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Episodes of mental health illness are prevalent within the Canadian workplace. In 2011 the Conference Board of Canada surveyed over 1000 individuals about their experience with mental health. Included in the survey were workers, supervisors and managers. The survey discovered what most people already know, that mental health touches many people and is often present in the workplace. In fact, 44% of respondents indicated a current or past personal experience with a mental health issue.

In 2009–10, 78 percent of short-term disability claims and 67 percent of long-term disability claims in Canada were related to mental health issues.

Leaders believe they are promoting mental health at work but workers disagree! 82% of senior executives surveyed believed their companies promote a mentally healthy work environment, yet only 30% of employees (working in occupations such as service, labour and production) agreed with this assessment.

44% of managers have no relevant training to recognize or address mental health concerns, but the majority, 81% believe they know what they are doing when it comes to managing mental health issues in the workplace.

Managers Identify 3 Training Gaps

When asked if the managers felt they would benefit from training to help them better manage mental health concerns in the workplace they indicated they would like better training to:

1. Recognize the signs and symptoms of specific mental health issues
2. Manage difficult conversations
3. Increase knowledge about their legal obligations and constraints.

Awareness & Understanding
Managers Lack Training on How to Manage Mental Health Issues
And they are smart to recognize their need for information and training as across Canada the rights of employees with mental health challenges are being upheld. This includes their right to work and their right to accommodation.

**Employees Often Do Not Find Managers Supportive**

In the research a group of individuals who had experienced mental health challenges were interviewed in more depth and reported many negative perceptions of and treatment from managers reporting:

- Their manager was insensitive and non-supportive
- They were made to feel guilty about their time away from work
- They were sometimes isolated and ignored or “given the cold shoulder” by managers and staff

**Performance Issue or Mental Health Concerns**

Within the workplace it will become increasingly important that managers are trained to consider mental health issues when dealing with performance management issues. Not every performance issue will of course be tied to mental health concerns but some will. As a result, managers and the human resources department need to be equipped to identify the possibility. If they are not they may find themselves on the wrong side of legal action by a more informed and proactive population of individuals experiencing mental health concerns.

**Mental Health Concerns by Industry**

How is your industry represented by the data? The experience of mental health issues cut across industries ranging from a low of 25% in the chemical/pharmaceutical industry to a high of 63% in the not-for-profit sector.
Data tells us that on average, 44% of the workforce will experience a mental health concern at some point. It is important to be cognizant of the possibility that a workplace performance issue may be the result of a mental health challenge. Before approaching an employee to talk about a performance issue, make sure you have all the information.

This conversation with an employee is not easy. Follow these steps to make the process easier.

**Steps for Discussing Mental Health Concerns With an Employee**

1) **Gather and Assess Information:**

   Ensure that you have an accurate picture of the situation. You need information, but you must be discreet. Spreading rumours will serve to make the situation worse. If behaviours raise alarms and if they have lasted for a while, or are getting worse, you might need to have a conversation. Compile the information as a first step.

2) **Prepare Yourself:**

   Familiarize yourself with the signs of mental health issues. Familiarize yourself with your organization’s relevant policies including confidentiality, safety and reporting procedures. Gather resources that you may need to provide your employee. If your organization offers an employee assistance plan (EAP), provide information on the plan and be prepared to talk about it.

   As part of your preparations, gather information on the employee’s strengths and not only the areas of concern. Prepare examples to illustrate your concerns, but do not bring a litany of examples. Identify 2-4 specific examples. Despite your preparations, the employee may not be interested in what you have to say.

3) **Schedule A Meeting:**

   Set aside time to talk as soon as you make the request for the meeting. Making someone wait for hours can be stressful. Meeting before lunch or at the end of the day might seem like a good idea,
but generally it is not. When someone is hungry they are often less able to concentrate and more prone to hearing negativity. Select a time early in their shift or shortly after a meal break.

Approach them in a way you normally would, in-person, over the phone or through email, and indicate that you need to discuss work. Set aside 45-60 minutes, but tell your employee that the meeting will be brief so that he or she will not feel overwhelmed. If possible try to meet them in a place you would normally meet employees. Familiarity of routine and surroundings can be important to put someone at ease.

Try saying this, "I would like to speak to you for a few minutes about work. Can you meet me in X location in 15 minutes?"

