

Welcoming Work Environments in Mental Health Agencies

Mark Salzer, Ph.D.

Petra Kottsieper, Ph.D.

Loran Kundra, M.S.W., J.D.

Temple University Collaborative on Community Inclusion

For more information about these issues please go to
www.tucollaborative.org or send an email to Mark.Salzer@temple.edu

Objectives

- Why do we need to talk about creating welcoming environments?
- What are the experiences of non-peer specialist staff who have mental health issues in mental health agencies?
 - Results from a recent survey
- Briefly review recommendations for developing more welcoming work environments for employees who have mental health issues

Acknowledgments and Disclosures

- The contents of this presentation were developed with funding for the Temple University RRTC on Independent Living and Community Participation of Individuals with Psychiatric Disabilities from the National Institute on Disability, Independent Living and Rehabilitation Research (NIDILRR; Grant # 90RT5021-02-00; Salzer, PI). However, the contents do not necessarily represent the policy of the U.S. Department of Health and Human Services, Administration on Community Living, or NIDILRR, and endorsement by the Federal government should not be assumed.
- The presenters would like to thank Jared Pryor, Rick Baron, and Stephany Wilson, and Katie Pizziketti for their contributions to this effort.
- The presenters have no financial conflicts of interest or other disclosures to make regarding the contents of this presentation.

Background – Why discuss welcoming work environments in mental health?

- Mental health provider beliefs and attitudes about people with mental illnesses appear to be no different from the general population
 - Schulze (2007) and Wahl & Oroesty-Cohen (2010) reviews conclude that the beliefs and attitudes of “...mental healthcare providers do not differ from those of the population, or are even more negative” (Schulze, p. 142).
- Anecdotal information about reactions from mental health professionals about practitioners with mental health issues
- Anecdotal stories about fears of disclosure in mental health agencies
 - Mental health providers may not be so accepting of colleagues who have personal experiences with mental illnesses
- Might be missing out on valuable experiential knowledge in non-peer support clinical services (Kottsieper, 2009)

Background – Implications for acceptance of the peer workforce?

- There are challenges regarding the effective incorporation of the peer workforce in the mental health system (Salzer, 2010)
- Bottom line....
 - If the non-peer workforce (i.e., those in non-peer roles and disciplines) with mental health issues is not accepted and embraced, then it is safe to presume that the peer workforce will not be accepted and embraced

Mental Health Workforce (Non-Peer) Survey (Kottsieper and Kundra)

Purpose of the Survey

Reliable statistics on the disclosure of MH problems among the general workforce are not very common

Even more rare for employees that work in behavioral health agencies

Research has indicated that mental health professionals, as a group, still hold negative belief and attitudes toward people with psychiatric disability as does the general public

Sample Description N=69

Variable			Variable		
Gender	Male	7	Age	Mean=44.67	SD=13.8
	Female	42	Outpatient Tx Ever	Yes= 64	NO=5
	Missing responses	20	Outpatient Now?	Yes=44	No=20
Race/ Ethnicity	Black	3	Medications	Yes=42	No=22
	White	43	Inpatient Tx	Yes=30 Mean=4.6	No=37
	Latino	2			
	Other	1			
	Missing	20			

