

## Recognizing the Problem: Scenarios

The following scenarios are not intended to be authentic stories. Instead, they outline a situation involving a mental health problem along and pair it with an ideal action and a preferred outcome. Each scenario reinforces the idea that various mental health problems have a range of causes and solutions. Addressing these issues effectively can result in positive outcomes for managers and employees alike.

These scenarios range from early stage to much more severe. The early stage scenarios will often benefit from an early intervention approach, which will help stop a major mental health issue from arising. Some are more complex, deep-rooted issues that require more intensive help.

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### Bored by Everything?

Jeff believed his lack of enthusiasm was the sign of a mid-life crisis.

#### Situation

Jeff was a labour relations specialist and just shy of his 50th birthday. He'd held progressively responsible positions in the public service and had been in his current role for three years. Jeff began to feel less enthusiastic about coming to work every day. At work, he was less inclined over time to touch base with co-workers or join them for lunch or after-work activities. In the past, he'd always taken care of his health and appearance but now felt less reason to bother. After work, he was so tired that dinner was often fast food consumed while watching TV. Jeff repeatedly turned down invitations from friends to socialize: enjoyable activities like watching sports, playing golf or a dinner out at the pub no longer had any appeal. During a phone conversation with a friend he shrugged off his lack of enthusiasm as "some sort of a mid-life crisis" but his friend suggested it could be a more serious health problem.

#### Action

While Jeff acknowledged he was feeling low, he figured it would pass. He remembered speaking with a short-term counselling counselor who helped him during his divorce and decided to make an appointment. The counselor felt that Jeff might be suffering from mild depression brought on by negative or depressive thinking. The fact that Jeff was just about to turn 50 was also explored, along with the stress of his recent divorce, ongoing custody issues with his children and a rocky financial position. The counselor worked with Jeff using Cognitive Behavioural Therapy (CBT) principles, helping him develop some new skills around more realistic thinking. He also referred Jeff to an online CBT program called MoodGYM -- <http://moodgym.anu.edu.au/welcome> -- and gave him some helpful reading homework that might help him reframe the midlife experience. They agreed to meet again to determine if there had been improvement. Jeff was also encouraged to follow up with his doctor for additional assessment and medical support.

#### Results

After several weeks of focusing on replacing his negative thinking and messages with more realistic thoughts, Jeff slowly began to feel more optimistic and less bored about life. He began to feel that there were things to look forward to again and that he could be an active participant in shaping his future. He sought out a new assignment at work and made a commitment to getting out at least once a week with friends to do things he enjoyed. As with learning anything new, Jeff had to put ongoing effort into practicing his realistic thinking and be attentive to when he was slipping back into familiar negative thinking patterns. The effort paid off as Jeff realized he was actually looking forward to 50 and celebrating the occasion with family and friends.

### **The signs**

- Life event: Turning 50
- Passion turns to boredom, overall lack of enthusiasm
- Socially isolated, increased inactivity
- Low mood, denial of a problem
- Lack of care in health and appearance

### **Best practices:**

- Encouraging struggling co-worker to seek assistance
  - A willingness to seek out help and take action
  - Self-directed actions to change reactions and outlook, such as online Cognitive Behavioural Training as with the MoodGYM Training Program <http://moodgym.anu.edu.au/welcome>
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## **Drinking Every Day?**

Liz used alcohol to help relieve stress at home.

### **Situation**

Liz was a 28-year-old financial analyst who had been in her job for several years. Previous to this current job, she had held several part-time service industry jobs while going to school. Liz had an active social life and, while she partied less than she had in university, she would still occasionally come to work hung over and/or having had very little sleep. She would also regularly find herself recovering on Sunday in preparation for the work week ahead. For the most part, however, Liz had confined her partying to the weekends, drinking very little during the work week, until her mother was diagnosed with terminal cancer several months ago. Since that time, Liz had been having two to four drinks almost every evening: more when she was at a party or social gathering. Hangovers and sleep disturbances were more frequent, but Liz couldn't imagine coping without the alcohol to ease the pain

## Action

One day, her supervisor asked Liz how she was doing and she unexpectedly burst into tears. She ended up telling the supervisor about the situation with her mother and it turned out her supervisor had gone through a similar situation several years earlier. They arranged to get together again to speak in private. Liz's supervisor also suggested that she check out short-term counselling as a resource for further support. After a week of hesitation (and a few more hangovers), Liz called and was connected with a counselor experienced in the issues of grief and loss. Through this process, Liz was able to express her feelings openly and the counselor provided her with some practical tools for coping that did not involve alcohol or other mood-altering substances. The counselor also referred Liz to a community hospice program that offered support for families of the terminally ill.

