

Understanding and Managing Mental Health in the Workplace

OUTCOMES: Participants will be able to...

- ◆ Understand the role of the manager when dealing with an employee with personal concerns.
- ◆ Increase awareness of the top mental health issues: stress and burnout, and depression.
- ◆ Recognize the potential signs of a troubled employee.
- ◆ Understand the resources (DAP, EFAP, Wellness) and how to effectively refer an employee.

Session at-a-glance –1/2 Day 8:00 am – 12:00

Key Note: Honorable James Bartleman – a personal journey 8:15 -9:00 am

EFAP Counsellors Dennis Coates & Joanne Cadrin-

1. The problem for Business 9:00 – 10:00 am
Lifestyle- Stress how it happens
Environmental
Mental Health- Depression, Anxiety, Addiction

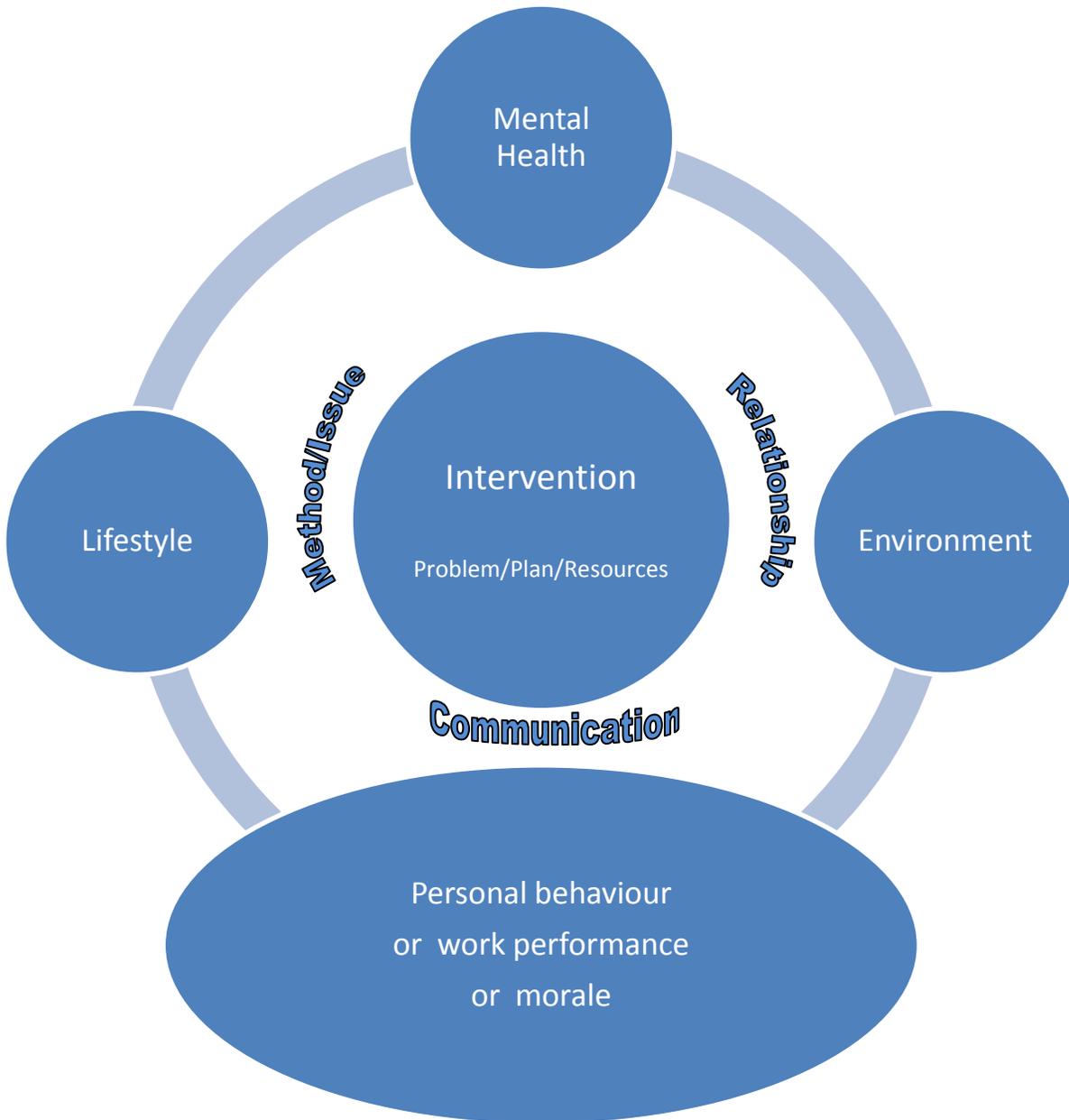
Coffee break 10:00 – 10:20

2. Workplace Performance 10:20 – 12:00
Behavioural Indicators
Workplace Indicators

3. Intervening
Performance Management
How to make an EFAP referral
Accommodation
Available Resources
Conclusion

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LIFE STYLE STRESS

- A. Aggravator or Activating Event (Trigger)
- Working with a difficult employee, routine seasonal stress like kids starting the school year to feeling unwell.
- B. Belief about 'A' or What I tell myself, what I recite, what I have come to believe from prior experiences, family of origin, culture or trauma:
- People can't be trusted
- I may get hurt
- Things should be fair
- This is awful
- I am a louse/loser
- C. Consequently, after the Aggravator, with a mistaken Belief:
- emotions rise (getting angry, hurt)
- behaviors engage (acting out)
- physiology is triggered (experiencing stress)
- spiritually (demoralized)
- D. Dispute, debate, discern, decide (with a loved one, friend, therapist) on a better Belief. A 'B' that is helpful and true.
- E. Emotions change, become more adaptive.
- G. Goal - Short term
- Long term

Stress as it applies to the Manager

If you are managing your own emotions, and being flexible in dealing with situations and people, and learning from reflection on experience, you will probably be managing yourself OK, and that is the first step towards managing others effectively. However, there will almost inevitably be times when situations or people “get to you”, and you may experience symptoms of stress. Symptoms are varied and include:

- irritability – often not with those causing the stress – irritability at home is often a symptom of stress at work (and vice-versa).
- sleeplessness – or waking up in the night worrying about things.
- absentmindedness – forgetting appointments, losing things.
- listlessness – lack of energy, putting things off.



