# Challenges in accommodating mental and physical health conditions: What workplace parties are saying

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# Accommodating and communicating about episodic disabilities (ACED): A partnership to deliver workplace tools and resources to sustain the employment of people with chronic, episodic conditions

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Crohn's & Colitis Canada
Great-West Life Centre for Mental Health in the Workplace
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# Chronic Diseases in Canada

As of 2014:

38.4% of Canadians live with one of 10 major chronic diseases

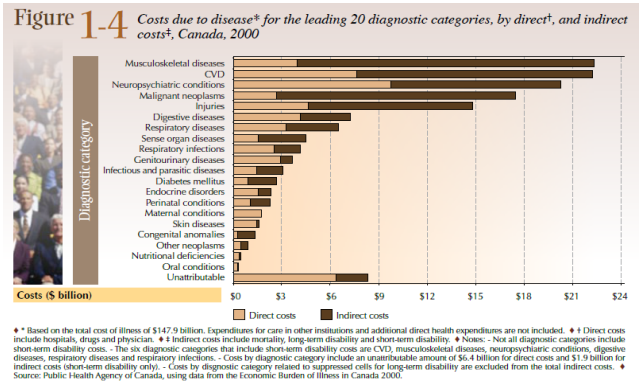
32.7% of Canadians report being limited in their daily activities sometimes or often as a result of their health

Centre for Chronic Disease Prevention, Public Health Agency of Canada. Chronic Disease and Injury Indicator Framework: Quick Stats, 2016 Edition. Ottawa (ON): Public Health Agency of Canada; 2016.

# Public Health Agency of Canada: "Economic Burden of Illness in Canada 2005-2008"

The most costly groups of conditions (direct and indirect health costs) are:

- Neuropsychiatric disorders: $12.5 billion/year
- Cardiovascular diseases: $12.1 billion/year
- Musculoskeletal diseases: $7.1 billion/year (NB: MSK injuries a separate category)
- Digestive diseases: $5.7 billion/year



# Public Health Agency of Canada: "Economic Burden of Illness in Canada 2005-2008"

- Indirect costs (i.e., absenteeism from work) for these conditions range from ~ $0.8-1.4 billion each year
- Real costs to the workplace and workers are higher – report does not include costs related to presenteeism, changing jobs, retention and replacement, underemployment
- Other research often estimates total indirect costs at 60-70% of the total costs of the disease

# Chronic health conditions in Canada

- Many of the most common chronic diseases in Canada are characterized as **episodic conditions**.
- Although different in their etiology, they often share common features:

  **Intermittent in nature** – can be periods of well managed symptoms punctuated with more severe disease (e.g., flares, episodes)

  **Invisible** – signs and symptoms are not readily apparent to others

  **Unpredictable** – they can be difficult to manage even when well treated

Examples: depression, anxiety disorders, arthritis, multiple sclerosis, diabetes, irritable bowel syndrome, migraine, some types of cancer, HIV


# In the workplace

The episodic, invisible, and unpredictable nature of chronic conditions creates challenges in balancing:

- The fostering of workplace communication with the protection of privacy
- Meeting needs for support and accommodations while maintaining workplace productivity


# Chronic, episodic health conditions and work

- Privacy legislation protects workers from having to disclose disease diagnoses and symptoms; the focus is on activity limitations
- Previous studies find that many workers report stress around the decision whether or not to disclose episodic health needs at work
- A range of issues have been identified by workers related to whether, when, to whom, what, and why to disclose (or not)

(e.g., Claire et al., 2005; Vickers, 1997; Ragins, 2008; Chaudoir & Fisher, 2010; Gignac & Cao, 2009; Munir et al., 2005; Brohan et al., 2012; Oldfield et al., 2016; Toth & Dewa, 2014)

# We're missing the perspectives of workplace parties

**Research Questions:**

1. What do workplace parties believe are key approaches, issues, and challenges to disability prevention and support for workers with chronic, episodic health conditions?
2. How do communication processes within a workplace facilitate or act as a barrier to disability prevention and support efforts?

