RETURNING TO WORK
AFTER A MENTAL HEALTH LEAVE
FOR EMPLOYEES RETURNING FROM A MENTAL ILLNESS-RELATED LEAVE, HR PROFESSIONALS HAVE A PIVOTAL ROLE TO PLAY

By Melissa Campeau
Imagine – as an HR professional, you’ve helped an employee struggling with a mental health issue to coordinate a leave of absence. She and her physician are working together on her care. You’ve assisted her manager and team in adjusting to her absence. The tough work is behind you, right? Now you can rest easier knowing she’ll come back when she’s better, slip into the role she once had and everything will go back to the way it was.

Not so fast. An employee’s success upon returning to work may depend – a lot – on what you do. If your employee has been gone a while, you can nearly guarantee she won’t be able to resume her duties at full speed the moment she returns. But simply stripping her workload arbitrarily isn’t likely to help her or the team in the long run, either. Developing an abilities-based plan, in collaboration with the employee and her manager, devising proactive solutions to potential challenges and scheduling regular check-ins and adjustments along the way are steps that HR can take to help better the chances of a more positive outcome – for everyone.

**AVOIDANCE IS NOT A SOLUTION**

Mental illness can be a difficult subject to discuss and harder still to fully understand. Well-intentioned, compassionate employers may worsen a problem by attempting to avoid the issue altogether.

“Often, an employer is most concerned about how an employee returning from a mental illness-related leave will react in a stressful situation, and these, of course, do happen at work,” said Mary Ann Baynton, program director for the Great-West Life Centre for Mental Health in the Workplace and founder of Mary Ann Baynton Associates Consulting in Waterdown, Ont. The employer may attempt to keep the employee out of the path of all possible workplace stressors, a move that can render the employee ineffective and unproductive.

“It can also contribute to a sense of inadequacy for the employee,” said Baynton. “And it may create resentment among the coworkers who have to cover for that person. In most cases, it can create a real burden on the front line supervisor manager who still

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– MARY ANN BAYNTON, PROGRAM DIRECTOR, GREAT-WEST LIFE CENTRE FOR MENTAL HEALTH IN THE WORKPLACE AND FOUNDER, MARY ANN BAYNTON ASSOCIATES CONSULTING
has to meet the same business objectives with an employee who may not be doing their job effectively).

Accommodation (where required) and a return-to-work plan should help develop a solution that supports employee success on the job, which is more likely to benefit everyone involved.

“The idea of a graduated plan for an employee returning from a mental illness-related leave is that we help the employee to build up strengths over time, rather than expecting less from them, which is often de-motivating,” said Baynton.

NEED TO ACCOMMODATE
An employee's physician will indicate when he or she is ready to head back to work, and will let you know if accommodation needs to be part of the arrangements.

An employer's need to accommodate an employee is a legal obligation, but there are other compelling reasons to accommodate. On a very basic level, there's an employer's social responsibility to assist an employee, since there are significant gaps in our public health system when it comes treatment, support and care of mental-health related illnesses.

There's also a strong business case for bringing an employee back into the corporate fold sooner rather than later.

“If you focus on trying to get people back into the workforce early on, particularly with many mental health issues, most of the research would indicate that it actually aids in the employee's recovery,” said Adam Kelly, a VP at Morneau Shepell in the Absence Management Solutions division. “Getting them back and engaged in the workplace is really important.”

Generally speaking, it's human nature to want to be productive and make a contribution.

“When people are on a leave from work dealing with a significant mental health episode, most of them are not happy being away and disconnected from the workplace. They're struggling with some serious issues,” said Kelly. “Research will tell you that getting back in the workplace helps with a recovery and makes the return to work more sustainable over time.”

What's more, the longer an employee dealing with a mental health illness is away from the workplace, the less likely it becomes that she will ever return. In fact, mental illness is the leading reason for long-term disability claims in Canada.

REORIENTATION AFTER LEAVE
In some cases, accommodation might not be necessary. That doesn't mean, however, that the employee should immediately leap back into his former routine.

“Not everyone who experiences depression or anxiety-related disorders actually needs formal accommodation,” said Baynton.

“But what the literature says is that anyone who's been away from work for 12 weeks or more likely needs a return-to-work plan – a gradual plan and a way to reintegrate with the team and retrain or reorient to the work.”

