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## Challenges of the Mind

***Managing mental disabilities in the workplace is a difficult task that HR needs to be better prepared to handle.***

By Anne Freedman

Joe Rogers had worked for a large telecommunications company for 15 years and had been successful in his current position as regional sales manager until his bouts of manic-depression became too much to handle.

The mental condition interfered with his ability to sleep and interact with others. Rogers (not his real name) couldn't make it in to work by the required time of 8:30 a.m. His memory and concentration suffered -- and so did his performance.

Rogers decided he needed to let his employer know about his condition. He asked for help. In response, they basically hung him out to dry. His boss responded that Rogers' disability indicated he was seemingly unable to do his job. Soon, he was fired.

"There was no dialogue -- even though it was clear this employee wanted to remain with the employer, wanted to retire with this employer, was asking for help, was trying to be honest and candid," says his attorney, Charles Lamberton of Pittsburgh, who almost always represents plaintiffs in employment-discrimination cases.

When Lamberton was hired by Rogers, a dialogue finally ensued. And that was all that was necessary. Legal proceedings were never initiated because the company agreed to reinstate Rogers, awarding him a small amount of back pay for the short time he was out of work.

They agreed to allow Rogers time off for counseling and therapy, agreed to modify his work day so he started at 9:30 a.m. and worked until 6 p.m., and permitted him to use a tape recorder in meetings so he could transcribe -- on his own time -- detailed notes of his duties and responsibilities.

"He is successfully performing in his job to this day," Lamberton says, "and I think the sales have gone up."

Satisfactory conclusions to such situations do not always occur. Managing mental disabilities in the workplace can be more difficult than physical disabilities, experts say. The stigma attached to mental-health conditions is still very prevalent and, even though such ailments are widespread in general, human resource professionals are often unprepared to deal with individual situations.



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With little experience to fall back on, HR professionals often fail to properly respond to requests for help from either employees or their co-workers or supervisors. And even when they do respond -- with the obvious first step of a referral to the organization's employee-assistance program -- a fragmented medical system, with separate primary and specialty health-care networks, pharmacy plans and EAPs, may not be capable of a successful response, experts say.

To help forge success, HR practitioners need to rigorously follow up on the care of mentally disabled employees. Sometimes, companies will -- or may need to -- offer accommodations to allow such employees the ability to continue to work, but HR also needs policies that allow better work/life balance, educational and awareness-building programs, and integrated health benefits that focus on both physical and mental health.

"[Companies] need to provide the same level of benefits and coverage for mental disorders as physical disorders," says Ron Goetzel, founding director of the Institute for Health Productivity Studies at Cornell University and vice president and director of consulting services for a health-data company, The Medstat Group, in Washington.

#### Impact on HR

HR executives who fail to adequately manage mental disabilities face higher health-care costs and an increased number of absent or unproductive workers, according to some of the latest research.

A 2003 study co-authored by Goetzel that appeared in the *Journal of Occupational and Environmental Medicine* found that absences and disability losses (a methodology that linked prescription absence and short-term disability data and employee productivity) because of mental-health conditions were 40 percent higher than for physical conditions.

The study of 374,799 employees from six large employers found that such mental health-related losses amounted to 47 percent of total health and productivity-related expenditures, compared to 29 percent for physical conditions. The most costly mental-health disorders, according to the study, were bipolar disorder; depression; neurotic, personality and non-psychotic disorders; alcoholism; anxiety disorders; and schizophrenia.

HR executives often don't even know how extensive their employees' mental-health problems are, says Fred Newman, CEO and founder of Houston-based Interface EAP. A review of medical-claims costs may show only a small expenditure for mental-health issues, but what executives don't notice, he says, is the increasing pharmaceutical cost for drugs such as antidepressants, which are commonly prescribed by primary-care physicians, often with little follow-up or therapy referral.

According to a story in the *Wall Street Journal*, pharmaceutical costs for depression increased 452 percent from 1990 to 2000 while, during the same period, inpatient costs decreased almost 34 percent and outpatient costs increased 47 percent.