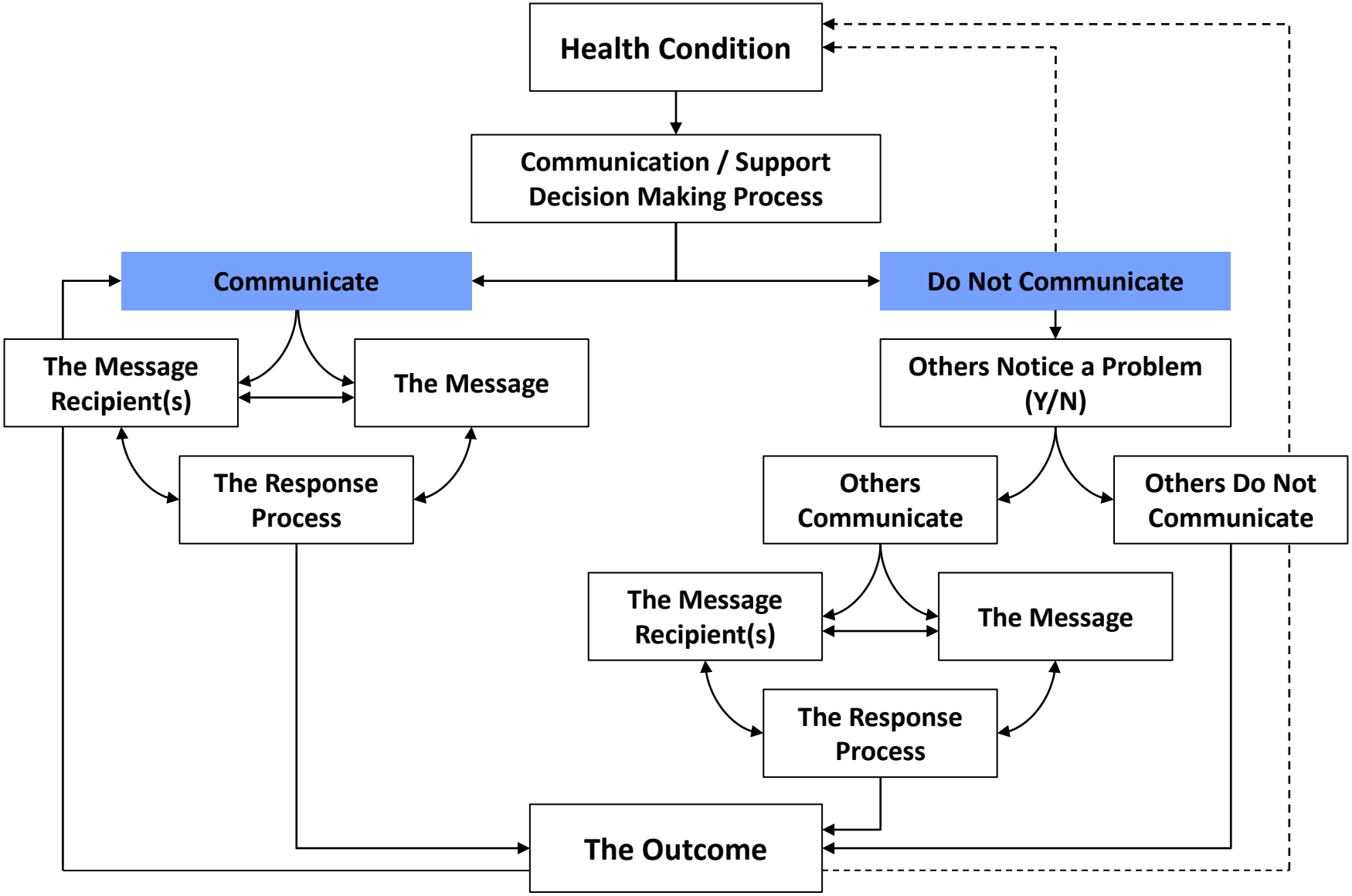
# Study Methods

- Recruited a convenience sample of workplace parties ("key informants") involved in disability support and RTW (e.g., supervisors, human resource professionals, disability managers, worker advocates, small business owners, labour lawyers)
- Participants were interviewed using qualitative methods (i.e., telephone or face-to-face interview)
- General topics probed:
  i. Communication and accommodations in disability prevention and support;
  ii. Successes and challenges in implementing and monitoring accommodation and RTW plans;
  iii. Who is/should be involved;
  iv. Potential contextual factors;
  v. Gaps in resources
- Qualitative content analysis applied; two coders independently coded transcripts into themes

## Results: Key Informant Demographics

| | | N (%) | Mean (Range) |
|---|---|---|---|
| Gender | Female | 20 (74%) | |
| | Male | 7 (26%) | |
| Years in profession (mean, range) | | | 19.5 (8-30) |
| Roles* | Disability manager | 7 | |
| | Human resources personnel | 5 | |
| | Managers/supervisors | 5 | |
| | Worker advocate/union representative | 5 | |
| | Labour lawyers | 3 | |
| | Small business owner | 2 | |
| | Medical director | 1 | |
| | Occupational health nurse | 1 | |
| | Key informants with an episodic condition | 5 | |
| Sector Served | Business/Finance/Professional Services | 4 | |
| | Education/Government | 6 | |
| | Healthcare | 6 | |
| | Manufacturing/Construction/Utilities | 4 | |
| | Service/Retail | 1 | |
| | Non-profit | 1 | |
| | Multiple Sectors | 5 | |

