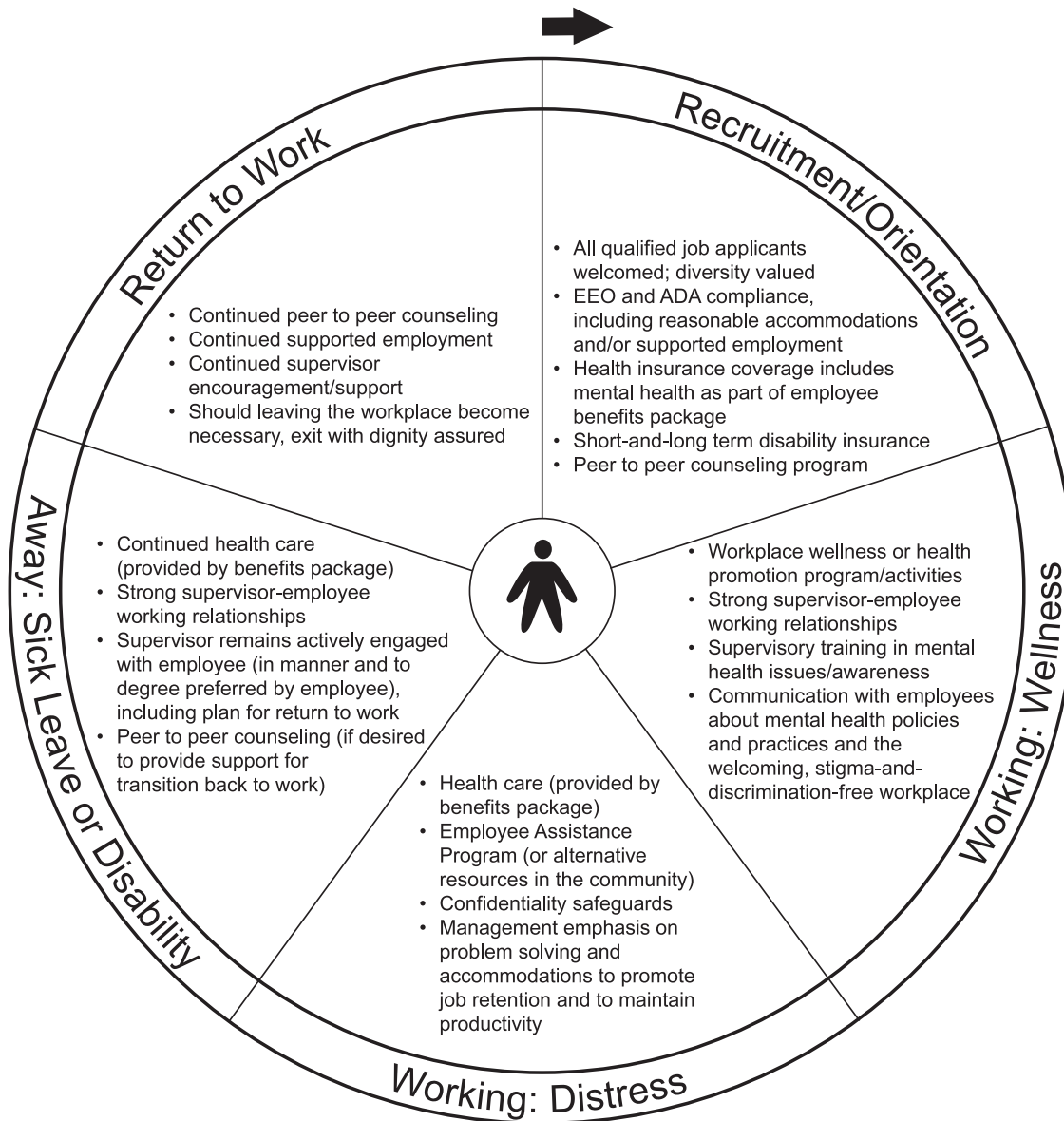


MODULE II: HANDOUTS

- **Handout 1, A Mental Health-Friendly Workplace (Circle Diagram)**
- **Handout 2, John's Story**
- **Handout 3, Americans with Disabilities Act (ADA)**
- **Handout 4, Tips for Mental Health-Friendly Supervisors**

A Mental Health-Friendly Workplace



John's Story

John's Employment With Company A

John was employed by a large mail order company in the Midwest when he first began to experience symptoms that were very new to him. He had always been a high performer. Only a few months earlier he looked forward to every day at work; now he didn't enjoy his job anymore. Really, he was sad most of the time. He wasn't sleeping well; and no matter how much sleep he got, it was never enough. He realized that the quality and quantity of his work output was slipping. His coworkers were commenting on his irritability as well.

Fortunately, John was very aware that his company had an employee assistance program (EAP). The services were widely publicized around the company—on bulletin boards, via the company's intranet, and in various company list updates for frequently used numbers. Because his supervisor had mentioned it at a recent staff training, he felt comfortable about turning to this resource. So he picked up the phone and arranged an appointment.

John learned that he had depression—a common, real, and treatable mental illness. A coworker/close friend that John had worked with for years had disclosed to him that she coped with a mental illness. The encouragement of this coworker gave John hope that with professional help he too could succeed. John chose to tell his supervisor about his newly diagnosed illness, and she arranged for him to have flexible hours so he could see a therapist and a psychologist, as well as have time to adjust to the side effects of his medication. With this support from his company, coworker, and supervisor, John once again excelled in his work.

Times changed. Fluctuations in the marketplace caused the company to consolidate operations and relocate his group to facilities in another State. Although John and his family could have moved with the company, both he and his family wanted to stay in the same community near aging grandparents and schools where the children were thriving.

