

P.O. Box 1827
York, PA 17405-1827
866.227.6527 Tel
717.851.4493 Fax
www.wellspaneap.org



Adults living with a diagnosable and treatable mental illness

A Supervisor's Guide to Building and Sustaining a Mental Health-Friendly Workplace

Mental health disorders are real, common and treatable, and together we can do more to help the 1 in 4 Americans who live with these disorders. Who is your 1 in 4? A family member, friend, veteran or co-worker quietly struggling with depression, ADHD, post traumatic stress disorder (PTSD) or substance abuse.

About This Guide

This guide has been designed to assist supervisors to do more for the 1 in 4, as well to help in building and sustaining a mental health-friendly workplace. While providing information on mental illnesses and elements of a mental health-friendly workplace, the guide also provides policies and practices for such a workplace, resources for communicating about mental health in the workplace and a list of online resources.

Investing in a mentally healthy workforce is good for business. When employees receive effective treatment for mental illnesses, the result is **lower** total medical costs, **increased** productivity, **lower** absenteeism and presenteeism (*defined as the reduced productivity of someone who is present at work but either physically and/or mentally unwell, and therefore not as effective or productive as they would normally be*) and **decreased** disability costs.

Guide adapted from: Substance Abuse and Mental Health Services Administration. *Workplaces That Thrive: A Resource for Creating Mental Health-Friendly Work Environments*. SAMHSA Pub. No. P040478M. Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, 2004.

Contents

Definitions	3
How Big is the Problem?	4
How Do We Create a Mental Health-Friendly Workplace?	5
What Makes It So Difficult?	6
Supervisors	7
Reasonable Accommodations	10
Recovery	12
Stigma/Myths and Facts	13
Employee Assistance Program	15
Spreading the Word	16
Practices for a Limited Budget	18
Common Mental Illness Descriptions	19
Policies and Practices for a Mental Health-Friendly Workplace	22
Resources	24
Appendix	26

Definitions¹

We may not think much about our ‘mental health’ or even use that phrase, but it’s a common element in all of our lives. Some people define it as a “state of mind.” Others view it as “being content with life” or “feeling good about yourself.”

‘Mental health’ is perhaps best explained as how well we cope with daily life and the challenges it brings. When our ‘mental health’ is poor, it can be difficult to function. It is a fluid state with disability and untreated mental illness at one end, and recovery and complete wellness at the other end. Most of us live and move within the middle range of the spectrum.

Many times the terms ‘**mental health**’ and ‘**mental illness**’ are used interchangeably, but they are not the same thing. Everyone has some level of mental health all of the time just like everyone has some state of physical health, but not everyone lives with mental illness. Mental illnesses include depression, anxiety disorders, childhood and adult attention-deficit/hyperactivity disorder, and other diagnosable illnesses that can benefit from treatment and support.

All of us live with daily threats to our ‘mental health.’ Many of us also face additional challenges that test us and put our mental health at risk. For some of us, it is the stress of care giving or divorce or losing a loved one. Or losing a job. Or living with a disease such as diabetes, cancer or hypertension. Or an addiction to alcohol or drugs. Or a major illness such as depression or schizophrenia. Or surviving domestic abuse, a street crime or disaster.

Whatever the source of the threat, how able we are to deal with these challenges can positively or negatively impact our ‘mental health,’ overall health and well-being. When considering all the ways it can affect each of us and our society, the issue of ‘mental health’ amounts to the largest public health and economic concern in our country.

How Big is the Problem?

- ✓ An estimated 26.2 percent of Americans ages 18 and older – **about 1 in 4 adults** – suffer from a diagnosable mental illness in a given year. That is nearly 60 million people.
- ✓ One in 17 lives with a serious mental illness such as schizophrenia, major depression or bipolar disorder²
- ✓ About one in 10 children live with a serious mental or emotional disorder.³
- ✓ Mental illnesses are the **leading cause of disability** in the United States.
- ✓ Mental health conditions are the **second leading cause of absenteeism**.
- ✓ More than 90 percent of employees agree that their **mental health and personal problems spill over into their professional lives**, and have a direct impact on their job performance.
- ✓ In the United States, the **annual economic, indirect cost of mental illness is estimated to be \$79 billion**. Most of that amount—approximately \$63 billion—reflects the loss of productivity as a result of illnesses.³
- ✓ Individuals living with serious mental illness face an **increased risk of having chronic medical conditions**.⁴
- ✓ **More than 90 percent of those who die by suicide** have a diagnosable mental disorder.⁵
- ✓ Workplace stress causes about **1 million employees to miss work each day**.
- ✓ Three out of four employees who seek care for workplace issues or mental health problems see **substantial improvement in work performance after treatment**.
- ✓ An estimated **5.2 million adults have co-occurring mental health and addiction disorders**.⁶
- ✓ Despite effective treatments, there are **long delays—sometimes decades**—between the first onset of symptoms and when people seek and receive treatment.⁷
- ✓ **Fewer than one-third of adults and one-half of children** with a diagnosable mental illness receive mental health services in a given year.³
- ✓ **Racial and ethnic minorities are less likely** to have access to mental health services and often receive a poorer quality of care.⁸
- ✓ **Suicide is the eleventh-leading cause of death** in the United States and the third-leading cause of death for people ages 10-24 years.

How Do We Create a Mental Health-Friendly Workplace?

- Welcome all qualified job applicants; diversity is valued;
- Include healthcare benefits that treat mental illnesses with the same urgency as physical illnesses;
- Have programs and/or practices that promote and support employee health-wellness and/or work-life balance;
- Provide training for managers and supervisors in mental health workplace issues, including identification of performance problems that may indicate worker distress and possible need for referral and evaluation;
- Safeguard the confidentiality of employee health information;
- Provide an Employee Assistance Program (EAP) or other appropriate referral resources to assist managers and employees;
- Support employees who seek treatment or who require hospitalization and disability leave, including planning for return to work;
- Ensure “exit with dignity” as a priority, should it become essential for an employee to leave his or her employment; and
- Provide employees with information regarding equal opportunity employment, the reasonable accommodations policy of the Americans with Disabilities Act, health and wellness programs, and similar topics that promote an accepting, anti-stigmatizing, anti-discriminating climate in the workplace.



