Stetson University College of Law

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Course Title:

Don't Accept Mental Health Differences at Your Firm, Embrace Them

Speaker:

Jeffery G. Meyers, AIA, NCARB, LEED AP BD+C

Chief Executive Officer

DS Architecture

#ProudlyBipolar

Overview:

This course provides a fact-based business case proving that embracing mental health differences at companies is a profitable endeavor. By accommodating mental health and cognitive difference, leadership demonstrates commitment to core values that attract and retain talent with unique strengths and insights. Resources for mental health reduce burnout and turnover and increase productivity. Stigma-free workplace culture benefits both neurotypical and neurodiverse individuals at all levels of the firm. Embracing cognitive diversity as an organization leads to stronger culture, and in turn, business growth.

Top Takeaways:

- Incorporating Mental Health: How to make mental health accommodation a foundation of your firm's culture

- Diversity and Attracting Talent: Commitment to mental health accommodation and diversity is highly sought-after in potential employers

- Strengths in Differences: Individuals with mental health and cognitive differences bring unexpected strengths to your team

- Discussing Mental Health: Creating safe outlets for discussing mental health in the workplace

- Destigmatizing Mental Health: Educating your entire firm on destigmatizing mental health conditions

Mental Health Crisis in the Workforce

"The extent of America's mental health crisis is alarming. Tens of millions of U.S. workers are experiencing mental health issues and are less productive because of it, inundating organizations with a vast array of new challenges. Mental health issues such as burnout and stress are hampering short-term productivity and long-term business growth." - SHRM Foundation.
Society for Human Resources Management.[1]

1. Companies' bottom lines suffer as a result of mental health issues such as burn out, exhaustion, hopelessness. *Id.* at 2,4.

   a. The solution is hiding in plain sight: leadership plays an essential role in curating mental health resources. *Id.* at 2.

   b. Mental health burden statistics:

      i. 280 million people globally affected by depression. Depression Worldwide.[2]

      ii. 40% of autistic individuals are unemployed, and 38% are underemployed. ASD Employment Predictors.[3]

         1. As much as 80% of autistic individuals are unemployed by some private estimates. Invisible Diversity.[4]

      iii. 88.1% employees reported concerns with stress levels over the past year. Am. Psych. Ass'n.[5]

      iv. 1 in 4 adults in the US report experiencing mental illness. SAMHSA Data.[6]

2. Crisis in the Construction Industry

a. The Centers for Disease Control and Prevention found that men working in construction have one of the highest suicide rates by population: their rate of suicide is about four times higher than the general population and is the second-highest rate of all workplace industries at 45 per 100,000. Suicide Rates by Industry.[7]

3. Health is in our control. Illness is out of our control, but treatable. Organizations are stronger when both mental health and mental illness are addressed and accommodated for by leaders.

Cognitive Diversity

Terminology: Neurotypical refers to individuals with neurologically typical patterns of thought or behavior. Invisible Diveristy, *supra* note 4. Neurodiversity as a concept regards individuals with differences in brain function and behavioral traits as part of normal variation in the human population. *Id.* Cognitive diversity is a broad term to refer to differences in the way people think, act, and are motivated. In the workplace, this includes factors that would cause individuals to problem-solve differently and how people approach intellectual processing. *Id.*

ADHD (approximately *4%* of the population). *Id.*

3.5 million with *autism.* *Id.*

2.9 million with *dyslexia* *Id.*

1. Neurodivergency occurs on a bell curve with most of the population falling in the middle. There is no typical person, and a significant portion of the population are on a spectrum of neurodivergency, bringing unique traits, skills and capabilities. HOK.[8]

a. A cognitive diverse workplace consists of both neurodiverse and neurotypical individuals.

b. Mental health resources benefit both groups, and can enable increased performance via support and inclusivity.

*"Many people with neurological conditions such as autism spectrum disorder and dyslexia have **extraordinary skills**, including in pattern recognition, memory, and mathematics. Yet they often struggle to fit the profiles sought by employers." – Harvard Business Review.* Competitive Advantage.[9]

2. Neurodiversity as a Competitive Advantage

a. Cognitively diverse conditions can also be associated with a propensity to possess unique skills and abilities that enable superior performance and productivity in key roles. Invisible Diversity, *supra* note 4.

