

Promoting Mental Health in the Workplace

**Helping U-M Supervisors, Managers,
Service Chiefs, and Chairs
Work with Faculty and Staff Who
May Have a Mental Health or
Substance Misuse Problem**

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Section I:

Introduction

Philosophy

The University of Michigan seeks to provide work experiences and a work environment that promote personal and professional growth. We strive to provide a positive, productive and supportive work environment in which we function as a team not only to accomplish our work, but also to assure that the work process itself is fair, respectful, supportive and stimulating. We rely on leaders at all levels to exhibit and foster workplace attitudes and practices that capitalize on individual differences and result in optimal staff and faculty functioning.

We recognize that even in a work environment that seeks to enhance employee emotional and mental health, some employees will experience mental health problems that negatively impact their functioning. For some individuals these problems are experienced as mild to moderate disruptions in their lives, for others they constitute major mental health problems. While employees are responsible for assuring the quality of their work and maintaining their own mental health, we believe that supervisors and managers have a role in supporting and enhancing employee mental health in the workplace.

This training is offered to help you work in a constructive and informed manner with staff and faculty who may be experiencing mental health problems or substance misuse. Our approach is based on three core beliefs:

- Knowledge about mental health, federal legislation and University policies and practices, along with skillful communication and an empathetic attitude, are essential elements in working in a positive and supportive manner with all employees, especially those encountering mental health problems. These factors are the focus of this training.
- On-going discussion and consultation provides the best opportunity to understand and resolve individual and workplace problems. Therefore, we outline a team approach that utilizes your experience and expertise along with that of your own supervisor/manager, Human Resources representatives (HR), counselors from the Faculty and Staff Assistance Program (FASAP) or University of Michigan Health Services Employee Assistance Program (UMHS EAP), the Americans with Disabilities Act Coordinator from the Office of Institutional Equity (OIE), Work~Connections representatives (WC) and Occupational Safety and Environmental Health (OSEH).
- If left unrecognized or untreated, mental health problems may increase in severity, compounding problems for the individual and the work unit. Therefore, we urge early intervention to minimize potential problems to both the employee and the workplace.

Throughout this training, our goal is to promote and safeguard the mental health and productivity of individual workers and work units and, where UMHS is involved, to promote the highest level of patient safety.

Training Objectives

Target Audience

This training is intended for all supervisors, managers, Service Chiefs and Chairs of faculty and staff at the University of Michigan, including central campus, medical campus and Flint and Dearborn campuses.

Learning Goals for Supervisors

At the end of this training, supervisors will understand:

- Basic information about the mental health problems most frequently encountered in the workplace – anxiety, depression, Attention Deficit Disorder and substance misuse
- How mental health problems are covered by the Americans with Disabilities Act
- How and when to engage constructively with staff and faculty who are experiencing problems functioning in the work place
- When to access University resources to help you work effectively with staff and faculty encountering possible mental health problems

At the end of the training, supervisors will know how to:

- Recognize workplace behavior or performance problems that might be related to mental health problems
- Call on appropriate University resources to assist in managing difficult situations regarding employee behavior and work performance
- Intervene in problem situations
- Refer staff and faculty who might have a mental health problem to appropriate University resources
- Protect staff and faculty confidentiality
- Continue to supervise staff and faculty who have been referred for assistance

Supervisor Responsibilities

It is your responsibility as a supervisor to:

- Create and sustain a safe, supportive and productive environment for staff and faculty
- Ensure the safety of patients if you work at the UM Hospitals or Health Centers
- Encourage and assist employees in being successful in their jobs
- Hold employees accountable for their work performance, providing support and discipline as appropriate
- Be alert to changes in behavior or performance of those you supervise
- Routinely evaluate and discuss performance and behavioral issues with employees
- Treat all employees fairly
- Act in a professional manner that does not demean or label employees
- Clearly communicate relevant University policy and practice if problems are encountered
- Safeguard employee confidentiality
- Consult with your own supervisor, manager or administrative expert when potential problems arise
- Consult, as appropriate, with representatives from UM departments who can provide you with guidance and assistance
- Know UM resources to which you can refer employees for assistance

It is NOT your responsibility as a supervisor to:

- Diagnose mental health problems
- Provide psychological counseling or therapy to employees
- Have all the answers

A Note about University Resources and Policies

The University of Michigan provides many resources to help you do your job well. You will find reference to them throughout this training. If you are not already familiar with them, you may want to review them to better understand how they are referenced in the training as well as how and when to use them.

- [ADA Coordinator in the Office of Institutional Equity](#)
- [Faculty and Staff Assistance Program \(FASAP\)](#)
- [UMHS Employee Assistance Program \(UMHS EAP\)](#)
- [Occupational Safety and Environmental Health \(OSEH\)](#)
- [Work~Connections \(WC\)](#)
- [Human Resources \(HR\)](#) - The University has several different levels and departments of HR representatives. Because of differences in protocol in different areas of the University, this training simply refers to HR and relies on you to talk ahead of time with your supervisor to determine which level of department of HR to involve.

The training also references several University policies related to concerns for mental health and substance misuse. You may want to become more familiar with them.

- [Fitness for Duty](#) (SPG 201.15)
- [Sick Time Pay](#) (SPG 201.11)
- [Discipline \(Performance and Conduct Standards\)](#) (SPG 201.12)
- [University of Michigan Alcohol and Other Drugs Policy](#)
- [Guide for Supervisors of Employees Returning from Medical Leaves](#)
- [Practitioner Impairment Policy #04-06-046](#) (for UMHS clinical staff)

Section II:

**What You Need to Know
about Mental Health
Problems and
Substance Misuse**

Introductory Questions for Section II

Question: Is mental illness really an illness?

Answer: *Yes. The brain is an organ that is susceptible to illness. Chemicals in the brain regulate how people think, feel and act. Brain function can become affected if these chemicals are out of balance or disrupted, contributing to mental illness. Thus, mental illness is a real bodily illness, not just something “in your head.”*

Question: Does the prevalence of mental health problems differ among different racial or ethnic groups?

Answer: *No. The prevalence of mental health problems is similar for all racial and ethnic groups. However, members of racial or ethnic minority groups may experience greater disability from mental health problems because of difficulties in accessing culturally sensitive, good quality care.*

Question: Is it true that mental illness can't be cured?

Answer: *This is a complex question. In many cases, mental illness cannot be “cured” in the sense that it will go away and never return. Most often, the symptoms of mental illness can be eliminated or reduced and managed through treatment with medication, therapy or a combination of both. For example, 80 to 90% of people with depression or anxiety can be helped when properly assessed and treated, though it is still possible that the illness will return at a future time.*

Question: Are people with mental health problems likely to be dangerous?

