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Depression and Anxiety Accommodations in the Workplace:

Recommendations for Employers

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Depression and Anxiety Accommodations in the Workplace: Recommendations for Employers

Anxiety and Depression in the work place is a large problem for employers and employees. Anxiety and Depression are two disabilities that are stereotypically overlooked and commonly misunderstood. Coworkers may attempt to put themselves in the disabled person's shoes because almost everyone has been anxious or depressed at some point in their life. However, this relation is misused because clinical depression and anxiety are very different from everyday emotions of anxiety or depression. Anxiety and Depression are also related because approximately 50% of individuals with depression also have anxiety comorbidly (ADAA, 2015).

\$26.1 billion dollars are spent on medical care for individuals with depression (Lerner et al., 2004) and an additional \$42 billion is spent on medical care for those with anxiety (ADA, 2009). Depression, characterized by symptoms of, poor concentration, lack of motivation, restlessness, irritability, fatigue, lack of decision making capacity, problems sleeping, a hard time concentrating, lack of interest in activities, and difficulty remembering task instructions, affects 20-55% of adults (Hauck, & Chard, 2009; Martin, & Fisher, 2014). Anxiety, characterized by the symptoms of, a sense of threat to a central value, unable to relax, worrying, poor memory, and poor concentration, affects 40 million adults (ADA, 2009; May, 1977 as cited in Mortensen, 2014). Because of these symptoms, employees with anxiety or depression have a harder time performing work tasks, especially ones that require concentration. \$31-51.5 billion dollars are lost because of low productivity at work due to depression alone (Lerner et al., 2004). Anxiety also contributes to low productivity at work, adding to the multi-billion dollar expense for lost productivity time (Plaiser, et al., 2012).

The American Disability Act of 1990 (ADA) requires that employers reasonably accommodate employees who have physical or mental disabilities through accommodations that

do not cause the employer undue hardship. Given this law, it is necessary that employers have documents that outline the essential job functions of all positions at the company, take into consideration what reasonable accommodations could be provided for job positions, and have ways of documenting employee performance due to the impacts of depression and anxiety in order to comply with the ADA. This paper will outline what the American Disability Act states regarding reasonable accommodation and undue hardship, the effects of anxiety and depression in the work place and general recommendations for employers on how to work with individuals who have anxiety or depression.

American Disability Act

The American Disability Act (ADA) of 1990 aims to give a clear mandate of what it means to discriminate against persons with disability. The ADA establishes that a physical or mental disability does not lessen an individual's right to participate in society; this includes participation in work settings. ADA assumes that these individuals are otherwise qualified to do the job. The law does not force employers to lower their job standards in order to accommodate employees. Employers must provide reasonable accommodation for their employees who have a disability, either mental or physical who are otherwise qualified for the job position.

Reasonable accommodation could include, "job restructuring, part-time or modified work schedules, reassignment to a vacant position, acquisition or modification of equipment or devices, appropriate adjustment or modification of examinations, training materials or policies, the provision of qualified readers or interpreters, and other similar accommodations for individuals with disabilities" (ADA, 2009). Other factors to consider when determining a reasonable accommodation are the safety of employee and company, the cost to the employer and the interference with the daily operations of the job position (Robertson, 2011). Additionally,

the employer must weigh the reasonable accommodation against the essential job functions of the employee's job position. An essential job function is a part of the job that is necessary for the job, which cannot be negotiated based on a need for accommodation. For example, a receptionist must interact with customers. If the employee who is disabled is unable to speak to customers, the essential job function is being compromised and therefore refraining from speaking to customers is not a reasonable accommodation for this employee; this would cause undue hardship for the employer.

Undue hardship is "an action requiring significant difficulty or expense" (ADA, 2009). Factors to be considered for claiming undue hardship include the cost of the accommodation, the nature of the accommodation, the effect on the resources and the impact of the accommodation, and the type of operation required by the employee. The example above would most likely be considered undue hardship because the employee would be undermining one of his or her essential job functions, interaction with customers. A reasonable accommodation may be moving the employee into a vacant position within the company for which he or she is qualified and is at least comparable in terms of compensation or pay. The employer, without proof of undue hardship cannot discharge the employee based on his and her disability. On a case-by-case basis, the employer must evaluate whether the accommodation is reasonable while also considering the implications for their company.

Work Performance

Many studies have researched the effects of depression and anxiety on measures of employee performance. However, these studies have not included research on whether or not reasonable accommodations were effective in the workplace. In a population of depressed individuals, Stewart, Ricci, Chee, Hahn, and Morganstein, (2003) determined that 81% of lost

productive time could be accounted for by their reduced performance due to their depression disorder over a 2-week observation. This was equivalent to about 5.6 hours of lost productive time over the course of those 2-weeks. Self-report measures have shown that compared to healthy employees, employees with anxiety accomplished less in a 4-week period; healthy employees reported accomplishing less than they would have liked because of an emotional problem at the rate of 0.5% while those with anxiety disorders reported at the rate of 43.4% (Waghonr, Chant, White, & Whiteford, 2004).