Note your own symptoms and causes, and learn from them. If it is pressure of work causing the stress, then slow down and relax for a bit or get some exercise. If you feel badly about something you have done or not done, then find that friendly colleague, mentor or HR professional to talk it through with – i.e. get it off your chest and welcome some advice. A stressed manager is of little value to anyone, so sort out the feelings of stress first, then, when you’re in better shape, deal with the cause; remembering that even if you can’t deal with an external cause of stress, you can mitigate the effect it has on you by managing your response to it. If the stress continues, seek professional help – e.g. from a doctor or the EFAP, or talk to your manager about the causes.



Environment

A core piece to changing a work culture and how it supports staff to be emotional healthy involves creating a solid work environment. Walking the talk.

Kouzes and Posner's (2003) five practices and ten commitments of exemplary leadership

- 1) **Model the Way**
 - a) **Find your voice** by clarifying your personal values.
 - b) **Set the example** by aligning actions with shared values.

- 2) **Inspire a Shared Vision**
 - c) **Envision the Future** by imagining exciting and ennobling possibilities.
 - d) **Enlist others** in a common vision by appealing to shared aspirations.

- 3) **Challenge the Process**
 - e) **Search for opportunities** by seeking innovative ways to change, grow and improve.
 - f) **Experiment and take risks** by constantly generating small wins and learning from mistakes.

- 4) **Enable others to Act**
 - g) **Foster Collaboration** by promoting cooperative goals and building trust.
 - h) **Strengthen others** by sharing power and discretion.

- 5) **Encourage the Heart**
 - i) **Recognize contributions** by showing appreciation for individual excellence.
 - j) **Celebrate the values and victories** by creating a spirit of community.

What are the signs of depressive illness?

Depression becomes an illness, or clinical depression, when the feelings described above are severe, last for several weeks, and begin to interfere with one's work and social life. Depressive illness can change the way a person thinks and behaves, and how his/her body functions. Some of the signs to look for are:

- feeling worthless, helpless or hopeless,
- sleeping more or less than usual,
- eating more or less than usual,
- having difficulty concentrating or making decisions,
- loss of interest in taking part in activities,
- decreased sex drive,
- avoiding other people,
- overwhelming feelings of sadness or grief,
- feeling unreasonably guilty,
- loss of energy, feeling very tired,
- thoughts of death or suicide.