Answer: *No. Research shows that people with mental health problems do not commit significantly more violent acts than do people in the general population. Research does indicate, however, that substance abuse is frequently involved in violent acts committed by individuals with or without other mental health problems.*

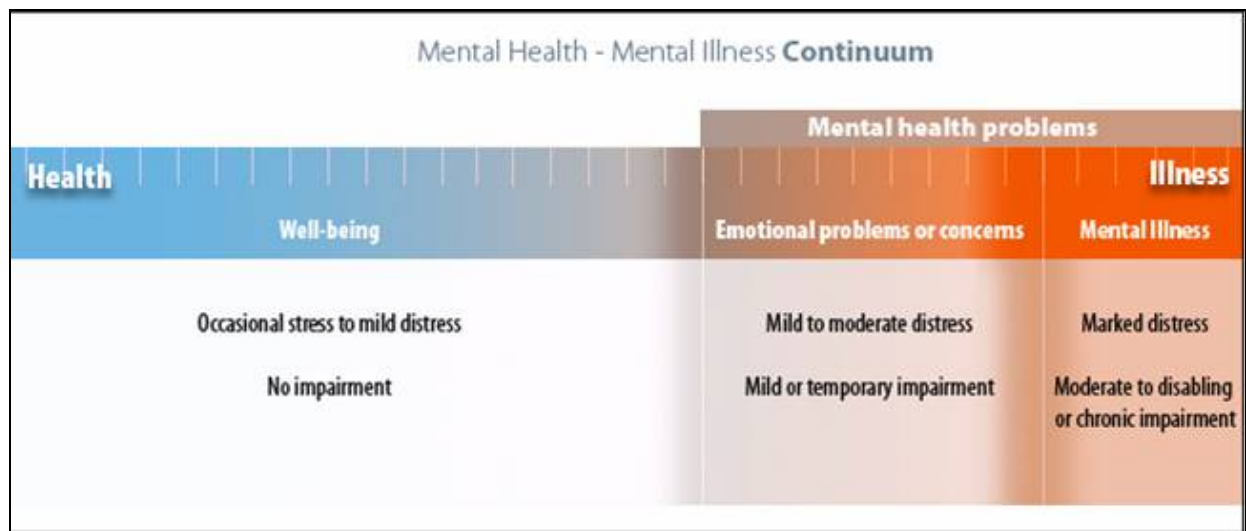
Question: If someone has a mental health problem, should they abandon their hopes for a fulfilling career?

Answer: *No. Although mental health problems can negatively affect individuals in a significant manner, with treatment and appropriate work accommodations, even people diagnosed with a serious mental illness have succeeded famously.*

Understanding Mental Health Problems

“Mental health” and “mental illness” are health states at the opposite ends of a continuum. Even among mental health professionals, there are no agreed upon points on the continuum at which a “situation” becomes a “problem” or a “problem” becomes an “illness.” As the U.S. Surgeon General observes, “[t]here can be no doubt that an individual with schizophrenia is seriously ill, but for other mental health conditions such as depression or attention-deficit/hyperactivity disorder, the signs and symptoms exist on a continuum and there is no bright line separating health from illness, distress from disease.” To further complicate matters, conditions may be called mental illnesses in some classification systems, but not in others – for example Attention Deficit/Hyperactivity Disorder is categorized variously as a mental illness or a learning disorder.

To establish a common language for this training, it is necessary to simplify and agree on terminology. For clarity, we have developed a diagram of the mental health-mental illness continuum employing the terms we use in this training.



Along the continuum are three major mental health states in which individuals can be located at various times in their lives.

Well-being: At the “healthy” end of the continuum are individuals experiencing well-being, a state of good mental and emotional health. These individuals may experience stress and discomfort resulting from occasional problems of everyday life, but they experience no impairments to daily functioning.

All other individuals, for whom problems are more serious or prolonged, and for whom coping becomes progressively more difficult, are described as having “mental health problems.” Within this range are 2 categories of mental health conditions.

Emotional problems or concerns: For individuals experiencing “emotional problems”, discomfort has risen to the level of distress accompanied by the beginning of impairments in functioning (e.g. insomnia, lack of concentration or loss of appetite). As the level of distress increases, individuals may seek professional counseling; those positioned at the right hand margin might be given diagnoses such as “situational” depression or “general anxiety”, indicating disorders with mild or temporary impairment. Some individuals with Attention Deficit Disorder who experience mild but long term impairment may also be found in this group.

Mental Illness: “Emotional problems” are raised to the level of “illness” by increase in distress and level of impairment. Located at the right end of the continuum, “mental illness” is characterized by alterations in thinking, mood, or behavior. Mental illnesses include relatively common disorders such as depression and anxiety as well as major disorders such as schizophrenia. Individuals with these disorders typically experience chronic or long-term impairments that range from moderate to disabling in nature.

As indicated by the continuum, mental health problems are common: we all experience problems in daily living at the milder end of the continuum; and at some point in our lives, we are likely to experience emotional problems or concerns. Mental illness, though less common, is nevertheless a frequent occurrence. It is estimated that approximately one in five Americans will personally experience a mental illness in their lifetime. This figure may, in fact, be low because mental illness, especially depression, is often associated with chronic physical illnesses such as diabetes, heart disease, hypertension and asthma, and is often not counted in epidemiological statistics when these conditions co-exist.

Mental health problems can affect anyone, regardless of age, culture, race, gender, ethnicity, economic status or location. However, the U.S. Department of Health and Human Services reports that while the prevalence of disorders is similar across races and ethnic groups, racial and ethnic minorities collectively experience greater disability from mental illness than do whites. This is because they receive less care and a poorer quality of care, circumstances associated with higher rates of poverty and lack of culturally sensitive services, not because their illnesses are inherently more severe or prevalent.

Mental Health Problems are an Important Concern in the Workplace

The Prevalence of Mental Health Problems at Work

Research suggests that at least one in five American workers will experience a mental illness. The U. S. Department of Labor reports that an estimated 6.2 percent of adults working full time are heavy drinkers and more than one in three workers between the ages of 18 and 25 are binge drinkers (defined as five or more drinks at one sitting for men or four or more drinks for women). In addition, they estimate that 6.5 percent of full-time and 8.6 percent of part-time workers are current illicit drug users. Of adults currently using illicit drugs, 77 percent are employed full or part time.

There is a very good chance, therefore, that you know and work with someone who has a mental health problem.

The Effects of Mental Health Problems in the Workplace

Mental illness is a concern to employers not only because of the suffering experienced by individual employees, but because of its impact on the workplace.

Effects on Costs and Productivity

- The annual toll of mental illness on U.S. businesses amounts to about \$70 billion in medical expenditures, lost productivity and other costs. (This does not include costs associated with emotional problems on the milder end of the mental health continuum.)
- Mental illnesses are the second leading cause of workplace absenteeism in America.
- Absenteeism is two to three times higher for drug and alcohol abusers than for other employees.
- Productivity is negatively affected not only by absenteeism, but also by “presenteeism” –that is, when employees are at work but unable to function well because of problems such as concentration, accuracy or memory that are associated with mental health difficulties.
- Employees with substance abuse and addiction problems claim three times as many sickness benefits and file five times as many Workers' Compensation claims.

Effects on Workplace Environment

The presence of mental health problems can affect the work environment in many ways:

- Negative impact on team work and co-operation
- Heavier workloads for coworkers
- Distraction of coworkers
- Problems with morale
- Increase in workplace errors, accidents and injuries
- Illegal activities at work including drinking and selling illicit drugs compromise other employees

Given the human and financial costs of mental health problems, it is important that we find ways to create positive and supportive work environments and to intervene early and effectively when problems arise.

