

Mental Illness on the Job: The Dilemma of Obsessive
Compulsive Disorder in the Workplace & Reducing the Stigma

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“I sometimes picture these unfortunates as men and women being pecked to death by predatory birds. The birds are invisible – at least until a psychiatrist who is good, or lucky, or both, sprays them with his version of Luminol and shines the right light on them – but they are nevertheless very real. The wonder is that so many OCDs manage to live productive lives, just the same. They work, they eat (often not enough or too much, it’s true), they go to movies, they make love to their girlfriends and boyfriends, their wives and husbands . . . and all the time those birds are there, clinging to them and pecking away little bits of flesh.” – Author Stephen King in Just After Sunset

INTRODUCTION

Have you ever left your house, but stopped the car and went back inside because you couldn’t remember if you turned off the stove or locked the door? This is a natural reaction to a potentially dangerous situation, and most people have done it. Have you ever obsessively thought about whether you locked the door or turned the stove off for hours on end, or engaged in repetitive checking causing you to miss work or show up late on a daily basis? When you have no control over stopping these obsessive thoughts and compulsive behaviors, it is likely you suffer from Obsessive Compulsive Disorder (OCD). This disorder of the brain and behavior can cause severe anxiety and depression in those affected, and involves both obsessions and compulsions that take up a lot of time and can get in the way of important activities that a person values, especially at work. Many people may be a bit obsessive and/or compulsive at certain times or in certain situations, and yet have a healthy functioning personality and life. It is when these obsessive compulsive behaviors start to harm a person’s life that it can be considered OCD. Mental illness can affect people’s relationships, self-esteem, and home lives each year, but it can become extremely difficult to manage in the workplace as well. In this paper, we will focus on the effects it has in the workplace.

Those who have this disorder can find it difficult to handle certain tasks in the workforce, as they might be overly concerned with preciseness, order, and neatness that can affect their performance. They could spend excessive time thinking about feared situations which can cause anxiety and stress, and can find it difficult to maintain concentration and stay focused on the

job. Each patient's problems differ in terms of their experience and specific job, and each patient has their specific behaviors which can vary from grooming and cleaning rituals like excessive hand washing to fear of harming others or the obsessive fear of loved ones dying. People may experience repetitive movements, fear of germs, the need to arrange objects in specific order, ritualistic behavior, social isolation, or persistent repetition of words or actions. These preoccupations can affect their performance in the workplace, or they can even be used to their advantage. As a disadvantage, it can cause misunderstandings between coworkers, employees, and supervisors. The symptoms can slow down a person's progress, which gives them the impression that they are unmotivated or putting things off. This can cause people to struggle in silence because they fear negative opinions, being overlooked for certain projects, and overall disapproval. On the other hand, OCD can be an asset to a business because of the intense dedication to the work. Either way, people diagnosed with this mental illness are trying to live normal lives like the rest of us, but are unfortunately burdened by a constant fear that is not real, yet extremely real to them. In order for the "predatory birds" to stop clinging to the sufferers of OCD, and pecking away little bits of their flesh, a specific treatment plan needs to be implemented to make sure they are treated correctly in the workplace. We need to remember they are just like us. They get up every morning and try to live productive normal lives like the rest of us. They need to work and make a living, all while being constantly troubled by the invisible predatory birds, the OCD.

The problem lies in the secrecy associated with the disorder. It can be difficult to reveal this to your employer due to the stigma and discrimination that it is associated with. Many people are unsure and uncomfortable about seeking and asking for accommodations. Many fear their OCD will be used against them. In this paper, I will explore if it is possible to succeed with a mental illness in the workforce and if it is more beneficial for people with mental disorders to reveal their struggle instead of suffering in silence. There are laws that protect people with disabilities, but the stigma, discrimination, and unfair treatment can be severely damaging. The focus needs to be shifted to advocacy and empowerment. The key to this empowerment is the knowledge that OCD qualifies as a disability under the American's with Disabilities Act (ADA) and with appropriate accommodations, all people can be successful in whatever careers they have chosen. With treatment, education, and support, they can be effective and bring unique and valuable assets to their jobs. It is important that people know their rights. Early recognition and

assistance increases the likelihood that a work environment can be created that allows the person to succeed. It is imperative that we start looking at OCD and other mental illnesses as an asset and advantage to a business by focusing on the person's strengths. As long as the patients follow very specific wellness programs and keep their OCD in check, the sky is the limit.

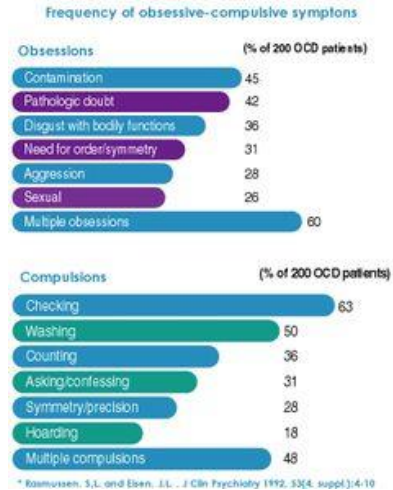
In most work environments, emphasis is placed on performance, not process. Thus workers with undiagnosed OCD and their supervisors focus on the consequences of their compulsive behaviors like absenteeism, chronic lateness, low productivity or failure to complete work on time rather than the compulsive behavior itself. These consequences can be interpreted as lack of focus, not being organized, or not knowing how to manage your time. As a result, most organizations will just have the employee referred for coaching or time management classes and the problems persist. This can ultimately increase the workers' compulsions which causes the employer to become frustrated and unsatisfied with the worker. In so many cases, the people end up being terminated.

This paper is aimed to find out if it is still possible to succeed after admitting your mental illness to your employer. I believe that as long as you can still perform the functions of your job with the proper modifications, it is possible. I think it is more beneficial to admit your mental illness and be honest than suffer in silence. We know there are laws to protect people with mental disabilities, and although many people experience discrimination and stigma, if every organization has HR support, mandatory mental health policies, aggressive educating and training along with the patient following a very specific integrated intervention approach combining the strengths of medicine, public health, and psychology, changes need to be made regardless of the competitive nature of the job. With the significant potential for stigma and other negative effects, organizations must spread positive awareness to increase understanding. I have found through my case studies that a combination of an SSRI medication along with intensive Cognitive Behavioral Therapy, significant workplace reform, and a specific wellness program with exercise and diet, daily meditation, and proper sleep is the best and most effective treatment plan for OCD. When admitting your OCD to your employer, there must be an assessment done that will provide accommodations for each case by case situation. I will follow subjects that have been diagnosed with Obsessive Compulsive Disorder and share their stories and experiences.

WHAT IS OCD?

Obsessive-compulsive disorder (OCD) is an anxiety disorder characterized by uncontrollable, unwanted thoughts and repetitive, ritualized behaviors you feel compelled to perform. (Obsessive-Compulsive Disorder (OCD). (n.d.). It involves both obsessions and compulsions that take a lot of time and get in the way of important activities. Many people may be a bit obsessive and/or compulsive at certain times or in certain situations, and yet have a healthy functioning personality and life. It is when these obsessions and compulsive behaviors start to harm a person's life that it can be considered OCD. Both obsessions and compulsions are not uncommon in the general population. Several research studies carried out in different centers have shown that many people, randomly selected from the general population, in fact about four-fifths of them, admit to having obsessions. These obsessions are no different in either form or content from the obsessions of patients who seek help. The differences are quantitative: the non-patients tend to have obsessions less frequently; their distress as a result of them is less severe, and so on. (De Silva 11) Compulsions are very similar. It's not uncommon for an individual to have certain rituals they perform that are minor. The difference is that these behaviors are viewed as normal.

Some common obsessions include fear of contamination from germs, dirt, etc., imagining having harmed self or others, imagining losing control of aggressive urges, intrusive sexual thoughts or urges, excessive religious or moral doubt, forbidden thoughts, a need to have things "just so" and a need to tell, ask, or confess (American Psychiatric Association, 1994). In response to the obsessions, individuals develop rituals known as compulsions. Compulsions temporarily reduce the anxiety associated with the obsessive thoughts (*DSM-IV*, 1994). Common compulsions include washing, repeating, checking, touching, counting, ordering/arranging, hoarding, saving, and praying (*DSM-IV*, 1994). Individuals with the disorder find themselves caught up in a cycle of tension and tension-reduction. Obsessions produce anxiety that is relieved by the compulsions. However, the relief is short lived and the cycle repeats itself (NIMH, 1994).



Once the obsessions and compulsions start, most people find it difficult to make them stop. Epidemiological studies indicate that approximately 2% of the United States population suffers from the disorder, making OCD more prevalent than schizophrenia, panic disorder, or bipolar disorder (NIMH, 1994; Obsessive Compulsive Foundation, 2001). Most individuals with OCD can also experience other anxiety problems like depression, anxiety, panic disorder, and social phobia. Over the past 10 years, new advances have occurred in the treatment of OCD. Empirical research demonstrates that a combination of cognitive behavior therapy and serotonin reuptake inhibitors (SRIs) medication is effective in the treatment of the disorder (March et al., 1997). The treatment advances allow people with OCD to lead full and productive lives. However, for every person who is being successfully treated for OCD, there are thousands more who are unaware.

Amongst the many mental health problems, OCD is one of the most commonly misunderstood. The phrase can be commonly used as a joke term to describe someone who is excessively clean or organized, but in fact OCD is a debilitating disorder that means sufferers have a lack of control over certain thoughts, leading to unbearable and upsetting anxiety that can take over their lives. Only by performing certain rituals can they keep the anxiety at bay and neutralize their fears. These rituals could include excessive checking, counting or mantras. According to research conducted by the Mental Health Foundation, 1 in 4 people will suffer from some sort of mental illness in their life. Whether it's stress, anxiety or depression, these conditions often have a profound effect not just on the individual but on the people around them. Often those suffering from a mental health problem can manage their illness and carry out their

work duties as normal. However, it's a subject that many managers still find difficult to deal with.