* A participant could have more than one role (e.g., manager and person with a disability)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Do Not Communicate
The Message Recipient(s)
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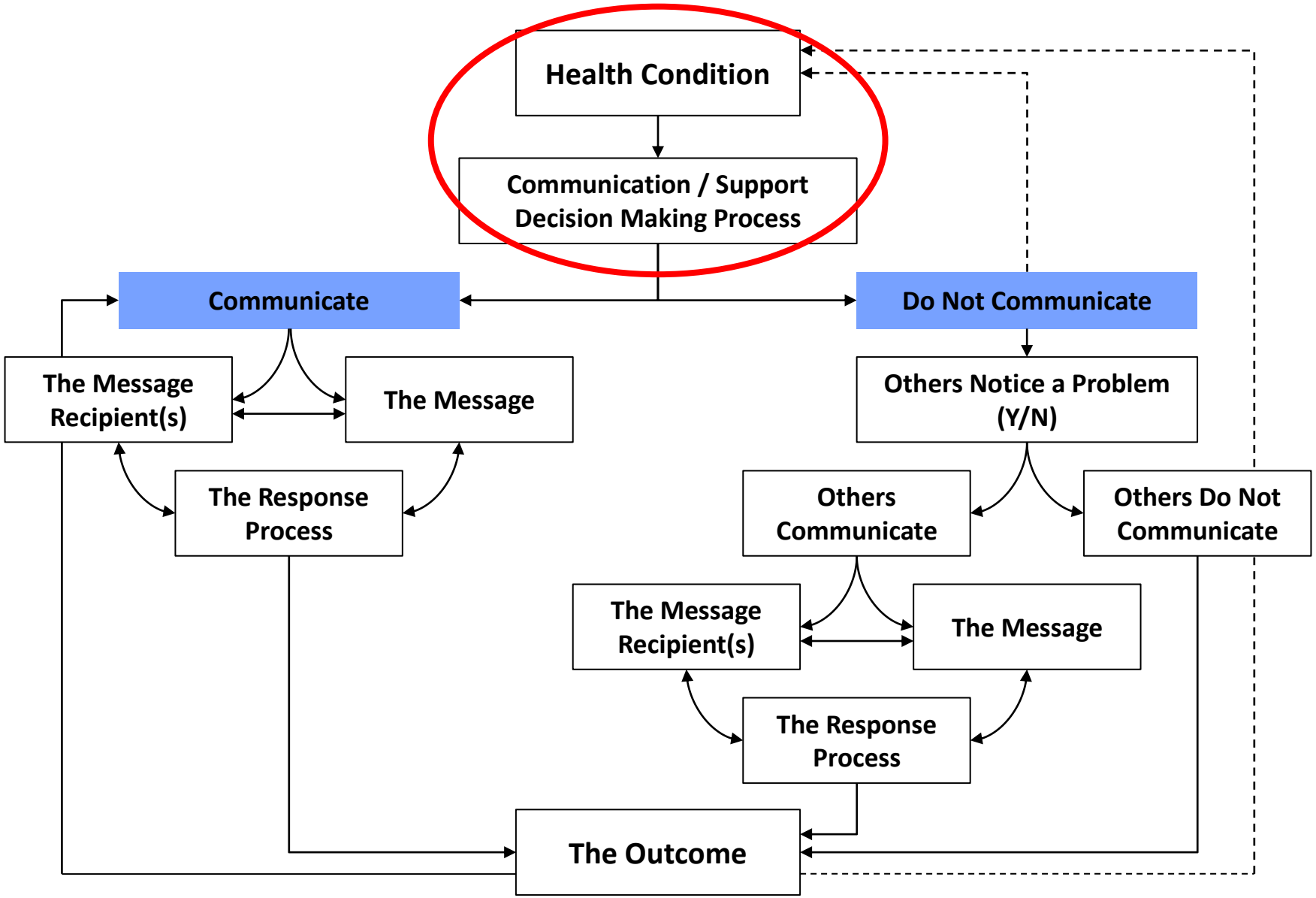
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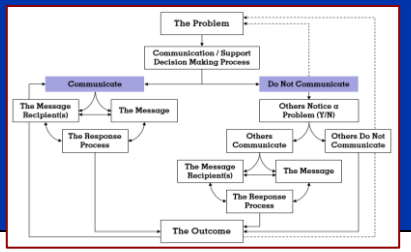
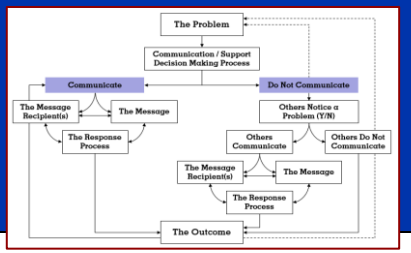



# Communication/Support Decision Making Process

- Approach/avoidance processes
- Rights and obligations
- Current needs and goals
- Potential outcomes
- Contextual factors (e.g., type of health condition, type of job, age, gender, employment relationship (FT, contract work), personal factors (problem solving skills), economic climate…)

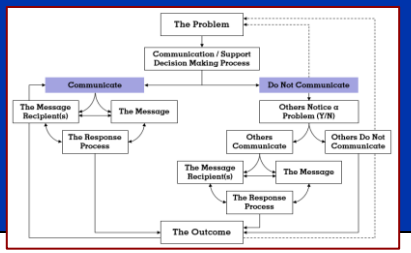



# Communication/Support Decision Making Process

- Approach/avoidance processes are undertaken where an individual weighs the pros & cons of sharing personal information

  Personal preferences for sharing private information; past experiences; assess risk to job tenure; assess workplace attitudes; assess impact of health on the job and others; stress/emotional costs to sharing versus not sharing

- An individual may consider their rights and obligations as part of the process, but many people are unaware of legislation and organizational policies




# Communication/Support Decision Making Process

- Consider current needs and goals in sharing personal information

  Share prior to an impact for awareness; build trust/support; manage self-image; need support/accommodations; crisis or others notice and forced to communicate; managing well so no need to share; perceive that nothing can be done so no point in sharing

