



Presented by

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## Objectives

- Understand issues that lead to mental health
- Impact of mental health on Disability and absence

## Overview

### The Issue

- Mental health issues are a leading cause of nonoccupational disability claims
- They represent 30-40% of all disability claims across Canada<sup>1</sup> – one of the fastest rising claims categories

### The Challenge

- Traditional health management programs

### The Solution

- Strategic, proactive, and integrated health management

## Agenda

Trends

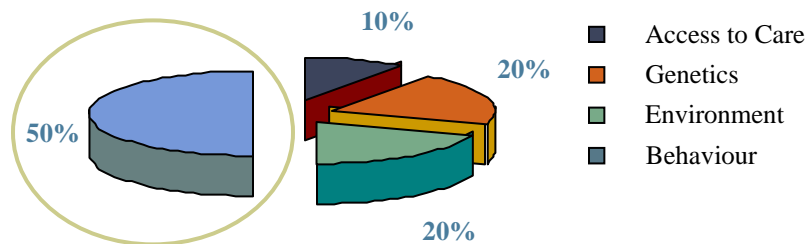
Innovations

## What Are the “Effects” of Health

- Genetics
- Lifestyle
- Social
- Work/Living
- Economy

Source: Health Challenge Whales

## Lifestyle Choices Impact Overall Health Status - However Most Employees Need Support To Make These Changes



**Behaviour is the most important  
determinant of health**

IFTF, Centers for Disease Control and Prevention, *Health and Health Care, 2010, The Forecast, The Challenge*

## The Big Picture: Absence and Disability in the Canadian Workplace

- **2.6%**: Payroll lost as a result of the direct cost of absenteeism
- **32%**: Respondents tracking absenteeism costs that indicated an increase in the total direct cost of absenteeism over the past 12 to 18 months
- **9.3%**: Average increase in the total direct cost of absenteeism in that time period
- **9% and 2.5%**: Average percentage of full-time employees on STD and LTD during 2008<sup>2</sup>

## Mental Health

- Over 450,000 people aged 25-64 and employed experienced an episode of depression in past twelve months
- More women than men
- Those with a chronic health condition also more likely to experience episode of depression
- Workers with major depression had been unable to carry out work for 32 days in the 12 month period
- 13% of workers who had experienced depression in the previous year reported at least one day in the two weeks preceding

## Mental Health: Absence and Disability in the Canadian Workplace

- Mental illness is associated with more lost work days than any other chronic condition
- **\$51 billion:** What mental illness costs the Canadian economy annually in lost productivity
- **\$18,000:** The cost to a company for a single employee on short-term disability leave due to mental health concerns – **double the cost of a leave for a physical illness**<sup>3</sup>

## The Challenge: Mental Health Issues Can Co-Occur With Other Medical Conditions

**17-27%** of people hospitalized with cardiac illness are also diagnosed with major depression<sup>4</sup>

- Some people experiencing mental illness also struggle with daily activities, causing additional stress that can complicate/extend their recovery
- **33%:** Percentage mental health contributors often prolong the duration of a disability claim<sup>5</sup>

