

# Mental Health vs. Willful Misconduct

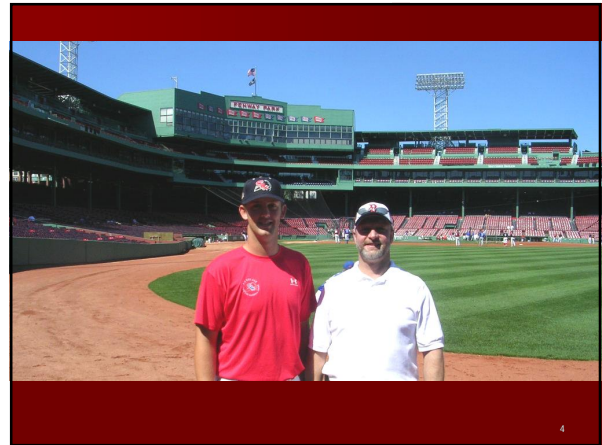
Early Recognition of Behavioral Health Issues in the Workplace

## Objectives

- List common behavioral health issues
- Describe mental health diagnostic criteria
- Recognize medicalization of performance
- Describe role of behavioral health consultant

## Patrick Doyle, LICSW EAP of Mount Auburn Hospital

- Twenty years providing employee evaluations
- Facilitate collaborative solutions between occupational health and human resources
- Qualified DOT Substance Abuse Professional



## Depression

- Major Depressive Episode: 7% of workers
- Two weeks depressed mood
  - Anhedonia
  - Poor concentration, indecisiveness
  - Vegetative symptoms: appetite, sleep, anergia
  - Performance issues
    - Decreased productivity, quality
    - Attendance

## Bipolar Disorder

- Bipolar disorder: 1% workers
- Twice cost of Depression
- Manic Episode
  - Grandiosity
  - Decreased need for sleep
  - Racing thoughts, pressured speech
- Performance Issues
  - Presenteeism more than Absenteeism

## Schizophrenia

- Delusions
- Hallucinations
- Disorganized speech, behavior
- Performance issues
  - Disruptive behavior
  - Non-productive

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## Substance Abuse

- Issues with substances: 14% of workers
  - 3% while at workplace
- Recurrent use, impacting work/home
- Slurred speech, odor of alcohol
- Performance issues
  - Single day absences
  - Impaired attention, judgment
  - Poor quality, productivity

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## Case Example 1: Misconduct ?

- 45 y.o. housekeeping
- Arguments with coworkers, loss of control
- "Good worker when she wants to be"
- Banging head on door, sliding to floor
- ER dx 'situational anxiety', RTW note
- Referred to Employee Health for RTW

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## Case Example 2: Bipolar

- 45 y.o. mgr, bipolar disorder
- Inappropriate phone calls to coworkers
- Tattoos covering self-mutilation
- Self-report history cutting at work
- Coworkers upset re. TMI, safety concerns
- Mandated to EAP, but allowed to work

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## Case Example 3: Schizophrenia

- 34 y.o. night shift pt. care sitter
- Excellent performance
- Self-report of voices ridiculing her
- Escalating complaints of paranoia
- Put out on leave; Occ Health RTW

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## Case Example 4: Misconduct

- 50 y.o. clerical with attendance, customer service problems
- Hostile to patients, supervisor
- Complained of "evil" in apartment
- Blatantly insubordinate
- Put out of work for EAP, RTW

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### Case Example 5: S.A.?

- 40 y.o. lab tech, 20 yrs excellent record
- Small amount marijuana at work
- Initially considered S.A. policy violation
- Put out of work for RTW, drug test
- No signs of impairment on the job

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### Case Example 6: Suicidality

- 45 y.o. suicidal nursing assistant
- Showed coworkers scratches on wrists
- Absenteeism, sleeping on job, personal calls
- Performance issues not addressed
- Ee out of work for FFD eval

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### Case Example 7: Substance Abuse

- 48 y.o. med. tech. DWI to work on day off
- Very good performance; ee depressed, intoxicated
- Ee drives drunk to evaluation; refuses treatment
- "This incident didn't happen on work time"

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### Conclusions

- MH issues more frequent, complex
- R/O misconduct vs. medical essential skill
- MH/SA consultant will help you
- Insubordination is NOT a medical illness
- Questions? 617.868.4489

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