



THE UNIVERSITY OF
SYDNEY

POLICY BULLETIN 1

Disabling Employment Obstacles

A study exploring accommodations that can assist government employees with anxiety disorders



**Centre for Disability
Research and Policy**

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POLICY BULLETIN 1, 2015

March 2015

ISSN: 2203-7381

Dr Damian Mellifont
Dr Justin Scanlan
Dr Jennifer Smith-Merry

This Policy Bulletin is available at

<http://sydney.edu.au/health-sciences/cdrp/publications/policy-bulletins.shtml>

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Contact Details

Dr Jennifer Smith-Merry
Centre for Disability Research and Policy
Faculty of Health Sciences, University of Sydney
PO Box 170, Lidcombe NSW 1825, Australia
jennifer.smith-merry@sydney.edu.au

Acknowledgements

The study team would like to acknowledge the Queensland government Department of Communities, Child Safety and Disability Services, and the Department of Environment & Heritage Protection for agreeing to participate in this study. The team would also like to thank the study participants for keenly undertaking the surveys.

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Executive Summary

This report summarises the findings of a study which examined the work experiences of Queensland public servants living with a diagnosed anxiety disorder.

Key findings are:

1. Workplace accommodations tailored to individuals with anxiety disorders allow them to reach and retain their positions;
2. Some employees with anxiety disorders report accommodations to be missing;
3. Not all people experiencing disability want accommodations;
4. Organisational barriers and stigma can stop individuals receiving accommodations;
5. Accommodating employees with anxiety disorders can improve workplace productivity.

The Research:

We conducted research to examine the following three questions:

1. What accommodations can assist persons with anxiety disorders to reach and retain government positions?
2. What challenges can be encountered in accommodating government employees with anxiety disorders?
3. With accommodations in place, how can anxiety disorders assist to improve work performance?

Of the 20 departments invited, two Queensland Government departments participated in the study. A total of 71 employees currently employed within these departments and who met all eligibility criteria participated in the study by undertaking an online survey.

Findings:

Accommodations for disability were variably received by participants:

- Not all government employees with anxiety disorders need or want to receive accommodations. Eight study participants reported not requesting or missing any accommodations.
- Many study participants reported receiving some form of accommodation to help them reach and retain their current positions in government. These included 'standard' flexible work arrangements (e.g. telecommuting, flexible work hours and part-time work) and 'non-standard' personalised flexible work arrangements. These 'personalised' accommodations include support services (i.e. professional counselling), balanced workloads (i.e. not overloading employees who may be at risk of

overworking), presentation delivery options (i.e. options to giving traditional 'stand up in front of the audience' presentations), anxiety friendly office designs (e.g. relocating to quiet office areas); and secondment opportunities.

The receipt of diverse, personalised accommodations highlights that there is no 'one size fits all' solution to accommodating government employees with anxiety disorders. As emphasised by one study participant, the availability of accommodations may be the difference between a person experiencing mental illness being employed or not.

Challenges to accommodating employees with anxiety disorders were expressed in the following ways:

- While standard and personalised accommodations were reported to be missing by some study participants, other accommodations were found to be totally absent (e.g. options to the 'interview' job selection method, anxiety disorder awareness activities in the workplace, and anxiety disorder friendly team building activities).
- When accommodations are missing, some employees with anxiety disorders may decide to 'self-accommodate' to the detriment of their productivity.
- Being stigmatised or penalised were the most commonly reported personal barriers to making accommodation requests. As highlighted by one respondent, *"I have seen others identify themselves as having these disorders and they have been overlooked or treated 'differently' because of this."* Study participants also reported not wanting any special treatment, fearing colleagues' reactions and privacy concerns.
- There were organisational barriers to making accommodation requests including requests being a low management priority, communication problems with managers, workplace culture, anxiety disorder misconceptions and budget constraints.
- A range of accommodation requests were reported as rejected (e.g. requests for flexible work hours, part-time work, telecommuting, and secondment opportunities). Almost one third (i.e. 28.6 per cent) of study participants who had their accommodation requests rejected stated that no reasons were provided.
- It is important that accommodation requests are not summarily dismissed because they do not fit with a particular manager's view of how business in government is 'normally' done. In the words of a study participant, *"senior officers are of the old school mentality and often do not understand the impact mental illness does."*

Anxiety enhanced performance for some employees when it was kept at a manageable level:

- For some participants, accommodations improved their work performance by helping to keep anxiety at a manageable level. This fits with the Yerkes-Dodson Law which says that performance lowers once a manageable level of anxiety is surpassed.
- Accommodating employees with anxiety disorders may therefore be seen as an 'investment' in work performance.

