually both. "Social life" includes relationships with friends, parents, siblings, spouses, etc. "Work life" includes school, home-making, and volunteering as well as paid work. The most common forms of chemical abuse are binge drinking and various forms of excessive "partying." Most people who become chemically dependent started out as substance abusers.[12]

If you look up these two terms in Wikipedia, it will be pointed out that " there are on-going debates as to the exact distinctions between substance abuse and substance dependence[13], but current practice standards distinguishes between the two by defining "substance dependence" in terms of physiological and behavioral symptoms of

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[10] For more information about chemical dependency and about, good sources of information include: The National Institute On Alcohol Abuse and Alcoholism, http://www.niaaa.nih.gov/ and the National Institute On Drug Abuse, http://www.nida.nih.gov/;

[11] DSM IV, 1994. "DSM" is a registered trademark belonging to the American Psychiatric Association.

[12] Most substance abusers started out by experimenting with drugs at an early age. This is why early parental education and involvement is so critical to preventing chemical dependency problems.

[13] http://en.wikipedia.org/wiki/Substance_dependence

substance use, and "substance abuse" in terms of the social consequences of substance use." This is a good summary of the state of professional opinion. To the manager, the distinction boils down to the difference between a staff member who MUST find a way to use their substance every day, often during work, and the staff member who over-indulges periodically. In either case, the use of substances negatively effects the quality and reliability of the person's work and most likely, relationships with co-workers, including you.

Whether your staff who are showing signs of chemical dependency or chemical abuse, how you respond to them is the same. You just need to know that for the person showing signs of dependence, how you respond can be a matter of life of death. For the person who is more likely an abuser, you have an opportunity to help your that person to avoid having their illness progress to the point where it is life-threatening.

This single most important thing you need to know about people who have either problem is that they are in *denial* about their problem. Put in simple terms, they lie to themselves about the extent and significance of their problems. They find ways to think about their behavior that minimizes how damaging it is to themselves and to others. It should not be a surprise then, that they lie to you about their problems too. They aren't doing anything different with you, or their spouse or their friends that they aren't doing with themselves. This is the nature of denial. It is a defense mechanism that wards off pain. Like the substance or substances they use, which can also help to ward of pain, the defense mechanism of denial has an addictive quality. It works pretty well to begin with and then, when it starts to work less well, rather than consider using another type of defense or approach to the problem, the person who is in denial ramps up their level of denial along with the dose of their preferred substance.

People who work with or otherwise relate to people with this defense pattern really only have two choices. They can buy into the person's denial or confront it. "Buying in" does not necessarily mean agreeing completely with the person's rationalizations of their behavior or their minimizing of its effects. Ignoring their behavior or its impacts is a form of buying in because it is, in effect, turning a blind eye to the obvious. If you were standing on a cliff, watching a brilliant sunset and a neighbor's three year old child wandered out of his backyard to play at the edge of the cliff, would your saying nothing to the child or doing nothing have no significance? Can inaction really be a value neutral or psychologically neutral behavior? No. When you are interacting with a person whose behavior shoves in your face a pattern of self-destructiveness that you do nothing about, you are enabling that behavior, your are joining that person in an act of denial.

If you speak to your employee about the problems you are observing, does that mean you become your staff's therapist? Absolutely not. First of all, that is not your role. You are the person's manager. You should speak to your employee in the context of that role. As the person's manager your are MORE POWERFUL than that person's therapist. You have much more influence. You hold the keys to something this person must have for their survival: a job. The therapist has no such power. The manager's level of control and influence is sometimes the only fact of life that can cut through the chemically dependent person's denial. The person may "get" the consequences of their actions and their choices only when the consequences are made crystal clear to them; monitored assiduously, and enforced fairly, consistently, and thoroughly.

The scope of behavior over which the manager has authority relates exclusively to the person's work. So, pull out the employee's job description. Review it in detail. Also note what is implied, but not necessarily stated, such as showing up to work on time. The "frame" of your discussions with your staff member must be their work performance. The problem that underlies the problems you see at work is a medical condition; your job is deal directly with your staff's performance issues. Work the steps of your organizations progressive discipline process. Document every step just as you would any performance problem. Don't skip anything. For you to be helpful to both your troubled employees and to your organization, you must be absolutely crystal clear that failure to correct their problem performance will, at the end of the process, result in termination of employment. A half-way approach will not be effective. This is just as true for the person who is a substance abuser as a person who has reached the stage of chemical dependency. You won't be doing abusers any favor by going "lite." Their illness may not be as far along as the addict's, but their way of thinking (denial) about their problems will be basically the same. Therefore, your psychological approach should be the same. It's what works. Half way does not work.

