Temple University
Collaborative
On Community Inclusion of Individuals with Psychiatric Disabilities

CREATING WELCOMING MENTAL HEALTH WORK ENVIRONMENTS

RECOMMENDATIONS FOR FULLY EMBRACING AND SUPPORTING CLINICAL STAFF WITH MENTAL ILLNESSES

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Section I.

Introduction: The Importance of Creating a Welcoming Work Environment in Mental Health Agencies

This document focuses on strategies for creating more welcoming work environments within mental health agencies for staff members with mental health conditions. The document seeks to provide readers – those who have been diagnosed with a mental health issue as well as agency CEOs, board members, supervisors, managers, and anyone else that might derive benefit from our suggestions— with a set of ideas and strategies that can be implemented to better support agency colleagues by creating and maintaining a positive, supportive, and welcoming work environment that enhances work life for *all* employees.

Why should creating a welcoming work environment matter? There are five broad arguments in favor of taking timely action:

- First, mental health agencies should recognize that they have always employed individuals with mental health issues whether these issues have been acknowledged or unacknowledged, and that developing a welcoming work environment makes financial sense. This is the 'business case' presented in greater detail below: there are both direct and indirect financial costs associated with ignoring or delaying a response to the emotional problems of all employees.
- Second, the 'business case' can be expanded to champion all aspects of employee health; in other words, understanding and responding to the interconnectivity of physical and mental health conditions leads to increased productivity, creativity, and wellness within your workplace.
- Third, the quality of the clinical and rehabilitation services provided by employees can be improved by supporting staff who have faced their own mental health challenges. Staff with the lived experience of a

mental illness may demonstrate a greater commitment to your agency's mission and may offer a unique understanding of the process of care that can enhance outcomes.

- Fourth, creating a truly welcoming work environment is a core legal responsibility of agencies: it is an employer's responsibility to create a safe and tolerant environment, free from prejudice and discrimination, and one in which staff are not afraid to disclose their own past or current mental illness. By fostering an open workplace atmosphere, your employees will be able to obtain the accommodations needed to help them flourish in their job and will be given fair consideration in relation to all agency employment practices and procedures.

- Fifth, it is important for mental health agencies to be true to their own values: providers ought not to be in the position of arguing for the rights of the individuals they serve to participate fully in the life of their communities without insuring that those rights – that sense of welcomed participation – apply within the agencies' relationships with its own staff members. Certainly, the expanding use of Certified Peer Specialists, whose own history as recipients of mental health services is a pre-requisite to employment, is an important step in 'walking the walk.' So too is the support agencies provide – through their policies, programs, and practices – to other staff working in non-peer clinical roles.

This document is designed to raise awareness and serve as a purposeful and streamlined list of suggestions rather than being a detailed "How To" manual. All agencies differ in terms of needs, resources, priorities, and perspectives on what will work for them. Section I further elaborates on the importance of creating a welcoming environment. In Section II, we introduce the reader to over two dozen specific strategies that may be developed and carried out to enhance the work environment. Section III provides suggestions for jump-starting an agency's efforts to strengthen its welcoming work environment, for those readers who might have more limited resources or who would simply like to get going a bit more quickly. Finally, we wrap up in Section IV, and in Section V, we provide helpful resources to assist you in further exploration of your welcoming work environment journey.

Building the Clinical Case: Embracing Clinical Staff with Mental Health Issues

The second author of this document (M.S.S.), who is a licensed psychologist, has spent over 25 years studying peer support and observing the growth of this emerging workforce.[1] One major barrier to the effectiveness of the peer support workforce is the limited extent to which they are welcomed and included as equal members of the mental health professional community.[2]

The basis for such concerns runs deep. It is well documented that the general public has fairly strong negative beliefs and attitudes toward people with mental illnesses, which leads to the discrimination that people experience. Unfortunately, a growing number of studies on the beliefs and attitudes of mental health *professionals* towards people with mental illnesses suggest that they have similar notions about the people they aim to help. In one review of the research, Schulze[3] concludes that ''nearly three quarters of the relevant publications report that beliefs of mental healthcare providers do not differ from those of the (general) population, or are even more negative'' (p. 142). Wahl & Oroesty-Cohen[4] reached a similar conclusion in their review a few years later, in which they found both more favorable and less favorable beliefs and attitudes among mental health professional as compared to the general population - "It may be more appropriate, then, to conclude that results are mixed with respect to the nature of professional attitudes toward people with mental illnesses. This is the same conclusion reached by Schulze in her 2007 review." (p.58)

It is highly likely that the same beliefs and attitudes that may affect the full inclusion of peer specialists in the mental health system may also apply towards those in the clinical workforce who also experience mental health issues but work in non-peer roles. This concern has been reinforced by stories we have heard about individuals who report negative reactions to their "coming out" to mental health professional colleagues, and non-peer support professionals who

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[1] 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. New York: Springer.

[2] Salzer, M. S., & MHASP. (2002). Consumer-delivered services as a best practice in mental health care and the development of practice guidelines. Psychiatric Rehabilitation Skills, 6, 355-382

[3] 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

[4] 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.

will not speak on telephone-based mutual support calls out of fear of being identified and thus "outed," with feared negative consequences.

If mental health professionals in non-peer support roles do not feel welcomed then we likely will have an even more difficult time creating such environments for our peer support workforce.