Mental Health Problems Most Frequently Found In the Workplace

While impaired functioning is a feature of many mental health problems, most people with mental health problems do not experience such severe impairments that they are prevented from working. Therefore, people with a wide range of mental health problems can and do participate in the workplace. Problems range from relatively mild and temporary to serious and long term. While the foregoing statistics on the costs of mental health problems to the workplace refer primarily to more serious types of illness, milder conditions are also of concern because left unrecognized or untreated, they can develop into serious disorders. By addressing minor problems, you have an opportunity to assist in the prevention of major problems for employees and for the workplace.

Before we discuss the types of mental health problems you are most likely to encounter, we want to stress that although we believe that knowledge about these conditions will be helpful to you in carrying out your supervisory responsibilities, it is important to remember that it is not your responsibility to diagnose a mental illness. Your role is to assist employees with possible mental health or substance misuse problems to perform their job duties.

Problems of Daily Living and Less Serious Emotional Problems

We all encounter stress in our daily lives. Stress is normal; a certain amount of it is beneficial – it can stimulate, challenge and motivate us. Stress may be associated with

factors such as relationship problems, work environments, finances, conflicting responsibilities, loss, geographic relocations, etc. Although such stressors can be challenging or troubling, for the most part, we manage to work our way through them, sometimes even learning from them and becoming stronger. However, when stressors persist for a long period of time or become too great, they can result in impairment in social, emotional or work functioning. In such cases, individuals may show impairments which are also characteristic of mental illnesses, for example, marked distress, inability to focus, irritability, sleeplessness or fatigue.

Because typical life-events often cause stress, it is common to find individuals in the workplace who are experiencing emotional problems related to situational-related stress. In fact, this is by far the largest category of mental health problems you are likely to encounter. Some individuals may simply identify themselves as having family, financial or other problems; others may have sought help from mental health professionals, and are told they have an “adjustment disorder” or a “situational depression.” Though these conditions are not sufficient to warrant a diagnosis of a major mental illness, they nevertheless may have a significant negative impact on the employee’s work performance. Therefore, they require your attention and support as a supervisor. Not only may you be able to provide emotional support to the employee and help prevent more serious problems from developing, but also you may be able to make minor adjustments to help them function more effectively at work.

Serious Emotional Problems and Mental Illnesses

There are several serious types of mental health problems you might encounter in the workplace, but the ones you will most likely encounter are anxiety, depression, Attention Deficit Disorder and problems associated with substance misuse.

Anxiety

Anxiety is a normal reaction to stress. It helps one deal with a tense situation in the office, study harder for an exam, or keep focused on an important speech. Although anxiety at this level may be uncomfortable and distressing, it is not an illness. When anxiety becomes an excessive, irrational dread of everyday situations, it becomes a disabling illness. Anxiety disorders are the most common mental health problem and affect more than 25 million Americans.

Anxiety disorders can take several forms. Some individuals might experience a chronic state of exaggerated worry and tension, even when there is little or nothing to provoke it. Others may experience obsessive thoughts, compulsive behaviors, or irrational fears or phobias. Still others may experience episodes of panic or vivid and disturbing memories of earlier traumatic situations.

Depression

Depressive disorders are the second most common mental health problem. In the USA, researchers estimate that in any given one year period, depressive disorders affect 12

percent of women (more than 12 million women) and nearly 7 percent of men (6 million men). Frequently, depression occurs along with anxiety disorders.

Depression is more than just feeling down or having the blues; it is a mood disorder that results in impairments to functioning. Like anxiety, it comes in different forms in which the number, severity and persistence of symptoms differ. It may appear as a single, long-lasting negative mood or as episodic symptoms that interfere with the ability to work, study, sleep, eat, and enjoy once pleasurable activities. Some individuals will experience only one depressive episode in their lifetimes; for others, depressive episodes will be interspersed with many years of regular functioning; for yet others with bi-polar disorder, periods of depression can be combined with periods of euphoria or mania.

Depression is likely to appear in conjunction with major physical illness, such as heart disease or cancer. It can accompany pregnancy and childbirth: up to 85 percent of new mothers experience the “baby blues; for about 20 percent of these women, “baby blues” will develop into postpartum depression, a significantly more serious illness.

Attention Deficit Disorder (ADD) or Attention Deficit Hyperactivity Disorder (AD/HD)

The terminology ADD and ADHD can be confusing. The official clinical diagnosis is AD/HD but ADD is frequently used as a generic term for all types of AD/HD; this is the term we use in this course. Although ADD was once viewed as a childhood disorder, it is estimated that approximately 1 in 20 Americans aged 18 to 44 years of age experience ADD symptoms. In addition, it is very common for those who have the disorder to experience anxiety or depression, often as a result of the disorder.

The primary features of ADD are

- distractibility (poor sustained attention to tasks)
- impulsivity (impaired impulse control and delay of gratification)
- hyperactivity (excessive activity and physical restlessness)
- poor organizational skills

For these characteristics to constitute a true disorder and set ADD apart from the normal effects of hectic and overstressed lifestyles, the behaviors must create a significant impairment in at least two areas of an individual’s functioning in home, work or social settings. The exact nature and severity of ADD symptoms vary from person to person; for example, approximately one-third of people with ADD do not have hyperactive or overactive behavior. This is particularly true in the case of women with ADD, who tend more frequently to be inattentive or daydreamers as opposed to overactive.

Substance Misuse

We often think that problems associated with substance use result from either abuse or addiction, that is, with problems resulting from heavy or frequent use of a particular chemical or substance. However, in the workplace we are also apt to encounter

problematic behaviors that result from the intake of a lesser quantity of the substance. Thus, our concern in the workplace is not just for abuse and addiction, but for the entire range of behaviors constituting substance misuse.

According to the University of Michigan Alcohol and Other Drugs Policy, any of the following activities on University property are violations of University policy:

- Possession or consumption of alcohol or illicit drugs, other than 1) at University functions at which use of alcohol is approved by the unit or department's director and UM Office of Facilities and Operations when applicable; or 2) in the residences of students over 21 years of age
- Being impaired or under the influence of illicit drugs or alcohol
- Making, selling or distributing alcohol or illicit drugs

To cover the range of situations covered by this policy and to encourage action in the early stages of problematic substance use, we use the more inclusive term "substance misuse." This term more accurately relates to our concern for what is described as "the use of a potentially impairing substance to the point that it adversely affects behavior or safety, either directly through intoxication or hangover, or indirectly through social or health problems." Misuse can occur when an individual "uses a substance too much, too often, for the wrong reasons, at the wrong time, or at the wrong place." "Misuse" thus covers the full spectrum of behaviors from appearing at work smelling of alcohol or illicit substances to appearing at work seriously impaired. It therefore includes moderate but inappropriately-timed use as well as frequent over-use (abuse) and long-term addiction.

Understanding addiction as a special category of misuse is important not only because of the serious problems associated with it, but also because it is included in the Americans with Disabilities Act. A compulsive physiological and psychological craving for a habit-forming substance, addiction is a chronic and progressive illness usually characterized by physiological symptoms upon withdrawal. It is characterized by the repeated use of substances despite clear evidence of harm. The term "dependence" is often used synonymously to avoid the negative connotations of "addiction."

The range of substances that are misused is wide and includes:

- Alcohol – beer, wine, spirits
- Cannabis – marijuana, hashish
- Depressants – sleeping medications, sedatives, some tranquilizers
- Hallucinogens – LSD, PCP, mescaline, ecstasy
- Inhalants – hydrocarbons, solvents
- Opiates – morphine, heroin, codeine, some prescription pain medications
- Stimulants – cocaine, amphetamines, Ritalin
- Prescription drugs or over-the-counter medications which are misused or taken inappropriately.