Recommendations:

Based on the findings of this exploratory study, it is recommended that:

1. Policy incorporates a focus on 'accommodation assisted employment' of individuals experiencing mental ill-health (where requested). This could focus around three key objectives of recruiting, retaining and advancing the employment of persons with anxiety disorders.
2. To support policy action, quotas should be set, monitored and reported against for each of these objectives.
3. Mental health promotion programs targeting workplaces should inform employees with anxiety disorders of their right to receive accommodations that do not create unjustifiable hardships for employers.
4. Accommodation gatekeepers across all levels of government receive training to consistently make fair, open-minded and transparent decisions.
5. Investment is made in workplace focused mental health research conducted in diverse settings.

Study authors: Dr Damian Mellifont¹; Dr Jennifer Smith-Merry²; Dr Justin Scanlan³
Centre for Disability Research and Policy, The University of Sydney, NSW, Australia.

damian.mellifont@sydney.edu.au ph: 0434 956 400; jennifer.smith-merry@sydney.edu.au ph: (02) 9351 9060 ³justin.scanlan@sydney.edu.au ph: (02) 9351 9022.

Background

Policies and programs are in place to support the accommodation of employees with anxiety disorders. Australian examples can be seen in: the National Disability Strategy which encourages “respect for difference and acceptance of persons with disabilities as part of human diversity and humanity” (Commonwealth of Australia 2011:22) and the Australian Government JobAccess initiative that informs organisations about how to be ‘disability confident’ (Australian Government 2012). International examples include: the UK Department for Works and Pensions (2014) initiative that advises employers of their responsibility to ensure persons with disabilities are able to overcome the challenges that they may experience in performing their roles, and the Canadian Human Rights Commission’s [CHRC] policy that fosters supportive workplace environments (CHRC 2008).

With policies actively encouraging employers to make mental ill-health accommodations, Wang, Patten, Currie, Sareen and Shmitz (2011: 1268) reported that about two-thirds of the 784 employees with mental ill-health who participated in their study were not receiving accommodations. Reasons for this accommodations gap include: a lack of knowledge about employee rights to receive accommodations; a lack of confidence to lodge a request; the experience of stigma; and job loss fears (Wang et al. 2011). Bolo, Sareen, Patten, Schmitz, Currie and Wang (2013) recognised poor managerial-employee relationships along with individuals experiencing mental ill-health not wanting to be an inconvenience as barriers to requesting accommodations. They have suggested that more research is needed to further explain why employees with anxiety disorders are missing out on accommodations.

There are benefits to be gained from accommodating employees with disabilities. Employer reports of improved performance are one such benefit (Solovieva, Dowler & Walls 2011). Recognising that accommodations may assist employees with anxiety disorders to continue working, Bolo, Sareen, Patten, Schmitz, Currie and Wang (2013) have called for more research in this work performance area. Addressing this research gap, this study will also examine accounts of work performance as reported by government employees diagnosed with anxiety disorders.

Method

Data Collection

After receiving University of Sydney Human Research Ethics Committee approval to commence the study, the Chief Investigator invited twenty Queensland Government departments to participate in the research. The Department of Communities, Child Safety and Disability Services, and the Department of Environment and Heritage Protection accepted their invitations. These departments placed a Study Participant Invitation Flyer on their intranets, thus providing a link to the online Accommodating Government Employees with Anxiety Disorders Survey. Before commencing the survey, prospective study participants validated that: they had been diagnosed with one or more anxiety disorders; they were presently employed by Queensland public service; and that they had been employed in their current position over the last year. Of the 71 study subjects who undertook in the survey, 46 surveys were complete, with 25 surveys remaining incomplete. Study results included completed questions from surveys that were unfinished.

Data Analysis

This study utilised the Braun and Clarke (2006) thematic analysis technique. This technique involved: the chief investigator noting initial ideas from survey responses; creating a Reflexivity Analysis table to record research questions, data items, initial codes and the coding rules; sorting codes into themes and sub-themes and recording the sorting rules that were applied; confirming that themes were unique; and displaying themes, sub-themes and corresponding data in the research results. A second research team author checked several completed surveys for accuracy.

Key Findings

This study aims to improve the way that government employees with anxiety disorders are accommodated by addressing the following three research questions:

1. What accommodations can assist persons with anxiety disorders to reach and retain government positions?
2. What challenges may be encountered in accommodating government employees with anxiety disorders? -and
3. With accommodations in place, how can anxiety disorders assist to improve work performance?

This section summarises key research findings in relation to each of the above questions.

