Organizational and Occupational Psychiatry:
Overview and Examples

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Organizational and occupational psychiatry is the application of psychiatric knowledge, principles, and skills to the resolution of career issues of individuals and larger scale behavioral issues of organizations. Organizational and occupational psychiatry dates back to 1924, when Macy's department store first hired a psychiatrist to attend to the needs of their employees. Since then, the scope of organizational and occupational psychiatry has expanded into many areas of work and corporate life.[1] Within occupational psychiatry, there has been growing awareness of the importance of work and career factors in patients' inner emotional lives, and the often hidden interactions between work life and personal life. Within organizational psychiatry, psychiatrists have worked to improve organizational structure, function and change; address the complexities of office politics; assess and develop executive and leadership skills; and help employers with a range of issues including accidents, violence, pre-senteeism, and the workplace effects of mental health diagnoses and treatment. This paper will review examples of organizational and occupational psychiatry. All individual case material is fictionalized to maintain confidentiality.

What skills do organizational and occupational psychiatry psychiatrists need for this work? Most essential are the basic knowledge areas of clinical psychiatry: personal psychodynamics, group process, the importance and role of Axis I and Axis II diagnoses, the triggering

role of external stressors, and the effectiveness of psychotherapeutic and psychopharmacologic treatments. With their comprehensive training, psychiatrists are uniquely qualified for this work. But it is also important to know more about the worlds of organizations and business. This includes such topics as leadership, management, organizational behavior, productivity, workplace interactions, hierarchy and more. There are also many special issues of employers, such as disability and workplace violence, and there are legal concerns such as the Americans with Disabilities Act (ADA).

OCCUPATIONAL PSYCHIATRY

Although some patients present for work-related issues per se, career issues turn up with nearly every patient that psychiatrists see. It is essential to understand the subtleties of each patient's work, workplace, and career. While occupational psychiatry skills are important for all patients, recent years have seen the increasing popularity of executive coaching for improvement of professional skills. Coaching models that are based solely on surface behaviors have limited benefit for work, much less so for mental and social health, and may actually backfire.[2] This limitation comes from the effects of personality, as well as from inattention to the role of common anxiety and depressive disorders. Thorough psychiatric evaluation and treatment is thus far more effective. Freud famously spoke of the importance of both love and work, and the two are often inter-

twined in subtle yet complex ways. Patients often don't realize which one is their primary concern.

Work Issues Can Mask Personal Concerns

A corporate executive presented for treatment solely for the chief complaint of "social phobia," and explained that his nervous presentations prevented career advancement. Promotion to the inner circle was so important that he was willing to take medication, and even, if necessary, "talk about feelings." On sertraline and in analytic psychotherapy, his self-diagnosed social phobia resolved, and he found himself more aware of and more concerned about his absent romantic life. Eventually, and at about the same time, he became a senior officer and a husband.

We live in an era of ever-changing corporate environments. With downsizing, rightsizing, layoffs and off shoring, job loss and career change is more common than ever. Some of the consequences are obvious: job loss, change in social environment, loss of income, change in family role, loss in social status, and change in daily activities. Although nearly everyone who loses a job will be unhappy, some will suffer more serious psychological distress.

Job Loss and Unemployment

An ad agency senior account executive was on the verge of a promotion to the job of her dreams. Suddenly she was let go when her chief account moved on to another agency. Aware only of a

sense of resignation, she actually fell into an acute melancholic depression. She turned down a recruitment offer from another agency, and concluded that her career path had been a mistake. Alcohol helped her to sleep, tissues helped with the tears, and she was at first pleased about her weight loss. To get by, she did temp work at a job level she had held 15 years before. With duloxetine and therapy, her depression resolved and her initiative returned. She realized that the blow of losing her job was not a punishment for her aspirations. After a deliberate job search, she landed a new job as senior vice president at another firm.

For all of those who lose their jobs, there are others who do not. They are aware that they are among the "lucky ones" who are able to go on with their lives largely unchanged. In some cases, work load may increase or work friends are lost. In other cases, there may be new opportunities or disappearance of workplace adversaries. They, too, can suffer heavy emotional consequences.

