Organizational Impact of Mental Health Issues

Joseph Ricciuti
President
Mental Health International
Toronto, Ontario
Work Environment and Mental Health

Research in the past 30 years has clearly shown that:

• The psychological and social conditions of the workplace can be harmful to the mental (and physical) health of workers. Known as workplace stressors they are broadly identified as:
  • high work demands and lack of decision latitude and control over work requirements
  • Imbalance between work effort and rewards received.
  • Lack of support and resources to do the work
  • Poor workplace culture

• Job strain can increase the likelihood of a mental disorder, make an existing disorder worse or contribute to mental distress (burnout, demoralization)

• Proportion of mental illness due to organization of work factors are in the realm of 10-25% depending on the nature of work.

Sources: Karasek and Theorell, Johannes Siegrist, World Health Organization
Quebec Mental Health Disability Study

- Public sector employees in areas of health and social services, education, and public service
- Québec City & Montréal
- 1,850 employees with a STD leave for ‘mental health’ issues in past 12 months
- Goal: profile workplace factors of Mental Health disabilities and opportunities for RTW.

Source: Louise St-Arnaud et al. (2007)
Results—Quebec Mental Health Disability Study

• Causal Factors for Disability:
  – Personal and work related = 60%
  – Work related 32%
  – Personal 8%

• Work-Related Causal Factors for Leave:
  – Work overload (62%)
  – Non recognition (48%)
  – Conflicts with supervisor (31%)
  – Conflicts with coworkers (20%)
  – Negative job evaluation (19%)
  – Lack of autonomy in work decisions (17%)
  – Insecurity about job (14%)

Work was causal factor in 92% cases

Work itself is part of the problem (but it is also part of the solution)
Results–Quebec Mental Health Disability Study

Number of Disability Episodes

- 1: 66%
- 2: 20%
- 3+: 14%

• Duration of absence from work:
  - 1 to 12 weeks (33%)
  - 13 to 24 weeks (22%)
  - 25 to 52 weeks (23%)
  - More than year (22%)

• Return to Work Status:
  - Yes (69%)
  - No (31%)
Mental Health vs. Mental Illness

• **Mental Health** is a balance of cognitive, emotional, physical and spiritual well being. It’s the ability to cope with normal stresses of life, work productively and make contribution to community.

• **Mental Illness** is a serious disturbance in thoughts, feelings and perceptions that are serious enough to affect day to day functioning. Mental Illnesses have both physical and psychological implications.
Mental Illness
Common Complex Co-Morbid

1 in 3 Lifetime Affected

Mental Disorders
- 1 in 4 of adults in a year affected
- 7 out of 10 are in the workplace.
- Depression, anxiety most common
- 1 in 2 have multiple Mental Health conditions at the same time.

Alcohol Drugs
- 1 in 3 mental health cases also have substance or other addiction problems at the same time.

Health Problems
- Almost half of mental health cases also have other medical conditions: Heart disease, diabetes, cancer etc.

Source: Dewa et al. (2004), Kessler et al. (2005), NIMH (2008), Urbanoski et al. (2007)
$51 Billion or 4% of GDP

Presenteeism

Absences & Disability

Healthcare Utilization

Lost productivity costs business on average 12% of payroll (some studies show it to be as high as 20%)
- Job performance 7 times worse than without a condition.
- 30-40% of all disability claims (primary condition) and represents 70% of cost.
- Depressed employees have twice the absence rates from work.
- 40% more job injuries

-Twice the utilization rates and cost for healthcare services than employees without a MH diagnosis.

Sources: Mental Health Roundtable Report: 2012
Dr. Mark Attridge: A Quite Crisis
Emerging Issue  
Super Duty to Mitigate Mental Injury

- Mental Injury is not a mental illness, although it could be. It is reasonably foreseeable harm to the mental health of another employee resulting from negligent, reckless or intentional conduct in the workplace that significantly affects his/her ability to function at work and at home.  
  - Harm is typically debilitating depression, anxiety or burnout.

- A Psychologically Healthy Workplace is one that promotes employee’s psychological well-being. The trend is towards a legal responsibility to do so.
The Conundrum
Workers Compensation services at the cross roads

Workers Compensation
sickness and disability plans
Court Settlements

Mental Injury
Physical Injury

Workers Compensation
Court settlements
Legal Views of a Psychologically Safe Workplace

Liability Zone

Responsible Zone

Discretionary Zone

Lowering the bar on liability creates business uncertainty

Source: Martin Shane/ MHCC
The associated consequences of workplace stress are now more profound...