4) Begin the Conversation:
Keep the focus on workplace performance. Speak for a few minutes first about the person's strengths and value. Then mention your performance concerns. Do not mention any specific concerns about mental illness. Ask them a question or two to elicit information about how they are feeling. Provide your employee with an opportunity to express their thoughts or ask for help. Consider these questions:

1. How do you feel you have been contributing at work recently?
2. Tell me if you have been feeling out of step with colleagues/projects?
3. Do you feel that there are resources or support systems that could help your performance in the workplace?

*Note you are not looking to solve problems in this exchange only provide the employee the opportunity to be heard and you, the opportunity to learn. Thank your employee.

5) Move the Conversation Forward:
You may need to move the conversation forward. Mention you believe they may be struggling at work and are concerned about their well-being.

Pointers:
- In your conversation, use words like "stress" or "health", but not "mental illness".
- Ask if the employee if he or she would like assistance gathering information and resources.

- Provide information about your company policy related to addressing performance issues and information on your company's EAP program.
- Mention the option of workplace accommodation if the employee's situation requires accommodation.
- Do not provide the employee with information on mental health unless they bring up the topic.

6) Meeting Wrap-Up:
Ask the employee if he or she has any questions. If you are concerned about their ability to work, you may allow them to take the rest of the day off. Schedule another meeting in a few days to discuss next steps to address their workplace performance issues. Do not have a discussion about specific discipline at this point in time.

You may have to take this process slowly at first. In most cases there is no reason an employee with a mental health concern cannot be accommodated in the workplace if you take the time to identify possible strategies and approach the person with openness and compassion.
A survey of more than 1,000 Canadian employees, conducted by The Conference Board of Canada, finds mental health issues are prevalent in today’s workplace. Forty-four percent of employees surveyed report they either currently (12 percent) or have previously (32 percent) experienced a mental health issue. For purposes of the study, a mental health issue is defined in very broad terms and includes excessive stress, anxiety, depression, burnout, addictions and substance abuse, mania bipolar disorder, and schizophrenia, among other issues and diseases.

The survey also finds that most employees are uncomfortable speaking to anyone at work about their mental health issue—and reluctant to access resources provided by their employers. Concerns that a mental health issue will jeopardize their chances for a promotion and future success are top reasons employees do not speak up at work. Meanwhile, research from Towers Watson, cited by The Conference Board, is worth noting: In 2009–10, 78 percent of short-term disability claims and 67 percent of long-term disability claims in Canada were related to mental health issues.

What the Numbers Suggest

Clearly, this study suggests more can be done to promote a mentally healthy work environment. The Conference Board recommends four areas where organizations can take action:

- Focusing on education and communication to reduce fear, stigma, and discrimination in the workplace;
- Ensuring the organizational culture is conducive to supporting employees’ mental health;
Encouraging senior executives to show demonstrable leadership around mental health; and
Building managers’ capacity to support employees by providing the tools and training required in their role.

In addition, a recent RBC Insurance survey has found that Canadian workers tend to vastly underestimate the likelihood that they will become disabled.

Forty-five percent of Canadian workers polled said they believe that disability occurs infrequently. The reality is that one in seven Canadians is currently disabled and one in three working Canadians will experience a period of disability lasting longer than 90 days during their working lives.

“When it comes to disability, what Canadians don’t know can hurt them,” says Mark Hardy, RBC Insurance’s senior manager for Life and Living Benefits. “The research indicates that Canadians are overly optimistic about avoiding a disability and that lack of understanding reinforces the need for more education around this critical issue.”

He adds that there is a misconception that disabilities tend to be catastrophic, caused by one-time traumatic events.

“Most Canadians don’t recognize that common, chronic conditions such as mental illness cause the majority of disabilities. In fact, less than 10 percent of disabilities are caused by accidents.”

Seventy-two percent of Canadians polled thought physical accidents were a disability, while 64 percent viewed workplace-related accidents as a disability. Only 45 percent thought depression was a disability; just 30 percent viewed anxiety as a disability; and only 21 percent considered diabetes to be a disability.

Here are some other misconceptions that came to light in the survey:

**Myth: Only 20 percent of Canadian workers believe a disability would most impact their ability to work.**

**Fact:** Sixty-five percent of Canadian workers have been exposed to someone having taken time off work due to a disability, while 25 percent had personally taken time off for a disability.

