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Bipolar in the

Andrea Woodside calls for greater recognition and understanding by employers

Martha's* successful career in the professional services industry ended abruptly following a psychotic episode in 2005. Recalling the weeks prior to becoming unwell, she describes the period as being 'intense and relentless', although at the time, Martha was not aware that she was behaving any differently than usual. 'I've always been able to cope, regardless of the stressors around me,' she says, noting that, in fact, she felt 'better than ever' at that point, despite an increased workload, dramatic changes within the organisation and the concurrent breakdown of an intimate relationship. 'I only needed three hours of sleep a night, although I didn't find that strange at the time because I had so much energy. I was constantly buzzing, and felt really creative and happy. At the time, I actually thought that I was doing some of the best work of my career,' she says sadly.

Martha was called into her director's office one afternoon, and was surprised to find three members of the HR team waiting for her. 'I honestly thought that they were there to congratulate me on a job well done,' she explains. 'I had just delivered a big project and was feeling pretty pleased with myself.' Instead, she was told that there had been serious complaints about her, including reports that she was behaving erratically towards members of her team. Devastated, Martha agreed to take a few weeks off, and was advised to return to work when she felt ready. Three days later, Martha was sectioned under the Mental Health Act.

A diagnosis of bipolar disorder II came within weeks of Martha's arrival on the ward. And despite the dearth of talking therapies available to her in that particular hospital, she began pharmacological treatment, on which she did exceptionally well. Martha was discharged from the hospital six months later, and had high hopes of resuming her career with her employer's explicit support. 'I believe that they saw me as a liability,' she says of her return to work. 'I went back on a Monday, and by Wednesday, it was suggested that I might want to seek less stressful employment elsewhere. It came out of the blue for me. My psychiatrist had written to my employer to suggest reasonable adjustments that would help me to remain stable, but clearly didn't suggest that those adjustments include colleagues behaving reasonably towards me.' Martha has been unemployed since, and lacks the confidence to return to a career she enjoyed and of which she felt rightly proud. Unable to find work in her industry, she feels barred from the very thing that she knows will best support her continuing recovery. 'I've heard that some people won't hire me because of my disorder. All I want is the chance to prove that I can do the job, and do it well. I am more than my disorder, and yet I feel that in some people's eyes, that's all I am.'

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disorder workplace

Prevalence of bipolar disorder

Approximately one per cent of the UK population lives with the condition, although it is helpful to note that an increasing number of people are self-diagnosing with the disorder. Writing in a recent issue of *The Psychiatrist*, Dr Diana Chan and Dr Lester Sireling postulate that this may be linked to increased public awareness – and acceptance – of mood disorders in general. Celebrities such as Stephen Fry and Robbie Williams have been vocal about their experiences of being bipolar, and the effect may well be a better understanding that people with the condition are as able as anyone else. Dr Chan and Dr Sireling go on to suggest that the 'true prevalence [of bipolar disorder] may be as high as 11 in every 100,'[1] which of course has profound implications for employers of all sizes. Whether self-diagnosed and later found not to be, or determined as such within a clinical setting, the experience can feel frightening and confusing, both for the employee and the employer.

Based on a current UK workforce of 29.19 million people, a potential 291,000 employees are managing their condition at work every day[2]. Of course, this figure does not take into account the recent increase in the number of people who believe that they have the condition, and whether the actual figure is one per cent or 11 per cent, or somewhere in between, potentially every employer may be called upon to support employees with the disorder at some point. On reflection, Martha believes that her hospitalisation, and eventual departure from paid employment, was precipitated by both a traumatic event in her personal life a few weeks before the episode, as well as changes at work over which she felt she had no control. 'I guess I was a sitting duck,' she muses, 'although it was only after I came out of hospital and started speaking with colleagues about what led to [my] committal, that I realised that people saw signs that something was wrong, that I hadn't seen.'