Accommodations assisting the employment of persons with anxiety disorders in government positions

The survey results indicate that managers should not assume all employees with anxiety disorders will need to be accommodated. A small minority (i.e. eight) study participants reported managing their mental illness on their own. Comments include: *“I’ve briefly mentioned to a couple of people that I am working through some anxiety concerns - through medication and CBT”* ; *“I just work to the best of my ability and can complete any tasks required in my position”*; and *“I take medication to regulate my disorder.”* However, for most other study participants some kind of workplace accommodation was required.

Many study participants reported receiving some form of accommodation to help them reach and retain their current positions in government. These included ‘standard’ flexible work arrangements (e.g. telecommuting, flexible work hours and part-time work). The telecommuting flexible work arrangement played an important role in assisting five study participants to reach and/or retain their current positions. One of these study respondents commented, *“supervisor has an understanding that occasionally there is a need to work away from the office to regroup/re-focus.”* Flexible work hours allowed employees with anxiety disorders the opportunity to work at times that had a minimum impact on their mental health. As noted by one study participant, *“my work hours are flexible allowing me to start early in the mornings.”* *“This assists by letting me plan my day/priorities without additional pressures.”* With telecommuting, flexible work hours and part-time work being generally available for government staff to request (Queensland Government 2014), these ‘standard’ flexible work arrangements do not require any customisation to benefit employees with anxiety disorders.

Research results highlight that the accommodation needs of government employees with anxiety disorders are diverse. Consequently, some accommodations will have to be ‘personalised’ in order to address an individual’s needs. Examples of such personalised accommodations include: support services (i.e. professional counselling), balanced workloads (i.e. not overloading employees who may be at risk of overworking), presentation delivery

options (i.e. options to giving traditional 'stand up in front of the audience' presentations), anxiety friendly office designs (e.g. relocating to quiet office areas); and secondment opportunities. Being person-focused, these accommodations align with principles of recovery that place a high value on individual needs (Slade et al. 2014).

Seven study participants claimed to have received support services. In the words of one of these participants - *"I talked with my then supervisor about needing to use Employee Assistance Service and she supported me to commence the process."* Employee Assistance Services provide government staff with professional counselling around work and personal matters (Queensland Government 2015).

Workload balancing is also a personalised accommodation example that can benefit employees with anxiety disorders. However, study results indicate that it is possible for an approved 'balanced workload' accommodation to be breached. In the words of one study participant, *"while I negotiated a set of projects suitable for the agreed hours that I was working, this workload was increased despite clear instructions from HR that this was not to occur."* As individuals diagnosed with anxiety disorders "are at-risk of over working" (Waghorn & Chant 2012:260), supervisors need to be careful that they do not take unfair advantage of these employees by overloading them with duties.

One study participant reported receiving a personalised accommodation that helped them to deliver presentations. Instead of doing 'stand up in front of the audience' presentations, this person utilised teleconferencing and webinar tools. Bull (2012) notes the prospects of cognitive behavioural self-help programs and virtual environments as treatments for public speaking anxiety. But as these 'treatments' may not suit all employees with anxiety disorders, more research is needed to explore other accommodation options.

Anxiety-friendly office design was yet another reported personalised accommodation. A study participant reported anxiety reduction benefits from being relocated in the office as follows, *"work station is positioned in the far corner of the office - least amount of general traffic."* This example highlights the benefits of environmental psychology in the workplace. Environmental psychology examines how physical variables including noise, temperature and wall colours can influence employees' psychological health (Russell & Ward 1982).

Cartwright and Holmes (2006) note that employees can benefit from secondments in terms of having a chance to work on activities that are especially relevant to them. This exploratory research study argues that job secondments can also assist staff with anxiety disorders by reducing workplace pressures. The mental health benefits of secondments was emphasised by one study participant in their comment of, *"currently in a different position for 4 weeks to reduce driving time and general work stress."*

Challenges encountered in accommodating government employees with anxiety disorders

Missing Accommodations

While standard and personalised accommodations were reported to be missing by some study participants, other accommodations were found to be totally absent (e.g. options to the 'interview' job selection method, anxiety disorder awareness activities in the workplace, and anxiety disorder friendly team building activities). Accommodations that are out of reach can have significant consequences for employees with anxiety disorders. As emphasised by a study participant, *"I would have needed to find other employment and seek additional assistance from WorkCover if this [accommodation] had not been achieved."* This comment suggests that missing accommodations can result in persons experiencing mental illness being excluded from government employment.

