

# Good Mental Health in the Workplace

## How You Can Help and HR Can Lead the Way

by David Madison, Ph.D.,

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The following article is based on a panel presentation at The HR Network Breakfast on March 14, 2008. The HR Network is sponsored by the Five O'Clock Club and is a vendor-free venue for HR professionals to meet informally, network with one another, and hear discussions of important issues of the day.

The panelists were Jeffrey P. Kahn, M.D., Clinical Associate Professor of Psychiatry, Cornell, CEO of WorkPsych Associates, and co-editor of Mental Health and Productivity in the Workplace: A Handbook for Organizations and Clinicians; and Fran Furman, the Head of EAP at St. Vincent's Hospital; Vera Oziransky, the advocacy associate at NAMI-NYC Metro.

### Mental illness is an imbedded feature of modern life.

#### Why We Should Care

Any good doctor knows that every patient who shows up to have an ailment cured is a complex human being, and that physical complaints can be influenced by emotional undercurrents. As one doctor has put it, "People come to see me for real medical problems, but I commonly discover that there is an emotional component. Someone who is in good spirits might brush off arthritis pain, but a bout of depression means that the arthritis looms large, so she shows up for more tests. The guy who has just had an argument with his wife decides it's time to get his blood pressure checked."

Depression or strained relations in a marriage are both, in truth, mental

health issues. Sometimes people get to the point of going to the doctor when they feel the impact of emotional problems, but, just as commonly, they don't. But they do show up for work. People with extreme mental health problems are unemployable, but the vast majority of those who suffer from some kind of mental health problem or disability are productive members of society and they are in the workplace. But the quality of their work can suffer, and this can have an impact on morale and productivity.

Is this why we should care? It may sound crass to put it quite this starkly, but companies exist to get a job done and remain competitive in the marketplace. Anything that distracts from this is a problem, and employees who cannot perform well, for any reason, are a concern. Hence, the ideal is always to have healthy workers. But good health usually is understood to mean physical health, and most company health coverage is skewed in this direction. Mental illness, furthermore, is still surrounded by an aura of stigma. It's commonly not as obvious or visible as physical illness, so it easier to pretend that it doesn't exist or that it's gone away.

But has it? The evidence is right in front of us that mental illness is an imbedded feature of modern life. In fact, spectacular examples of mental illness are in the news frequently. The kids who walk into their schools with guns blazing—the office workers who do the same thing—are very troubled people.

While such events are at the extreme end of the spectrum, most HR officers—who get to see almost everything on the front lines—can testify that mental health problems manifest

themselves in many ways:

- A supervisor reports to HR that she received a call at home on Sunday from an employee in the hospital, having been beaten by her husband. This employee sometimes comes to work wearing turtlenecks or long sleeves to hide bruises. The supervisor wants to know: "What should I do when the employee comes back to work?"

- An employee is found, at the end of the day, crying at her desk. The buzz around the office has been that her engagement has been called off.

- A manager receives an email from an employee saying that he cannot come to work because he fell asleep on the subway.

- An employee who came in to work on Saturday had alcohol on her breath.

- An employee is causing stress in the office by his mood swings, by taking any food he wants in the refrigerator and indulging in other inappropriate behavior.

**Most of those suffering from mental health problems are productive members of society — and they are in the workplace.**

One HR specialist offers this observation: "It is important to see mental-health issues on a continuum—there is a wide range of conditions. There are issues related to grief and loss, relationship and marital problems, elder care issues, domestic violence, Internet addic-



Kate Wendleton was pleased to help remove the stigma and unwarranted shame associated with mental illness.

tion— which is become more prevalent— family problems related to teenagers and children with school problems, and conflicts with

other employees. There is stress on and off the job, which may be emerging as the number one reason that people leave their jobs, even though they may say they were motivated by money.”

Clearly, most of the time, people soldier on, no matter what may be tormenting or distracting them. But bosses and HR professionals have an obligation to try to address these issues. Yes, the bottom line is what matters from the corporate perspective; maintaining morale and productivity is of paramount importance. But most of the time—is it too optimistic to hope (especially on the part of HR)?—it’s a matter of simple human decency: trying to lift others out of their pain, misery and distress. This is certainly the impulse when a co-worker suffers from physical ailments.