- Consider the potential outcomes of sharing personal information

  Likelihood of an available accommodation that will help; positive/ negative reactions from others; being able to remain employed; impact on future career; image as a good worker affected

# Context: Type of Health Condition

- Participants often noted similarities in the impact of diverse physical and mental health conditions on work
- Some participants noted that, whatever the primary diagnosis, many conditions have an element of both physical and mental health challenges

# Type of Health Condition: Similarities

"I'm always of the opinion, and even when people get into mental health cases versus physical cases – no, no, no – they're all still disability cases. You can still apply the same procedure with your main goals…and you still try to move things forward to these goals, customizing it for the individual." (Resp 13, Disability Manager, manufacturing)

"The commonality between the mental health versus other forms of episodic disabilities, is the lack of predictability around them…[and] one thing is evident to me, that stress is an aggravating factor for all of them." (Resp 3, Lawyer, union)

# Type of Health Condition: Differences

- However, mental health conditions were more likely to be associated with interpersonal tensions at work that could be difficult to resolve
- Inadvertent “messages” or “signs” of a problem become apparent to colleagues, especially when a worker is unaware they are slipping into a mental health episode or it hasn’t yet been diagnosed

# Type of Health Condition: Differences

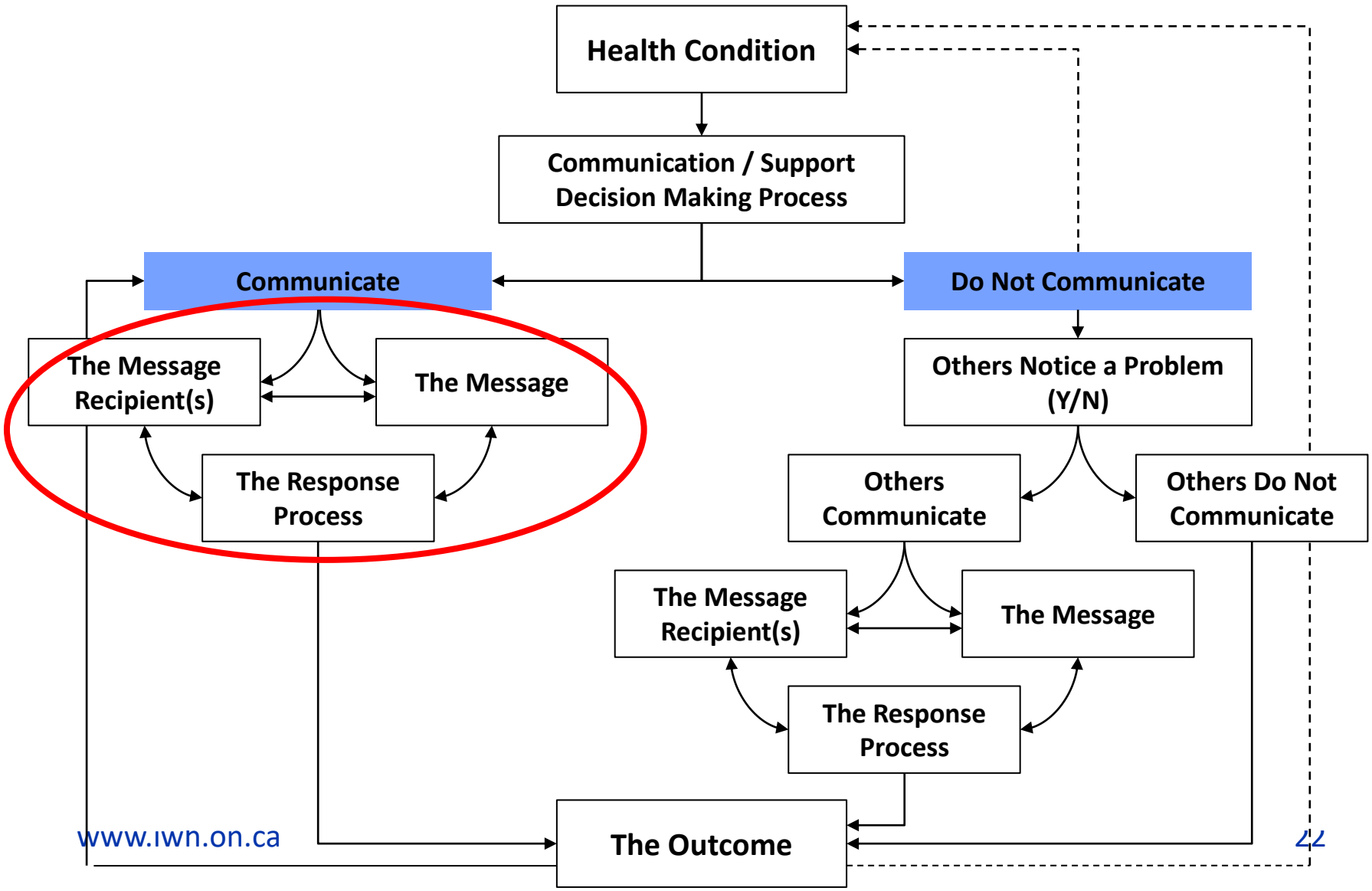
"More commonly with a mental health condition, you've got subtler things: meltdowns, chronic lateness, inability to concentrate, disruptive behaviour, not fulfilling commitments, or not showing up for work regularly…We label them as complex cases, we try to be as good as we can. When somebody's perception of their ability doesn't match the reality, then we have to take those very delicately" (Resp 7, Manager, public sector)