Depression -- which often accompanies physical illnesses -- is overwhelmingly the largest proportion of mental-health conditions found in the workplace, say experts, but it is, by far, not the only one. And it is that diversity of mental conditions that compounds the problem for HR executives seeking to craft a sufficient response.

Faced with a wheelchair-bound employee, HR professionals pretty much know what accommodations are necessary to allow a worker to perform his or her job. Faced with a bipolar condition, obsessive-compulsive disorder, anxiety disorder, attention-deficit disorder or panic attacks -- to name just a few -- the solutions are very different.

A person with an anxiety problem or panic disorder -- maybe a phobia about public speaking or flying -- can be treated much more easily with medication and therapy than someone with a bipolar condition -- where a person, when manic, feels so creative, optimistic and apparently productive, that he or she may resist any suggestion of a problem.

Because of the variety of conditions and symptoms, says attorney Doug Towns, a partner in Jones Day in Atlanta, it makes sense for HR executives to focus on performance. "I want to see whether or not this is a true performance problem unrelated to anything else or if this is . . . a condition that . . . we need to accommodate or begin to think about accommodating," he says.

Companies are not required to provide the sought-after accommodations, but it's the place to start the interactive process required by the Americans with Disabilities Act, he says. "The courts will routinely find against the party [that] broke down the process."

#### Lost Productivity

"A person who is in trouble with mental health is not a very productive person and, since that condition is not very well understood, the tendency would be to see only the functional disruption -- to say that person has a problem rather than see a person with a condition," says Dr. Alberto M. Colombi, corporate medical director of PPG Industries, a global supplier of coatings, glass, fiberglass and chemicals, based in Pittsburgh.

"If [people have] little pains in their ankles, they are going to be vocal about it. They will find support from their peers," he says. When a person suffers from a mental-health condition, "the tendency will be isolation and misunderstanding rather than finding care and support and help."

Sufferers will hide their conditions, afraid of the stigma, of discrimination, of losing their jobs, he says, until their problems can be hidden no longer.

There's no stigma attached to getting a broken arm set, says Kathleen Schulz, manager of health and wellness programs at Campbell Soup Co., in Camden, N.J., which has about 24,000 employees. There should be none when a mental-health condition is involved.

In the real world, she says, that is not the case: "It's a touchy area." The company encourages HR staff and supervisors to seek guidance from an outside consultant when dealing with such issues, Schulz says.

The company also regularly informs employees via newsletters and its intranet of mental-health resources.

"I think it's extremely important that companies remain proactive with trying to communicate and keep people aware of the resources that exist," she says. "This is one of those benefits you don't need until you need it -- and then you don't always know where to go and where to find it."

Often, when sufferers seek help, they go first to their primary-care physician, but not all physicians can provide proper diagnoses and follow-up to get results, experts say.

One recent private study for a large manufacturing company found that primary-care physicians frequently failed to prescribe effective dosages of mental-health medications or refer patients on for counseling, says Kenneth Collins, a clinical social worker who helps companies evaluate employee-assistance programs and design mental health and substance abuse benefit plans through his self-named firm in Orinda, Calif.

Another study found that blacks and Hispanics are "substantially less likely than whites" to receive appropriate care for depression, says Dr. Gabriela Cora-Locatelli, a psychiatrist who has private clients as well as a consulting firm, Executive Health & Wealth Institute in Miami Shores, Fla. Some of her work has involved helping executives who have been kidnapped and released feel comfortable enough to return to the workplace. Health-care professionals are more likely to misdiagnose depression in the African-American community, she says, while cultural reasons often compel Hispanics to deny feelings of depression.

Three years ago, PPG began attempting to break down the stigma of mental-health conditions in its worksites by initiating a "Depression in Primary Care" program addressed to its 34,000 employees, its internal medical staff and external medical-service providers, Colombi says.

They began by including mental health -- mostly stress and, then, depression -- in discussions of wellness issues "side by side with weight, exercise, nutrition and so on ... so people understand it's a legitimate topic to be discussed without targeting anyone," he says.

