ABSTRACT: Factors and strategies to help occupational health nurses assist in supporting the supervisor for return-to-work cases where the returning employee has experienced mental health issues.

RETURN TO WORK

Strategies for supporting the supervisor when mental health is a factor in the employee’s return to work

The author credits the Great-West Life Centre for Mental Health in the Workplace and Mental Health Works as the primary sources for this article. The Centre for Mental Health is dedicated to helping turn knowledge of mental health issues into cost-effective action plans for employers in Canada. Mental Health Works, an initiative of the Canadian Mental Health Association (Ontario), helps organizations to manage their duty to accommodate employees experiencing mental disabilities such as depression or anxiety in the workplace.

Submitted by Mary Ann Baynton, MSW, RSW, Program Director for the Great-West Life Centre for Mental Health in the Workplace.

Over the years I’ve been engaged to help occupational health nurses (OHNs) navigate the challenges experienced in the return-to-work and accommodation process when mental health is a factor. This can be a difficult time in the workplace and in particular when the supervisor has reservations about the returning employee. The OHN can play an invaluable role during this time as she or he is generally the most qualified to provide integrated occupational health and safety services to both supervisors and employees.

One of the challenges that can occur however is that in the majority of workplaces, the OHN has no authority over the supervisor. As such, the supervisor may not turn to the OHN for advice and strategies to help address his or her needs as well as the needs of the returning employee. Many OHNs report that during this time they feel their role becomes more focused on administration of policies rather than working with managers.
and supervisors to help employees maintain, promote and restore health, safety and well-being.

In a recent workplace situation, the OHN appeared to be suitably empowered at the beginning of a return to work for an employee who had experienced a mental health issue. Jan (not her real name) was an experienced OHN and clearly understood her role in the return-to-work and accommodation process. I had been brought on board in a consulting capacity to assist Jan, and was immediately impressed by her knowledge and professionalism in her interactions with the company’s vice-president and human resources professionals. Her actions were consistent with her training, expertise and abilities in all areas of occupational health and safety.

When Jan and I met alone to discuss the return to work in more detail, she admitted she was close to resigning her position with the company. Despite her considerable experience, management was not wholly supportive of her efforts to help foster and support a mentally healthy workplace. Jan could cite several specific instances where managements’ actions were counterproductive to the process and specifically to the employees’ needs. She was left feeling that her hands were tied and that despite all of her training, her role was primarily to police policy and chase after employees to ensure they filled out the correct forms – actions that felt counterintuitive to her goal of helping employees whose illness made it difficult for them to comply with rules and regulations.

Jan concluded that the senior managers of her organization were not adequately trained to handle the specific needs of employees experiencing mental health issues in the workplace. Our discussions revealed that the management team had never received any formal training for managing workplace mental health and their reactions were consistent with their lack of knowledge and understanding. They had little idea of what they could do to foster a mentally healthier workplace or how to help employees have a successful return to work after an absence related to mental health issues.

Jan scheduled a training session for top management that not only looked at the needs of the employees, but also acknowledged the stressors that are commonly experienced by managers in these situations. Jan wanted the organization’s leaders to understand the emotional cost for those responsible for managing workplace mental health issues,
and the business case for making all aspects of health and wellness, for all staff, a priority. The training included practical strategies to workplace mental health that managers could immediately implement with their staff. Based on past history, Jan was not optimistic about the results. In the end however, she was so impressed by the fact that the managers wholeheartedly embraced the new strategies that she decided to stay on with the organization. When she called to follow up she said, “I guess it is true that when we know better, we do better.”

In another situation, a senior manager had reported that an employee was harassing her to the point that she felt personally targeted and in danger. The manager had told her human resources contact that she was nervous in dealing with the employee on any issue. Something wasn’t adding up and the manager’s human resources contact consulted with the organizational OHN who, upon further investigation, determined that the manager herself was in fact experiencing mental health issues – including paranoia. This condition was actually causing the manager to perceive that the employee was out to get her. The OHN was able to encourage the manager to seek medical attention and, once the manager received her diagnosis, was able to provide her with the supports she needed to once again function successfully in her role and interactions with her staff.

Another OHN was concerned about what she called “medicalizing performance issues.” In these situations employees were being sent to the OHN because the managers didn’t know what to do with them, and didn’t see any connection between the employees’ lack of productivity and the management approaches being used. The OHN said she discovered that many of these employees were lacking the knowledge, skills or resources to do their jobs properly. As a result, she would coach the employees to go back to their managers to ask for the resources and support needed to enable them to be successful at work.

In yet another situation, the problem was not that the supervisors assumed employees were sick, but rather that the supervisors could not identify when employees were unwell. In such cases, a supervisor would initiate disciplinary procedures when it was apparent to the OHN that the employee in question was struggling with a mental health disorder. In order to address this particular type of scenario, the Global Business and Economic Roundtable on Mental Health and Addiction introduced a concept referred to
as the **Rule out Rule.** What this means is that when an employee’s attendance and/or performance becomes problematic, possible medical reasons for the problem should be considered by the supervisor prior to taking disciplinary action. Often when an employee experiences a disruption in mental health, changes in behavior, appearance and performance can occur. Examples of these could include tardiness, missed deadlines, interpersonal conflict, and multiple mistakes. These behaviours are often mistakenly interpreted as the employee demonstrating a bad attitude.