What Makes It So Difficult?

Most employees experience a day now and then when they would describe themselves as being distressed about an unhappy client, unhappy boss, too much work, and too little time. The resilience-building techniques learned in the business's health and wellness program may help offset the negativity and the employee may soon feel more in equilibrium.

However, there are more extended, more serious times and signs of distress or illness. Supervisors need to know how to respond to signs of employee distress in a timely way. Often no action is taken. Reasons can include the supervisor's:⁹



- Fear of the consequences;
- Lack of confidence in his/her own assessment;
- Concern about interfering;
- Hope that the problem will go away on its own; or
- Personal history, which echoes a similar situation in his/her own life, past or present, that produces inaction.

Ignorance is not bliss: Failure to respond sets a destructive dynamic in motion:

- Relationships between the employee and supervisor become strained;
- Coworkers feel confused and assume a sense of responsibility for the employee;
- In an effort to help, different people take over first smaller, then larger, tasks of the affected employee;
- Coworkers try to offer advice to the affected employee, whose response is not usually receptive or positive;
- Coworkers begin to feel angry;
- Morale deteriorates;
- The affected employee becomes the primary focus of workgroup attention;
- Everyone's ability to function is affected;
- Coworkers try to distance themselves from the affected employee; and/or
- Feelings of resentment, hopelessness, and emotional exhaustion develop in the workplace.

Supervisors

Frequently supervisors try to intervene near the end of the cycle by firing the affected employee. The better approach for everyone in the workplace is to intervene early.

Many businesses retain the services of employee assistance professionals like those that are a part of the WellSpan Employee Assistance Program. These professionals provide a consultation resource to managers and supervisors (e.g., to help them learn to pick up on workplace behaviors that may indicate there is a problem or to help them develop workable solutions to prevent termination and encourage productivity). They also are a direct resource for employees for their own self-referral for diagnosis, intervention, treatment, and other appropriate care.

As a supervisor, you can:

- Learn about mental illnesses and sources of help. Reading this guide is a good first step.
- Familiarize yourself with your company's health benefits.
- Become familiar with the resources and services provided through the WellSpan EAP.
- Recognize when an employee's work behaviors show signs of a problem affecting performance, which may be mental health-related, and refer the employee appropriately. **Some of these signs are:**
 - Decreased productivity;
 - Morale problems;
 - Difficulty concentrating, making decisions, or remembering things;
 - Lack of cooperation;
 - Displays of anger or blaming others;
 - Safety risks, accidents;
 - Frequent absenteeism;
 - Consistent tardiness;
 - Frequent statements about being tired all the time;
 - Complaints of unexplained aches and pains;
 - Lack of cooperation or a general inability to work with others;
 - Working excessive overtime over a prolonged period;
 - Strange or grandiose ideas; and
 - Alcohol and drug abuse.

As a supervisor, you cannot diagnose a mental illness. You can, however, note changes in work performance and listen to employee concerns. You can contact the WellSpan EAP for suggestions on how best to approach an employee whom you believe to be experiencing work problems that may be related to a mental illness.

- Think about how you can use your skills as a supervisor to help the person feel safe and comfortable in meeting with you. If the employee is dealing with a mental illness, you will want to minimize his or her stress, not contribute to it. In

addressing the performance issues, you can be honest, upfront, professional, and caring in your approach.

- Think about the person's strong points and the contributions he or she has made. It will be important to talk about the ways in which the employee is valued before raising areas of concern.
- Consider open-ended questions that will encourage an employee to request support or accommodation. (See below, "What you can say")
- Remember, your job is not to probe into an employee's personal life to diagnose an illness or to act as their counselor. Be prepared for the possibility that, while you may be opening a door to offer help, the employee may choose not to walk through that door.

Talking to your employee

Discuss changes in work performance with the employee. You may suggest that the employee seek consultation through the WellSpan EAP if there are personal concerns. Confidentiality of any discussion with the employee is critical. If an employee voluntarily talks with you about health problems, keep these points in mind:



- Do not try to diagnose the problem yourself.
- Recommend that any employee experiencing symptoms of a mental illness seek professional consultation from an EAP counselor or other health or mental health professional.
- Recognize that a person experiencing a mental illness may need a flexible work schedule during treatment. Find out about your company's policy from your human resources department or the manager in charge of personnel policy. Those staff will be able to help you understand what the human resource options are within your company.
- Remember that some mental illnesses may be life-threatening to the employee, but rarely to others. **If an employee makes comments like “life is not worth living” or “people would be better off without me,” take the threats seriously. Immediately call an EAP counselor (1-800-673-2514) or crisis intervention (1-800-673-2496) for advice on how to handle the situation.**

“What you can say”¹⁰:

You’ve always been such a reliable staff person, doing top quality work on schedule and within budget. But I’m concerned that recently you’ve been late to work often and are not meeting your performance objectives. I’d really like to see you get back on track. What would help you get back on track? What can I do to help?



I don’t know whether this is the case for you, but if personal issues are affecting your work, you can speak confidentially to one of our employee assistance counselors. The service was set up to help employees. You can discuss with the counselor whether you might need any accommodations. Our conversation today, and appointments with the counselor, will be kept confidential and will not affect your job. . .

Let’s get together 3 weeks from now and talk again. We can see how the work is going, and whether any changes need to be made.

Reasonable Accommodations

Occasionally, it becomes necessary for an employee to take a leave of absence from his/her job.



One of the most encouraging and hopeful activities that a supervisor and employee can undertake during the recuperation period is planning for the return to the job. Employer flexibility is key. For example, it may be best that the employee start back on a reduced schedule. While the transition usually is most successful if the employee is returning to his or her old job, there may be aspects of

the job that could be reshaped to meet both employee and workplace needs. A human resource or WellSpan EAP professional, or health care provider, can be very helpful in suggesting ways to make the planning process work well, and indeed they may be able to participate with the employee and the supervisor in this planning activity.