John's Employment With Company B

John found a new job. For almost 5 years, he did very well with the new company. Then the economy experienced a downturn and the company needed to downsize. A number of employees were laid off. John and his remaining fellow employees found themselves working very long hours—often as many as 60 hours a week.

After a time, the heavy schedule began to take its toll on John's health. He constantly was stressed and tired. At this time, he didn't know that this company also had an EAP; later he learned that they did indeed have an EAP—there was simply no promotion of the fact. By the time he learned about the EAP, John already had consulted with his doctor and decided to request a temporary 32-hour work schedule for 6 weeks, with commensurate reduction in compensation. When John approached his supervisor about his illness and this request, she said she would consider it overnight. That evening the supervisor called John at home and asked him to resign. John was shocked by this rebuff to what he thought was a reasonable request and stunned by the prospect of unemployment as well. He did not simply resign as she had requested. The next day John consulted his physician and the company's human resources department. He was put on short-term disability with full pay and benefits for 8 weeks. A quick computation of the cost to the company of that alternative (8 weeks at full pay vs. 6 weeks of a reduced work schedule and paycheck) leads one to conclude that this resolution was bad business for both employer and employee.

John's story has a happy ending. Like most people with mental illnesses, he recovered with treatment and support. He continues to be a high performer but in a more mental health-friendly organization.

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 an impairment.

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.

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.”¹

Reasonable Accommodations

Reasonable accommodations for persons with mental illnesses may be requested by the employee orally or in writing. Usually the request is made in a discussion between employer and employee. The ADA does not require that an applicant inform an employer about his or her need for a reasonable accommodation at any particular time, so this information need not be volunteered on an application form or in an interview.

Equal Employment Opportunity Commission (EEOC) regulations 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.

One study² of employers who have made reasonable accommodations for employees indicated that employers had not made the accommodations to comply with the law. Rather they cited other reasons for making them such as:

- It made good business (i.e., financial) sense;
- Such modifications are made for any employee who needs them;
- They had come to value the worker over time (e.g., for his/her skills or reliability); and
- They had empathy for the worker's needs and considered the accommodation fair or humane.

Examples of reasonable accommodations for persons with “psychiatric disabilities,” as required by the Americans with Disabilities Act, could include:

Schedule modification

- Allowing workers to shift schedules earlier or later
- Allowing workers to use paid or unpaid leave for appointments related to their disability
- Allowing an employee to work part-time temporarily (e.g., when first returning from an absence)

Job modification

- Arranging for job sharing
- Reassigning tasks among workers
- Reassignment to a vacant position

Modifications to the physical environment

- Providing an enclosed office
- Providing partitions, room dividers, or otherwise enhancing soundproofing and visual barriers between workspaces

Changes in policy

- 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)

Provision of human assistance

- 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

Provisions of assistive technology

- 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

Supervisory techniques

- Offering additional supervisory sessions
- Offering additional training or instruction on new procedures or information

The EEOC has responsibility for enforcing several different discrimination laws, including Title I of the ADA. The provisions of the ADA are for all employers with 15 or more employees. The EEOC Web site, www.eeoc.gov, provides very practical, plain English facts and guidance for employers about compliance with the ADA, including examples of questions than an employer cannot ask on an application or during an interview.

Endnotes

¹ Work as a Priority: A Resource for Employing People Who Have Serious Mental Illnesses and Who Are Homeless. (2002) Rockville, MD: Center for Substance Abuse Prevention, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services, p. 71.

² Mancuso, Laura L., MS, CRC. (June 1993) "Case Studies on Reasonable Accommodations for Workers With Psychiatric Disabilities," in *Case Studies on Reasonable Accommodations for Workers*, a study funded by the Community Support Program, Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services. Available online at www.mentalhealth.org/publicationsallpubs/CS00-0008/accommo.asp.

Tips for Mental Health-Friendly Supervisors

As a supervisor, you can:

- Learn about mental illnesses and sources of help. Attending this workshop and reading this handout is a good first step.
- Familiarize yourself with your company's health benefits.
- Find out if your company has an employee assistance program (EAP) or information about community resources that can provide onsite or offsite consultation.
- 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. If your company does not have an EAP, ask a counselor 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 questions that will encourage an employee to request support or accommodation. (See sidebar.)
- 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 the doorway.

Discuss changes in work performance with the employee. You may suggest that the employee seek consultation 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.

What you can say:

“You’ve always been such a reliable staff person—top quality work done 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. Is there anything that you can think of that would help you get back on track? Is there anything I can 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.”*

* “Managing Mental Health in the Workplace” (2002) Toronto, ON: Canadian Mental Health Association, p.10.

- 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.
- 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 or other specialist and seek advice on how to handle the situation.
- **Professional help is available from:**
 - Physicians
 - Mental health specialists
 - Employee assistance programs
 - Health maintenance organizations
 - Community mental health centers
 - Hospital departments of psychiatry or outpatient psychiatric clinics
 - University or medical school affiliated programs
 - State hospital outpatient clinics
 - Family service/social agencies
 - Private clinics and facilities

Note: The information and text of this handout was adapted from National Institutes of Health Publication No. 96-3919, which is available at www.nimh.nih.gov/publicat and from "Managing Mental Health in the Workplace: How to talk to employees, deal with problems and assess risks," (2002). Toronto, ON: Canadian Mental Health Association.

APPENDIX

**APPENDIX A:
Sources Used in
Developing This Publication**

**APPENDIX B:
Resources for Developing
Mental Health-Friendly Workplaces**