Being a good manager in this situation is not fun or enjoyable. Being a good manager in many situations is not fun or enjoyable. This is part of your job is particularly "not fun," but it is also an opportunity to make a real difference is someone's life. Remember the advice I gave earlier about your getting help from your organization's EAP program. Unless you have significant experience working with people who have chemical dependency problems, you, as well as the employee with the chemical dependency problem, are quite like to need this assistance – but for different reasons. Addiction is POWERFUL. Addiction is BIG. Managers will need some big guns (support) on their side if they are to successfully stand up to it. If your organization does not have a formal EAP program, seek a similar form of assistance in your community or within your organization if it has such expertise. There are many organizations whose mission is to provide the information and support you need. Your phone book or local mental

health center will often be a good source of information. A national resource that can direct you appropriate assistance is the National Council on Alcoholism and Drug Dependence[14].

In working the steps of your organization's progressive discipline process, know that you *can* make participation in a treatment program a condition of continuing employment. Like a judge, you can offer hard choices. You can't compel treatment. Your staff have a right to refuse treatment. And you have a right to refuse continued employment. You can't fire someone because they have an illness, but you can fire them if they are unable to perform their job duties.

Should your staff elect treatment, you do not need to know and should not know the details of what goes on in that person's treatment. That is private and protected information. What is not private and protected, should your employee agree to these conditional terms of their employment, is factual information regarding their attendance. If your organization has an EAP, the EAP will be the intermediary providing you with this information. If there is no EAP, then the employee can sign a consent form with the treatment provider that allows the provider to share attendance information with you on a periodic basis.

Below, I have presented some examples, in tabular form of interactions between a manager and staff members with chemical dependency and abuse problems. Steps 1 and 2 are the same as for the person with signs if a current or impending mental illness, so I have not illustrated these steps. The remaining steps are somewhat similar to those of Collaborative Problem Solving (CPS) discussed in Chapter 5. However, you will note that in Step 2, staff are not necessarily "invited" to work on jointly solving a problem. They may be compelled to solve the problem as the manager has defined it or get fired.

[14] To locate your nearest NCADD affiliate, you can go their website: http://www.ncadd.org/affiliates/affil.html or call 800/NCA-CALL.

Interaction Example #1

	Step 1	Step 2	Step 3
	Define the problem from your point of view and wait to hear a validating response, if you can get one.	**Joint problem solving, if possible. Define "acceptable outcome" from your organization's perspective.**	**Obtain Agreement**
Manager	Sam, you have been coming late to work a couple of times a week for almost two months now. I've pointed this out to you more than once. When you do get to work you look haggard and it takes you quite a while to get in the grove. You are not getting the work done. I've pointed this out to you several times as well and nothing has changed. This is not acceptable.	I understand that you think you've got your drinking problem under control now and that you do not think you need outside help. From what I know, it is very difficult to kick a habit like you have described on your own. Given the repeated problems you are having trying to do this on your own, it seems pretty clear to me that you need assistance.	OK. It is your choice to get help....or not. Please read over this final written warning. Ask me any questions you have about what I have written. It describes in detail the terms of your continued employment and the consequences of non-compliance.
Sam	My girlfriend has said more or less the same thing to me too. I get the message. I'm going to turn this around. I want to keep my job. I'm going to get this under control. You'll see.	I know all about AA. I even tried it once. I saw a shrink too. I don't need this. I understand what I'm doing now. The light bulb has been lit. I'm going to turn this around. On my own. Thanks, but no thanks.	I don't have any questions, but since I've been coming to work late so frequently lately, I would hope that if I show lots of improvement, but maybe every once in awhile come in late, like maybe once a month or so, that wouldn't be a big problem?

Manager	Sam, you sound sincere and I believe you mean what you say, but I remember quite clearly that you said more or less the same thing when I gave you a written warning two weeks ago.	I can't force you to get help, but I can tell you this (and I have put it in writing for you too): either come to work on time every day and complete the responsibilities of your job successfully or I will let you go.	That is not acceptable. If you know that you can not come to work on time on a specific date and you know this a couple of days in advance, you have the option to request to take a vacation day. That is what is possible. Coming in to work late will result in your termination. If you can not agree to that, your termination starts right now. What will it be?
Sam	I know, I know. I'm sorry. I didn't have my shit together then. I 'm on top of it now. Don't worry.	Understood boss.	Do you have a pen?