This is not to suggest, however, that behavioral problems among clinical staff should be ignored. Mental health and substance abuse issues experienced by any clinicians can have an impact on care. This is why various disciplines have established guidelines that include the responsibility for those who are at-risk for problems, or actively experiencing problems, to take appropriate steps to protect the patients/clients/consumers with whom they work. The presence of these same guidelines also reinforces the notion that having a mental illness does not automatically disqualify one from practicing.

Furthermore, a colleague of ours, Petra Kottsieper, has written convincingly about the clinical value of strategic disclosure to clients of the clinician's mental health issues.[5] Such experiences can be a tool and seen as a benefit rather than a mark of incompetence and shame.

We are only briefly and lightly touching on this complicated issue in this document. Please contact The Temple University Collaborative on Community Inclusion for additional information and training on this topic.

Building the Business Case: The Cost of Mental Illnesses in the Workplace

One significant facet of building a welcoming environment is to ensure that adequate healthcare coverage is offered to employees. Health and mental health conditions among staff, if left unrecognized and unaddressed, are likely to have significant financial costs to providers. This is so both because of the link between chronic physical disease and mental illnesses and the way mental health conditions impact work performance.

Chronic physical disease and mental illnesses: Chronic physical disease conditions are long-lasting, non-communicable illnesses that usually cannot be

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[5] Kottsieper, P. (2009). Experiential knowledge of serious mental health problems one clinician and academic's Perspective. Journal of Humanistic Psychology, 49(2), 174-192.

cured. While they are the leading cause of both death and disability in the United States, causing seven out of 10 deaths each year[6], they rank among the most preventable and treatable of all health conditions. Familiar chronic diseases include heart disease, diabetes, cancer, and arthritis

There is also a significant link between these chronic diseases and mental health conditions. This finding is especially strong in the case of chronic disease and depression: individuals suffering from chronic disease are more likely to also experience depression.[7] Although researchers are not clear on the cause of the link between mental health conditions and chronic physical diseases, specific factors have been identified that can increase an individual's risk of developing a mental illness. Risk factors for chronic disease are more well-defined and can be categorized into modifiable risk factors (those you can change) and non-modifiable risk factors (those you cannot change).

Risk Factors

- Genetic factors
- Neural communications
- Failure to adapt to a stressful life event
- Lack of childhood nurturing
- Poverty
- Costs of treatment
- Lost productivity

Protective Factors

- Sense of belonging
- Positive work climate
- Opportunities for success and recognition of achievement
- Economic security
- Good physical health
- Attachments and networks within the community
- Access to support services

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[6] Centers for Disease Control and Prevention. Death and Mortality. NCHS FastStats Web site. http://www.cdc.gov/nchs/fastats/deaths.htm.

[7]. Chapman DP, Perry GS, Strine TW. The vital link between chronic disease and depressive disorders. Prev Chronic Dis [serial online] 2005; 2(1). The Vital Link between Chronic Disease and Depressive Disorders. http://www.cdc.gov/pcd/issues/2005/jan/04_0066.htm. Accessed September 23, 2015.

"The failure to prevent, recognize and treat mental health problems in the workplace has an effect on employers, employees and their families, and the community generally."[8]

Because the nation's healthcare system short-changes preventive care by leaving unfunded programs that can directly address these risk factors for chronic physical problems, treating chronic disease is costly and accounts for approximately 75% of total national health expenditures,[9] the greatest portion of which are funded through employer health care insurance programs. The scope of *mental health issues* within the U.S. workforce is similarly great: about one-third of those individuals experiencing a mental illness are also employed[10] and almost a quarter of the U.S. workforce experiences a mental or substance abuse disorder.[11] The mental illnesses known to be most common in the workplace are alcohol abuse or dependence (9%), major depression (8%), and social anxiety disorder (7%). ***However, seventy-one percent of workers with mental illnesses have never sought assistance from a medical or mental health caregiver for their symptoms.[12] This is a key point of intervention for employers and their employees.*** Given these figures, it is not surprising that a portion of our mental health workforce likely experiences mental health and/or substance use issues themselves.

[8] *Mental health policies and programmes in the workplace*. Geneva, World Health Organization, 2005 (Mental Health Policy and Service Guidance Package).
[9] Centers for Disease Control and Prevention. Chronic Diseases: the Power to Prevent, the Call to Control, At-a-Glance 2009. Atlanta, GA: U.S. Department of Health and Human Services, 2009.

http://www.cdc.gov/chronicdisease/resources/publications/aag/pdf/chronic.pdf. Accessed September 23, 2013.
[10] Kaye, H.S. Employment and Social Participation Among People with Mental Health Disabilities. San Francisco: CA: National Disability Statistics and Policy Forum; 2002.
[11] . Herz, RP, Baker, CL. The Impact of Mental Disorders on Work, Pfizer Facts series, June 2002. This report is an analysis of the National Comorbidity Survey data, 1990-1992, Institute for Social Research, University of Michigan, funded by the National Institute of Mental Health and the National Institute of Drug Abuse, and the W.T. Grant Foundation; 2002.
[12] *Mental health policies and programmes in the workplace*. Geneva, World Health Organization, 2005 (Mental Health Policy and Service Guidance Package).

Complications due to both untreated physical and mental health conditions are the primary drivers of the increased direct and indirect healthcare costs that employers experience. For employees, the attendant prejudice and discrimination that come with mental illnesses, even in mental health agencies, often provide a formidable barrier to achieving health, wellness, and successful employment experiences. This barrier can be circumvented by addressing modifiable risk factors that play a role in many chronic diseases and mental health conditions. Further, these **modifiable risk factors can be targeted within the workplace**. Developing a welcoming work environment includes enhancing the ability of staff who experience mental health issues to access and utilize effective treatments and community support programs themselves, just like providers try to do with consumers of their agency's services.