But just as clearly, we’re on more

treacherous ground when an employee shows signs of have a drinking problem, being the victim of domestic violence, or displays the symptoms of clinical depression.

**Guidelines for Human Resources**

It is necessary to become adept at observing human behavior, in order to identify employees with mental health problems. It might not be as obvious as an employee crying at her desk, but she may act out in other verbal and non-verbal ways. Good HR professionals pride themselves on being able to read people pretty well during interviews, so hone this skill for observing the workplace in general. According to the U.S. Department of Health and Human Services, the following may be signs of mental health problems:

- Difficulty concentrating and making decisions
- Appearing numb or emotionless
- Withdrawing from work activity
- Forgetting directions, procedures and requests
- Increasing absenteeism
- Expressing irritability and anger
- Calling in sick frequently
- Having difficulty with work transitions or changes in routines
- Working slowly
- Displaying mood swings
- Having accidents, becoming a safety risk

One specialist on workplace mental health speaks of the scope of HR responsibility when such problems become evident: “It is not your role to diagnose the problem. What is really important is the ability to recognize what’s going on. You need to become educated on the signs and symptoms of mental problems. Of course, everyone has bad days and can get stressed on the job, so it is important to become very astute at observing human behavior.”

It is rarely wise to assume that problems will sort themselves out. If it is clear that an employee is troubled, this specialist advises intervention: “It is important to be proactive rather than reactive. ‘Reactive’ usually means that a crisis has occurred—and that’s when I get a call. Why do we put off dealing with such matters until there’s a crisis? We are all human. We tend to think that dealing with mental health issues means confrontation. So we tend to put off addressing these problems until they affect the workplace seriously, sometimes dramatically. And you never know what might be going on in the mind of the supervisor or department manager who’s trying to deal with the troubled employee. He might not even believe in mental health treatment—or it may seem to reflect poorly on him if he comes to HR with the problem. It’s a lot tougher dealing with these problems—but no one feels this way when an employee has the flu or an asthma attack.”



We’re moving out of the dark ages. We’re beginning to understand that mental illness and physical illness are equivalent problems.



Jeffrey P. Kahn, M.D., Clinical Associate Professor of Psychiatry, Cornell

What does it mean to be an astute human observer? It is possible to look for gradual trends or patterns of deterioration that may transform into a crisis. Here are a few examples:

- An employee is described as difficult to get along with; this has been a common complaint of her colleagues. Following the death of her mother, her behavior became intolerable. In fact, it became a crisis, but for eight years no one had intervened.
- For 30 years a man with traumatic brain injury (TBI) had performed well at his job. His boss decided to change his assignment, and the man became disoriented. He made mistakes, was forgetful and couldn't understand assignments. The boss complained to HR, "He's not remembering to do things on purpose." HR explained the impact of TBI on behavior.
- A medical student, already under intense pressure from the intensive training, learns that his mother has cancer and that his girlfriend has jilted him. He is no longer able to function at work.
- An employee tests positive for drugs and becomes violent in the workplace.
- A 25-year employee who is known for his anger gets drunk at the company picnic and punches out a colleague—and has to be fired.

When you spot the gradual trends or patterns of deterioration, by the way, it is important to document your observations and findings. You may end up having to do crisis management because

of a triggering event, and it is easier to formulate intervention if you've kept records. It is ideal to do the intervention prior to a triggering event, and thorough documentation can facilitate that.

### Being Proactive: What Does that Mean?

We're entering a realm that might be labeled: The Toughest Part of Your Job. A junior HR person, who was very distraught when she had to fire someone for the first time, asked her boss, "When does this get easier?" The wise old HR professional replied: "If it ever gets easier, you're in the wrong job." The same probably applies to dealing with troubled employees who, in fact, need help. But intervening is rarely easy.



Vera Oziransky, the advocacy associate at NAMI-NYC Metro.