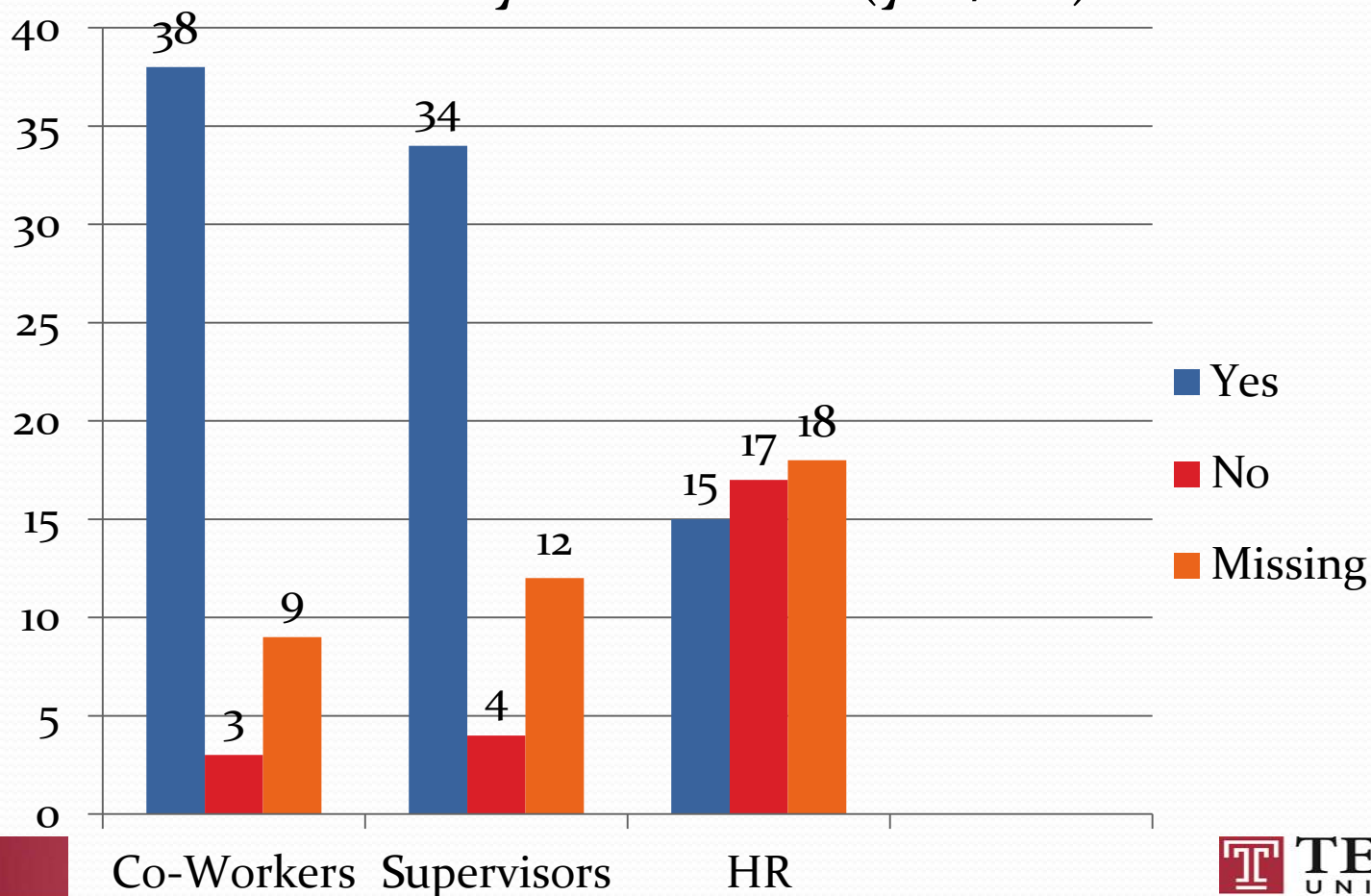
Sample Description (N=69)

- Respondents:
 - 2 Psychologists, 1 Psych RN, 27 Mental Health Professionals (LPC, SW, Marriage & Family Counseling), 1 D& A counselor, 5 Case Managers, 3 Allied Health Prof , 11 Other (Management, etc)
- Diagnoses reported (more than one) :
 - 40 Anxiety/PTSD/OCD, 29 MDD, 15 Bipolar Disorder, 7 ADHD, 6 Borderline Personality Disorder, 6 Dysthymia, 5 Adjustment Disorder, 3 Eating Disorder, 2 Learning or Communication disorder, 1 Schizophrenia or other psychotic illness, 8 Other

