

MENTAL HEALTH 101

A RESOURCE & PRACTICE GUIDE FOR HAMILTON COUNTY EMPLOYERS

Presented By



**HAMILTON COUNTY
COMMUNITY FOUNDATION**
A CICF AFFILIATE



ABOUT

ABOUT INVEST HAMILTON COUNTY

Invest Hamilton County is focused on empowering economic vitality for the county's businesses and residents. This is accomplished by fostering collaboration, leading with quality research, and implementing workforce development and quality of life priorities across the county. This includes strategic partnerships with the OneZone, Westfield, Noblesville and Northern Hamilton County Chambers of Commerce, County/Municipal Governmental Leaders, and local community-based organizations.

Invest Hamilton County also offers free talent consultations for any local business looking to improve talent recruitment, retention and support or any community-based organization looking to support residents or clients in their vocational pursuits.

ABOUT THIS GUIDE

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This is not a universal guide to every situation a workplace would face, but rather is meant to serve as an introductory guide for resource, policy, culture, and practice conversations that should occur within an organization.

The resources provided in this handbook by Invest Hamilton County are as a service to the business community. Although every effort has been made to ensure the accuracy and completeness of this information, Invest Hamilton County and the authors and reviewers of this publication cannot be responsible for any errors and omissions or any agency's interpretations, applications, and changes of regulation described herein. Invest Hamilton County and the authors and reviewers of this publication hereby disclaim any and all responsibility or liability that may be asserted or claimed to arise from reliance upon the information or commentary contained within this publication. You are urged to consult your own attorney or other technical specialist concerning your own situation and any specific legal or technical questions you may have.

INTRODUCTION

The most important place to start on this topic is that many employees you have do struggle in some form or fashion with their mental health on an annual basis. However, most of these individuals will rarely have it severely impact their work and will never make any formal request for accommodations or assistance. A sound organizational mental health strategy is one that prioritizes:

SUPERVISORS & CULTURE:

Evaluates supervisors on their ability to retain and support talent through informal accommodation before request. Supports employees through minor speed bumps without necessity for HR or supervisor engagement, while also making them feel cared for.

AWARENESS:

Provides passive benefits and awareness resources for every employee

SAFETY:

Actively supports the safety of employees, and enforces necessary regulations to that effect

ASSISTANCE:

Directly capable of intervention or accommodation should the need arise

It is important to recognize that many diagnosable mental health concerns are recognized as disabilities under the ADA. As such your ability to support your employees struggling with this in a proactive fashion is essential from multiple fronts.

But for most individuals this struggle will not be a battle with severe mental illness (SMI) or substance use, but rather the need for short-term supports to make it through a difficult period.

IMPORTANT NOTE: If you ever feel unequipped to handle a situation and are concerned for peoples' well-being and safety call 911.

RESOURCES

INDIANA SUICIDE PREVENTION AND RESPONSE TOOLKIT



The Suicide Learning Collaborative's Indiana Suicide Prevention Resources Toolkit is designed to address the need for practical and actionable suicide prevention tools for various sectors/professionals.

EMPLOYER RESOURCES

- Industries and Occupational Groups at High Risk
- Mental Health and the Workplace Poster
- Six Key Areas for a Mentally Healthy Workplace
- Implementing a Workplace Mental Health Initiative Guide
- Employee Assistance Programs (EAPs)
- Hierarchy of Controls One-Pager
- Postvention Guide for Managers
- Internal Notification Memo Template

The employer section was intentionally built to provide a step-by-step process for building a healthier work environment and is a great place to start off. It also, in the event of a workplace incident, provides templates and guidelines to responding to a workplace death by suicide or attempt.

WORKING WELL TOOLKIT



Directly from expertise shared by leading employers, the Working Well Toolkit provides human resource professionals and business leaders with practical information and strategies, assessment tools, mental health programs and case studies to educate employers about current best practices to create supportive workplace environments.

In This Toolkit:

- The Four Key Principles for Driving Change
- The Impact of Mental Illness in the Workplace
- Breaking the Silence: Mental Health Programs for the Workplace
- Barriers to Mental Health Services
- Best Practices to Implement in your Workplace
- Building a Culture of Well-being
- Relevant Case Studies
- Employer Resources, Guides and Manuals

RESOURCES

INDIANA WORKFORCE RECOVERY EMPLOYER SECOND CHANCE GUIDELINES



The state of Indiana enacted the House Enrolled Act 1007 of 2018 (HB 1007) to assist employers with the tools and incentives needed to adopt and implement a best-practice, second-chance system and protocols for:

- any employment candidate qualified for employment with the employer and who, following a conditional offer of employment, tests positive on a pre-employment drug test; and
- any currently employed individual who tests positive on an alcohol or drug test

To assist employers with qualifying employees who agree to participate in a drug education and/or addiction treatment program (program), the state has established the following best-practice guidelines.