To return to the example, the OHN taught supervisors that they might be observing signs and symptoms of mood disorders such as anxiety or depression. Prior to invoking progressive discipline, these supervisors were encouraged to share their observations and concerns with their employees – specifically that they were concerned about changes they noticed in behavior and performance at work. They were taught to share specific, concrete examples and use objective language that avoided judgment or blame.

**Working for the best results**

Some OHNs have talked about working hard to help employees develop return-to-work plans that consider their mental health concerns, only to have the plans fall apart when the employees were exposed to the stressors in their work environment. Regardless of who creates the return-to-work plan, it often rests with the supervisor to ensure its successful implementation. For supervisors, this often means reconciling the demands of the business, the co-workers, the returning employee and their own responsibilities. For this reason, many OHNs see the supervisor as crucial to the successful return-to-work process and to ensuring that the role of the OHN is not overlooked or ignored altogether.
Some strategies for implementing a successful return-to-work plan include:

- Developing senior management support for supervisors to take part in facilitating successful accommodations.
- Advocating for adequate training for supervisors in working with distressed employees, recognizing signs and symptoms of mental illness in the workplace and finding solutions that maintain productivity.
- Recommending and/or providing education so that supervisors are more self-aware in terms of their reactions to emotional behaviours such as crying, anger, frustration and the "silent treatment." This awareness allows for more effective responses in times of stress.
- Involving supervisors from the beginning in exploring accommodation strategies that take into account the realities of the work environment and group dynamics.
- Ensuring that supervisors have support in dealing with stressful issues. Many employee assistance programs (EAPs) provide such support by phone. Supervisors can be made of aware and encouraged to access assistance available to them through Human Resources, Occupational Health or mentorship.
- Arranging for the supervisor and the employee to get together to discuss the return-to-work plan before the actual return to work. This discussion can include how the plan will be implemented, if there are any challenges anticipated and the supports that can be offered.

Communications tips when working with employees who may be experiencing mental health issues

Following are some specific strategies that have been successful in handling these sometimes difficult situations and conversations. You may choose to apply some of these strategies yourself or share them with supervisors in your workplace. More information on successful communications strategies, including a worksheet with the following information for supervisors can be found in the Performance Management section of the Centre for Mental Health website.

**Listening for Understanding.** Listening for understanding takes place when you are sincerely trying to understand not just what a person says, but rather what they mean. When someone is distressed or dealing with a mental health issue, it is not unusual for
them to say things that are not really reflective of what they truly mean. Giving someone the safety and the space to articulate and then clarify or correct what they say means you have a much better chance of understanding their perspective. Sometimes the content of what we hear will elicit an emotional response in us. As we listen to others, we may be distracted by our own internal chatter that can include judgments, opinions, and reactions to what is being said. When we listen for understanding, we focus on the individual and their agenda, not our own. We listen for underlying issues and needs so that we are better prepared to begin a discussion about solutions.

**Distinguishing validation from agreement.** Because each person has different needs and views there will always be some conflict in living and working with others. Effective listening can help us better problem-solve and generate solutions that meet more of everyone’s needs. Listen first and acknowledge what you hear, even if you don’t agree with it, before expressing your point of view.

To acknowledge that someone else’s feelings are valid for them, even when we do not feel the same way, allows our communication partner to feel heard and therefore better able to listen. Acknowledging another person’s thoughts and feelings still leaves you with all the following options:

- Agreeing or disagreeing with the person’s point of view or actions
- Saying a request cannot be granted, but you are willing to explore other ways to meet the same need
- Saying more about the matter being discussed

**Communicating without judgment.** Often when we are listening to what people are saying, we will have an emotional response and make judgments or assumptions about the intent and meaning of the message. These judgments often lead us to respond in a way that fuels mistrust and conflict. To avoid a potential impasse in difficult conversations, we can:

- Turn down our internal dialogue and stay focused on what is being said
- Breathe and neutralize our emotions
- Listen and acknowledge alternate perspectives
- Move from judgment to curiosity by asking questions to gain better understanding
- State your observations and experience using specific examples
• State your perspective, needs and desires
• Reframe the problem into a mutual, objective statement

**Implementing needs-based problem solving.** All emotions, thoughts and behaviours stem from needs. Most problems and conflicts in the workplace (and elsewhere) result from needs that are not satisfied.

• The first step is to identify the needs of the all parties.
• The second step is to creatively collaborate on possible strategies to ensure that the most important needs of all parties are met in a mutually agreeable way.
• The third step is to affirm the agreement, address any misunderstandings and discuss a process for handling the problems in the future, if necessary.
• The final step is to document the agreement, providing all parties with a copy. This approach is particularly effective when an employee’s concentration, perception or memory is compromised.

The role of the OHN as the purveyor of health and wellness in workplaces across Canada is more important than ever before. The good news is that a growing number of resources are being developed and made publicly available to assist you and workplaces overall in achieving this goal. Initiatives like the Great-West Life Centre for Mental Health in the Workplace are continually being advanced to respond to changing needs. Check the Centre’s website often to find new resources that have been added to help provide organizations with tools and strategies that foster greater knowledge and understanding. Your skills and training in applying these and other resources to your workplace is fundamental to continuing to address the important issue of workplace mental health.

**Next article**

The next article in this series will look at how the occupational health nurse can support the workplace in engaging the employee in developing the return-to-work plan.

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References

Great-West Life Centre for Mental Health in the Workplace: www.gwlcentreformentalhealth.com
Mental Health Works: www.mentalhealthworks.ca