Success Causing Anxiety

A marketing manager presented with overwhelming anxiety. The anxiety began on the day that his company had announced major layoffs, including those of his two best friends. On that very same day, he received a well-deserved promotion and a major increase in pay. His hidden fear of ex-colleagues' anger and envy exacerbated his panic disorder to the point of anxious paralysis. Clonazepam and therapy allowed him to function again, but without fully eliminating his "survivor guilt."
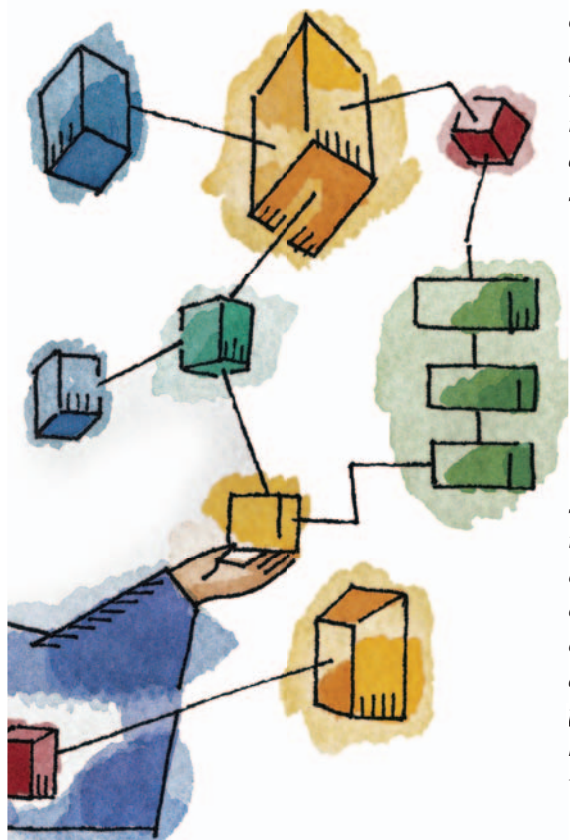
Perceptions of bosses and supervisors always reflect past experiences with parental and other early authority figures. Talented managers can recognize the psychological differences of their employees, and manage them accordingly. Similarly, astute employees can recog-

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nize their boss's psychological needs, and "manage upwards" accordingly. Most people, though, can't see all that is going on around them.

Phobic Avoidance

A technician presented for depression in the context of financial problems and a limited career path, after a previously completed psychotherapy. His depression responded to fluoxetine, and his long-standing panic disorder resolved with the addition of clonazepam. With remission of panic anxiety, he no longer avoided advanced technical classes. In therapy he came to understand his long-standing need to obey his father's low expectations. With that understanding, he started his own firm and greatly increased his family's financial security.

An Unrecognized Barrier

A young software engineer presented for anergia and hypersomnia following another mediocre performance evaluation. A star student in college, she had worked hard, applied all of the constructive criticisms from her last evaluation, and couldn't understand why the same complaints were repeated again and again. She had even designed a new algorithm for a key process, allowing her boss to complete a project ahead of schedule and above specifications. In treatment, she slowly realized how important her

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skills were to the insecure and self-centered boss. Rather than give her strong evaluations that would allow her to move on, the boss tried to keep her in place. Paroxetine helped her long-standing atypical depression. She realized, too, that her depressed parents had always downplayed her career prospects, for fear that she would move out of their house.

Independent Medical Examination

Independent medical examinations (IMEs) fall on the boundary of occupational and organizational psychiatry. Purposes include assessment of Fitness for Duty (FFD), violence potential, treatment second opinion, psychiatric disability, psychiatric comorbidity of medical disability, and ethical or professional misconduct. Although an IME is an evaluation of an individual, it is typically requested by an employer or insurance carrier, does not include a doctor-patient relationship, and is not confidential from the requesting party. Particular attention must be paid to the workplace issues, agendas and motivations. It is not uncommon for workplace politics and

