

GETTING A GRIP: CASE STUDIES

Registered nurse Mary Malone, a medical lead and implementation manager for Standard Insurance Co.'s Workplace Possibilities (WP) program, has counseled many employees struggling with mental health and substance abuse issues over the years. Today, she works with companies to evaluate their employee population problems, including substance abuse. As part of the WP program, she often assigns onsite consultants to help employees stay productive even as they deal with substance abuse and other problems. The program can also provide consultants who work by telephone with employees who need help while on short-term disability.

One of the challenges in trying to help employees, Malone said, is getting them to access resources available through their employers while problems are still relatively small. Most large employers have employee assistance programs, for example, but according to Michael Klachefsky, national practice leader for the WP program, EAPs are vastly under-used. Employees may be especially reluctant to seek help for substance abuse problems from EAPs or other resources because of the stigma often attached to these conditions, Malone added.

Seeking an Employee's 'Safe Zone'

Although employees may know about the EAP, Malone said, in a time of need they may avoid making the call. They may equate the EAP with the employer and fear that asking for help will have adverse employment consequences or they may be hesitant to discuss a very personal problem with a stranger on the telephone. Having a consultant onsite can be one solution to this problem, as well as a tangible reminder of the employer's concern and a reassurance of the independence of the program.

An employee can call the WP office at work, drop in, or arrange to meet offsite — at a coffee shop or other nonthreatening location, Malone said: “We say, ‘Where would you like to meet?’ ”

Once in the “safe zone,” employees generally find it easier to talk directly about difficult issues, from having an addiction to an illegal drug to not being able to get off narcotics legitimately prescribed for pain. The consultant can then not only get the person to the right resource, often an EAP, but can make sure the employee is following up and getting appropriate treatment. Often, the employee can be seen by a counselor within a day or two of meeting with the onsite consultant, Malone said.

The onsite consultant—generally a psychologist or other mental health professional—could be available a few hours a week or full-time, depending on company size and needs. The program is different from an EAP, Malone said, serving as the pre-EAP step to help employees figure out what they need, rather than itself providing the actual services.

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For example, an employee with a substance abuse problem or who is worrying about a spouse with one may not be able to focus on work. The immediacy of a mental health professional to talk to right at work often helps an employee take the first step, Malone said.

“The more experience you have, the easier it is to talk to people in crisis about anything that comes up,” she said. “You get pretty good about seeing the barriers people put up. We’re not forcing them; we let them know it is voluntary. We just give them the information and let them know they can call back.”

Malone meets with company staff to review an employer’s practices and culture and to find the best local consultant.

“Our program is very proactive,” she said. “We help employers identify the needs of employees sitting at desks but not meeting quota or showing up later and later.”

HR should make sure employees know that anything they say to a consultant, an EAP counselor, or HR staff—particularly stressing this when dealing with the potentially embarrassing area of drug use—is confidential, Malone advised.

Feeling Alone

Substance abuse issues can require short-term disability leave, Malone said, which can create scheduling and production headaches for managers and the HR department, but perhaps more importantly can also be a time of danger for the employee because temporary disability can too easily evolve into permanent unemployment if the employer does not closely monitor the situation. Malone’s company can provide mental health experts by telephone to see that people are getting the proper treatment and not languishing at home. Malone cited as an example of this an employee at home on leave for a substance abuse problem whose only treatment was vitamin therapy. While this could be a good adjunct, the woman also needed counseling and medication, which an expert in touch with her would have recognized and recommended.

Disability leave can be a time of danger for employees.

Sometimes employees themselves may not know they have a problem, Malone said, and not because they’re deceiving themselves. For example, she said, she was checking in with an employee by telephone who had been on short-term disability leave for stomach troubles. In reviewing the man’s medication history, she realized he had been prescribed antidepressants, although the man himself didn’t know it.

“He wasn’t hiding anything,” she said. “He had no idea anxiety and depression were causing his issues.”

Malone referred the man to an EAP, who saw him the next day, and he was back to work in two weeks.

“He was ecstatic,” Malone said.

The doctor who prescribed the medication may not have been clear in his diagnosis and for that reason or some other the employee may simply not have understood what his condition really was. Whatever the cause of the initial confusion, the interceding phone call from a registered nurse with a lot of experience in mental health issues identified the problem and got the man back to work.

Disability leave poses other dangers for employees dealing with substance abuse.

“By the six-month phase, you’ve pretty much bought into the disability,” Malone said. “I don’t wish disability on anyone,” she added, noting that especially for employees with mental health and substance abuse issues, the loss of colleagues and work identity can be incapacitating and demoralizing.

Employees with substance abuse issues are often very fearful, which can exacerbate their feelings of isolation, Malone said, noting that at one company several employees talking to her about their abuse problems said that they felt they were the only ones at the company with a problem.

“I couldn’t divulge anything,” Malone said, “but I could say, ‘I have a feeling you’d be surprised.’ ”

This feeling of being alone with their problem can be made worse if employees lose touch with colleagues and managers during leave. Employees have told Malone that “I was off work 10 weeks and I never got a call,” she said.

Employees appreciate hearing from their managers when they are on short-term disability, but managers are sometimes afraid to call, Malone said, adding that they shouldn’t be.

“You don’t have to ask them what’s going on,” Malone said. “You can say ‘You don’t have to tell me anything about your health condition. I just want to tell you we miss you at work. You need this time to get better, but we just wanted you to know we are thinking of you.’ That can make an enormous difference.”

At the same time, Malone cautioned that employees should not be rushed off short-term leave, which can be very counterproductive:

“There’s a lot of type A people out there,” she said, “so we have to remind them that this is not the time to go back to the office, that work can survive without them while they get well. That saves employers a lot of money in the long run.”

Another key purpose a consultant can serve is providing updates to the HR department about when employees on short-term leave can return to work. This can relieve the burden on HR of managers who keep coming in to ask when the employee is coming back.

“ ‘I need to know what to do,’ ” is the manager’s refrain, Malone said, adding that she often meets with the entire HR disability team—including the leave department, the benefits manager, risk management, the EAP vendor, and anyone else who may be affected—to develop a program.

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