Interaction Example # 2

	Step 1	Step 2	Step 3
	Define the problem from your point of view and wait to hear a validating response, if you can get one.	**Joint problem solving, if possible. Define "acceptable outcome" from your organization's perspective.**	**Obtain Agreement**
Manager	Meredith, for me to do my job and for this department to be successful, your assignments have to be completed on time and they must be complete and accurate. Our work grinds to a halt when this is not the case.	As you have said on a number of occaisions, there are personal issues that making it difficult for you to do your job. Our company has an EAP program that is designed to assist employees with personal issues. I am not asking you to tell me whether you have made use of this assistance or are in treatment. That is private. I just want you to know that we understand that any of us can, at some time in our lives, need and benefit from professional help. That is why we have invested in an EAP and have a health benefit that includes mental health and addictions treatment.	So, I need you to read and sign this first Written Warning. Ask me any questions if it is not clear.
Meredith	I know, I know. I'll do better. I won't let you down.	I read about that during orientation, but really haven't given it much thought since then. My mother has been in therapy forever and she's still a mess.	Could we add to it something about my getting help. I'm afraid I might chicken out if I'm not pushed.

Manager	Since we have talked about this before and very little has changed, I need to put this writing so that I am clear with you about this problem and what you need to do to address it.	I have never met your mother, but I know something about you. You are a good learner. You have the ability to use new information to come to a new understanding of a situation. Then you act on it and more likely than not, are successful. Can your mother do that?	What I can do is write a second draft that indicates that this is part of *your* plan to turn things around. It is what *you* are committing to. At this point, I am not requiring it. OK?
Meredith	I understand. I've got too much stuff going on in my life that I'm not coping with very well.	Rarerly and oh my God, I certainly don't want to become like her.	OK.

Interaction Example # 3

	Step 1	Step 2	Step 3
	Define the problem from your point of view and wait to hear a validating response, if you can get one.	**Joint problem solving, if possible. Define "acceptable outcome" from your organization's perspective.**	**Obtain Agreement**
Manager	Tom, I hear that you have high hopes that AA is going to work for you this time, but we are at point where your work performance has not improved; it is still unacceptable.	I have two versions of a final written warning written. The first one states that you agree to seek treatment as a condition of continued employment and the other one does not.	So, take a look at this Final Written Warning. By signing it, you are agreeing to go to our EAP. The EAP will assist you in getting the most appropriate professional help and they will report to our HR Department on your participation in treatment. HR will communicate directly with the EAP. The EAP will not communicate any details regarding your treatment with me, just your attendance and participation in treatment
Tom	Well, it has gotten a little better. Bill Jeffries gave me pretty high marks for the work I did for him.	Why would I choose to be required to get treatment?	I'll show up for treatment alright. I don't want to lose my job.

Manager	Yes, I know you can do good work, which is why I really hope you can get things back on track. It has to or you are going to lose your job.	Because it buys you some time and some breathing room to focus on getting well. Without the agreement to treatment, one more slip-up and you are fired. While you are in treatment, I am required by law to cut you some slack. And law or no law, I want to see you get healthy again. I know that going through treatment for an addiction is not easy. I want to support your getting better.	You also need to know that simply showing up for treatment is not sufficient. You need to be involved and working at your recovery. Actively. We will not assess that. We will rely on the judgment of the EAP in consultation with your treatment program. Can you agree to these terms?
Tom	I don't want to see that happen.	I see. Maybe it's time I got help.	I really have no choice. So, yes, I do agree to these terms.

The expression, "you can lead a horse to water, but can not force it to drink" is applicable to this last illustration. Just because your staff attends a treatment program and technically does everything required while in the program, this does not mean that there has been meaningful engagement in treatment. (Even if the staff member is fully engaged, this does not guarantee that treatment will work, but is certainly can not work if there is not engagement.)

The bottom line of continuing employment is job performance. However, employees undergoing treatment for drug addiction are protected under both state and federal laws. They are each considered a person with a disability, as is the case for a person with a mental illness. People with disabilities have rights, and this is one of them. However, after an employer has provided a "reasonable accommodation" to an employee's disability by providing continuing employment while the employee is in treatment, if job performance does not meet minimum standards, the employee can be

terminated[15]. Conditional employment based on participation in a treatment program simply buys the employee time that they might not otherwise have. The organization for whom this person works is showing compassion and understanding by providing this employee with a window of opportunity. To not provide such a window is, in my mind, indicative of an organization which either does not care about its employees or lacks an understanding of how chemical dependency works ….or both. To provide such a window of opportunity and then to not enforce the agreement of conditional employment to the letter is also an indication of minimal caring or ignorance.

[15] **When does reasonable accommodation become unreasonable? According to law it** unreasonable "if it would cause the employer an *undue hardship*. An undue hardship is an action that is significantly difficult or expensive in relation to the size of the employer, the resources available and the nature of the business." Source: http://www.boli.state.or.us/BOLI/TA/T_FAQ_Disability.shtml.