The ongoing work of maintaining communication and planning for return to work is very important to a smooth return. The supervisor should be well versed in the returning employee's wishes regarding what information is shared with coworkers. Depending upon the specific circumstances, there may be necessary adjustments or reasonable accommodations upon return. The stronger the supervisor-employee relationship, the easier the adjustment will be.

The need for reasonable accommodations for a person with a mental illness usually is requested by the employee in discussion between employer and employee. Equal Employment Opportunity Commission (EEOC) regulations (pertaining to the Americans with Disabilities Act) specify that the employer should take into account, but is not obligated to abide by, the employee's preference within the range of effective accommodations. The employer is not required to provide accommodations that would pose an undue hardship on the operation of the business. Similarly, workers cannot be forced to accept accommodations that are neither requested nor needed. From time to time, laws and court decisions change policies and requirements. It may be important to check for updates at www.eeoc.gov .

Examples of reasonable accommodations for persons with mental disorders, as required by the Americans with Disabilities Act, could include:

<p>Schedule modification</p>	<ul style="list-style-type: none"> ✓ Allowing workers to shift schedules earlier or later ✓ Allowing workers to use paid or unpaid leave for appointments related to their mental disability ✓ Allowing an employee to work part-time temporarily (e.g., when first returning from an absence)
<p>Job modification</p>	<ul style="list-style-type: none"> ✓ Arranging for job sharing ✓ Reassigning tasks among workers ✓ Reassigning the employee to a vacant position
<p>Modifications to the physical environment</p>	<ul style="list-style-type: none"> ✓ Providing an enclosed office ✓ Providing partitions, room dividers, or otherwise enhancing soundproofing and visual barriers between workspaces
<p>Changes in policy</p>	<ul style="list-style-type: none"> ✓ Extending additional paid or unpaid leave during a hospitalization ✓ Allowing an employee to make phone calls during the day to personal or professional supports ✓ Providing a private space in which to make such phone calls ✓ Allowing workers to consume fluids at their work stations throughout the work day (e.g., if needed due to medication side effects)
<p>Provision of human assistance</p>	<ul style="list-style-type: none"> ✓ Allowing a job coach to come to the work site ✓ Participating in meetings with the worker and his/her job coach or other employment service provider
<p>Provisions of assistive technology</p>	<ul style="list-style-type: none"> ✓ Providing a portable computer to enable an employee to work at home or at unusual hours ✓ Providing software that allows the worker to structure time and receive prompts throughout the work day
<p>Supervisory techniques</p>	<ul style="list-style-type: none"> ✓ Offering additional supervisory sessions ✓ Offering additional training or instruction on new procedures or information

Job Termination

Another important contingency deserves forethought and planning. Sensitivity to mental health challenges (including mental illnesses) and attention to supervisor training regarding workplace problem-solving and reasonable accommodations generally preclude the need for termination. In the rare event that these efforts fail, and an employee's departure becomes necessary, the business (senior management, human resources or personnel administrator, supervisor and coworkers) should ensure that the employee's exit is carried out with respect and care for his/her human and professional dignity.

"Exit with dignity" policies and practices are essential for the departure of *any* employee. Thoughtful, respectful gestures should include deference to the employee's wishes about what is said to coworkers or clients, whether or not future contact would be welcomed by the departing employee and whether or not a farewell event would be comfortable.

Recovery

Recovery refers to the process in which people are able to live, work, learn, and participate fully in their communities. For some individuals, recovery is the ability to live a fulfilling and productive life despite a mental illness diagnosis. For others, recovery implies the reduction or complete remission of symptoms. Science has shown that having hope plays an integral role in an individual's recovery.

Unfortunately, many people with serious mental illnesses do not seek or receive treatment; in 2002 fewer than half of adults with serious mental illnesses received treatment for their mental health problem. The common reasons people do not seek treatment include cost, fear, not knowing where to go for services, and concern about confidentiality and the opinions of neighbors, employers, and community. This fear of what people may think - the stigma that surrounds mental illnesses, is a serious barrier to treatment and recovery. Fortunately everyone can do something to reduce stigma.

Stigma/Myths and Facts

In spite of increased awareness and openness about mental illnesses, the social stigma and discrimination of mental illnesses remains a significant barrier to well-being and a full life for people who experience these illnesses. Stigma and discrimination often hold applicants back from applying for or being offered employment, despite their qualifications for the job. Stigma and discrimination may deter an employee from seeking help, and he or she may continue to try to work in a state of distress (or be absent from work). If an employee has been away from work during treatment for a mental illness, stigma and discrimination may cause discomfort or even pain for the returning employee, as well as a sea of mixed reactions from supervisors and coworkers who may lack understanding or a comfort level with what to do and say.



What We Can Do To Counter Stigma

- ✓ **Learn and share the facts about mental health** and about people with mental illnesses, especially if you hear or read something that isn't true.
- ✓ **Treat people** with mental illnesses **with respect and dignity**, as you would anybody else.
- ✓ **Avoid labeling people** by using derogatory terms such as crazy, wacko, 'schizo', loony, psycho, or nuts.
- ✓ **Avoid labeling people** by their diagnosis. Instead of saying, 'she's a schizophrenic, say, 'she has schizophrenia'.
- ✓ **Support people** with mental illnesses by helping to develop community resources.
- ✓ **Respect the rights of people** with mental illnesses and don't discriminate against them when it comes to housing, employment, or education. Like other people with disabilities, people with mental illnesses are protected under federal and state laws.
- ✓ **Teach children about mental health**, and help them realize that mental illnesses are like any other treatable health condition.