The impact of mental conditions in the workplace: Unaddressed mental health issues in the workplace affect **employers** economically. Directly, costs to employers are seen through increased absenteeism, reduced productivity, increased costs, and reduced profits. Each American worker with depression is estimated to cost his or her employer $3000; the bulk of this amount is accounted for by absenteeism and loss of productivity, not treatment.[13] Indirectly, employers realize costs through issues such as lowered staff morale, high staff turnover, management time dedicated to addressing factors associated with mental health issues, and employee complaints leading to litigation.

Mental health conditions also affect **employees and their families**. Absence from work due to physical and/or mental health issues may lead to a loss in personal or family income. This, in combination with the costs of accessing health care, may cause serious financial hardship for employees and their families, particularly if employer-sponsored health insurance is not available and if time off for recovery is not granted. The financial and personal burden of having a mental or physical health condition can generate a negative cycle that, without effective intervention, may lead to worsening of the initial problem.

Last, the **community at large** also experiences the impact of chronic disease and mental health conditions. Part of the impact felt includes the cost of

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[13] Harnois GP, Gabriel P (2000) *Mental health and work: issues and good practices*. Geneva, World Health Organization and International Labour Office.

treatment, especially hospitalization.[14] Other costs involving the community are related to the loss of productivity, loss of lives, the sequelae of untreated illnesses, social exclusion, and human rights abuses.

The Impact of mental health conditions among mental health staff: If it is important to create a healthy, welcoming work environment for employees in general, it is particularly crucial to address the integrated mental and physical health needs of the mental health practitioners within your agency. Although there is a heightened public awareness today regarding mental illness in general, there remains considerable prejudice and discrimination within workplace environments, including mental service delivery environments. Grounded in false assumptions that, as healers, treating providers do not struggle with their own mental health issues, mental health practitioners often do not receive the necessary support and understanding from their employers, supervisors, and colleagues.

Furthermore, although agency practitioners are trained to cope with clients' mental health crises, they may not be equally equipped to identify and handle a similar situation occurring among their own colleagues. Similarly, mental health practitioners might not have the self-care tools to recognize and facilitate their own recovery journey alone. This is where a welcoming work environment can be of great value. This toolkit seeks to present an overarching set of objectives and a cohesive list of recommendations that your organization can use to develop its own welcoming work environment which will support and nurture the health and spirit of the practitioners within your agency.

Keep In Mind:

Community integration and work: because work is such an important part of most American lives, the ability to work despite one's mental illness is a key part of sustaining one's connection to one's identity and sense of work, to one's colleagues and community, and to one's financial stability. Helping mental health agency personnel to recognize and grapple with their own mental health conditions – and helping them to feel comfortable in both disclosing their illness and receiving necessary supports – can play a huge role in their own community integration.

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[14] Berto P et al. (1999). Depression: cost-of-illness studies in the international literature: A review. *Journal of Mental Health Policy and Economics*, **3**: 3-10.

Community integration refers to the process by which individuals with mental health issues are able to live, work, learn, and participate fully in their communities.[15] The workplace may positively or negatively affect an individual's work through work content and context. Mental health issues can impact people's lives through both employees' perception of work stressors and employers' response to developing employee mental health issues. Fortunately, employer awareness of risk factors for mental illness and mitigating protective factors for mental health can allow employers to limit the impact of mental illness within the workplace (please see sidebar).[16]

Universal design as a supporting framework: although this toolkit is written with the specific intention to assist mental health agencies in supporting mental health practitioners who themselves struggle with mental illnesses, all of the recommendations are built upon a Universal Design framework. By this we mean: **all** of the objectives and recommendations should apply to **all** employees and **all** persons. The rights, dignity, consideration, and respect accorded to practitioners with mental health conditions should be the same as that given to every individual. This is appropriate and fair and can and should be universally applied. We believe this is one key way to end the silent prejudice and discrimination that still follow many who live with mental health conditions.

Let's get started!

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[15] Salzer, M.S. Introduction. In M.S. Salzer (ed.), Psychiatric Rehabilitation Skills in Practice: A CPRP Preparation and Skills Workbook. Columbia, MD: United States Psychiatric Rehabilitation Association, 2006.

[16] *Mental health policies and programmes in the workplace*. Geneva, World Health Organization, 2005 (Mental Health Policy and Service Guidance Package).

Section II.

Specific Strategies to Create Welcoming Work Environments

A. Developing Your Agency's Vision for a Welcoming Work Environment

The first step on your path to developing a welcoming work environment involves creating an agency vision statement focused on meeting the needs of its practitioners with current or past mental health conditions. The statement can be relatively brief, but can make clear that the agency recognizes and supports the needs of its staff as part of a broad commitment to insuring that it welcomes their full participation in the life of the agency. Doing so will form the foundation for the development of solid management strategies responsive to your agency's individual needs and culture. Your vision statement will also serve as a guidepost and a benchmark upon which your agency can measure its future achievements.

Recommendation 1: *Build a vision statement* that reflects the following three components: your agency's values as they relate to creating a more welcoming environment; the principles that drive agency actions in this regard; and a set of agency objectives. The vision statement should be developed as a collaboration among the agency's executive leadership, board members, and agency staff.