Health Risks

Workplace Stress

Legal Risks

Potential Mental Health Problems

Impaired Function

Business Risks

- Poor PERFORMANCE
- TURNOVER
- ABSENCES and DISABILITY
- HEALTCARE UTILIZATION
- LEGAL FEES
- LEGAL SETTLEMENTS
- UNION GREIVANCES
- BRAND REPUTATION
- Government Regulations
Critical linkages to *reduce business risks* and maintain effective Human Capital functionality

**Brain Health:**
- Prevent workplace mental health issues in the first place.
- Provide support and facilitate access to care when needed.
- Stratify and personalize clinical treatment to improve mental health impairment and prevent relapse.
- Enhance resiliency through best practices for functional RTW and peer support.

**Brain Skills:**
- Cognitive and Sensory Capacity
- Emotional Resilience
- Lateral and Creative Thinking
MHCC-National Standard for Psychological Health and Safety in the Workplace

A planned approach designed to address workplace stress:

- **3 Strategic Pillars:**
  - Prevention; Promotion; Resolution

- **13 psychosocial risk factors:**
  - Psychological support; Organizational culture; Clear expectations
  - Civility and respect; Job fit; Growth and development;
  - Recognition and Reward; Involvement and influence; Workload Management;
  - Engagement; Balance; Psychological Protection; Supportive Physical environment

- **Tools and Resources**
  - Assess current state and identify practices and program gaps
  - Track and measure
Mental Health
Effective Support Initiatives

• **Reduce stigma:**
  – Improve mental health literacy in the organization.
  – Establish peer support groups

• **Early detection assistance:**
  – Train supervisors and managers to recognize early symptoms of mental health issues and how to effectively address concerns to employees
  – Provide self assessment tools and incorporate creative incentives to participate while respecting employee privacy.
  – Encourage self management through resiliency training and coping skills

• **EFAP services:**
  – Make available and *promote* the benefits of EFAP mental health program services.
  – Integrate services as part of a functional RTW program.
Mental Health Recovery and RTW

• **Clinical Recovery**
  – symptom management
  – reduction
  – elimination

• **Functional Recovery**
  – getting ready for gradual return to work
  – functional fitness assessment

• **Job Accommodation**
  – facilitated return to work
  – plan for relapse prevention or management
  – modified work arrangements.
  – peer support
Mental Health
Clinical Treatment and Care

• The most widely used and most effective kinds of treatments for mental health disorders are *psychotherapy and pharmacotherapy/medication* (or a combination of both).

• *Personalized medicine* is fast becoming the way treatment prescriptions and drug protocols will be determined and monitored.

• *Shared Care/Collaborative Care*, a model using the assistance of a psychiatrist to help facilitate treatment with a patient’s attending physician and disability case manager.
Clinical Treatment Best Practices—
‘Ontario Study’

The clinical intervention program was based on collaborative care concepts including:

– Psychiatric assessment
– Short-term management by the psychiatrist
– Psychiatric support of medical care management provided by the primary care physician and coordinated by the case manager

A longitudinal research study tested on STD disability for mental health causes:

– Focal Group of 75 cases
– Comparison Group of 51 cases

Source: Dewa et al. (2009)
Ontario Clinical Study
Results

Collaborative Care group had better outcomes than the comparison group, respectively, on all measures:

• More returned to work from STD: **85%** vs. **63%**
• Shorter duration of STD Leave: **62 days** vs. **76 days**
• Fewer continued on to long-term (LTD): **7%** vs. **31%**

Bottom Line: Relative average cost savings of **$503 per case** in disability benefit claim costs.

KEY IDEA = Disability management for more complex mental health cases can benefit from use of a mental health expert in a specialist role (i.e., psychiatrist, psychologist, EFAP)
Mental Health
Functional Recovery—Best Practices

• Early and Active Management of Disability Cases
  – Case Management
  – Psychological Job Analysis
  – Psychological Functional Capacity Assessment
  – Task/Job Modification and Accommodations
  – Vocational Rehabilitation
  – Independent Medical Examinations

• Encourage Early RTW Process

• Relapse Prevention Strategies

• EFAP Counselling Resources

Source: Bilsker et al. (2007)
Mental Health is a legally protected disability and requires accommodation by Employer

- *The Charter of Rights and Freedoms* protects all Canadians from discrimination by laws and government actions. It gives everyone in the country the same benefits and the same protection of the law without being discriminated against because of race, age, sex, or disability.

- A “disability” includes mental health and addiction disorders.
### Areas of Employee Work Functioning that may need Accommodation

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The new workplace of the 21st Century

‘It is the workplace designed to compete in a world that demands cognitive skills. It must be managed and sustained to promote and protect the mental health of working populations as a straightforward duty to asset management.