personal relationships to intrude, or for an employer to unethically request a finding of unfitness (or of fitness) for duty. Because of the problem of "double agency," properly conducted IMEs should not be performed by a clinician who is currently treating the patient. The IME examiner needs to provide an impartial perspective, independent of treatment and confidentiality obligations to a patient. At the same time, an examinee must be explicitly aware from the start of the special nature of an IME. 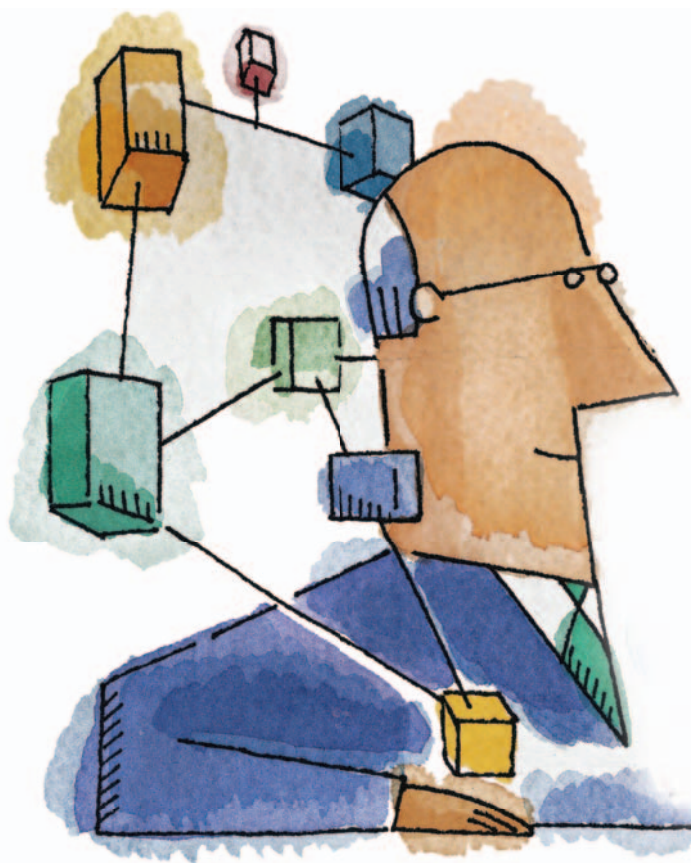In many cases, the examinee has readily treatable psychiatric problems but has either not sought treatment, or has not been offered appropriate treatment. With appropriate permissions, referral for appropriate treatment can often make moot the reasons for initial referral.

FFD: Hidden Personal Problem

A highly respected computer hardware designer was referred for an IME after 3 months of technical errors, reduced productivity, and increasingly concerned subordinates. Supervisory counseling and an executive coach had little impact on his organizational or management skills, or error checking techniques. On IME evaluation, he felt comfortable enough to mention his father's rapidly progressive pancreatic cancer. Under the Family Medical Leave Act, his workplace then arranged for time off during the father's illness and a return to his full duties thereafter. Medication was not needed, but psychotherapy helped him understand the powerful reaction to his father's illness.

ORGANIZATIONAL PSYCHIATRY

Psychiatrists can also have a major role to play in the function of organizations as a whole. Having just discussed occupational psychiatry, corporate executives are a good place to start. It is important to remember that executives are just ordinary people. They are not special people, but they do play special roles in the life of a corporation. Their success and failures are magnified by their influence over company tactics, strategy, pol-

itics, products and employees. Well-run companies pay close attention to executive (and manager) performance.

Executive assessment combines psychological testing, non-clinical interviews, and performance evaluations to assess specific business related skills essential for a given position.[3] These data sources are often supplemented by information from subordinates, peers, superiors, clients and others ("360° Evalua-

tion"). For ethical and legal reasons, it is important to avoid clinical assessments and labels. Based on this information, specific recommendations can be made for improving business related skills. Executive development is the implementation of those personalized suggestions, as well as the more general process of education and training for all executives.

Executive Assessment: Management Skills

A successful auto sales manager was hired for a regional dealer network position. Executive assessment revealed many management strengths and some areas needing improvement. For example, his primary reliance on a directive management approach was not ideal for the new position. Readings and a mentorship were suggested to help him expand his management repertoire to include consensus development and laissez-faire supervisory approaches. Personality issues were not a concern, and he was also able to model these new approaches on his past experience as a college baseball captain.

An organizational consultation is called for when there are particular problems with individual or groups of executives or employees. These prob-

lems often arise as a result of personality clashes, office politics or organizational dysfunction. Most often, a crisis develops during change or impending change. The most powerful triggering events, though, are not usually obvious to the people affected, and sometimes are the result of hidden agendas. Experienced consultants know that whoever requests the consult often has their own particular solution in mind. The skill of the consultant is in understanding the full situation, suggesting an appropriate solution to the stated business or organizational problem, and then gaining the participation of all parties.