How to do this:

1) Your agency **values** should reflect a balance of stakeholder interests, beliefs, and judgments about what is worthwhile or desirable
2) Your **principles** should derive from the stakeholder values agreed upon and refer to the standards or rules that govern agency actions

3) Your **set of objectives** are deliberately chosen, **SMART** action steps that can be concretely acted upon by your agency and which translate into effective management strategies to realize a welcoming work environment

SMART Objectives Are:

- **S**pecific
- **M**easurable
- **A**chievable
- **R**ealistic
- **T**ime-related[17]

B. Laying the Foundation for Strengthening Your Welcoming Work Environment

Before your agency can begin strengthening its welcoming work environment, it is important to conduct an environmental scan of your organization to define the scope of the task that lies ahead. This will involve: learning more about the issues that practitioners with mental health conditions face; assessing the degree to which current health insurance plans help them to address some of these issues, and soliciting other strategies practitioners feel can help to create a more welcoming environment. Also crucial to bring forth in this broad- based evaluation are beliefs that key agency stakeholders hold regarding mental health parity and current organizational need.

Recommendation 2: *Conduct surveys on the incidence and prevalence of mental health conditions among practitioners* within your agency. The surveys, whether formal or informal, provide an opportunity not only to assess both incidence and prevalence but also the impact of the job itself on the mental health challenges of practitioners

How to do this:

1) Look into administering the General Health Questionnaire (GHQ) (http://www.proqolid.org/instruments/general_health_questionnaire_ghq #subtabs-4) which measures psychiatric symptoms among practitioners

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[17] Doran, G. T. (1981). "There's a S.M.A.R.T. way to write management's goals and objectives". Management Review (AMA FORUM) 70 (11): 35–36.

2) Consider implementing the Occupational Stress Index (OSI) to assess the level of stress experienced by your agency's practitioners
   - The instrument can be requested at: **kbelkic@hsc.usc.edu or Karen.Belkic@radfys.ki.se**
3) Insure that employee screening is always voluntary and anonymous so as not to result in discriminatory practices
4) Employ trained mental health professionals to supervise survey implementation: this means capitalizing on a strength that already exists within your agency!

Recommendation 3: *Conduct key informant interviews with staff:* this more informal assessment approach can be helpful in developing an understanding of the cultural context of mental health issues among all staff within your agency, creating shared expectations around the health and wellness needs of **all** staff, and giving expression to staff satisfaction levels with your agency's current mental health workplace environment

How to do this:

1) Interview practitioners
2) Interview supervisors and managers
3) Interview human resources/hiring staff
4) Interview employee organizations
5) Summarize findings in a report for the agency Board

The Importance of Generating Initial Collaboration:

- An effective consultation process ensures that agency opinion leaders are on board publicly with efforts to create a welcoming work environment

- Leadership support results in overall reduced prejudice around mental health issues

- Dialogue raises awareness of workplace prejudice and discrimination and reduces prejudice by decreasing the taboo that exists around mental illness

Recommendation 4: *Conduct a risk assessment* to identify existing mental health challenges within your agency workplace. The risk assessment seeks to determine whether the job itself creates or exacerbates mental health issues.

How to do this:

1) <u>Identify the challenges</u>. Examine any existing data or research your agency might have on hand to identify particularly stressful working environments that can contribute to an exacerbation of symptoms or substance abuse. An alternative is to conduct a rapid assessment to develop a quick, initial understanding—from an insider's perspective—of challenges within your workplace

2) <u>Decide who might be at risk, and how</u>. Who is most at risk for the challenges you have identified in Step 1?

3) <u>Evaluate the risks</u>. Decide whether the precautions currently in place, if any, are adequate. Can the risk be managed or eliminated?

4) <u>Record the findings</u>. This step is important for evaluation purposes later.

5) <u>Review and revise</u>. Return to the assessment and make adjustments if necessary.

Risk Assessment in Practice:

Scenario
As an employer, you observe high stress levels among your agency's practitioners. You are unsure as to the specific cause(s) for practitioner distress and would like to determine the extent to which the work environment is contributing to practitioner work dissatisfaction.

Solution
Administer an annual survey to provide agency employees with the opportunity to voice those aspects of their workplace, if any, they find most stressful. This will provide your agency with valuable feedback that can be used for targeted interventions.

Recommendation 5: *Assess the adequacy of your agency's health insurance plans:* the agency needs to determine the degree to which its health insurance coverage adequately addresses the mental health needs of practitioners, a core ingredient of a truly welcoming work environment. The evaluation allows your agency to compare health plans and to determine which plan will offer your employees the highest quality healthcare for the best value. Equipped with full knowledge of plan benefits and gaps, you will be better positioned to make a decision

as to the degree to which your plan is aligned with your welcoming work environment vision and goals

How to do this:

1) Utilize surveys such as **eValue8** (www.nbch.org/EValue8-for-Employers), a tool developed by business coalitions and employers to measure and evaluate health plan performance.
2) Engage in discussions with your health plan, mental health vendor, or mental health benefits consultant, asking questions to determine whether your plan provides parity in their coverage of mental health issues and promotes mental health in their organizations. Such conversations demonstrate that mental health matters to your agency.

Recommendation 6: *Create transparency with your agency pharmacy benefit manager (PBM)*

How to do this:

1) Review information on restricted psychotropic formularies
2) Explore the procedures agency employees and their doctors must negotiate to obtain appropriate medications in order to better insure that employees can obtain quality care
3) Bring awareness to your health plan to the fact that psychiatric medications are not interchangeable and have long phase in and phase out periods with attendant trial and error periods. Medication access is a key component of total workplace wellness.

