Mental and Cognitive Illness in Faculty: Identification and Intervention

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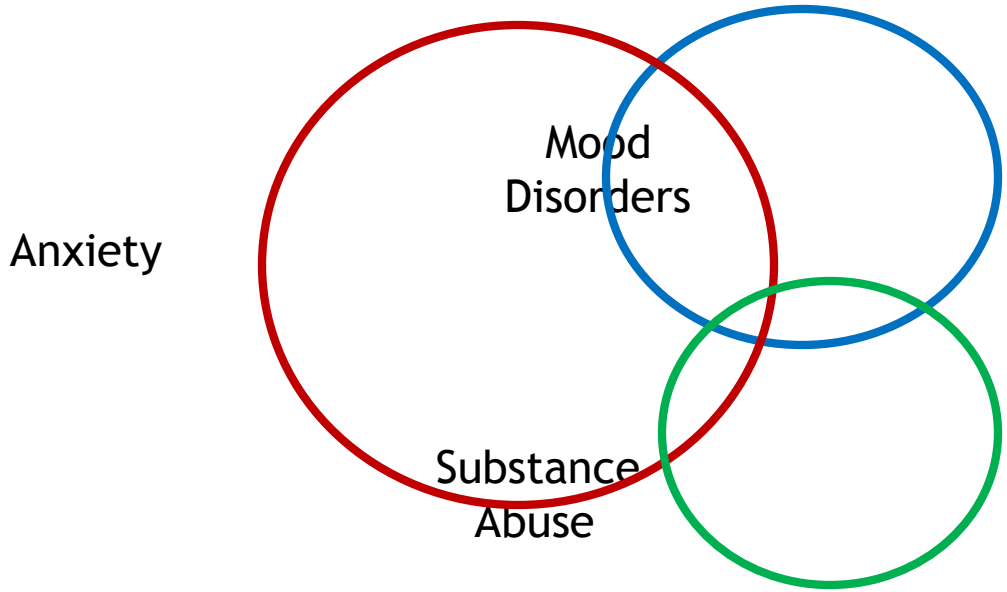
PREVALENCE OF MENTAL DISORDERS AND SUBSTANCE ABUSE

- Adults in the US in a 12-month period:
  - 18% have an anxiety disorder
  - almost 10% have a mood disorder
  - Almost 10% have a substance abuse disorder



WHY IT'S IMPORTANT TO UNDERSTAND

- We get frustrated by people who don't do what we expect when we expect it
- We tend to label those who do these things as lazy, uncooperative, or see the behaviors as part of their personality.
- We don't see these behaviors as possible mental health disorders

WHAT ELSE IS IMPORTANT TO UNDERSTAND

- Lots of people experience mental health disorders and function just fine at work.
- It’s only when their symptoms impact their work behavior that we need to get involved.

ANXIETY AND MOOD DISORDERS

- The most common mental health disorders in the country
- Can arise at any age
- Tend to be chronic or recurrent
- Stress can intensify symptoms

ANXIETY

- Feeling of tension, worry
- Can have physical changes like increased blood pressure, or more transient symptoms like sweating, heart palpitations, dizziness, trembling
- Intrusive thoughts or concerns
- May avoid situations that make them anxious
- Panic attacks are pretty common and can appear to be heart attacks and send people to the ER

MOOD DISORDERS: INCLUDE DEPRESSION AND MANIA

- Symptoms of depression include:
  - Weight gain or loss
  - Insomnia or hypersomnia
  - Lack of interest or pleasure in activities
  - Inability to concentrate
  - Feeling worthless or guilty
  - Suicidal thoughts

MOOD DISORDERS: INCLUDE DEPRESSION *AND* MANIA

- Symptoms of mania include:
  - Extreme happiness
  - Agitation
  - Talking faster than normal
  - Overconfidence
  - Needing little sleep
  - Racing thoughts
  - Impulsivity
  - High risk behaviors