Another self-report measure showed that those with psychopathy, depression, or anxiety disorders, were more likely to have lower work performance, and that those with current depression were at a five times higher risk of impaired work performance. Participants were asked how many days in the last 6 months were they bothered by health problems while performing paid work duties, and how they performed on those days. When comparing normally healthy controls with those with anxiety or depression, 25.7% compared to 24.3% said that they had reduced work performance, however 30% compared to 8.3% said that they had impaired work performance. It is to be expected that when any employee is suffering from a health problem that he or she would have reduced performance, or complete less work, but not an impairment in the quality of their work (Stewart et al., 2003). It may be that the normally healthy individual only takes longer to complete tasks since they are at reduced function, but those with chronic health conditions such as depression and anxiety may also see a decline in the quality of work produced.

A final study which also used self-report measures found that on all subscales of the Work Limitations Questionnaire, physical demands, time management, mental and interpersonal demands, and output demands, participant's responses were statistically significantly higher for

all aspects at an alpha level of .001 for individuals with depression (Lerner et al. 2004).

Mortensen, (2014) in a review article states that in any job chronic anxiety is correlated to lower job performance. These studies show that work performance is affected by depression and anxiety.

Absenteeism

Many of the studies that showed declines in work performance also showed an increase in work absenteeism. However, Waghorn et al. (2014) found a more complex pattern that those with anxiety disorders reported working both proportionally fewer hours and proportionally more hours than those who did not have an anxiety disorder; 16.7% versus 12.7% worked 0-15 hours per week, and 9.9% versus 4.1% worked 70-97 hours a week. This is not surprising that those with an anxiety disorder would work either fewer hours or more hours than the health comparison group. Individuals with anxiety may not feel up to working because they are overly anxious and cannot properly function, or the opposite may be true, that if they are feeling overly anxious about work then this may create an obsession and they will not cease working until they are finished with the project or task. In opposition to Waghorn et al. (2014)'s findings, other studies have shown that there are higher rates of absenteeism for individuals with depression or anxiety disorders rather than higher rates of attendance even for employees who have been remitted. Within the last 6 months, individuals with depressive disorder missed, on average, 7.2 workweeks. Those with anxiety disorder missed, on average, 5.9 workweeks. Healthy participants missed, on average, 1.2 workweeks. Those who had a remitted depressive disorder were still likely to have higher short-term absenteeism (i.e. less than 2 weeks) compared to healthy controls; this was not true for those with remitted anxiety disorders. The difference in average weeks of work absenteeism may be accounted for by the ability for those with anxiety to

avoid “trigger situations” while in the workplace, allowing those with anxiety to be present more often at work than those with depressive disorders (Plaisier et al. 2010).

In another survey which examined the effects of various job characteristics for employees with depressive and anxiety disorders, Plaisier et al. (2012) found that employees with current depressive disorder had increased short-term (i.e., <2 weeks), and long-term, (i.e., >2 weeks), absenteeism. Those with anxiety disorders were very close to having statistically significant differences for both short and long-term absenteeism. This study also tested the effects of interaction between psychopathology and positive job characteristics, low job demand, high job control, and high job support, but found no significant interaction. This may suggest that even with some accommodation, indicated by job support, that employees with depressive or anxiety disorders the individual’s absenteeism may not improve.

Work Place Relationships

A couple of studies have shown that prolonged absenteeism affects social relationships at work. Relationships at work are important because they foster community. Haslam, Atkinson, Brown, and Haslam (2005) found that many factors, including absenteeism, affects work place relationships. Those who had depression or anxiety disorders were absent from work more often, combined with other factors such as medication adherence, causing tension and stigmatizing behaviors between them and their co-workers. Because many individuals do not understand how anxiety and depressive disorders affect work performance they may make the attribution that individuals with depression or anxiety disorders as being less socially skilled, and lazy when really this is an effect of the disorder. Other employees or managers may view them as less likable, a poor team player, and socially isolated (Mortensen, 2014). While social relationships come secondary to work place performance and absenteeism, it is also important to consider

when considering the impact of depression and anxiety disorders on employees. It is also important to consider the other employees when making accommodations because other employees may be adversely impacted. They may be required to pick up the slack with the other employee is absent, or they may be called in to work extra shifts in order to cover for the other employee. Different accommodations may not be considered reasonable because other employees will be adversely impacted, or they may view the accommodation as unfair, which may cause work place tensions.

Accommodations

Few studies have researched the effects of accommodations on employees with anxiety and depression. However, common accommodations are laid out by the ADA. Job restructuring, modifying work schedules, job reassignment, and modifying employee training may be useful for employees with anxiety and depression (ADA, 2009). These accommodations can be made for employees who are otherwise qualified employees in order to assist the individual in order for them to perform equally to a nondisabled employee. The lack of research makes it difficult to assess and recommend what employers should do for employees who have an anxiety or depression disorder. Other factors also influence the difficulty of determining what a reasonable accommodation is, such as the unpredictable nature of anxiety and depression symptoms.

