

MIND

Suffering from bipolar disorder or depression shouldn't prevent you from enjoying a fulfilling job. Loren Anthony outlines your rights in the workplace

your rights

In 2000, the World Health Organisation estimated that only 10 percent of people with mental health difficulties who were capable of working were, in fact, working. In South Africa, the figure hovers around two percent. This is a shocking statistic if you consider that the law is firmly on our side and, if we utilise it correctly, there is no reason why women suffering from depression, bipolar disorder or a host of other mental illnesses shouldn't enjoy rewarding careers.

"My work is my passion," says 39-year-old Linda Stewart. "I do research on the fundamental rights of the poor and vulnerable – especially children – in South Africa. Ironically, my research is often the cause of my own pain and despair." Linda is a professor of law at the University of North West. And she suffers from Bipolar Mood Disorder (BMD).

Since the 1990s, when she was first diagnosed with BMD, Linda has been on a roller coaster ride of medications, therapies and hospitalisations. Despite wild mood swings, Linda lectured, wrote scholarly articles for publication, attended conferences and raised a child.

There were times, of course, when she simply could not function. "I would stand in front of a class of two hundred students and become anxious and agitated. I would talk rapidly and find myself unable to properly

formulate my thoughts. Then I would go home to sleep, exhausted, for the rest of the day."

Linda chose early on to disclose her illness to her colleagues and the dean of her faculty. "To be secretive about my illness is to deny who I am. But I do make a point of not using my illness as an excuse." Linda made sure that there were boundaries in place when she disclosed: "While most of my colleagues know about my illness, I make an effort not to discuss the

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details with them. I try to keep my personal life my own." She has, however, had one or two close friends at work that stood in when she needed to present a paper and couldn't, or took her to hospital when she really needed it.

Linda was also fortunate to have a dean who understood her illness. He allowed her to take sick leave when she was unable to work, and,

more importantly, he was excellent at "reading" Linda. "When I was in a manic phase, and acted impulsively, taking on far more work than I could possibly cope with, he would gently question me, and make sure that I was making the right decision."

Linda also works in an environment – teaching and research – that allows for more flexible times. "Other people have 8am to 5pm jobs. They have to be at work, put on a smiling face, and behave normally when they are dying inside."

Like Marian Hammond* (31), a married mother of two, who works in the sales and marketing department at one of South Africa's automobile manufacturers. "Some days I am exhausted by the time I get out of bed in the morning. I get up by force of habit and spend the day on auto-pilot. And then there are good days, days when I am efficient, creative, full of energy and enthusiasm." Marian has worked for the same company for three years. Her sales manager is one of the few people who can see through her "carefully and precariously-maintained façade."

Because she has been open about her condition, he has been understanding and considerate about not putting undue pressure on her when she is depressed. "My managing director, on the other hand, is a hard, insensitive man. Recently, for the first time this year, I was booked

off for three days to recoup from a depressive phase. I was denied the leave as either sick or annual leave. The days were docked from my salary on orders from the MD. He is the kind of man who will launch a vicious, personal attack on you on issues from dress code to quality of work. My work, when I'm depressed, is above average, because I consciously try harder, and when I'm manic, my performance is exceptional, because then I am very creative and driven. The MD's personal attacks leave me in a deeply disturbed state. It's difficult coping in such an environment." Marian's work environment offers her no protective resources – there is no HR department, Wellness Officer or counselling facilities.

These two vignettes illustrate the range of responses to psychological disorders in the workplace, from support to stigma, from discrimination to decency, from compassion to contempt. And Linda and Marian are not alone. According to Cassey