What causes depression?

There is no one cause of depression, neither is it fully understood. The following factors may make some people more prone than others to react to a loss or failure with a clinical depression:

- specific, distressing life events,
- a biochemical imbalance in the brain,
- psychological factors, like a negative or pessimistic view of life.

There may also be a genetic link since people with a family history of depression are more likely to experience it.

How long does depression last?

The depressed feelings we all experience after a serious loss or disappointment may last for a short or a long time. How long depends on the person, the severity of the loss, and the support available to help the person to cope with it.

Clinical depression may also last for short or long periods. It rarely becomes permanent. Without professional treatment, it may end naturally after several weeks or months. With treatment, it may end much more quickly.

Does depressive illness follow a pattern?

Unfortunately, once a person has had a clinical depression, he/she is more likely to suffer from depression again. For example, some people experience seasonal cycles of depression, particularly in winter. This is called Seasonal Affective Disorder (S.A.D.).

Five to ten percent of people who experience depression also experience states of exaggerated happiness or elation called mania. The occurrence of both depression and mania at different times is called bipolar affective disorder, while repeated experiences of depression alone is termed unipolar affective disorder.

How is depression treated?

Depression is the most treatable of mental illnesses. Most people who suffer from depression are helped by the treatment they get, which usually includes medication and/or psychological counseling. Support from family, friends and self-help groups can also make a big difference.

Many people who are seriously depressed wait too long to seek treatment or they may not seek treatment at all. They may not realize that they have a treatable illness, or they may be concerned about getting help because of the negative attitudes held by society towards this type of illness.

Recognizing the signs of depression

Depression may begin gradually or suddenly. To others, a depressed person will appear more withdrawn than usual. Although no two people will experience this illness in exactly the same way, there are common signs of depression. In the workplace, a person with depression will start to exhibit any number of the following signs:

Personal changes

- Irritability/hostility
- Withdrawal from, or extreme dependence, on others
- Hopelessness/despair
- Slowness of speech
- Chronic fatigue
- Alcohol/drug abuse

Workplace changes

- Difficulty in making decisions
- productivity
- concentrate
- dependability
- increase in errors in work
- accidents
- tardiness, increased "sick" days
- enthusiasm for work



- Decreased
- Inability to
- Decline in
- Unusual
- Being prone to
- Frequent
- Lack of

Documentation of the signs you observe are crucial to assist in your discussion with the employee.

Anxiety Disorders

Anxiety disorders are a group of disorders which affect behavior, thoughts, emotions and physical health. Research into their origins continues, but it is believed they are caused by a combination of biological factors and individuals personal circumstances, much like other health problems, such as heart disease or diabetes. It is common for people to suffer from more than one anxiety disorder; and for an anxiety disorder to be accompanied by depression, eating disorders or substance abuse. Anxiety disorders can also coexist with physical disorders, in which case the physical condition should also be treated.

Some of the signs to look for are:

Panic Disorder - As the name suggests, panic disorder is expressed in panic attacks which occur without warning, accompanied by sudden feelings of terror. Physically, an attack may cause chest pain, heart palpitations, and shortness of breath, dizziness, and abdominal discomfort, feelings of unreality and fear of dying. When a person avoids situations that he or she fears may cause a panic attack, his or her condition is described as panic disorder with agoraphobia.

Phobias - Phobias are divided into two categories: social phobia, which involves fear of social situations, and specific phobias, such as fear of flying, blood and heights.

Social Phobia - People with social phobia feel a paralyzing, irrational self-consciousness about social situations. They have an intense fear of being observed or of doing something horribly wrong in front of other people. The feelings are so extreme that people with social phobia tend to avoid objects or situations that might stimulate that fear, which dramatically reduces their ability to lead a normal life.

Specific Phobias - Fear of flying, fear of heights and fear of open spaces are some typical specific phobias. People suffering from a specific phobia are overwhelmed by unreasonable fears, which they are unable to control. Exposure to feared situations can cause them extreme anxiety and panic, even if they recognize that their fears are illogical.

Post-Traumatic Stress Disorder - A terrifying experience in which serious physical harm occurred or was threatened can cause post-traumatic stress disorder. Survivors of rape, child abuse, war or a natural disaster may develop post-traumatic stress disorder. Common symptoms include flashbacks, during which the person re-lives the terrifying experience, nightmares, depression and feelings of anger or irritability.