## Results

Liz began to notice as she received support through these various sources that her need to self-medicate with alcohol lessened. She cut back her drinking to social occasions and, as her mother's condition worsened, cut back altogether because the alcohol seemed to escalate her feelings of grief and sadness rather than soothe them. She continued to employ coping and self-care strategies such as walking in nature, listening to music, and connecting with supportive friends who were willing to take part in sober activities. Liz's decision to cut back and eventually quit drinking also impacted her work-life positively. Her energy level increased and she became more productive at work and supportive to her family. Her supervisor regularly checked in with Liz to make sure that the strategies and supports she was employing were working for her.

### The signs:

- History of periods of moderate/heavy alcohol use
- Presenteeism: there in body only (due to hangovers)
- Feelings of grief and loss
- Sleep disturbances
- Emotional outbursts, moodiness

### Best practices:

- Early identification of problem and intervention
  - Discussion between employee and supervisor
  - Referral to appropriate resources
  - Continued check-in/follow-up by supervisor
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## **Performance slipping?**

Doug was using pot to help cope with the pain of his divorce.

### **Situation**

Doug managed a social services government program. A mature and respected worker, he'd been in his present position for just under five months. The program director and Doug's supervisor noticed that Doug's performance had declined in the last few months. Unexpected absences were occurring and lateness had increased, he'd asked for extensions on two work assignments, and lately seemed "not quite there." His supervisor reviewed Doug's file and saw that his previous employer rated him as a good performer, with no indications of attendance or lateness problems.

### **Action**

Doug's supervisor asked to speak privately with Doug and reminded him about his probationary assessment coming up in a month. He expressed concern about Doug's absences, lateness, missed deadlines and general lack of alertness. Doug explained he was going through a marriage break-up. His supervisor expressed concern but also reinforced work expectations and suggested Doug seek help from short-term counselling. The reality was that Doug was dealing with a long-standing psychological dependence on pot, which had escalated during his marital difficulties. Doug was smoking pot every morning and with this increasing use was often coming to work impaired. It wasn't until he felt might be putting his job at risk that Doug was finally motivated to contact a referral to an out-patient addiction service for assessment and treatment.

### **Results**

Doug and his addiction counselor decided on an immediate treatment goal of restricting his use of pot and also reducing his moderate alcohol use. Doug found it difficult to cut back on these substances. He felt irritable, and work relationships seemed particularly challenging in the beginning. However, with individual out-patient addiction counseling and support from a recovery group, Doug's ability to cope slowly grew. This translated into an increase in his enjoyment and engagement on the job. As well, his concentration and energy levels improved, as did his performance and productivity. When Doug asked for time off work to attend various appointments, his supervisor was supportive and understanding. Doug passed his probationary period and went on to become a productive and a much healthier employee.

### **The signs:**

- Substance abuse on the job
- Work performance slipping
- Routinely late, missing deadlines
- Presenteeism: there in body only
- Motivated to seek help for fear of losing job

**Best practices:**

- Active review of performance and behaviour during the probationary period
  - Pre-probation discussion with manager
  - Outline work expectations
  - Create environment for honest discussion
  - Be proactive: practice early intervention
  - If situation does not improve sufficiently, escalate to “Managing Employee Health Issues at Work”
  - Offer resources: Employee and Family Assistance Program
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## **Rocky Relationships**

Loree refused to see how she routinely alienated her co-workers

**Situation**

A self-confessed perfectionist, Loree has held a number of jobs in the public service. She is a quick study with high attention to detail. Loree is highly motivated and can be competitive about knowing more and being first. Over and above her strong performing skills, Loree -- now in her fifth senior administrative role in five years -- is struggling to build productive relationships with co-workers. She complains to her supervisor that she is the only one who can properly manage assignments and tasks, that she often stays late to correct other people's mistakes and even though she has offered to assist her co-workers on 'getting it right', she is avoided and ignored. Loree believes her co-workers are responsible for causing the current tension levels at work and refuses to accept how her behaviour contributes to the current stressful environment at work.