Appendix 1

Supporting Employees Who Have Mental Illness And Mental Health Issues

<ORGANIZATION NAME> recognizes that given appropriate support, the vast majority of people who have experienced mental ill health continue to work successfully as do many with ongoing issues. As an employer it is our goal to:

- ❑ Show a positive and enabling attitude to employees and job applicants with mental health issues. This will include positive statements in local recruitment literature.
- ❑ Ensure that all staff involved in recruitment and selection are briefed on mental health issues and the Disability Discrimination Act, and given appropriate interview skills.
- ❑ Make it clear in any recruitment or occupational health check that people who have experienced mental health issues will not be discriminated against and that disclosure of a mental health problem will enable both employee and employer to assess and provide the right level of support or adjustment.
- ❑ Not make assumptions that a person with a mental health problem will be more vulnerable to workplace stress or take more time off than any other employee or job applicant.
- ❑ Ensure all line managers have information and training about managing mental health in the workplace.
- ❑ Provide non-judgmental and proactive support to individual staff who experience mental health issues. To this end, supervisors will offer all employees and opportunity to jointly write a work-based, mental health support plan. The purposes of this plan are to:
    i. Create a flexible, supportive work environment
    ii. Direct the supervisor how to be helpful and respond to the employee if he is experiencing a mental health crisis
    iii. Anticipate the resources an employee will need to have in place in advance of a mental health crisis in order to most successfully respond to it.

Appendix 2

Employee Assistance Program Description:

The goal of an Employee Assistance Program (EAP) is to help you deliver your best job performance. To do so, you need to function at your highest capability.

Sometimes personal problems get in the way, and your job performance suffers. To help you with these problems, we provide an employee assistance program. The purpose of the EAP is to provide access to counseling and referral services for employees and their dependents who would benefit from assistance in solving human problems that affect job performance, overall lifestyle and various life situations.

You and your dependents have access to this confidential assessment and referral service for problems including family communications, depression, stress, chemical dependency and health or financial difficulties. This 24-hour service is provided at no cost to you.

Contact your supervisor, human resources coordinator or area director for more information or call our EAP directly at <insert phone number>.

Appendix 3

Work-Based Mental Health Support Plans

Setting The Stage: an example of an oral communication with staff is provided below. It communicates clearly, but not in too much detail, what will be talked about at a first meeting to discuss the possibility of creating a Work-Based Mental Health Support Plan,. You will note from the last paragraph that this meeting is about *considering* the idea of developing such a plan. It is not about creating one. The first step is to get your staff's consent to mutually create such a plan. You need to give them lots of room to say "no." Many will say turn down the offer.. Others will take you up on it. Such a plan is only of value if staff members views the plan as something that THEY want and something that THEY feel will be of value to them.

I thought it might be helpful if I briefly summarize what I see us talking about at the end of the day next Monday or possibly at a later if you feel that this is not yet the right time for this discussion. The topics that come to mind are:

A. What is the purpose of creating a work-based, advanced directive type plan?
B. Is doing this kind of plan a standard workplace practice?
C. What would such a plan look like? What would be its components?
D. What are the advantages and disadvantages of doing this: for you, for me, and for our organization?

What we will <u>not</u> do at this meeting is work on developing an actual plan. We would do that at a later date if it is your decision to do so..

Should you get agreement from staff to create such a plan, here is a structure to follow. You will note that there are many "others" and blank spaces built into this outline. Their purpose is to suggest that this outline is just a starter tool and that that in the process of jointly developing this plan a lot will be added.

<u>Components Of A Work-Based Mental Health Support Plan</u>

The Supervisor's Role and Responsibilities

- ❑ To create a flexible, supportive work environment
- ❑ To listen
- ❑ To follow the agreed upon plan
- ❑ Other ???

The Employee's Responsibilities

- ❑ To identify and test the resources that will be needed to avert and/or address a mental health crisis in advance of a possible crisis.
- ❑ Other ??

Philosophy/Strategy

- ❑ Open communication
- ❑ Prevention
  - o External resources identified and relationships developed
  - o Elements of a supportive work environment identified and put in place
- ❑ Early, aggressive intervention
- ❑ Comprehensive, trusted and accessible external resources
- ❑ Confidentiality and privacy

How to know if there is a problem

- What the employee is likely to notice
- What the supervisor is likely to notice

What to do when either party believes there is a problem

- ❑ What the employee will do
  - o
  - o
- ❑ What the supervisor will do
  - o
  - o

Preserving a positive and supportive relationship

- ❑ Anticipating how a mental health crisis is likely to impact the supervisor-staff relationship
- ❑ Heading off disruptions in the relationship
- ❑ Addressing disruptions in the relationship if they do occur
- ❑ Balancing privacy interests with the objective of early intervention

What to do if the plan does not appear to be working

- _____
- _____

Evaluating and updating this plan

- How often?
- Who initiates this process?