CAUSES

OCD can start any time from preschool to adulthood, and what causes this disorder is unknown. Research suggested that it can be anything from psychological, environmental, genetic, a traumatic life event, or lack of serotonin in the brain. Serotonin is a highly useful neurotransmitter to have in your brain and body. It has all kinds of important jobs that, all together, help to make us the balanced and healthy people we are, or want to be. People suffering from anxiety disorders like OCD are often low in serotonin. Serotonin is thought to be at least partially responsible for regulating the following functions within your body:

Mood: Specifically thought to improve mood in higher quantities, serotonin levels play a key role in whether we feel happy, sad, anxious or angry. When low serotonin levels are experienced by someone with OCD, it can make them edgier and more hyperaware of their environments than usual, resulting in increased OCD-related behaviors such as obsessive hand-washing, counting or organizing.

Aggression: Serotonin is believed to responsible in part for controlling aggressive reactions. Though aggression is not a big part of OCD, irritability is a side effect of anxiety, which can more easily lead to aggression if not enough serotonin is present in the body.

Learning: Our learning abilities are regulated by serotonin, meaning that we process new information more quickly and effectively when our serotonin levels are in balance. When they are out of balance, learning becomes more difficult, which can lead to frustration and poor performance in work and/or school environments.

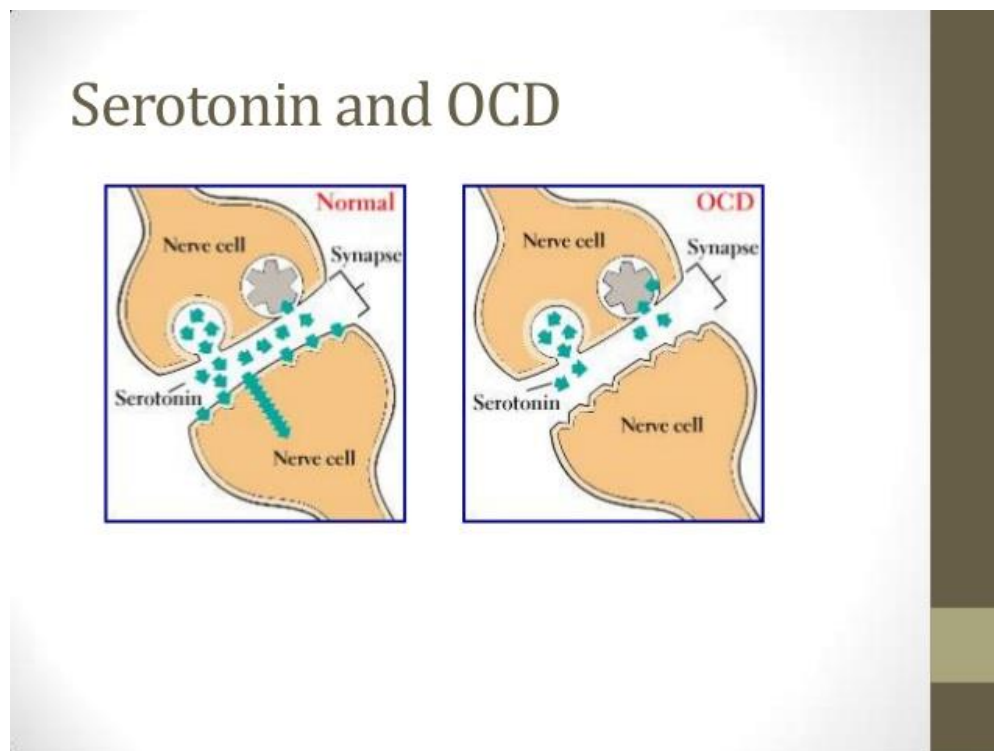
Memory: Memory has also been shown to be affected by serotonin. Memory problems can result from serotonin deficiency, which can cause unnecessary stress and disrupt performance in a variety of relationships and environments.

Appetite: Appetite is also regulated by serotonin in the body, much of which resides in the gut rather than in the brain. Excess serotonin actually reduces appetite, while a serotonin deficiency can increase it.

Sleep: Serotonin plays a role in regulating our circadian rhythms, or the regularity with which

we fall asleep and wake up again. Both anxiety disorders such as OCD and the medications associated with it tend to be associated with sleeplessness.

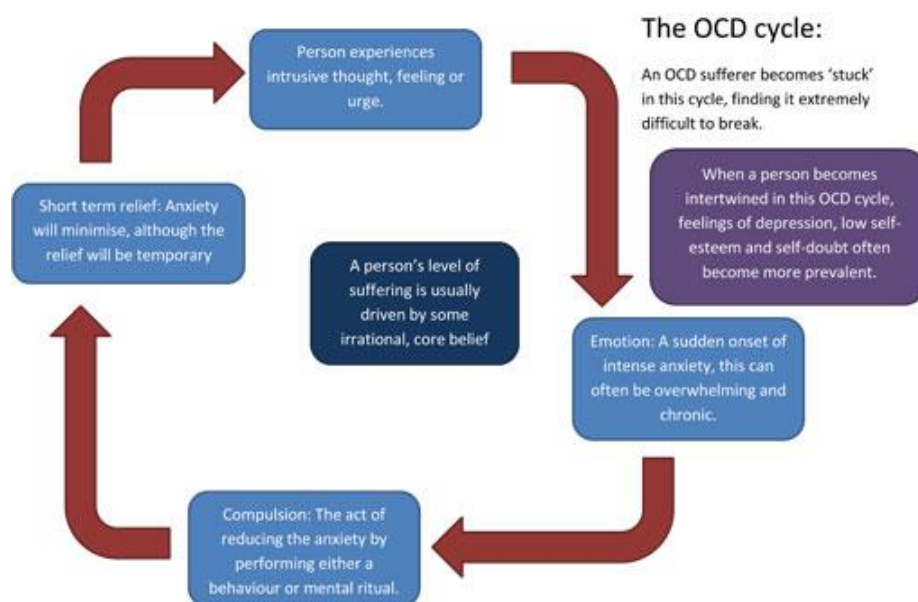
Serotonin clearly affects a variety of different functions, and when you suffer from Obsessive Compulsive Disorder, any of these issues may be affected. Unfortunately, the exact way that serotonin to cause OCD isn't known. All that's known is that low serotonin and OCD are related. But since serotonin acts as a chemical messenger in the brain, there is likely some component of the mind that is being told to have more negative thoughts and engage in compulsive behaviors. It's possible that obsessive compulsive disorder leads to lower serotonin levels. Since controlling OCD can raise serotonin, this is also something to consider. (The Links Between OCD and Serotonin Deficiency. (n.d.))



SYMPTOMS

There are four major types or constellations of OCD symptoms: (a) obsessions (aggressive, sexual, religious, or somatic) and checking compulsions; (b) symmetry obsessions and ordering, counting, and repeating compulsions; (c) contamination obsessions and cleaning

compulsions; and (d) hoarding obsessions and collecting compulsions. (Taylor, 2005) OCD can cause intense worry, distress, and suffering, and the behaviors can interfere with a person's relationships, health, social, and occupational functioning. These thoughts can be simple like a fear of germs, or very intricate like thinking you might harm someone in a specific way. Common examples of compulsions include frequent or excessive hand-washing, repeated checking to make sure doors are locked, and checking light switches. Somethings this checking has to be done a specific number of times and in a specific order. If the sequences are interrupted, it has to be restarted from the beginning, neatly rearranging objects for order or symmetry, and counting items over and over. These thoughts can take over one's mind, and can make it extremely difficult to turn off or dismiss the thoughts. Most of the time, adults know that these thoughts are not real, but it doesn't make it any easier.



You gain strength, courage, and confidence by every experience in which you really stop to look fear in the face. You are able to say to yourself, "I lived through this horror; I can take the next thing that comes along." You must do the thing you think you cannot do." - Eleanor Roosevelt

TREATMENTS

Looking fear in the face takes a great deal of courage, especially for people with OCD. Fortunately, there are many methods of treatment that provide relief from the symptoms of OCD to the extent that most patients can lead normal lives. Medication is one of the leading treatment methods in patients today. The most common medication given to treat this disorder is selective serotonin reuptake inhibitors or SSRIs, such as Prozac or Zoloft. These antidepressants interact with the brain chemical serotonin, which help to relieve the obsessive thoughts and behaviors. This type of treatment can be beneficial, although some might argue that you are just temporarily masking the symptoms. A person with OCD may also have other anxiety disorders that could complicate treatment and require other medications. Medications can cause side effects, and it could also take some trial and error for a person to determine which one works best for them. Once off medication, a person's symptoms will most likely be back and stronger than ever.

Cognitive Behavioral Therapy or CBT is a very popular nonmedical treatment that has been known to help with OCD. The goal of CBT is to gradually turn off a conditioned behavior pattern. The foundation for CBT is a method called exposure and response prevention (ERP). I think before medication, CBT should be the first line of treatment, and believe this will be more effective than medication. In fact, studies have shown that CBT for OCD changes brain activity in the same way as medication but is more effective, not to mention it has no risk of drug side-effects, and also a much lower relapse rate. The thing about ERP is that it is not easy. It takes tremendous effort and strength, forcing the sufferer to deal with the disorder head on. I think a lot of people choose to take the easy way out, being medication. I understand this completely, but I believe that you gain more by looking fear in the face, and motivation can go a long way. In order for ERP to be successful, the sufferer has to be highly motivated. They must learn how NOT to enable OCD. By experiencing and psychologically processing triggered exposure and anxiety, the OCD can eventually resolve on its own. All of this can be unpleasant, as it causes more anxiety than already felt. However, this anxiety is necessary for progress and improvement to occur. My research shows that the effectiveness of ERP for OCD has been well documented with response rates ranging from 63% (Stanley & Turner, 1995) to 90% (Abramowitz, 1997) for individuals who undergo a full course of treatment. However, despite the effectiveness of ERP, many OCD sufferers have not benefited from ERP treatment. Researchers estimate that among those who comply with ERP treatment 10% or more do not respond (Vogel, Bjarn, Stiles, &

Gotestam, 2006). Moreover, because of the demanding and difficult nature of the treatment, many individuals refuse to participate in such an intervention.