3. Superpowers of the Neurodivergent

a. Dyslexia: Visual Thinking, Pattern Recognition, QA/QC and Complex Reasoning. *Id.*

b. Mood Disorders (Bi-Polar, Major Depression): Strong Creativity. *Id.*

   i. Mood disorders studies dating back to the 1970s show creativity, including in visual and literary arts. *Id.*

c. ADHD: Problem Solving and Creativity. *Id.*

d. Anxiety (Social Anxiety and PTSD): Group Tasks and Evaluation of Situations for Threats. *Id.*

   i. Experts suggest anxiety can equip individuals to be better leaders. *Id.*

4. Neurodiverse employees at SAP developed a technical fix that delivered $40 million in savings. *Id.* EY's head of recruiting for the Middle East and North Africa region found some employees with dyslexia, dyspraxia, and Asperger's syndrome rank in the top 2% in certain skills and business areas. *Id.* J.P. Morgan hired workers with autism, it found that they were 50% more productive and learned faster. *Id.*

5. Bipolar Disorder

   a. Bipolar disorder causes unusual shifts in mood, energy, activity levels, and the ability to carry out day-to-day tasks. <u>Bipolar Disorder</u>.[10] People experiencing these shifts often do not recognize their likely harmful or undesirable effects. *Id.* Approximately 45 million people worldwide suffer from bipolar disorder at any given time. *Id.*

6. Case Study: Jeffery Meyers

Jeffrey Meyers has been a family member at DS Architecture for 22 years, becoming a partner in 2010 and full owner in 2019. As a leader of his business and his community, Jeff is inspired by any chance to unite and connect with people, with a true passion for developing and mentoring leadership. He is passionate about the intersection of architecture and social issues, particularly education, equitable healthcare, public policy, historic preservation, diversity, and environmentalism. He has spent many years leading and contributing to the Northeast Ohio community with philanthropic ands service initiatives, raising awareness and providing resources with seemingly boundless energy and enthusiasm.

Jeff is a neurodivergent individual who is diagnosed with bipolar disorder. Bipolar is recognized as a disability both by the United States Government and by the state of Ohio. Jeff's journey to partnership and ultimately sole ownership of a midsize architectural firm involved

overcoming major obstacles related to his mental health condition. These impediments have created hardships in his personal life and career that neurotypical individuals do not experience. DS Architecture believes in educating all clients, consultants, contractors, and potential staff on mental health awareness, which includes openness about Jeff's diagnosis. This effort and transparency, along with Jeff's continued medical treatments, have caused additional disadvantage due to the social stigma associated with mental health issues. Mental health is not often discussed with openness or compassion, or discussed at all, in the AEC industry. Jeff sees this as a challenge and an opportunity to change the narrative and dissolve stigma around mental health. He has spoken at over 20 leadership conferences around the country, often on the topic of mental health and neurodiversity.

7. Case Study: DS Architecture

"Our growth is based on empowering each person's unique cognitive strengths."

In 1983, David Sommers founded our firm on the simple value of "people come first." In 2010, inspired by the notion of a firm rooted in culture, Jeffrey Meyers became a partner with hopes of providing others the opportunity to truly enjoy the architectural profession. In 2011 the firm supplemented culture with design by hiring Eric Pros, who embraces and emphasizes the principle that design matters. Today the firm considers itself a culture-based design firm, led by six studio directors with diversity of thought, typology, and approach. Together we strive to shape the world by inspiring the next generation of architectural professionals to embrace an unparalleled commitment to both culture and design.

    a. Firm's Core Values:

- Fairness
- Trustworthiness

- Conviction

- Collaboration

- Commitment to Knowledge

Our decisions and our growth are guided by these 5 Core Values and David Sommer's principle of family, which remains essential today.

    a. Our yearly mental health respite is an example of a decision that helps everyone.

    b. Our benefits include robust mental health coverage and a specific short term disability insurance in case of mental health crisis

    c. Firm leadership believes in the 60 | 30 | 10 principle – when delegating a task, 60% will be done exactly how you want, 30% will be done right, but not how you would do it, and 10% will be done wrong. We encourage creativity and learning from each other, and also use this as an indicator of workplace wellbeing rather than perfectionism

    d. Strong workplace culture leads to more business output

    e. Growth of Firm: from a team of 4 to 19 and a revenue of $300,000 to $2.8 million

8. Is there a link between neurodiversity and success?

    a. Notable public figures with neurodiverse tendencies or diagnosis include:

- Elon Musk (Asperger's)

