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Workplace Mental Health

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SUPPORTING THE MENTAL HEALTH OF YOUR WORKFORCE

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Prior to the COVID-19 pandemic, one in five American adults experienced mental health problems in any given year,[1] and employees with depression can miss 4.8 workdays in a three-month period, experience 11.5 days of lower productivity, and report some level of functional impairment.[2] During the pandemic, about 40% of adults in the U.S. reported symptoms of anxiety or depressive disorder, according to the Kaiser Family Foundation[3], and 40% of Americans identified mental health issues, according to the Centers for Disease Control and Prevention.[4] Meanwhile, the number of people seeking help for anxiety and depression skyrocketed, according to MentalHealthAmerica.org.[5]

As a result, employers across the country are experiencing increased accommodation requests along with performance and attendance issues related to stress and mental health.

> "…employees with depression can miss 4.8 workdays in a three-month period, experience 11.5 days of lower productivity…"

What can absence management professionals do? Start by understanding the basics of mental illness, mental health-related interactive processes, and reasonable accommodations. Be aware of biases and seek ways to keep them out of the workplace. One suggestion is to talk about mental health. Destigmatize mental illness and mental health issues by ensuring it's not a taboo or hidden topic in your organization.

Also, encourage the use of available resources. It has been widely reported that employers and employees benefit when employees use employee assistance programs (EAPs). And while less than 6% of employees use these programs, those who do reduce their leave by up to 52%.[2] Other benefits to using EAPs include less turnover, higher employee satisfaction, improved productivity, better engagement, decreased workers' compensation claims, decreased use of general therapy covered by health plans and pharmacy claims, and reduced accidents and grievances.

Make sure everyone on the absence management team understands what your EAP can do and encourage employees to use the resource. Here are a few suggestions for educating your organization:

- Throughout the year and during your onboarding process, inform employees about the mental health support that is available.
- Implement regular monthly virtual and/or in-person sessions on topics that can improve mental health and wellness.
- Incentivize participation or consider making sessions mandatory as part of professional growth and promotion eligibility.
- Make it a best practice for managers to provide a referral to the EAP when issues are raised regarding attendance or punctuality.

Explore out-of-the-box options to decrease stress and mental health issues. For example, integrate greater physicality in the workday using standing and/or walking desks, or consider opening an in-office gym for employees who are generally required to work in the office.

While these types of investments in employees' mental health and well-being can help in myriad ways, they should always be viewed as complements to the Americans with Disabilities Act disability interactive process when that is warranted.

During the interactive process, I use a "hallway" method with these four "doors" or process steps:

- Collecting medical documentation
- Exploring accommodation ideas
- Scheduling and holding a reasonable accommodations meeting
- Closing the process

This process starts by gathering medical documentation at the first "door" through an FMLA second opinion, medical supplemental questionnaire, or fitness-for-duty examination to determine if a disability is affecting an employee and if so, identify functional limitations and work restrictions. This step is vital when addressing mental or psychological disabilities to understand underlying work restrictions.

Handling all disabilities in the workplace can seem overwhelming at first. But when these issues are addressed early using a uniform process, professionals can be assured a sound decision has been made, and they can work to reduce or remove any differences in managing physical versus mental illness.

REFERENCES

1. National Alliance on Mental Illness. You Are Not Alone. February 2022. Retrieved from https://www.nami.org/mhstats#:~:text=21%25%20of%20U.S.%20 adults%20experienced,2020%20(14.2%20million%20people)
2. Centers for Disease Control and Prevention. Workplace Health Promotion. Depression Evaluation Measures. Retrieved from https://www.cdc.gov/ workplacehealthpromotion/health-strategies/depression/evaluation-measures/index.html
3. Kaiser Family Foundation. The Implications of COVID-19 for Mental Health and Substance Use. Feb. 10, 2021. Retrieved from https://www.kff.org/report-section/the-implications-of-covid-19-for-mental-health-and-substance-use-issue-brief/
4. Centers for Disease Control and Prevention. Symptoms of Anxiety of Depressive Disorder and Use of Mental Health Care Among Adults During the COVID-19 Pandemic—United States, August 2020—February 2021. April 2, 2021. Retrieved from https://www.cdc.gov/mmwr/volumes/70/wr/mm7013e2.htm
5. Mental Health America. Mental Health and COVID-19. What MHA Screening Data Tells Us About the Impact of the Pandemic. March 29, 2021. Retrieved from https://mhanational.org/mental-health-and-covid-19-what-mha-screening-data-tells-us-about-impact-pandemic
6. Zamosky L. A Little-Known Worker Benefit: Employee Assistance Programs. Los Angeles Times. June 15, 2014. Retrieved from https://www.latimes.com/business/la-fi-healthcare-watch-20140615-story.html