Myths and Facts About Mental Illnesses

Myth	Fact
Mental illnesses cannot affect me	Mental illnesses do not discriminate. They can affect anyone.
There's no hope for people with mental illnesses.	There are more treatments, strategies, and community supports than ever before, and even more are on the horizon. People with mental illnesses lead active, productive lives
I can't do anything for someone with a mental illness.	We can do a lot more than most people think. Starting with the way we act and speak, we can nurture an environment that builds on people's strengths and promotes good mental health.
People with mental illnesses are violent and unpredictable.	Chances are you know someone with a mental illness and don't even realize it. In reality, the vast majority of people who have mental illnesses are no more violent than anyone else.
Employees with mental illnesses, even those who have received effective treatment and have recovered, tend to be second-rate workers.	Employers who have hired these individuals report that they are higher than average in attendance and punctuality, and they are as good as or better than other employees in motivation, quality of work, and job tenure. Studies reported by the National Institute of Mental Health (NIMH) and the National Alliance for the Mentally Ill (NAMI) conclude that there were no differences in productivity when compared to other employees.

Employee Assistance Programs (EAP)

EAPs are resources provided by an employer either as part of or separate from employer-sponsored health plans. EAPs typically provide preventive care measures, various health care screenings, and/or wellness activities.

EAPs have been around for several decades. Initially they were occupational alcoholism programs, but they soon evolved to include drug abuse and mental health. Now a broad range of work-life service options are available:

- Information and referral services for mental and behavioral health services;
- Individual in-person and telephone counseling;
- Grief, marital, or family counseling;
- Financial or job-related problem counseling;
- Training for supervisors in identification and referral for work-related behaviors that may be indicative of a mental or behavioral health problem;
- Assistance for supervisors in techniques of problem-solving and providing reasonable accommodations to head off problems and prevent termination;
- Consultation with corporate executives on EAP needs and program design; and
- Response to traumatic events in the workplace, working to lessen the impact from these difficult situations.

It is estimated that more than 70 percent of the largest employers have EAPs. In addition to providing services to employees, EAPs can provide valuable training and consultation for supervisors to help them be aware of and pick up on the workplace behavior cues that may indicate an employee is experiencing distress. Most importantly, EAPs can help supervisors problem-solve with the employee and to arrange reasonable accommodations to head off problems, prevent termination, and increase workplace productivity. Consultation with the EAP on how to support and plan for the return of an employee who is away from work due to mental illness is also an invaluable resource.



Spreading the Word

Communication with employees about the EAP and other related benefits should be clear and frequent. EAP or community resource phone numbers, or website addresses should be posted on the company Intranet, in its' newsletter, and on bulletin boards. Brochures should be kept in break rooms and other areas frequented by employees.

✓ **WellSpan EAP Printed Materials**

Use these materials to promote EAP benefits to employees. They include posters, pamphlets and payroll stuffers to increase employee awareness of the EAP benefit offered to them. *Education and awareness are the most effective tools you can use to eliminate the fear and social taboo of seeking help for issues like depression, substance abuse and marital problems.*

✓ **Poster placement:**

- **EAP services poster** – One of the best places for these posters are employee restrooms. Employees don't always want others knowing they may have an interest in seeking help from the EAP. Posting information in discrete yet prominent locations, such as an employee restroom, gives employees easy access to cards containing EAP phone numbers and information without others looking over their shoulder. Make sure you attach the cardholders to EAP posters with an adequate supply of information cards.
- **Do More for 1 in 4 poster** – Some of the best places for this poster are common areas, such as break rooms or the areas around photocopiers or printers. This poster is designed to give employees an overview of how they can contribute to a mental health-friendly workplace. Hanging it in a common area can demonstrate managerial support for such a workplace. An employee, alone in a common area, may pause and reflect on his or her role in breaking the stigma and discrimination that surrounds mental illness within the work group. The poster reinforces how an employee with a mental illness can look to his or her employer for support.
- **Rotate materials or designs frequently.** Even the most eye-catching posters become wallpaper after hanging in the same location for long periods of time. Try rotating poster designs in different locations to attract more attention.

- ✓ **Add WellSpan EAP information to your benefits listings.** Include EAP information in new hire orientations and benefits listings given to employees.
- ✓ **Use the WellSpan EAP pop-up display banner to attract attention.** For employer facilities in the south central Pennsylvania area, we have a six-foot-tall window shade style banner for display at worksites. This is a visible reminder of EAP services offered to your workers that is effective when displayed in “high-traffic” areas with EAP brochures nearby. To reserve use of this display, just call EAP Client Services at 1-866-227-6527.
- ✓ **Offer a “lunch and learn” seminar to employees to promote EAP awareness.** WellSpan EAP offers a number of training and staff development programs geared towards your organizational needs, including presentations aimed at increasing awareness by re-introducing employees to EAP services.
- ✓ **Use EAP newsletter article content for your company newsletters.** We encourage your organization to utilize information found in our monthly newsletters for your own use. We also have a host of information on many subjects regarding mental health and workplace issues. Back issues of EAP newsletters can be found on our web pages at www.wellspaneap.org
- ✓ **Allow WellSpan EAP to participate in your company health and benefit fairs.** We have tabletop displays and information on many issues facing today’s workers such as work-life balance, mental health issues, effective communication and more. For employers in south central Pennsylvania, we have representatives available to be on-site to staff a booth and answer questions employees may have about WellSpan EAP.

Mental Health-Friendly Practices on a Limited Budget

Even with limited resources, smaller companies can create mental health-friendly workplaces in which employees with mental illnesses are valued and the workplace climate is accepting and supportive of good health, including mental health. To begin, here are a few examples that every business can have:

- Formal and informal policies about workplace conduct and how coworkers treat each other;
- Speakers on mental health topics from local mental health organizations;
- Resilience-building activities that protect against the effects of workplace stress, perhaps led by an employee with special expertise or interest, such as yoga, tai chi, or lunchtime fitness walks (employees training employees) or workshops on problem-solving, effective communication, and conflict resolution;
- Training in what every supervisor needs to know to help create and support a mental health-friendly environment;
- Brochures from local community mental health organizations about how to access services; and
- Mental Health Awareness Month (May) or other visible mental health-friendly events/activities and education/information materials

Common Mental Illness Descriptions



Below are brief descriptions of some of the most common mental illnesses. To learn more about any one of these disorders, visit the Substance Abuse and Mental Health Services Administration website at <http://store.samhsa.gov/home> and the National Institute of Mental Health website at www.nimh.nih.gov