- Frank Sinatra (Manic Depressive/Bipolar)

- Selena Gomez (Bipolar)

- Mel Gibson (Bipolar)

- Leonardo DiCaprio (OCD)

- Henry Ford (Dyslexia)

- Ernest Hemingway (Depression)

- Thomas Jefferson (Asperger's)

- Michael Phelps (ADHD)

- Bill Gates (Dyslexia)

b. Musk named his electric car and power cell company Tesla, after the engineer and inventor Nikola Tesla, who was himself most likely autistic. Was Nikola Tesla Autistic?.[11]

Neurodiversity in the Workplace

"Managers say [hiring neurodiverse talent is] already paying off in ways far beyond reputational enhancement. Those ways include productivity gains, quality improvement, boosts in innovative capabilities, and broad increases in employee engagement." - Harvard Business Review. Competitive Advantage, *supra* note 9, at 3.

1. A growing number of prominent companies have reformed their HR processes to access neurodiverse talent. Invisible Diversity, *supra* note 4.

   a. JP Morgan's Autism at Work program, Hewlett Packard's neurodiversity program in cybersecurity, Microsoft's altered hiring strategy to recruit autistic individuals for roles that use their strengths. *Id*.

   b. Innovation in diversity of thought- 88% HR professionals believe offering mental health resources an increase productivity. 78% say offering such resources can boost organizational return on investment. Soc'y for Hum. Res. Mgmt., *supra* note 1, at 13.

2. Why don't companies tap neurodiverse talent?

    a. It comes down to the way they find and recruit talent, and decide whom to hire and promote. <u>Competitive Advantage</u>, *supra* note 9, at 6.

        • HR processes are not scalable. *<u>Id.</u>*

        • Behaviors of neurodiverse individuals are believed to be counter to normal practices. *<u>Id.</u>*

        • Employee fails the interview process. *<u>Id.</u>* at 7.

        • Conformity required of processes. *<u>Id.</u>* at 8.

3. Without neurodiverse talent, companies miss out on unique innovation, diversity of thought, and differential skill sets from "the edges" of the bell curve. *<u>Id.</u>* at 7.

*"HPE's program has placed more 30 participants in software-testing roles at Australia's Department of Human Services (DHS). Preliminary results suggest the organization's **neurodiverse testing teams are 30% more productive** than the others"* – Harvard Business Review. *<u>Id.</u>* at 5.

Mental Health for All

"When people don't have access to mental health services, their employer can expect to spend as much as 300% more on health care. It's actually more expensive for companies to do nothing than it is to invest in good mental health." —Dr. Jenna Carl, VP of Clinical Development and Medical Affairs. <u>Mental Initiative Impact</u>.[12]

1. Access doesn't mean your firm has to do everything. There are partners to aid. <u>Invisible Diversity</u>, *supra* note 4.

a. A study of 90,000 people found that stigma is one of the top reasons people don't receive care. 13% didn't receive care because others might have a negative opinion. 13% said it was because it might have a negative impact on their job. Statistics on Mental Health.[13]

b. Half of American workers are uncomfortable talking about their mental health in the workplace. *Id*.

c. Stereotypes generate obstacles, especially for high performers who may be struggling under perceived expectations and feel asking for help may be a sign of weakness. As a result, they may suffer stress, burnout, lack of work/life balance, and contribute to unnecessary conflict between individuals. Building Mentally Health Workplace.[14]

2. The Cost of Poor Mental Health: How do we make poor mental health in individuals and culture tangible?

a. World Health Organization estimates $1 trillion in lost productivity due to anxiety and depression. Soc'y for Hum. Res. Mgmt., *supra* note 1, at 4.

b. Outward signs of poor mental health in workers: Building Mentally Health Workplace, *supra* note 14.

- Lack of Focus & Attention

- Short Temper

- Uncontrolled Reactivity

- Bringing Personal Problems to Work

- Increased Tension Between Coworkers

a. Internal results of not addressing mental health issues: *Id*.

- Burnout

- Defense Mechanisms

- Neglecting Basic Self Care

- Tension

- Anxiety Attacks

- Unhealthy Coping Strategies

3. Why aren't organizations offering mental health resources to their employees? From a poll of employers: Soc'y for Hum. Res. Mgmt., *supra* note 1, at 7.