I think it is important to take care of yourself every day when dealing with this disorder, and alternative and natural treatments can also be beneficial. Can reducing overall stress in your life help cope or cure OCD symptoms? Although not a proven treatment, can natural tips such as exercising and eating a healthy balanced diet make a difference? Personally, I believe that practicing a healthy lifestyle can contribute to positivity and help you feel better. Exercise can help in many ways. Studies show that aerobic exercise can acutely influence anxious and depressive mood in both clinical and nonclinical populations. However, there are no existing studies that have examined the acute effect of exercise on mood, anxiety, obsessions, and compulsions in patients with OCD. In patients stably medicated with selective serotonin-reuptake inhibitors, reductions in self-reported obsessive compulsive disorder (OCD) symptoms and depression after six weeks of walking intervention and at one-month follow-up were found, as well as temporarily reduced anxiety scores. Combining behavioral therapy or pharmacotherapy with a 12-week moderate aerobic EX program, the second study reported reduced OCD symptom severity at the end of the treatment, and up to 6 months later. After each 20- to 40-minute training session, patients reported significantly lower anxiety, negative mood, and OCD symptoms relative to the beginning of the session. This effect was particularly dominant at the beginning of the 12-week intervention and diminished as baseline levels decreased. However, because of a lack of control groups and very small sample sizes, the above-listed results need to be replicated in larger controlled studies. (Zschucke, E., Gaudlitz, K., & Ströhle, A. (2013).

Diet may play an important role in the management and prevention of symptoms of obsessive-compulsive disorder as well. This does not mean that patients can rely solely on diet to cure this disorder, but certain dietary factors are believed to have an impact on the development of OCD. Because people who suffer from OCD may be deficient in serotonin, it could be beneficial to focus on foods that influence serotonin. The amino acid tryptophan, which has a direct influence on the production of serotonin, is present in a variety of foods, including protein-rich foods like turkey, chicken, milk, eggs and cottage cheese; whole grains like brown rice and quinoa; beans and legumes; pumpkin; sunflower and sesame seeds; nuts; and root vegetables. (Emmons & Kranz, 2006) Ultimately, increasing your intake of these foods can increase

serotonin production in your brain, which can potentially result in a reduction of OCD symptoms.

IS OCD A DISABILITY?

Many people are skeptical as to whether OCD should be classified as a disability since it is technically a treatable mental disorder. According to the ADA (United States Justice Department, 1990), the term “disability” means, with respect to an individual (a) physical or mental impairment that substantially limits one or more of the major life activities of such individual, (b) record of such an impairment, or (c) being regarded as having such an impairment. Within the workplace, individuals with disabilities are to be provided with job opportunities in which the person can “perform the essential job functions with or without a reasonable accommodation” (United States Department of Justice, 1990).

A June 1999 ruling by the United States Supreme Court placed some restrictions on who could seek coverage under this landmark law. The particular ruling involved twin sisters from Spokane, Washington, Karen Sutton and Kimberly Hinton, who were turned down for pilot jobs at United Air Lines because of their extreme nearsightedness. The twins failed to meet the airline’s minimum requirement for uncorrected visual acuity of 20/100. When they sued under the ADA, the justices ruled that the law did not cover people who can correct their disabilities and manage as well as most other people (Biskupic, 1999). I found this story to be rather interesting because this interpretation of the ADA can place people with OCD in a precarious position. Advances in the treatment of OCD allow many people to lead healthy, productive lives. They can go for months or years being relatively symptom free. As such, these people might be deemed by their employers not to be eligible for accommodations because the disability has been corrected. However, individuals with OCD can experience periods of relapse. The worsening of one’s symptoms might require the worker to seek additional treatment to obtain and/or maintain successful employment thus qualifying for reasonable accommodations.

“The way you act around someone with a mental health problem can change their life.” –
Unknown

Doing research on mental illness in the workplace, particularly Obsessive Compulsive Disorder, has made me realize that it is too easy to dismiss mental health problems as something that just happen to other people. It can happen to any of us, and the way we all think and act makes a real difference. Having approaches in place to address potential discrimination and promote diversity can help strengthen our workplaces, creating more positive, inclusive environments where all employees are supported to thrive and succeed. Workplace discrimination has a significant impact on workplace functioning: it lowers job satisfaction, commitment of employees to organizational success and employee self-esteem related to their jobs. It can also increase turnover among employees in a variety of stigmatized groups.

It is time to change the way people talk and think about mental health in the workplace. It is time to take mental health seriously and make it easier for someone to come forward and get the support they need. This could change a lot of the decisions people have to not disclose their OCD to their employer. Minor obsessions and compulsions are common. We all worry occasionally about whether we've locked the door or left the iron on at home, and you might hear people described as being 'obsessed' with work or sport. But you wouldn't usually describe these thoughts as unwanted, and they don't interfere significantly with everyday life. Obsessive compulsive disorder (OCD) is an anxiety disorder where unwanted thoughts, urges and repetitive activities become an obstacle to living life as you want to. People who experience OCD often try to cope until they can't hide the symptoms any longer. This can make them feel very alone and make overcoming the OCD more difficult.

"OCD is often stereotyped but actually not well understood by the majority, so there are worries about the judgements people will make out of ignorance." – One of my patients

People with mental health problems say that the stigma and discrimination surrounding their mental health problem can be one of the hardest parts of their day to day experience. As a result of the stigma, we might shy away from supporting a friend, family member or colleague. And the consequences can be huge. People with mental health problems can lose friendships, feel isolated, withdraw from the world and not get the help they need. It doesn't have to be this way.

Case Study

“I’ve never really felt like my OCD was something one should share too openly for fear of being regarded as “crazy.” This is clearly a result of my own prejudice or society’s general stigma against mental health issues. “If I tell people”, I think to myself, “that makes me different”, and not different in a cool way. But different in an ‘uh-oh, mental alert’ kind of way.

When I was a teenager (before my official diagnosis but aware that something was not quite right) calling people ‘crazy’ as a joke was totally fine. Being called ‘mad’ now doesn’t bother me: people are generally referring to my loud, outgoing personality, but telling people you have a recognized mental health issue is quite another matter. It’s not cool to admit you’ve been frightened to go outside the house on your own or that you get overly anxious about what is everyday life for most people. It dawned on me throughout this year that there’s no point in me talking about ending mental health stigma if I’m not prepared to be open about my own experience. I know most of us who have struggled with mental health issues would want to end the stigma surrounding it but no one wants to be the first to stand up and admit that everything’s not all rosy for them.

OCD is so often stereotyped but actually not well understood by the majority so there are worries about the judgements people will make out of ignorance. For instance, I imagine that unless people actually ask me about it, the majority would have thought I repeatedly switch lights on and off or wash my hands. Don’t get me wrong: these are common and hugely destructive forms of OCD. However, as someone who has not struggled with those particular compulsions, it can feel hard to explain what goes on in my head.

This was a little background from a patient, H, 32 white male from Teaneck New Jersey. He previously was employed for UBS, and is now unemployed. He is passionate about ending the mental health stigma in the workplace. All of my cases are employed or were employed at one time. Unfortunately, the statistics of people who suffer from a mental illness such as OCD have

significantly inferior rates. “People with serious mental illness are employed at much lower rates than the general population. The likelihood of a person with a serious mental illness having a full time employment is approximately 1 in 10.” (US Dept. of Health & Human Services Article) 1 in 10 is unacceptable. While many people harbor preconceptions that people with serious mental illness cannot handle the stress of work, studies have consistently found that these assumptions are baseless. (Alexis D. Henry et. Al) These people are capable of working if they are connected with appropriate jobs and receive appropriate supports. It is not the inability to work, but rather attitudinal barriers that make it difficult for individuals to maintain employment. Not only can people with mental illness work, but employment can even play a critical role in promoting recovery. For the people that are employed, they should not have to suffer in silence or be discriminated against in the workplace. There are unique attributes that each person has to offer a company. They pay great deal to attention, they can be organized, neat, scheduled, analytical, disciplined, diligent, and driven.

H, an otherwise excellent employee, compiled a history of tardiness and absenteeism because of grooming and dressing rituals that took hours, sometimes all day. He was a financial analyst, suffers from obsessive-compulsive disorder (OCD). Characterized by recurrent thoughts and behaviors, OCD interrupts the daily working lives of millions of Americans (National Institutes of Mental Health (NIMH), 1994). Yet, because so many employers and co-workers are unaware of the disorder, its consequences, and its treatments, supervisors and co-workers often see people with obsessive- compulsive disorder as disorganized, unproductive, bizarre, or strange. As a result, the work environment can become hostile, and the worker might be reprimanded, and in some cases, terminated. He began to experience problems getting to work on time or at all due to grooming compulsions. The compulsions included washing his hands for up to an hour, and if it didn't feel “just right,” rewashing them, dressing very slowly, and pulling out strands of his hair to make sure nothing was in it. His tardiness and absenteeism led to a “Level I” disciplinary warning. He was required to call his supervisor before he was due to be at work if he was going to be late or absent. H's obsessions and rituals only grew worse after the warning, and neither his attendance or his compliance with the requirement to call in improved. He later received a “Level III” warning after having four tardy days and one unreported absence in two weeks. After the second warning,

H was referred to the EAP counselor. The EAP counselor neither diagnosed nor treated for the OCD. Instead time management tips were given. He never suspected that the problem might be psychological/psychiatric in nature until things got so bad he went to see a psychiatrist for an evaluation. He was later diagnosed with OCD and informed his employee that this was what was directly contributing to his lateness. He explained that he can be treated but that it might take time. He was also informed that he would qualify under the ADA (Americans with Disabilities Act).

For H, his obsessive thoughts focused on grooming, but he also experiences many negative thoughts in general. Although for most of us obsessional fears of grooming are ridiculous, for H they began to affect his life negatively. This started for him in high school. He started noticing that he began spending a significant amount of time washing his hands and making sure it felt “just right.” It was little things here and there he explained. For years these symptoms did not affect his everyday life. After graduating from college with a bachelor's degree in finance, H landed a job with a large financial company as a financial analyst. He tackled projects that were intimidating to some of his peers, and quickly became one of the organization's most promising stars. But he was worried. For years, negative thoughts had invaded his mind. As hard as he tried, he couldn't get rid of them. He mentioned that sometimes, he would read the same line in a sentence over and over, unable to stop. To make matters worse, he also suffered from anxiety and depression, which usually exacerbated his symptoms. At first, no one at H's workplace knew he was in trouble. As he started to climb the corporate ladder, he grew increasingly certain that his problems would eventually surface. "The higher up you go, [the more] you have to be 100 percent all the time," says H, 32 year old male from Teaneck, New Jersey. "I knew it might be disastrous with the pressures." His grooming obsessions caused him to be late from work at least once or twice a week. His OCD started with random negative thoughts, something in his head telling him he had to reread things over and over until it felt right. The hand washing then became excessive, and his dressing rituals started taking hours of his time. The lateness this caused ultimately looked very poorly in the workplace. He hid his illness from those around him though, believing he would be fired if his secret came out. He received disciplinary warnings for arriving to work late, sometimes even hours late. He would always blame his late punctuation on something other than his mental illness whether it be his alarm never went off, there was a family emergency, or there was significant traffic. This case is

interesting because the details of his job he performed excellently, but while at home, he found himself becoming more and more obsessive with certain grooming rituals which caused significant lateness causing him to be reprimanded at his workplace. Because this affected his tardiness and absenteeism, his job started to give him warnings on this issue. However, this was out of H's control. He knew that something was wrong, but he says that he really never suspected the problems that he had would be psychological/psychiatric in nature. He explained he now realizes that he might have been in denial. The warnings that H received only made his obsessions and rituals grow worse. He believes his depression and anxiety also caused and contributed to this. He started to call out more instead of coming in late. Getting in trouble for coming in late began to cause him severe anxiety. He was ultimately referred to a counselor that advised he practice his time management skills. Without H coming clean and admitting his OCD, the counselor believed his lateness and absent days were just due to being overwhelmed in his position and time management issues.