"It opens up a whole other level of activity if they're paranoid and they think that the whole world is against them…. It's a problem if they're not aware. It's really problematic." (Resp 26, Manager & HR, public sector)

# Type of Health Condition: Differences

"The stigma is still there. The stigma of running away from [the person] because she's acting weird. No one approaches her. No one helps her including managers and return to work people. There's still this stigma with mental health or that she's unsafe." (Resp 21, Union representative, healthcare)

Will return to this issue…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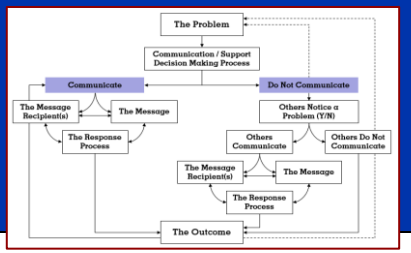
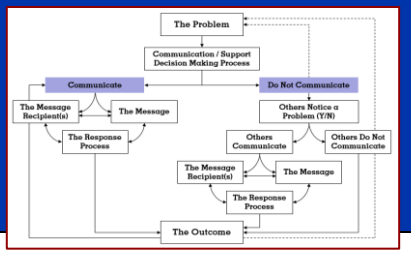



# Message Recipients

- Workplace parties are not passive recipients of information.
  - They actively respond to and shape the information they receive

- Many workplace respondents engaged in efforts to improve the communication/support decision making process for workers
  - They aimed for greater awareness of the needs of workers with chronic, episodic conditions

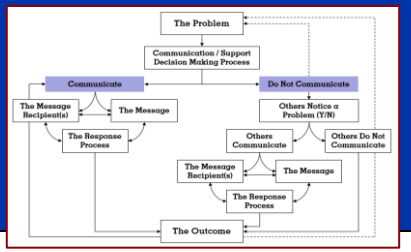
- Participants perceived that greater awareness will:
  - Help clarify the needs of workers and de-stigmatize health issues
  - Promote fairness and transparency
  - Foster disability prevention not just crisis management
  - Enhance education and improve skills




# Response Process: Outcomes

"We have a number of people who…have returned from long-term disability and they're still sustaining work, people with serious, chronic limitations – various kinds of health conditions. I can just instantly call up half a dozen faces in my mind where 10 years ago, they might have all still been on LTDP." (Resp 7, Manager, public sector)

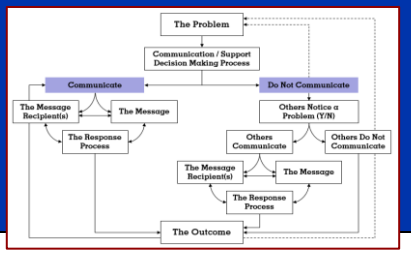
"I'd say, for the most part, we've been very successful with it. There are still some challenges, yes." (Resp 12, Human resources professional, healthcare)




# Response Process: Challenges

Some of the challenges…

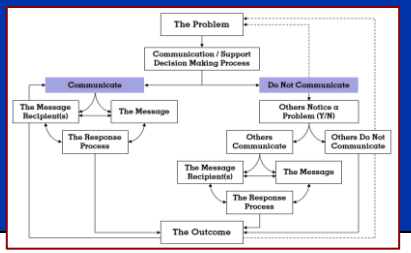
- Workplace parties have different roles, power, and relevant skills
- Not all individuals receive the same information (i.e., message) about a worker's needs or are involved at the same timepoints (e.g., supervisors early; disability managers/HR later; union and labour lawyers often when there's a dispute)
- Workplace parties can differ in adopting implicit models to frame disability prevention and support (e.g., medical model, biopsychosocial approach)




# Medical versus Biopsychosocial Model

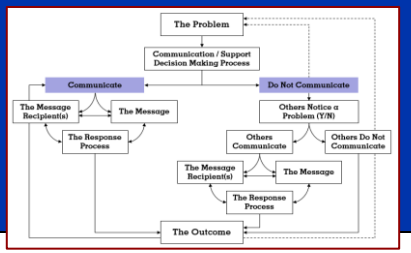
" … because our third-party providers have that [diagnosis], in most cases, it's a much smoother transition…. I find even return to work recommendations are more meaningful because they have the diagnosis. As you know, the most important thing is that people are properly diagnosed." (Resp 08, disability manager)

"If employees don't share with us, then we tell them that we need medical documentation. And so, we're able to get at least some information…and when it comes in, if it's really, really, really brief, then we may ask the employee to sign a consent to speak with their treatment provider, again confidentially." (Resp 05, disability manager)




# Medical versus Biopsychosocial Model

"We only gather medical information or I get involved in about 25% of cases. Seventy five percent of cases do not involve a medical practitioner at all for six months – up till they go to long-term disability. We would sort of describe that as a continuous improvement thing where we're trying to accommodate people as opposed to manage their diagnosis, which is a complete and utter waste of time…. You can't explain everything by medicine…by diagnosis, and you need to find some way to be fleet of foot and manage these because, if you don't, they go sour very quickly." (Resp 09, Medical director, business/finance)

