

PSYCHOLOGICAL FIRST AID & WORKPLACE MENTAL HEALTH

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OVERVIEW: WORKPLACE MENTAL HEALTH ISSUES

- Every year 20% of Americans experience some form of mental illness, and 5% experience a serious mental illness
 - 17 million Americans experience both a substance abuse disorder and mental health condition
 - There was a 15% increase in deaths from overdose in 2021 compared to 2020, mostly due to fentanyl and methamphetamine use – 108,000 deaths in US
- Workers increasingly claim discrimination based on mental health conditions – about 30% of ADA claims in 2021 (up from 20% in 2010)
 - Mainly anxiety & PTSD claims but also include workers with bipolar disorder and schizophrenia
 - Nat'l Alliance on Mental Illness reports that mental illness without adequate treatment costs workers \$193.2 billion in lost earnings each year
 - 80% of employees who receive treatment for mental illness report improved efficacy and satisfaction
- Reasonable accommodations under ADA for mental health conditions vary by situation – EEOC is working to expand its outreach and resources

WHAT IS PSYCHOLOGICAL FIRST AID (PFA)?

- PFA is defined as a compassionate and supportive presence to mitigate acute distress and to assess need for continued mental health care
- GOAL is to stabilize -- It is NOT diagnosis or treatment!
 - Severe impairment: interference with one's ability to function as needed – after a disaster, 15-25% of directly affected population may have demand for mental health services
- PFA is designed for employers and community volunteers, trainers, and disaster responders who must respond and provide initial care in the wake of adversity
- Key Concepts include training on:
 - Reflective Listening
 - Differentiating benign, non-incapacitating psychological/behavioral crisis from potentially incapacitating
 - Prioritizing (triage) psychological/behavioral crisis reactions
 - Mitigating acute distress and dysfunction, as appropriate
 - Facilitating access to further mental health support, as appropriate
 - Practicing self-care

WHY IS WORKPLACE MENTAL HEALTH IMPORTANT?

- Positive mental health is important because **it allows individuals to cope with challenges, even good ones, and setbacks in their lives**, both at work and at home
- Positive mental health at work helps teams remain agile when changing roles and responsibilities, including during challenging times
- Workplace mental health can be adversely affected by:
 - Inadequate OHS policies and programs - Workplaces with poor health and safety policies may decrease employee mental health, lose staff, risk prosecution, and reduce profitability
 - Poor communications and management practices - Poor communication and practices, on the other hand, create strain on the relationship, create poor mental health, and increase workplace stress
 - Low levels of support for employees -- Managers who don't help remove obstacles or share resources with employees can contribute to employees feeling overwhelmed and unmotivated
 - Performance pressure -- The expectations of employees to constantly perform at peak levels puts unreasonable pressure on them. It leads to an increase in workload and work hours, added stress, and emotional exhaustion
 - Job insecurity – fear of not being able to pay bills or care for families carries a significant threat to an individual's mental well-being

Five consequences of having mental health issues while working



Communication



Productivity and job performance



Poor decision-making



Physical capability and daily functioning



Engagement with one's work

CORE ACTIONS OF PFA

PFA training programs generally include 8 core actions (developed by National Center for PTSD):

- **Contact and Engagement:** To respond to contacts initiated by survivors, or to initiate contacts in a non-intrusive, compassionate, and helpful manner
- **Safety and Comfort:** To enhance immediate and ongoing safety and provide physical and emotional comfort
- **Stabilization (if needed):** To calm and orient emotionally overwhelmed or disoriented survivors
- **Information Gathering on Current Needs and Concerns:** To identify immediate needs and concerns, gather additional information, and tailor Psychological First Aid interventions
- **Practical Assistance:** To offer practical help to survivors in addressing immediate needs and concerns
- **Connection with Social Supports:** To help establish brief or ongoing contacts with primary support persons and other sources of support, including family members, friends, and community helping resources
- **Information on Coping:** To provide information about stress reactions and coping to reduce distress and promote adaptive functioning
- **Linkage with Collaborative Services:** To link survivors with available services needed at the time or the future

FMLA & MENTAL HEALTH LEAVE

- Applies to employers with 50 EE/75 mi radius and employees who have been employed at least 1 yr and worked 1250 hrs (key EE exception)
- Requires employer to provide up to 12 weeks of UNPAID leave and reinstate worker to same or similar job upon return
- Under FMLA “Serious Health Condition” includes **mental health** conditions if:
 - an illness, injury, or condition that requires inpatient hospital care
 - Illness/injury lasts more than three days and requires continuing treatment by a health-care provider
 - Illness/injury is a condition that would likely result in a period of incapacity of more than three days if it were not treated

AMERICANS WITH DISABILITIES ACT (ADA)