The ability to identify substance misuse is of primary importance for two reasons. First, substance impairment places both the impaired individual and others around them at risk of accident or injury. Second, because of the potentially damaging and addictive nature of these substances, it is especially important to intervene at an early stage. Once the signs of misuse appear in the workplace, it is likely that misuse is becoming a significant factor in the employee's life.

Many people who misuse substances also suffer from symptoms of depression and anxiety. In some cases, depression and anxiety preceded substance misuse; in fact, substance misuse may have begun as an attempt to alleviate the symptoms of depression and anxiety. In other cases, depression and anxiety follow substance misuse. This may be because some substances are, themselves, depressants; but it may also be a response to the development of personal and work-related problems that can result from substance misuse. The complex interplay of substance misuse and other mental health problems increases the difficulty of recognizing and treating both.

Causes of Mental Health Problems

Mental health researchers and professionals have developed several theories to explain the causes of mental health problems (including addiction), but they have reached no consensus. One factor on which they agree is that the individual sufferer is not responsible for the condition, and cannot simply turn it on or off at will. Most likely several factors combine to trigger a condition.

Environmental Factors:

People are affected by broad social and cultural factors as well as by unique factors in their personal environments. Cultural factors such as racism, discrimination, poverty and violence contribute to the causes of mental illness. Poverty is especially significant: according to the U. S. Department of Health and Human Services, people in the lowest socio-economic status are two to three times more likely than those in the highest strata to have a mental illness.

Early experiences, unique to individuals, such as a lack of loving parents, violent or traumatic events, or rejection by childhood peers can also negatively impact mental health. Current stressors such as relationship difficulties, the loss of a job, the birth of a child, a move, or prolonged problems at work can also be important contributory environmental factors.

Biological Factors:

Scientists believe that the brain can produce too many or too few of certain chemicals, resulting in changes how we perceive and experience things around us, as well as changes in behavior, mood and thought. While causes of fluctuations in brain chemicals aren't fully understood, physical illness, hormonal change, reaction to medication, substance abuse, diet and stress have been identified as contributing factors.

Genetics:

Researchers have found that there appears to be a hereditary pattern to illnesses: individuals with particular disorders tend to have had parents or other close relatives with the same illnesses. While research has shown that the likelihood of inheriting disorders varies, scientists aren't clear which genes are involved.

Diagnosis and Treatment of Mental Health Problems

Mental health problems can be diagnosed by family or primary care physicians or by specialized mental health professionals. UM policy (Sick Time Pay, SPG 201.11) stipulates that staff or faculty needing time away from work for treatment of a mental health problem require a recommendation from a psychiatrist or psychologist with a doctorate degree.

Diagnosis is not a straightforward process. Not only can similar behaviors be characteristic of different disorders, but individuals with the same disorder may show different symptoms. In addition, the presentation of mental illness also tends to differ among different racial and ethnic groups and between sexes. There is evidence to indicate that accurate diagnosis may be more difficult in members of racial and ethnic minorities because of communication problems and limitations in culturally sensitive training for treatment providers.

Early intervention is essential. Delays cause unnecessary distress, increase the risk of relapse and are potentially harmful for the person's physical health as well as their social, emotional and cognitive functioning. The longer mental health problems are untreated, the greater the disruption is to the person's family, friendships, work and workplace. In addition, delays in treatment may lead to a slower and less complete recovery. Though it may feel difficult or uncomfortable, addressing problems early is an act of caring that may prevent unnecessary hardships.

Most mental illnesses respond well to therapy and medication. Treatment of illnesses such as depression, anxiety and ADD can give significant relief from symptoms, but will not always result in a complete cure. Eighty to 90 percent of individuals with anxiety or depression respond well to medication and therapy, particularly given in combination. Except in very serious cases, treatment is provided on an outpatient basis. In all situations, treatment varies from person to person. Progress and success depend on the type and severity of the disorder as well as on factors such as individual compliance and a safe and supportive environment.

It is important to note that although new anti-depressant medications are non-addictive, they may have side-effects and therefore may be unattractive or inappropriate for some individuals. In addition, it can take anti-depressant medications several weeks to be fully effective; getting an individual stabilized on the correct dosage of the correct medication can prolong this period. Many women who may be pregnant or are breast-feeding are understandably reluctant to take medications.

Recognizing Signs of Possible Mental Illness

We usually become aware that an employee is troubled when changes in their behavior raise concerns about their health or safety or that of others around them, or about their work performance or their ability to do their job. These behaviors may range from minor changes that create irritants in the workplace to changes that present immediate concerns regarding health and safety. Because minor problems can develop into major problems, you are encouraged to recognize and address all problematic or troubling behaviors at their earliest occurrence. It is therefore important to know your staff well, and to be alert to changes in their behavior and performance.

Signs to Note

Your focus must be on observable changes. Patterns of change or change in several behaviors should be of particular concern. Be alert to changes in general behavior, physical health, appearance and work performance.

Changes in behavior while at work may include:

- Decrease in personal hygiene
- Frequent complaints of fatigue or unexplained pains
- Confused or distracted appearance
- Expressions of strange or grandiose ideas
- Hyperactivity; excessive talkativeness.
- Displays of anger or blaming others
- Reported changes in patterns of eating or sleeping
- Avoidance of social interactions or public presentations
- Difficulty concentrating, making decisions, or remembering
- Flushed appearance; sweating
- Apparent daydreaming; blank stare
- Unsteady gait
- Slurred speech
- Red, watery eyes; pupils larger or smaller than usual
- Puffy face, blushing or paleness
- Smell of substance on breath, body or clothes
- Nausea, vomiting or excessive sweating
- Tremors or shaking of hands, feet or head

Changes in work performance may include

- Frequent late arrivals
- Excess use of sick or personal time
- Patterns in the days of absence or ineffectual job performance – e .g. on Mondays or Fridays
- Decreased productivity
- Disorganization; untidy workspace

- Increased accidents or safety problems
- Problems in work relationships
- Increased errors and missed deadlines
- Decreased interest or involvement in work
- Decline in dependability

You cannot assume that you know the cause of the behavioral changes you observe.

Altered or problematic behavior may be related to a mental health or substance misuse problem but can also result from personal problems, poor judgment, personality characteristics or other health problems such as:

- A medical condition such as a stroke, tumor, uncontrolled diabetes, sleep deprivation, severe dehydration, early-onset Alzheimer's, etc.
- A medication adjustment or mix-up

If you have questions about the behaviors you observe, you are encouraged to consult with FASAP/UMHS EAP, HR (including the Office of Clinical Affairs if UMHS clinical staff are involved), or, where D.O.T. employees are concerned, the OSEH Drug Testing Officer.

Section III:

What You Need to Know About the Americans with Disabilities Act (ADA)

Introductory Questions for Section III

Question: Do I have to become an expert in the Americans with Disabilities Act to do my job as a supervisor?

Answer: *No. You need to understand some basic information about the ADA, but the University provides you with expert assistance to guide you in working through these important issues.*

Question: Do I have to provide whatever adjustments or accommodations are requested by an employee with a mental health problem?