- 33% say we haven't thought about workplace mental health. *Id.*

- 27% say we are unsure of which benefits to provide. *Id.*

- 21% say we don't have resources. *Id.*

- 21% say it's too expensive. *Id.*

- 18% say we don't know how to find or choose a plan. *Id.*

- 11% workplace mental health isn't an issue in our organization or industry. *Id.*

- 11% our employees are not interested in these resources. *Id.*

4. The most common reason cited is a general lack of recognition. Uncertainty leads to paralysis in leadership. The lack of capacity is a real issue. *Id.*

5. What are the benefits of Mental Health Awareness?

   a. Mental health is a business issue. *Id. at 5*. Not a firm issue, but a business issue.

      i. 58% of employees claim a healthy work/life balance is more important than financial compensation. *Id. at 14*.

ii. 86% of HR professionals indicated that offering mental health resources can increase employee retention. *Id.* at 12.

iii. 72% of HR professionals think mental health resources can attract new talent. *Id.*

iv. 88% of HR professionals believe offering mental health resources can increase productivity. *Id.* at 3.

v. 94% of HR professionals believe that by offering mental health resources, organizations can improve the overall health of employees. *Id.*

Building a Mental Health Foundation: Solutions and Accommodations

If an employee of yours was approached by a friend asking, "How does your firm handle mental health?" How would you want them to respond? Can you identify any possible negative perspectives they might bring up? Do your leaders lead by example?

1. A strong foundation can inspire and lead others will be able to incorporate mental health accommodation easily. A firm's mental health approach must come from the leaders of a firm and be embraced by all. Best Practices.[15]

2. Implementing strategy: Start with Trust. *Id.*

   vi. Leaders promote mental health awareness, have a strong core value foundation, and create programs for support

   vii. Consistency is key

viii. Communicate and offer preemptive options to employees before they reach a crisis point or disciplinary action is needed

ix. Create avenues encouraging conversations to address mental health

3. Front Line Leaders make the difference. *Id.* at 927.

   i. Direct managers promote mental health in casual and professional employee conversations

   ii. Lead by example. Participate in trainings and programs (provided or self-directed)

   iii. Flexible scheduling or allow time off for therapy, mental health days, programs

   iv. Maintain employee trust by keeping conveyed information confidential

4. Destigmatize: Educate your entire firm and normalize mental health and neurodiversity. *Id.* at 926.

   i. Humans are social beings that thrive when working in groups and sharing resources and workloads. Our brain is highly attuned to our social environment, using the same neural pathways for pain and pleasure to assess social interactions for potential threats and rewards. Neural Bases of Social Pain.[16]

   ii. Addressing the elephant in the room can feel awkward and even threatening for everyone.

   iii. Honesty and compassion are key to counteract this, and starts with education and a culture of openness.

iv. Peer groups: *"Peer training was cited as an effective method of breaking down these stereotypes and allowing employees to be vulnerable in a space that feels safe."* – Learning Collaborative Summary.[17]

5. The Environment: The social and physical environment can enhance or interfere with or enhance employee performance. HOK, *supra* note 8, at 6.

  i. Accommodating employees across a wide spectrum, including neurodivergence

  - Hypersensitive individuals who prefer controlled, predictable environments

  - Hyposensitive individuals who prefer additional sensory stimuli

  ii. These accommodations can take many forms, from personal resources and tools to the designed workplace environment

  iii. Designing for cognitively diverse individuals involves creating spaces to accommodate their unique work processes and needs. *Id.* at 9.

  - Collaborative spaces

  - Focus / Refresh spaces

  - Consideration for levels of sensory stimuli in different areas

  - Access to multiple types of space as needs may change with the work task or employee

6. HR & Management - Effective communication and processes are essential for leading a cognitively diverse team. Invisible Diversity, *supra* note 4.

  a. How are organizations measuring the efficacy of their mental health resources? Soc'y for Hum. Res. Mgmt., *supra* note 1, at 12.

- 48% employee engagement surveys. *Id.*

- 47% utilization of mental health resources. *Id.*

- 43% productivity and attendance. *Id.*

- 40% utilization of employee benefits. *Id.*

- 35% surveys to assess mental health & stress. *Id.*

- 30% one-on-one interviews with employees. *Id.*

- 20% healthcare and pharmaceutical claims. *Id.*

- 13% do not measure. *Id.*

- 11% vendor/third party company. *Id.*

b. Companies that have a reformed HR process include: SAP, Hewlett Packard, Microsoft, Wills Towers Watson, Ford, EY, Caterpillar, Dell Technologies, Deloitte, IBM, JP Morgan Chase, UBS. Competitive Advantage, *supra* note 9, at 3.