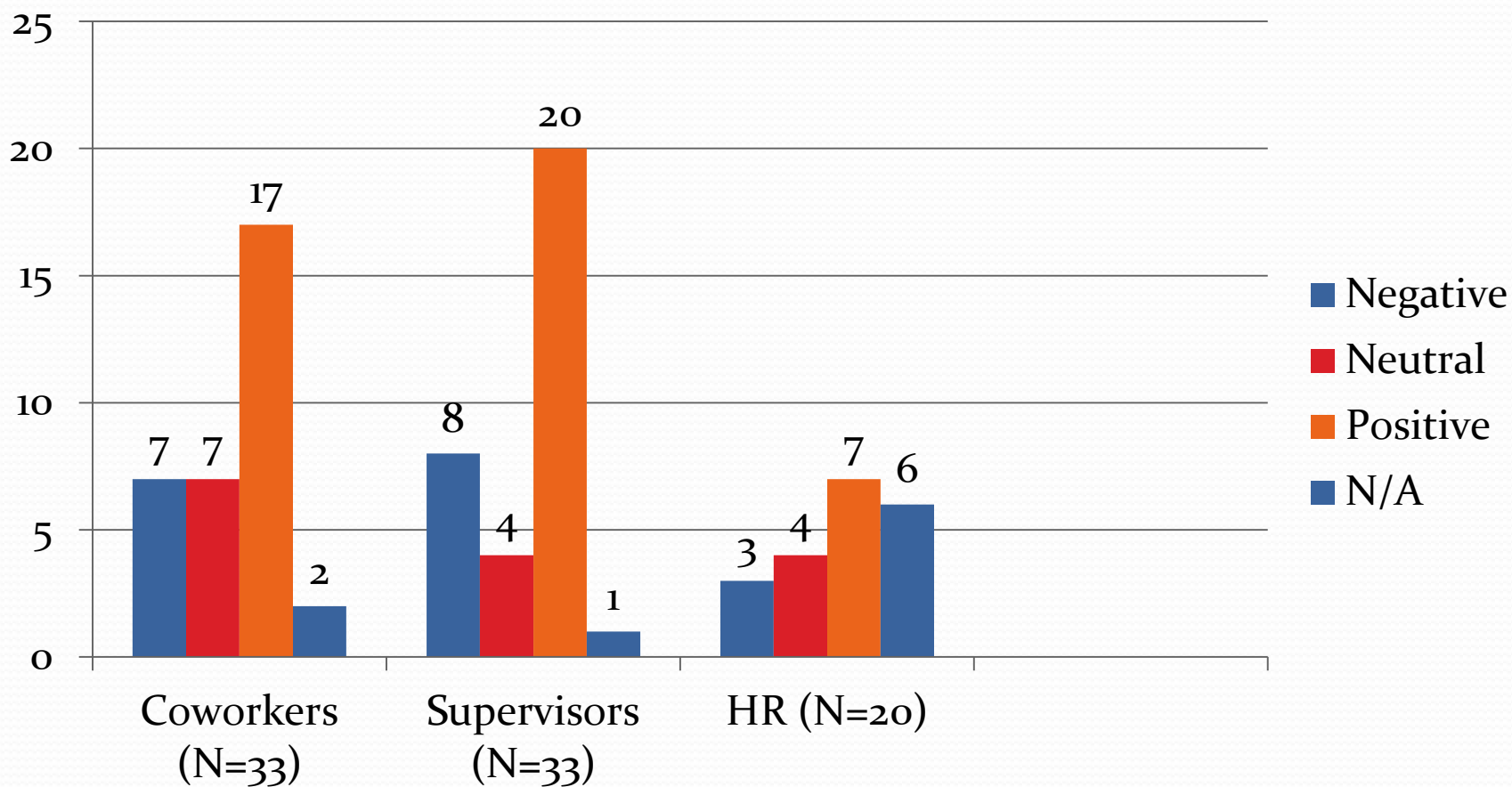
Disclosure at the workplace (N=50)

Yes = 50 No = 19

To whom did you disclose (yes/no)?



Disclosure Experiences (N=50)

