Chapter 1

Mental Disorders in the Workplace

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The likelihood that a person will develop a mental illness over the course of a lifetime depends on a complex combination of genetic, environmental, and developmental factors. With approximately 25 percent of the population having some form of mental health or substance abuse disorder, it makes sense that employees and employers will come in contact with someone in the workplace with a mental health diagnosis.

These difficulties affect life day to day, making it difficult to maintain personal relationships or care for families. Mental illness will follow employees into the workplace despite their wish to compartmentalize feelings and keep their struggles from affecting them during the workday. The reality is that mental illness spills over into all facets of life.

When mental illness goes untreated, there can be an increase in expensive healthcare resources such as emergency room visits and pharmaceutical expenses, as well as short- and long-term psychiatric inpatient stays. Those with undiagnosed depression report to their family practitioners with unexplained aches and pains, insomnia, chronic fatigue, and stomach issues and will make two to four times more use of healthcare resources than the average person.

Medical and mental health issues are strongly linked. People with heart disease, diabetes, and cancer are at an increased risk for accompanying depression. Those who suffer from depression and anxiety are more likely to have a stroke and more than four times more likely to die of a heart attack.

Untreated mental illness and substance abuse in the workplace ranks near the top of the list for lost productivity at work. “Presenteeism” is a phenomenon where an employee does report to work but due to depression, anxiety, or other psychiatric issues, cannot perform at a peak level. Presenteeism takes an even larger toll on employers, with 81 percent of lost productive time at work as opposed to 19 percent by absenteeism.

It is estimated that over a year’s time, one in five adults will experience a mental illness that will significantly impact their lives at home and at work. When we recognize that good mental health is a vital part of one’s overall health, we can understand that mental illness must be treated with the same urgency as physical illness.

As a clinical social worker in private practice, I commonly hear from depressed clients that their family members have urged them to “just snap out of it,” or ask “what do you have to be depressed about?”

The fact is, you cannot snap out of depression, just as you cannot snap out of diabetes—it is a real medical illness. Some may not recognize their symptoms as having a psychiatric basis, and when they do, they may be reluctant to seek treatment because...
of the social stigma related to mental illness. This stigma exists largely due to old ways of thinking and lack of information on mental illness and how it is treated. As a result, suffering can continue much longer than necessary. This is a particular problem for older adults, ethnic and racial minorities, and those who live in rural areas.

Employees with a diagnosed mental illness may find it difficult to share this information with their employers for fear of discrimination. So, what is the best way to handle the sensitive topic of mental illness at work, and what are the benefits of revealing this to an employer?

For those suffering with depression, it may be difficult to simply get out of bed and to work on time. An employer, not informed of this struggle, may misinterpret the behavior as being lazy or having poor work habits. Having a discussion can relieve the stress that accompanies hiding such important information.

Secondly, the Americans with Disabilities Act of 1990 prohibits discrimination in hiring and firing based on physical and mental disabilities and may entitle the individual to a “reasonable accommodation” in the workplace. An accommodation may include flexible hours in order to attend medication and therapy appointments or a quiet work environment, to name a few.

One effective way for employees to communicate to their supervisors that they are struggling with a mental illness is to present a plan for how they intend to deal with it and perhaps ask for a work accommodation while they are implementing the plan. The plan may be to undergo a medication evaluation with a family physician or psychiatrist and engage in weekly outpatient talk therapy. If the company has an employee assistance program (EAP), it may keep a list of providers that work with the company insurance plan.

Treatment

Current research shows that a combination of outpatient therapy combined with medication management is shown to have optimal results, especially for depression and anxiety. Outpatient therapy is conducted by a clinical social worker, psychologist, or other mental health professional. Most mental health professionals understand that people are working during the day and offer late afternoon and evening appointments.

Psychiatrists, physicians, and nurse practitioners receive special training to conduct an evaluation for psychiatric medication. After medication is prescribed, the patient is followed closely to check for side effects and efficacy. The body responds differently to psychiatric medications than those to treat other illnesses. Psychiatric medications have a longer phase-in/phase-out period, taking between 4 weeks to 6 weeks to reach a therapeutic level in the bloodstream.