Twenty study participants reported an unwillingness to request accommodations because of perceived personal impacts. Foremost among these impacts are stigma and the penalising of persons who make such requests. Examples of study respondents' comments include: *"stigma attached to anxiety disorder (or any mental health issue) is still prevalent"; "I have seen others identify themselves as having these disorders and they have been overlooked or treated 'differently' because of this"; and "I feel that I would be discriminated against and overlooked for personal development opportunities."* Study participants also reported not wanting any special treatment, fearing colleagues' reactions and privacy concerns. There were also organisational barriers to making accommodation requests. These include requests being a low management priority, communication problems with managers, workplace culture, anxiety disorder misconceptions and budget constraints.

With accommodations absent, employees with anxiety disorders may resort to 'self-accommodating'. Plaisier, Beekman, de Graaf, Smit, van Dyck and Penninx (2010) note that anxious employees may improve their functioning in the workplace by avoiding anxiety producing triggers. However, this study reveals that the outcomes associated with staff applying 'unapproved' accommodations are not necessarily productive. For example, one study participant reported their fear of entering into crowded lifts meant that they avoided certain meetings. Clearly, a more 'functional' accommodation could assist here. Teleconferencing is one such accommodation option that could be explored on this occasion.

Rejected Accommodations

A range of accommodation requests were reported as rejected (e.g. requests for flexible work hours, part-time work, telecommuting, and secondment opportunities). Nearly one third (i.e. 28.6 percent) of study participants who had their accommodation requests rejected reported no reasons being provided for these rejections. The Anti-Discrimination Commission Queensland [ADCQ] (2014) states that, "adjustments should be made to accommodate the incapacity unless it would amount to an unjustifiable hardship on the employer." Accommodation decisions need to be made in this way and not be dismissed because they challenge an *"old school mentality"* (as one study participant termed it) about how government business should be conducted.

How (with accommodations in place) anxiety disorders can assist to improve work performance

Over one third of study participants who responded to the work performance question reported that their anxiety disorders assisted to improve their performance (with accommodations in place). Most of these study participants focused on the role played by accommodations in keeping their anxiety level down to a manageable level. Accommodations reported as assisting to manage anxiety and contribute to work performance included: telecommuting; flexible work hours; management support; balanced workloads; support services; anxiety friendly workplace designs; and alternatives to face-to-face communications. This finding fits with the Yerkes-Dodson Law which says that performance lowers once a medium level of anxiety is surpassed (Dobson 1983). With research results raising performance benefit possibilities of accommodating employees with anxiety disorders, availing these accommodations can be seen as an 'investment' in productivity.

Interestingly, not all study participants reported experiencing a fall in performance when their anxiety level was raised. A small minority (i.e. three) study participants reported that their work performance was driven by their anxiety disorders. As claimed by one of these study participants, "*my symptoms have elevated which mean that I am functioning better in my job performance.*" Llera and Newman (2014:284) state, "because worry itself generates a negative intrapersonal state, a person who is chronically worried would experience less emotional contrast when encountering negative events." Hence, one possible explanation for employees with anxiety disorders maintaining strong work performances while experiencing an elevated level of anxiety is that they are more accustomed to feeling anxious than someone who is not frequently worried.

Recommendations

Based on study results, it is recommended that advancements are made in five key areas of:

1) Specialised Mental Health Policy

The development of specialised mental health policy and associated implementation strategies could support the diverse accommodation needs of government employees with anxiety disorders. Such policy which focuses on 'accommodation assisted employment' can provide options to: being office-based; working standard hours; participating in verbal, face to face communications; doing presentations; performing in 'standard' job interviews; and being involved with anxiety-raising team building activities. Policy and implementation strategies that offer flexibility in the way that these (and other) government activities are normally carried out can assist persons with anxiety disorders to realise their employment potential in the public service.

2) Set and Monitor Quotas

Encouraging policy action, quotas should be set and monitored against objectives of recruiting, retaining and advancing individuals with anxiety disorders. Underling the implementation of such strategies is a personalised approach to accommodating mental disorders in the workplace.

3) Anxiety Disorder Awareness in the Workplace

Health promotion programs could raise anxiety awareness among key audiences. First, these programs could inform employees with anxiety disorders of their right to receive accommodations that do not create unjustifiable hardships for employers. Second (where supported by research), the programs could reduce mental illness stigma by educating employees in general about anxiety disorders.

4) Train Accommodation Gatekeepers

Health promotion programs could incorporate the training of accommodation gatekeepers across all levels of government with the goal of having accommodation decisions consistently made in a fair, open-minded and transparent manner.

5) Mental Health Employment Research

While this study is based on a small sample, findings offer a foundation upon which further research can build. Investment is needed to test and expand on the findings of this study in diverse workplace settings.