Answer: *No. However, we encourage you to work with all staff and faculty to provide simple modifications to the work environment for short periods of time, regardless of whether they may be covered by the ADA. This approach supports the University's Building Great Places to Work Initiative and UMHS principle of "Taking Care of Our Own" which focus on enhancing local working climates (such as your office) to support all staff and faculty in working and contributing at their best.*

For employees who are covered by the ADA, you are required to seriously consider their specific request. Your obligation is to provide a reasonable and effective accommodation for the known disability of an employee, unless the accommodation would impose an undue hardship for the workplace or would fundamentally alter the nature of the employee's position.

Question: If an employee tells me they have a mental illness after I begin disciplinary proceedings, does this mean I can't discipline them for poor performance?

Answer: *These tend to be very complex situations for which you are encouraged to consult with HR. In general, however, the ADA cannot be retroactively applied. If the employee has an impairment related to a mental illness covered by the ADA, they need to have disclosed and appropriately documented the illness earlier in your discussions about change in their behavior or work performance.*

It is possible that the employee's behavior or performance problems weren't related to a mental health problem, and that stress or disability claims resulted from the initiation of discipline. However, it is also possible that the employee has a previously diagnosed illness that they didn't disclose because they were afraid that disclosing a mental illness would negatively impact the behavior of others in the workplace.

If there is documentation to indicate that a qualifying mental illness pre-existed and likely caused or contributed to the decline in performance, it may be appropriate to withhold discipline to determine if treatment or accommodations will help the

employee improve their performance. If performance doesn't improve despite treatment or job accommodations, it is advisable to talk with HR about dealing with the performance problems as relating to "inability" as opposed to "discipline."

Question: Can I discipline an employee for misconduct even if they have a mental health problem?

Answer: *Yes. You can discipline an employee with a disability for engaging in misconduct if you would impose the same discipline on an employee without a disability. Mental health problems do not excuse insubordination, angry outbursts or unexplained time away from work.*

In most cases, effectively supervising an employee with a mental health problem requires little more than friendly support and understanding. This is particularly true when the severity of the problem is mild or the individual responds quickly to treatment. However, in cases where the impact of the mental health problem on the individual and on the workplace is more serious or prolonged, you need to anticipate more involvement. You also need to be aware of the rights and responsibilities afforded both the employer and the employee under the Americans with Disabilities Act.

What Is the Americans with Disabilities Act (ADA)?

The workforce includes individuals who may face discrimination because their medical impairments are stigmatized or misunderstood. In 1990, Congress passed the Americans with Disabilities Act (ADA) to provide equal opportunity for persons with disabilities and to dispel the myths, fears and stereotypes upon which discrimination is based. The ADA is complex but we will outline some of the basic concepts that are important for you to know. You are encouraged to contact the ADA Coordinator in the Office of Institutional Equity in any situation in which additional guidance would be helpful.

The ADA applies to individuals who have a physical or mental impairment that substantially limits one or more major life activities, have a record of such impairment, or are regarded as having such an impairment. Major life activities include such functions as seeing, hearing, walking, sleeping, reading, thinking, concentrating, performing manual tasks, or interacting with others. As the previous discussion of mental illness indicates, mental illness frequently impairs one or more of these functions, especially functions like sleeping, thinking, concentrating and interacting with others.

In providing equal opportunity for qualified persons with disabilities, the ADA requires you to consider initiating “reasonable accommodations.” These are modifications or adjustments in the workplace or job that make it possible for an otherwise qualified person with a disability to perform the essential functions of the job. Because what is “reasonable” varies according to the nature of the workplace, the job and the disability, requests for accommodations must be considered on a case-by-case basis. The University ADA Coordinator can help you determine if a proposed accommodation is reasonable.

How is Mental Illness Addressed in the ADA?

The ADA prohibits discrimination against individuals who have mental impairments that substantially limit at least one major life activity. In determining whether or not a situation is covered by the ADA, the nature, severity, duration and impact of the mental impairment are all relevant factors. "Mental impairment", as defined by the ADA includes, but is not limited to, mental or psychological illnesses such as major depression, bipolar disorder, anxiety disorders, panic disorders, obsessive compulsive disorders, post-traumatic stress disorders, personality disorders, attention deficit disorders and substance-related disorders. Emotional problems that may be stressful and for which people may seek treatment (for example, problems with a spouse or child, workplace stress) but do not significantly impact major life activities, are not considered mental impairments that rise to the level of disability under the ADA.

Personality traits or behaviors are not, in themselves, considered to be mental impairments. For example, irritability, chronic lateness and poor judgment are not, in themselves, mental impairments, although they may be behaviors exhibited by some people with mental illness. In addition, stress, in itself, is not a mental impairment though it may be shown to be related to a mental illness.

The ADA may apply to individuals with a diagnosis of alcohol dependence or drug addiction who have a substantial limitation in one or more major life activities as a result of the addiction. An alcoholic who currently uses alcohol is not automatically denied protection under the ADA. However, the ADA permits discipline or discharge of an alcoholic whose current use of alcohol adversely affects job performance, attendance or conduct.

Individuals who have a history of abusing illegal substances are qualified for consideration under the ADA if they have a substantial limitation in one or more major life activities as a result of their addiction and have abstained from drug use for a considerable time, or are currently in a rehabilitation program such as an inpatient or outpatient substance abuse treatment or Narcotics Anonymous. Individuals who are currently engaged in the illegal use of drugs (i.e. use of illegal drugs or misuse of prescription drugs that are controlled substances) or who engage in the casual use of drugs, are excluded from the definition of a "qualified individual with a disability" under the ADA.

Evaluating the Need for a Reasonable Accommodation

Because of the stigma associated with mental illness and substance abuse and because of the nature of the illnesses themselves, many employees may be reluctant to disclose their illness to you. They may have fears about potential negative consequences of disclosing a psychiatric disability, and about the confidentiality of information they disclose. It is not unusual for employees to keep this information to themselves, and for you not to know that they have been diagnosed with a mental illness until you begin to talk with them about behavior or performance problems.

When you become aware of changes in an employee's behavior or work performance, you are expected to begin discussions with them about the behavior or work performance issues. While you must not assume the individual has a mental health problem or other medical impairment that may need an accommodation, you are expected to inquire if there is any assistance the employee would find helpful in order to adequately perform their job. In requesting a work adjustment, an employee need not mention the ADA or use the words "reasonable accommodation."

If, during your discussion, the employee discloses a mental health problem and requests assistance or accommodations, you need to consider the nature of what they are proposing and how it may impact the unit. If the problem is in the nature of what we have identified as an emotional problem, or the request for adjustments is simple and straightforward, you may decide to proceed without medical documentation and grant the request for a limited period of time. However, if the situation or request is more complex, or the relationship between the request and the employee's alleged impairment is not readily apparent, you should request medical documentation. UM policy stipulates a psychiatrist or a Ph D level psychologist needs to provide documentation of an alleged mental illness. If the employee is uncomfortable submitting this information to you, they may submit it to unit HR who will share with you what you need to know. Regardless of where the documentation is submitted, you should always consult with HR in complex circumstances.

In some instances, even after you have consulted with HR, an effective accommodation may not be immediately apparent. In these instances, you are encouraged to consult with the ADA Coordinator in the Office of Institutional Equity or with the counselors at FASAP or UMHS EAP who will make suggestions about particular accommodations and, of equal importance, help you talk further with the employee about what type of accommodations might be effective.