**Myth: One in four of the respondents agree that a disability is the result of not being careful.**

**Fact:** Mental illness, cancer, cardiovascular diseases and musculoskeletal diseases such as arthritis cause more disabilities than accidents. In fact, these diseases are six times more likely to be the cause of disability.
Case Studies

School Board Taught A Costly Lesson: Court Upholds Reinstatement with 10 Years of Back Pay

Ms. Fair was employed by the Hamilton-Wentworth District School Board (the “Board”) from 1988 to 2004, when her employment was terminated. During her employment, Ms. Fair had developed a psychiatric disorder, namely, generalized anxiety disorder. She took a disability leave on October 2, 2001, as a result of depression and post-traumatic stress disorder related to the stress of her job. When the Board determined it could not accommodate her, the Board terminated her employment in July 2004. At that point, she filed a human rights complaint, alleging discrimination based on disability.

Due to amendments to the Human Rights Code in July 2008, Ms. Fair was given the opportunity to, and did, refile her complaint as a “transitional application” under the transitional rules that were put in place at that time. The result of this refiling was that for the first time, Ms. Fair formally identified the remedies she was seeking, including the remedy of reinstatement. The result: years after dismissing her, the Board learned that she was seeking reinstatement as a remedy.

In February 2012 the Tribunal finally issued its decision on liability and concluded that there were in fact positions into which Ms. Fair could have been placed without causing undue hardship, but the Board had failed to make the attempts to do so. As such, the Board had failed in its duty to accommodate.

In 2013, the Tribunal issued its decision in respect of remedies. The Tribunal rejected the Board’s argument that the length of time between the termination and the decision made it unfair to order reinstatement. The Tribunal ordered the Board to reinstate Ms. Fair to a suitable position, being a position at or equivalent to the position she was in before the termination of her employment in 2004. The Tribunal also ordered the Board to compensate Ms. Fair for her loss of earnings for the entire period between her dismissal and the reinstatement, less any mitigation earnings, as well as $30,000 compensation for the injury to her dignity, feelings
and self-respect. Since Ms. Fair had earned minimal amounts since her dismissal, the amount owing was in excess of $400,000, plus pension and CPP adjustments and compensation for lost medical benefits, and a gross-up for tax (given the lump sum payment).

Not surprisingly, the Board filed for review of the decision with the Divisional Court. The Board made a number of what might be called "technical" arguments about the decision, including that the Tribunal breached its duty of fairness in the way the hearing was conducted, that there was a "reasonable apprehension of bias" because of certain comments made by the Vice-Chair during the hearing, that the Tribunal failed to properly follow its own rules and that it had not provided sufficiently detailed reasons for its decision. The Divisional Court rejected all of these arguments, holding that there was no reasonable apprehension of bias on the part of the Tribunal, and that there were no procedural defects in the conduct of the hearing or in the decisions that had been issued.

The Board also argued that the Tribunal's decision was unreasonable. The Board tried to attack the portion of the decision in which the Tribunal found that there was no appropriate accommodation made by the Board. The Board argued that it had made a number of accommodations for Ms. Fair and that the Tribunal's conclusion that the Board had not met the standard of undue hardship was unreasonable based on the evidence. The Divisional Court rejected the Board's arguments and found that the Tribunal's conclusion was supported by the evidence. The Court held that the Tribunal's decision was reasonable, considering that the Board had taken a number of steps to avoid finding alternate employment for Ms. Fair, including a refusal to consider alternate roles and failing to seek out further medical evidence it needed to accommodate her.

In terms of the remedy, although the Court agreed with the Board that reinstatement was an "uncommon" remedy before the Tribunal, the Court held there was nothing unreasonable about such a remedy. The Court justified its conclusion by referring to the broad remedial authority of the Tribunal, and as well the Court referenced the unionized workplace setting, where reinstatement is not unusual when there has been a breach of a collective agreement.

With respect to the fact that so much time had passed between the dismissal and the order of reinstatement, the Court held that the goal of the remedial provisions of the Code ought not to be "thwarted" because of the passage of time, particularly since the delay was largely beyond the control of Ms. Fair.

There is a significant body of case law on the duty to accommodate disabilities in the workplace and the high threshold needed to meet "undue hardship". Was it not for the remedy (reinstatement with IO years of back pay), this decision would not likely have raised eyebrows. There are relatively few cases in which the Tribunal has awarded reinstatement as a remedy, but certainly the award of reinstatement in this case, and the significant monetary damage award that followed, serves as a warning to employers about the risks inherent in the human rights process.

