

4-1-2009

Impaired Faculty: Helping Academics Who Are Suffering from Serious Mental Illness

David Schwebel

Follow this and additional works at: <https://scholars.fhsu.edu/alj>



Part of the [Educational Leadership Commons](#), [Higher Education Commons](#), and the [Teacher Education and Professional Development Commons](#)

Recommended Citation

Schwebel, David (2009) "Impaired Faculty: Helping Academics Who Are Suffering from Serious Mental Illness," *Academic Leadership: The Online Journal*: Vol. 7 : Iss. 2 , Article 8.

Available at: <https://scholars.fhsu.edu/alj/vol7/iss2/8>

This Article is brought to you for free and open access by the Peer-Reviewed Journals at FHSU Scholars Repository. It has been accepted for inclusion in Academic Leadership: The Online Journal by an authorized editor of FHSU Scholars Repository.

Academic Leadership Journal

Mental illness affects nearly every family. Recent epidemiological studies conducted by the World Health Organization (WHO) suggest over 26% of US citizens have a diagnosable mental illness at any one point in time (WHO World Mental Health Survey Consortium, 2004). In many cases, mental illness does not seriously impact functioning; individuals can still work, create, and teach, despite the presence of an illness. When mental illness intensifies, however, it can impact one's ability to function in all domains of life, including the workplace. The same WHO survey suggested nearly 8% of Americans have a mental illness serious enough to interfere with completion of their normal activities more than one day a week (WHO World Mental Health Survey Consortium, 2004).

University faculty are not immune from mental illness. In fact, Kilburg (1986) argued that the stresses of an academic position might actually increase the risk of mental illness among academics. No matter what, we might assume that roughly one-quarter or one-fifth of university faculty suffer from a mental illness at any one time, and that perhaps 5% or 10% suffer from an illness severe enough that it impacts their ability to complete basic occupational duties. This essay addresses the implications of those statistics, and offers some possible solutions to the challenge they present university administrators.

The Problem: Impaired Faculty

The field of medicine was among the first to address the risks of impaired professionals. In the early and mid-1970s, a series of publications raised awareness on the topic and caused the development of a flurry of legislation and programs designed to protect patients and assist needy physicians (American Medical Association, Council on Mental Health, 1973; Laliotis & Grayson, 1985). In 1974, the American Medical Association drafted The Disabled Physician Act, which led to the adoption of "sick doctor statutes" in almost all US jurisdictions by 1980 (currently, all US states currently have such legislation). Though the statutes vary somewhat from state to state, they generally encourage early rehabilitation and therapy for mentally ill physicians, and discourage license removal or other punishments when distressed physicians seek help prior to causing harm to patients. Professionals in other, mostly health-related fields followed, and similar legislation was initiated in the 1980s and 1990s for impaired attorneys, dentists, nurses, pharmacists, psychologists, social workers, and others. Despite this, few have considered the problem of impaired university faculty or teachers (Kilburg, 1986; Kilburg, Nathan, & Thoreson, 1986).

How does one define impairment, and how might it effect the functioning of university faculty members? Definitions vary somewhat, but the consensus in the literature is that an impaired professional is one who has an illness that prevents him or her from adequately performing required occupational duties (Kilburg et al., 1986; Orr, 1997). Usually those illnesses are mental. They affect job performance and teaching in many different ways. As examples, faculty suffering from addictive substance use disorders might fail to arrive for scheduled classes, or might teach classes while intoxicated. Faculty with severe depression may not meet critical deadlines for grant submissions, manuscript revisions, or grade assignments. Faculty suffering from early dementia might err in grade computations. In all cases, an ill

faculty member damages the integrity of the academy.

The Solutions: How Administrators Can Help

Most university administrators periodically encounter and recognize faculty members suffering from mental illnesses. They may not recognize the severity of those illnesses, nor may they know how to help the faculty member cope. Recognizing the fact that each individual situation will differ somewhat, we discuss some possible coping strategies below.

Confront the impaired individual. In almost all cases, administrators should confront the impaired faculty member to discuss the situation. Such confrontation is usually best handled through a frank and open face-to-face meeting. It is tempting to dismiss the problem as a “passing phase” and ignore it, hoping or assuming it will go away. But this is not effective or helpful to anyone –students and colleagues may continue to suffer and the ill faculty member will not be treated for a potentially serious illness. One would rarely ignore a faculty member who arrives for a meeting using crutches, with her leg in a cast. Similarly, one should not ignore a faculty member who arrives for a meeting obviously intoxicated, smelling of beer or whisky.

Most confrontations will be awkward. Ill faculty members are likely to deny the severity or even presence of their illness. They may hide symptoms or exaggerate their ability to function adequately. They may accuse the administrator of impropriety, intrusiveness, or interpersonal aggression. On the other side, administrators garner little direct benefit from such confrontations. They are private discussions, and must remain so. Recognition or respect is essentially nil, and the potential for stress, inconvenience, and hassles high. Nonetheless, ethical standards and moral duty suggest that administrators must persist in their confrontations, working to help the faculty member recognize the severity of the illness and decide if professional help is warranted. VandenBos and Duthie (1986) offer a helpful step-by-step guide of how administrators might prepare for and engage in such a confrontation.

