



# IBI-PBGH Regional Forum - Mental Health is Bigger than Mental Health

Daniel N. Jolivet, Ph.D., Workplace Possibilities Practice Consultant

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# Disclaimer

The following slides are provided for informational purposes only and do not constitute legal advice. They should not be relied upon or treated as legal advice. This information is intended, but not promised or guaranteed, to be current, complete, or up-to-date, as statutes and regulations are subject to change. You should not act or rely on any information contained in this document without first seeking the advice of an attorney.

# Speaker

**Dan Jolivet** is the Workplace Possibilities Practice Consultant at The Standard, where he provides leadership, analysis, and consultative insights into the workplace possibilities service line. He provides specialized focus on stay at work, return to work, ADAAA non-leave services, health management integration, and other related employer solutions. He is a clinical psychologist licensed in Georgia and Oregon, and has worked in behavioral health since 1981. Dan is also the practice leader for motivational interviewing and goal-directed case management at The Standard.

Prior to joining The Standard, Dan worked in managed behavioral health care organizations for 20 years in a variety of management roles, and was in clinical practice as a child psychologist until 2003.



# Prevalence of Mental Health Conditions

- 18.3% of American adults experienced symptoms of a diagnosable mental health disorder in the previous year
- 7.13% of new STD claims in 2017\*\*
- 8.6% of new LTD claims in 2017\*\*
- 1.3% of Stay-at-Work referrals\*\*\*
- 19.8% of Return-to-Work Referrals\*\*

\* Substance Abuse and Mental Health Service Administration (SAMHSA) report, the 2016 National Survey on Drug Use and Health (NSDUH)

\*\* IBI Benchmark data (all employers) represents full 2017 calendar year.

\*\*\* Combined insured and self-insured results between January 1, 2009 and December 31, 2018, based on internal data developed by Standard Insurance Company. Excludes employees who RTW on their own.

# Breaking the Silence Around Mental Health Conditions

People coping with mental health issues tend to avoid disclosing this to others for three main reasons:

- Shame
- Denial
- Stigma

# Top Two of Three Challenges\*

## Challenge 2

### Comorbidity and return-to-work impact

If an employee has a serious physical illness or injury, he or she may be at risk for comorbidity, the presence of multiple health conditions at the same time. Comorbidity can affect the length of an employee's leave.

For example, an employee who had a heart attack may experience depression or anxiety as he or she recovers. Not recognizing or treating both conditions could result in a delay in the employee's recovery.

## Challenge 3

### Mental health conditions and accommodations

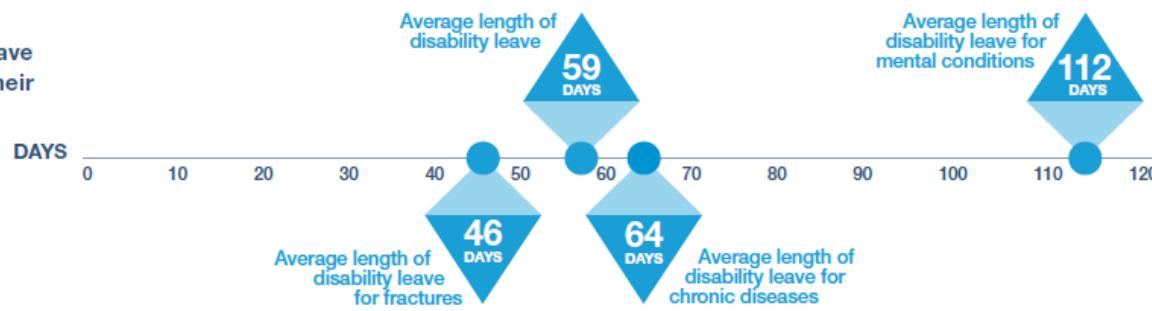
Employers may find it difficult to accommodate the needs of an employee with mental illness. In our survey, employees who indicated a mental health condition required some of the longest leaves.

However, employers can provide support through connections to workplace resources. This type of assistance can help employees feel valued and provide them with the resources needed to stay at work or return to work.

\*The Standard's Employee Disability Leave Study, 2017

# Leave Length Varies By Condition

For employees who required a disability leave, their overall leave length varied depending on their health condition.