Much like someone who has been away with a physical injury like a broken leg, getting back into a routine can take some time.

“The other point to remember is that things change when you're away. Work isn't the same after 12 weeks,” said Baynton.

“Employees can't just pick up where they left off. They need to get back to speed gradually.”

DEVISING A PLAN
To ease re-entry and determine what the employee is capable of handling, you'll need a collaborative effort. This may mean hiring an external firm specializing in reintegrating employees coming back from leave. For some, this is a natural decision: reputable firms have a depth of knowledge in this area that people in the organization are unlikely to possess, objectivity to make clear decisions and the bandwidth to devote as much time as necessary to
the project. However, handing the issue over entirely to an outside organization can have its challenges, too.

Johanna Skitt, now director of human resources with Giffin Koerth in Toronto, was formerly a reintegration specialist with CIBC.

“Like it or not, there tends to be stigma attached to employees who come back from a leave,” she said. “They can become less appealing to managers. So having someone external try to ‘sell’ them to managers instead of someone internal [can be hard]. I struggled with it constantly.”

On the other hand, there are ways to incorporate the guidance and expertise from outside sources, while still handling all of the communication with the manager and employee internally. It’s a matter of what works best for each organization.

Whether or not you employ external help, you’ll want to involve the employee, his manager and the employee’s physician in the process. The physician, though, shouldn’t be expected to define the accommodation plan.

“The legalese around the physician’s role when it comes to accommodation is that she will advise the employer if the employee has a disability that qualifies him for accommodation, and if so, inform the employer about the functional limitations related to that disability,” said Baynton. “What should happen next is that the employer develops a workplace accommodation based on the functional limitations and the work requirements, but in reality, physicians are often expected to provide specifics around job accommodation requirements, when they are rarely familiar with the requirements or the demands of the job.”

To help resolve this challenge and help employers (and even external consultants) develop accommodation and return-to-work plans, Baynton helped in the development of the booklet Supporting Employee Success (see sidebar for more information), an initiative of Great-West Life Centre for Mental Health in the Workplace.

“We worked with family physicians, the medical advisor for a large corporation, an occupational health physician and an occupational health nurse,” said Baynton. “We knew that many employers were saying, ‘We aren’t mental health experts so we can’t know what kind of accommodation is going to be safe for this employee.’ And the healthcare practitioners were saying, ‘We don’t know the workplace, so we don’t know what kind of workplace accommodation would best support this employee to do their job.’

“If that’s what both sides are saying, the person who is left out in the cold is the employee. So we created a tool that bridges that gap and helps the employer to very concisely describe the expectations in terms of psychosocial demands on the employee.”

**MAPPING THE PLAN**

Whether you handle the process of reintegrating the employee using internal or external resources (or a combination of both), their task is the same.

“I would frame what they’re developing as a disability management program,” said Kelly. “One of the core purposes of the disability management program, no matter who is delivering it, is to evaluate, throughout the absence, the functional limitations associated with the health condition, relative to the employee’s job description and core duties. Then, how do we understand and manage the relationship between the two? It requires appropriate expertise to address the complexity presented by mental health issues.”

Baynton recommends that the employer first outlines job expectations and some of the potential challenges inherent with them (including time pressures, exposure to emotionally stressful situations, working relationships) with the employee, manager and health care professional. The manager fills in a questionnaire, considering whether the employee’s duties mean she has frequent, occasional, infrequent or no exposure to each.

The employee then fills out the next section of the questionnaire, indicating her tolerance for each challenge. For example, she could indicate that she’s able to tolerate exposure to stressful situations, able to tolerate exposure occasionally or infrequently or is unable to tolerate it at all.

“The employee is saying, ‘This is how I feel right now,’” said Baynton. “The wording is designed to take away the feeling that it’s a failing of an individual rather than a particular circumstance of the moment.”

**PROVIDE SOLUTIONS AND SUPPORT**

When you understand the areas where an employee might need help, you can offer suggestions for support.

“The list in the resource we’ve created provides ideas that might allow the employee to effectively manage stressful situations rather than avoid them,” said Baynton.