Obsessive-Compulsive Disorder - This is a condition in which people suffer from persistent unwanted thoughts (obsessions) and / or rituals (compulsions) which they find impossible to control. Typically, obsessions concern contamination, doubting (such as worrying that the iron hasn't been turned off) and disturbing sexual or religious thoughts. Compulsions include washing, checking, organizing and counting.

Generalized Anxiety Disorder - Characterized by repeated, exaggerated worry about routine life events and activities, this disorder lasts at least six months, during which time the person is affected by extreme worry more days than not. The individual anticipates the worst, even if others would say they have no reason to expect it. Physical symptoms can include nausea, trembling fatigue, muscle tension, or headache.

A diagnosis should not be used as a label as in: “ She a manic depressive”. You wouldn’t say: “ He’s a lung disease” or “ She’s a broken leg”. Referring to someone as a person who has such and such an illness” conveys a lack of respect.

Signs of Alcohol/Drug Abuse in the Workplace

There are telltale signs of potential substance abuse problems early on: Is the employee’s quality of work inconsistent? Is the employee's work pace slow, slower than usual, or sporadic? Does the employee have trouble concentrating on his work? Are there signs of fatigue? Other telling performance signs include increased mistakes, errors in judgment, and a sudden inability to fulfill complex assignments or meet deadlines.

At work, the most common signs of a drug or alcohol problem often look like this:

Personal Appearance - Comes to work inappropriately dressed; does not appear healthy or physically capable (e.g. slurred speech, unsteady gait, blood-shot eyes, sleepy); appears unclean or unwashed at the beginning of work; no regular change of clothes; offensive odors such as bad breath or body odor.

Dependability - Takes extended weekends (Monday/Friday absences); consistently late; leaves early; absent from work area; excessive sick leave; takes unauthorized leave; repeated absences, misses deadlines, doesn’t follow procedures.

Problem Solving - Solutions which are presented are usually ineffective; rarely follows through and checks for results; can’t handle complex assignments; tends to ignore problems or delegate inappropriately; relies too heavily on others to complete the work; cannot define the problem; covers up the problem; blames others, work frequently needs to be redone.

Job Knowledge - Skills are not current; doesn't understand regulations; misuses equipment; doesn't retain instructions; needs constant supervision; doesn't understand or follow safety/security procedures; requires frequent instruction or assistance; learns very slowly; unable to work independently.

Productivity - Low volume of work; takes many breaks; wastes time; needs constant reminders to complete work; does not complete assigned tasks; overwhelmed by realistic workload; unavailable for extra work; cannot increase workload when needed; volatile; easily upset; inconsistent in the workplace.

Judgment - Makes decisions without regarding available information; will not reverse decisions in face of mistakes; insensitive; tactless; does not use common sense; illogical reasons for behaviors; violates confidentiality; poor ability to size up situations; does not understand the whole picture; takes inappropriate actions; inattentive to safety procedures

Working With People - Poor listening skills; inability to communicate; uncooperative; projects negative attitude to customers, co-workers, and the public; unable to resolve conflicts; openly mistrusts many people; edgy; easily and frequently angered or hurt by others; slows work of others; complains; is hostile; argues; stimulates complaints from co-workers; tends to blame others.

Codependent No More

It’s hard to see someone you care about slowly throwing his or her life away. Which is

probably why the number one mistake managers make with regards to a substance-abusing employee is to overlook the employee's problem – usually with the best of intentions. In fact, it's often the best managers who fall into the trap of thinking if they pick up the slack or cover for the employee long enough, s/he will get his or her life back together and everyone will live happily ever after.



Speak Up and Tread Lightly

What can supervisors say to employees suspected of drug abuse? What can't they say? First of all, no manager should assume a job performance problem is a sign of drug abuse. Remember that stress, lack of sleep, and illness or health conditions can affect job performance. Even behavioral signs – like slurred speech or clumsiness – can be caused by a prescription medication. One symptom is often not enough reason to be concerned. But when a couple of signs can be put together--decreased productivity and an accident, for example--there could be cause for concern. In that situation, here are the steps that should be taken:

1. Observation: Managers and supervisors are responsible for making sure their employees meet certain minimum standards. Observe and document any time these standards are not being met.