A second-chance system is best positioned when integrated within a legally sound, best-practice drug-free workplace (DFWP). A comprehensive program includes five components, customized to the operations and culture of the employer's workplace and workforce:

1. Written Policy and Procedures
2. Employee Education
3. Supervisor Training
4. Drug and Alcohol Testing
5. Plan for Employee Assistance

MENTAL HEALTH: A WORKFORCE CRISIS



The American Heart Association CEO Roundtable (CEO Roundtable) commissioned this report to underscore the business imperative to employers for providing comprehensive, science-based support for employee mental health.

SECTION ONE

SUPERVISORS... AND LEADING WITH VULNERABILITY

Think about a time in your life when you were dealing with a difficult situation and needed a little breathing room from work to get through it. Whether an aging parent's health, newborn child at home, or even just a kid sent home sick from school. Most of the time these types of concerns don't require a whole day off let alone multiple days. In a good environment they're handled with an open and honest conversation with one's own supervisor, who then makes appropriate adjustments and accommodates the request. HR is not involved or notified, the employee gets the time they need to deal with whatever the moment requires, and then they dive back into work as soon as possible.

Dealing with these types of (largely) non-stigmatized requests serves as a solid blueprint for how mental health situations should be handled. Sometimes people just need a day or half day to breathe, sometimes they need to feel comfortable seeing a counselor or therapist during work hours without having to formally request that time off (of if needed be vulnerable and have their self-care encouraged).

The first step for any culture looking to build an environment that cares is for leadership to serve as proud advocates of self-care and for mental health. Someone at a Director or Executive level within an organization talking openly about experiences with therapy, instead of "going to the doctor" can be all it takes to start a culture change. If you don't have that clear of an example look for people who serve as "self-care heroes" and are willing during a team or staff meeting to talk about a difficult time and how they navigated it. Something as simple as, "the other day I was working at my desk and feeling overwhelmed... so I got up and took a 30-minute walk to think and clear my head," coming from someone's supervisor can make a world of impact in helping your employees feel like they have permission to do something similar. A healthy relationship of this kind is one that leads with vulnerability and where those organizational leaders that don't have to fear retaliation, can lead and share their own battles with navigating the everyday struggles of existence.

The rock-star cultures are the ones who begin to build this into their evaluation of supervisors. Instead of, "how much butt-in-seat time did you drive out of your team this past [insert time period]?" the evaluation criteria should be, "tell me about a recent time where someone on your team was having trouble with their life and you were an asset for them?" If we think of the supervisor relationship as one that helps remove obstacles to productivity, then it must also be one that supports people with the struggles they bring into the office with them.

SECTION TWO

AWARENESS... AND KNOWING THAT AVAILABILITY DOES NOT EQUAL ACCESS

Awareness of resources is a primary step on the road to getting help, but fear serves as the primary barrier. Employees need to be consistently told in both an active and passive fashion how their benefits (i.e., EAP, medical etc.) cover mental health assistance and how that process works.

Employee Assistance Programs (EAPs) are vastly underutilized (although use ticked up significantly during the pandemic) and overall are not trusted by employees as a confidential resource. I've worked with dozens of EAPs and benefits companies around the state through work with employers and here are a few foundational items I have found to be helpful:

I. Embedded vs Stand-Alone

- a. An embedded EAP policy is one that comes as an add-on to another form of insurance or service you purchase as a business. They are usually very affordable, and the level of service provided is commensurate with that investment. They do have some conveniences often attached (like potentially be directly connected to your employee health insurance).
- b. A Stand-Alone or Independent EAP policy is one that is directly with an EAP provider solely for this express purpose. They typically cost \$2-\$4 more per person than an embedded policy but come with a higher level of service and customization.

II. Current Utilization Is What Should Determine Investment

- a. I often have heard, "well people don't use the policy we have why would we pay more for more services?"... the fault in this logic is that utilization is not an outcome for embedded policies like it is a stand-alone one and therefore the services rendered don't lend themselves toward an increase in utilization. For most independent providers successful utilization is their prime metric of success for you as a client, while for an embedded provider their prime metric is your satisfaction with the primary service of purchase that the EAP policy is attached to.