If a mental illness is not disclosed or is subsequently determined not to qualify under the terms of the ADA, it is still advisable to consider making adjustments that will help the employee improve their work performance.

Examples of Reasonable Accommodations

When an employee qualifies as a person with a disability under the ADA, reasonable accommodations must be determined on a case-by-case basis because workplaces, jobs and people with disabilities vary. Reasonable accommodations are generally not expensive and may include:

- Alterations to the employee's work hours
- Changes to workplace procedures or practices
- Changes to supervisory methods or practices
- Physical changes to the workplace
- Equipment modification
- Time off work

Simple physical changes to the workplace may be effective for some individuals. For example, room dividers, partitions, or other soundproofing or visual barriers between workspaces may accommodate individuals who have problems with concentration. Moving an individual away from noisy machinery or reducing other workplace noise that can be adjusted (e.g., lowering the volume or pitch of telephones) are similar reasonable modifications. Permitting an individual to wear headphones to block out noisy distractions may also be effective.

In some instances it may be reasonable for you to adjust your supervisory methods as a reasonable accommodation. This might include the way assignments, instructions or training are provided. Assignments may be given in more structured or smaller segments. An employee who is experiencing problems with concentration may require more frequent guidance, feedback, or structure to perform his or her job. You might also provide them with an electronic organizer to help remember tasks and deadlines and help with organization.

Employees whose medication makes it difficult to get up or function well early in the morning might be allowed to flex their hours so they come in at an established time later in the morning, and stay later in the day. Others may be unable to work a full day, so may work reduced hours, and use sick time to cover the missing hours. Still others may work full time but be allowed to have time off to see their treatment provider.

Not all of the examples given above may be considered reasonable in every work setting. It is important to know the essential job functions, consider other resources that are available to get the task accomplished, and to remember that the manner in which a task has traditionally been performed may need to be questioned and perhaps changed, as part of the review. In all circumstances, the purpose of the accommodation is to assist the employee to perform the essential functions of their job, not to create an alternative job or position. It is also not appropriate to lower standards pertaining to work quality as an accommodation.

Discipline and the ADA

Maintaining satisfactory conduct and performance typically is not a problem for individuals with mental health problems. Nonetheless, circumstances arise when employers need to discipline such individuals.

In general, you may discipline an employee with a disability for engaging in misconduct if you would impose the same discipline on an employee without a disability. For example, mental health problems do not excuse insubordination, angry outbursts, or unexplained time away from work. In these cases, you should consult HR and initiate appropriate discipline as outlined in SPG 201/12 – Discipline (Performance and Conduct Standards).

In situations in which poor work performance as opposed to misconduct is the problem, it may be more appropriate to treat the issue as one of “inability” as opposed to discipline.

In all cases, you should discuss the situation with HR before proceeding with discipline.

Handling Questions from Coworkers

If employees ask questions about the health or functioning of a coworker who has a mental health problem, you can not disclose any medical information in response. ADA confidentiality provisions prohibit such disclosure.

You also may not disclose whether or not you are providing an accommodation for an employee. This requirement is only logical because a statement that an individual receives an accommodation discloses that the individual probably has a disability given that only individuals with disabilities are entitled to reasonable accommodation under the ADA.

In response to coworker questions, you should explain simply that you are acting for legitimate reasons in compliance with University policy and practice.

Section IV:

Engaging with Staff and Faculty Members in an Interactive Process

Introductory Questions for Section IV

Question: If I have an employee with a mental health problem, should I be asking about or listening to them talk about their personal life in order to help them work through their problems?

Answer: *No. It is important to be supportive and empathetic but you don't want to fall into the counselor role. Your responsibility is to recognize situations in which an employee's behavior is providing difficulties or concerns in the workplace, and to support the employee while they work to resolve the problems underlying the behavior or performance issues. Direct the employee to FASAP or UMHS EAP for counseling or referral to a private counselor.*

Question: If one of my staff is upset and cries a lot, should I ask her if she is depressed and needs time off?

Answer: *No. You should neither ask if a staff member has a mental health condition nor should you suggest they might. Instead, suggest the employee meet with you privately to talk about the behavior. When you meet, ask about the behavior and ascertain if the employee needs assistance in resolving whatever is troubling her.*

Question: If I become concerned about the odd behavior of one of my employees, can I require that they go to FASAP or UMHS EAP to see a counselor?

Answer: *No. You cannot require an employee to go to FASAP or UMHS unless you are requiring a "fitness for duty" assessment. You can and should encourage them to go, but whether or not they go is their decision. If the odd behavior results in work performance or behavior problems, you need to focus on these issues in conversation with the employee.*

Question: If one of my staff members has come to work smelling of alcohol, but does not seem to be impaired, should I say anything to them?

Answer: *Yes. University policy states that it is not acceptable to be at work under the influence of alcohol. Therefore, even if the individual is not obviously impaired, the odor of alcohol suggests they may be to some degree "under the influence." You should immediately consult with HR to determine the appropriate course of action. If the staff member works in a patient-care area at UMHS, they should be removed from the worksite and referred to UMHS EAP who will arrange an assessment.*

Goals

When working with an employee who has exhibited problematic or troubling behavior or is exhibiting a decline in work performance, it is important to keep several goals in mind:

- Maintain a safe, positive and supportive work environment
- Maintain a safe and caring environment for patients if you are a UMHS employee
- Prevent or lessen difficulties by intervening early when you observe problems or a decline in performance
- Provide appropriate support to employees to achieve and maintain maximum functioning
- Access the expertise provided by appropriate University resources in complex situations; appraise HR of problematic situations
- Help employees access appropriate assistance.

When to Act

You should act immediately upon observing problematic behavior. In some cases action entails beginning to observe more closely and document concerns in order to talk with an employee; in other cases it may mean immediate removal of the individual from the workplace. Fortunately, these latter instances are very rare. It is important to be aware of your responsibilities in all situations.

If you have received reports of troubling behavior from other employees, you first need to verify the validity of these reports. Once you have verified the report or have observed the behaviors yourself, you must prepare to address them with the employee. Do not wait for performance problems to develop before you intervene. Early intervention is essential because behavioral changes can be indicators of a serious problem, or of a problem that can become serious without early intervention.

Engaging in the Interactive Process

The key to dealing with problematic behavior is communication among yourself, your staff and the University resources available to assist you. When conversations relate to problems such as mental health problems or substance misuse, you need to be sensitive because these issues continue to carry a great deal of discomfort and stigma. A positive, respectful and inclusive work environment will provide a safer climate for an employee to request or accept assistance when it is needed.

When discussing personal and work problems with employees, there are basic principles to keep in mind: privacy, clarity, a supportive manner, and a focus on behavior. Following are tips to consider when arranging meetings with employees:

- Set meetings sooner rather than later as waiting can increase stress.
- Arrange to meet in a private, confidential and safe place.
- Show sensitivity: think of ways to make the meeting less stressful for the employee - arrange for uninterrupted time; be sensitive to the possible impact of differences in age, gender, race, etc.
- Know your resources: become familiar with the resources you have to offer the employee (i.e. FASAP, UMHS EAP, HR). It is a good idea to have pamphlets available.
- If union employees are involved, refer to the union contract regarding when and how to involve union representation.
- Whenever possible, limit the attendees to yourself and the employee because talking about personal problems in front of others can add stress to the situation. If you want or need to have a resource person attend, let the employee know in advance what to expect.