To an outsider, the disorder's associated behaviours, during both the manic and the depressive stages, can appear disruptive, challenging and even frightening. It is of little consequence to her now, but had Martha's employer had the tools in 2005 to understand that something was wrong beyond her behaving, in their words, 'weirdly', she may well have been able to access the help she needed instead of undergoing the trauma of an enforced confinement in a psychiatric ward, and the subsequent loss of her job. Everyone suffered in this situation; Martha was cut adrift, and her employer lost a well-liked, high-performing employee who had given them over five years of service without so much as one concern about her abilities.

The challenge of diagnosis

Bipolar disorder is notoriously difficult to diagnose, and it is generally accepted that the interval between

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the onset of the disorder’s symptoms and a firm diagnosis can be upwards of 10 years. It is also not unusual to hear people describe this lag as akin to living in a state of bardo, moving between diagnoses as diverse as depression, schizoaffective disorder, and histrionic personality disorder, to name just a few. John*, now active in the UK survivor movement, received his diagnosis of bipolar disorder a full 21 years and 15 jobs after he first became unwell. Prior to this, he was simply considered to be moody, angry and difficult to manage. The impact of being labelled as such by friends and employers alike, had an overwhelmingly detrimental impact on his self-esteem. Not only did he have to contend with years of misdiagnoses and the concomitant dispensing of a cornucopia of psychotropics, he was denied the support to stay in work, which he now believes would have helped him on his journey towards recovery. ‘Once I was finally diagnosed and started to recover, I found that I was actually well suited to my career. I have been with my current company for seven years, and have had two promotions in this time. I’m not saying that my previous employers should have been wholly responsible for getting me sorted out, but I can’t help but think what they would have gained had they tried to understand that I have an illness much like heart disease or diabetes. It just means a different approach is needed. People do stabilise and recover with the right help, but this is often forgotten.’

As Paul Farmer, chief executive of MIND, points out, never has there been a better time for employers to learn how to support employees who may have experience of chronic mental health problems: ‘In times of economic difficulty [there is] an increase in the prevalence of mental distress,’ he says. ‘It is crucial that the right services and support are available to those who need them.’[3] People with bipolar disorder do recover, and although they may relapse from time to time, they can ultimately make enormous contributions to their employers. Employee Assistance Programmes (EAPs) are a vital part of this process, and should be seen by employers as a primary source of information and advice in helping employees to stay in work. This point is reinforced when one considers recent research undertaken by MIND, which found that ‘one in five people [with chronic mental health issues] are still waiting more than a year for help [through the NHS], and some two-thirds have no choice in what type of therapy they receive’.[3] And while the EAP’s remit is not to support employees over the long term, as we know, it can act as a trustworthy mechanism to ensure that expedient referrals are made into the appropriate arenas.

Work is good for us, and research bears out the fact that it is an important driver of self-esteem and overall wellbeing. And yet, barriers remain for some people wishing to stay in employment after a period of being unwell. Research published by the charity Rethink shows that ‘less than 40 per cent of employers would consider employing someone with a mental health problem. Not surprisingly, people with mental health problems have the highest levels of unemployment among any disabled group – yet also have the highest ‘want to work’ rate.’[4] Additionally, the majority of people in work who have a serious and enduring mental health problem have lower than average absence rates, believed to be a result of the enormous pressure not to disclose in the workplace, and the attendant feeling that in dealing with extreme pressure at work, those affected by mental distress can prove themselves to be *as good as anyone else*, and *normal enough to cope*. So while it might seem to employers that supporting people with bipolar disorder to stay in work is costly, risky and time-consuming, the vast majority of employers simply need education and support around the issues in order to be able to declare themselves employers who truly embrace equal opportunity at work.

Practical support in the workplace – what helps?

