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After Mental Health Absence, Some Face Stigma

Formal return-to-work policies aid employers and employees

By Stephen Miller, CEBS 3/2/2015

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Stigma associated with mental health problems is still an issue. For the first time since 2006, the nonprofit Disability Management Employer Coalition (DMEC) found stigma is *not* decreasing among employers, and in some cases it is increasing, according to the DMEC's recently released 2014 *Behavioral Risk Survey* (http://www.dmec.org/LinkedFiles/Publications/WhitePapers/2015/2014BehavioralRiskSurvey_wp_screen.pdf) report.

An estimated 43.8 million Americans age 18 and older suffer from some form of mental health issue, according to the DMEC. Mental illness and substance abuse cost employers an estimated \$80 billion to \$100 billion in indirect costs per year, and stress is ranked as the top workforce risk factor by 78 percent of U.S. employers.

The survey was completed among HR and disability management professionals at small, medium and large employers in July and August 2014. Among the key findings:

- **Behavioral health screening is being applied more broadly and through the use of better tools**, but not by enough employers.
- **Return-to-work efforts are becoming more formalized and interactive**, but obstacles to the success of employer return-to-work initiatives are still coming from within the physician community and remain an unresolved issue.
- **Supervisor training about mental health is increasing**, but there is still not enough and methods to identify “at risk” employees need to be improved.

“Behavioral health conditions are among the most widespread, costly and yet preventable illnesses from which people suffer,” said Terri L. Rhodes, executive director of DMEC, in a news release accompanying the report. “It is heartening that employers are increasingly adopting screening and other effective tools to identify and address these conditions. Yet there is much more to be done to reduce the stigma still attached to these illnesses and create a consistently collaborative approach to treating them.”

Stigma

Nearly of quarter of respondents believe that stigma toward people with a psychological/psychiatric problem who are receiving various forms of treatment has increased over the past two years. This is especially pronounced regarding the use of employee assistance program (EAP) services and psychotropic/mental health prescriptions.

“The need for strategies to combat the perceived stigma associated with behavioral health is more pronounced in 2014 than in recent years, particularly as the workplace becomes more stressful and employers do more to manage productivity,” the report states. “Perhaps the biggest challenge for companies will be to strike a balance between providing support to people that need it while also rewarding people who show up to do the work when others are unable.”

Reaching Out

When employers were asked what options were in place to assist employees with mental/behavioral health disabilities and returning to work, respondents indicated they used referrals to EAPs along with other programs (63.1 percent), employee/manager engagement and interaction (57.3 percent), and the development of transitional job modifications (46.4 percent).

When asked a slightly different question, focusing on which activities respondents thought produced the best behavioral/mental health return-to-work results, they responded:

- **Use of EAPs** (66.8 percent)
- **Engaging in the interactive process** (48.7 percent)
- **Communication between supervisors and employees** (45.3 percent)
- **Early intervention and identification** (41.1 percent)

Conversely, programs that respondents considered the least influential in producing positive return-to-work results for those dealing with behavioral/mental issues were independent medical exams (16.8 percent), return-to-work committees (18.4 percent), and vendor integration or coordination (21 percent).

Return-to-Work Process

Similar to prior surveys, there seemed to be a movement toward a more formalized process rather than leaving return-to-work assessment and the decision of how to accommodate to the direct supervisor.

Employees returning to work after psychiatric care should expect to have discussions and to sign off on return-to-work plans with their supervisors, and should also expect fitness-for-duty tests, interim “touch base” meetings, and relevant job training, the survey found.

Employers' Special Requirements for Return-to-Work For employees receiving treatment for behavioral/mental health issues (check all that apply):	
The employee and supervisor discuss and sign off on a return-to-work program.	35.9%
	33.0%

A fitness-for-duty test to determine the employee's ability to perform the job.	
Interim "touch base" meetings with the employee to determine if the return-to-work program is successful.	30.9%
Training on any change to the employee's job since he or she has been absent.	28.8%
None	25.9%
Source: Disability Management Employer Coalition	

Other requirements that respondents indicated were regular contact with an EAP during the employee's absence and, prior to returning to work, a note from the doctor specifying that the employee can perform the job duties listed in the job description.

Return-to-Work Barriers The most significant barriers to return-to-work initiatives (check all that apply):	
Employees relying on their primary care physician rather than seeking treatment with a mental health professional.	65.1
Doctors enabling or overprotecting patients.	64.2%
Doctors providing unclear return-to-work full-capacity time frames for their patients.	63.0%
Source: Disability Management Employer Coalition	

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