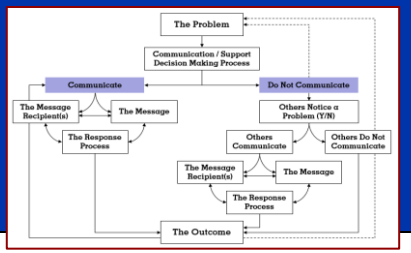



# Medical versus Biopsychosocial Model

**Why the differences?**

- Some organizations may have a stronger history with compensation systems related to workplace injuries
  - A medical model may be familiar and perceived as a natural extension of disability support and management

- Some organizations struggle with health professional input, which may foster a biopsychosocial approach
  - Health professionals are not able to provide the information needed to develop workplace accommodation plans
  - Workers struggle to gain access to health care professionals, may have health care professional diagnoses questioned by workplace parties, or incur significant out-of-pocket expenses

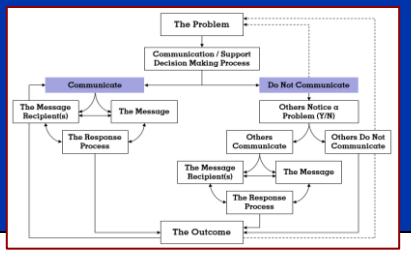



# Response Process: Challenges

## Promoting Fairness and Transparency

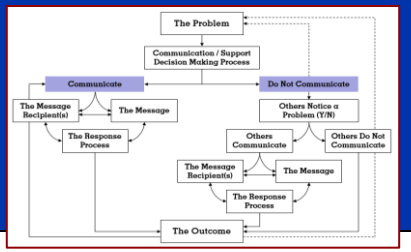
Case-by-case approach = haphazard and arbitrary process

Case-by-case approach = flexible and individually responsive process



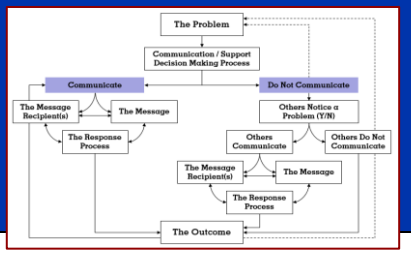

# Response Processes: Differing approaches to supervisor/manager input

- To promote fairness and transparency, and deal with variable skills, some organizations take decision making out of the hands of supervisors/ managers
- But, supervisors/managers sometimes report that they receive too little information, while having the greatest responsibility for implementing accommodations, maintaining productivity, planning workloads, and maintaining staff morale and goodwill
- Workers also can be left out of many discussions
- When workers and supervisors/managers are not included, they often perceive that the process erodes trust, is frustrating, and takes too long




# Response Processes: Workplace policies and practices do not get implemented in a vacuum

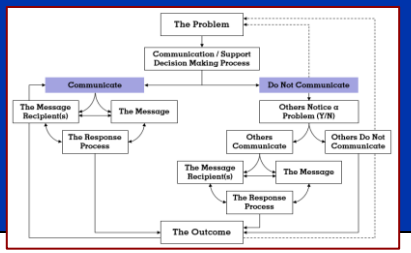
- Subjective evaluations and affective reactions play a role in responses to information received from workers (e.g., distress, helplessness, annoyance)
- When little information is provided, workplace parties try to "fill in the blanks" and speculate on what they "really think is going on" – it's human nature
- Workplaces can be caring and empathetic or have gossip and misinformation; detracts from productive work and disrupt interpersonal relationships
- Many workers don't want any attention from others




# It's human nature to wonder….

"You get the medical note that is strictly correct, which is, [the] employee will not be able to work, and then the return to work [date], and then these are the limitations. We're not told what we're dealing with…. And so, the law, in a sense, runs counter to human nature, because I think we're much more inclined to be sympathetic, and empathetic, and helpful, and creative when we understand what we're dealing with." (Resp 4, labour lawyer for a large employer)

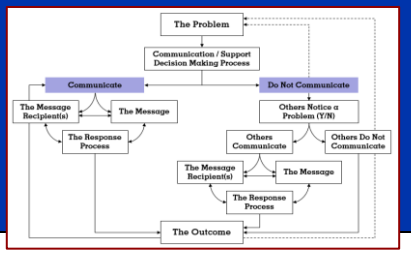
"If they don't have any information, they tend to feel minimized and … sometimes employers say that they feel hurt. They feel hurt that this person isn't talking to them directly….[And] people get curious. It becomes the puzzle of the week. 'They said that they have difficulty with focus and they said that they have difficulty with this. I'm thinking it must be this. Oh, no, it must be this….' You just get these crazy ideas..." (Resp 2, labour lawyer representing workers)




# It's human nature to wonder

- In some cases, participants noted that everyone in a workplace was aware of a health condition. This created a privacy conundrum

"In a small office – you know how it is – people actually have relationships and so confidentiality is out of the bag. We couldn't have tried to pretend that [this person] wasn't away on a mental health disability. The place is just too small, and everybody saw the symptoms themselves. What position does HR have to take?" (Resp 14, human resources professional)