When a person struggling with mental illness first arrives in a therapist’s office, it is not uncommon to hear that they believe they have “failed” at previous attempts at treatment. Because of the differences in brain chemistry, not every treatment will work for every person. The failure may lie in not giving adequate time for
medication to work, taking medication incorrectly, or not being diligent with therapy appointments.

**Common mental health disorders**

The most common mental health disorders among Americans today are anxiety disorders. Anxiety can differ in different people. The most common types are generalized anxiety disorder, obsessive compulsive disorder, social anxiety, post-traumatic stress disorder, and agoraphobia.

Anxiety is a normal reaction to stress that can be beneficial in some situations. It can motivate workers to complete projects. It can serve as a warning when we are in a dangerous situation. Anxiety becomes a problem when we begin to react to situations that are not inherently dangerous, despite the brain telling us the opposite. Being in a grocery store, going to school, or having to do a presentation at work are not usually stressful experiences, but for the person with anxiety, they can be.

**Generalized anxiety disorder**

Generalized anxiety disorder (GAD) is a neurological disorder that is characterized by uncontrollable and sometimes irrational worry. It is the most common cause of mental health disability in the workplace, with 6.8 million people being diagnosed. It may commence when a person feels he has not control of what is going on around him. GAD can come on gradually, and most commonly begins in childhood and adolescence, but it can take hold in adulthood as well.

Three or more of the following symptoms usually accompany GAD on more days than not for at least 6 months:

- Restlessness or feeling keyed up or on edge
- Being easily fatigued
- Difficulty concentrating or mind going blank
- Irritability
- Muscle tension, body aches and pains
- Sleep problems (difficulty falling asleep or staying asleep or having restless sleep)

In a fast-paced environment like the workplace, with its many demands, anxiety can be magnified immensely.

A supervisor can be sensitive to anxious employees by providing a detailed job description and allowing employees’ input on how their jobs are performed. Keeping lines of communication open and helping employees to set goals and prioritize projects are also helpful for employees with anxiety.

One of the most effective treatments for GAD is cognitive behavioral therapy (CBT), a form of talk therapy that helps people to recognize patterns of negative thoughts and replace them with more adaptive thoughts that more closely reflect reality. CBT is
often used in conjunction with medication. There are several classes of medications that are effective in treating anxiety.

Antidepressants, selective serotonin reuptake inhibitors (SSRIs), in particular, help with depression as well as anxiety. Other antianxiety medications are benzodiazepines, such as Valium, Panax, and Ativan.

These medications work well to stop a panic attack in its tracks, but they come with a risk of addiction, so they are not intended for long-term use.

**Depression**

Depression is much more than an occasional bad mood. One in 20 people in the United States currently suffers from depression. The hallmark of depression is persistent feelings of sadness and loss that interfere with a person’s activity level and physical health. Depression is often genetic and tends to run in families. This genetic predisposition is often triggered by some of these adverse physical conditions:

- Alcohol or drug abuse
- Certain types of cancer
- Long-term pain
- Sleeping issues
- Steroid medications
- Thyroid dysfunction
- Adverse life events
- Social isolation
- Job loss or difficulty at work
- Illness in the family
- Death of relative or friend
- Divorce
- Break up of long-term relationship
- Birth of a child

Five or more of these symptoms for a period of 2 weeks or more usually accompany a diagnosis of depression:

- Low or irritable mood most of the day
- Difficulty concentrating
- Feeling of hopelessness or helplessness
- Avoiding activities that once gave pleasure
- Repeated thoughts of death
- Lack of energy
- Change in appetite—either eating too little or overeating
- Trouble sleeping or sleeping too much
Other forms of depression include:

**Dysthymia.** This is a milder form of depression in the form of a low mood that can last for years if not treated.

**Postpartum depression.** It is normal to feel a little down after giving birth, but true postpartum depression is more severe and includes several of the symptoms of major depression.

Certain SSRI medications have been shown to be effective in the treatment of depression. These medications work by blocking the absorption (reuptake) of the neurotransmitter serotonin, which, in turn, makes serotonin more available to the brain. The first SSRI to be approved by the U.S. Food and Drug Administration was Prozac in 1987.

Accommodations in the workplace for an employee with depression could include offering a flexible work schedule to allow for attending medical and therapy appointments.