2. Documentation: Train managers to document any time an employee is suspected of drug use by actions, appearance, or conduct while on duty. The report is to be completed within 24 hours of the observed behavior, and should focus exclusively on the observed behaviors and the impact of those behaviors.

3. Make a Plan: When meeting with an employee to document poor performance and measures to be taken, plan your meeting in advance. Set your goals for the meeting, anticipate the employee's possible responses, and plan your reply. Know what resources are available.

4. Talk to the Employee: Have an appropriate second party, preferably someone from employee relations and the union attend the meeting. Limit your observations to specifics regarding the job performance.

5. Follow Up: Continue to monitor the employee's progress. When an employee has undergone substance abuse treatment and returned to the workplace:

- Offer no preferential or special treatment.
- Give the individual plenty of feedback concerning his/her progress.
- Continue to document observed behaviors.

Unfit for Duty

Safety is always an employer's top consideration. If any doubt exists about an employee's fitness to perform a specific task, take the employee off the job. When an employee is showing obvious signs of impairment (drowsy, careless, inattentive) on the job, the following steps should be followed:

- Do not confront an impaired employee in public. Bring him/her into a private office to discuss the situation. Have a witness present.
- Do not yell at or threaten him/her. Never argue with someone under the influence.
- Do not allow an individual with safety sensitive duties to operate any equipment.

Never accuse anyone of alcohol or drug abuse. Even when there is overwhelming evidence of drug or alcohol use, you are making an unnecessary statement that an employee is an alcoholic, drug user, or addict. There is no risk in asking an employee what is wrong, or asking whether he/she is feeling all right.

In fact, there is an obligation to make an inquiry. There is no risk in recording what you saw or heard. Simply use your own eyes, ears, nose, and common sense and record your observations objectively. Do not give your opinion, or diagnosis of what the problem is even if you are correct. Make inquiries about observed behaviors, but do not diagnose!



Performance management for employees with a mental illness

How will I know if someone is becoming unwell?

In the workplace, mental illness may be affecting someone if their work performance is sliding and they are experiencing problems in relating to other staff. Research says that a change in work performance is one of the earliest warning signs of mental illness. It is also known that the sooner a person's mental illness is treated the more able they will be to manage its impact on their life. The faster the onset of an individual period of episodic mental illness is recognized, the more likely that its impact will be minimized.

Therefore, it is important to discuss with an employee, any negative changes you have noticed that are about work performance or how they are relating to others, as soon as possible.

When might I talk about it with them?

Hold regular one-on-one 'catch-up' sessions with all staff to discuss their work role and surrounding issues. Always enquire about workplace stress and physical and mental wellbeing, but bear in mind your obligations to maintain the person's rights to privacy.



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How do I raise my concerns?

- Begin the conversation by asking the employee about their perceptions of their work performance and how they are relating with other staff.
- Show non-judgmental understanding of their initial response, they are not likely to be open to change if they feel judged by you.
- Ask if they are aware of changes to their work performance and in response, share your concerns about their performance
- If the employee agrees with your observations then ask if they are aware of anything that might be affecting their work performance/relationships. This may give them the opportunity to discuss workplace stress, or disclose mental illness.

If they tell you that they have a mental illness, inform them about possible accommodations and flexible work practices that can relieve stress and enable recovery from periods of mental illness.

- Inform the employee that they have an obligation to seek medical treatment for an illness that is affecting their work, as it could become an occupational health and safety issue.
- Come to an agreement about workplace accommodations that can support their recovery and relieve stress.
- Assure them the conversation will remain confidential, unless they prefer to inform others.
- Discuss ways to explain to other staff why they are working in a different way (accommodations) in a manner that doesn't betray the person's privacy.

How I might recognize signs of mental illness in the workplace*

While a single symptom or isolated event is rarely a sign of mental illness, a symptom that occurs frequently, lasts for several weeks, or becomes a general pattern of an individual's behavior may indicate the onset of a more serious mental health problem that requires treatment. Some of the most significant indications of a possible mental illness include :



- marked personality change over time,
- confused thinking; strange or grandiose ideas,
- prolonged severe feelings of depression or apathy,
- feelings of extreme highs or lows,
- heightened anxieties, fears, anger or suspicion; blaming others,
- social withdrawal, diminished friendliness, increased self-centeredness,
- denial of obvious problems and a strong resistance to offers of help,
- dramatic, persistent changes in eating or sleeping habits,
- substance abuse,
- thinking or talking about suicide.