In addition to meetings and workshops with employees, supervisors and management, information on the issue appeared in mailings and on company Web sites.

Corporate nurses were trained to be familiar with screening employees for depression and referring them to specialized care. EAP providers and primary-care physicians in the medical network were approached to do the same.

The program has succeeded so far, Colombi says. The number of employees accessing the EAP's Web site for information on depression increased almost three-fold from 57 in 2002 to 169 the following year, and the 82 depression-related cases opened by the EAP in the first half of 2004 were an increase of 23 percent over the previous year.

Almost all (87 percent) of the employees who received counseling reported feeling improved or much improved in their functionality, according to PPG.

#### Prescription Problems

It was a medical mix-up that caused disturbing mental-health symptoms for an employee of NEC America, a developer and manufacturer of data and voice-networking equipment and software based in Irving, Texas, says Rick Smith, general manager of human resources.

A supervisor called HR because his top-performing employee had been "acting strange . . . acting like something is wrong" for a few months. An HR director called and encouraged the employee to use Interface EAP, its service-provider.

"The first response is usually denial," Smith says, but, in this case, the woman agreed, went through counseling sessions and it was discovered that medications prescribed by two different physicians were interacting in a way that created the mental-health problems. "Everything has been fine since then," he says.

"I think the biggest challenge, obviously, is making sure the employee knows we care, [that] as a human resource department, [his or her] needs are of first and foremost importance," Smith says.

Last year, the company had a two-day workshop for supervisors and above to educate them about stress, how to identify problems, what to be concerned about and how to properly deal with the situation, he says.

Basically, they were told not to probe into stress-related difficulties, but to refer employees to the EAP. Employees also are free to see specialists on their own, or take leaves of absence; if necessary, under a short-term salary continuation plan, he says.

An EAP referral may not be enough, says Collins. The range of mental disabilities is so wide -- from mild to total impairment -- that HR needs to stay on top of each situation to make sure all elements of the company's medical-care system work together, he says.

One procedure common to safety-sensitive industries that HR executives in all industries should consider, he says, is having a policy that requires a fitness-for-duty evaluation of employees under defined circumstances.

Because of confidentiality laws, HR professionals may never know the cause of an employee's medical problems, but, with such a policy, they will know -- and can require -- that the worker get the care he or she needs, he says.

Sometimes, it's as simple as a slight medication change, he says. One utility company lineman with Attention Deficit Disorder was facing problems at work because of his drowsiness each afternoon. A change in the medication -- a slight stimulant which allowed the man to manage his life and work more effectively -- was made and the problem was solved.

Spending on prescription drugs for ADD or Attention Deficit Hyperactivity Disorder has spiked 30 percent in the last year, according to Medco Health Solutions, a pharmacy benefit manager based in Franklin Lakes, N.J. Highest growth was seen across adult age groups, according to Medco. Use was up by 23 percent for those 20 to 34 years old, 33 percent for those 35 to 49 and 16 percent for those 50 to 64.

To help a fragmented health-care system respond to workers with mental issues more effectively, Interface EAP has initiated its Pharmacy Intervention Program, which seeks to prevent primary-care physicians from prescribing medication without referring the patient for counseling, says Newman. The program mandates coordination between a company's EAP and its pharmacy-benefit manager by requiring participants who receive certain medications to contact the EAP or face a co-pay increase for the drug.

Mark Hopkins, senior benefits director for The Restaurant Co., based in Memphis, has signed onto the program and says his company, which owns and operates Perkins Restaurants, has seen positive results after only a few months. "A number of our participants who were just going to primary-care physicians for prescriptions are now being directed to appropriate treatment," he says.

Each mental condition has its own manifestation. People with obsessive-compulsive disorders, for example, may be "consumed with their own rituals" -- such as hand-washing -- while people with bipolar disorder may lose their judgment during a manic episode and spend \$10 million trying to close a \$1 million deal, says Cora-Locatelli.

When dealing with problems, she advises HR professionals to find a balance between sympathy and the company's expectations. "Taking pity on someone . . . doesn't necessarily help a person resolve the problem," she says.

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