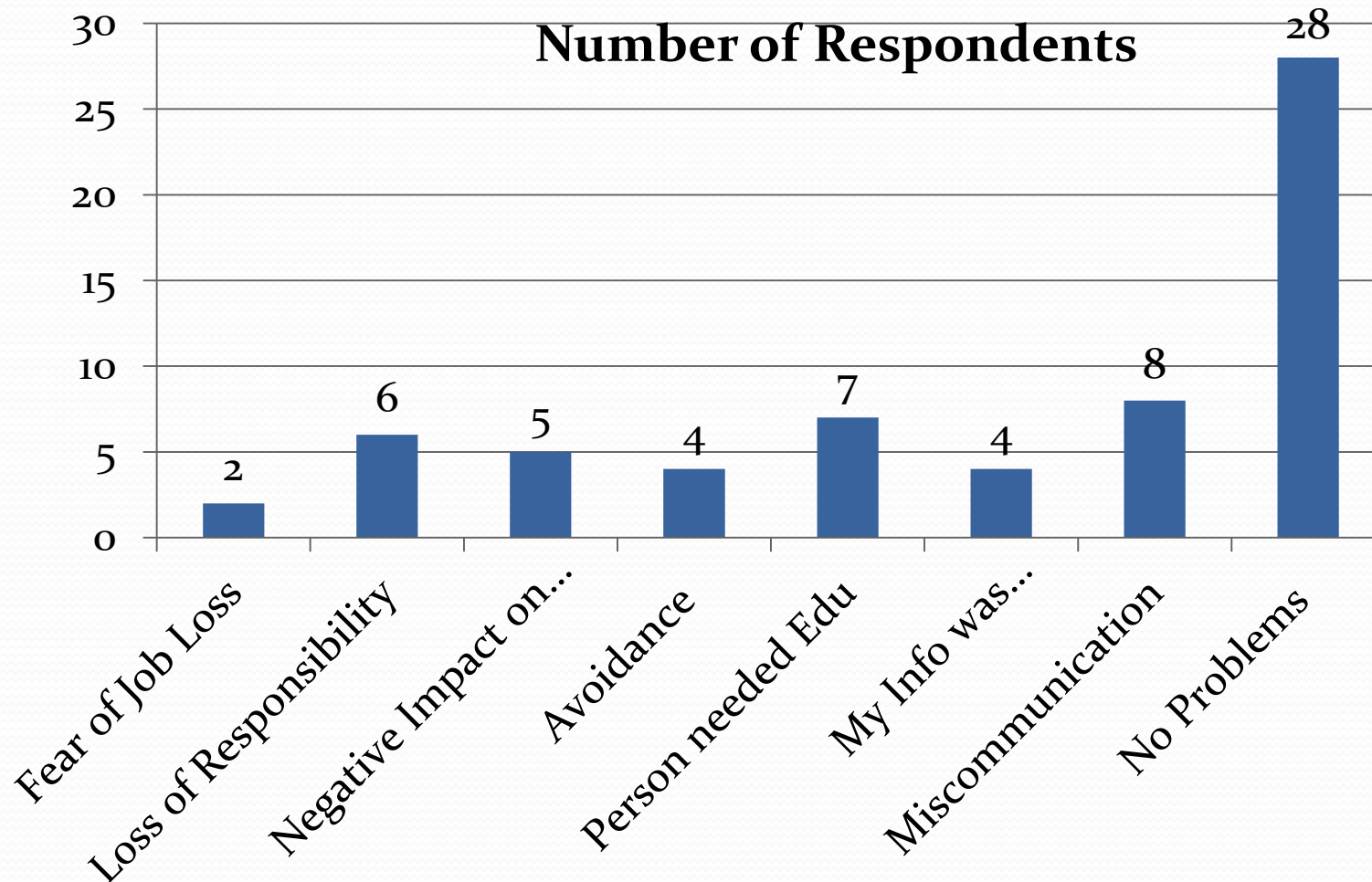


Disclosure Benefits* (if disclosed)

Benefit	WHOM		Benefit	WHOM	
Support	Coworker	N=27	Normalization	Coworker	N=31
	Supervisor	N=24		Supervisor	N=17
	HR	N= 7		HR	N=7
Mutual Disclosure	Coworker	N=24	Stigma	Coworker	N=13
	Supervisor	N=9		Supervisor	N=13
	HR	N=0		HR	N=5
Accommodations	Coworker	N=1	None	N= 4	
	Supervisor	N=8			
	HR	N=4			