“These things may seem ridiculous to others, even as ridiculous as they were in themselves, but to me they were the most tormenting cogitations.” —John Bunyan

This quote was used by the Christian author John Bunyan to introduce his autobiographical work *Grace Abounding to the Chief of Sinners*. This book describes Bunyan's struggle with Obsessive Compulsive Disorder before he found a way to put all of his trust in God. In this autobiography, Bunyan shared a great description of his OCD symptoms, and a sentiment that is almost universal amongst the sufferers. People who suffer from OCD realize that their obsessional fears can be ridiculous, and yet they cannot dismiss them which causes them continuing torment. I think most people cannot understand this process. It is important to keep in mind that the reason people with OCD cannot dismiss obsessional fears is simply because that is the nature of obsessive-compulsive disorder itself. The basic problem is the dismissing of fearful thoughts. A person without OCD says “that's a dumb thought” and the thought goes away. The person with the disorder says the same thing and the thought is still there. OCD is specifically a dysregulation in the part of the brain that dismisses from conscious awareness certain thoughts—fearful ones that involve personal responsibility for harm. I think it is also important to understand that all obsessional thoughts are ridiculous, and ridiculous to the same degree. It doesn't matter how scary, blasphemous, violent or stupid they are. Most people

with OCD begin describing their thoughts with “I know this is ridiculous but....” and then they are embarrassed. The fact is that any person with OCD could have any obsession. The content of their obsessions are determined simply by culture and our upbringing. One obsession is not more ridiculous than any other!

OCD ranks as the fourth most common psychiatric illness in the United States, affecting one in 40 adults and one in 200 children, according to the Obsessive Compulsive Foundation. It strikes men and women in equal numbers, usually in their childhood, adolescence or early adulthood. Considering the high number of Americans with OCD, every large U.S.-based company probably employs at least several people with the disorder, according to the OCF. Typically, many only reveal they have the illness if they're placed on probation, suspended, counseled or terminated. But by then, enough damage has been done that employees aren't very receptive to an employer's help. Employees with OCD usually do however leave cues. Although the disorder manifests itself in different ways and experts caution employers not to jump to conclusions about an OCD diagnosis, Eagan points to some behaviors that could trigger OCD concerns:

- * Time management -- Employees come chronically late to work, take too long to complete projects or individual tasks, or work several hours more each day than others in their department who perform the same or similar tasks.
- * Resistance to change -- Workers have serious difficulty adapting to changes in the workplace that may involve work schedules, assignments or department policies or procedures.
- * Constant state of anxiety -- Employees repeatedly engage in nervous behaviors such as nail biting or foot tapping. Some may be excessively preoccupied with orderliness and will repeatedly rearrange items on their desk or in their office.
- * Contamination fears -- Employees are abnormally concerned about cleanliness. They may spend a lot of time scrubbing their desk or resist shaking people's hands. Some repeatedly wash their hands to the point where they are dry, cracked and bleeding.

CASE STUDY

D is a 25 year old female from Manhattan, NY. She is African American, 5 feet 8 inches, and 140 pounds. Her highest level of education is High School, although she does have some College credits. She is currently employed Part-Time as a Retail Associate at Macy's Department Store. Her daily tasks include managing the cash register, inventory, ordering stock, assisting customers, making sales, and managing the fitting rooms. She works an average of 40 hours per week. Unfortunately, her OCD began getting in the way of her completing the specific tasks asked of her. Her obsession with organization, minor details, and excessive counting was taking significant time out of her day. Luckily, the job environment was not overly competitive. She says people seemed to be more caring and compassionate.

D's OCD symptoms started in early childhood and her early teens. She wasn't actually diagnosed until the age of 23. The excessive worrying, depression, checking, mood and anxiety symptoms she experienced are what affected her the most. She has a family history of anxiety and depression. She never had a substance abuse problem or an eating disorder, however, she has experienced a history of sexual abuse in her past. She has severe social and personal conflicts, and has little family support.

D has struggled with the disorder since her early teens, and had inspiring advice that she has learned over the years. She shared and described her battle and experiences with Obsessive Compulsive Disorder and how it affected her in the workplace. I wanted to add some background history and information on her childhood. She was open enough to share a powerful story with me from her past that paints the picture of how OCD started for her. D told me,

I always knew I was different. I was a sensitive child. Some of my first memories consist of coming home from school and thinking about my day and all of the things I had done badly, incorrectly, or the ways in which I had failed to be the daughter my parents would love. As a result, every day without fail I would get a huge knot in my stomach that wouldn't go away. The only way I figured out to make it stop was to accost my father as he came in the door from work and to blurt out to him all the things I had done during the day that were wrong, and then to ask for his forgiveness. I was 5. The pattern lasted for years. I remember being a pre-teen. My mind was full of thoughts, most of which I was sure would damn me to hell. I prayed. I repeated my prayer each night, in the same order, the same number of times. My prayer saved me. My prayer protected my family from imminent harm.

My mother got sick. She went to the hospital and I was a mess. All I could think of was to write down all the things that happened each day and to recite them back to my mother when I was allowed to talk to her in the evenings. I remember with clarity writing “my brother threw a dirty sock at me.” I knew my lists were trivial and that my mother didn’t know what to do with my confessions but the pattern continued. I didn’t like my parents. My father was a strict disciplinarian. Each second of my life was controlled. I was a puppet in my parent’s puppet show. I longed for control and eventually found it by cutting. By my teen years the battle in my head was raging on. I could not voice the things in my head for fear of rejection or condemnation, so to make my mental pain subside I would find razor blades or anything sharp and would cut to make the pain physical. Physical pain was much more feasible to me.

I was a troubled teen. I was living in my head. I started counting things. I started not stepping on cracks. I thought these were just “things people did” but soon my behaviors progressed. I met my first boyfriend and he was the personification of everything that was not my father, everything that I wanted to get away from. I loved him for accepting me as I was. My parents did not know about my boyfriend. All of a sudden I found myself having the thought that my boyfriend was “good” and my Dad was “bad.” My thinking so, I tried to keep the two separate. I could not bear the thought that the good would touch the bad because if that happened the good would become contaminated. I would come home from dates with my boyfriend and before I knew it I was washing my hands every time I touched something my Dad had touched. I lived in daily fear of cross-contamination. I started wiping things down. I started touching things a certain way, I started flicking light switches seven times. Seven became my number. I kept cutting to keep the pain away. I began ordering things, not only in my room, but in my head. I soon became surrounded by contamination and I would do everything in my power to keep my father out of my room...that was the only safe and “clean” place I had left. I tried to gain the control my parents never gave me.

I found this story of D’s past to be very interesting in terms of her OCD. It paints the picture of her story better and makes us understand where it all started. Early on D knew that she was different, however, she did not choose to get help until later in life when she confided in her boss from her job. She remembers having OCD tendencies early on in her life, yet continued to suffer for years until finally breaking down.

“It’s like you have two brains - a rational brain and an irrational brain and they’re constantly fighting” - Emilie Ford

It’s extremely important for people with OCD to know that they are not required to disclose their condition, either before or after being hired. However, the drawback of not disclosing this information is that you may not be able to exercise some rights or benefits without prior disclosure. Michael Tompkins, Ph.D., discusses OCD in the workplace in his book *OCD: A Guide for the Newly Diagnosed*. He believes that when the OCD gets so bad that it interferes with the ability to do your job, it could be time to consider whether or not to tell our employer about our OCD. Working as a retail associate in New York, Dana found her OCD to be negatively affecting her performance and making her job increasingly difficult. Her excessive worrying began to get in the way of managing her time effectively. She was so depressed, and just wanted to shut herself off from the world trying to hide the disorder. She realized that confiding in a supervisor, although a tricky thing, would be most beneficial to her. Nevertheless, the fear that she could potentially lose her job was very present in her mind, and the fear of discrimination and judgement was as well. Tompkins mentions,

The Americans with Disabilities Act (ADA) protects you from discrimination by an employer due to mental illness, such as OCD. In addition, a prospective employer cannot deny you employment simply because you have OCD, if you are otherwise qualified for the position. Although this is the law, many people with OCD have had quite different experiences when they told their employers that they have OCD. For this reason, it is important that you carefully consider the potential costs and benefits of telling or not telling your current or potential employer about your OCD and that you discuss this with your therapist, if you are currently in treatment. (p. 126)

Of course the degree to which OCD will impact your employability and work choices depends on the type and severity of your symptoms. It also depends on the particular employer. Dana works in retail as a retail sales associate for Macys. She provides a variety of services and needs to have ample knowledge of the company’s products, be sales oriented, and customer

focused. She is responsible for also operating the cash register at times and expected to manage inventory, order stock, etc. D realized that her symptoms had got so bad that her manager needed to know. She began calling out of work a lot due to being so late from checking things over and over in her house. She was also severely depressed and would cry all day long. While working, she would become obsessive over putting certain clothes in order which would take up most of her time. This affected her performance in terms of time management. It was too hard for her to continue hiding her OCD. She made the decision to tell her supervisor. D is very fortunate in her case that she works with a team of highly compassionate people. Her boss was supportive of her mental illness and encouraged her to get help. She ended up going to a psychiatrist who suggested Cognitive Behavioral Therapy along with antidepressant medication. She has learned so much about her mental illness and is able to find ways to cope with it. Struggling in silence was affecting her very negatively. Trying to hide her disorder caused her much anxiety and pain, ultimately making the OCD even worse. Today she is not ashamed of her disorder, and does not feel judged by her coworkers and supervisors. Admitting her OCD to her workplace caused her to get the help that she needs, and although every day is still a struggle, she is facing her negative thoughts head on. Some people think that being diagnosed with OCD carries with it a lifetime sentence of under-employment and dependency. Fortunately, with a more enlightened workplace and advances in diagnosis and treatment options, this is not the case for D. We need to keep in mind that D did not have a highly competitive job that had much competition. Not everyone is always as lucky.