SUBSTANCE ABUSE

- Using alcohol in dangerous situations
- Legal problems due to drinking
- Relationship problems with family/friends due to drinking
- Drinking to de-stress
- Neglecting responsibilities

HOW THESE DISORDERS MAY MANIFEST AT WORK

- Late or missing appointments, meetings, classes
- Failure to turn in requested materials to chair/dean
- Undue rigidity, unwilling to negotiate or compromise or try new things
- Failure to follow through with responsibilities
- Confusion/disorientation
- Repeated inappropriate behavior
- Decline in personal hygiene

WHEN ARE THESE PROBLEMS LIKELY TO ARISE OR BECOME WORSE?

- When under stress or a significant life event:
  - Death of a spouse, parent, child or other significant other
  - Divorce
  - Environmental disaster
  - Anniversaries of such events
  - Significant health problem
  - Birth or adoption of a child
  - Caregiving
  - Failure to achieve tenure, promotion, or other important work goal

DEMENTIA OR ALZHEIMER'S DISEASE

- Onset is typically age 65 or older
- Early-onset form can be seen in 40s and 50s.
- Why should we be concerned:
  - Faculty tend to work well past 65

DEMENTIA OR ALZHEIMER'S DISEASE

- Symptoms during early stages –
  - Inability to learn or remember new material
  - Difficulty concentrating or thinking
  - Forgetfulness
  - May not recognize anything is wrong
  - May also see depression and anxiety symptoms
  - Poor judgment or decision making

DEMENTIA OR ALZHEIMER'S DISEASE

- How it may manifest in the workplace:
  - Failure to follow directions or turn in material
  - Inability to adapt to new expectations
  - Confusion or disorientation
  - Frustration or rigidity with the unexpected *that is different from before*
  - Not changing a syllabus
  - Asking the same question repeatedly
  - Losing things like personal items, student papers
  - Student complaints about lack of clarity, poor organization, failure to follow through

Intervention

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November, 2015

How you will learn of the problem

- Annual Review by department head
- Repeated problematic interactions with fellow faculty
- Complaints from students or staff
- Contact by a family member

First steps …

- Offer support to the department head who is going to be at the front line in dealing with the problematic situation
- Contact HR
- Contact Legal
- Meet with the department head and both of these officers to develop a plan

Department Head

- Should meet with the individual and report what has come to their attention.
- Depending on circumstances may want an HR representative present for this discussion

Initial Remedies

- Urge individual to make use of faculty health care – in some schools there are resources specifically for faculty and staff
- If sufficiently serious in faculty prior to retirement age – a leave of absence may be necessary

Other Steps

- Someone on campus may need to work with the family if the mental health problems are sufficiently serious
- Dean, Dept Chair/Head, Legal and HR need to remain in contact about next steps, duration of leaves, process for return, etc

If they will not co-operate

- Need to resort to university process for review of performance
  - Are they teaching effectively? If not, it is cause for forced remedy or termination.
  - Are they threatening? Same thing.
  - Are they dangerous? Call in the police to also be involved in creating a safe zone on campus.

Case Study 1

- Respected and well-loved professor of 76 years of age has been forgetting to come to class and is disorganized when she comes. Students and fellow faculty are worried.
- Department Head talks to dean, lawyer and HR.
- Talks with professor and then with daughter.
- She will not retire
- Uses annual review process to end it

Case Study 2

- Dept Head notes that respected professor (age 47) has stopped publishing, is disshelved and teaching ratings are going down.
- Discusses situation with Dean, Legal & HR.
- Discusses situation at annual review and develops improvement plan. Encourages him to seek mental health help.
- He takes a paid medical leave, followed by an unpaid leave. Moves away while on leave, and after 2 years resigns.

Mental and Cognitive Illness in Faculty: Policies and Procedures

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Introduction

- Important things to consider in terms of policy and procedure when faced with a faculty member who has a mental illness or disorder.
- Examples from a public, comprehensive institution with collective bargaining and no post-tenure review.
- I've had two in-depth cases with very different kinds of illness in faculty, one of which has included sick leaves and intervention from state doctors and the other of which has never progressed to treatment, but has resulted in student complaints and progressive discipline as a result of non-treatment.

