

EMPLOYERS GETTING STARTED
On the Road to Mental Health and Productivity

MODULE FOUR

QUESTIONS TO WHICH MANAGERS AND EMPLOYEES NEED ANSWERS

Highlights

This Module is a very detailed look at the challenges of disability management through the eyes of the:

- Individual line manager who is being asked to assume accountability for the disability management and return to work policy and process.
- Individual employee who must navigate these waters while he or she is still feeling shaky, uncertain, probably fearful about what's going to happen.

Following is a sample of the questions that are explained, deepened and answered in this Module:

The Manager

- Does our disability management system work?
- Does the organization have a clear return to work policy?
- What kind of support will I get from my boss?
- Am I supported to become an amateur “shrink?”

The Employee

- What's going to happen to me?
- How will I get up to speed when I go back?
- What happens if I relapse?
- Am I damaged goods?
- Can I handle the pressure?

If they are expected to be accountable for the results of managing disabilities in the workplace, here are questions line managers need answers to in order to protect and equip themselves for these responsibilities.

- **Does the organization have a clear return to work policy – or one at all?**

Make sure that this question is answered by HR in writing and a copy given to both you and your boss. Do not accept simply verbal assurances. Ask to see this policy.

The policy should specify what the company will do and is expected to do in accommodating the return to work of employees on disability leave.

Also, as a matter of personal self-protection, ask for the company's guidelines on human rights as it will govern your own behaviour. If none exists, insist that you receive appropriate advice and instructions anyway.

- **What kind of support can the manager expect from higher-up?**

If employers expect line managers to be accountable for the results of disability management including return to work provisions – and they should – they must make sure managers have support from senior management to:

1. *Observe company policies and human rights and/or employment law. If you think this is the business of the experts only – HR or legal – think again.*
2. *Act according to principles of common decency and the stated values of the organization.*

- **Is the manager supposed to become an “amateur shrink?”**

Obviously not. But ask the question anyway. The idea is to get a clear understanding with your own boss and HR what exactly is expected of you in these matters? What are the limits?

*Managers should be clear on **this**: at no time should your employer ask you to accept responsibility for managing an employee's health. Your focus is performance in line with the spirit and letter of the law, common decency and corporate values.*

It is in this context, as noted elsewhere in EGS, you must ask for the training and coaching needed to manage employee behaviour and distress as a broadened expression of your performance management responsibilities.

Disability management, in fact, must and can be seen as an extension of performance management and it is only then that the role of the manager becomes clear.

- **What kind of job accommodations will I be expected to agree to – how far should I go?**

As a rule, it is simply common sense and humanly decent, as a manager, to work with the employee who is coming back – in partnership, no doubt, with a case manager – to figure out how he or she can perform the essential functions of the job or some aspect thereof.

Can the employee perform those functions, if so, under what accommodations will be helpful to make this happen?

It is important for the line and case manager to give the employee encouragement but also to ensure the employee has a clear perception of his or her own strengths and the need to talk openly about job stress.

In all of this, focus on function and performance not symptoms. Emphasize this to the employee when you talk about returning to work and coming up with a suitable way to accommodate the return to work process.

Also, be clear: when an employee comes back to work, he or she is likely not fully-recovered from her/his illness. In fact, returning to work is part of the recovery process. That is true for almost every disabling illness or injury.

- **Will co-workers see job accommodation as special treatment for the employee return to work? What if they have to do more work as a result?**

This is always possible if co-workers are kept in the dark about the process of accommodation, what those accommodations will be and how the return to work of the employee will affect them.

It is not necessary to talk about diagnosis (what the employee “has”). You are dealing with prognosis – which is the forward movement toward full recovery.

That means you should talk to co-workers about what needs to happen – flexible hours, extra feedback, one task at a time – not the medical reasons for these modifications.

Help them understand their role – and they have one, be clear on that – in the return to work and job accommodations process.

- **Why is this your job? You’re no expert in this. Isn’t this the job of the experts?**

You are responsible for the performance of all the employees who report to you whether they are on the job or off the job due to illness or injury including employees who are still on salary (continuance).

As noted earlier, your focus is performance. Your job is to manage the performance of certain people. Their output is part of the asset base and capital of the organization. Returning to work means recapturing that output and the value of that asset.

No one will expect you to become an expert or to do things you are not qualified or prepared to do in dealing with employee health concerns. You must have professional support and, as noted above, a clear picture of the limits of your responsibilities.

- **What happens after the absent employee comes back to work and goes off the deep end? What am I supposed to do then?**

This isn't likely if, by deep end, we mean some form of aberrant behaviour. On the other hand, relapse happens and that is a natural part of the recovery process. Just like someone who walks too soon on a broken ankle. The swelling returns.

Guide your thinking with these facts:

First, depression and anxiety disorders can be chronic, recurring from time to time.

Second, if a relapse during an episode of depression happens, it should be handled as a not surprising development. Don't see it as a big setback. Or that the employee has failed a test of some sort.

Third, in the course of chronic illness, we should see a difference between relapse within an episode of illness and a re-occurrence of the illness itself after a period of remission. In both cases, these things happen.

With 25% of the population experiencing mental disorders annually, we can't write off that many Canadians simply because there is the inconvenience, pain and disquiet associated with the "return" of an illness. Chronicity continues. Remission happens.

- **When he or she is back, how will I know she's coping with the job?**

Common sense and simple observation will help. Human distress at work is not invisible. It manifests in breathing, watery eyes, complexion (pale), changes in body language, fatigue response and reaction. These are all visible.