Conversations around behavior or performance problems can be initiated by you or the employee. The situation may be very simple and straightforward, or complex, requiring exploration and consultation. In complex situations, you should plan on having at least two meetings: the first to discuss the problem and the second to discuss possible solutions. In many cases, you won't know how complex a situation is until you are well into the initial conversation. Providing yourself the option of a second meeting gives you and the employee unpressured time for thought and discussion, and provides you the opportunity to consult with HR or other resources such as FASAP, UMHS EAP and the ADA Coordinator.

We outline in detail the recommended steps of your meetings with the employee to provide you with a template to which you can refer in the future should the need arise.

Meetings

Whether you or the employee initiate the conversation, it is important to think ahead to ensure that your discussions are both productive and supportive. When a request or behavior must be addressed immediately, the preparation phase may be only a matter of minutes. Even then it is likely to be more successful if you spend a few minutes getting yourself oriented to the task.

Before the first meeting:

Get your focus: Make sure you are clear about the following questions:

If you requested the meeting, ask yourself:

- What specific behavior or performance issue is causing my concern?
- Is my concern related to behavior or performance, or is it a concern for the employee's personal health?
- What objective work standard is the employee failing to meet?
- Is the behavior having a negative effect on other employees?

If the employee requested the meeting, ask them if there is anything you need to think about or prepare before the meeting

Gather your information:

- Get objective examples of the reasons for your concern – i.e. specific instances of behavior or performance problems; put them in writing so you can refer to them in your conversation.
- If behaviors fall under University policy, (e.g. UM Alcohol and Other Drugs Policy or Fitness for Duty) be clear of the terms of the policies; consult with HR if clarification is necessary. Have a copy of the policy to give or show the employee.

Think ahead:

- Mentally envision how you intend to approach the discussion. Practice a mental role play to get comfortable with your approach to the discussion.
- If you want individual consultation or coaching to prepare for the meeting, contact FASAP or UMHS EAP.

At the first meeting:

Establish the purpose for the meeting and set a supportive and constructive tone:

- Clarify the purpose of the meeting.

Identify and explore the problems or concerns.

- If you requested the meeting:
 - let the employee know that you value their past efforts (think of examples when the employee was at their best) but you have observed recent changes in their behavior or work performance and want to understand what is happening.
 - Present concrete examples of behavior or performance problems and explain why they present reasons for concern.

- Give the employee the opportunity to explain his or her opinion about the issues you raised.
- Ask if there are any difficulties you should know about that are causing the problems you or they identified.
-
- If the employee requested the meeting:
 - clarify why they asked to meet? What do they want you to know?
 - Clarify the nature of the problem they are experiencing.
 - Ask for specific information about how their work is affected.

Stay focused on the behaviors or performance issues that are of concern:

- Be sensitive about the difficulties the employee may encounter in discussing personal issues.
- Listen respectfully and empathetically, encouraging the employee to discuss the relevant information without probing for unnecessary details.
- Do not get sidetracked by arguments or personal revelations.
- Keep the discussion calm and respectful.

Identify the goal of improving behavior or performance

- If they don't indicate they have a mental health or substance abuse problem, and agree to correct the problematic behavior without assistance, skip the second meeting and proceed to the "After the meetings" tasks.
- If they indicate they have a mental health or substance abuse problem or request assistance or accommodations you have several options:
 - If the situation and the request are simple and straightforward, you may agree to try the adjustments for a stipulated time and then reassess the situation.
 - If the situation and request are simple and straightforward, but the request appears inappropriate or unreasonable, you may deny the request. However, you should further explore the situation to see if an alternative arrangement is feasible and appropriate or if there is medical documentation supporting the request.
 - If you are uncertain about the severity of the situation or the advisability of the request, you may give yourself the option of taking additional time to think things over or consult with University resources. This is always a good option.
 - If the situation appears complex, you may ask for appropriate medical documentation to be submitted before discussing alterations or accommodations. You should wait to receive this and consult with appropriate University resources before having a second meeting.
- If the employee says that they have a diagnosed mental health problem that was caused by a work situation (e.g. harassment, re-organization), consider their request and refer the situation to Work~Connections because it may involve a Workers' Compensation claim.
- If the behavior is in the form of misconduct that merits disciplinary action, consult HR and refer to SPG 201.12 regarding disciplinary options.

End with a Plan to Meet Again

- If you have agreed to adjustments, make sure the terms are clear and set a time to meet to review how well they are working.
- If you need time to think things over or consult, give the employee an estimate of when you'll meet to discuss the situation further.
- Suggest FASAP or UMHS EAP as appropriate resources for them.

At the Second Meeting:

If you require a second meeting to confirm or further discuss adjustments or accommodations:

Establish the purpose of the meeting

- Briefly summarize discussions and decisions from the first meeting

Explore possible solutions:

- Discuss the ideas from the previous meeting as well as any additional ones that they or you have developed.

Make a clear plan for action.

- Select the most appropriate option to address the problem situation.
- Confirm that both you and the employee are clear on the details of the changes or accommodations (if any) that you will implement. The plan should include a time frame.
- Arrange to meet regularly with the employee to track the progress of the plan you have put in place.
- Set next meeting to review progress.

After the meetings:

- Consult with HR if it is a complex situation or if you require approval for adjustments or accommodations. Even if the changes to which you have agreed are small and didn't require a consultation, it is a good idea to keep HR informed. They may have helpful suggestions and can be more helpful if they are consulted early in problematic situations.
- Document in writing the events of each meeting; share your summary of the meeting with the employee.
- Call FASAP or UMHS EAP to advise if you have recommended the employee use their services. This will give the counselors a more complete understanding of issues of concern if they meet with the employee.
- Begin to monitor and document progress towards improvement.

Remember that even when you have been supportive and respectful, it is not unusual for employees to become frightened or angry when you speak with them about work performance or behavior problems. If this appears to be happening, remain supportive, focused on observable behavior or performance issues, and suggest again that the employee might find it helpful to talk with a FASAP or UMHS EAP counselor.

Managing On-Going Problems or Concerns

Following the initial meetings with the employee, it is your responsibility to monitor their progress and arrange for regular follow-up meetings. Generally speaking, alterations or accommodations to assist the employee will be for a time-limited period. Assuming things go well and the employee returns to their previous level of functioning, the accommodations may no longer be necessary. If the employee continues to experience difficulties, it may be necessary to consider an extension of the accommodations or discuss alternative solutions. In some instances, accommodations may be indefinite, and required to be so under the ADA.

If performance or behavior problems continue despite accommodations or if you are unsure of the relationship between the performance problems and the mental health problem, you should continue discussions with the employee and consult with HR, the ADA Coordinator or FASAP/UMHS EAP.

In some instances, due to the severity of the illness, an employee may be unable to remain at work. To discuss time-off-work options and any documentation required, you should consult with HR. If the employee is off work, you are encouraged to maintain occasional friendly and interested contact with them, as recommended in the [Guide for Supervisors of Employees Returning from Medical Leaves](#).