Key Takeaways

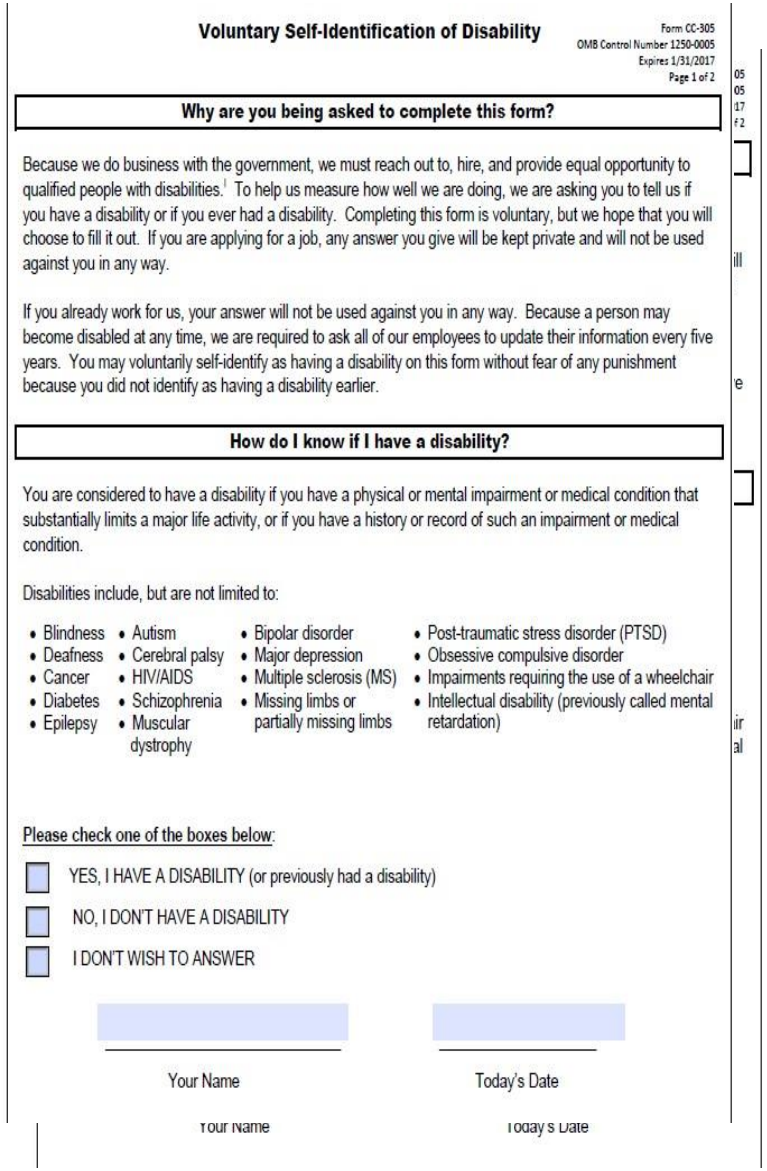
- Partnering with HR and knowing your options when faced with a faculty member who exhibits signs or requests leave as a result of a mental illness.
- Supporting Chairs and reassuring faculty and students when instances arise.
- Weighing transparency and privacy in communication and decision-making about cases.

Partnering with HR and Knowing your Options

- Approach Human Resources as your ally.
- Coach Department Chairs on resources that are available to them through HR, and the negative impacts of finding solutions on their own:
  - Faculty and chair fatigue when they “cover” classes and don’t seek assistance.
  - Lack of access to resources that HR is aware of, but your Chairs may not be, such as options for faculty leave, evaluation, treatment, and counseling.
  - Your campuses will each have unique support structures, so the key take away here is to know what they are.