These symptoms are not always readily apparent. Managers may be able to notice significant changes in their employees' work habits, behaviors, performance, and attendance, such as:

- consistent late arrivals or frequent absences,
- low morale,
- lack of cooperation or a general inability to work with colleagues,
- decreased productivity,
- increased accidents or safety problems,
- frequent complaints of fatigue or unexplained pains,
- problems concentrating, making decisions, or remembering things,
- making excuses for missed deadlines or poor work,
- decreased interest or involvement in one's work.
- Decline in dependability

People who experience problems such as those listed above may simply be having a bad day or week, or may be working through a difficult time in their lives. A pattern that continues for a long period may, however, indicate an underlying mental health problem.

EFAP

◆ Can a Manager Require an Employee to Contact EFAP?

One of the basic principles of the EFAP is that the program should be used voluntarily. We encourage managers to avoid introducing EFAP as mandatory, and to focus responsibility instead on the employee to change his or her problematic behaviour. The EFAP is only one tool that an employee can choose in making important changes. An individual may use any number of tools to make those changes or may choose to do nothing and suffer the consequences.

◆ How Should Referrals be Made?

EFAP referrals are most successful when balanced between genuine care for the individual and holding the employee accountable for acceptable job performance and workplace behaviour. The best referral is informative, not judgmental. Inform the employee that EFAP services are available and provide the name and phone number. Do not make assumptions about personal problems or attempt to label a personal problem for the employee.

Informal Referral

A Manager (or others) suggests to employee that it might be a good idea to connect with EFAP. The employee may or may not follow up, the employee can choose to let manager know if they did call

Informal referrals are most appropriate when employee has exhibited early signs or has disclosed that a personal problem is impacting him/herself.

Informal referrals can occur even in the absence of emotional signs - i.e., if employee has performance issues that are not clearing up despite performance discussions, manager can simply suggest that if a personal problem is interfering in employee's ability to reach performance objectives, they can use EFAP.

Normally, referrals should be made in the context of work related behaviour. For example, in a private meeting a Manager can point out an employee's declining job performance and suggest that, if there are any personal problems behind the declining performance, the employee may want to contact EFAP, or a Manager can meet to discuss an employee's poor attendance record and recommend that they seek EFAP assistance in an effort to resolve any problems that may be causing the poor attendance. Referral to EFAP is not a disciplinary action and should not be viewed as a substitute for progressive discipline. Also, we do not recommend that EFAP referrals be referenced in an employee's performance evaluation, although it is important to document that the suggestion was made.

In most cases, informal referrals precede **formal** referrals

Formal referrals-

The Manager delivers a message to employee, usually in written format that the individual must contact EFAP to avoid disciplinary action.

Typically, employee has severe performance issues and could be disciplined for those (disciplinary action is applied to performance, not failing to go to counseling)

A Release of Information is required to obtain confirmation that the individual has followed through

Formal referrals can also be used in psychological disability management cases, where individual has gone off on a leave of absence but has not presented any documentation that determines that he/she is treating the condition in line with mental health professionals/medical doctor recommendations.

Safety issues = employees who act in an unsafe manner in the workplace (e.g., threatening behavior, yelling at people, operating equipment in a risky manner)

1. At the time a formal referral is being made, it is important for the Manager to personally call EFAP to inform the Coordinator of the circumstances surrounding the referral.
2. It is important for Managers to document their attempts to refer the employee as well as their concerns with performance. If an employee is disciplined or discharged, efforts to refer to the EFAP may become an issue. It is important that the supervisor keep an objective record of:
 - a. Performance problems with dates and times
 - b. When they referred the employee to EFAP
 - c. What was said
 - d. How the employee responded

This will enable the Manager to respond to any questions about how referrals were handled. It is also helpful when speaking with the employee to have the documentation in front of you. It is possible that an employee may be defensive, upset or hostile when concerns are presented. Documentation can help in not being distracted from the main point: **Work performance must improve!**

3. Managers should be prepared to make more than one referral. Employees may not respond positively, but the supervisor needs to be persistent if performance is not improving.
4. EFAP is a voluntary program. Managers cannot force employees to seek assistance. Disciplinary action (including termination) needs to be based on the performance issues, not based on their participation in EFAP services. The formal referral is often a 'last chance' since their work performance should already have deteriorated to the point of disciplinary action, often termination.
Whether or not an employee accepts a referral to EFAP, a Manager should continue to monitor and document job performance and take whatever action is necessary to provide accountability and to motivate the employee to correct the deficiencies. It is

important to not make idle threats. Explain clearly what will happen if work performance does not improve. A Manager needs to be prepared to follow through on any action that is used as a warning. Otherwise credibility may be jeopardized.