Anxiety Disorders

Attention-Deficit/Hyperactivity Disorder (ADHD)

ADHD affects as many as 2 million American children, and is a diagnosis applied to children and adults who consistently display certain characteristic behaviors over a period of time. The most common behaviors fall into three categories: inattention, hyperactivity, and impulsivity. People who are inattentive have a hard time keeping their mind on any one thing, and they may get bored with a task after only a few minutes. People who are hyperactive always seem to be in motion. They can't sit still, and they may dash around or talk incessantly. People who are overly impulsive seem unable to curb their immediate reactions or think before they act. Not everyone who is overly hyperactive, inattentive, or impulsive has an attention disorder. While the cause of ADHD is unknown, in the last decade scientists have learned much about the course of the disorder and are now able to identify and treat children, adolescents, and adults who have it. A variety of medications, behavior change therapies, and educational options are already available to help people with ADHD focus their attention, build self-esteem, and function in new ways.

Generalized Anxiety Disorder (GAD)

GAD affects about 4 million adult Americans and twice as many women as men. GAD is more than day-to-day anxiety. It fills an individual with an overwhelming sense of worry and tension. A person with GAD might always expect disaster to occur or worry a lot about health, money, family, or work. These worries may bring physical symptoms, especially fatigue, headaches, muscle tension, muscle aches, trouble swallowing, trembling, twitching, irritability, sweating, and hot flashes. People with GAD may feel lightheaded, out of breath, nauseous or have to go to the bathroom often. When people have mild GAD, they may be able to function normally in social settings or on the job. If GAD is severe, however, it can be very debilitating. GAD is commonly treated with medications.

Obsessive Compulsive Disorder (OCD)

OCD affects about 3.3 million adult Americans and occurs equally in men and women. It usually appears first in childhood. Persons with OCD suffer from persistent and unwelcome anxious thoughts and the result is the need to perform rituals to maintain control. For instance, a person obsessed with germs or dirt may wash his or her hands constantly. Or feelings of doubt can make another person check on things repeatedly. Others may touch or count things or see repeated images that disturb them. These thoughts are called obsessions, and the rituals that are performed to try to prevent or get rid of them are called compulsions. Severe OCD can consume so much of a person's time and concentration that it interferes with daily life. OCD responds to treatment with medications or psychotherapy.

Panic Disorder

Panic disorder affects about 2.4 million adult Americans and is twice as common in women as in men. A panic attack is a feeling of sudden terror that often occurs with a pounding heart, sweating, nausea, chest pain or smothering sensations, and feelings of faintness or dizziness. Panic disorder frequently occurs in addition to other serious conditions like depression, drug abuse, or alcoholism. If left untreated, it may lead to a pattern of avoidance of places or situations where panic attacks have occurred. Panic disorder is one of the most treatable of the anxiety disorders through medications or psychotherapy. In about a

third of cases, the threat of a panic attack becomes so overwhelming that a person may become isolated or housebound, a condition known as agoraphobia. Early treatment of panic disorder can help prevent agoraphobia.

Post Traumatic Stress Disorder (PTSD)

PTSD affects about 5.2 million adult Americans during the course of a year. Women are more likely than men to develop it. PTSD occurs after an individual experiences a terrifying event such as an accident, an attack, military combat, or a natural disaster. With PTSD, individuals relive their trauma through nightmares or disturbing thoughts throughout the day that may make them feel detached, numb, irritable, or more aggressive. Ordinary events can begin to cause flashbacks or terrifying thoughts. Some people recover a few months after the event, but some people will suffer lasting or chronic PTSD. People with PTSD can be helped by medications and psychotherapy, and other methods.

Schizophrenia

About 1 percent of the population, more than 2 million Americans a year, suffer from this illness. It is equally common in men and women. Schizophrenia tends to appear earlier in men than in women, showing up in their late teens or early 20s as compared to onset in 20s or early 30s in women. Schizophrenia often begins with an episode of psychotic symptoms like hearing voices or believing that others are trying to control or harm you. These delusions may occur along with hallucinations and disorganized speech and behavior, leaving the individual frightened, anxious, and confused. There is no known single cause of schizophrenia. Treatment may include medications and psychosocial supports like psychotherapy, self-help groups, and rehabilitation.

Social Anxiety Disorder

Social Anxiety Disorder, or social phobia, affects about 5.3 million adult Americans. Women and men are equally likely to develop social phobia, which is characterized by an intense feeling of anxiety and dread about social situations. These individuals suffer a persistent fear of being watched and judged by others and being humiliated or embarrassed by their own actions. Social phobia can be limited to only one type of situation such as fear of speaking in formal or informal situations, or eating, drinking, or writing in front of others or a person may experience symptoms anytime he or she is around people. It may even keep people from going to work or school on some days as physical symptoms including blushing, profuse sweating, trembling, nausea, and difficulty talking often accompanies the intense anxiety. Social phobia can be treated successfully with medications or psychotherapy.

Substance Abuse and Addictions

Substance abuse can be defined as a pattern of harmful use of any substance for mood-altering purposes. Generally, when most people talk about substance abuse, they are referring to the use of illegal drugs. Most professionals in the field of drug abuse prevention argue that any use of illegal drugs is by definition abuse. Those drugs got to be illegal in the first place because they are potentially addictive or can cause severe negative health effects; therefore, any use of illegal substances is dangerous and abusive. However, there are substances that can be abused for their mood-altering effects that are not drugs at all -- inhalants and solvents -- and there are drugs that can be abused that have no mood-altering or intoxication properties, such as anabolic steroids. Illegal drugs are not the only substances that can be abused. Alcohol, prescription and over-the-counter medications, inhalants and solvents, and even coffee and cigarettes, can all be used to harmful excess. Theoretically, almost any substance can be abused.

Depressive Disorders

About 18.8 million American adults suffer from a depressive illness that involves the body, mood, and thoughts. Depression affects the way a person eats and sleeps, the way one feels about oneself, and the way one thinks about things. People with a depressive illness cannot just pull themselves together and get better. Without treatment, symptoms can last for weeks, months, or years.