References

- Anti-Discrimination Commission Queensland [ADCQ] (2014) *Incapacity and Work*, [online] <http://www.adcq.qld.gov.au/resources/brochures-and-guides/fact-sheets/incapacity-and-work#Link4>, Accessed 6 Sep 2014.
- Australian Government (2012) *Mental Health: How to support an employee when they experience symptoms of mental illness*, [online] <http://jobaccess.gov.au/content/mental-health%E2%80%9494how-support-employee-when-they-experience-symptoms-mental-illness>, Accessed 17 Dec 2014.
- Bolo, C., Sareen, J., Patten, S., Schmitz, N., Currie, S., & Wang, J. (2013) 'Receiving Workplace Mental Health Accommodations and the Outcome of Mental Disorders in Employees With a Depressive and/or Anxiety Disorder', *Journal of Occupational & Environmental Medicine*, vol.55, no.11, pp.1293-1299.
- Braun, V. & Clarke, V. (2006) 'Using Thematic Analysis in Psychology', *Qualitative Research in Psychology*, vol.3, no.2, pp.77-101.
- Bull, C. (2012) 'Current Status of Knowledge on Public-Speaking Anxiety', *Current Opinion in Psychiatry*, vol.25, no.1, pp.32-38.
- Canadian Human Rights Commission [CHRC] (2008) *Policy and Procedures on the Accommodation of Mental Illness*, [online] http://www.chrc-ccdp.ca/sites/default/files/policy_mental_illness_en_1.pdf, Accessed 27 Dec 2014.
- Cartwright, S. & Holmes, N. (2006) 'The Meaning of Work: The challenge of regaining employee engagement and reducing cynicism', *Human Resource Management Review*, vol.16, no.2, pp.199-208.
- Commonwealth of Australia [COA] (2011) *2010-2020 National Disability Strategy*, COA, Canberra.
- Department for Works and Pensions (2014) *Guidance: Employing disabled people and people with health conditions*, [online] <https://www.gov.uk/government/publications/employing-disabled-people-and-people-with-health-conditions/employing-disabled-people-and-people-with-health-conditions>, Accessed 27 Dec 2014.
- Dobson, C. (1983) *Stress: The hidden adversary*, Ridgewood, New Jersey.
- Llera, S. & Newman, M. (2014) 'Rethinking the Role of Worry in Generalized Anxiety Disorder: Evidence supporting a model of emotional contrast avoidance', *Behavior Therapy*, vol. 45, no.3, pp.283-299.
- Plaisier, I., Beekman, A., de Graaf, R., Smit, J., van Dyck, R., & Penninx, B. (2010) 'Work Functioning in Persons with Depressive and Anxiety Disorders: The role of specific psychopathological characteristics', *Journal of Affective Disorders*, vol.125, no.1, pp.198-206.
- Queensland Government (2015) *Employee Assistance Service*, [online] <http://www.premiers.qld.gov.au/publications/categories/policies-and-codes/handbooks/ministerial-handbook/human-resource/employee-assistance-service.aspx>, Accessed 22 Jan 2015.
- Queensland Government (2014) *Types of Flexible Working Arrangements*, [online] <https://www.qld.gov.au/jobs/balance/arrangements/pages/types.html>, Accessed 24 Aug 2014.

Russell, J. & Ward, L. (1982) 'Environmental Psychology', *Annual Review of Psychology*, vol.33, no.1, pp.651-689.

Slade, M., Amering, M., Farkas, M., Hamilton, B., O'Hagan, M., Panther, G., Perkins, R., Shepherd, G., Tse, S., & Whitley, R. (2014) 'Uses and Abuses of Recovery: Implementing recovery-oriented practices in mental health systems', *World Psychiatry*, vol.13, no.1, pp.12-20.

Solovieva, T., Dowler, D., & Walls, R. (2011) 'Employer Benefits From Making Workplace Accommodations', *Disability and Health Journal*, vol. 4, no.1, pp.39-45.

The State of Queensland (Department of Communities) (2011) *Absolutely Everybody: Enabling Queenslanders with a disability*, Department of Communities, Brisbane.

Waghorn, G. & Chant, D. (2012) 'Overworking Among People with Psychiatric Disorders: Results from a large community survey', *Journal of Occupational Rehabilitation*, vol.22, no. 2, pp.252-261.

Wang, J., Patten, S., Currie, S., Sareen, J., & Shmitz, N. (2011) 'Perceived Needs for and Use of Workplace Accommodations by Individuals with a Depressive and/or Anxiety Disorder', *Journal of Occupational and Environmental Medicine*, vol.53, no.11, pp.1268-1272.