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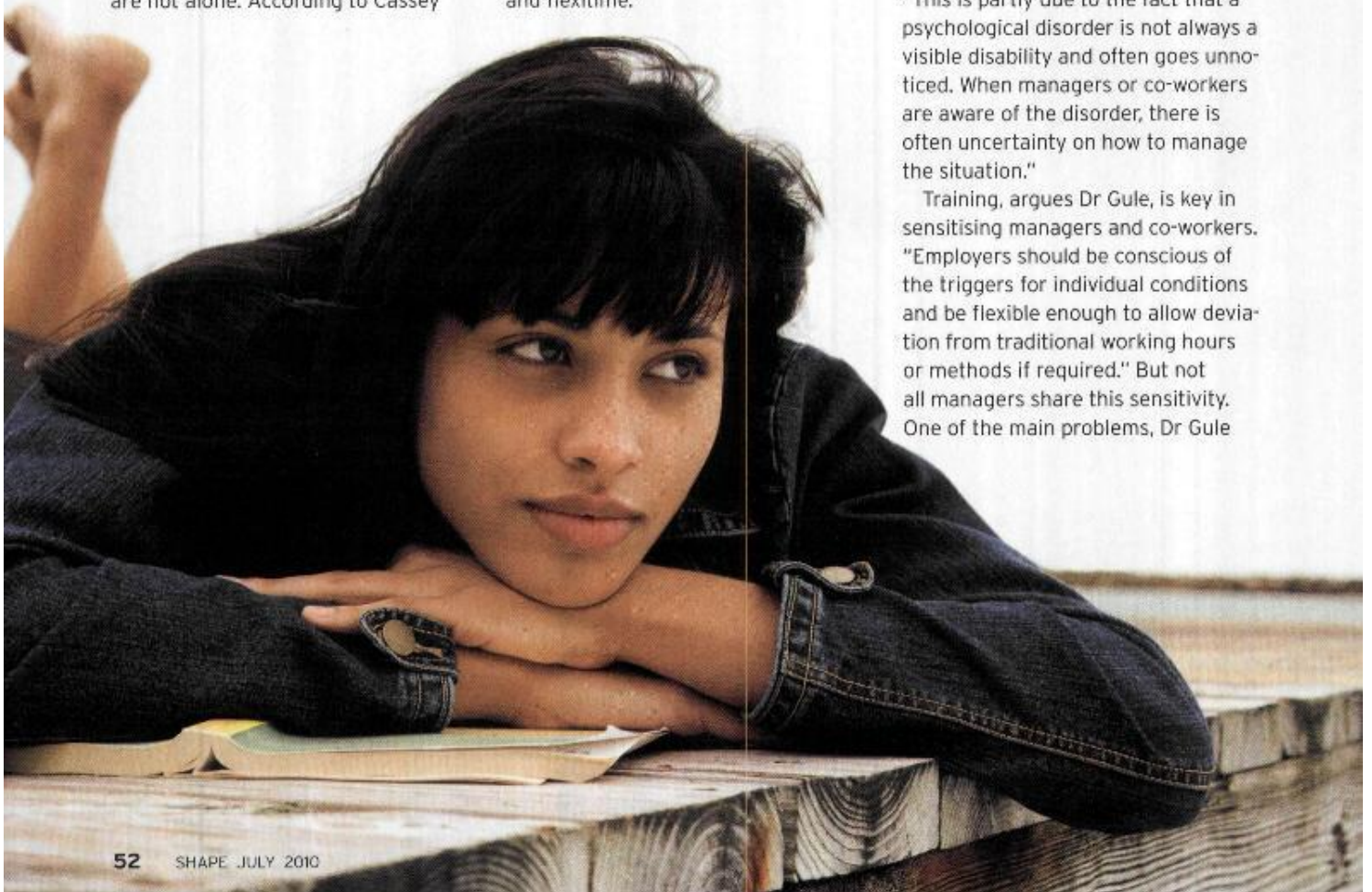
Amoore, operations director at the South African Depression and Anxiety Group (SADAG), "it's estimated that one in five South Africans will, or do, suffer from a mental illness in their lifetime. This is a large number considering that many people don't see mental illness as a real illness like hypertension, diabetes or cancer."

Postnatal depression, for example, is vastly under-diagnosed in our culture. Women are expected to go back to work too quickly and too suddenly, says Judith Ancer, a clinical psychologist whose consultancy, Shrink Rap, teaches workplace wellness. "Mothers are also extremely isolated from support in our culture. Companies should make greater accommodation for new moms in the form of care facilities and flexitime."

The biggest problem is that people with mental health difficulties tend to hide their struggles and, as a result, find it difficult to assert their rights, says Meryl du Plessis, a lecturer in Public Law at UCT. "They often also fail to seek help and take medication. In terms of the law relating to unfair discrimination, an employee who suffers from a mental disorder has a duty to mitigate the effects of their condition, so it is important that they get a diagnosis, therapy and medication if necessary."

Dr Jerry Gule, general manager of Human Resources and Transformation at Total SA, also believes that employers generally do not do enough to acknowledge the prevalence of psychological disorders in the workplace. "This is partly due to the fact that a psychological disorder is not always a visible disability and often goes unnoticed. When managers or co-workers are aware of the disorder, there is often uncertainty on how to manage the situation."