Organizational Consultation: Office Politics

The top two partners of a sales team at a real estate firm stopped talking to

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each other. After years of friendship and ever-increasing sales effectiveness, they were so angry that they wouldn't even acknowledge each other in the office. Their antagonism affected everyone in the office. Their new sales manager called for a consultation, and was afraid they were too disruptive a presence for the firm. Data were gathered by interviewing the sales manager, the two partners separately, and (eventually) the two partners together. It became clear that the new sales manager had decided that the sales teams each needed a designated leader. He not only encouraged each partner to discretely seek that role, but also let one know that his seniority gave him the inside track, while telling the other that her personal skills would put her on top. After some discussion,

the new sales manager agreed to leave them as equals, and briefly wondered how he had inadvertently played them off against each other.

Other consultations involve issues of the company as a whole. "Corporate culture" is more than a catch phrase, but an ever-present reality in the workplace. Culture has profound effects on supervisory behavior, creativity, work habits, ethical conduct, career plans, and much more. Although everyone in an organization has their own personality, behavior, and work habits, these are heavily influenced by the culture. Much attention has been paid to changing corporate cultures through policy changes, value statements, and corporate retreats. But, unless the changes meet with the wholehearted endorsement of senior management, changes will be modest. A rigid and overly demanding CEO will find subordinates following strict rules and demanding schedules that sometimes limit business success. A passive and unambitious CEO will may rule a culture where action and innovation are discouraged.

Effective corporate change requires harnessing the positive effects of corporate culture, and the participation of as many employees as possible. Although layoffs are often involved, "reengineering" originally referred merely to the redesign of organizational and work processes. Because change is always fraught with uncertainty, a key component of change is effective and trustworthy communications. Everything that can be shared with the employees should be, while rumors should be anticipated and countered. Change should be as transparent and fair as possible, and employees should understand the reasons as well as the effects. Careful attention should be paid to employees who lose jobs, seniority, or preferred assignments. Many employees leave behind important social networks. Attention should likewise be paid to the reactions of those who are unaffected or even benefit from changes. Often overlooked is the effect of mismanaged change on employee morale.

Downsizing: Survivor Effects When Good Planning Is Abandoned

A former human resource director took a one-year assignment as a "change manager" at a corporation planning major layoffs. Her sad task was to decide the divisions, areas, and individuals who would lose their jobs. She fully understood and agreed with the business rationale for such drastic change, and was pleased, at least, that the company had entrusted the decisions to someone with her level of compassion. Even so, the company failed to follow through on its communications plans, selected for closure a highly profitable plant in an unfashionable location (management hated to visit there), and failed to provide the full severance packages it had promised. Some laid-off employees became depressed (as did she), yet they now had no mental health benefits. Among the remaining

employees, the ensuing years of mistrust and anxiety took a major toll on productivity, turnover, and profitability.
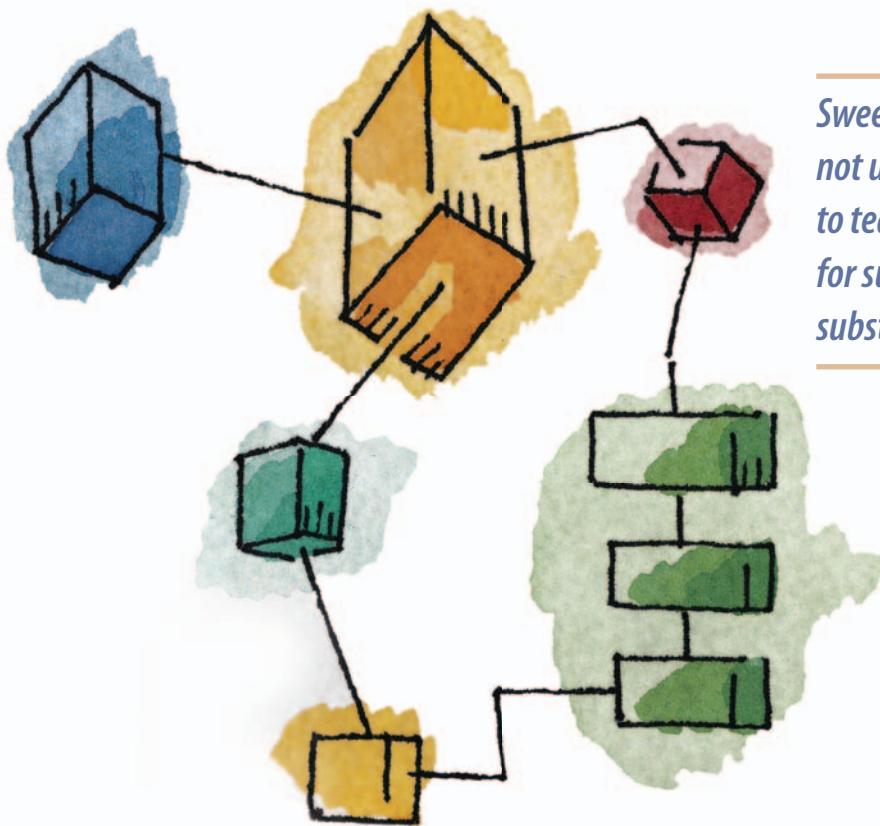
Change isn't always planned. It often comes to corporations unexpectedly, and with unknowable effects. This can happen on a small scale, such as a workplace fatality, or a bank robbery. Such events need careful management atten-