*“Well I looked my demons in the eyes
Laid bare my chest, said
“Do your best, destroy me, you see
I’ve been to hell and back so many times
I must admit you kind of bore me.”
-Ray Lamontagne*

I believe these song lyrics are a great reflection for anyone suffering from Obsessive Compulsive Disorder. A lot of people who suffer with this disorder struggle with thoughts, feelings, and images that scare them and cause them great distress. They genuinely fear OCD and fear the consequences of not doing as it says. Sufferers feel restricted and slave like to the

disorder, making the brain a very scary place. D, 25 from New York described and compared OCD to a person- a very selfish, manipulative, and scary person who craves power. She specified, “If you don’t give it the power it wants over you, you then become the powerful one.” I found this to be a remarkable statement. As soon as you pay attention to the scary, anxiety provoking feeling, thought, or image, you are essentially giving it the power to control you. Of course it’s not as simple as just ignoring OCD because if it was that simple, everyone would beat it. Having suffered with the disorder since her early teens, she has found that learning to laugh at the thoughts you fear is key. Reminding yourself that you’ve heard it all before and its getting boring helps because if it is boring, it is no longer frightening. Basically, it’s about tricking that little OCD part of your brain into thinking you’re not scared anymore. The more you learn to laugh and not take your thoughts seriously, the easier it becomes to disarm OCD. How can it get to you if you’re not scared? From D’s experience, she says, “it can’t, it feeds your fear to feed off and suck you in deeper.” She is stern about telling anyone fighting with OCD to take it face on and tell it that it’s boring and you’re not listening. “You can do it; it just takes practice and trust within yourself.”

*“The greatest weapon against stress is our ability to choose one thought over another.” –
William James*

When asking D whether her coworkers and boss knew about her diagnosis and circumstances, she explained that it is especially helpful that her boss and coworkers are actually aware of her situation. However, health issues are a tricky topic. It is not easy to tell someone you barely know about your mental health as it can be uncomfortable. D, my interviewed patient, explained her struggle with OCD in the workplace.

When I was in the throes of terrible obsessions, before I actually knew I had OCD, going to work was one of the hardest things I’ve ever had to do. Getting out of bed felt like an impossible chore, and on top of that I had to put on a relatively happy face and get through each day, being productive and trying to excel at my job. I had to be on when I really wanted to shut myself off—from the world, from my own head, from everything. One day I was having such a hard time getting through the day without crying that I considered going to my boss and telling her,

“I need to leave. I need to check into a psychiatric hospital.” I wanted to rest for weeks, or months. But since I knew I couldn’t say those words without crying—and that somehow seemed worse than going on as I was—I didn’t. I couldn’t let her see me as weak. I had to pretend to be strong, but I was betraying myself. As much as I tried to hide my pain, others caught on. One coworker told me it seemed that I’d lost my spirit, and I ended up confiding a little in another who had seen the changes in my demeanor. I still have a little present she gave me one day; it’s a nice reminder of how far I’ve come, and to keep on keepin’ on.

D ended up confiding in her supervisor, and it now makes her a lot more confident. She is no longer letting OCD own her. It is important for her to now build awareness for people with mental disorders to know they can still live a normal life. It is possible to succeed in the workplace, and not be ashamed. Ultimately, I personally believe that when people know someone with a mental illness, or even just knowing something about mental illness in general, it can help reduce stigma in the workplace. Managing your OCD at work can be difficult. Some people hide their condition while others declare it. Whatever you choose to do, it is important that OCD sufferers know their rights.

D was rather lucky for her positive experience with confiding in her boss regarding her OCD and how it was affecting her in the workplace. Unfortunately, many people do not have the same experiences. I think this depends somewhat on the environment of the job you work in. D works at Macy’s, which is not a high demanding job. She has noted that her main responsibilities were to meet and make a connection with customers, to help inspire customers to buy, helping people with fitting rooms, maintaining good housekeeping standards, maintaining selling the floor presentations and restocking as needed, and using the cash register at times. She mentioned that her managers strive on their employees delivering great customer service that offers a distinctive shopping experience and drives sales results. Their biggest requirements are for the employee to work as part of a team and to meet department and store objectives. D’s OCD was beginning to get in the way of the daily tasks she was asked to do, and because of this she made the decision to confide in her boss so that they were aware of her situation. She began calling out of work a lot due to being so late from checking things over and over in her house. D explains that she would find herself paranoid and constantly assessing whether or not any failures or

shortcomings within the store were her fault, which they almost never were. She was also severely depressed and would cry a lot on the job, causing her to have to go to the bathroom for long periods of time. She would become obsessive over the floor presentations, spending way too much time on one specific task. “In some ways, my obsessions and compulsions make me a good employee. I am very careful with the details, with the facts. I am conscientious about doing a good job. But the OCD pushed my conscientiousness into the negative.” This affected her performance and it became hard for her to continue hiding her OCD. She is grateful because admitting her OCD to her boss caused her to get the help that she needed. Her employer did not pay for this treatment, but she began an out-patient treatment and started on an SSRI called “Clomipramine”, and underwent intensive CBT with her job supporting her. Macy’s being a very large retail franchise, I think they were so supportive ultimately because they are priding themselves on not discriminating on any employees. Her manager was a sincere, kind-hearted person who wanted the best for her. They were kind about changing her hours and working around this. Luckily, she also had very little side effects from this medication and has learned many coping mechanisms with the Cognitive Behavioral Therapy. She went from constantly worrying that everything was her fault and obsessing over even the smallest failure, to a new thinking process through automatic cognitive processes. She learned in therapy that she is not responsible for the ideas that occur in her head. She was taught to separate herself from the emotional and/or moral implications of what this disorder seems to represent. She is still employed at Macy’s and is still working on her treatment.

D’s Coping & Treatment

Nutrition and Diet: Follows a well- balanced diet, takes vitamins

Sleep habits: Tries to get at least 8 hours every night

Exercise: Regularly – Yoga & Meditation

Medication: Currently taking SSRI Clomipramine

Side Effects: A little weight gain, nausea, no sleep trouble

Therapy: Cognitive Behavioral Therapy twice a week

This case turned out positive. D’s strengths, which consist of having a great, friendly, personality when the OCD wasn’t around, outweighed the weaknesses in her job performance

and is fortunate that her job was willing to accommodate her. Her position was not overly competitive or cut-throat, and she chose to confide in her supervisor. They were able to convince her to get the help that she needs and accommodate her through the process. There was no discrimination or stigma that followed this. Not all cases are successful in this sense.

Real People, Real Stories...

Work places can be like an army that shoots its wounded.

I have known people to "pretend" they have a physical problem and that's why they're away from work.

I have had to lie to get a job rather than admit to having a mental health problem.

They encourage you to use the Employee Assistant Program, but god help you if you actually use it...then you become 'labeled', and they use it against you.

I didn't know what my rights were as an employee, and I didn't have the strength to deal with them. I wanted to believe them when they said they cared.... I was vulnerable.... I was bullied.

I need a job that can help me build up my self-esteem and give me a feeling of being self-sufficient.

When I wasn't well, I didn't have the strength to stand up for myself.

They made it so hard for me at work; I think they were trying to force me to quit.

Mental health issues happen to anyone. It is beneath me to beg for a chance to work.

I was told not to talk to anyone at work about what I was going through.....

When I don't feel well, I need to feel secure that I can take the time I need, and not lose my job.

They treated me like a 'broken product' that you just discard if some small part isn't working the same as before.

Excerpts from *Real People, Real Stories* (Mental Health Matters 2001)

CASE REPORT

A 28-year-old female I will call K was employed within the public sector by a large employer of labor was referred to the occupational health services, in accordance with an existing sickness absence management policy, because of frequent short-term absences from work. She had been employed in the human resources section for over one year. Her duties included telephone consultations with the public, responding directly to enquiries from the public and other administrative duties. She was reviewed by the occupational health physician. Enquiries regarding the episodes of absences established that she had a long-standing history of obsessive-compulsive disorder. She also claimed that she suffered from sleep paralysis as well as night terrors. There was also a history of hallucinations (mainly visual) and extreme phobias. She was under the regular review of a psychiatrist and taking 30mg of Citalopram on a daily basis.

The combination of the above problems translated into a disturbed and poor sleep pattern which left her exhausted in the mornings. Due to the OCD, she had to follow a regimented routine each morning. Compulsive actions like going back to recheck that she had locked her front door were common. The repetition of these actions often meant that she was late for work. At work, it was not uncommon for her to experience phobias that were non-discrete, unpredictable and apparently unpreventable. There was often an associated intense and irrational fear of different objects. These phobic anxiety episodes meant that she often had to leave work and go home. It is worthwhile to note that she did not experience phobia to the 'workplace' per se, but to objects of fairly common usage within the office-based workplace environment.

She had recently disclosed the extent of her psychological constraints to her line manager and this had prompted the referral to the occupational health department. She reported being under a great deal of emotional strain due to domestic and family issues. The initial assessment resulted in the generation of a letter to management confirming the presence of long standing psychological problems. Further information was requested, with her consent, from the hospital specialist as well as her general practitioner (GP). Her employers were informed that her condition was covered under the ADA (American's with Disabilities Act.) The report from both her GP and Psychiatrist confirmed her history and diagnoses, as well as indicating that the prognosis for her full recovery was unlikely.

FOLLOW UP

K was reviewed about 2 months later to find out how she was getting on at work. At this review, she confirmed that she was still experiencing difficulty in getting to work on time. She ascribed this to her difficulty in getting up on time in the morning despite the use of an alarm clock, and an early wake-up phone call from a friend on every working day. She however claimed that she always ensured that she finished her allocated duties before leaving work, and if required she would compensate by staying behind to make up for time lost in the morning. Her domestic and family problems, though not completely resolved, did not appear as grim as before. She remained under regular psychiatric follow up although she was unable to derive benefit from cognitive behavioral therapy as she felt unable to explore her phobias with the therapist. The overall impression from both consultations was that of an individual who definitely had ongoing difficulties, but was willing to make the effort to retain remunerative employment. She was also aware that her problems were going to be present for the foreseeable future. The advice given to management was to re-emphasize that her condition was covered by the disability discrimination act and a reasonable adjustment that might be considered in her case would be to tolerate a higher than average frequency of short term absences.