Ultimately, this decision underscores the importance of lining up any defence – and assessing the relative strengths and weaknesses – early on. It also demonstrates that the Courts will in general defer to specialized tribunals when it comes to fact-finding and remedial issues, so employers should not expect that Courts will readily relieve them from onerous decisions at the Tribunal. One thing is clear: If reinstatement is sought as a remedy, care should be taken on the employer's side to ensure that the case is strong and that it proceeds expeditiously through the system. In that sense, delay can certainly work against the employer when reinstatement is on the table, so employers should make every effort to ensure the case moves forward as quickly as possible. In that sense, if there is a real risk of reinstatement, delay could be said to work against the employer.

Of course, given the nature of the decision and the "costs" of the remedies (both financial and logistical), it can be expected that the Board will carefully consider seeking further review from a higher level Court.
Inappropriate Teacher-Student Communications: Accommodating Mental Health

In Flinn v Halifax Regional School Board, 2014 NSCA 64 the Nova Scotia Court of Appeal considered the issue of accommodating mental illness in the workplace. The Court found that the risk of recurrence, and the recommended monitoring of the employee for recurrence, amounted to undue hardship. While the case is particularly relevant to the education sector, it will also affect other areas where employees work with vulnerable people in positions of trust and safety is at issue.

What Happened?

The Appellant teacher had over 15 years’ experience and a clean record. Over the summer of 2008, he emailed a grade 10 student. Her parents found the messages. Some of the messages were disturbing. For example, the Appellant:

- Recommended that the student kill her parents with a chainsaw while they slept;
- Used terms like “child beater” and “cow woman” to describe her father and mother;
- Suggested that she purge food;
- Criticized the therapy her parents had arranged for her;
- Told her he wanted to leave his wife for another woman; and
- Made reference to his thoughts about taking her out of town for lunch.
The student’s parents took the email messages to the school principal. The Appellant called in sick the day after school officials confronted him about the emails (which he did not deny sending) and did not return to work before he was terminated. The day after being confronted, he went to his family physician and was referred to mental health services. Several months later, he was diagnosed with a bipolar disorder that could cause drastic mood changes (including periods of “hypomania”).

The Union took the position that the Appellant did not have control over his actions at the time he sent the emails because of his untreated bipolar disorder.

A psychiatrist conducted an independent medical examination of the Appellant, and opined that he could return to the classroom as long as his mood was being monitored. Based on the IME, the Appellant then provided the School Board with a list of warning signs that would indicate an onset of hypomania, and “proposed that the principal could monitor [him] for any of those signs.”

The Appellant was dismissed in the spring of 2010 on the basis that either the Appellant’s conduct was culpable because he knew what he was doing was wrong and could therefore be terminated for cause, or even if his judgment was impaired by his disability and his behaviour was non-culpable, the School Board could not provide adequate supervision to accommodate his disability.

**Procedural History**

The Appellant challenged the dismissal before an Appeal Board, which upheld the termination. Although concluding that the Appellant’s conduct was “not culpable” (i.e., due to his disability), the Appeal Board found that requiring the School Board to accommodate the Appellant would constitute undue hardship as it would be “impractical” to have the principal monitor him. Furthermore, the incidents in question happened over the summer when no supervision would have been possible. Ultimately, the risk for students was too high to justify reinstating the Appellant.

The Appellant was unsuccessful in judicial review of that decision in the Supreme Court of Nova Scotia, which found that the Appeal Board’s decision to terminate the employment relationship was reasonable. The Court of Appeal upheld this decision. Both Courts discussed the interpretation and application of the bona fide occupational requirement standard.

**What This Means For Employers**

This is a good case for employers. Although the Court of Appeal decision focused largely on reasonableness and the standard of review, the Court commented specifically on the limits on the duty to accommodate, particularly in the context of mental illness.

Critically, the Court recognized that the steps in the proposed accommodation, namely (a) monitoring the Appellant’s blood levels and (b) having the school principal and other teachers oversee the Appellant’s behaviour, were impractical. This, coupled with (a) the uncertainty of detecting the onset of the Appellant’s mental illness; (b) the previous misuse of his authority; (c) the need to have safe schools; and (d) the severity of the consequences if another student was drawn into a similar scenario, meant that the level of acceptable risk had to be extremely low. The risk level was too high here, so the circumstances were sufficient to establish undue hardship.