they are those employees with preexisting disorders, few social supports, or with additional stressful circumstances in their lives. Few other employees suffer fully diagnosable post-traumatic stress disorder. Wide-scale initial crisis intervention efforts may inadvertently do more harm than good.

and the availability of psychiatric resources when needed.

From the organizational perspective, the effects of mental health on Human Capital Effectiveness (HCE; a newer reference to employee productivity) are profound, but yet receive limited workplace attention. Absenteeism, presenteeism (employees who are present but unfocused), [4] turnover, disability, and workplace accidents are heavily determined by commonplace anxiety, depression, and

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tion. Shows of concern, attention to risk factors, and care for those in need are essential. Sweeping mental health interventions are not usually needed, but it can be useful to teach managers about warning signs for subsequent depression, anxiety, or substance abuse. Larger scale events can have more profound mental health and organizational effects, as evidenced by the attacks of 9/11 and the effects of Hurricane Katrina. But even on that scale, mental-health efforts should be focused on those few whose mental health is significantly affected. Often,

Traumatic Events: Psychiatric Education

Two weeks after the New York attacks of 9/11, a meeting was held there for managers and human resource professionals under the sponsorship of groups representing health benefits, occupational physician, and human resource professionals. More than 500 attendees heard a panel of psychiatrists review the psychological effects of disasters, warning signs for common psychiatric disorders, the important of communications and team cohesion,

substance abuse disorders.[5, 6] Similarly, these diagnoses can have profound effects on management, judgment, creativity, and leadership. Yet, the underlying diagnoses are usually not apparent, and often remain undiagnosed. Even when diagnoses are made, they may not be specific, and often do not lead to effective treatment. Not surprisingly, employers look at the modest effects of their managed mental health benefits with a jaundiced eye, and are reluctant to invest in higher quality mental health care.[7]

Moreover, most anti-depressant medications are now prescribed by primary care physicians. But studies show that monetary investment in quality mental health care produces bottom line profit, without even counting the personal benefits to employees.

Educating corporations about the economic value of clinical psychiatric services remains a major and exciting challenge.[5, 8, 9] One way to document these effects is to examine the complex factors contributing to human capital effectiveness.

Root Cause Analysis of Human Capital Effectiveness

A financial employer was concerned about productivity. Rather than just tightening rules and increasing performance requirements, they wanted to understand and correct any underlying problems. A comprehensive project examined corporate culture, management style, supervisory relations, workload, anxiety and depression, personal stresses, and other potential contributors. Other measures examined absenteeism, presenteeism, and health care utilization. Statistical models then showed that specific emotional and psychiatric factors were the strongest determinants of productivity measures, along with certain aspects of the employer's organizational design. This allowed the development and implementation of a data driven roadmap for improvement. (WorkPsych Associates, unpublished data)

SUMMARY

Although there is great need for organizational and occupational psychiatry skills in industry, there are only a few skilled practitioners. More of this work is done by other mental health professionals, or by business professionals without mental health training. Development of an organizational and occupational psychiatry career is a gradual process that requires new skills, new networks, and new experiences. Psychiatrists interested in learning more have many available resources: local organizational and occupational psychiatry psychiatrists, a free listserv discussion group (available at www.workpsych-corp.com), and national business and psychiatry meetings.

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