Pharmacological therapy with a variety of serotonin reuptake inhibitors (SSRI) and cognitive-behavioral therapy (CBT) are both evidence based options that have been proven to be effective in the management of OCD. The patient was able to participate productively in CBT. She was also on Citalopram. Citalopram is a Selective Serotonin Reuptake Inhibitor (SSRI), which is used for the management of depressive illness and panic disorders. Although she did not experience many negative side effects from this medication, the patient's ability to perform her duties effectively was seriously affected by her underlying psychological condition. It was equally apparent that she was willing to attempt to make certain adjustments, if feasible, with the overall goal of remaining in gainful employment.

The main problems identified were her persistent lateness, and her irregular attendances were due to the unpredictable attacks of phobia with panic episodes. As her problems are potentially long-standing, the issue of time scales for improvement in work attendance was virtually unanswerable and there seemed to be no permanent adjustments that could be made to accommodate her phobias, as these were varied and quite random.

OCD and such severe phobias could present genuine and wide-ranging difficulties for both employee and employer. The fact that her condition was covered by the disability discrimination act placed her employer in the situation that they had to consider 'reasonable adjustments.' An employer and employee may not agree as to what either party would consider to be a reasonable adjustment. In certain cases, striking the right balance on what can be accepted as a 'reasonable adjustment' in the workplace may need to be judged by an external court of law.

SOLUTION

The main adjustment that could be considered in light of the long-term nature of her condition could involve the employing management tolerating a higher than average frequency of short-term absences. The flexibility of adjusting her 'time of leaving work' in relation to 'time of resuming work' is another option, if practical from both employer and employee points of view. Working from a 'non-threatening environment' such as from home could be an option if the precipitants of the phobias could be reasonably predicted and prevented. If however, there are no reasonable adjustments possible, and regular and sustained attendance was not achievable, then the final decision rests with her employer. At any stage the patient could request a case review by an external court of law if the employee perceives he/she is being disadvantaged by decisions reached by her employers.

Previous studies have attempted to highlight the negative influence OCD could have on the general quality of life and social functioning of the sufferers. A review revealed a small number of studies looking directly at the relationship between OCD and employment. One study reported on some outcome predictors in OCD following behavioral psychotherapy. In a series of 178 outpatients with OCD, the 103 women in the study group were shown to have a significant trend towards a better outcome if they were in paid employment at the time of assessment. (Castle, 1994) The ability to remain at work appeared to suggest a positive effect on the sufferers, as well as improving their quality of life. Further research is required to determine the nature and significance of the relationship (if any) between OCD and employment. Cautiously, it could be in the patient's best interest to be supported as much as feasible and practical, to maintain the paid employment that she now has.

This case demonstrates to an extent, some difficulties a person with mental health or behavioral disorders like OCD and certain phobic anxiety disorders experience in relation to employment! It also demonstrates the inherent strengths (this client's desire to continue working) that many of these individuals possess and which employers, as their careers or health care-givers need to be able to detect and support. In certain cases, if deemed appropriate, consideration could be given to referring patients to an occupational health service for further professional advice.

MY SOLUTION

Under the American with Disabilities Act's liberal definition of disability, OCD is almost certainly a covered mental disability. If the OCD inhibits the employee's ability to perform the essential functions of his or her job, then, yes, it is imperative that an organization makes a reasonable accommodation, but only if you can do so in way that will enable the employee to perform those affected essential functions. In other words, it depends. The lesson here is not so much about accommodating OCD as an ADA-covered disability, but a broader lesson about handling any disability in the workplace. You need to have a dialogue with an employee about reasonable accommodations. Without opening the channels of communication, you will never know what is feasible. More importantly, without the dialogue, you probably have not satisfied your obligations under the ADA.

Firstly, I think there are important questions that need to be answered to help assess what accommodations are appropriate for employees who suffer from OCD. Accommodations must be determined on an individual, case-by-case basis. I believe there is no cookie-cutter approach to finding an appropriate accommodation, however, these questions can assist in helping employers figure out the best treatment plans.

- What limitations is the employee with a mental impairment experiencing?
- How do these limitations affect the employee and the employee's job performance?
- What specific job tasks are problematic as a result of these limitations?

- What accommodations are available to reduce or eliminate these problems? Are all possible resources being used to determine possible accommodations?
- Has the employee with a mental impairment been consulted regarding possible accommodations?
- Once accommodations are in place, would it be useful to meet with the employee to evaluate the effectiveness of the accommodations and to determine whether additional accommodations are needed?
- Do supervisory personnel and employees need training regarding mental impairments?

Here are some possible and reasonable accommodations for a person's anxiety disorder such as OCD:

- Allow a self-paced workload
- Allow additional time to learn new responsibilities and/or for training
- Allow flexible work hours, make-up time and part-time
- Allow frequent or longer breaks, with backup coverage
- Allow telephone calls or time off during work hours to consult with doctors and others for needed support, counseling, or therapy
- Allow the employee control of his/her workspace
- Allow the employee to take a break to use stress management techniques to cope with frustration
- Allow the employee to tape record meetings and/or provide typed minutes
- Allow the presence of a support animal
- Allow working from home all or part of the time, and provide necessary equipment
- Ask for and implement employee input
- Develop a procedure to objectively evaluate the effectiveness of the accommodation
- Develop strategies to handle problems before they arise
- Develop written work agreements that include the agreed upon accommodations, clear expectations of responsibilities and the consequences of not meeting performance standards
- Divide large assignments into smaller tasks and goals

- Do not require all employees to attend work related social functions
- Educate all employees on their right to accommodations
- Encourage employees to move non-work conversations out of work areas
- Ensure employees are welcome to communicate openly with managers and supervisors without reprisal
- Establish written long term and short term goals Increase natural lighting or provide full spectrum lighting
- Make daily To Do lists and check items off as they are completed
- Move the employee to a private office or an area with less distractions
- Plan for uninterrupted work time
- Provide job coaches
- Provide job sharing opportunities
- Provide positive praise and reinforcement
- Provide sensitivity training to coworkers and supervisors
- Provide weekly/monthly meetings with the employee to discuss workplace issues and production levels
- Provide written job instructions and checklists
- Providing gradual updates on forthcoming changes
- Recognize that a change in the office environment or of supervisors may be difficult for a person with an anxiety disorder
- When an employee is given a new supervisor, allow the employee to have contact with the prior supervisor to assist in an effective transition
- Reduce distractions in the work area, including by providing white noise/environmental sound machines, or allow the employee to play soothing music using a headset
- Refer to counseling and employee assistance programs
- Remind employee of important meetings and deadlines, and provide a calendar
- Restructure the job to include only essential functions
- Use electronic organizers, watches, and timers with prompts

I think every organization needs to have some sort of Wellness Recovery Action Plan. It should be mandatory for every organization to implement this comprehensive employee support

program which reinforces their proactive and reactive ‘being mentally fit’ work. One element of this is psychological support (cognitive behavioral therapy) available for any employee who needs it, counselling and employment advice. Therapy along with a manager and HR specialist should help the employee by exploring various options for staying in the existing team, such as part-time, compressed hours, a period of time off or completing a stress at work assessment. These employers should also build links and encourage employees to access support through third sector organizations who can offer a range of mental health and employment and vocational support services. A manager should try to do everything possible to support their employees to stay in their existing role if possible. In the end, together with HR, there should be an agreement made which suits the employee’s circumstances whether it be to take a healthier career step into a less front-line position or implement the accommodations. Early intervention is key in these situations. Organizations should refer employees with mental health problems to occupational health on the first day of absence, recognizing that these problems are likely to be recurrent or long term if not addressed promptly. By the time someone has been off sick for a month, the chance of a successful return to work are reduced as they are likely to have lost confidence and become alienated from the workplace. Access to occupational health services seems like the most effective intervention for long-term absence.

Case Report

Another patient that I have studied, J, is 32 year old woman who is in medical school and has developed OCD over the last 6 months during her internships. She is 5’5, 130 pounds, with short white blonde hair. She has no past medical history and lives in Sparta, New Jersey. She has a lot of trouble with doubts. She describes,

I fear I have missed something while questioning or examining my patients so I may repeat myself or have someone else check everything after me, or after a patient is sent back home I think of a dangerous diagnosis they could have that I get convinced I have missed. I think I might have made an error on a prescription. I have once asked a patient to come back at the clinic because I thought I had not done her vaginal swab for chlamydia right (which I was 99% sure was not the case, but I couldn’t live with the 1%)

These are doubts that her colleagues could potentially have too, but for J, they are multiplied by a thousand and she constantly has to check everything. When she can't, it gives her terrible anxiety and a feeling of extreme guilt that she might have missed something and that the patient will die. She also developed fears that she may have contracted HIV or HCV while on the job and that she might contaminate others with it. J constantly is checking her hands for scratches that could bleed and she must wash a lot of things after touching them. During the last weeks, she also started having some problems while driving, fearing that she doesn't pay enough attention and that she might hit someone and not notice. These fears are very real to J, and she truly believes that she might hurt someone. Because of the nature of her job, she has kept this all a secret. She began seeing a psychiatrist weekly for CBT and has been on Cipralex for two months now. These treatments are helping a little with her OCD, but she is far from where she needs to be. J explained,

Now, I'm at a crossroad. I'm in my last year of medical school, and we have to choose our specialty (which would be pediatrics for me because I love working with children so much!). The thing is, with all those symptoms, I'm starting to really doubt I want to go on. The anxiety and the guilt associated with the responsibilities I have (and I'll have even more in the future!) are eating me up and I can't go on living like this... and I have lost a lot of my motivation. But at the same time I'm really confused... I have worked so hard just to get into medical school, and since then I've continued to work so hard during those last five years in training! And during my first year of internships, I liked what I did. Everything went to hell during this second year when the responsibilities started to hit. And quitting is like avoiding my fears, which is not good for CBT... But I don't want to be unhappy and anxious like I am right now for my whole life.