* More than one response within a Benefit category possible

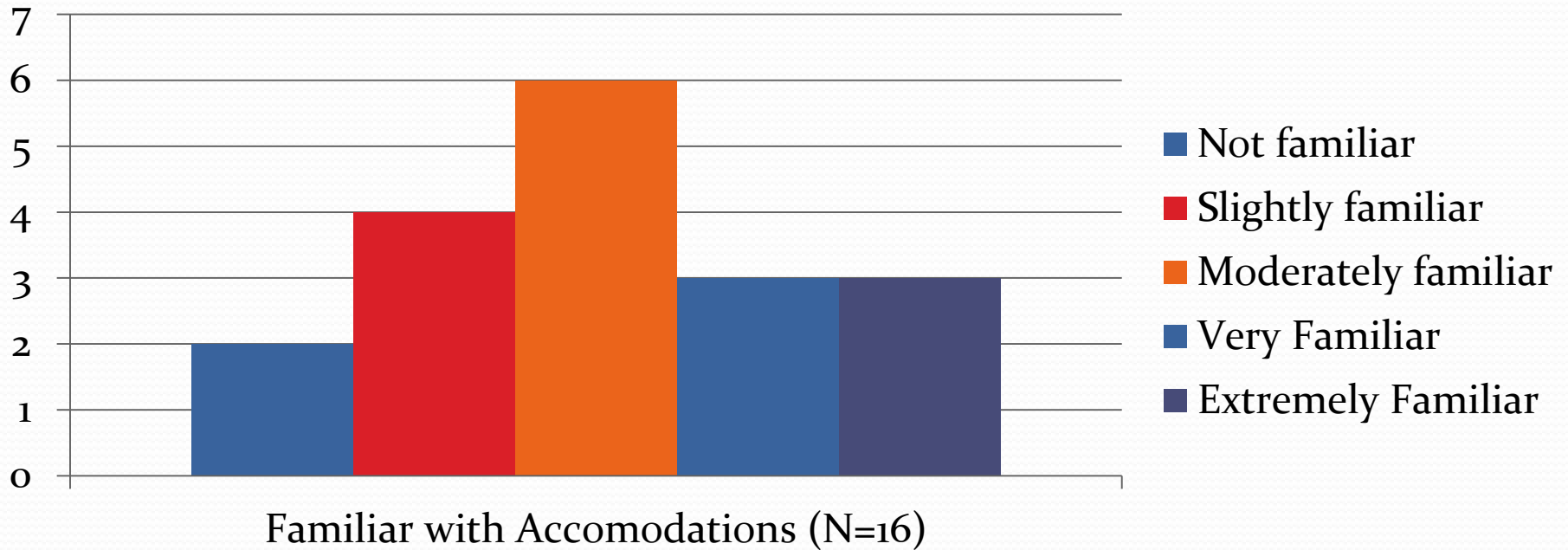
Disclosure Problems (if disclosed)



Disclosure Regrets

- Of N=43 people that answered this question 4 participants indicated that they regretted this decision
 - Reasons (somewhat paraphrased):
 - Occasional crying at work → ostracized by coworkers , lost job
 - Micro aggression
 - Felt harassed and bullied