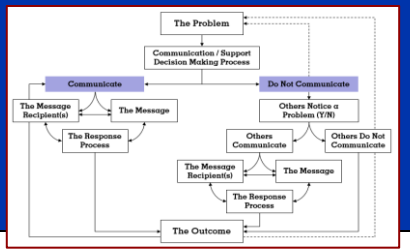



# Response Processes: Workplace policies and practices do not get implemented in a vacuum

Message recipients actively evaluate and assess information based on:

- Their own experiences
- Their history with the worker
- Issues of likability, trust, personal stereotypes
- Work context (e.g., workload)
- Their comfort level with the sharing of personal information
- Their perception of the disability management process

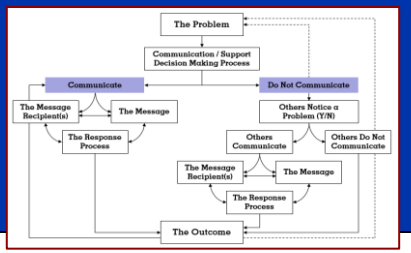
There is often tension between trying to develop the perfect implementation process and responding on a case-by-case basis




# Subjective perceptions can matter

"… there's some workers who just – they have a way about them, and they explain themselves, and you hear them. Then there's other workers that are just more aggressive or demanding, and it doesn't mean that their issue has less merit, but…from my years and years and years of experience, people just sometimes start to shut those people down because they can't see past…their personality, and [that] there's a real issue here." (Resp 10, worker advocate)

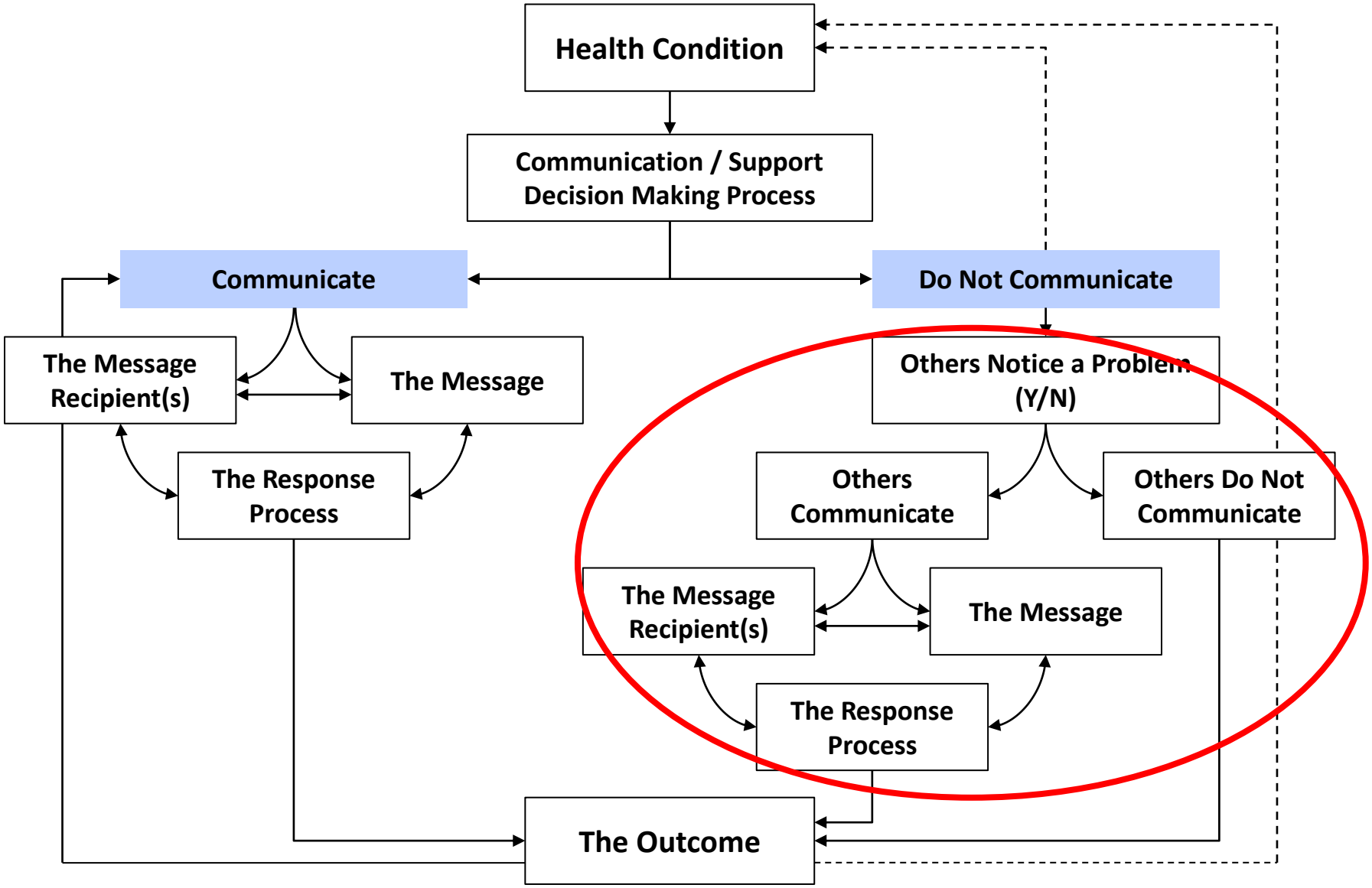
"[It matters] whether you start from a position of, 'I'm going to trust until I have reason not to trust', or if you start from, 'I'm not going to trust until you give me reason to trust.'" (Resp 12, human resources professional)