Depression can occur in three forms:

- Major depression is a combination of symptoms that interfere with the ability to work, study, sleep, eat, and enjoy once pleasurable activities. Such a disabling episode of depression may occur once or several times in a lifetime.
- Dysthymia, a less severe type of depression, involves long-term chronic symptoms that do not disable, but keep one from functioning well or from feeling good. Many people with dysthymia also experience major depressive episodes at some time in their lives.
- Bipolar disorder or manic-depressive illness is another form of depression characterized by cycles of extreme highs (mania) and lows (depression) in mood.

The most important way to help a depressed person is to assist him or her in getting an appropriate diagnosis and treatment. Treatment, usually in the form of medication or psychotherapy, can help people who suffer from depression.

Do not ignore remarks about suicide. If someone tells you they are thinking about suicide, you should take their distress seriously; listen and help them get to a professional for evaluation and treatment. If someone is in immediate danger of harming himself or herself, do not leave the person alone. Take emergency steps to get help, such as calling 911 or crisis intervention (1-800-673-2496).

Eating Disorders

Anorexia Nervosa

People with this disorder see themselves as overweight even though they are thin. With this disorder, people work to maintain a weight lower than normal for their age and height. This is accompanied by an intense fear of weight gain or looking fat. At times, a person can even deny the seriousness of their low body weight. Eating becomes an obsession and habits develop, such as avoiding meals, picking out a few foods and eating these in small quantities, or carefully weighing and portioning food. People with anorexia may repeatedly check their body weight, and many engage in other techniques to control their weight, like compulsive exercise, purging by vomiting, or using laxatives. Some people fully recover after a single episode; some have a pattern of weight gain and relapse; and others experience a deteriorating course of illness over many years.

Bulimia Nervosa

Bulimia is characterized by episodes of binge eating an excessive amount of food at once, with a sense of lack of control over eating during the episode, followed by behavior to prevent weight gain, such as self-induced purging by vomiting or misuse of laxatives, diuretics, enemas, or other medications; fasting; or excessive exercise. Because purging or other compensatory behavior follows the binge-eating episodes, people with bulimia usually weigh within the normal range for their age and height. However, like individuals with anorexia, they may fear gaining weight, desire to lose weight, and feel dissatisfied with their bodies. People with bulimia often perform the behaviors in secrecy, feeling disgusted and ashamed when they binge, yet relieved once they purge.

Policies and Practices for the Mental Health-Friendly Workplace

Americans with Disabilities Act (ADA)

Title I of the Americans with Disabilities Act of 1990, which took effect July 26, 1992, prohibits private employers, state and local government, employment agencies, and labor unions from discriminating against qualified individuals with disabilities in job application procedures, hiring, firing, advancement, compensation, job training, and other terms, conditions, and privileges of employment. An individual with a disability is a person who:

- Has a physical or mental impairment that substantially limits one or more of his/her major life activities;
- Has a record of such an impairment; or
- Is regarded as having such impairment.

With the passage of the ADA, employment of qualified individuals with disabilities became a civil right, enforceable by legal action. A qualified employee or applicant with a disability is an individual who, with or without reasonable accommodation, can perform the essential functions of the job in question. Any person has the potential need to be accommodated, on a temporary or permanent basis, which makes it a persuasive option as well as the right thing to do.

Reasonable accommodations are: modifications to the job application process, the work environment, or job that will enable the qualified individual with a disability to perform the essential functions and enjoy equal benefits and privileges of employment. Employers do not need to provide accommodations if they can demonstrate that doing so would result in an undue hardship.¹¹

The U.S. Equal Employment Opportunity Commission (EEOC) has responsibility for enforcing several different discrimination laws, including Title I of the ADA. The provisions of the ADA apply to all employers with 15 or more employees. The Web site www.eeoc.gov provides very practical, plain-English facts and guidance for employers about compliance with the ADA.

Confidentiality Safeguards

Protection of an employee's right to privacy is a key policy element of any mental health-friendly workplace. Two major factors guide that policy: the protections ensured by the Health Insurance Portability and Accountability Act (HIPAA) and similar state legislation, as well as the specific wishes of the employee about how much information to share with his/her supervisor and coworkers.

State and federal laws require a specific level of confidentiality for health information issues. In general, these laws stipulate that information regarding treatment, even the fact that one is receiving treatment, can only be released with the patient's (employee's) written permission.

To receive the protections of the Americans with Disabilities Act as reasonable accommodations, the employee must be willing to disclose to the employer that he or she has a disability. The congruence between the formal statements of the business and the informal climate of the workplace with regard to mental health friendliness, plays a significant role in an employee's willingness to self-disclose in order to request a reasonable accommodation. Interviews with employees who have self-disclosed reinforce the importance of flexible workplace practices, as well as supervisor and coworker support.

An employee assistance professional can be a consultant/resource for helping to create workplace policy and for training supervisors on federal and local confidentiality requirements.

Disability Management

Disability management is the process of working effectively with employees who become disabled. Disability management includes the use of services, people, and materials to 1) minimize the impact and cost of disability to the employer and the employee; and 2) encourage return to work of an employee with disabilities.¹²

Although the term disability management may not be in general use in the workplace, in practice, all businesses are managing employee disability to greater and lesser degrees of effectiveness.

Traditional disability management is thought of as rehabilitation for people with physical disabilities, and that is primarily the domain of vocational rehabilitation practitioners. The inclusion of mental or invisible disabilities in the provisions of the Americans with Disabilities Act has called for some new thinking about disability management.