Where accommodation of a mental illness arises, employers must carefully balance the procedural and substantive elements of the duty to accommodate. While the duty to accommodate is not easily discharged, this case shows that where there is a high probability of recurrence, the employee is in a position of trust and working with vulnerable people, and the proposed accommodation would place onerous obligations on management and other employees, undue hardship can be determined.
Mental Health Policy
Medical Leave And Accommodation For Mental Illness And Addictions

Increasing numbers of employees are struggling with mental illness and addiction in today’s workplaces. The symptoms related to these types of illnesses include: A decline in capacity to handle deadlines, stress, despondence, erratic behaviour, inability to concentrate and focus, and fatigue. These symptoms are often perceived and treated by employers as a performance issue, with disciplinary results that, in turn, may worsen the employee’s condition.

Despite the negative repercussions that can arise when an employee who is unwell remains on the job, employees may be reluctant to take medical leave because they fear retaliation in the form of denial of promotions or termination when they return to work. Another concern is a potential loss of pay.

With regard to salary protection, many employers provide sick leave benefits and/or disability benefits through group insurance. Employees who are unable to work due to illness, but who do not have paid sick leave or disability coverage may be eligible to receive 15 weeks of Employment Insurance sick benefits.
From a legal perspective, an employee’s rights are not prejudiced by taking a medical leave. As long as the employer is kept reasonably informed about the employee’s medical fitness to work, an absence from work, or deficiencies in performance caused by a medical condition will, in most cases, not constitute “just cause” for dismissal.

Employees with disabilities also have important human rights protections. A mental health condition (e.g., depression, bipolar disorder, and anxiety disorder), a diagnosed alcohol or drug addiction, or a combination of these illnesses is considered to be a “disability” under human rights law.

The Ontario Human Rights Code prohibits employers from treating disabled employees adversely because of their disability. Any disciplinary measure imposed on an employee who has taken medically supported sick leave will leave the employer vulnerable to the accusation that the measure taken (e.g. a poor performance review, demotion, or dismissal) was discriminatory.

The Code also requires employers to reasonably accommodate the special needs of “disabled” employees, short of “undue hardship”. Legal decisions have set a high threshold for establishing undue hardship. Employers who refuse to accommodate disabled employees because of relatively modest inconvenience or additional cost will not be well placed to defend against a human rights application.

Employers must make informed decisions about whether, and to what extent, accommodation is required based on relevant medical information.

Employees requesting accommodation have a corresponding obligation to provide relevant medical information, and to cooperate with efforts to identify appropriate accommodation measures.

Remedies available under the Human Rights Code to employees who suffer adverse consequences in their employment during or following a medical leave include reinstatement, compensation for lost wages and other expenses, and general damages.

Employers abiding by their obligations to disabled employees will accommodate legitimate medical leave requests. Employers failing to satisfy those obligations risk liability and financial expense.

Workplace Mental Healthy Policy

One of the most important things an employer can do to deal with the dangers posed by mentally ill employees is to adopt a clearly written policy expressing the organization’s commitment to maintain a psychologically healthy workplace and outline a system to implement that commitment.

DOWNLOAD
Removing Barriers
Communicating With Co-Workers Who Have A Disability

More individuals with disabilities are entering or re-entering the workplace every day. As with any employee these individuals want to gain and use their skills and knowledge and make a contribution that benefits the organization. An important component of performing effectively in the workplace includes being able to build relationships with co-workers. And a key component of building relationships includes establishing effective lines of communication. For individuals with a disability, communicating with their co-workers can be a barrier to workplace relationships and performance.

Most of your employees will want to work effectively with their colleagues. However, when an individual has a disability or lack of knowledge, awareness and understanding about disability can make building relationships more challenging. Educating your employees about disabilities in general can help breakdown misconceptions. Providing your employees with training on communication strategies can be a useful way to build workplace relationships.

Understanding Communication Barriers

Disability can impact communication in a multitude of ways.

Employees may have disabilities that add a physical barrier to communication impacting either or both receptive and expressive communications (receptive refers to receiving information and expressive refers to sharing information). Commonly these can include:

- A communication disorder that impacts the ability to speak or form words properly. This can include a physical problem in how words are formed and expressed.
- Different levels of ability in audio processing
- Different levels of ability with visual processing. Your employees may not at first consider sight a component of a communication barrier, but as so much information is communicated through visual cues it is important to understand that sight is an important component of communications.
- Other disabilities that may impact communications include the ability to process information for example:
  - Learning disabilities (i.e. Dysfluency)
  - Behavioural disabilities (i.e. ADD/ADHD, Autism)
  - Mental health and psychological disabilities (i.e. Depression, Schizophrenia)

While some employees may fail to consider these disabilities a component of a communication barrier once they think about it they come to understand that it may be.