# Response Processes

To sum:

- The disability prevention and support process often works, but is complex
- More explicit attention needs to be given to:
  - Workplace cultures (medical vs biopsychosocial approaches; what does a case-by-case approach really mean?)
  - Who is included and at what point (e.g., a bottom up focus on workers and supervisors; a top down focus managed largely by HR/disability managers; or some combination)
  - Recognizing subjective perceptions and broader workplace attitudes. They are unavoidable, but need to be addressed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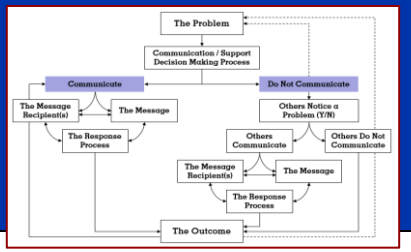
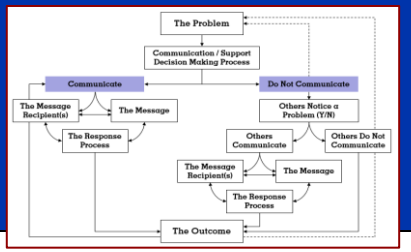


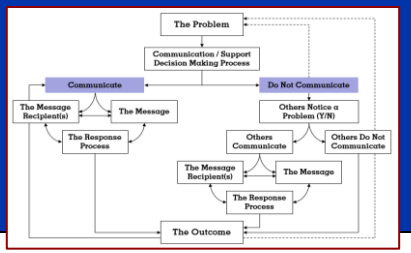

# Workplace parties decide to communicate

- Workplace parties may notice changes in a worker's performance, mood, or demeanour
- Supervisors/managers or co-workers may approach a person informally to seek information and offer support
- Prior to approaching a worker, workplace parties will go through their own decision-making process whether or not to communicate
- If approached, a worker may or may not provide information that explains the changes
- Among the most stressful situations for workplace parties are mental health manifestations that are denied/not recognized by workers




"This one individual was saying that people were talking about her… Staff would come in and do some work, and she would think that they were spying on her…. we talked to the physician, the psychologist about it, trying to get some information about accommodation – is she getting the right kind of treatment or does she need any treatment?... Not knowing a diagnosis was difficult…. She thought she was fine. We don't know if she was or not…. But really, she came very close to being fired. (Resp 1, human resources professional, service sector)

"Truly with mania you generally don't know anything is wrong. It's very hard to have insight when one is manic … In fact, I had some insight, but I really needed friends to say, 'What's going on?'" (Resp 19, worker advocate with bipolar disorder, professional)



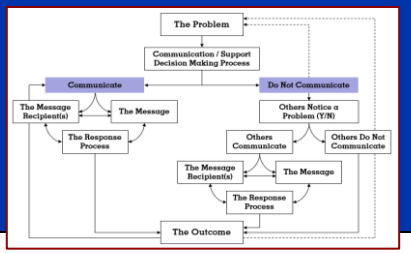

# Workplace parties decide to communicate

- In larger organizations, formal communication is often triggered by a threshold of work absences being reached

- Often labeled “attendance management” or “attendance support,” the programs trigger mandatory meetings, ostensibly to identify support needs

- Yet, workers AND workplace parties acknowledge they can:
  1. Pressure workers into disclosing *something*
  2. Re-cast disability as a performance problem (i.e., progressive disciplinary actions needed)
  3. Focus future discussion on performance deficits and not skills and abilities
  4. Erode trust and confidence in the disability support process

- Some workers (especially with mental health issues) will admit to performance problems rather than risk disclosing a mental health issue




"What happens with episodic conditions is that they have incidental absences and… if they pass that ten-day threshold, then a progressive discipline approach is taken with them and that's not always the right approach to take for someone who just needs time off periodically to attend to their health" (Resp 05, disability manager)

"It sets up an urgency at the beginning because usually by the time they might involve [a disability manager] … they're quite high in the [attendance management] program….The employee, in a lot of situations, [is] not getting along all that well with management because they're being attendance managed…. It's a little harder for [a disability manager] to develop the relationship we need, but it varies widely. (Resp 16, disability manager)

# Going forward

There is a need for additional evidence-based tools, resources and training aimed at workers and workplace parties to:

1) Foster communication and its appropriate timing while protecting worker privacy and worker preferences related to sharing information

2) Assess job demands and create tailored accommodation plans, as well as provide guidance on monitoring them over time

3) Meet the needs of workers with diverse episodic conditions and a wide range of workplace needs and cultures

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**Developing, implementing and evaluating new tools and resources is the goal of a 5-year Healthy and Productive work grant**

# Accommodating and communicating about episodic disabilities (ACED): A partnership to deliver workplace tools and resources to sustain the employment of people with chronic, episodic conditions

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# Special thanks

To all our key informant participants

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# Thank you

# Comments? Questions?

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