Some of the more commonly prescribed SSRIs are:

- Fluoxamine malieate (Luvox)
- Paroxetine (Paxil)
- Sertraline (Zoloft)
- Citalopram (Celexa)
- Fluoxetine (Prozac)

**ADHD**

Attention deficit hyperactivity disorder (ADHD) has long been thought to be a disorder of childhood. However, research shows that 30 percent to 60 percent of those diagnosed with ADHD as children carry the diagnosis into adulthood. That translates into 4 percent of the adult population—or 8 million adults.

Adults who receive a diagnosis of ADHD as adults often find they are struggling with some of these issues:

- Poor ability to manage responsibilities such as household chores, paying bills, or organizing belongings
- Chronic stress and worry due to failure to accomplish goals and meet responsibilities
- Relationship problems due to not completing tasks, forgetting important things, and getting easily upset over trivial matters
- Chronic and intense feelings of frustration, guilt, or blame

Struggle with these issues can go on for years before ADHD is suspected and diagnosed. While many of the issues mentioned can also be caused by depression and anxiety, ADHD tends to be undertreated in the adult population.

Many people with childhood ADHD will find that the same treatments that worked well for them will be effective as adults. For adults who are recently diagnosed and beginning treatment, medications may be recommended by a physician. It is
important to understand the risks and benefits of any medication and that each individual metabolizes medication differently.

Stimulant medications are commonly prescribed for ADHD, including methylphenidate (Ritalin), dextromaphetamine (Dexedrine), and amphetamine salts (Adderall). These are considered first-line treatments for ADHD and are generally effective for more than 50 percent of individuals.

All stimulant medications work by increasing dopamine levels in the brain. Dopamine is a neurotransmitter associated with pleasure, movement, and attention.

A growing number of young adults, especially college students, are abusing prescription stimulants to boost their ability to study. There is a belief that stimulants will enhance learning and thinking ability when taken by those who do not actually have ADHD. While they do promote wakefulness, research has shown that those who abuse prescription stimulants actually have lower GPAs in high school and college than those who do not.

Adults with ADHD in the workplace may struggle with procrastination, prioritizing tasks, and getting to work on time. They may make careless mistakes on tasks that are considered tedious. For an employee with ADHD, work can become continuously challenging, and research shows that workers with ADHD are more likely to experience work-related problems.

Being passionate about a profession makes a big difference in the ability to succeed for someone with ADHD. People with ADHD have a unique ability to intently focus on work activities that are engaging and interesting to them.

There are several workplace accommodations that will help boost work performance:

- Identify what time the employee is most alert and focused and have him or her work on more difficult projects at that time.
- Consider allowing the employee to come in earlier or stay later in the workday when the office is quieter.
- Curb constant e-mail checking by the employee; the stimulation of e-mails can derail focus for someone with ADHD.
- Schedule weekly meetings with the employee to discuss goals and performance, or plan an informal chat about these issues.
- Encourage the employee to organize the workspace and create daily to-do lists.
- Allow the employee scheduled breaks for short walks outside in the fresh air.
- The most important accommodation is keeping lines of communication open and making adjustments when needed.

**Post-traumatic stress disorder**

Post-traumatic stress disorder (PTSD) is an anxiety disorder that develops after exposure to or hearing about a traumatic event or series of events. It can be an act of violence, physical or sexual abuse, or being exposed to combat. The exposure to trauma can have long-term effects on the brain. Most commonly, PTSD is associated with
returning veterans, but the truth is that seven or eight people out of 100 will develop PTSD in their lifetime.

PTSD can develop when a traumatic event causes the brain to secrete excess adrenalin. In turn, there is a neurological pattern in the brain that repeats itself. Biochemical changes in the brain of a person with active PTSD will differ from those of major depression.

Each person responds differently to traumatic events. It is possible that two people can witness the same traumatic event and one person will develop PTSD, while the other will not. There is research to suggest that differing levels of certain brain chemicals may play a role in the development of PTSD.

Symptoms of PTSD can include:

- Sudden feelings of being overwhelmed
- Having intrusive thoughts about the traumatic event
- Displaying outbursts of anger
- Being overly sensitive
- Having a feeling of depersonalization or being outside of your body
- Being easily startled
- Having difficulty falling or staying asleep

People with PTSD may experience events or see objects in the environment that can trigger symptoms. An employee with PTSD may feel uncomfortable in crowded or noisy settings. They may experience panic attacks, have difficulty retaining information, lack concentration, come in late for work, or call in sick frequently.