Investment strategies in people to improve Brain Health and Brain Skills will create a new competitive advantage for employers. This will lead to a host of critical business outcomes which collectively will create a larger and broader level of economic and social wealth’

Mental Health Roundtable Final Report
Mental Health Resource websites

RESOURCE INFORMATION
### Mental Health Resource websites

**Assessment tools for Psychological Health and Safety in the Workplace:**

> Guarding Minds@Work:
  > [www.guardingmindsatwork.com](http://www.guardingmindsatwork.com)

> Mental Health Commission of Canada:
  > [www.mentalhealthcommission.ca](http://www.mentalhealthcommission.ca)

**Workplace Strategies for Mental Health**

> Global Business and Economic Roundtable on Addiction and Mental Health:
  > [www.mentalhealthroundtable.ca](http://www.mentalhealthroundtable.ca)

> Centre for Mental Health in the Workplace
  > [www.gwlcentreformentalhealth.com](http://www.gwlcentreformentalhealth.com)
MHCC—National Standard’s 13 workplace factors

RESOURCE INFORMATION
1. Psychological Support
   – Our workplace offers services or benefits that adequately address employee psychological and mental needs
   – Employees feel supported when dealing with family and personal issues

2. Organizational Culture
   – Employees are held accountable for their actions
   – People show sincere respect for others
   – Employees and management trust one another

3. Clear Leadership
   – Employees know what to expect to do
   – Supervisors provide helpful feedback
4. **Civility and Respect**
   - People treat each other with respect and consideration in the workplace
   - Unnecessary conflict is kept to a minimum

5. **Psychological Job Fit**
   - Employees have social and emotional skills to do their jobs well
   - Hiring/promotion decisions consider the people skills necessary for specific positions

6. **Growth and Development**
   - Employees receive feedback at work to help them grow
   - Employees have opportunities to advance within their organization
   - Employees have the opportunity to develop their people skills
MHCC—National Standard
short summary of the 13 workplace factors

7. Recognition and Reward
   – Immediate supervisor demonstrates appreciation of employee’s work
   – The organization celebrates shared accomplishments
   – The organization values employees commitment and passion for their work

8. Involvement and Influence
   – Employees are able to talk to their immediate supervisors about how they do their work
   – Employees have some control over how they do their work.
   – Suggestions are considered
9. **Workload Management**
   - The amount of work employees are expected to do is reasonable
   - Employees have the equipment and resources to do their jobs well.
   - Employees have control over prioritizing tasks and responsibilities when facing multiple demands

10. **Engagement**
    - Employees enjoy their work
    - Employees are willing to give extra effort at work if needed
    - Employees describe work as an important part of who they are
11. Balance
   – Employees are expected to take their entitled breaks (vacation, sick time, earned days off etc)
   – Employees are reasonably able to balance demands of work and personal life

12. Psychological Protection
   – Workplace is committed to minimizing unnecessary stress at work
   – Immediate supervisors care about employees emotional well being
   – Employees describe the workplace as psychologically healthy

13. Supportive Physical Environment
   – Distractions are kept to a minimum
   – Supervisors listen and take action when employees raise health and safety concerns
Mental Health Work Accommodation examples

RESOURCE INFORMATION
Mental Health
Work Accommodation—Examples

A) Changes in the work environment:

- Maintaining stamina:
  > flexible scheduling/part-time work schedules
  > allow time off for counseling

- Maintain concentration:
  > reduce distractions in work area
  > provide for frequent breaks

- Attendance issues
  > work from home arrangements
  > employ job sharing

- Change issues
  > provide resilience and coping skills training
  > provide job retraining

truncated list/ Douglas Hanson-UBC
Mental Health
Work Accommodation—Examples

B) Intellectual Limitations
- Difficulty staying Organized and Meeting Deadlines
  > make daily to-do lists and completion check-off sheets
  > remind employees of important deadlines
- Memory deficits
  > provide written instructions
  > allow additional training time

C) Social Limitation
- Work effectively with supervisors
  > provide positive praise and reinforcement
  > provide for written job instructions and sign-off
- Interacting with Coworkers
  > educate all employees on their right to accommodation
  > provide sensitivity training to coworkers and supervisors

truncated list/ Douglas Hanson-UBC
inner and outer signs of Mental Health issues

RESOURCE INFORMATION
Inner and outer signs of Mental Health issues

**Symptoms**
- Irritability
- Sadness
- Apprehensive
- Helplessness
- Loss of enjoyment
- Suicidal thoughts
- Poor concentration
- Memory problems
- Indecisiveness
- Sleep change
- Eating change
- Poor energy
- Agitation

**Function**
- Conflict
- Avoidance
- Poor motivation
- Withdrawal
- Poor Performance
- Increased errors
- Poor decision-making
- Task Vigilance
- Neglect
- Limited Range of activities

**Mood**
- Thoughts
- Cognition
- Physical

Source: Dr. Ash Bender/CAMH