One approach to disability management in the United States is to reduce the costs of disability insurance through activities designed to prevent disabilities from occurring and/or to minimize their impact on workers and employers. In this approach activities include: safety (prevention) programs, employee health and assistance programs, and return-to-work programs.¹³

Family and Medical Leave Act of 1993 (FMLA) ¹⁴

The FMLA, administered by the U.S. Department of Labor, applies to most employers of more than 50 employees. A covered employer must grant an eligible employee up to a total of 12 work weeks of unpaid leave (for covered conditions) during any 12-month period. Among the reasons eligible employees are entitled to leave are the instances in which an employee is unable to work because of a serious health condition. Serious health condition is defined as an illness, injury, impairment, or physical or mental condition. For details of the FMLA, frequently asked questions, employer coverage and employee eligibility criteria, and other provisions of the law, go to www.dol.gov/dol/topic/benefits-leave/fmla.htm .

Health Insurance (Mental Health Benefits)

Investment in an EAP, as well as offering comprehensive mental health benefits through a medical plan, speaks louder than words about the mental health friendliness of the employer. Ideally, the investment will include appropriate coverage for treatment, prevention, and educational programs. It should be confirmed that the treatment and services provided are indeed available through an adequate network of providers. Employees need to be well-informed of the specifics with regard to their mental health coverage when choosing among health insurance options.

Health and Wellness Programs

These programs focus on maintaining a state of health and well-being through health promotion. Health promotion is the science and art of helping people change their lifestyle to move toward a state of optimal health. Optimal health is defined as a balance of physical, emotional, social, spiritual, environmental, financial, occupational and intellectual health. Lifestyle change can be facilitated through a combination of efforts to enhance awareness, change behavior, and create environments that support good health practices.

Many worksite wellness programs are started in an attempt to hold down skyrocketing health care costs or to reduce or ameliorate the effects of stress in the workplace. In recent years, many employee assistance programs have incorporated work-life balance and other wellness dimensions.

Resources

What are the Costs to Your Business?

Mental illness and substance use disorders annually cost employers an estimated \$80 to \$100 billion in indirect costs alone.¹⁵ More days of work loss and work impairment are caused by mental illness than by other chronic health conditions, including arthritis, asthma, back pain, diabetes, hypertension and heart disease.^{16,17}



The good news is that treatment works. Take depression for instance, a highly prevalent condition: 70-80% of people with depression improve significantly with appropriate treatment, and studies prove that treatment of depression can result in a 40-60% reduction in absenteeism and presenteeism (*defined as the reduced productivity of someone who is present at work but either physically and/or mentally unwell, and therefore not as effective or productive as they would normally be*).

The Partnership for Workplace Mental Health™ has three online calculators available for businesses to use when trying to estimate the costs associated with employees experiencing depression, substance abuse or alcohol abuse. Visit www.workplacementalhealth.org/Business-Case.aspx to explore these resources.

The following are a selection of private, voluntary organizations that can help provide information on mental health issues. This list is not all-inclusive and does not imply endorsement by WellSpan EAP.

American Psychological Association (APA)

Telephone: 800-374-2721

APA is dedicated to promoting psychological science's many contributions to workplace issues through public education and outreach, advocating for applied psychology in national and regional forums that address workplace issues, and facilitating the active involvement of psychologists in workplace policymaking. Visit www.apa.org/topics/workplace/index.aspx to read articles about psychology in the workplace.

Mental Health America (MHA)

Telephone: 1-800-969-6642

MHA is dedicated to promoting mental health, preventing mental and substance abuse conditions and achieving victory over mental illnesses and addictions through advocacy, education and research and service. For current news and resources about mental health in America, visit www.nmha.org for more information.

National Alliance for the Mentally Ill (NAMI)

Telephone: 800-950-NAMI

Local NAMI/York, PA: 717-848-3784

NAMI is a nonprofit support and advocacy organization of consumers, families, and friends of people with severe mental illnesses working to achieve equitable services and treatment for Americans with mental illnesses and their families. NAMI volunteers provide education and support, combat stigma and discrimination; support increased funding for research, and advocate for adequate health insurance, housing, rehabilitation, and jobs for people with mental illnesses and their families. To learn about NAMI's

research, public policy, available educational resources, and upcoming events, visit www.nami.org for more information.

National Institute of Mental Health (NIMH)

Telephone: 1-866-615-NIMH

NIMH conducts and supports research on mental disorders and the underlying basic science of the brain and behavior; collects, analyzes, and disseminates information on the causes, occurrence, and treatment of mental illnesses; and communicates information to scientists, the public, the news media, and primary care and mental health professionals about mental illnesses. Visit www.nimh.nih.gov to read current news about mental health and find descriptions of mental health disorders.

National Partnership for Workplace Mental Health

E-mail: workplace@psych.org

The mission of the National Partnership for Workplace Mental Health is to develop and support educational efforts focusing on: (1) better understanding of the benefits to a mentally healthy workforce; (2) early recognition of mental disorders; (3) effective treatment; and (4) appropriate access to quality mental health care. For tools and resources for employers and managers as well as current news on mental health in the workplace, visit www.workplacementalhealth.org

Substance Abuse and Mental Health Services Administration (SAMHSA)

Telephone: 800-WORKPLACE

SAMHSA is a Federal agency working to ensure that people with or at risk for a mental or addictive disorder have the opportunity for a fulfilling life that includes a job, a home, and meaningful relationships with family and friends. Visit www.workplace.samhsa.gov for information on substance abuse, EAPs, violence, stigma, and discrimination in the workplace, among other topics.

U.S. Equal Employment Opportunity Commission (EEOC)

EEOC is a Federal agency that coordinates all Federal equal employment opportunity regulations, practices, and policies. EEOC also administers the Americans with Disabilities Act. Visit www.eeoc.gov for more information.

Additional Materials

For additional information and resource materials, please contact WellSpan EAP at 1-800-673-2514 or visit the website at www.wellspaneap.org .