Challenges of Communication when Disability Is Present

Communication is about sharing your message with other people. When barriers are present and no adaptation is available communication can suffer and then so can the work. The more you enable employees to share information clearly with one another the better the organization functions.

Although disability can pose a challenge for effective communication it is useful to note that the same common courtesy’s that are part of everyday communication, such as communicating to customers, can make communication when disability is in the equation less of a barrier. In Ontario the AODA (Accessibility for Ontarians with Disabilities Act) requires organizations to put in place communication supports to enable a barrier free and smooth experience in communications.
Options for Improving Communications

• **The first and best approach is increasing awareness and knowledge:** Awareness refers to an understanding that there is a barrier and what it is and knowledge refers to understanding how the barrier impacts or can impact disability. One of the best ways to develop awareness and knowledge is to ask the individual with the communication barrier what challenges he/she has experienced and what strategies can be useful. You should not put the pressure to solve the communication barrier on the employee but provide the opportunity for input.

• **Identify resources including adaptive devices:** Most of the time adaptive devices are not necessary and if they are necessary they are inexpensive. Software that enables an individual with a learning or processing disability can help ensure that written communications are clear. Other tools are commonly known and include:
  - TTY phones communication display boards
  - Electrolarynges
  - Speech generating devices
  - Voice amplifiers
  - Voice restoration and speaking valves
  - Writing aids
  - Adaptive devices to help people access writing and speech aids

Many of these devices will be eligible for financial assistance in many Provinces. Having a tablet available to facilitate communication and loading onto it some apps to help correct written information or translate text to speech or speech to text can be useful.

• **Multiple Avenues of Communication:** Among the best methods of ensuring communication is providing communications in multiple formats with a process that includes confirmation of understanding in multiple formats. At the basic level this means supporting written communication with verbal communication and verbal with written. Verbal communication that is conducted in-person is often useful. However for some individuals with mental health or behavioural disabilities the stress of in-person communications can mean that electronic, including phone or SKYPE, communications may actually be superior. A SKYPE call or similar communication method can enable communication by providing audio and visual information including screen sharing and text chatting. The advantage of this technique is that you do not need to identify a specific individual for different communication or indicate why you can make it a practice to ask employees what type of communication methods work best for them and then support them by enabling a process to use multiple forms of communication.

Communication barriers really need not hamper workplace relationships. Most co-workers aware of a need of a co-worker will choose to adjust to work effectively with a co-worker. The challenge is frequently one of awareness and understanding for both the problem and how to address the problem. Opening up the dialogue about communication generally as well as individually can open the door to better workplace communications.
Managing Stress
Don’t Let Anxiety Hurt Productivity

Productivity is the key to success as a business. When one of your employees is suffering from personal issues that seem to be consuming their life, it can hurt their productivity. Anxiety is one of the most destructive workplace health issues – especially if the employee is in a position where stress is constant – which is why it’s good for both business and moral reasons to try to help teach these employees strategies for coping to ensure they are able to continue their work.

Potential Strategies for Helping Employees with Anxiety

1. Employee Wellness Center
Creating an employee wellness center is one of the best ways to address anxiety in the workplace. Wellness centers include information on healthy eating/living, an exercise room with related equipment, and classes that are designed to improve health and wellness (including yoga classes). Wellness centers can help your business become an environment more conducive to healthy living, and employees that are living healthy are more likely to experience less anxiety both in the workplace and outside of it.

2. Better Healthcare
As part of the employees’ benefits package, it should include provisions that cover psychological services and other anxiety treatment options. Often employees suffering from anxiety know that they have a problem but are unable to seek help because the cost would cripple them financially. Benefits that allow them to receive the help they need may go a long way towards improving their quality of life, and ultimately their value to the workplace.
3. Workplace Therapist
There may be ethical and legal restrictions that prevent you from targeting an employee specifically and forcing them to seek help, but employing (either permanently or temporarily) a therapist that your employees can turn to during or soon after work hours in order to help them learn how to handle the stress of work and home may be highly beneficial, and should be much less than the cost of hiring a new employee.