When employees are receiving treatment for PTSD, they are most likely being taught strategies for when triggers occur. Some of these strategies may be observed or noticed by supervisors. For example, the employee may need to change the scene by removing themselves periodically to do relaxation or grounding exercises.

Accommodations that may be helpful for an employee with PTSD include:

- Providing positive reinforcement
- Offering detailed guidance and feedback
- Giving work assignments or training in writing
- Providing written and oral expectations
- Making clear the consequences of not meeting expectations

**Obsessive compulsive disorder**

Obsessive compulsive disorder (OCD) is an anxiety-based mental illness. Symptoms include intrusive thoughts or obsessions in conjunction with compulsive behaviors. For example, one may be fearful of germs and—to cope with this thought—washes his or her hands compulsively. When the ritual hand washing does not relieve anxiety, the hand washing continues.
Meeting deadlines and staying organized are common problems for those with OCD at work. For instance, an employee may feel he or she has made a mistake on an assignment (obsession) and as a result checks and rechecks his work (compulsion).

Symptoms of OCD that may show themselves in the workplace include:

- Perfectionism
- Difficulty making decisions
- Reassurance seeking
- A need for control and predictability
- Trouble delegating tasks
- Procrastination

Some effective treatments for OCD are CBT, which teaches healthy and effective ways of responding to obsessive thoughts without engaging in compulsive behaviors, and exposure and response prevention, in which sufferers are taught to sit with the anxiety of not engaging in the compulsive behavior until the anxiety subsides.

**Substance abuse**

Fifty percent of people with mental health disorders are affected by some type of substance abuse. In the workplace, substance abuse costs businesses in lost productivity, greater healthcare costs, employee theft, and accidents.

More than two-thirds of those who abuse substances have full-time jobs, and workers need not have serious addictions to demonstrate poor work performance and quality as well as safety risks.

Clinicians working in the field of mental health classify substance abuse into three categories: (1) use, (2) abuse, and (3) dependence. Each of these is classified as a treatable illness.

A recent Harvard School of Public Health study found that it is not severe alcoholics who pose the greatest threat to productivity. The study found that moderate drinkers account for more problems than their more serious drinking counterparts because they are more numerous. Performance and quality of work suffer when workers drink or abuse drugs at lunch or breaks or come to work with hangovers from drinking in their free time.

Research has shown that there are differing rates of substance abuse among various occupations and industries. Industries with the highest rates of substance abuse include hospitality, warehousing, construction, and sales. However, these stereotypes do not always pinpoint problems because substance abuse is ubiquitous across all occupations.

Substance abusers typically:

- Have trouble concentrating.
- Manifest increasing absences, illnesses, accidents, or injuries.
- Change jobs frequently.
Struggle with productivity.
Have problems with other employees and supervisors.

Supervisors can play a key role in identifying substance abusers, and while it is never appropriate to criticize an employee’s use of drugs or alcohol, it is appropriate to focus on work performance.

A written policy regarding substance use in the workplace can be helpful. The policy should be a clear statement of exactly what behaviors are expected and what are discouraged. (For example, you could simply state that “The use of illegal substances and alcohol are prohibited during the work day.”) This expectation may be listed among others, such as those regarding timeliness, dress code, break time rules, etc.—depending on the culture of the company.

Each employee should receive a written copy of the company policy on substance abuse that clearly states the consequences for violation. Policies might include procedures for determining a substance abuse violation and next steps should an employee be discovered using illegal substances at work.

Of utmost importance is the understanding on the employee’s part that his or her supervisor will protect confidentiality, and, if possible, provide information on where to go for help, as well as information on using the company’s EAP if there is one.

Bipolar disorder

Bipolar disorder affects 2.5 percent of the adult population. It is characterized by wide swings of mood commonly called “mania” and “depression.”

During a manic phase, it is possible for the sufferer to experience a break from reality. There is another state called hypomania in which one feels energetic and powerful, but has not crossed over into mania.