For example, an employer could allow reasonable time off to attend counseling sessions or medical appointments and time for phone calls of reasonable length during the day to doctors or other supporters.

“Let them have a lifeline and let them have permission to reach out when they need to,” said Baynton. If in-house EAP counseling services or work coaches are available, encourage the employee to access them.
MANAGE THE MANAGERS

“One of best things employers can do is offer training to their people leaders,” said Kelly. He encourages HR leaders to help managers and supervisors understand their business and legal obligations, as well as their role in this area. “They all have a stake in this and, as leaders, need to be champions and facilitators of these programs because they have the direct connectivity with the employee. That’s where a lot of organizations struggle. They need to focus more on training, communication and the ongoing accountability. Managers need to know they have a role in the return-to-work process.”

They also need to believe in a worker’s ability to improve and contribute. Assuming the employee is keen to get healthier and thrive in the work environment, he won’t get far without a manager who’s on the same page.

“Unless there’s appetite from both ends to accept the accommodation and focus on what an employee can do, it won’t work,” said Skitt.

AVOIDING COWORKER CONFLICT

When workers have a lack of understanding around mental health issues, and a lack of faith in their organization’s ability to deal with them, it’s a problem waiting to happen. This is a possibility even in the best of circumstances. At CIBC, for example, the organization supported reintegration programs that helped to decrease the stigma for workers returning from a mental illness-related leave.

Despite this, said Skitt, “There was a general sense of ‘we can’t count on you’ towards the returning employee from the rest of the team.”

This is where a well-trained manager can have a positive impact on a returning employee and her coworkers. Focusing on the employee’s abilities rather than her limitations, and employing a graduated work plan where everyone can see progress being made, may help keep coworker resentment at bay. This not only helps with team dynamics, it can benefit the returning worker, as well.

“When coworkers are resentful, it can have an incredibly negative impact on the employee who is being accommodated,” said Baynton. “But when accommodation helps someone be more productive, other employees rally around that person to support them, and feel that the organization really would support them if the tables were turned.”

Organization-wide education about mental health, accommodation and return-to-work programs and policies can go a long way towards helping the process run smoothly, as well. Employees can develop a comfort level with this potentially difficult issue and feel that there’s structure in place to help support both the returning employee and the affected team.

FOLLOW-UP AND ONGOING PLANNING

Once the groundwork has been laid and a return-to-work program is underway, it’s important to keep checking in with the employee.

“The frequency depends on the complexity of the situation,” said Baynton. “Usually we’d follow up at least once a week, but we would suggest that it’s just for 15 minutes.” A brief meeting gives time to quickly go over the plan the employee has created, discuss how things are going, find out if goals are being met and talk about any problems.
The schedule should lighten up over time, too.
“When you see things are going well, you might meet only once every two weeks and eventually once a month or less. But you don’t want to just ignore it and hope that everything’s going well,” said Baynton.

BEST POSSIBLE OUTCOME
“The end goal with a return-to-work plan is that the employee is ultimately able to do her job, feel valued in the workplace and know how the work she does is valued in the workplace,” said Baynton. “If someone was able to do the job before they were ill, it’s highly likely they can continue to do that job when they’re well, and be able to thrive and progress. Some people assume that having an anxiety- or depression-related disorder means you can’t do your job, but this is just not true in the vast majority of cases.”

Baynton has witnessed remarkable successes when employees and employers were engaged in well-thought-out return-to-work plans.

“I’ve had employees who’ve been supported through a return to work process like this say, ‘I feel like I have a new lease on life,’ and ‘I feel like I’ve turned a new page.’”

LOOKING AHEAD
Despite that kind of success, managing accommodation and return-to-work programs is still foreign territory for many organizations.

“I would say that to some extent, organizations are getting much better at recognizing that mental health is an issue that impacts the workplace and that as employers, we have a responsibility to address that,” said Kelly. However, theory is one thing and practice is quite another.

“As a concept, that’s been widely acknowledged, but what that means in terms of activity might be something different,” he said. “There’s been some improvement, but I think there’s still a lot of work to be done.”

“One of the best things employers can do is offer training to their people leaders. They all have a stake in this and, as leaders, need to be champions and facilitators of these programs because they have the direct connectivity with the employee. Managers need to know they have a role in the return-to-work process.”

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