- The ADA applies to employers, union, agencies with 15+ employees
 - Some states and municipalities may have lower thresholds for analogous local laws
- ADA covers qualified applicants and employees who can perform essential job functions (with or without reasonable accommodation)
- Covers:
 - Persons with a physical or **mental impairment** that substantially limits a major life activity (covered conditions were expanded by 2008 ADAAA to include sleeping, concentrating, thinking, and communicating – “LONG COVID” implications!)
 - Persons with a record of such disability
 - Persons regarded as having a disability (even if not actually disabled by ADA definitions)
 - NOTE: Persons associated with disabled individuals are also covered (e.g., a spouse with a disability – EEOC has guidance on “Caregiver Discrimination”)

ADA “DIRECT THREAT TO SAFETY” FACTORS

- *Bragdon v. Abbott* (S. Ct. 1998) – A “good faith belief” that a risk is significant is not enough to meet the standard. The determination of “significant risk” must be based on medical or other objective or scientific belief.
- In determining whether an individual would pose a direct threat, the factors to be considered include:
 - The duration of the risk
 - The nature and severity of the potential harm
 - The likelihood that the potential harm will occur
 - The imminence of the potential harm

ADA & MENTAL ILLNESS

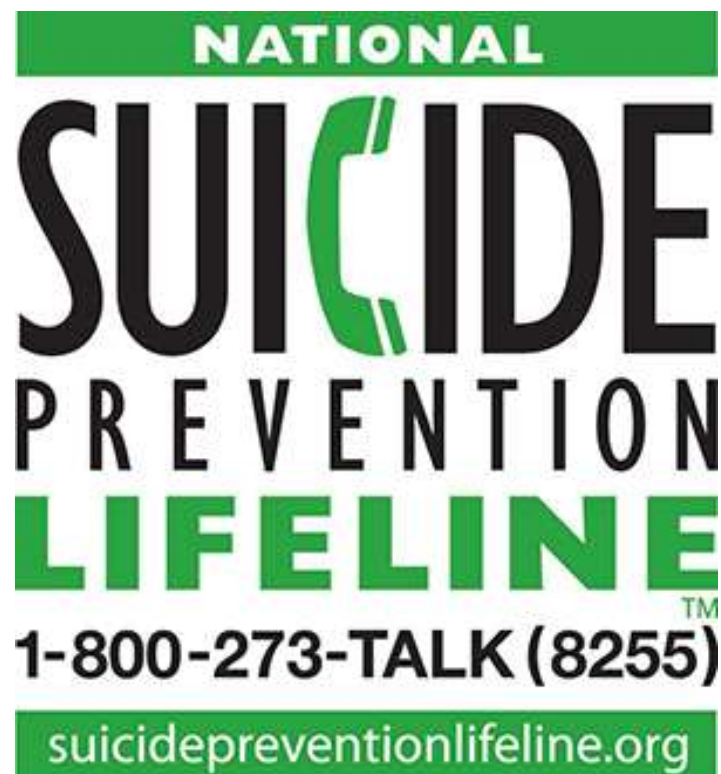
ADA covers mental health issues as well as physical disabilities that substantially limit one or more major life activities (42 USC 12102(1)(A))

EEOC says: history of psychiatric disability or history of violence/threats are not a sufficient basis to conclude an individual poses a direct threat

Employer must assess likelihood and imminence of future violence

- ✓ Prior treatment that did not affect behavior or lack of subsequent treatment
- ✓ Temporal proximity to incidents of violence or threats
- ✓ Prior suicide attempts do NOT mean individual poses imminent risk of harm
- ✓ Employer must seek reasonable medical judgments based on the best factual evidence to assess risk

OSHA & MENTAL HEALTH ISSUES



- OSHA says: A mental illness will not be considered work-related (for reporting/recording) unless the employee voluntarily provides the employer with an opinion from a physician or other licensed health care professional with appropriate training and experience (psychiatrist, psychologist, psychiatric nurse practitioner, etc.) stating that the employee has a mental illness that is work-related
- Injuries/fatalities arising from workplace violence ARE reportable/recordable – **including PTSD!**
- 458 US workers were workplace homicide victims
 - 15% were perpetrated by co-workers or other work associates
- It is consistently in the top 4 causes of workplace deaths overall
- **It is the NUMBER ONE cause of workplace death for women**

WORKPLACE BULLYING

Workplace Bullying: Defined as “Offensive behavior that is systemic, repeated, and involves mistreatment of another at work.”

- Bullying by a group of co-workers is “mobbing”)
- Public criticism
- Cyberstalking, hostile e-mails or voicemails
- Insults or offensive remarks
- Intimidation
- Giving targeted workers the “silent treatment” and shunning
- Teasing, practical jokes,
- Finger pointing or invasion of space
- Spreading malicious rumors
- Shouting, yelling, angry outbursts

PREVENTING EMPLOYEE-EMPLOYEE VIOLENCE

Potential Causes?