**Action**

During yet another discussion with Loree about her concerns with her co-workers, Joanne, the team supervisor, asked Loree if she had experienced this type of situation before. Joanne was an experienced team leader who valued respectful work relationships among her team members. Loree admitted that this situation had occurred before and blamed her perfectionist behaviour on causing others to become jealous. Joanne explained to Loree that quality relationships were just as important as quality work and that she felt Loree needed to develop skills in that area. Joanne provided examples of how Loree's behaviour triggered negative reactions in others. Upset and close to tears at the idea of needing to improve her skill set, Loree conceded to taking part in a special training initiative.

## **Result**

Joanne talked privately with Loree about organizational values and the code of conduct expected of all employees within the public service. She provided examples of how certain behaviour created problems and could be avoided. Joanne approached Loree as a professional and kept their conversation relaxed; had Loree shown a negative or disrespectful attitude, Joanne would have taken a more formal stance. Joanne focused on non-judgmental examples like, “When you say or do this, I see people respond like this.” Loree explained her behaviour was a by-product of a strict upbringing. Joanne listened and demonstrated concern, but then re-focused the discussion on the behaviours that Loree needed to improve. She offered to work with Loree so she could understand to her colleagues’ feelings and day-to-day work methods. With coaching, recommended reading and some relationship-building activities among the team, Loree learned that a more cooperative manner helped her to build a bond with her workmates. At the same time, she became the ‘go-to’ person on key skills where she excelled. Joanne and Loree made an initial commitment to meet regularly and discuss her progress. After a few months, Loree had managed to resolve those initially strained relationships and was now a valued member of Joanne’s team.

### **The signs:**

- Sudden tension in the workplace
- Stressful relationships
- New workflow bottlenecks
- Staff complaints
- Reluctant to ask for help or to admit to problem

### **Best practices:**

- Early intervention
- Discussion between employee and manager
- Structured plan of action

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## **Taking risks**

Failure to manage his addiction was putting Brock and others at risk.

### **Situation**

Brock was an experienced heavy-equipment operator working for the public service. Throughout his working life, particularly earlier on, he had been employed in workplaces which had a strong “work hard—play hard” culture that included plenty of drinking after work. In fact, this had been a factor in the development of Brock’s past problems with alcohol, which led to in-patient treatment for alcoholism ten years ago, and a subsequent return to AA, after a relapse five years ago. During both these periods,

Brock addressed his alcohol problem because of concerns from his wife and family, without involvement from his employer.

After a separation from his wife, Brock's behaviour began to change. Initially he seemed distracted, forgetful and sometimes irritable, but over time his manner was increasing hostile. He'd also had several accidents needing first aid and was increasingly late and calling in sick.

Brock's supervisor noticed that co-workers were avoiding Brock and a few had asked for re-assignments after being put on his crew. His supervisor assumed this was due to Brock's difficult personality. Frustrated with Brock's continued lateness, absenteeism, accidents and increasing lack of precision on the job, his supervisor let it go because he knew Brock had marriage troubles. He was hopeful that things would sort themselves out in time until he smelled alcohol on Brock after lunch one afternoon.

### **Action**

Weeks later, Brock and another employee were involved in a worksite accident that resulted in minor injuries but extensive mechanical repair costs. The injuries could have been more serious had another employee not been alert to the situation. During a debriefing, Brock's supervisor noted his speech was slow and that he smelled of alcohol. The supervisor commented to Brock on his observations of his diminished work performance and difficult work relationships. Brock protested and his supervisor admitted he had neglected to document and discuss this problematic behaviour. Through this discussion, Brock finally admitted to his long-standing alcohol problem and subsequent relapses.

While there was no record of Brock's addiction problems and subsequent treatment, reports from co-workers later confirmed they'd suspected Brock had a drinking problem but were reluctant to speak up.

### **Result**

Brock was removed from his safety-sensitive work immediately and, because of his addiction history, was referred to the Occupational Health Nurse program. The supervisor prepared a referral form, which requested the OHN provide a medical evaluation to identify any underlying conditions that might impact Brock's and his co-workers' safety. A treatment plan was also prepared with medical follow-up to ensure Brock's ongoing safe clearance for work.