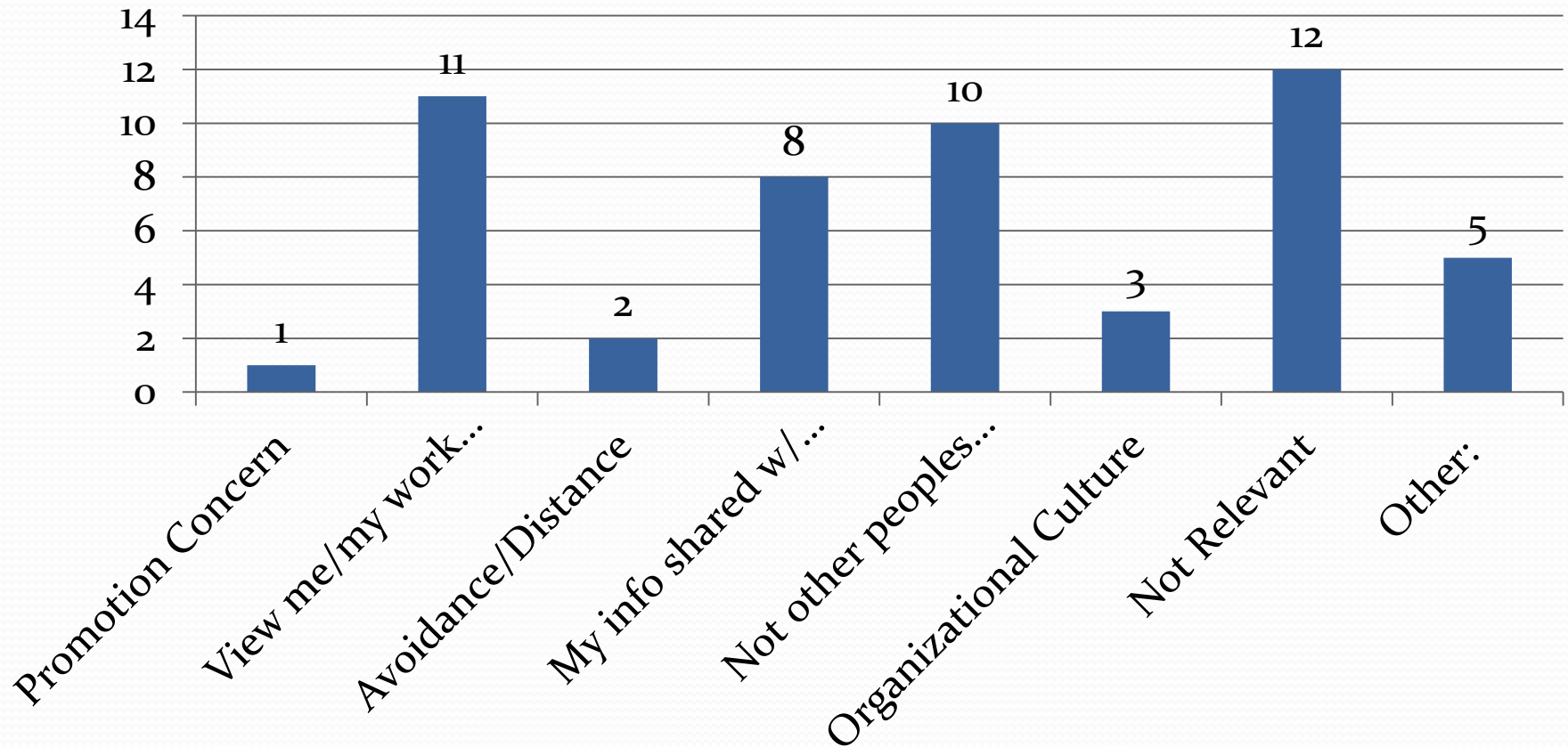
Accommodation Info



- 3 people said they requested accommodation at their current job
- 15 people said they did not request them because they did not need them

Why did respondents not disclose

- 19 people reported not disclosing



Sample Qualitative Responses: Disclosure decision, what helps?

- When I feel it would be appropriate and will benefit another individual, coworker or client
- Recipient of disclosure has an understanding of mental health issues
- Recipient of disclosure has also shared or volunteered personal information
- My position or reputation is not threatened
- Only when I am legally required to disclose (such as for licensure)
- Needing accommodations
- My mental health conditions are impacting my work