During a hypomanic episode, mood can be elevated, and people report having increased energy and creativity. This is the “up” part of the illness, which some with the disorder describe as intensely pleasurable—that is, while it lasts.

A hallmark of bipolar disorder is distractibility, exhibiting reckless behavior, and planning grand, and sometimes unrealistic, projects that often aren’t realized. This can be followed by depression symptoms similar to major depression such as problems with energy, focus, sleep, and appetite.

Antidepressants (SSRIs) do not tend to work for people with bipolar disorder. They can actually trigger the sufferer into a manic phase or a psychotic episode. Some with bipolar disorder present with something called “mixed mania,” where they can suffer from mania and depression at the same time. This can present as extreme irritability that can ruin relationships.

Bipolar disorder can be particularly disruptive in the workplace because so many of these symptoms can interfere with the employee’s ability to complete tasks. The illness can affect workers’ ability to get to work on time and interact effectively with coworkers and supervisors.
It is not uncommon for bipolar suffers to also have a substance abuse problem; about 50 percent do, and alcohol abuse is the most common type. Grandiose behavior is common during a manic phase, and some people may find themselves going on spending sprees or engaging in unusual sexual behavior without regard to the consequences.

There are a variety of effective treatments for bipolar disorder; however, one of the issues is that while someone is in a manic phase of the illness, they may feel great and often stop taking prescribed medication. When in a depressed phase, they may return to treatment.

Medication is usually part of the recommended treatment. Mood stabilizers may be especially effective for acute episodes of mania or depression and help prevent recurrence and include lithium (Lithobid), Carbamazepine (Equetro, Tegretol), and valproic acid (Depakene, Depakote).

In the last few years, the use of atypical antipsychotics has provided greater symptom relief, but the downside is that side effects are possible.

Antipsychotics used to treat bipolar disorder include:

- Abilify (aripiprazole)
- Clozaril (clozapine)
- Geodon (ziprasidone)
- Latuda (lurasidone)
- Risperdol (risperidone)
- Seroquel (quetiapine)
- Saphris (asenapine)
- Zyprexa (olanzapine)

These medications are used to control psychotic symptoms of bipolar disorder such as hallucinations, delusions, or symptoms of mania. These can occur during a severe depression or manic episode.

When designing accommodations for the employee with bipolar disorder, it is important to understand that changes in the office environment may be difficult for the employee if the accommodations require changes in routines, supervisors, or coworkers. Allowing telephone calls during the work day for support from mental health providers, especially when an employee has begun treatment, can make a world of difference.

In order to help with maintaining job expectations:

- Plan for work time without interruptions.
- Allow periodic breaks.
- Provide private work areas or enclosures.
- Make daily to-do lists and ask employee to check tasks off when completed.
- Produce a work agreement with clearly stated and agreed-on accommodations, clear expectations, and consequences of not completing work.
• Develop strategies to cope with problems as they come up.
• Provide any needed training to coworkers.

**Insomnia**
True insomnia is more debilitating than the occasional sleepless nights most people experience. To be diagnosed with insomnia, one must have had at least 1 month of lost or disrupted sleep that has caused problems at work, home, or in relationships. There are studies to suggest that having insomnia doubles the risk for developing depression. With sleep and behavior being intimately intertwined, it makes sense that complaints of insomnia should be taken seriously not only by health professionals but also by employers.

Because different people require differing amounts of sleep, “insomnia” is defined as the quality (not the quantity) of sleep and how a person is feeling after spending 7 to 9 hours in bed. A person may spend 8 hours in bed and feel fatigued the following day.

Issues such as increased stress and anxiety are the cause of half of all reasons people seek help for sleep. If these issues are addressed, the chances for finally getting a good night’s sleep are increased.

Other causes of insomnia can be a variety of medications such as cold and flu medicines, pain relievers that contain caffeine, corticosteroids, thyroid medication, and high blood pressure medication. Some medical problems can cause a disruption in sleep, such as sleep apnea, restless leg syndrome, Parkinson’s disease, acid reflux, hyperthyroidism, kidney disease, cancer, and chronic pain.

For those suffering from insomnia, the first step is to consult with a physician to rule out an underlying medical condition and get a referral to a medical specialist or mental health professional for further exploration and treatment.

