

ABSENCE AND DISABILITY SUCCESS STORY

An employee in crisis: How a retail store employee rebounded after being on claim for mental illness



While the case study draws from actual claim experiences, it does not represent any specific individual or claim.



What led Jennifer to file an STD claim

A young retail clerk was diagnosed with Depressive Disorder and Borderline Personality Disorder.

She had stopped taking her medications and stopped seeing her therapist.

She was withdrawn and not greeting customers. This prompted a discussion about her performance. Jennifer even threatened suicide to her manager.

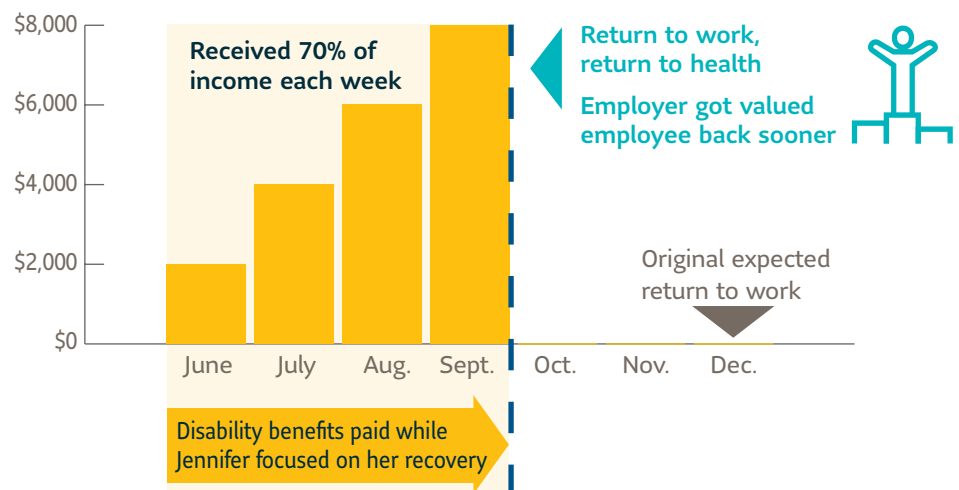
Her manager referred her to HR, where Jennifer disclosed she needed support for a medical condition. HR asked Jennifer to get information from her treating provider about what she needed in the workplace.

Jennifer returned to her therapist, who determined that she was unfit for work due to her medical conditions. She informed her employer, who encouraged her to file for short-term disability.

Jennifer's life was in a downward spiral when she met her case specialist

1. Her STD case specialist asked clarifying questions when Jennifer threatened suicide during an initial phone conversation about her illness and current state.
2. A behavioral health clinician was quickly engaged to talk with Jennifer and assess her wellbeing, confirming she was safe.
3. During intervention, it was determined that Jennifer was suffering a serious behavioral health condition. Her claim was approved for benefits and her estimated time out of work was six months.
4. The interdisciplinary team of experts that work on Jennifer's STD claim included a vocational rehabilitation consultant, behavioral health clinician, nurse clinician, and case manager.
5. This team worked with Jennifer over several months and, as her condition improved, the team developed a strategy to assist her in regaining wellness, with a goal of returning to work full-time. The team of experts engaged Jennifer, her treating provider and her employer.

Jennifer returned to work two and a half months sooner than expected due to the direct intervention of Sun Life's specialized resources and her employer.



Sun Life protocol for suicidal threat

Fortunately, the case specialist, behavioral health clinician, and the treating provider determined that Jennifer was not in imminent danger. If they had determined that she was, or if contact was lost while on the phone, the authorities would have been alerted to conduct an immediate wellness check.



Our Work is Healthy (WisH) philosophy recognizes that work is an essential part of healthy living and fulfills important psychosocial needs for the employee, while helping the employer with lost productivity challenges.



Dr. Tracy Hamill
Medical Director,
Sun Life

A discussion with Dr. Hamill:

How to help an employee in crisis

Signs of an emergency:

1. Employee says, "I want to hurt/kill myself"
2. Employee makes attempt

Immediate steps to take:

1. Call 911
2. Contact HR

When it's not an emergency, but you suspect your employee needs help:

1. Change in employee's typical behavior; employee asking for help
2. Contact HR; HR should contact employee
3. HR can refer employee to Employee Assistance Program (EAP) services.

How to be prepared

Intervention training enables employees in crisis to be identified and referred to an EAP provider. A wide variety of training is available – online or in person – that HR can offer to employee managers. This type of training fosters a work environment where people are comfortable speaking about behavioral health issues and getting help.

Rely on your EAP provider

Sun Life, in partnership with ComPsych GuidanceResources®, is prepared to handle a variety of calls related to an employee's own health condition.

Here's what happens when an employee calls ComPsych GuidanceResources requesting assistance for depression.

1. The individual will speak to a master-level clinician who obtains the history of the condition and symptoms, and will determine if the individual is at risk.
2. The services are the same for at-risk and non-urgent calls. However, depending on the person's answers, the clinician may offer a wellness check if he/she is at risk, or make a safety agreement until the caller can get help, typically by going to a local hospital.

3. For a referral, an individual is linked with a local provider based on gender preference, language needs and location preference.

Millennials report higher rates of depression than any other generation and are now the biggest sector of the workforce.¹

Depression costs the U.S. economy more than \$51 billion a year in absenteeism from work and lost productivity, and \$26 billion in direct treatment costs.¹



1. MarketWatch, *Workplaces are finally treating mental health days as sick days, even on Broadway*, April 21, 2018.

While this case study describes an actual claimant experience, the name and other details have been changed for privacy considerations.

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