Recommendation 7: *Implement and encourage the use of an employee assistance program (EAP)*

How to do this:

1) Seek information on EAPs that have demonstrated improved employee emotional well-being and improved work performance

2) Establish evaluation approaches to demonstrate the impact on your agency's bottom line via decreases in lost productivity, absenteeism, and healthcare costs

C. Translating Your Agency's Vision into Welcoming Management Strategies

With your vision in place, your agency's next task is to send a clear message to prospective and current employees that your workplace is welcoming of staff with mental health issues. There are several methods that work in concert to accomplish this goal. Many fall under the auspices of the Americans with Disabilities Act (ADA). Others make good business sense, while still others will appeal to your agency leadership on a fundamentally human level. Regardless, the recommendations below **all** signal that your agency inclusively welcomes **all** individuals.

Recommendation 8: *Develop a wellness committee* specifically

dedicated to addressing the issue of creating a welcoming work environment towards people with mental health issues, to include board, executive, and staff levels of engagement in the committee

How to do this:

1) Articulate in an agency policy paper the idea that both direct costs[18] and indirect costs[19] have an impact on your mental health agency's bottom line[20]

Direct Costs to Your Agency:

- Absenteeism
- Disability payments
- Medication costs
- Accidents
- Recruitment expenses

Indirect Costs to Your Agency:

- Lost productivity
- Replacement payroll
- Training expenses
- Time spent administering disability claims

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[18] Every expenditure related to the support of employee health.
[19] Expenditures related to absenteeism, presenteeism, and job satisfaction.

[20] *Mental health policies and programmes in the workplace*. Geneva, World Health Organization, 2005 (Mental Health Policy and Service Guidance Package).

2) "Make the business case," by linking mental illness, reduced productivity, and increased costs within the agency workplace to the data gathered in earlier steps
3) Engage upper management so that your agency's change attempt is synchronized, coherent, and ultimately successful
4) Ensure senior level structural backing is in place to effect committed, lasting change through development of your agency's business case

Recommendation 9: *Implement welcoming hiring guidelines under the ADA framework*

Supervisor Education Should:

- Address and debunk beliefs that employees with mental illness are difficult hires, violent, and absent more frequently

- Stress the importance of speaking of clinicians with mental illness as employees

- Recognize that clinicians with lived experience may bring a certain perspective, a particular dedication, and an enhancement of care to their work

How to do this:

1) Ensure your agency welcomes applicants of diverse backgrounds
2) Determine that your benefits package includes mental health care on parity and treats mental health conditions with the same urgency as physical illness. Coverage should include treatment, prevention, educational programs, and an adequate network of providers.
3) Orient hiring managers and supervisors to mental illness as a dimension of equal opportunity and diversity in the workplace, and facilitate an understanding of ADA provisions
4) Provide human resources and hiring managers with education and/or re-education regarding workplace prejudice, discrimination, and employment practices.
5) Facilitate all-employee communication regarding the reasonable accommodations policy of the ADA, health and wellness programs, and other mental health resources to promote an accepting, and anti-discriminating workplace environment
6) Familiarize hiring managers and supervisors with mentoring practices and programs

Recommendation 10: *Enact welcoming promotion policies guided by ADA requirements*

How to do this:

1) Do not assume that a clinician is not interested in, or not qualified for, an advancement because of a mental illness
2) Do not deny a promotion because of the need to make an accommodation (unless the accommodation would cause your agency an undue hardship)
3) Do not place practitioners with mental health conditions in separate lines of progression or in segregated units or locations that limit opportunity for advancement
4) Ensure that supervisors and managers who make decisions regarding promotion and advancement are well-versed in ADA nondiscrimination requirements

Recommendation 11: *Develop a non-discriminatory termination policy informed by ADA provisions*

How to do this:

1) Develop agency awareness that an employer may not terminate a clinician with a mental illness only because of the presence of a mental health condition or without the provision of reasonable accommodations. Employers cannot refuse to provide a reasonable accommodation that does not constitute an undue hardship and the reason for unsatisfactory performance was the lack of accommodation
2) Adhere to the same termination policies and procedures for all employees, including practitioners with mental health issues

Recommendation 12: *Fully integrate disability management (sick leave and disability leave) into workplace policy:* this minimizes the impact and cost of disability to both the agency and the clinician; supports clinicians who seek treatment or who require hospitalization; encourages return to work of practitioners with disabilities; insures that traditional disability management no longer only considers physical disabilities; and guarantees that, because of your on-the-ground experience and clinical

expertise as a mental health agency, the agency remains central to the interpretation of disability management interpretations.