Appendix

Endnotes

- 1 Mental Health America. www.nmha.org. March 2012.
- 2 “NIMH: The numbers count—mental disorders in America.” National Institute of Health. Available at www.nimh.nih.gov/publicat/numbers.cfm.
- 3 U.S. Department of Health and Human Services. Mental Health: A Report of the Surgeon General. Rockville, Md., U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, 1999, pp. 408409, 411.
- 4 Colton, C.W. & Manderscheid, R.W., (2006, April). Congruencies in increased mortality rates, years of potential life lost, and causes of death among public mental health clients in eight states. Preventing Chronic Disease: Public Health Research, Practice and Policy, 3(2), 1-14. Available at www.pubmedcentral.nih.gov/articlerender.fcgi?tool=pubmed&pubmedid=16539783.
- 5 National Institute of Mental Health. Suicide in the U.S.: Statistics and prevention. Available at www.nimh.nih.gov/publicat/harmsway.cfm.
- 6 Substance Abuse and Mental Health Services Administration. (2007, February). National Outcome Measures (NOMs) for Co-occurring Disorders. [Citing 2005 data from the National Survey on Drug Use and Health (NSDUH)].
- 7 Wang, P., Berglund, P., et al. Failure and delay in initial treatment contact after first onset of mental disorders in the National Comorbidity Survey Replication (NCS-R). General Psychiatry, 62, June 2005, 603-613.
- 8 New Freedom Commission on Mental Health, Achieving the Promise: Transforming Mental Health Care in America. Final Report. United States Department of Health and Human Services: Rockville, MD, 2003, pp. 49-50.
- 9 Handrich, Rita R., Ph.D., Responding Effectively to Mental Illness in the Workplace. Presentation at Can Health Services Research Influence Public Policy and Private Actions?, a conference jointly sponsored by the Association for Health Services Research and the National Alliance for the Mentally Ill and supported by the Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, the National Institute for Mental Health, Eli Lilly and Company, and Merck & Co., Inc., December 8-9, 1999.
- 10 “Managing Mental Health in the Workplace (2002) Toronto, ON: Canadian Mental Health Association, p. 10
- 11 Work as a Priority: A Resource for Employing People Who Have Serious Mental Illnesses and Who Are Homeless(Rockville, MD: Center for Substance Abuse Prevention, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services, 2002), p. 71.
- 12 Gabriel, Phyllis and Marjo-Riita Liimatainen, glossary to Mental Health in the Workplace (Geneva: International Labour Office, 2000).
- 13 O'Reilly, Arthur, The Right to Decent Work of Persons With Disabilities: IFP/Skills Working Paper No. 14 (Geneva: International Labour Office, 2003), p. 69.
- 14 Information on the Family and Medical Leave Act of 1993 was taken from Fact Sheet #28: The Family and Medical Leave Act of 1993, U.S. Department of Labor, www.dol.gov/esa(April 22, 2004). 11O Donnell, Michael P., American Journal of Health Promotion, 3, no. 3 (1989): 5.
- 15 Finch, R. A. & Phillips, K. (2005). An employer's guide to behavioral health services. Washington, DC: National Business Group on Health/Center for Prevention and Health Services.
- 16 Druss, B. G., & Rosenheck, R. A. (1999). Patterns of health care costs associated with depression and substance abuse in a national sample. Psychiatric Services, 50, 214–218.
- 17 Kessler, R. C., Greenberg, P. E., Mickelson, K. D., Meneades, L. M., & Wang, P. S. (2001). The effects of chronic medical conditions on work loss and work cutback. Journal of Occupational and Environmental Medicine, 43(3), 218-225.

Sources Used in Developing This Publication

Apgar, Kristen Reasoner. Large Employer Experiences and Best Practices in Design, Administration, and Evaluation of Mental Health and Substance Abuse Benefits; A Look at Parity in Employer-Sponsored Health Benefit Programs (March 2000, Report to the U.S. Office of Personnel Management). Washington, DC: Washington Business Group on Health.

Balsler, Richard, Helaine Hornby, Karen Fraser, and Christine McKenzie. Business Partnerships, Employment Outcomes: The Mental Health Employer Consortium. (2001) Portland, ME: Maine Medical Center.

Center for Mental Health Services. Hand in Hand: It's Worth the Investment, A National Summit on Best Practices for Mental Health in the Workplace, Summary Report. (2001) Washington, DC: Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services.

Gabriel, Phyllis. Mental Health in the Workplace: Situation Analysis, United States. (2000) Geneva: International Labour Office.

Harnois, Gaston and Phyllis Gabriel. Mental Health and Work: Impact, issues and good practices. (2000) Geneva: World Health Organization and the International Labour Organisation.

Kramer, Laurie Maloff. Mental Illness in the Workplace: A Resource Guide for Minnesota Employers, revised edition. (2001) Minneapolis, MN: Mental Health Association of Minnesota.

Mental Health Works. Managing Mental Health in the Workplace: How to talk to employees, deal with problems and assess risks. (2002) Ontario, Canadian Mental Health Association.

mindOUT for Mental Health Campaign. Line Manager's Resource: a practical guide to managing and supporting mental health in the workplace and Working Minds Resource: A practical resource to promote good workplace practice on mental health. London: Department of Health. (mindout.clarity.uk.net)

National Mental Health Association. Supported Employment for Persons With Psychiatric Disabilities: A Review of Effective Services, developed as part of the Targeted Technical Assistance project of the National Association of State Mental Health Program Directors and the Division of State and Community Systems Development of the Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services. Available online at www.nmha.org

Open Minds Open Doors. Mental Health in the Workplace: An investment in human capital. (2003) Harrisburg, PA: Open Minds Open Doors, c/o Mental Health Association in Pennsylvania.

President's New Freedom Commission on Mental Health. Achieving the Promise: Transforming Mental Health Care in America, final report. (2003) Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration.

Robinson, Gail, Lisa Chimento, Stacey Bush, and John Papay. Administering Generous Mental Health Benefits: Opinions of Employers, (DHHS Pub. No. SMA 01-3474). (2001) Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services.

Shaheen, G., F. Williams, and D. Dennis, eds. Work as a Priority: A Resource for Employing People who Have a Serious Mental Illness and who are Homeless. (DHHS Pub. No. SMA 03-3834) (2003) Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration.

Thomas, Jay C. and Michel Hersen. Handbook of Mental Health in the Workplace. (2002) Thousand Oaks, CA: Sage Publications.

Do more for 1 in 4 mental health campaign logo used with permission from Mental Health America.