Shortly before the employee is ready to return to work, you should arrange to meet with them to discuss practical aspects of and expectations for their return. You also need to explore the issue of accommodations if they have been recommended as an element of the employee's return to work. As suggested in the [Guide for Supervisors of Employees Returning from Medical Leaves](#), you should prepare other staff for the employee's return.

Addressing Imminent Health and Safety Concerns

It is unusual for individuals with or without mental health problems to pose a risk to themselves or others in the workplace. However, because there is the possibility of this happening, the University and outside professional and legislative bodies have developed policies and programs to address immediate health and safety issues.

The University of Michigan has developed the “[Fitness for Duty](#)” policy (SPG 201.15) to provide a safe work environment for the benefit of all members of the University. It covers “only those situations in which an employee is having observable difficulty performing his/her work duties in a manner that is safe for the employee and for his or her co-workers, or is posing an imminent and serious safety threat to self or others.” While you should become familiar with the specific terms of the policy, in general it provides that:

- In instances in which there is severe impairment (e.g. unconscious, staggering, incoherent or exhibiting extreme physical symptoms) or violent, verbally abusive or otherwise threatening behavior, call 911 immediately. Attempt to secure the safety of individuals involved as well as yourself. Then call your supervisor and HR.
- If there is a lower or uncertain level of threat (e.g. an employee has slurred speech and an unsteady gait; or an employee makes a reference to self-harm) immediately consult with HR, FASAP/UMHS EAP, or the OSEH Drug Testing Officer (if the employee is regulated by the Department of Transportation policy) who will advise you regarding appropriate action.
- Unless the nature of the situation dictates immediate action, HR must be consulted before any “fitness for duty” evaluation is requested.

Because of patient-care responsibilities in UMHS, supervisors/leaders of health care professionals must be especially sensitive to changes in an employee’s ability to perform the minimum requirements of their job. If you are a supervisor/leader of patient-care employees, you should become familiar with two University policies: [Fitness for Duty](#) and [Impaired Health Care Practitioner Policy](#) (for UMHS only). If you think a staff member involved in patient-care is unable to meet the minimum performance requirements, immediately relieve them of their duties in patient care areas. After having done so, meet with them to explain your actions, complete the “fitness for duty” checklist and advise the employee to go to UMHS EAP to arrange for a fitness assessment. If the employee is a physician, consult with the Office of Clinical Affairs before meeting with the employee.

If you supervise an employee whose position requires a Commercial Driver’s License and whose behavior indicates a reasonable suspicion of substance impairment, you should immediately remove them from safety sensitive duty and call the Drug Testing Officer in OSEH before addressing your concerns with the individual. The Drug Testing Officer will walk you through the Department of Transportation procedural guidelines.

Remember, your responsibility is to recognize potentially problematic behavior, and to intervene promptly. Not all suspected impairments are due to mental illness or misuse

of drugs or alcohol. The health professionals who evaluate the individual following your intervention will determine the factors that may be contributing to the problematic behavior, and will determine the appropriate next steps.

If you have questions about the seriousness of disruptive behaviors, or want assistance preparing to talk with the staff or faculty involved, you are encouraged to consult with the administrator of your area, HR, FASAP/UMHS EAP or the OSEH Drug Testing Officer for assistance.

Section V:

U-M Resources for Supervisors

ADA Coordinator at the Office of Institutional Equity

(734) 615-2400; <http://www.umich.edu/~hraa/oie>

The ADA Coordinator in the Office of Institutional Equity is available to consult with you in person or by phone about reasonable accommodations for staff and faculty experiencing mental illness. Employees can also request the ADA Coordinator's assistance in working to resolve accommodation issues.

FASAP/UMHS EAP

(734) 936-8660; <http://www.umich.edu/~fasap>

(734) 763-5409; <http://www.med.umich.edu/mworks/eap>

Counselors at the Faculty and Staff Assistance Program and the UMHS EAP are available by phone or in person to consult with you regarding your concerns about an employee's mental health or behavior. Counselors can help you understand the seriousness of particular situations and provide coaching to help with difficult conversations. They can also consult with you regarding return-to-work issues. Supervisors on the central, Flint and Dearborn campuses are encouraged to call FASAP; supervisors in the hospital/health-care system should call UMHS EAP.

You are encouraged to recommend FASAP or UMHS EAP services to staff and faculty who are, or appear to be experiencing, emotional or behavioral problems. You cannot require or mandate employees to visit either service unless you are initiating proceedings under "Fitness for Duty." Most employees respond favorably when FASAP or UMHS EAP is suggested in a positive manner as a resource that can help them with their problems.

Human Resources

U-M has several different categories of HR representatives with whom you can consult. You should talk with your supervisor to determine when it is appropriate to consult your department's internal HR representative, and when it is appropriate to consult with UMHS HR, Staff HR Services, Academic HR, or the Office of Clinical Affairs. Because of differences in protocol in different areas of the University, this training simply refers to HR and relies on you to talk ahead of time with your supervisor to determine which level of HR to involve.

Unit HR

Most departments have internal HR personnel. As guidelines for consulting with these representatives and involving central HR representatives vary, you should discuss your office protocol with your supervisor or administrative head.

Central Human Resources

Staff HR Services

(734) 763-2387; <http://www.umich.edu/~hraa/staffhr>

Staff HR Services serves the University, its management and diverse staffs in the development, implementation, interpretation and administration of human resource policies, procedures, practices and external regulations related to labor/staff relations, and overall HR and Affirmative Action functions. They are available to consult regarding the management of work performance and behavior issues. They will help develop approaches for providing accommodations or adjustments as well as addressing inability or disciplinary issues.

University of Michigan Health System Human Resource Services (UMHS HR)
(734) 647-5538; <http://www.med.umich.edu/umhshr>

The University Health System provides an office of HR specialists who provide a full range of professional personnel services including human resources information, human resources planning, management, employee relations, and labor relations. The units covered by UMHS HR services include the University of Michigan Hospitals and Health Centers, the Medical School, University Health Service, and Michigan Health Corporation. UMHS HR services these units with similar assistance to that provided by Staff HR Services.

Office of Clinical Affairs (OCA)

(734) 936-5814; <http://www.med.umich.edu/u/compliance/areas/clinical/index.htm>

UMHS Service Chiefs, and Chairs who have concerns about the health or behavior of professional health care providers under their supervision should consult with OCA.

Academic Human Resources

(734) 763-8938; <http://www.umich.edu/~hrraa/acadhr>

Chairs, Deans and Directors of Schools and Colleges should consult with Academic HR regarding issues related to teaching or research faculty or other instructional staff.

Occupational Safety and Environmental Health (OSEH)

(734) 647-1143; <http://www.oseh.umich.edu>

The individual who serves as the UM Drug Testing Officer and the Commercial Driver's License liaison for Department of Transportation requirements is located in OSEH. This office also provides booklets and a video about substance abuse and guidance for talking with individuals with possible substance abuse problems.

Work~Connections

(734) 615-0643; <http://www.umich.edu/~connect>

Work~Connections staff are available to consult with you regarding medical absences. Their staff will receive and review documentation from physicians and qualified psychologists, and liaise with them regarding diagnosis, treatment plans and progress as well as the duration of the absence. Along with counselors from FASAP and UMHS EAP, they are available to consult with you and your staff regarding return-to-work preparation and issues.