

# THE JANUS JOURNAL

## Managing Mental Disabilities and Stress-Related Illness in the Workplace

### ***Why bother about stress and mental disabilities?***

There are several compelling reasons. Workplace stress and psychological disability cost business, the economy, and individuals. For example:

- \* 20% of the payroll of a typical company goes toward dealing with stress-related problems.
- \* Mental-health problems cost Canada's economy \$33-billion-a-year.
- \* Experts estimate that mental health problems are the primary and secondary issue in 60-65% of disability claims. Work stress is a key factor in the onset of psychological disability in the workplace.
- \* The World Health Organization (WHO) projects that depression will be the leading cause of disability in the developed world by 2020.
- \* Employers are required to manage a mental disorder just as they would a physical disorder.

### ***What is a mental disorder?***

It is a clinically significant behavioral or psychological syndrome or pattern associated with present distress or disability or with a significantly increased risk of suffering death, pain, disability, or an important loss of freedom. Such disorders are manifest as behavioral, psychological, or biological dysfunction in the individual. Mental disorders can range from mild such as an adjustment disorder (a mild form of illness which has an identifiable psychosocial stressor as an underlying contributor to the onset of the illness), to moderate such as depression and anxiety; to severe such as long standing personality disorders and psychoses including bipolar illness.

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### **Top 10 Causes of Workplace Stress**

- \* Unreasonable demands
- \* Failing to provide reasonable discretion over work
- \* Failing to credit contributions/achievements
- \* Creating a treadmill – too much to do all the time
- \* Creating constant doubt about what's happening
- \* Allowing trust to deteriorate – bullying/harassment/politics
- \* Unclear company direction and policies/expectations
- \* Sub-par performance management practices/reviews
- \* Lack of two-way communication
- \* Managers rejecting employee concerns about workload



## ***Managing Mental Disabilities and***

### ***Stress-Related Illness in the Workplace (continued from page 1)***

Many mental disorders result in decreased attention, concentration, memory, ability to manage emotions, and impaired decision-making. Most jobs today are cognitive, not physical so it is easy to see why mental disorders can seriously impact an employee's ability to do his or her job. Some mental disorders result in irritability and aggressiveness. It is important not to expose employees with these symptoms to irritating factors such as excessive demands, conflict with co-workers or supervisors, or a demeaning emotional climate.

In one day, 1-15% of Canadians experience a mental disorder; in one year the number is 20-25%; and in one generation, 37-40% of the population experiences a mental disorder. Unfortunately, fewer than 20% of those who need treatment actually get it and 70% of these people are in the labor force.

#### ***What does the law say about mental disability management?***

Canadian law has established that employers have an obligation to:

1. To provide a psychologically safe workplace. This includes providing a civil workplace climate, reasonable job design, and attention to workplace justice.
2. Rule-Out-Rule. When employee behavior is strange, appears disordered, or changes from good to unacceptable, then employers are increasingly being held accountable to investigate whether a mental disorder is the cause of such behavior.
3. To provide treatment processes.
4. To provide reasonable accommodation.

#### ***What steps should a company take to meet their obligations?***

Having a disability management process for mental disorders ensures that an organization meets their ethical and legal obligations. There are several steps to creating a disability management process. The first step is to incorporate mental disabilities into the overall disability management policy and to link this to broader health and safety policies. The policy should clearly state that the goal is to return an employee to full time work. The second step is to identify key stakeholders and their roles in the disability management process. Key stakeholders include occupational health nurses, physicians, psychiatrists, human resources personnel, psychologists, supervisors, employee, and unions. Provision of formal policies and tools such as checklists and decision trees aid the process of making return to work decisions. Stakeholders will have similar goals (i.e., to provide rehab to an injured worker) but may have different assumptions or paradigms. Thus, some conflict is inevitable. Recent research suggests that optimal relationships among stakeholders in the return to work process are an important condition for return to work interventions to be most effective. Stakeholders reduce conflict when:

- \* Clear parameters are present for involvement of stakeholders
- \* Processes that facilitate clear communication among stakeholders are developed
- \* Required information is standardized, clear, and meets ethical obligations
- \* Stakeholder are aware of other stakeholders' paradigms

A Case Coordinator role is essential. Coordinator roles involved include:

- \* Providing individualized planning and coordination which is adapted to the worker's initial and on-going needs.
- \* Facilitating communication between stakeholders.
- \* Ensuring that the worker and other stakeholders understand what is expected of them.

#### ***What fosters a successful return to work?***

Disability management teams can foster a successful return to work through:

1. Collaborative problem solving approach among treating professionals.
2. Input from the employee – emphasize self-management.
3. Provision of a specific DMS-IV diagnosis including a detailed description of symptoms and limitations and expected return to work date.
4. Provision of an active treatment plan that reflects the diagnosis.
5. Addressing workplace issues i.e., conflict resolution processes.
6. Graduated return to work accommodating residual impairment such as emotional sensitivity, concentration etc.

## **NEWS FROM THE PRACTICE...**

### **PSYCHO-EDUCATIONAL ASSESSMENTS**

Every child is somewhat unique in their learning style. Some children have strong language ability that helps them learn easily through reading or verbal instructions. Others have strong visual abilities that help them learn through pictures or graphics. Still others prefer hands on learning through materials that they can touch and manipulate. Unfortunately, some children have limitations that interfere with learning the important basic skills of reading, writing and math.