- Job-related stress or high frustrations
- Revenge for firing or failure to gain promotion
- Fear of losing a job
- Rejection by a co-worker due to thwarted romantic interest
- Family or money problems

Traits to watch for ...

- History of violence (check references – zero tolerance)
- Fascination with weapons, showing them off at work
- Use of alcohol or other drugs
- Family and work problems, including violence in home relationships
- Clenching fists or jaw, violent gestures or statements
- Being unable to self-regulate emotions – “short fuse”
- Physical, mental or emotional problems (and what about medication side-effects)

EMPLOYER ACTIONS: POTENTIAL “DIRECT THREAT”

If removing worker from worksite due to safety concerns (and relying upon job description for essential functions):

- Offer PFA services where appropriate as initial triage
- Seek out expert medical providers who can evaluate the ability of worker to perform essential functions safely
- Allow doctor to do complete in-person exam of the worker, do not let them base medical opinion on “direct threat” solely on employer docs or cherry picked information
- If incidents are the basis of the concern requiring removal, focus on what actually happened, rather than a speculative risk
- Provide reasonable accommodation where possible ... but safety first!
- Consider what changes in job location, hours or tasks might be made to enable the worker with mental illness to safely remain in the workforce

EMPLOYER RESPONSES: ACTIVE THREAT

- Have proper channels for reporting and action – and train employees and managers on these
- If confronted by a violent individual, don't be a hero. Keep yourself safe
- Stay at a distance, keep space between you and the aggressor to prevent sudden attacks
- Stay relaxed and focused, don't assume aggressive stance because this may trigger an attack if the aggressor feels threatened
- If you can escape, do so ASAP if you can get out of harm's way
- Shootings account for 80% of workplace homicides, so have an escape plan ready – average assault time is 12 minutes
- Hiding should be a last resort – get out, lock out or fight back where possible using anything heavy or disabling

DOL RECOMMENDATIONS FOR EMPLOYERS

- **Employers** should be aware of:
 - How to address workplace mental health, inclusive telework, and neurodiversity
 - How to foster a mental health-friendly work culture
 - How to develop mental health safety programs
 - How to enforce parity in mental health services
- Make sure **workers** are aware of rights and resources available to them:
 - How to use FMLA for mental health services
 - How to use employer-sponsored health plans to cover mental health and substance use services
 - How to recognize risk factors for opioid misuse, addiction and overdose

SELF-CARE TIPS

- 1. Take part in employer-sponsored programs and activities.** Employees should take advantage of employer programs to learn skills and obtain the support they need.
- 2. Share ups and downs with others.** To help reduce stigma around mental health, workers can share their own experiences with co-workers when appropriate. NOTE: co-workers can't substitute for mental health professionals.
- 3. Practice coping skills during the workday.** To cope with daily work stressors, employees can practice skills that promote healthier mindsets, relationships, and self-image, such as deep breathing, healthy communication, prioritization and focus on a task at a time to avoid being overwhelmed, and using positive self-talk
- 4. Practice self-care on lunch breaks.** Daily lunch breaks are more than just opportunities to eat — they're also the perfect time to practice self-care: meditation, deep breathing, or going for a nature walk
- 5. Take care of their physical health.** Employees can set themselves up for mental health success by taking care of their physical health. This includes healthy eating, regular exercise, and getting adequate sleep (fatigue can be deadly!)
- 6. Nurture relationships.** Nurturing social connections at work is key to preventing social isolation and loneliness in the workplace

IT'S THE LAW — DOL CAN HELP

- Under the Mental Health Parity and Addiction Equity Act, all health plans with 50 or more participants must apply similar rules to mental health and substance use disorder benefits as they do for physical health benefits
- Recent changes to the law require greater documentation for certain limits and other restrictions placed on mental health benefits, to help ensure compliance
- DOL's FAQ info page: <https://www.dol.gov/sites/dolgov/files/EBSA/about-ebbsa/our-activities/resource-center/faqs/mhpaea-2.pdf>
- More Resources: [EARN's Mental Health Toolkit: Resources for Fostering a Mentally Healthy Workplace](#) — Employer Assistance and Resource Network on Disability Inclusion (EARN) toolkit.
 - Provides background, tools and resources that can help employers learn more about mental health issues and cultivate a welcoming and supportive work environment
 - It also presents an easy-to-follow framework for fostering a mental health-friendly workplace, all built around the "4 A's": *Awareness, Accommodations, Assistance and Access*
- DOL Benefits Advisor can assist individuals/companies with more information on mental health and substance use disorder benefits.
 - Visit askbsa.dol.gov or call 1-866-444-3272.

“Like regular first aid, PFA is a way of helping someone in pain - except rather than cleaning or bandaging a cut or applying ice to a sprained ankle, you tend to someone’s anxiety or distress in a way that will ease it and help restore a sense of equanimity.”

- STACEY COLINO





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QUESTIONS???

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