Help the impaired individual get help. If the severity of the illness appears to be such that professional treatment is appropriate, administrators are morally and professionally obligated to help the faculty member. Referrals to psychologists, physicians, psychiatrists, or other professionals should be offered quickly and forcefully, and follow-up communication initiated to ensure the referral is acted upon.

Ethical and legal obligations. The ethical codes of some disciplines require colleagues to interfere when they suspect a fellow professional is behaving incompetently. Under such codes, administrators who identify an impaired colleague may have an ethical obligation to intervene. One might also invoke a more personal and overarching moral or faith-based duty to intervene.

More concerning to many administrators may be the legal duty to report impairment among their faculty. Statutes will vary somewhat across jurisdictions, of course, but most universities have the ability and obligation to terminate even tenured faculty members who fail to fulfill occupational duties. Evidence and obligation is most clearcut when faculty members are suspected of using alcohol or drugs. Almost all universities have policies against the use of substances on campus and against the presence of intoxicated individuals working on campus. These policies generally include strong penalties for those found in violation. When impairment is due to illnesses besides substance intoxication or abuse, universities can turn legally to written policies and standards on termination for cause. In most settings, failure to fulfill occupational duties such as meeting scheduled classes, validly and accurately grading

student work, or meeting basic deadlines for completion of work, will serve as appropriate cause for termination even of tenured faculty, following a due process and evaluation by appropriate committees and administrators.

Of course, most administrators would agree that termination of employment should be a last resort. Most universities have policies that permit leaves of absence or sick leaves to impaired faculty. Typically such leaves should be granted while the faculty member seeks rehabilitation and treatment. Repeated violations can and should result in termination.

Prevention: Reduce job-related stress. In discussing treatment of mental illness, psychologists often return to the fact that treatment would not be necessary if prevention efforts were stronger (Rappaport, 1977). The same is true of impaired faculty members. The life of an academic is stressful. Faculty members are pulled in many directions and expected to fulfill many duties. Particularly during certain times of year, stress levels are high. To the extent possible, administrators should work to decrease work-related stress among faculty members, while still maintaining standards of performance. By reducing stress, administrators might also reduce impairment among faculty members.

Conclusion

National rates of severe mental illness are higher than we might expect or hope for. Mental illness crosses socioeconomic, social, cultural, and educational groups, and therefore there are likely hundreds, perhaps thousands, of impaired academic faculty working at universities nationwide. We hope this essay will inspire administrators to recognize the presence of this situation on their campuses, and consider ways to prevent impairment and treat those faculty members who are affected.

References

American Medical Association, Council on Mental Health. (1973). The sick physician. *Journal of the American Medical Association*, 223, 684-687.

Kilburg, R. R. (1986). The distressed professional: The nature of the problem. In R. R. Kilburg, P. E. Nathan, & R. W. Thoreson (Eds.), *Professionals in distress: Issues, syndromes, and solutions in psychology* (pp. 13-26). Washington, DC: American Psychological Association.

Kilburg, R. R., Nathan, P. E., & Thoreson, R. W. (1986). *Professionals in distress: Issues, syndromes, and solutions in psychology*. Washington, DC: American Psychological Association.

Lalotitis, D. A., & Grayson, J. H. (1985). Psychologist heal thyself: What is available for the impaired psychologist? *American Psychologist*, 40, 84-96.

Orr, P. (1997). Psychology impaired? *Professional Psychology: Research and Practice*, 28, 293-296.

Rappaport, J. (1977). *Community psychology: Values, research, and action*. New York: Holt, Rinehart, and Winston.

VandonBos, G. R., & Duthie, R. F. (1986). Confronting and supporting colleagues in distress. In R. R. Kilburg, P. E. Nathan, & R. W. Thoreson (Eds.), *Professionals in distress: Issues, syndromes, and*

solutions in psychology (pp. 211-231). Washington, DC: American Psychological Association.

WHO World Mental Health Survey Consortium. (2004). Prevalence, severity, and unmet need for treatment of mental disorders in the World Health Organization world mental health surveys. *JAMA*, 291, 2581-2590.

Corresponding Author:

David C. Schwebel, Associate Professor and Vice Chair

Department of Psychology

University of Alabama at Birmingham

1300 University Blvd, CH 415

Birmingham AL 35294 USA

Phone: (205) 934-8745

Fax: (205) 975-6110

Email: schwebel@uab.edu

Author Notes. Thanks to Mr. Edward Kennedy, UAB Legal Department, for his insights on the legal aspects of impaired faculty. Communication should be directed to David C. Schwebel, Department of Psychology, University of Alabama at Birmingham, 1300 University Blvd., CH 415, Birmingham, AL 35294 USA or by e-mail to schwebel@uab.edu.

VN:R_U [1.9.11_1134]