But you can also have an arrangement where an employee will come to you or give you the "high sign" that stress is beginning to take its toll. This means the employee should take a break, go home, talk about what may be causing stress and how the two of you can change or tweak the routine.

Finally, information. Depression and anxiety disorders – during the recovery process, when the employee is feeling better but not 100% -- do not produce dangerous, violent or crazy behaviour. Distress may build. You can spot it. And you will not be contaminated by it.

Naturally and inevitably, the employee who is returning to work will have questions and concerns.

Managers should anticipate specific concerns going through the minds of employees coming back from disability leave and answer them, even if the employee does not voice them?

Don't be surprised. Be patient. Don't interpret employee questions as insolence or lack of gratitude or negativism.

- ***What's going to happen to me? Will my job be still there?***

This kind of apprehension is to be expected. The key thing for managers to remember is 1) the person's job is still there; 2) the first step is to agree on how the employee will be accommodated to perform that job; and 3) stay focused on performance.

- ***How will I get back up to speed when I come back?***

Research by scientists at the Centre for Addiction and Mental Health demonstrates that high percentages of individuals returning to work from mental disability do so successfully:

"History of mental disorders is not necessarily associated with unproductive workdays and, in the absence of current symptoms, workplace functioning should be unaffected."

"(Employees) with mental health problems ... are far more likely to show up for work but require greater effort to function up to par."

Managers can usefully give the returning employee explicit encouragement to believe that the accommodation process will improve the odds of a successful return to work and by using the CAMH data, managers can factually demonstrate this.

- ***Do I really want to go back to work to that boss and that job?***

The challenge posed by this question is to confront the reality of the honest-to-goodness facts of the relationship between the employee and the boss. If this relationship is bad, the employee's return to work can be blocked. This is unlawful.

If the employee is a poor performer, the most practical way to handle the situation – as noted in the "re-entry advice provided earlier – is to treat the return to work as a new chapter. The past should be deferred for a time.

A poor performer who knowingly takes refuge in their symptoms as a means of avoiding coming back to work is not living up to their end of the employment contract.

A poor performer who returns to work and performs poorly even under modified circumstances can still be held accountable for that poor performance.

*A **good** performer coming back to work will also likely return to their former selves if the accommodation process runs its course properly.*

A reluctant supervisor or negative boss – or even a management style which runs counter to the kind of support envisaged by an accommodation – must not be allowed to stand as a barrier to that employee's return to work.

- If I go back, what happens if I have a relapse?
- Who else knows what's happening to me, what's wrong with me?
- Will people think I'm crazy, or damaged goods; will look at a chance to fire me?
- How will I ever handle the pressure of the job again?

These questions flow from a central concern about one's acceptance. It is the most fundamental kind of concern in the context of return to work. It is also basic to everyone's ability to perform well even when we're healthy. Acceptance is fuel.

Managers should consider communicating certain information to their returning direct report in anticipation of these concerns or in response to them:

- *Remind the employee that you understand that while he or she is back to work, it will take time to get back to 100% and to feel like your old self.*
- *(It is good policy, in fact, for the manager to call the employee at home before they come into work for the first time since their leave began and break the ice a bit about what's ahead.)*
- *Acknowledge the possibility the employee may be distracted from time to time and there's no crime in that.*
- *Let the employee know that working only a few hours a day for a while may be the best approach but don't start dictating the exact details of the accommodation plan. The employee must have input and feel like it.*
- *Work on performance criteria together that will apply for the accommodation and return to work period which could be as long as six months. Sound flexible and be flexible. Do performance reviews in 2 or 3 week increments, then 3 and 4 weeks. Over-communicate in between. But not excessively.*
- *Give the employee extra feedback focused mostly on progress. You are not a shoulder to cry on. You are a boss trying to recapture the output value of an employee.*
- *With the employee, build-in discrete ways to communicate with each other about how things are going and do not dwell on the past – past problems at work, for example.*
- *Keep this clearly in mind. Recovery and return to work must be defined by forward motion which is re-gained even after a relapse.*

- *Make a particular effort to keep an eye on whether the employee has the time and resources to do the job asked of him or her especially if that employee is working directly for/with other people.*
- *Assumptions:*
 1. *There will be fatigue problems early on so vary tasks during the day; the employee's own judgment when he/she needs a break is a good barometer.*
 2. *There will be concentration problems. Accommodations might include keeping interruptions down, play soothing music, break tasks into smaller units, use daily to-do lists, and give instruction in plain writing.*
 3. *But do not assume "no news is good news" if you are not hearing from the employee. He/she will try to cope. Stay in touch.*

Morale vs. Mental Health

In all of this, it is important not to confuse mental health concerns with morale concerns. The former can mimic the latter. But they are different.

Morale has been described as the emotional foundation for one's enthusiasm, commitment, engagement and confidence born usually from a bond of trust, honesty and recognition for one's effort and how it contributes to the organization's overall goals.

Morale does not necessarily bloom only in fair weather. One rule of thumb is this: morale is shaken less by the nature of bad news than by the manner in which managers communicate that information.

Postscript

Treatment works. And two-thirds of the capacity to return to work occurs in the first 4-12 weeks of treatment. This means employers have a real stake in early intervention and efficient treatment. One important pathway to improved mental health is a comprehensive stress policy. We turn to that in Module Five.