Due to the unpredictability of depression and anxiety disorders on employee performance and attendance, it takes constant assessment and reassessment by managers or supervisors in order to evaluate what reasonable accommodations should be, or could be made in order to maintain work standards for the specific job. Physical disabilities, such as a visual impairment, are usually concrete enough to assess reasonable accommodation. If it complies with the essential job functions for a given job position, then making accommodations are reasonable

(Robertson, 2011). Another factor that may contribute to the unpredictability of depression and anxiety disorders is the individual's adherence to their medication or treatment. Due to side effects many individuals dislike of initial worsening feeling, or if they thought the medications were not helping. In a study by Haslam et al. (2005), 2/3s of participants were noncompliant with their medications due to these reasons. If adherence to medication were more predictable, symptoms may be managed more regularly possibly making these disorders more predictable in relation to work performance and absenteeism. Accommodations still will have to be made even when individuals adhere to medication and treatment plans, however many studies have not yet researched the effects of accommodations specifically for depression and anxiety disorders. Other disorders such as, bipolar disorders and mood disorders have been researched and these studies have shown improvement in employee performance and absenteeism with the use of reasonable accommodations.

Impact of Accommodations on Performance

One case study that has been done on depressive disorder was of a man who had been hospitalized due to depression. However, for this man it was deemed reasonable accommodation to have close supervision, a flexible work schedule, and to have back up coverage for extended periods of absenteeism. This employer gradually increased his employee's workload until he was back up to a full workload and for this case the man was able to return to work (Houlihand, & Reynolds, 2001). This however is not always the case, especially for cases this severe. Many employers find that constant supervision and back up support causes undue hardship for their company and are unable to provide this level of accommodation for their employees. Work performance and absenteeism have shown improvement when reasonable accommodations have been provided for employees who have bipolar disorder.

Using a self-report follow up measure, 39 individuals with bipolar disorder were interviewed regarding the implementation of an accommodation at their place of employment. Twenty individuals had requested accommodation of some nature, 15 employers were willing to implement the requested accommodation, and 14 of the implemented accommodations helped the employee. The accommodations included, but were not limited to, frequent breaks, access to water, barriers or partitions between work stations, occasional leave, part-time hours, time to schedule appointments, a change in communicative methods, tape recording and notes for meetings and or training sessions (Tremblay, 2011). This shows that with accommodation those with bipolar disorders may improve work performance and absenteeism. This may also be true for individuals with depressive or anxiety disorders provided that an accommodation can be made without causing undue hardship for the employer. Additionally, in a general disability study they found that employers reported that an accommodation improved employees' work productivity and decreased work absenteeism (Solovieva, & Walls, 2015). The accommodations laid out by Tremblay, (2011) are not practical for all employees or for all employers depending on the essential job functions for each job position; each employee needs to be assessed on a case-by-case basis.

Recommendations for Employer

The law requires that each employee should be considered and accommodated on a case-by-case basis due to individual differences and different effects of depressive and anxiety disorders on each individual. In order to establish what a reasonable accommodation is for a particular job position without causing undue hardship for the employer, essential job functions should be outlined and documented for each position. This way the employer can compare the requested accommodation to the essential job functions that were provided previously to the

employee before he or she was hired, and determine if it is reasonable to provide accommodation. The employer can also go through the essential job functions during the job interview and specifically ask if these job functions can be accomplished with or without reasonable accommodation prior to hiring the individual. If the disability is brought to light after the employee has been hired, then the employer can consult with the employee's manager, be given clinical and psychological assessments by Psychologists or other clinical professional, and given continuous monitoring and evaluation to determine how his/her essential job functions are being impacted by their depression or anxiety disorder.

Open communication between employee and employer is also essential in order to discuss what accommodations need to be put in place in order for the employee to function effectively within the workplace (Houlihand, & Reynolds, 2011). The employer should give the employee an accurate representation of his/her future at the company should work performance continue to be impacted by their disability. Additionally, counseling can be recommended, as well as meetings with the companies EAP (Mortensen, 2014). To summarize the employer needs to first outline the essential job functions, second evaluate the disability in comparison with the essential job functions and third keep detailed records and assessment of employee's function and performance levels with and without the reasonable accommodation. These are preferred recommendations, however for many employers the necessity of keeping detailed records on a single employee may qualify as undue hardship. The employer needs to determine how much time and effort he or she will be putting into assess work performance for a given individual in order to determine reasonable accommodations.

Conclusions

Depression and anxiety disorders impact employee work performance and absenteeism as well as work place relationships. As stated by law, employers need to provide reasonable accommodation without causing the company undue hardship. This can be accomplished through evaluation of the individual employee on a case-by-case basis through evaluation of impact on essential job functions to determine if the employee can still perform those job functions with the aid of reasonable accommodation. While there is limited research on the effects of reasonable accommodation on depression and anxiety disorders, other disabilities such as bipolar disorders have shown that reasonable accommodation does indeed improve employee performance and rates of absenteeism. More research needs to be done in the study of how depressive and anxiety disorders coupled with reasonable accommodation affect work place performance and attendance.

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