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III. Before Making a Change ... Ask For What You Want

- a. This applies more to embedded policy holders than it does independent ones but applies to both examples. If you as an executive or HR rep believe that your employees should be using your EAP more and getting more from that service tell that expressly to your EAP provider. It may result in a fractional increase in price but even being able to say, "we've increased EAP resources and employee supports," is a valuable talent tool in modern times.
- b. If you need help figuring out what you want, ask your benefits advisory firm. If you don't have a benefits adviser, give Invest Hamilton County a call and we can set up a free consultation to help navigate these conversations.
- c. The first item to evaluate is always utilization. You can ask even a big, embedded policy holder like a health insurance company or hospital system to come in and make presentations to employees, and then produce materials to help market.

IV. Confidentiality is Key... Be Transparent About It

- a. Most EAPs do an excellent job with confidentiality, and most employers want it to be that way, but there are limited instances where the wall must be breached due to a safety concern. Let your people know in advance exactly what these situations are and what they aren't and lay out a transparent follow up process for what happens when an EAP does have to contact HR (and how HR stores and protects that information themselves).
- b. When someone decides to disclose through EAP or HR the need for assistance there should be a step-by-step process that is followed. Post this process in break rooms, share it on the floor via flyers, talk about it in staff meetings, promote it everywhere and then follow through.

V. Fear is Your Nemesis

- a. Recognize that when people really need help and are in a dark place, they feel ashamed of that need and assume they will be fired for asking for help. Many people when deciding to enter treatment for issues like substance use disorder (SUD) or another Severe Mental Illness pro-actively quit their jobs or just no-call no-show because they are convinced their employer would never support them through this ordeal or retain someone "like them." I can confidently say from working with thousands of employers across Indiana on these issues this could not be further from the truth... but for the person in need of help it is.
- b. Every single action you take when considering how your ecosystem is equipped for assistance should be navigated from the standpoint of an afraid and insecure individual. Asking yourself, "what would someone be afraid of?" when examining preparedness for assistance is a key deliverable. Multiple organizations in Hamilton County and the State of Indiana can help you connect with people with lived experience who have survived these journeys themselves and can help provide insight. (Invest Hamilton County is happy to make those connections for you or provide our own insight from people with lived experience).

SECTION THREE

SAFETY... SECOND CHANCES WORK . SO DOES TRAINING .

Safety has to be a given at work. No one wants to walk into work every day wondering if they're safe. For some workplaces like construction, health care, or manufacturing this comes with the need to perform continuous physical safety demonstrations and trainings. These are also the most likely environments for measures like pre-hire and/or random drug testing. Second Chance systems that provide liability protections while also assisting with employee and candidate retention are a great place to start for any workplace evaluating its testing measures. (See: Indiana Workforce Recovery Employer Second Chance Guidelines above).

For most of those industry-specific groups they have trade associations and governmental standards that formally assist them in these endeavors. One great example in Indiana is the Coalition for Construction Safety, who have their own Substance Abuse Program and drug testing systems:

<https://ccs-safety.org>

For most employers safety as it relates to mental health largely comes down to prevention, intervention and response ability. Here's what those terms mean in this context:

Prevention

The deepest level of prevention is based on social determinants of health (SDOH) like housing, transportation, family supports etc.... but in this context prevention most actively means the ability to help individuals who are struggling with an issue in their life before it becomes a crisis.

Example:

You notice Bob has been late to work a few times lately and doesn't seem to be showering or taking care of himself like he used to. He discloses to a co-worker that he is going through a divorce, and it has been rough on him. Does someone in your workplace have the training and context to properly support Bob? Can you offer him some free EAP counseling? Does Bob pro-actively know he has the opportunity for self-care and have a supervisor that gives him that permission? How do we make the workplace a space that supports him through this tough time with no judgement?

SECTION THREE

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Intervention

This is what most people associate with safety. Someone is in the office and is clearly in need of assistance. Whether intoxicated at work or even just clearly not meeting minimal performance expectations due to a personal or health matter. As a workspace you need to have the ability to provide proper accommodations while also protecting the well-being of your entire workforce. Most EAPs have services built in that will even provide transportation to treatment or the hospital. Trainings like Mental Health First Aid are a great resource in these instances because it is immensely helpful to know-how to engage with someone who is in a mental health crisis.

IMPORTANT NOTE: If you ever feel unequipped to handle a situation and are concerned for peoples' well-being and safety call 911.

Response

Something has happened. Now what do you do? The Indiana Suicide Prevention and Response book above covers a lot of detail about this (beyond just suicide) and is a great place to start. Beyond that if your workplace ever has a tragic occurrence like a death on-site or active shooter situation, please know there are free resources out there to assist. Collectively traumatic events like this have trained response teams that can come in from organizations like Community Health Network or Mental Health America of Indiana and engage with your employees and help you with your organization's response to a tragic situation.