HR factors to consider:

- Has the faculty member registered a disability in connection with the mental illness?
  - Anxiety- and depression-related disorders
  - PTSD
  - Accommodations for a disability provide different options for addressing mental illness concerns as they arise.



Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2017
Page 1 of 2

Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.[1] To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Deafness
- Cancer
- Diabetes
- Epilepsy
- Autism
- Cerebral palsy
- HIV/AIDS
- Schizophrenia
- Muscular dystrophy
- Bipolar disorder
- Major depression
- Multiple sclerosis (MS)
- Missing limbs or partially missing limbs
- Post-traumatic stress disorder (PTSD)
- Obsessive compulsive disorder
- Impairments requiring the use of a wheelchair
- Intellectual disability (previously called mental retardation)

Please check one of the boxes below:

☐ YES, I HAVE A DISABILITY (or previously had a disability)

☐ NO, I DON'T HAVE A DISABILITY

☐ I DON'T WISH TO ANSWER

Your Name

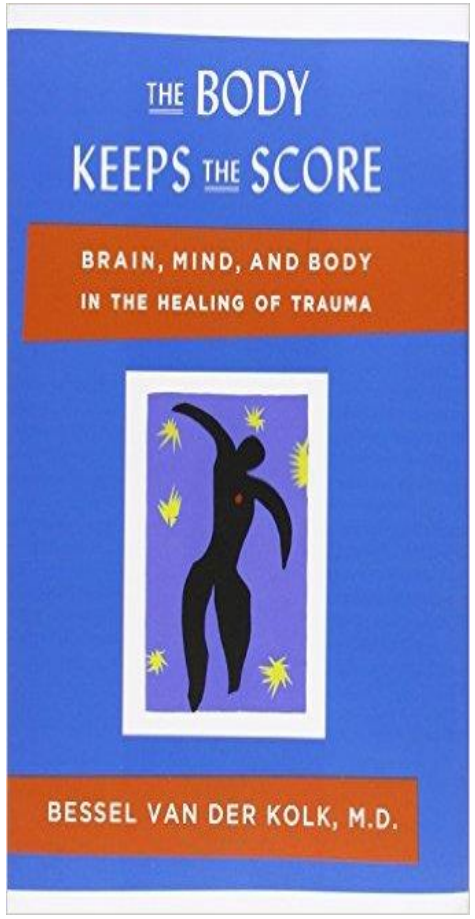
Today's Date

Your Name

Today's Date

Is the faculty member aware of the mental illness?

- Solutions for illnesses when the faculty are not aware or acknowledging mental illness present unique challenges.
- Very important to form a team.
- Identify a support network for the individual.



Case Study:

- Well-respected faculty member has periods of stress-induced catatonic states related to PTSD, which the department chair has covered for a period of years
- Periods of unresponsive behavior increase and take place in situations that create stress for students. Colleagues are called on to cover classes in repeated semesters, and HR has not been consulted.
- When the concern reaches administration, faculty are fatigued and patience in the department is wearing thin.
- Faculty member meets with HR and Dean, and takes sick leave for semester.
- Dean meets with Department to discuss stigma associated with mental illness, to hear concerns, and to raise awareness about hidden disabilities and the need to treat mental illness with the same respect and compassion as physical illness.
- Faculty member returns to department in subsequent semester. Ongoing counseling.

Supporting Chairs

- Partner with the department chair to identify the specifics of the situation.
- Provide coverage in classes, pay for extra service, or hire adjuncts for coverage.
- Encourage full disclosure of problems in the classroom, lab, or other work spaces, to protect the interests of all.
- Discourage “we can just cover this once.” Breeds fatigue and resentment.

Weighing Transparency and Privacy

- Consider all processes involved in the situation: Is the faculty member under investigation for complaints related to the illness, for example?
- Remain professional, and focus on the well-being as of primary concern to all involved.
- Remain patient, and be realistic when assessing the time that may be involved in arriving at a solution. If involving state doctors, for example, there are specific timelines that come to bear on evaluations of fitness to return to service after a documented sick leave.