5. EFAP Coordinator will contact the referring Manager only when a client consents to accept the services. The only information provide to the Manager is regular monthly attendance and date of termination of services.
6. Be honest, be firm – and be respectful. A direct approach encourages respect on both sides, and is a clear indication that a Manager can be trusted.

Any questions can be directed to the EFAP Coordinator Maria Besenski at 975-3327.

Note: On pages 21 and 22 is a tool for Managers to assist when preparing to meet with their employee.

What accommodation does and doesn't mean



Accommodation...

... Does not mean	... Does mean
Lowering standards	Changing how standards are met*
Preferential treatment	Leveling the playing field
Huge expenses	Thinking creatively

*ie. Making adjustments to a task (or tasks), the work environment ,or both.

Functional Limitations Associated with Mental Health Illness

Functional limitations cannot be generalized from diagnostic categories. There are, however, some limitations which frequently occur as a result of mental health issues.

These limitations include, but are not limited to, the following:

- Keeping up a steady pace
- Being able to concentrate for long periods, particularly if it's noisy
- Managing time and meeting deadlines
- Solving problems and making decisions
- Getting to work on time and not missing work
- Sleep problems that affect work
- Memory problems, e.g. recalling instructions
- Medication side effects, e.g. thirst, tremors, blurry visions, drowsiness
- Dealing with negative feedback and managing inter-personal relationships
- Handling stress, emotions and change

During and after an Extended Absence

Keep in touch

When an employee is on leave due to illness, it is appropriate for the direct supervisor to keep in touch and to reassure the employee that they will be able to return to their own job upon recovery. At this time, as well as at all other times, the supervisor should take care not to become inappropriately involved in either the emotional- or for that matter, physical- illness of an employee they manage.

Provide Early Assistance

Disability Assistance Program Occupational Health consultants can offer early assistance to an employee who is off work. They can provide input regarding referral services, managing the disability, and plans for the return to work.

Crisis Management

If at some point an employee's behavior or remarks cause you to be concerned about their safety, it's important to get help. Crisis Management is an important area to cover with co-workers as part of return to work planning.

Help may be needed if an employee seems confused, disoriented, anxious or angry. The following guidelines may be helpful:

- Stay calm and avoid confrontation.
- If there is an inter-personal conflict, ask each person to accompany you to a separate area.
- Ask what the employee would like to do or what would help them.
- Encourage the employee to use their personal network of support.
- Suggest the employee contact the EFAP for assistance, offer to help them call.
- Offer assistance in contacting resources-family/friends, physician, self-help group, etc.
- Enlist the aid of someone the employee trusts, if they resist all efforts to help.
- If these efforts are unsuccessful, call the Police.
- Confidentiality can be broken if you have a concern for the safety of the person or of others. Always tell your employee who you will be contacting to discuss your concerns. Remind them you want to do what's in their best interests.



Mental Health Support for City of Saskatoon Employees

The following programs with the City of Saskatoon can assist employees and employers with situations where work performance is affected by mental health issues or interpersonal relations:

Employee & Family Assistance Program (EFAP) **EFAP Coordinator: 975-3327 or 227-7741 (cell)**

Service to Employees:

Coordination of professional counseling for City of Saskatoon employees, their dependents, and retirees. (An employee is required to accumulate the equivalent of 6 months of work to qualify for EFAP services)

- Assists with a broad range of personal concerns, including:
 - * Conflict resolution
 - * Financial concerns
 - * Dealing with grief, anger
 - * Marital, family and relationship concerns
 - * Substance abuse (alcohol, drugs, food)
 - * Legal information
 - * Any other personal issues that require assistance to deal with

Service to Employer:

- A manager may do a formal referral to EFAP to assist the employee with personal issues affecting performance, such as:
 - * Drug and/or alcohol addiction screen
 - * Performance/behavioral issues such as interpersonal difficulties with coworkers, bullying or threatening behavior, personal problems causing absenteeism or a decline in performance
 - * Mediation between coworkers, or between manager/supervisor and employee
 - * Critical incident stress management – following a critical incident, EFAP can arrange for emergency counseling for affected employee(s)
- EFAP will meet with the employee, and will recommend and coordinate a treatment program to specifically assist the employee with the issues causing the performance/behavioral issues

Occupational Health & Safety **Occupational Health Consultants: 975-3394 or 975-3859** **or the Health & Safety Superintendent for your branch**

- Work together with employee, health care providers, and manager/supervisor if mental health issues are affecting the employee's ability to work. (see *Disability Assistance Program Guide for Managers and Supervisors*)
- Will assist with Workplace accommodation and return to work.

Organizational & Staff Development **Organizational & Staff Development Consultant: 975-3264**

- Coordination of process for any situation involving harassment complaints, Respectful Workplace Policy violation, or conflict within a work group
- Facilitation of group discussions with workgroups to address interpersonal issues, conflict, culture, etc. can be provided or arranged by the Consultant
- Education regarding harassment any policies related to interpersonal relations can be provided to any workgroup
- Assistance with performance management plan for employee who is not meeting expectations and standards

Health Promotion & Wellness **Health Promotion Consultant: 975-3258**

- Training and consultation services regarding the City of Saskatoon's Attendance Support Program (refer to the Attendance Support Program manual)
- Upon request can arrange for education and resources to educate employees, sections/branches/departments, etc. on mental health and wellness
- Resources available in the Health & Wellness folder, under Public Folders in Microsoft Outlook

TALKING TO YOUR EMPLOYEE — A CHECKLIST

The following activities will help you prepare for a meeting with your employee.

PREPARING FOR THE MEETING

- Review employee's personnel file.
- Learn about the employee's performance history.
- Read performance reviews.
- Inquire with former supervisors, if applicable.
- Review employee's job description and tasks.
- Know your company's accommodation policies and processes.
- Be familiar with applicable legislation, if appropriate.
- Know your company's confidentiality policy.
- Know what resources are available to your employee:
 - EFAP
 - union delegate
- Write down your concerns about the employee's performance in point form.

SCHEDULING THE MEETING

- Consider your schedule. Ensure you have enough time to prepare. Find a time when you will have a full hour to devote to the discussion with your employee.
- Inquire about your employee's schedule. Assist your employee to find an appropriate time for the meeting (e.g., not before an important presentation).
- Remain neutral through all your discussions about setting the meeting. Do not hint or imply that there is a problem.

CREATING A CALM SETTING

- Find a quiet, private space to meet where co-workers cannot observe or overhear.
- Forward your phone.
- Have drinking water and tissues handy.
- Have all your documentation prepared, with copies if necessary.
- Do some relaxation exercises, if necessary, to present a calm, professional manner.
- Review the suggestions below for appropriate wording.
- Provide pen and paper for your employee. Encourage the employee to make notes.

DURING THE MEETING

- Describe the purpose and structure of the meeting.
- Use "I" statements to describe performance issues.
 - "I've noticed that..."
 - "I'm concerned about..."
 - "I'm wondering about..."
 - "I'd like to see you get back on track."
- Use open-ended questions to encourage the employee to talk.
 - "Is there anything you can think of to help you get back on track?"
 - "Is there anything I can do to help you?"
- Set specific performance goals.
- Schedule a follow-up meeting.

IF YOUR EMPLOYEE DISCLOSES A MENTAL ILLNESS, A PHYSICAL ILLNESS, OR A PERSONAL SITUATION

- Stay calm. Listen, listen, listen. Consider that this is harder for your employee than it is for you.
- Stick to performance goals.
- Offer information about resources.
- Consider thanking your employee for sharing.

FOLLOWING THE MEETING

- Write up your notes and place them in the employee's personnel file.
- Follow up on any actions that require your input.
- Treat your employee with professional respect and courtesy.

Do:

- Listen with an open mind.
- Remain calm and professional.
- Look for creative solutions.
- Describe rather than accuse.
- Use "I" statements.
- Look for strengths.
- Stick to performance issues.

DON'T:

- Make promises that you cannot keep.
- Demand a diagnosis or discussion of one.
- Pretend to understand if you do not.
- Discuss personality issues.