The Health and Safety Executive agrees that work is ‘an important part of the recovery process [and that the] inability to work brings on more health problems, physical and mental. And the longer people are off, the less likely is their return: one

in five people off sick for six weeks will remain off work and eventually leave paid employment.'[5]

The onus is not on the employer to make a diagnosis of bipolar disorder, of course, but in the weeks leading to her departure, as she became more and more unwell, no one approached Martha to see if she wanted any support. It was well known that she had recently become single, and was without any surviving family members. She therefore did not have the same robust support mechanisms outside work that her colleagues enjoyed. This is an extremely important factor for employers to take into account. While it is not the role of an organisation to delve into the private lives of their employees, managers should be aware of any isolation that an employee they perceive to be at risk of distress might be facing away from work: does the employee live alone? Do they have family living close by? Are they managing their work-life balance in a healthy way? One especially important point is that people with a diagnosis of bipolar disorder, who live with close friends, family or a partner, may experience full-blown relapses less often. Early identification of symptoms by intimates, whether of mania or depression, can encourage timely access to external help. However, for those people who do not have the luxury of a close network of people who can help them in the earliest phases of relapse, the EAP can play a role by educating the employer, whilst ensuring that the employee can access help when needed. Whether this be via the GP for onward referral into the community mental health team, or a referral into an occupational health partner with a robust psychiatric assessment team, it remains that early intervention saves a lot of heartache.

The value of EAPs

Although Martha now acknowledges that her symptoms were right out of the textbook, she isn't surprised that colleagues and directors alike steered clear of her in the weeks leading up to her departure. They simply didn't know what was happening to her and were too afraid to ask. There was, as can be seen in retrospect, a missed opportunity for this employer to engage with its EAP. We know that EAPs are still not used by employers as often as possible to facilitate early intervention in cases of severe mental distress. Indeed, as one HR manager, who wished to remain anonymous, recently explained, an EAP is not always the first port of call in these situations. 'If an employee seems low or anxious, especially if we know that they have been going through a difficult time at work or home, the EAP is the automatic place for us to go. And even though we know that the EAP can help an employee if they have a long-term mental health problem versus a short-term problem, we don't tend to go down this route because we are afraid to approach the employee with our concerns.

'It sounds terrible but most of us don't really understand what mental illness is, and there is the perception that someone with these problems might become violent if we approach them directly. I'm not saying that we ignore the issue, but we might let it go on for longer than we should. We'd really like to be able to ask our EAP for support around severe mental health problems at work but we don't feel that we even have the right to get involved with the employee on that level. It's easier to refer an employee into the EAP for a performance issue than it is for us to raise questions about longer-term problems of which we have very little understanding.'

As a wellbeing at work consultant, I was taken aback by this view. I take it for granted that organisations wishing to support someone with

a long-term mental health condition feel confident in accessing the excellent clinical expertise available through their EAP. However, chronic mental health issues, such as bipolar disorder and schizophrenia, remain obscured in the workplace, and the EAP's role in this may also be obscured in some employers' minds. Of course, we know that long-term work is outside the EAP's remit, but it is absolutely vital that employers understand the ways in which their EAP can help with issues outside the usual short-term model of support. As announced in October 2010, over £20 billion in 'efficiency savings' are to be made across the NHS, and frontline mental health services are in the firing line. Never before, as MIND's Paul Farmer states, has support for chronic mental health issues been more important, and the EAP can play a role. As Martha says, 'I might not have been in a good place, but it would have been helpful for my employer to speak with the EAP so that they felt that they had the tools to support me, especially after I returned from the hospital'.

What can employers do?

As clinicians and others with an interest in bipolar disorder know, the disorder's clinical signs can be hard to recognise, and even more difficult to ascribe to an episode. While not exhaustive, prodromal signs can include:

- rollercoaster mood states (euphoria, irritability, depression)
- changes in activity or energy levels
- rapid or pressured speech
- sleep disturbances
- impulsive or self-destructive behaviour (speeding, profligate spending, hypersexuality/associated inappropriate behaviours)
- changes in thinking or perception (eg negative thought patterns, paranoia, poor concentration).