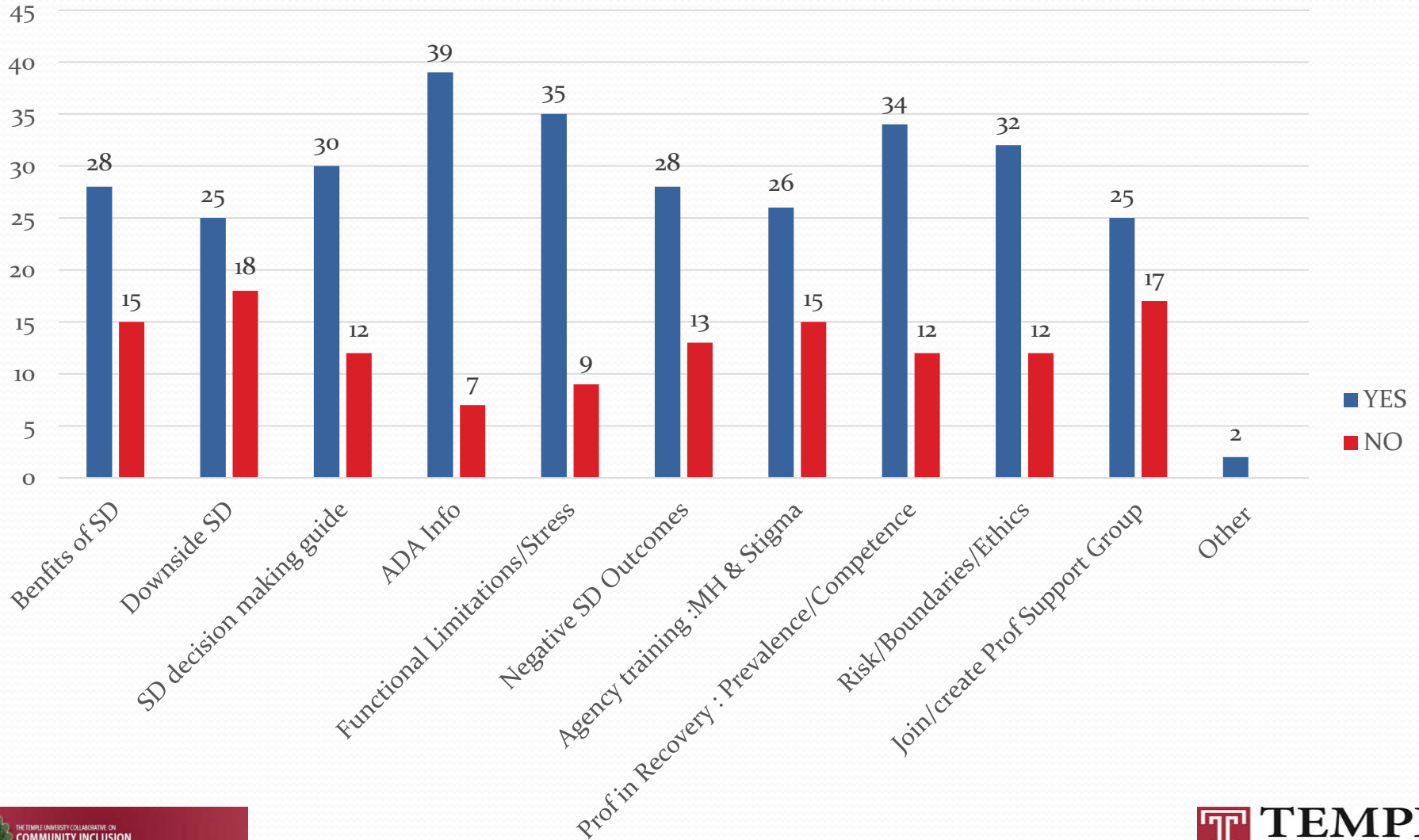
Sample Qualitative Responses—What can your agency do to make you feel more comfortable disclosing?

- Address Workplace Culture and promote Recovery Environments for staff as well as clients
 - Post or publish policies regarding disclosure and/or accommodations
 - Ensure that supervisors are supportive and interactive with staff
 - Encourage, support and nurture strong, healthy self-care practices
 - Talk about disclosure more openly

Sample Qualitative:continued

- Have an awareness day
- Don't talk about client populations as "them vs. us"
- More information about mental health issues in the workplace
- Communicate to staff in a non-judgmental way, do not practice stigma themselves
- Create welcoming spaces and set aside quiet time each week [so we the staff with MH issues can] decompress
- Be aware of the power of language
- Be explicit about the value of lived experience

Self Disclosure Trainings Requested



CREATING WELCOMING MENTAL HEALTH WORK ENVIRONMENTS

By Laura E. Weider, MPH, DrPH(c)

Mark S. Salzer, PhD

Temple University Collaborative on
Community Inclusion of Adults
with Psychiatric Disabilities

RECOMMENDATIONS
FOR FULLY EMBRACING
AND SUPPORTING
CLINICAL STAFF WITH
MENTAL ILLNESSES

<http://tucollaborative.org/wp-content/uploads/2016/02/Welcoming-Work-Environments.pdf>

Vision Statement

- BUILD A VISION STATEMENT that reflects
 - your agency's values as they relate to creating a more welcoming environment
 - the principles that drive agency actions in this regard;
 - a set of agency objectives