Telling anyone in management she says is not an option for her. She is certain that with people finding out they will not think she is stable enough to do her job. Especially in this field, I can understand her concerns. While it's illegal to discriminate against someone for a medical condition who is otherwise qualified for a job, there are ways an employer can make life unpleasant without technically violating the law. This makes it important to know as much as possible about a potential employer's history and policies toward workers with disabilities. There

are many who are supportive and make accommodations for employees with challenges, both mental and physical, and then there are certain workforces that make it almost impossible. I will continue to follow J and will find out the decision that she will make and if she will address these concerns with her teachers and supervisors. She is addressing these concerns with a therapist as of now. Ultimately, I think if someone is considering entering the workplace or are having difficulties on the job, they should be sure to discuss it with a therapist before anything. Fears, anxieties, and symptoms can be addressed and solutions can be sought to help them.

Although J is taking medication and getting CBT, I do not believe this is enough for her treatment plan. She says she does not exercise, eat well, and barely sleeps. The role of meditation, exercise, sleep, nutrition, and wellness play an extremely significant part in the treatment plans. Along with the SSRI and CBT, this could significantly help her in controlling the disorder. She is in a rather high paced and competitive field that does not make it easy for her to admit her inside struggles. She is certain that by revealing her OCD, she will be kicked out of the program. The stress this puts on her is making her OCD worse. J needs to follow a strict wellness plan while receiving treatment. As of the last I spoke with her, she has not admitted her OCD to management. The fear of being discriminated against remains too high. What needs to be focused on here is the strengths and positive attributions that come with J's newly developed disorder. OCD habits can actually come in handy, as she always double checks everything meaning errors would be very rare.

The past 3 case studies have all been extremely different, but share common concerns. Their OCD has affected their lives tremendously, putting much stress on the question, "do you reveal your mental illness to your employer?" There are both positive and negative responses and all cases are different which is why they each need to be handled with as a case by case approach. However, my studies have found it mandatory that each patient needs to follow a thorough wellness program. Exercise, sleep, meditation are just as important as medication and therapy to get the best overall treatment plan. Organizations that encourage employees to seek treatment for mental health issues from licensed mental health professionals—with no resulting negative consequence to their careers—will be investing in a healthy work environment while reducing the negative impact and cost of mental health problems in the workplace. At the same

time, the ability to work is an important part of recovering from mental illness — along with getting medication, a good therapist and family support and living a healthy lifestyle.

Not only are the patients affected by this, but their co-workers can be as well. I was lucky enough to interview “PH”, someone from an Association for Counseling and Psychotherapy that specializes in OCD and other anxiety disorder to get some insight into the professional relationship with an OCD co-worker.

ME: What are the categories of OCD behavior?

PH: True OCD is an anxiety disorder which may be mild or severe characterized by such things as repetitive checking behavior (did I lock the door?) or compulsive handwashing. In severe cases, people may take an hour or more to get out of bed because they have to count all the squares on the wallpaper first. Jack Nicholson played a character in the movie [“As Good as It Gets”] who needs to eat lunch at the same table in a local restaurant every day and will shift anyone out of the way who try to stop him. He also never walks on the cracks in the pavement. Then there are people who aren’t especially anxious but who have an obsessive-compulsive personality disorder which causes them to try manically to keep control of things and do everything perfectly – it has much in common with types of autism. And then there are people who have no clinical condition as such but who simply want to keep their lives spick and span but they are far too tidy and possibly house proud for the rest of us.

ME: How can OCD behavior interfere with co-worker relationships?

PH: The problem with OCD is that it may infuriate those on the receiving end and can compromise efficiency and punctuality. Problem-solving usually requires open-ended, creative thinking. Someone with OCD will only want to stick to with “the way we’ve done this before”. Those with OCD are sometimes paralyzed when there’s a need to cut corners or speed up production. However, obsessional tendencies may be useful where the job involves safety checks.

ME: If the behavior of an OCD co-worker is affecting one’s own work, how should that

person proceed to let the OCD co-worker know about this situation? Is talking to a manager the best approach? Talking directly with the person?

PH: I don't believe you should become an unpaid therapist to your co-workers but common sense suggests trying to reason with them in an encouraging way before you go to the bosses. Perhaps you could reassure by suggesting an experiment – “Let's just try and do it without counting all the components first and see whether your fear is justified – I'll help you with it”.

ME: Tips for dealing a co-worker who suffers from OCD?

PH: Avoid criticism – it's tough to look at the world through such constantly fearful eyes and nobody “chooses” to be like this. Give colleagues objective feedback – “I know you were worried it wouldn't work out but look at the results. We arrived there on schedule and everyone is happy with us! Perhaps it's okay to be more flexible after all?” You need to be patient and prepared to repeat the message.

ME: Tips for staying productive while working with a co-worker who suffers from OCD?

PH: I suppose as far as possible you should try to mind your own business. When you have to liaise with this colleague, make some allowances but try not to catch their anxiety. The difficult with emotions like anxiety is that they are infectious. One mantra may help you – “All that really matters are health and children – the rest is management”.

ME: A person who suffers from OCD might pay more attention to detail than someone who doesn't suffer from the disorder. Do you agree? What would be some advantages of working with someone who suffers from OCD?

PH: They make good safety checkers – but poor airline pilots. One airline captain who suffered from OCD crashed by running out of fuel because he was so determined to isolate the cause of a different fault on the flight deck!

ME: In your experience, what are the major complaints from people who suffer from OCD

regarding their co-workers?

PH: In general, they often feel misunderstood and unfairly harassed. But then people with moderate to severe OCD are likely to find the workplace a source of enormous worry anyway – and those with the worst symptoms, however clever or well qualified, prefer to drop out or seek the most menial routine jobs. In the most tragic instances, people with top degrees are working as lavatory attendants.

ME: Could you please expand on that?

PH: What I meant was that strong OCD is characterized above all by high levels of anxiety and fear of disaster – therefore a stressful work environment where tasks need to be completed to professional standards swiftly and reliably is burdensome. There is some truth in your second point – people with OCD do prefer predictable routines, usually. They often indeed settle for repetitive menial work – but in every workplace there's threat – and even the most routine jobs can get disrupted by changes in product demand or technological innovation.

This paper has made me realize that the workplace is the most important environment to discuss mental health and illness, yet it is the last place we expect to hear about it! Employees are afraid of discussing it with co-workers and bosses. They don't want to lose their jobs, damage relationships or risk future employers learning of illnesses and judging them. The stigma of mental illness keeps them silent. Employers have the opportunity to change this fear regarding mental health at the workplace, but they rarely do. There is motivation for them to step up as mental health conditions seem to cost employers significant money each year. By addressing mental health issues in the workplace and investing in mental health care for workers, employers can increase productivity and employee retention. I think the issue goes beyond making the workplace better, though. Here are more reasons why investing in mental health treatment and discussing mental health in the workplace will benefit all of us.

It is important to Help People Become Happier, Confident and More Productive

Let's say there is an employee who has been diagnosed with OCD. In an environment where he doesn't feel comfortable talking about his OCD, the situation could become much worse. He might not seek treatment, causing his performance to plummet. His supervisors might consider firing him. In a workplace where he felt he could talk with his boss about the issue, the situation could turn around. The boss could recommend ways to cope with the panic disorder at the office. They could work together to create a plan that might allow the employee to improve his performance and become more valuable to the company. These results would improve his overall happiness and confidence.

Breaking the Stigma of Mental Illness

Imagine a woman dealing with OCD and depression. In the late evening she video chats with a therapist who tells her the depression is nothing to be ashamed of. She is lucky enough to have family members and friends who helps her fight that stigma. They accept her OCD and depression. Then she goes to work in the morning. No one talks about mental illness. It's as if it doesn't exist. On the rare occasions she does hear about it, the conversations are not positive. Her co-workers don't have enough education to be sensitive. They accuse people of using mental illness as an excuse to be lazy or receive special treatment. She wants to believe her therapist and loved ones when they say her mental illness isn't a weakness. It's hard to, however, when no one at work is coming forward. None of the people she spends the majority of her time with are telling her there is nothing wrong with her, that it is ok. When people want to view their mental health issues in a positive way, they need encouragement and acceptance in all parts of their life. Inconsistencies or an absence of positive rhetoric in one environment can make it harder to fight the stigma of mental illness.

Creating a Culture of Acceptance

Employers disclose their mental health issues to employees, give presentations on mental health and encourage people to discuss mental health issues whenever they feel like it.

There is an environment in the workplace by being open about his obsessive compulsive disorder

and discussing it with staff. If you encourage employees to be open about their mental health issues or at least share “quirks” that make them unique. The goal is to make employers feel an obligation to address mental health and help people see mental illness as “a normal human condition.” I think this creates a culture of acceptance that benefits EVERYONE.

Reducing the stigma of therapy and treatment can even be an unexpected extra result of the atmosphere of being open about mental health.

Great Company Culture Attracts More Employees and Retains Current Ones

Let's think about it. Some of the most talented and potentially valuable employees in the world have a mental illness. If employers want to hire them before other companies do, a reputation for accepting mental health conditions can be invaluable. There are many people who would forego a salary increase to work for a company guaranteed to accept their mental illness. This can be an advantage when competing for talent against companies with larger budgets. Current employees are also more likely to stay with a company that addresses their mental health needs and creates an environment where they can openly discuss mental illness and therapy. It's a retention tactic more employers should try.

Less Stress and More Benefits to Bring Home

When people stress about their mental health problems at work, they bring that stress home. It then negatively impacts their life and relationships outside of work. By creating an environment where people can openly discuss their mental health issues and treatment, we can reduce this stress. This will improve our lives outside of work and make friends and family grateful we are not unloading extra work stress on them.

Decreasing Social Isolation and Making People Feel More Included

Mental illness can make people feel isolated. They might not be seeing a therapist or know anyone who will understand or accept their illness. The loneliness can exacerbate illnesses such as depression. Employers can prevent this isolation by encouraging employees with mental

health issues to connect with other people who deal with similar issues. Creating an environment where people can discuss mental illness openly will negate this feeling of isolation. Social inclusion at the workplace makes people happier, and mental illness should not stand in the way of that.