The medical assessment identified that Brock was cocaine and alcohol dependent (addicted). The medical recommendation was for an abstinence-based treatment program. Given his safety sensitive work and the severity of his illness, the medical recommendations also included a two year recovery management program with the support of a recovery monitor. Brock accessed the interest-free loan and grant from his employer and attended a month-long residential treatment program. Upon completion, Brock felt like he had a new lease on life; he wanted to return to work and rebuild his relationships with friends and co-workers.

Despite his optimism and good health, Brock was still at significant risk of relapse. In setting up the recovery management program, Brock agreed to a two year medical follow up plan with expectations of him alerting a medical monitor should he relapse. Brock's supervisor needed assurance of safe work

performance and appropriate conduct during Brock's return to work. An agreement was struck that included the expectations of Brock to fully comply with the treatment program, including recovery management agreement and, as required by WorkSafe BC legislation, to alert the supervisor should any medical situation arise that interfered with his safety at work.

#### **The signs:**

Common indicators of problematic substance use -- physical, mental, personality and behavioural changes -- vary from person to person. However, some of the potential signs in this case, include –

- Distracted, increased forgetfulness
- Increased irritability, hostility, moodiness
- Impaired relationship with co-workers
- Arriving late for work, unexplained sick days from work, extended (lunch) breaks
- Excessive number of accidents
- Lower quality/precision of work
- Deterioration in appearance/personal hygiene
- Smell of alcohol

#### **Best practices:**

- Be alert to changes in employee attendance, performance, behaviour and safety and communicate and document your observations and expectations on a regular basis.
  - Changes in employee attendance, performance and behaviour are key signs of change. A range of professional services are available to complete any diagnostic evaluation necessary.
  - Safety-sensitive jobs pose additional concerns and typically require assertive intervention when employee fitness for work is possibly impaired. When in doubt about an employee's fitness or possible impairment, remove the employee from safety-sensitive work.
  - Encourage the individual to get help: talk to a doctor to access programs, work with a supervisor to arrange supports.
  - Stay connected with, and supportive of, an employee while they are on leave to encourage a return to work.
  - Recognize that substance dependence/addiction is a chronic disease that, like other chronic diseases, requires ongoing management, particularly early in recovery.
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## Trouble sleeping

Restless nights left Roxanne tired and dependent on caffeine for energy.

### Situation

Roxanne was speech writer in her early 50s who loved her job in a busy communications office. Her workload went through heavy and then more moderate periods but, in general, she found the pace to be energizing and the work engaging. She had always been a light sleeper but, in the last year, had found she was having more difficulties falling asleep, and staying asleep than usual—sometimes waking hourly throughout the night. This would happen one to three times a week, more commonly during the work week. The restless nights would leave her tired and sometimes irritable the next day, and she would increase her caffeine consumption to boost her energy. A few times in the past several months, Roxanne's manager had commented on her sleepiness in the afternoon and lack of attention in team meetings.

### Action

Because the effects of her sleep troubles had been noticed on the job, but were not yet seriously impacting her work or other areas of her life, Roxanne decided to explore some self-care strategies as a first step. She started reading up on insomnia, and discovered several habits that might be contributing to her poor sleep. She cut down on her daytime caffeine and evening chocolate consumption (to a moderate level) and eliminated cola in the early evening altogether. She also cut out her habit of watching the news before she went to bed, practiced some deep breathing, relaxation techniques and calming visualizations when she felt she needed extra help relaxing.

### Results

Roxanne noticed positive results almost immediately. She was able to reduce the number of nights with troubled sleep from several times a week to approximately once every two weeks. Even on those nights when sleep was still a problem, using relaxation techniques and pleasant visualizations that got her mind off the worries of the day, tended to shorten the time she remained awake. And, an unanticipated benefit of implementing these self-care strategies was that Roxanne's reduced caffeine consumption also appeared to lessen the menopause-related symptoms she would sometimes experience at night. She recalled reading Christiane Northrup's book *The Wisdom of Menopause* and hearing from her doctor, that insomnia was a common symptom associated with menopause. Within the month, Roxanne's manager commented on her increased energy and engagement in the workplace.

The signs:

- Heavy workload
- Enjoys challenging work
- Insufficient sleep patterns leading to bouts of insomnia
- Using caffeine during the day

- Afternoon sleepiness and lack of attention

**Best practices:** A willingness to seek out help and take action to address problem through education and self-care practices