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

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Disclaimer

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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.
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.

- Average length of disability leave for fractures: 46 days
- Average length of disability leave for chronic diseases: 64 days
- Average length of disability leave for mental conditions: 112 days

*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

<table>
<thead>
<tr>
<th>STAGE 1</th>
<th>STAGE 2</th>
<th>STAGE 3</th>
<th>STAGE 4</th>
<th>STAGE 5</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>GENERAL WELL-BEING/PRE-CLINICAL</strong></td>
<td><strong>EARLY CLINICAL SYMPTOMS</strong></td>
<td><strong>CLINICAL IMPACT</strong></td>
<td><strong>CHRONIC IMPAIRMENT</strong></td>
<td><strong>RECOVERY</strong></td>
</tr>
<tr>
<td><strong>SYMPTOMS</strong></td>
<td>Moderate</td>
<td>Severe</td>
<td>Chronic: “Disability Mentality”</td>
<td>Moderate or Mild</td>
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## POSSIBLE WORKPLACE MANIFESTATIONS

<table>
<thead>
<tr>
<th>STAGE 1</th>
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<th>STAGE 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Presenteeism</td>
<td>Absenteism/Presenteeism</td>
<td>Time away from work</td>
<td>Job Loss</td>
<td>Return to Work</td>
</tr>
<tr>
<td>• Standard Performance Management</td>
<td>• Additional Performance Management</td>
<td></td>
<td></td>
<td>• Own Job</td>
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<tr>
<td></td>
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<td></td>
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<td>• Any Job</td>
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## LEGAL/REGULATORY IMPLICATIONS

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<tr>
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<th>STAGE 5</th>
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</thead>
<tbody>
<tr>
<td>None</td>
<td>FMLA/ADAAA Accommodations</td>
<td></td>
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## EMPLOYER RESPONSE

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<th>STAGE 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Risk Assessment</td>
<td>• Stay-at-work Interventions</td>
<td>• Short-term Disability</td>
<td>• Long-term Disability</td>
<td>Return-to-work Interventions</td>
</tr>
<tr>
<td>• Wellness Program with Mental Health Promotion and Resilience-building</td>
<td></td>
<td>• Goal-directed Case Management</td>
<td>• Goal-directed Case Management</td>
<td></td>
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<tr>
<td>• Employee Assistance Program</td>
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## CLINICAL RESPONSE

<table>
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<th>STAGE 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Employee Assistance Program</td>
<td>• Outpatient Treatment</td>
<td>• Inpatient Treatment</td>
<td></td>
<td>• Outpatient Treatment</td>
</tr>
</tbody>
</table>
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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