How to do this:

1) Implement agency mental health prevention programming
2) Utilize an employee assistance program (EAP)
3) Develop agency return to work programs to facilitate ease of job re-entry for clinicians

Recommendation 13: *Provide comprehensive supports to practitioners within your agency*

How to do this:

1) Assist practitioners in addressing their own mental health issues, including around suicidality
2) Offer staff support around practitioner responsibilities to avert potential practice issues, especially when there is an exacerbation of mental health symptoms
3) Take appropriate steps to identify and assist a practicing colleague experiencing **any** type of behavioral health issue
4) Utilize professional support networks to alert fellow practitioners, when possible, when decompensation is observed

Suicide and Mental Health Clinicians:

- Suicide among mental health professionals occurs at a higher rate than among other types of care providers

- The American Psychiatric Association's Task Force on Suicide Prevention found that psychiatrists consistently commit suicide at twice the rate of other physicians

- One out of every four psychologists was found to struggle with suicidal thoughts, and up to one in 16 have attempted suicide

Recommendation 14: *Ensure that reasonable accommodations are provided to all practitioners who request them:* under the ADA, any employee must disclose a behavioral health condition to receive a related accommodation, but significant issues of workplace prejudice and discrimination can surface around disclosure of a mental health or substance use challenge. Implementation of reasonable accommodations – which do not impose undue hardship on the agency - is often part of a comprehensive return to work plan for clinicians

<u>**Steps to Identify and Assist an Impaired Colleague**</u>

1. Recognize a problem exists

2. Develop an awareness of signs and symptoms of behavioral health issues through workplace education and training

3. Document your observations in a careful, ongoing manner

4. Attempt a referral to agency EAP

5. Communicate your concerns with your supervisor

6. Assist with a workplace intervention

7. Follow-up with post-intervention treatment

8. Address return to work issues

How to do this:

1) Schedule modifications, including one or more of the following:
2) Modification of job requirements or the job description
3) Modification of the physical environment
4) Policy changes
5) Provision of human assistance
6) Provision of assistive technology
7) Provision of supervisory orientation and training
8) Provision of co-worker orientation and training

Recommendation 15: *Establish an agency policy on confidentiality*: although as a health care provider, your agency is bound by HIPAA requirements, keeping a practitioner's mental health experience confidential is also your ethical duty. While employers and colleagues may be required to assist a practitioner return to work, ***co-workers do not***

need to know the details of a colleague's behavioral health issue, and policies in this regard should be developed ahead of time by your agency

How to do this:

1) Supervisors should ensure that the confidentiality policy is broadly publicized and understood by all agency employees
2) Supervisors should be well-versed in practitioner's wishes regarding information to be shared with colleagues

Recommendation 16: *Carefully plan for the practitioner's return to work:* connection between the supervisor and the practitioner is extremely important as a recovery tool for generating hope. The ongoing work of maintaining communication between the supervisor and the practitioner facilitates a smooth return.

How to do this:

- Supervisors should not assume that because employment is within a mental health workplace that co-workers will feel comfortable upon their colleague's return. Supervisors should remain attuned to the situation, and ask the individual returning to work for advice on how he/she would like the return to work to be managed.

Recommendation 17: *When necessary, ensure the practitioner exits from the workplace with dignity:* in the rare case when supervisor training in workplace problem-solving and reasonable accommodations do not work, it is essential that higher-level management, human resources, supervisors, and colleagues respect and care for the leaving practitioner's human and professional dignity during the transition

How to do this:

1) Employ deference regarding what is said to colleagues and clients
2) Clarify whether or not future contact would be welcomed by the leaving practitioner
3) Discern whether a farewell event is comfortable for the practitioner

D. Practices and Programs Your Agency Can Adopt to Create a Welcoming Workplace

At this point in the process, the management strategies your agency has taken the time to create will serve as the framework for the practices and programs your agency will begin to develop and implement. This section specifically provides recommendations to address integrated physical and mental health within your work environment. As your organization moves from a strategic to an applied vantage point, you can anticipate a comprehensive and holistic welcoming work environment to take shape within your mental health agency.

Recommendation 18: *Provide training for supervisors, front-line managers, HR staff, and executives in identifying and handling the mental health issues of clinical staff*

How to do this:

1) Clarify with supervisors that although they are often clinically trained it is nonetheless not their job is not to diagnose an illness or act in a counseling capacity, although they can note changes related to work performance and address these with the practitioner.
2) Ensure that any practitioner experiencing symptoms of a mental health issue is aware of EAP services that are available
3) Ensure that practitioners with mental health conditions working in smaller agencies without access to an EAP can utilize their health insurance to seek mental health services
4) Promote access to online and other mental health resources, particularly if no health insurance is available for practitioners within the agency
5) Encourage supervisors to work with human resources regarding the existing personnel policy to provide accommodations and support practitioners during challenging times
6) Remain aware of the seriousness of __all__ suicide threats and seek appropriate referrals and advice on how to handle the situation

Recommendation 19: *Work with supervisors and staff to increase sensitivity around spoken communication in your workplace*

How to do this:

- Avoid usage of derogatory terms in reference to either the mental health status of consumers or staff, either advertently or inadvertently. Derogatory language can be very upsetting when heard by practitioners—both those with and without lived experience!

Recommendation 20: *Assist supervisors and staff to develop greater sensitivity to the need for and implementation of reasonable accommodations*

How to do this:

1) Provide training for supervisors around ADA guidelines and the process of putting in place accommodations for a mental health condition
2) Promote collaboration between supervisors, staff, and your agency's EAP

Recommendation 21: *Create opportunities for practitioners within your agency to collaborate with each other for support*

How to do this:

1) Develop mentoring programs to ease practitioners' return to work
2) Implement a quality circle among practitioners
3) Facilitate group discussions and meetings to prevent distress among practitioners. Consider addressing the following topics:
   - Handling difficult consumers
   - Compassion fatigue (caregiver burnout)
   - Professional boundaries
   - Self-care

What is a quality circle?