The obligation is clear, however, according to one expert: "You have a responsibility not just to your organization, but also to the employee as well. It comes down to this: you have to meet with the person. Yes, you are in a power position, because the employee is obliged to meet with HR. I sometimes hear, 'It won't do any good, because he is being forced to meet with you.' And my response is *no*: 'The employee is being given a gift—namely the chance to hold onto his job, and maybe even save his life.' Believe it or not, even if people are angry when they come to see me, it dawns on them that they're being handed an opportunity. So, in most cases, the best thing is to meet with people and directly address the issues."

You may or may not know the



Fran Furman, the Head of EAP at St. Vincent's Hospital.

employee well; you may or may not have rapport with the person—there are so many factors that can impact the tone and tenor of the conversation. But it can be kept on the level of business and the well-being of the workplace: "I'm not trying to meddle in your personal life—my concern is how we all get along in the office." According one expert, the strictly-business approach puts the conversation on solid footing: "We have a serious business problem because of your behavior. You're [throwing things, cursing at people, missing too many days, failing to get projects completed, dragging down the morale of the team]. If we don't solve this problem, we're going to have to let you go."

Another HR expert commented: "You open the door to an employee, but she may choose not to walk through it. Then you have to let the person know that company procedures on performance have to be followed. You can say, 'I am sorry to hear that you're having a problem, but that doesn't absolve you from having to perform on your job.'"

Mandated treatment, however, is a complex issue that raises ethical and legal issues, but it can be made clear to an employee that the failure to get treatment is not a reason for dismissal. We come back to the basic business reason: "You may be let go because of your adverse impact on the workplace. We have to work on solving that problem."

The flow of the conversation should be in the direction of finding help, and for that the HR officer should have a full

arsenal of information ready. What is available through the company EAP program? If that doesn't exist, what other recourses are available? There may be hotlines, community mental health centers, a list of private therapists and support groups. All possible coverages under the company health insurance plan can be explained.

### **Increasing the Compassion Quotient: Discovering the Root Causes**

It was pointed out above that HR professionals, who are not clinicians or therapists, cannot be expected to diagnose problems. As one specialist has emphasized, "It is not for you to figure out exactly what the underlying causes are. While it may be interesting to speculate, you don't necessarily want to share your opinion with others—because a superficial analysis may not really be accurate or helpful. It is important to recognize, when you see a problem in the workplace, that there is usually more going on than meets the eye. There are often multiple causes, and professional input is usually needed to help find root causes. Dealing solely with surface issues rarely yields the best solutions."

This is another way of stating the truth made at the very outset: every person is a complex human being; we are commonly influenced by multiple emotional undercurrents at the same time. So snap judgments are rarely on target. We will come up with better solutions if we get to the root causes. We will deepen our understanding of what makes people tick, and perhaps find that compassion comes a little easier.

One mental health specialist was asked to help a senior Wall Street executive who was severely troubled by insomnia due to stress. It's easy to say, "Well, that must be job related—Wall Street is a stressful place to work." But his therapy sessions revealed that he was very uncomfortable with a promotion he had recently received, and he was actually trying to get himself demoted. But another component of his emotional stress was a development on the homefront: his son had been made cap-

tain of the football team—something that the father had once aspired to, but had never accomplished. He felt threatened by his son's success.

"The issues are often hidden," this specialist points out. "You probably won't see them in the workplace—but they impact the workplace—so you need to urge people into safe environments where the root causes can be discovered. One patient was referred to me recently because she was so upset upon learning that her sister has cancer. During the course of three sessions she realized that her sister's cancer had prompted her to think about where her own life was going, and this compounded the stress. She was getting older, she hadn't had a serious boyfriend in a long time, and wanted to be married. Her treatment allowed her to figure out what the real issues were for her."

Clearly, of course, HR is not going to be privy to all such details, but it is important to realize that there usually are complex root causes. Usually it is the symptoms that are visible, and it best not to fall into the trap of offering superficial explanations.