Citations

[1] SOC'Y FOR HUM. RES. MGMT., MENTAL HEALTH IN AMERICA 17 (2022), https://www.workplacementalhealth.shrm.org/wp-content/uploads/2022/04/Mental-Health-in-America-A-2022-Workplace-Report.pdf.

[2] Linda Searing, *Depression Affects About 280 Million People Worldwide*, WASH. POST (Feb. 27, 2022), https://www.washingtonpost.com/health/2022/02/27/depression-worldwide/.

[3] Alisha Ohl et al., *Predictors of Employment Status Among Adults with Autism Spectrum Disorder*, 56 IOS PRESS 354, 353 (2017), https://content.iospress.com/articles/work/wor2492.

[4] ONE MIND AT WORK, INVISIBLE DIVERSITY IN THE WORKPLACE: CAPABILITIES, CHALLENGES, AND STRATEGIES (2018), https://onemindatwork.org/wp-content/uploads/2022/11/OMaW_Invisible-Diversity-Report_2018-.pdf.

[5] AM. PSYCH. ASS'N, WORK IN AMERICA SURVEY (2023), https://www.apa.org/pubs/reports/work-in-america/2023-workplace-health-well-being#:~:text=Most%20workers%20(87%25)%20reported,their%20mental%20health%20at%20work.

[6] Destiny Boston & Blaire Bryant, *SAMHSA Releases New Data on Rates of Mental Illness and Substance Use Disorder in the U.S.*, NAT'L ASS'N OF CNTYS. (Aug. 12, 2024), https://www.naco.org/news/samhsa-releases-new-data-rates-mental-illness-and-substance-use-disorder-us.

[7] Aaron Sussell et al., *Suicide Rates by Industry and Occupation — National Vital Statistics System, United States, 2021*, 72 MORBIDITY & MORTALITY WKLY. REP. 1346, 1347 (2023), https://www.cdc.gov/mmwr/volumes/72/wr/pdfs/mm7250a2-H.pdf.

[8] HOK, DESIGNING A NEURODIVERSE WORKPLACE 3 (2019*)*, https://www.hok.com/ideas/publications/hok-designing-a-neurodiverse-workplace/.

[9] Robert D. Austin & Gary P. Pisano, *Neurodiversity Is a Competitive Advantage*, HARV. BUS. REV., May – June 2017, at 1, https://hbr.org/2017/05/neurodiversity-as-a-competitive-advantage.

[10] *Bipolar Disorder*, ONE MIND, https://onemind.org/conditions/bipolar-disorder/ (last visited Oct. 2, 2024).

[11] *Was Nikola Tesla Autistic?,* APPLIED BEHAV. ANALYSIS, https://www.appliedbehavioranalysisedu.org/was-nikola-tesla-autistic/ (last visited Oct. 2, 2024).

[12] *The Impact and Value of Mental Health Initiatives by Industry Sector*, BIG HEALTH, https://www.bighealth.co.uk/reports/cost-of-mental-health# (last visited Oct. 2, 2024).

[13] Maria Clark, *30 Disheartening Statistics on Mental Health Stigma*, ETACTICS (July 1, 2021), https://etactics.com/blog/statistics-on-mental-health-stigma.

[14] Dana Wilkie, *Building a Mentally Healthy Workspace*, SOC'Y FOR HUM. RES. MGMT. (June 24, 2024), https://www.shrm.org/topics-tools/news/hr-quarterly/building-a-mentally-healthy-workplace.

[15] Ashley Wu et al., *Organizational Best Practices Supporting Mental Health in the Workplace*, 63 J. OF OCCUPATIONAL & ENV'T MED. 925, 928 (2021), https://journals.lww.com/joem/fulltext/2021/12000/organizational_best_practices_supporting_mental.26.aspx.

[16] Naomi I. Eisenberger, *The Neural Bases of Social Pain: Evidence for Shared Representations with Physical Pain*, 72 Psychosomatic Med. 126, 128 (2012), https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3273616/pdf/nihms350124.pdf

[17] One Mind at Work, Learning Collaborative Summary 5 (2021), https://onemindatwork.org/wp-content/uploads/2022/11/Learning-Collaborative-Summary-High-Risk-Environments.pdf.