Clearly, these symptoms may be present in other disorders, although it is helpful for employers to know how to spot the signs, especially if they suspect that an employee may benefit from the referral support that the EAP can offer. It must also not be forgotten that when entering, or in, an active bipolar phase, it can be difficult for the employee to recognise their own patterns. This is not to suggest that the employer need take a paternalistic view towards the employee, only that early intervention is proven to decrease the chance of relapse, and will enable an employee to remain in work; something clearly of benefit to both the employer and the employee.

The Bipolar Organisation has published a guide for employers, which highlights some of the steps that employers can take to better support employees with a diagnosis of bipolar disorder[6]. This is a useful manual, especially for employers and managers who lack any previous experience or knowledge of the disorder. In addition, the following suggestions might be of help to organisations, both large and small.

- Commit to developing organisational learning around *all* forms of mental distress – whether by way of formal training or the provision of leaflets to all staff and managers.

- Actively help to reduce stigma in your organisation by challenging assumptions that others may hold about mental distress (ie people with mental health issues are prone to violence; people with bipolar disorder are not as bright or capable as others).

- Ensure that there is an understanding across the organisation around how to support employees with long-term mental health issues *before* they become unwell. While it can be tempting to hope that the problem will go away, or the person will

get better on their own, recognise that this isn't usually the case. Your EAP and occupational health providers can help you to understand when and how to refer an employee for support. Make sure, too, that this information is disseminated to the relevant team members, and is easily accessible.

■ Understand how stress affects your employee *specifically*. For some people with the disorder, a lack of sleep and frequent changes to work schedules (such as may be the case for frequent flyers or those working shifts) can precipitate the onset of symptoms. Even two or three nights of disrupted sleep can precipitate mania, while sustained stress can also have a marked impact on overall mood and outlook, hastening the transition into depression. Take the time to speak with your employee about what they themselves find most difficult to manage at work. Keep in mind that people with bipolar disorder can manage stress as effectively as others when they are well, and in fact, many people with the condition are hugely resilient and motivated when they feel supported. However, each individual has their own unique 'triggers', and many feel valued and heard when asked for their insight into how they can best be supported at work. Remember that any employee affected by severe mental health issues is the expert in their own situation, and understands their condition better than anyone else. They can do much to support your learning, and it is well worth the time and effort to create a support package in partnership with their advice and guidance.

■ Resist the urge to pathologise the person and their disorder. It is not unusual for people who have disclosed at work to feel pathologised at some point afterwards. People with mental health problems are often seen as 'problematic' or otherwise abnormal when experiencing the very same emotions and reactions as their 'normal' colleagues. Having a bad day, being stressed out, tired or just plain fed up, can be seen by some managers and colleagues as 'acting out'. But people with mental health issues do have bad days, just as everyone else does across the general population.

■ Be aware that bipolar disorder is considered a disability in the eyes of the law, but do be careful not to make the assumption that the employee is comfortable with this label. Some are not, although this does not change the fact that all employers must work within the law to help people return to work after a period of being unwell. Some adjustments can be made easily, and might include allowing the employee to attend meetings by conference call if they are feeling unwell, enabling employees to take time off for specialist appointments, or even allowing home working when the individual feels unable to come in to work. Many people report that just knowing that they can access special arrangements if required, helps them enormously, even if they never need to.

There are many other considerations to take into account when planning support for employees with bipolar disorder. However, the first step is acknowledging that people with the condition offer an enormous amount of commitment, benefit and loyalty to an employer who treats them no differently than others and supports them on their journey towards recovery. ■

If you would like to learn more about bipolar disorder, please visit MDF The Bipolar Organisation at www.mdf.org.uk *or Mind at* www.mind.org.uk

**Names have been changed to protect identities.*

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"Any employee affected by severe mental health issues is the expert in their own situation, and understands their condition better than anyone else"