Training, argues Dr Gule, is key in sensitising managers and co-workers. "Employers should be conscious of the triggers for individual conditions and be flexible enough to allow deviation from traditional working hours or methods if required." But not all managers share this sensitivity. One of the main problems, Dr Gule



believes, is that "the line between performance and disability often becomes blurred. The emphasis by managers should be on the person and their capabilities rather than on the diagnosis." This is a crucial distinction, and may be at the heart of so much misunderstanding and discrimination in the workplace.

The heartbreaking reality is that people with a psychological disorder not only deal with the physical, emotional and financial costs of their disorder, but they daily face stigma and harassment, and so many other barriers that lead to their social exclusion. "The most pressing concerns for people with mental illness are finding employment and staying well once they are employed," says Linda Trump, head of the Johannesburg Bipolar Association (JBA). "For people who have not been working for some time, re-employment is often difficult as they have to explain why there are gaps in their CV." It's difficult, on your job application form, to admit that you have a psychological disorder.

So what does the law say? This is Du Plessis's area of speciality. "An employee with a mental health condition has constitutional rights to equality, human dignity, fair labour practices and access to social security. Once in employment, an employer cannot demote or transfer a person, or reduce her salary because of her condition, as it would constitute an unfair labour practice in terms of the Labour Relations Act."

Labour law is highly protective of people with psychological disorders, so it's in an employee's interest to disclose their condition. Once they disclose, the principle of "reasonable accommodation" kicks in. "Reasonable accommodation" means that employers must remove any possible barriers that may hinder a person from performing the job; it should give the person with a disability equal opportunities for growth and promo-

tion as well as the same benefits that other employees receive; employers can adopt the most cost-effective means to fulfill the above two conditions. An employer may only avoid implementing reasonable accommodation if it would cause an undue hardship for the business in terms of expenses or difficulty," says Du Plessis.

Reasonable accommodation, adds Trump, "could mean, for example, that managers are sympathetic to requests for flexitime, for not doing night shifts (due to the sleep disturbances caused), or for working in a quiet office (noisy environments often stress people with BMD, Attention Deficit Hyperactivity Disorder (ADHD), Obsessive Compulsive Disorder (OCD) or anxiety). Most people with a psychological disorder can be stabilised, and as long as they continue taking their medications and managing their lifestyle so that they minimise stress, there is no reason why they can't continue working successfully for years."

If, however, they find themselves in Marian's situation, with an unsympathetic manager, Du Plessis urges that they keep a written record of any incidents of discrimination. "If there are complaints about their work, they need to ask for feedback in writing and respond in writing. They should approach their HR officer. If there is no HR department/officer then an employee should either contact the Department of Labour directly or the Ministry with responsibility for disability integration. They should also alert their manager to difficulties they are experiencing. Courts have found employers to be liable for damage where the employee complained to a manager and the latter had done nothing to address the employee's grievance."

According to Ancer, our culture's failure to embrace those with psychological disorders in the workplace is "partly because people are afraid of their own capacity for madness. We

To disclose or not to disclose?

The law only protects you once you disclose. Make a formal, written disclosure to HR or management. Set appropriate boundaries in your workplace. Choose one colleague that you trust and can talk to – informal counselling from 20 burnt-out colleagues is not optimal.

What to expect As soon as an employee needs help, the Employee Assistance (EA) specialist schedules counselling sessions. Should the employee be in need of long-term therapy he is referred to external service providers such as psychiatrists or psychologists, where after the EA specialist fulfills a coordinating and mentoring role. Consultation sessions with line managers and other role players may take place, with the written consent of the employee, in order to create an awareness of the services available and to monitor the effect of the employee's situation on his/her workplace.

ESSENTIAL READING & USEFUL CONTACTS

- ▶ *An Unquiet Mind*
by Kay Redfield Jamison
(Knopf Publishing)
- ▶ *Rewind, Replace, Repeat: A Memoir of OCD*
by Jeff Bell (Hazelden Publishing)
- ▶ *Down Came the Rain*
by Brooke Shields (Penguin)

all face stress, we are all vulnerable, and we are afraid to acknowledge our shared humanity with those who suffer." But, she believes, in spite of this, most employers are concerned about their employees' welfare. "There is compassion out there, ordinary human compassion and we want to nourish and harvest that." ☺