There is a form of assessment that can help to identify a child's learning strengths and limitations. Known as psycho-educational assessment, it is a structured and well recognized process for examining reasoning ability, educational achievement and emotional-behavioral factors that impact learning. This process is also useful in identifying learning disabilities that can interfere with learning or exceptional ability levels that indicate gifted learning potential. The assessment consists of one to one interaction with a child using a number of methods to measure verbal and non-verbal reasoning along with levels of achievement in math, reading, writing and oral language. This provides a comprehensive way of comparing the child to others of similar age and grade levels. The results give useful guidance to parents and educators regarding learning needs with suggestions of specific strategies that can help the child to learn.

## **NEWS FROM COUNSELLING...**

### **Recent Study Links Cannabis (Marijuana) Use to Increased Risk of Psychotic Illness Later in Life**

Study author, Stanley Zammit, PhD, of Cardiff University in Wales, found individuals who used cannabis on a weekly or daily basis had about a 2-3 fold increase in risk for psychotic outcomes. Cannabis is the most commonly used illegal substance in most countries. One in five young people report using cannabis weekly or having used it more than 100 times.

Although an individual's lifetime risk of developing serious psychotic illness is only about 2% or 3%, Dr. Zammit said cannabis can be expected to have a large impact at a population level because exposure to this drug is so common.

The overall message is that people who use cannabis on a regular basis need to be aware of this risk, so they can make an informed judgment about whether they want to continue using it, or perhaps try and cut down their use, or seek treatment for dependency, he concluded.

In an accompanying editorial, Merete Nordentoft, MD, and Carsten Hjorthoj of Copenhagen University Hospital in Denmark called the study the most comprehensive to date and agreed with Dr. Zammit's conclusion. "There is sufficient evidence to warn young people that cannabis use will increase the risk of psychosis later in life as well as to establish treatment to help young frequent cannabis users."

## **WORKPLACE NEWS...**

"Work stress may increase cardiovascular risk either indirectly, by inducing unhealthy lifestyles, or directly, by affecting the autonomic nervous system and arterial pressure," write Daniela Lucini, MD, PhD, from the University of Milan in Italy, and colleagues.

The investigators compared 91 white-collar workers in a stress condition because of work downsizing with 79 healthy control subjects. A simple, onsite stress-management program consisting of cognitive restructuring and relaxation training was given to a subgroup of workers; a sham program was given to another subgroup.

Compared with control subjects, workers had a high level of stress-related symptoms and an altered variability profile. Participation in the stress-management program was associated with a reversal in these changes and with a slight decrease in systolic arterial pressure. No changes were observed in the group participating in the sham program.

"This non-invasive study indicates that work stress is associated with unpleasant symptoms and with an altered autonomic profile and suggests that a stress management program could be implemented at the worksite, with possible preventive advantages for hypertension," the authors write.

## NEW YEAR'S RESOLUTIONS

It is the New Year, a great time to think about the changes you want to make in your life. If you're like most people, your goals concern lifestyle changes. You may want to stop smoking, start exercising, change your eating habits or create a better balance between your personal life and your business responsibilities.



Statistics tell us that fewer than 10% of people who make New Year's Resolutions actually achieve them. Sticking to your resolutions can be difficult but not impossible. Here are some tips for attaining the goals you set for yourself in 2008.

First of all, make sure it is something that you want to accomplish for yourself, not chosen as the result of prodding from friends and family, or something society says is good for you. If you don't have strong, internal motivation, you won't be successful.

One of the keys to achieving even the loftiest of goals is to get started immediately. Hinda Dubin, M.D., clinical assistant professor at the University of Maryland Medical Center says that "Action precedes motivation, not the other way around ...once you initiate an action, even the smallest of actions, you pick up momentum and you realize 'hey, this isn't so bad' and it will be a lot easier to keep moving forward and to stay motivated."

Develop a support system for yourself. Those who succeed in making lifestyle changes typically have exceptional support systems. Telling others about your goal increases your accountability to the behaviour. It also makes your commitment public which will convince both yourself and others that you are serious in pursuing your objective.

Work at having the right mental image. Winners always have the mindset that their goals are possible and within reach. You can improve your mental attitude through positive self-talk and visualization. See yourself as a non-smoker, as a fit/healthy person, as an emotionally pleased human being.

Write down your goals and keep track of your progress. This can be as simple as tracking them on a calendar or as detailed as writing in a journal. A journal works well because it further holds you accountable for your daily behaviour. If you write about your efforts, you are more likely to follow through.

Reward yourself frequently. Look for an alternative activity that you find personally gratifying that can be combined with your new behaviour. For example, if you are starting a new exercise regime, couple it with a deserving massage or a few minutes in the hot tub. A little reward will reinforce your commitment, allow you to feel good about your effort and will increase your chances of success.

If you get off track, forgive yourself. Don't think of it as a failure, simply review your plan and make adjustments.

Making a resolution to change one thing that will make us healthier is a priceless gift that only we can give to ourselves.

*We spend January 1st walking through our lives, room by room, drawing up a list of work to be done, cracks to be patched. Maybe this year, to balance the list, we ought to walk through the rooms of our lives . . . , not looking for flaws, but for potential. (Ellen Goodman—The Boston Globe)*