Here are a few base-level trainings you can look up that are very helpful. Many of these are available for free or at low cost through the Hamilton County or Fishers Health Departments, Invest Hamilton County, and other community-based organizations:

1. Mental Health First Aid
2. Psychological First Aid
3. Question, Persuade, Refer (QPR) Training
4. EAP Association trainings

If you have more questions about safety as it relates to mental health, please do not hesitate to reach out to Invest Hamilton County, your insurance provider(s), or benefits advisers. Many of these organizations, at request, will gladly come in and provide evidence-based training for your workplace.

SECTION FOUR

CAPACITY TO ASSIST

Much of the language in the first two sections already covers the cultural norms for assisting individuals outside of an acute crisis. Culture, connection, vulnerability and effective supervisor training(s) can all lay the ground floor for a more resilient workplace that has resources to help employees navigate difficult short-term situations. But sometimes individuals are in crisis and/or hit a breaking point and need to go into treatment for mental health and/or substance use disorder(s). So, the main question is... what do you do?

Here are just a few situations to work through with an HR/Leadership Team:

- Individual comes into work intoxicated
- Individual comes into work sober but during a poor performance review (or disciplinary conversation) discloses the need for treatment for an alcohol or drug issue
- An employee casually discloses to a supervisor or co-worker that they are “off their meds” or taking more of a prescription than prescribed during work hours
- An employee has gone to treatment, was expected to return after 30 days, but is now informing HR/Supervisor that they need an additional 60 days
- An employee no-call, no-shows one morning, but then calls into work from a rehabilitation clinic or hospital vocalizing a medical incident and subsequent need for assistance
- Someone comes to HR (independently and/or via referral from supervisor) vocalizing the need for assistance with depression/anxiety or another mental health concern
- An employee was provided leave to participate in treatment, initially told you 15-30 days, but is back at work early the next week

While all situations are unique in their own way it is important to standardize some of the procedural responses to incidences like these so supervisors, co-workers, HR, and leadership are all on the same page regarding what happens when an individual discloses the need for help. This helps protect the culture of an organization, but it also is THE most effective tool for prevention and early identification efforts. Engaging a benefits adviser in this same list and your responses can also be a very useful exercise.

Fear is a chief enabler of continued destructive behavior. If an individual believes (whether rationally or irrationally) that if they tell their employer they need help, they will subsequently be terminated then why would they ever request assistance before a crisis or intervention circumstance? Some of this is entirely out of an organization’s control, but much of it can be vocalized by transparently laying out the process for exactly what happens when someone asks for help and/or (especially if it is different) what happens if they fail a drug screen or have a safety related incident.

SECTION FOUR

CAPACITY TO ASSIST

The next step is making sure leadership holds itself accountable to the expectation that is set. Many workers, especially those dealing with mental health challenges, may not believe a new cultural norm or that their work will help them deal with a challenge they're ashamed to have. The best way to combat this is to FOLLOW THROUGH.

One employer I worked with in northern Indiana had HR walking the floor every week talking with employees and handing out materials for EAP and substance use treatment. They knew they had a cultural issue on their hands and that some employees likely needed help. They emphasized, "your job is safe, we care about you and we're here to support." It took months of this dialogue for one person to come forward (before a safety/test incident) and enroll in the program. After that one person came back to work, seemed healthier, and their job really was safe... 20 employees came forward to enroll over the next two months.

One of the primary challenges employers face as they engage particularly with substance use treatment is that they feel there is a wall that goes up the moment someone enrolls and they, "get back what they get back." This separation to an extent is good and protects both sides, but it is built on the false assumption that a (mentally unwell) employee is agreeing to participate in the recommended level of care before returning to work. The Indiana Workforce Recovery Employer Second Chance Guidelines linked materials do a great job of laying out the return-to-work process in a way that protects both sides.

"I need to get back to work, my co-workers need me," and the sense of wanting to make up for lost time are one of the primary excuses individuals give for prematurely leaving a treatment program against medical advice. Then they return to work, tell everyone they finished the program and got what they needed, but then need to re-enroll two months later. If someone told you a brisket needed to cook low and slow all day, would you blame the recipe if it doesn't turn out the same when seared on a cast iron pan for 20 minutes? These guidelines, and the Indiana Workforce Recovery video toolkit also do a good job explaining how to properly deal with relapse and encourage early disclosure.

CONCLUSION

This is an extraordinarily complicated subject matter and one that has been exacerbated by the pandemic. This guide does not provide a universal tool to every challenge you'll face but it is our earnest hope that it helps begin productive conversations and serves as a useful resource you can use. The good news is the State of Indiana and the Hamilton County community have a plethora of partners and services ready to help serve.

For more information, visit the Invest Hamilton County website at investhamiltoncounty.com.