- A group of practitioners who meet consistently to dialogue and track the welfare of agency employees in service of facilitating organizational processes for greater mental health
- A fluid system responsive to feedback from staff
- A forum to address quality of services and life within the workplace, communication and participation, working relationships, and team morale and motivation

Recommendation 22: *Consider adopting an agency-wide policy to employ only vendors that support inclusion of people with psychiatric disabilities:* this utilizes your agency's influence to increase employment opportunities for individuals with mental health conditions and can generate thoughtful discourse (hopefully leading to action!) on how agencies employ individuals and how they leverage their funds.

How to do this:

1) Formally incorporate a policy into the contracting process by informing vendors in areas of competition that your agency gives priority to those demonstrating that they hire a threshold percentage (e.g., 5%) of individuals with psychiatric conditions
2) Informally incorporate this policy into conversations with agency vendors. Use your influence and expertise as a provider of mental health services in conversations with your agency vendors by casually talking to vendors about hiring individuals with mental health issues and how your agency might support them in this endeavor. The initial goal is to plant a seed and then remain receptive to any feedback you might receive.

Recommendation 23: Institute workplace wellness activities:

- Raise awareness of factors associated with the development of mental health conditions in your workplace
- Address modifiable environmental risk factors within your workplace

How to do this:

1) Promote resilience-building activities that protect against workplace stress and which promote the integration of physical and mental health
2) Sponsor workplace professional growth opportunities: a solid supervisor-employee working relationship is essential to functional wellness!
3) Make available supervisor training in mental health-friendly supervision techniques
4) Champion internal staff communication that encourages healthy lifestyles

5) Address organizational factors that foster a welcoming environment:[21]
- *Ensure a positive effort to reward balance* by communicating practitioners' value, sending positive work performance messages, fairly remunerating practitioners for their work, and soliciting practitioner input as to the types of rewards they believe to be important
- *Improve communications with practitioners* by ensuring they are part of the planning and decision-making process
- *Improve social support for practitioners* by developing supportive management practices, creating

Methods to Protect Against Workplace Stress

1. Host health and wellness fairs
2. Provide lifestyle change incentives
3. Maintain records of documented organizational benefits such as health cost containment, employee retention, and attendance
4. Provide training and information around self-monitoring of practitioner mental health
5. Establish a library of resources with books and videos on mental health issues from which clinicians can borrow

Examples of Workplace-Sponsored Professional Development Opportunities

1. Ongoing skill development in conflict resolution
2. Effective interpersonal communication
3. Team-building
4. Application of strength-based supervision techniques

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[21] *Mental health policies and programmes in the workplace.* Geneva, World Health Organization, 2005 (Mental Health Policy and Service Guidance Package).

opportunities for social networks to form within the workplace, and instituting policies regarding harassment and bullying

- *Increase clinicians' job control and latitude in decision making* by ensuring task variety and opportunities for clinicians to direct how they work
- *Evaluate practitioners' job demands* by prioritizing task variety, reasonable and flexible working hours, and the use of regular breaks
- *Clarify work roles within the agency* by ensuring practitioners understand the scope of their duties and by reducing role ambiguity and role conflict
- *Create a productive work space* by reducing noise and providing sufficient lighting
- *Clarify organizational structure and practices* by disseminating clear and transparent information about the agency's structure, purpose, and practices

Examples of Internal Communication in Your Workplace to Promote Healthy Lifestyles

1. Email, newsletters, bulletin boards, and face-to-face meetings

2. Annual health and wellness fairs

3. Observance of National Health Awareness Month (May)

4. Host speakers on mental health topics from National Alliance on Mental Illness (NAMI), Mental Health America (MHA), and local mental health organizations to provide education and promote awareness

5. Utilize the above organizations to provide specialized services such as confidential online depression screening for staff

6. Disseminate leaflets challenging myths associated with mental health conditions

6) Address organizational factors that foster a welcoming environment:[22]
   - *Ensure a positive effort to reward balance* by communicating practitioners' value, sending positive work performance messages, fairly remunerating practitioners for their work, and soliciting practitioner input as to the types of rewards they believe to be important
   - *Improve communications with practitioners* by ensuring they are part of the planning and decision-making process
   - *Improve social support for practitioners* by developing supportive management practices, creating opportunities for social networks to form within the workplace, and instituting policies regarding harassment and bullying
   - *Increase clinicians' job control and latitude in decision making* by ensuring task variety and opportunities for clinicians to direct how they work
   - *Evaluate practitioners' job demands* by prioritizing task variety, reasonable and flexible working hours, and the use of regular breaks
   - *Clarify work roles within the agency* by ensuring practitioners understand the scope of their duties and by reducing role ambiguity and role conflict
   - *Create a productive work space* by reducing noise and providing sufficient lighting
   - *Clarify organizational structure and practices* by disseminating clear and transparent information about the agency's structure, purpose, and practices

E. Implementing and Evaluating Your Agency's Welcoming Work Environment

As your organization begins to concretely envision how to frame a new workplace wellness paradigm through the development of strategies, practices, and programs, it becomes increasingly critical that your agency also start to think about ways to follow-through on the initial stakeholder support you have generated. Also important, you will early on want to consider how best to roll out and evaluate the welcoming work environments plan you have created. Strong

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[22] *Mental health policies and programmes in the workplace*. Geneva, World Health Organization, 2005 (Mental Health Policy and Service Guidance Package).

stakeholder connection is intimately intertwined throughout this entire process, as detailed below.