4. Team-Building Exercises
It’s been well established that social support is one of the best ways to help someone recover from anxiety and mental illness. If an employee feels unsupported because they have not had an opportunity to bond socially or professionally with the other employees, that social support is gone. Team-building exercises can help improve workplace communication and build a level of social support that should improve anxiety coping.

5. Changing the Company Culture
Another broader strategy that should be implemented from top to bottom is a change in company culture. You need your employees to feel welcome – encouraging personal friendships, great communication and a feeling of belonging that will make the workplace environment less of a stressful place. You can start by arranging employee bonding activities during or outside of work hours on the company dime and using incentives to encourage attendance. You can also become more lax on restrictions, such as dress code or work hours provided the work is being completed. The key, however, is that it needs to come from the top and radiate throughout the company. Changing a company culture requires commitment from everyone, including executives, but the end result may be a workplace that causes less stress and anxiety daily.

6. Improve Management Communication
Another tool that partially relates to company culture is teaching management how to communicate better with other workers. Management communication and reward strategies are one of the aspects of a workplace that you can control. Communication ensures employees know exactly what their role is and feel less pressured when they are asked to do a task. While it may not solve all of an employee’s anxiety issues, good communication can reduce the stress caused by the workplace itself, and ultimately lead to better productivity.

7. Direct the Employee to Resources
If the anxiety itself has become disruptive to the workplace, an HR representative can discuss options with the employee. There are restrictions that prevent companies from forcing employees to discuss personal matters or bringing up arguably confidential information with co-workers, but it is possible to explain workplace-related problems that have occurred (without necessarily pointing to anxiety as the cause) and directing the employee to programs that may help them recover.

8. Hire a Speaker
Finally, you can also find speakers and experts that can come to the office and teach employees tools that may help them cope with anxiety and stress. There are many experts in breathing exercises and workplace coping strategies, and these speakers may not only help the employees that are suffering from anxiety symptoms, they may also benefit employees that simply experience regular workplace stress.

Final Word
As an employer, there is a limit to how much you can do legally when an employee is struggling to cope with anxiety. You can’t force an employee to get help if they are unwilling or unable to seek assistance. But you can improve your workplace in a way that will help all employees – especially those with an anxiety disorder – experience less anxiety in the workplace and learn coping mechanisms for the anxiety they do experience. Taking action should help you reduce employee anxiety in the workplace and improve your employees’ overall productivity.
Termination Protocols

Negotiating Severance When Your Employee Has A Mental Illness

Great efforts can and should be made to accommodate an employee who has a mental illness. In fact there are legal requirements across Canada requiring this effort. Sometimes, however, after every effort has been made there may come a time when either the employee decides that he/she no longer wants or cannot continue working or the organization demonstrates that an employee cannot be accommodated without undue hardship. When an organization approaches this time it is important to manage the process well.

Steps for ending the employment relationship when mental illness is in the picture:

1. An organization must be able to demonstrate that they have made every effort to accommodate an employee. If an employee indicates a desire to quit, the organization should note their efforts to both accommodate and retain the employee including providing the employee a ‘cooling off’ period of a few weeks to re-consider the decision to quit.

2. Ensure the employee is able to understand his/her rights including retained employment and accommodation options as well as severance options. When mental illness is in the picture an organization cannot propose a complicated or one-sided severance. Mental illness may impact the employee’s ability to understand options and make informed decisions in the short term. Offering the minimum allowable severance may not be enough to demonstrate a two-way negotiation. It may be in the organizations best interest to consult with or offer to provide the employee with access to legal counsel for the purpose of reviewing the severance package to demonstrate fair consideration.

3. Do not rush the process. The negotiation itself may take several weeks. Once you have negotiated what you believe is a fair severance provide the employee as much time as possible to make a decision. It may not be unreasonable to provide an employee 4 or even 8 weeks, yes weeks, to make a decision. An employee in the grips of a severe mental illness may need to wait until he/she is in a position to agree.

Mental illness is a complicated issue. It is possible that an organization believes they have made every effort to accommodate an employee and the employee still does not ‘get better’ or even appreciate the organization’s efforts. Additionally performance and behaviour issues may have been a part of the employment relationship. It is important for the organization put aside negative feelings and remember that a person with a mental illness must be given due consideration in the severance negotiation process. Even if the employee agrees to a severance package initially, if an organization cannot demonstrate reasonable efforts were made to consider the implications of the mental illness during negotiations the severance agreement may not stand up in court.
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