Strengthening the Foundation of a Welcoming Work Environment

- **DEVELOP AN UNDERSTANDING OF ISSUES IN YOUR AGENCY**
 - CONDUCT MENTAL ILLNESS INCIDENCE AND PREVALENCE SURVEYS
 - CONDUCT KEY INFORMANT CONSULTATIONS
 - CONDUCT A RISK ASSESSMENT
 - Is the work or environment causing mental health distress or exacerbating pre-existing issues?
- **IS THE AGENCY MAXIMIZING BASIC MENTAL HEALTH SUPPORTS FOR YOUR STAFF**
 - ASSESS YOUR AGENCY'S HEALTH PLAN
 - CREATE TRANSPARENCY WITH YOUR PHARMACY BENEFITS MANAGER
 - IMPLEMENT AN EMPLOYEE ASSISTANCE PROGRAM

WELCOMING MANAGEMENT STRATEGIES

- DEVELOP A WELLNESS COMMITTEE
- IMPLEMENT WELCOMING HIRING GUIDELINES
 - Ensure that HR staff are fully welcoming of people with mental health issues and discuss accommodations and other information
- ENACT WELCOMING PROMOTION POLICIES
 - Ensure that promotion discussions do not involve references or allusions to illness or disability
- DEVELOP NON-DISCRIMINATORY TERMINATION POLICIES
 - Accommodations should be provided related to mental health impairments; termination reflects inability to perform the job rather than just the presence of an illness
- INTEGRATE DISABILITY MANAGEMENT POLICIES
 - Sick leave and disability leave should be equally applied to mental health issues as for physical issues

WELCOMING MANAGEMENT STRATEGIES

- PROVIDE COMPREHENSIVE SUPPORT TO CLINICIANS
 - Create an open atmosphere are mental health issues and provide supports to enable the employee to continue to work as much as possible
- ENSURE REASONABLE ACCOMMODATIONS
- ESTABLISH AN AGENCY POLICY ON CONFIDENTIALITY
 - Information about mental health issues should not be shared with other co-workers; eliminate gossip about mental health issues
- PLAN FOR THE CLINICIAN'S RETURN TO WORK
 - Ask the individual what they need to be most successful as they return to work
- ENSURE THAT CLINICIANS EXIT WITH DIGNITY
 - If things do not work out then make sure that departures are done in a way that promotes respect and dignity

PRACTICES AND PROGRAMS

- PROVIDE TRAINING FOR SUPERVISORS
- INCREASE SENSITIVITY AROUND SPOKEN COMMUNICATION
- DEVELOP SENSITIVITY AROUND REASONABLE ACCOMMODATIONS
- CREATE OPPORTUNITIES FOR INTERNAL STAFF COLLABORATION
 - Promote practices where people work together and support one another
- ADOPT AN AGENCY POLICY ON EMPLOYMENT OF SUPPORTIVE VENDORS
 - Work with vendors that have a vision and inclusionary practices around mental health issues that your agency has
- INSTITUTE WORKPLACE WELLNESS ACTIVITIES

IMPLEMENTATION AND EVALUATION

- GENERATE SUPPORT AMONG AGENCY STAKEHOLDERS
 - Include a broad-range of staff, administrators, board, consumers, and community in the process
- ESTABLISH A COORDINATED IMPLEMENTATION PROCESS
- IDENTIFY AND TRAIN KEY STAFF FOR IMPLEMENTATION
- EVALUATE THE EFFECT OF YOUR WELCOMING WORK ENVIRONMENT

References

- Kottsieper, P. (2009). Experiential knowledge of serious mental health problems one clinician and academic's Perspective. *Journal of Humanistic Psychology*, 49(2), 174-192.
- Salzer, M.S. (2010). Certified peer specialists in the United States Behavioral Health System: An emerging workforce. In L.D. Brown & S. Wituk (Eds.). *Mental health self-help: Consumer and family initiatives* (pp. 169-191). New York: Springer.
- Schulze, B. (2007). Stigma and mental health professionals: a review of the evidence on an intricate relationship. *Int Rev Psychiatry*, 19(2), 137-155. doi: 10.1080/09540260701278929
- Wahl, O., & Aroesty-Cohen, E. (2010). Attitudes of mental health professionals about mental illness: a review of the recent literature. *Journal of Community Psychology*, 38(1), 49-62.
- Welder, L.E., & Salzer, M.S. (2016). *Creating Welcoming Work Environments Within Mental Health Agencies: Recommendations for Supporting Agency Staff with Mental Health Conditions*. Temple University Collaborative on Community Inclusion of Individuals with Psychiatric Disabilities.