It's the Direction Our Society Needs to Move In

Only a few decades ago, it was rare for LGBT people to disclose their sexual orientation in the workplace. They worried it would get them fired or at least did not feel like the work environment encouraged them to be open. Now it is somewhat common for LGBT people to be out in the workplace. There is less fear of mentioning their lifestyle or opposite-sex partners. Mental illness may be different than sexual orientation, but the idea of having the freedom to be open about all aspects of who you are — and to do so in all parts of your life — is the same. It's time for everyone to have that freedom, and the path to it starts in the workplace!

“I want future generations to know that we are a people who see our differences as a great gift, that we are a people who value the dignity and worth of every citizen – man and woman, young and old, black and white, Latino and Asian, immigrant and Native American, gay and straight, Americans with mental illness or physical disability.” President Barack Obama

In New York City, the job market is competitive to say the least. There aren't enough jobs for everyone, resulting in many qualified people taking jobs below their potential, and fighting to get to the top. This competitive, cut-throat culture makes it hard for anyone to succeed. For the mentally ill, it becomes even harder. However, in recent decades, the nation's and world's economies have experienced huge and continuing changes. Technological innovation, globalization, the emergence of a knowledge economy and similar trends have improved the quality and standard of living for millions of people and offer the potential to do the same for millions more. Yet, for our nation to prosper in this 21st century global economy, the “American Dream” must be available to all those who work hard to achieve it. As we rebuild our economy and middle class, we must try to find more opportunities to enable people with disabilities to gain and sustain good jobs and careers that can lead to better self-supporting futures. There has been widespread recognition that many people who experience

psychopathology are in the workforce, that it is important for these individuals' recovery that they remain in the workforce, and that it is in employers' best interest to keep such individuals employed. "Work can be stressful, and employers can be very demanding because of the demands of the marketplace. In such an environment people with mental disabilities, cognitive or emotional strain, or other impairments are at an extreme disadvantage. Historically, the employer's solution was simply to terminate the employee, if possible. Certainly, people with a history of psychopathology would not be hired if the employer could find any other alternative. Times, however, have changed and are continuing to change rapidly. Laws, such as the Americans with Disabilities Act of 1990 (ADA), limit the employer's ability to discriminate against those people with disabilities who can perform the essential functions of a job." (Thomas, 2004) Human Resource support and wellness are very critical in every organization along with mandatory mental health policies that directly address these issues. Aggressive educating and training to HR management is necessary to deal with each situation with a case by case approach. However, this is not enough.

The role of government

Governments have a crucial role in promoting mental health, including the mental health of workers, and in ensuring that mental health problems are recognized early and treated effectively. Governments are also usually employers themselves, often employing thousands of people. Employer, employee and nongovernmental organizations, also have an important role in working with governments to improve the mental health of employees. These partners should advocate for the development of policies and strategies that promote the mental health of employees and prevent and treat mental health problems.

Some of the crucial roles of government are:

- To identify vulnerable populations, such as women, children, the elderly and people with disabilities, promote their access to work, and ensure that they are able to enjoy the same conditions as other groups in the work environment.
- To establish policy and legislation in key areas, such as prevention of discrimination, income protection, safety and health at work, mental health policy and services, and reduction of unemployment.

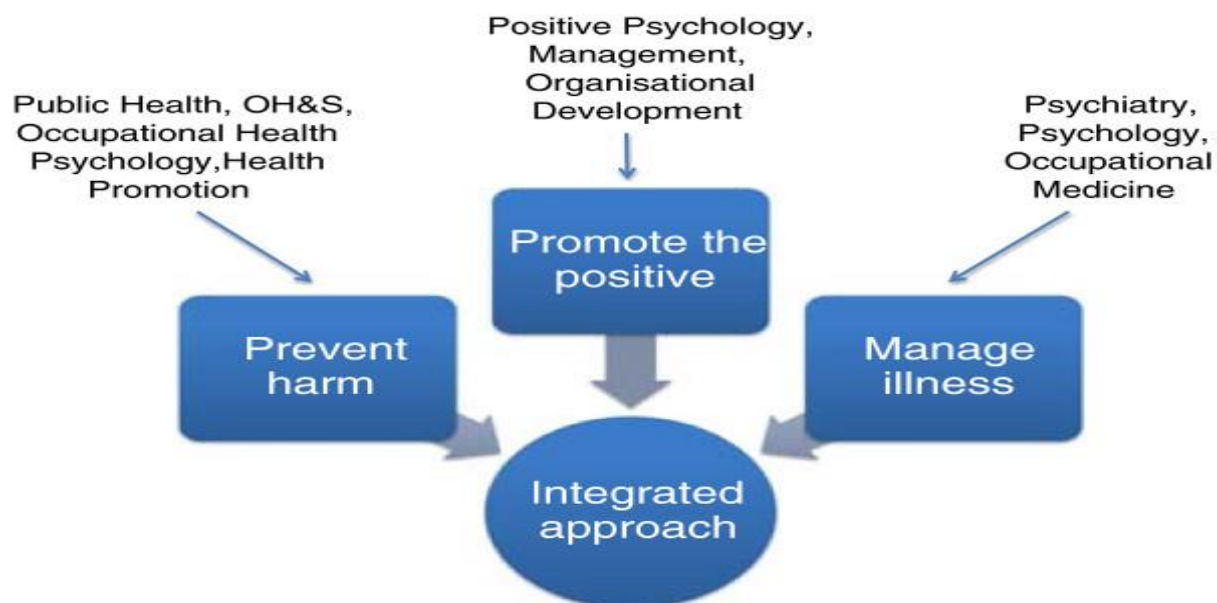
A growing number of HR professionals recognize that early detection and treatment of mental illness often can prevent a crisis and reduce employers' health care costs down the road. They are developing programs and plans to provide more support for their employees with psychiatric disorders—similar to the help they provide those with physical injuries or ailments. Nevertheless, there needs to be services that secure competitive employment and are cost effective such as supported employment available to all individuals. “Supported Employment refers to service provisions wherein people with disabilities, including intellectual disabilities, mental health, and traumatic brain injury, among others, are assisted with obtaining and maintaining employment originally through the primary models of job crews, enclaves, or the often preferred job coach or person-centered approaches. Supported employment is considered to be one form of employment in which wages are expected, together with benefits from an employer in a competitive workplace, though some versions refer to disability agency paid employment.” (Wikipedia, 2016) This would reduce the use of hospital care and other services. This supported employment can be funded by Medicaid, which allows states to obtain substantial federal matching funds. Mental health systems continuously use decades old day treatment programs that are based on the premise of life-long disability and dependence. If the funds used to pay for these day treatment programs were reallocated to finance supported employment programs, many more people would be able to engage successfully in competitive employment.

INTEGRATED INTERVENTION APPROACH

Mental health problems are common and costly in the working population, and represent a growing concern, with potential impacts on workers (e.g., discrimination), organizations (e.g., lost productivity), workplace health and compensation authorities (e.g., rising job stress-related claims), and social welfare systems (e.g., rising working age disability pensions for mental disorders) (OECD, 2012) Growing awareness of this issue has been paralleled by the rapid expansion of workplace interventions to address common mental health problems in the workplace setting, particularly as a means to prevent, detect, and effectively manage depression and anxiety. Workplace interventions to address common mental health problems have evolved relatively independently along three main threads or disciplinary traditions: **medicine, public health, and psychology**. To realize the greatest population mental health benefits, workplace mental health intervention needs to comprehensively:

- 1) Protect mental health by reducing work–related risk factors for mental health problems
- 2) Promote mental health by developing the positive aspects of work as well as worker strengths and positive capacities
- 3) Address mental health problems among working people regardless of cause.

An integrated approach to workplace mental health combines the strengths of medicine, public health, and psychology, and has the potential to optimize both the prevention and management of mental health problems in the workplace!



My research leads me to believe the best overall and most effective treatment plan for managing the disorder of OCD is a combination of cognitive behavioral therapy along with an SSRI medication. The goal of treatment is to reduce the frequency and severity of the obsessions and compulsions so that the patient can work more efficiently. Although few OCD patients become completely symptom-free, most will benefit considerably from treatment. By promoting and focusing on the positive aspects and strengths of the person, and allowing, encouraging, and provided to the highest extent possible can help tame the disorder. Lastly, by addressing mental health issues within the workplace, and protecting everyone equally, providing therapy and

counseling, and information, each employee can gain more knowledge which can lower discrimination and stigma.

I believe that it is possible to succeed after admitting your mental illness to your employer as long as you can still perform the functions of your job. It is more beneficial to admit your mental illness and be honest, then suffer in silence. There are laws to protect people with mental disabilities, and although many people experience discrimination and stigma, if every organization has HR support, mandatory mental health policies, aggressive educating and training along with the patient following a very specific integrated intervention approach combining the strengths of medicine, public health, and psychology, accommodations need to be made regardless of the competitive nature of the job. With the significant potential for stigma and other negative effects, organizations must spread positive awareness to increase understanding. We need to instead look at OCD as an asset to a business and an advantage if it is kept under control and the patients follow very specific wellness programs.

OCD education and awareness programs in the workplace can significantly reduce the financial and emotional cost of the disorder on the U.S Labor Force. Employees and employers might recognize the symptoms earlier and seek appropriate help sooner. Early recognition and assistance increases the likelihood that a work environment can be created that allows the person with OCD to succeed. I have found through my case studies that a combination of an SSRI medication along with intensive Cognitive Behavioral Therapy, significant workplace reform, and a specific wellness program with exercise and diet, daily meditation, and proper sleep is the best and most effective treatment plan for OCD. When admitting your OCD to your employer, there must be an assessment done that will provide accommodations for each case by case situation.

To ensure the well- being of the OCD patients, and their survival in the workforce, we must focus on the extremely unique attributes someone with OCD has to offer a company. It is imperative we promote mental health by developing the positive aspects of work as well as worker strengths and positive capacities. Their perfectionism and determination can be beneficial in the workforce. People with OCD always want their particular attribute to be precise and perfect, accepting nothing below their highest measure of quality. Of course, I think by law, there needs to be specific checklists for employers to use to integrate employees with OCD into

the workforce. If they are assessed and accommodated, after following all wellness and integrated programs along with all treatment plans, and cannot do their job, then they should look into switching positions that better accommodate their strengths. In no way should they be fired, discriminated against, or treated any differently.

“People who live with OCD drag a metal sea anchor around. Obsession is a break, a source of drag, not a badge of creativity, a mark of genius or an inconvenient side effect of some greater function.” – David Adam in the Man Who Couldn’t Stop: OCD and the True Story of a Life Lost in Thought

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