**Chronic stress**
Most of us experience periods of stress in our lives. Sometimes it seems as if stress continues from one life situation to the next without any periods of tranquility. This is when worries begin to build and become chronic. Stress is a normal reaction to positive or negative experiences, such as the birth of a child, a new job, or the death of a parent. What is important, however, is how one deals with stress.

The body’s ability to deal with stress is usually self-limiting. Once a perceived threat has subsided, adrenaline and cortisol (both stress hormones) return to normal. When stressors are always present, the body reverts to a flight-or-fight response, and that reaction switch stays on. Overexposure to cortisol, adrenaline, and other stress hormones can interfere with almost all of the body’s functions, and a person becomes at risk for serious health problems, including:

• Difficulty sleeping
• Depression
• Anxiety
The work world has changed dramatically over the past 15 years. Jobs are being outsourced, forcing the employees who remain to expand or reinvent their job skills. This phenomenon points to the most common causes of excessive workplace stress:

- Fear of being laid off
- Having to take on more work due to staffing cutbacks
- Pressure from supervisors to meet increased expectations without a raise in pay
- Fear of taking earned vacation time

An employee with chronic stress may not be mentally “present” at work. This becomes a problem for both the employee and the employer. The reality is that when employees feel their work is valued, and they are recognized as being human, productivity goes up and employee turnover goes down. When supervisors give employees opportunities to participate in decisions that affect their jobs, stress can be reduced. This is a good thing for both the worker and the company.

Other ways supervisors can help employees manage stress in the workplace include:

- Show that individual workers are valued.
- Provide employees opportunities for career development.
- Avoid unrealistic deadlines.
- Give employees more control over their work.
- Make time to speak to employees personally about how they feel things are going.
- Provide ways to increase social interaction among employees.
- Talk therapy can also be helpful for someone with chronic stress.

**Family caregiver stress**

Caring for a family member, be it a chronically ill child or an aging parent, can take an immense physical and mental toll. Some caregivers may deny the burden of caregiving, thinking it is a personal issue that should not be shared at work. As a result, they may suffer in silence. As these employees continue to juggle many responsibilities, they can begin to experience depression and other health problems. Many caregivers who are also working outside the home report feeling distracted at work. They may need to spend time on the phone coordinating care and communicating with their loved one’s medical providers.

Parents of children with chronic mental health issues are sometimes reluctant to share their struggles with their employer for fear of being judged. A child with a psychiatric diagnosis may need daytime appointments with a therapist and/or
psychiatrist, as well as meetings with the school and other psychiatric programs in community settings and sometimes in the home.

Currently, about 20 percent of people in the workforce are actively involved in caregiving, and more than 60 percent are women. The “sandwich” generation—those who are caring for both children and elderly parents—make up 9 percent to 13 percent of all households in the United States.

The effects of an employee who is a caregiver have consequences in the workplace. Other employees may need to handle a larger workload when their colleagues leave or miss work due to an emergency or illness.

The Eldercare Taskforce of New York Business Group on Health estimates that the supervisors of employees providing care for a family member spend an average of 55.7 million hours a year giving emotional support, coordinating coverage, and coping with a disrupted workplace.

Here are some ways an employer can accommodate a valuable employee:

- Offer flexible schedules and telecommuting.
- Make referrals to mental health professionals through the employer’s health plan.
- Be flexible with PTO programs.
- Encourage work-life balance.

For some workers, the chronic stress of caregiving is overwhelming. They struggle and eventually quit their jobs. Financial woes are then added to their burden.

There are studies to suggest that when employers have a flexible workplace policy, productivity goes up, healthcare costs are lower, and recruitment and retention of employees are enhanced.

Americans work longer days, take less vacation time, and retire later than anyone else in the industrialized world. The workplace has become more like a home for some, with social life limited to those they work with. This new reality makes it more important than ever to recognize and accommodate those who struggle with mental health issues.

We must begin with promoting a culture of respect and strive to train staff to recognize and feel comfortable talking to colleagues about mental distress. Building social support at work allows colleagues to feel comfortable sharing issues regardless of their position.

Finally, employers should make reasonable adjustments to the work environment for those with mental health issues. And while it is not appropriate to diagnose an employee, knowledge of workplace- and community-offered services could be instrumental in assisting those struggling with these issues.
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