Recommendation 24: *Generate support and collaboration among a broad base of agency stakeholders*

How to do this:

1. Disseminate and communicate the plan to strengthen welcoming workplace strategies, practices, and programs that you have developed: this will aid you in gaining this support
2. Develop methods to accomplish, including:
   - Organizing an event to launch the plan
   - Distributing media content on the plan
   - Holding meetings with various groups of staff to explain the plan
   - Publishing the plan on your agency's website
3. Draw on stakeholders who have helped to develop your overall plans: this support can reduce prejudice around mental illness in the workplace and can encourage other staff to acknowledge similar existing issues**.**

Recommendation 25: *Establish a coordinated process for implementing the strategies, practices, and programs your agency has developed to create a welcoming work environment*

How to do this:

1. Assign responsibility for implementation of the plan to an individual, a department, or a committee.
2. Schedule regular monitoring, reviewing, and reporting requirements to keep involved stakeholders (employer, employees, board members, and funders) aware of and supportive of implementation plans

Recommendation 26: *Identify and train key staff (human resources staff, managers and supervisors, union representatives, etc.) needed to carry out the implementation process*

How to do this:

1. Outline training requirements and objectives in an implementation plan. The content included in the training program will be specific to your agency's priorities for workplace wellness but should be comprehensive of key initiatives included in your welcoming work environment plan
2. Schedule training regularly to ensure that new employees receive necessary information and to update all employees' knowledge

Recommendation 27: *Evaluate the effect of your comprehensive welcoming work environments plan on both individual practitioners as well as on your agency to assist in building an evidence base of effective mental health interventions in the workplace*

How to do this:

1. Formulate your evaluation plan at the same time as your welcoming work environments plan is under development and collect key baseline information before implementation starts in order to measure changes that occur following implementation
2. Collect both quantitative and qualitative data in order to fully understand whether your agency's strategies have been successful
3. Reach out for technical assistance in developing its evaluation
4. Incorporate one or more of the following approaches:
   - *Needs-based evaluation*: reflects the relevance of your plan. Is useful in describing the relationship between the needs of practitioners and your agency and the strategies you have developed.
   - *Formative or process evaluation*: is usually conducted in the implementation phase and produces feedback that will be useful in assisting with policy development. Key questions you might address include: what activities have occurred, where, with whom, and how frequently.

   - *Summative evaluation*: assesses and informs decision-makers about whether specific goals and objectives have been achieved (program effectiveness). The goals measured depend on the specific plan your agency has put in place. For example, you might want to measure practitioner satisfaction, stress levels, or absenteeism.

Section III.

Quick and Easy Ways to Get Started

A number of the recommendations included thus far in the body of this document require a considerable amount of planning, resources, and forethought. However, in recognition that all elements of this approach might not be accessible to every mental health agency, in this section we present a series of suggestions that any agency can promptly implement, irrespective of budgetary constraints. When time and space allow, other more involved recommendations may be added to your agency's welcoming workplace environment plan.

A. Create formal and informal policies regarding workplace conduct

How to do this:

- Strive to establish a workplace culture of tolerance and acceptance
- Ensure that this culture begins with, and is modeled by, the highest levels of your organization

B. Host resilience-building activities that protect against workplace stress

How to do this:

- Encourage agency practitioners to lead these activities using their own interests and strengths (employees training employees)
- Consider holding workshops on problem-solving, effective communication, and conflict resolution

C. Provide training in the tools every supervisor needs to equip themselves with in order to create and support a mental health-friendly environment

How to do this:

- Seek input from supervisors regarding topical areas they feel would be useful in carrying out your agency's welcoming work environment vision
- Develop a concrete agency-wide plan for training your supervisors using available free and/or inexpensive resources (please see Section V: Helpful Resources)

D. Promote mental health-friendly events and activities as well as educational and informational materials

How to do this:

1. Participate in Mental Health Awareness Month (May)
2. Recognize Mental Illness Awareness Week (the first week in October)
3. Sponsor your agency's own consciousness-raising mental health fair

E. Organize an event such as a walk, benefit concert, etc. to generate awareness around the creation of your welcoming work environment

How to do this:

- Seek participation and contributions from your agency's employees in hosting such an event
- Consider strengthening your event by enlisting the support and contributions of businesses and other local mental health organizations that are open to your vision

F. Speak up!

How to do this:

- Spread (through both formal and informal channels) what you know and lessons you have learned as an agency with other mental health organizations

Section IV.

Conclusion

It is the responsibility of every employer, supervisor, and practitioner to contribute to the formation of a welcoming work environment; all major stakeholders must necessarily be on board. Only through policies and procedures of inclusivity can your workplace exist as a truly tolerant and supportive environment. Developing such a work environment is not simply an employment issue—it is fundamentally a human concern. We hope this toolkit provides you with a starting point on your path to creating your agency's welcoming work environment. For additional information, training, and technical assistance, please see our resource list in Section V and/or contact the Temple University Collaborative at:

tucollab@temple.edu

Section V.

Helpful Resources

[Building the Mentally Healthy Workplace: A Strategic Plan for Improving Employer Mental Health Practices](). Mental Health America Wisconsin, 2012. Retrieved from http://www.mhawisconsin.org/Data/Sites/1/media/wpp_strategicplan.pdf.

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[A Guide for Assisting Colleagues Who Demonstrate Impairment in the Workplace](). Washington Health Professional Services, 2013. Retrieved from http://www.doh.wa.gov/portals/1/Documents/Pubs/600006.pdf.

[Making Wellness Worth Your While: Worksite Wellness Toolkit.]() PartnerSHIP 4 Health. Retrieved from http://www.health.state.mn.us/healthreform/ship/implementation/worksite/apprps4toolkit.pdf.

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