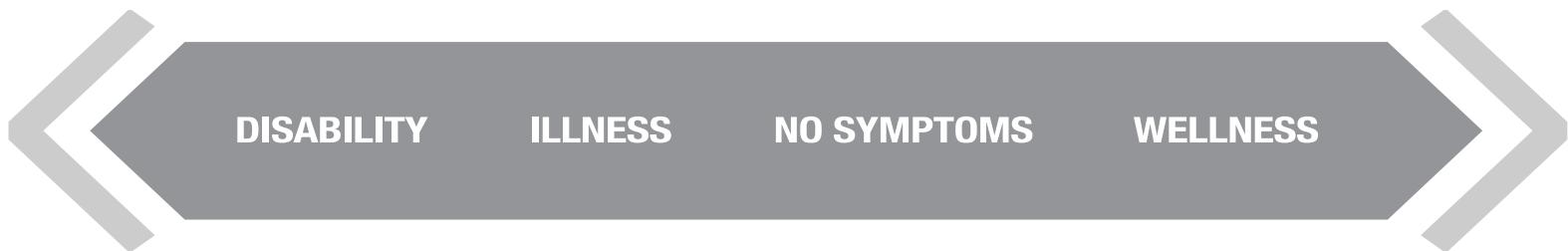
\*The Standard's Employee Disability Leave Study, 2017

# Stages of Impact



# The Well-Being Continuum

A person's physical and mental health may vary over time across a well-being continuum.



# Five Stages of Impact

	STAGE 1 GENERAL WELL-BEING/ PRE-CLINICAL	STAGE 2 EARLY CLINICAL SYMPTOMS	STAGE 3 CLINICAL IMPACT	STAGE 4 CHRONIC IMPAIRMENT	STAGE 5 RECOVERY
SYMPOMTS	None, Acute, Mild	Moderate	Severe	Chronic: “Disability Mentality”	Moderate or Mild
POSSIBLE WORKPLACE MANIFESTATIONS	Presenteeism • Standard Performance Management	Absenteeism/Presenteeism • Additional Performance Management	Time away from work	Job Loss	Return to Work • Own Job • Any Job
LEGAL/REGULATORY IMPLICATIONS	None	FMLA/ADAAA Accommodations		ADAAA Accommodations	
EMPLOYER RESPONSE	• Risk Assessment • Wellness Program with Mental Health Promotion and Resilience-building • Employee Assistance Program	• Stay-at-work Interventions	• Short-term Disability • Goal-directed Case Management	• Long-term Disability • Goal-directed Case Management	Return-to-work Interventions
CLINICAL RESPONSE	• Employee Assistance Program	• Outpatient Treatment	• Inpatient Treatment		• Outpatient Treatment

# Recovery is Possible

In the vast majority of cases, the employee will improve, leading to recovery and return to work.

- This can happen at any point in the cycle.
- It happens naturally for most people as part of the usual course of their condition, but the following may lead to a shorter disability duration and higher probability of returning to work.
  - support from their employer
  - reasonable accommodations
  - appropriate treatment and interventions by the disability insurance carrier, particularly referrals to EAP and/or appropriate behavioral health professionals

# How to Start the Conversation

If you notice a change in an employee's performance or conduct, that may be an indicator of a behavioral health condition. You can use that to start a conversation that can help you identify ways to help them cope better and reduce the impact of their condition on their work.

Start the conversation by noting the behavioral change you've seen and then asking how you can help.

For example:

*"I've noticed you've had some attendance issues recently. Is there anything I can do to help?"*

# Resources

- Reports
  - [DMEC White Paper: Managing Optimal Performance Through Behavioral Health Conditions](#)
  - [Employee Disability Leave Study](#)
  - [Absence and Disability Readiness Index](#)
- Blog Posts
  - [Overcoming Stigma Around Mental Illness and Violence](#)
  - [How Can You Accommodate an Employee Who's Depressed?](#)
  - [Six Things to Do \(and One to Avoid\) When Communicating With an Employee on a Behavioral Health Leave](#)
  - [The Opioid Epidemic: How to Address Drug Use in the Workplace](#)

# References

- [Mentalhealth.gov](#) myths and facts about behavioral health conditions
- The [EEOC resource](#) on applying performance and conduct standards to employees with disabilities
- The [Job Accommodation Network \(JAN\) resource](#) for possible accommodations for behavioral health conditions



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