### **Presenteeism: Discovering the Root Causes**

Absenteeism due to a whole host of mental issues is commonly a legitimate worry for organizations. Getting help for people to reduce absenteeism clearly is good for business. But was Woody Allen right that "80 percent of success is showing up"? Lower than expected productivity can probably be traced to the poor work habits of the people who do show up. In 2004, *The Harvard Business Review* published an article, "Presenteeism: At Work—But Out of It," which addressed the issue of low productivity: just because people walk in the door at 9:00 doesn't mean they will perform as well as they can and should. It makes good sense to analyze the many factors that can sap the motivation of employees to work at full capacity. Studies have shown that there can be a potent mix of factors, some related to the workplace itself, but

many having to do with the problems that people bring with them from home. Showing up may have little to do with how well they perform.

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**Employees who receive quality mental health treatment are more productive in the workplace than those who do not.**

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### **Paying for Good Mental Health: Timothy's Law**

It's not hard to make the case that there's an urgent need to help employees who are dragged down by emotional and mental problems; there are practical business and humanitarian reasons for being proactive. But, as with so many other things in life, it becomes a bottom line issue: who's going to pay for it? One index that society is paying more attention is the enactment of enabling legislation.

On January 1, 2007, Timothy's Law took effect in New York State—but it took a tragedy for it to happen. Timothy O'Clair of Schenectady committed suicide a few weeks shy of his 13th birthday. His suicide was attributed, at least in part, to the fact that the family's health insurance did not adequately cover mental health treatment. Timothy's Law aims to create parity of coverage, that is, the quality of mental health coverage must match that of physical health coverage. According to the summary of Timothy's Law provided by NAMI-NYC (National Alliance on Mental Health in New York City), it stipulates (among other things):

- 20 outpatient and 30 inpatient mental days for all employees with "mental, nervous or emotional disorders."
- If an employee has a 20 percent coinsurance on out-of-network medical services, he/she cannot be charged 50 percent on out-of-network mental health services.
- This benefit applies to spouses and/or dependent children who are

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part of the insurance plan.

Unfortunately, prescription drugs are not covered by the Timothy's Law provisions, and the law will expire on December 31, 2009. The law's impact, to see if renewal is feasible, will be evaluated by both the state and NAMI-NYC.

**The stigma and shame related to mental illness is unwarranted and started in the middle ages. People are not ashamed when they have diabetes or other illnesses.**

**Education and Awareness Are Vital**

The suicide of a twelve-year old is tragic, but it is also a major misfortune that employees simply don't know the kinds of help and coverage that are available. And here HR professionals can lead the way, by informing themselves and management about options and resources. One website to start with is [www.timothyslaw.org](http://www.timothyslaw.org), and NAMI pro-

vides Employer and Employee Mental Health Resource Guides. PDFs of these are available at [www.naminycmetro.org](http://www.naminycmetro.org).

Yes, of course, perhaps the primary business motivation for leading the way is to enhance productivity. According to one specialist: "Studies have shown that employees who receive quality mental health treatment are more productive in the workplace than employees who do not. So you are actually investing in the competitiveness of your business. But you are also investing in the human cause of increasing morale and enabling people to have happier, more enjoyable lives." ●

**Mental Illness is Like Any Other Sickness**

Vijai P. Sharma, Ph.D

A licensed psychologist in Tennessee with 30+ years' experience

**T**here is a lot of misinformation in our society about mental illness. Our fear of mental illness is deep-rooted and largely irrational. The fear gained its roots in the dark ages when

mental illness was seen to be the Devil's work. They believed the mentally ill were possessed and exorcists physically tortured them to drive the evil spirit from their bodies. Many mentally ill women were branded as "witches" and were ceremonially burned on the village post, ironically, as an act of kindness to save their souls. For at least 3,000 years, patients with psychotic illness were feared, tortured and chained so others could live safely. Compared to that, we have come a long way. Today, the mentally ill receive a treatment that is far more humane.

But, we have a long way to go. Even in our so called "developed" society, seventy percent of people think that the cause of mental illness is personal "weakness." This view implies blame. The thought is, "If you allow yourself to be gripped by a mental illness, you are a weak-kneed person. You let your worries or negative thoughts get out of hand."

If we shouldn't ignore physical illness, why should we ignore mental illness? **Mental illness is just like a physical illness. It is no different from heart disease or diabetes, or even cancer in the case of a serious mental illness.** ●



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