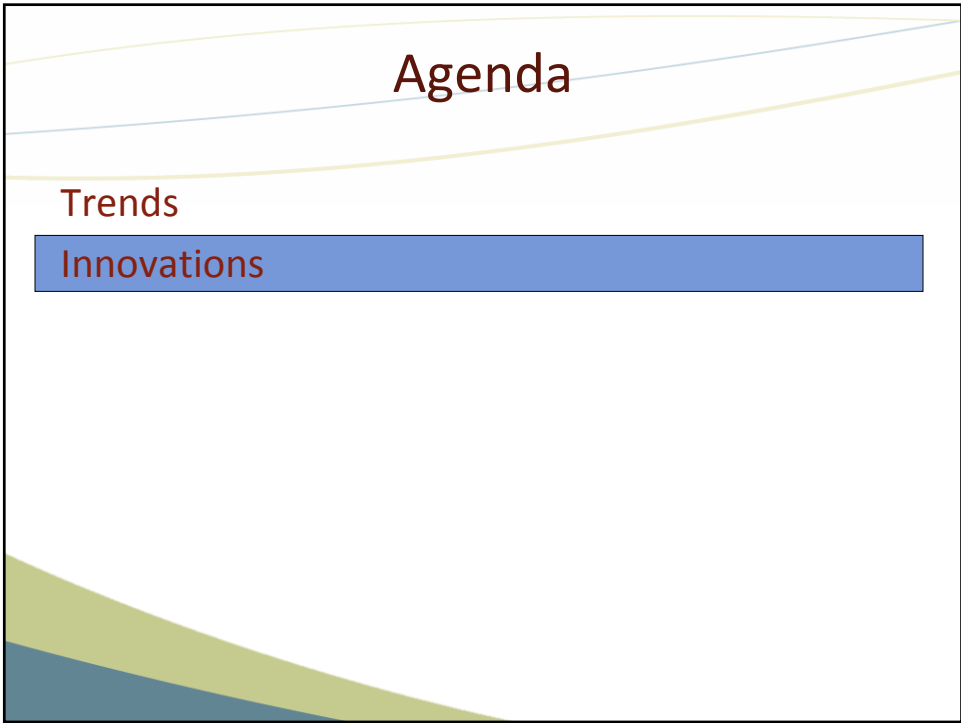
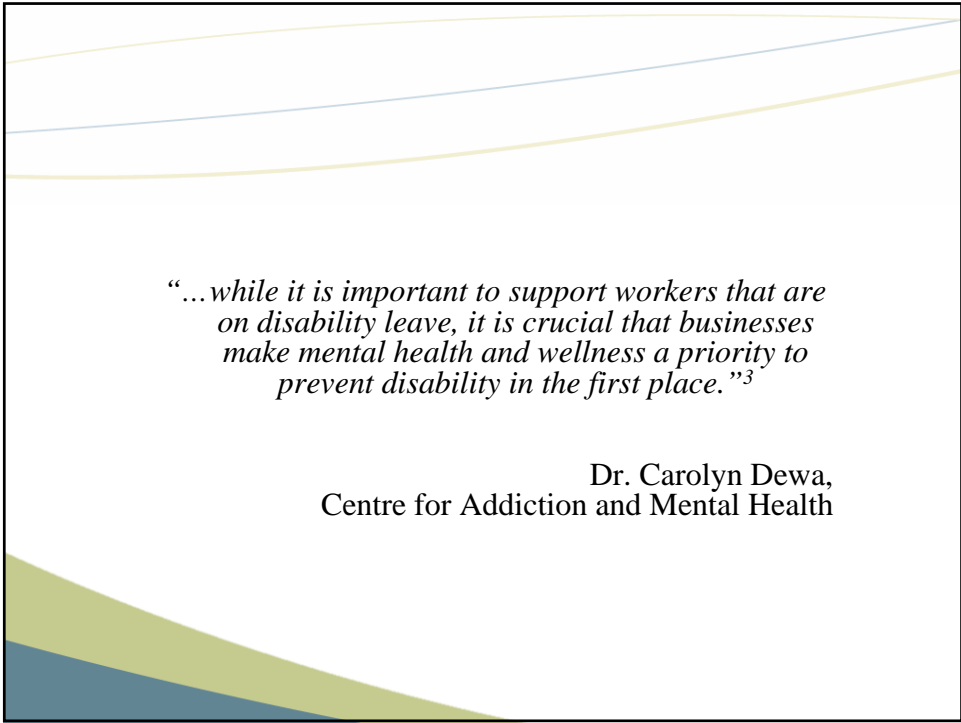
## **The Challenge: Reliance on Traditional Health Management Programs**

Why traditional programs don't work:

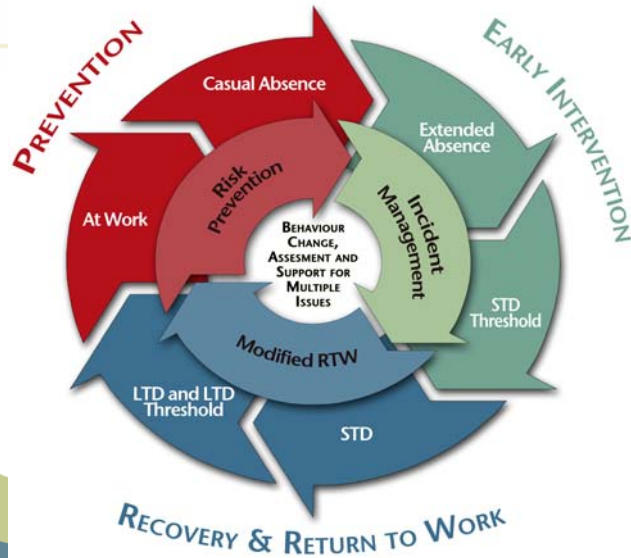
- Not tied to an overarching health strategy or policy, including prevention, early intervention and recovery/return to work
- Not equipped to address mental health issues requiring specialized assessment and care
- Reactive disability management: adjudicate the claim and wait for the employee to return when the condition resolves

## **Mental Health and Health Management: Summary of Key Challenges**

- 1) Mental health issues have a huge impact on absence and disability costs in the Canadian workplace
- 2) Mental illness can co-occur with other medical conditions that can complicate or extend recovery
- 3) Reliance on traditional health management programs has contributed to higher costs and reactive approach



## Strategic, Integrated Health Management



## Prevention and Early Intervention: Key Steps

- 1) Educate frontline employees and managers about mental health issues
  - Recognizing the signs and symptoms can help prevent deterioration of performance and health (e.g. chronic tardiness, lower productivity)
- 2) Increase understanding of workplace triggers that can exacerbate mental health
  - E.g. Workplace conflict, stress, work overload

## Prevention and Early Intervention: Key Steps

**84%** of organizations have no process to address significant changes in employee productivity or behaviour<sup>6</sup>

- 3) Leverage preventative intervention programs to prevent absence and disability
  - EAP programs that offer counselling and referrals to mental health services, health coaching, and disease prevention and management

## Recovery and Return to Work: Key Steps

**64%** of Canadian organizations have no structured process for supervisors to support employees returning to work from an illness or disability<sup>6</sup>

- 1) Ensure appropriate policies are in place and effective procedures applying the policy (including roles and responsibilities)
- 2) Ensure that disability management includes appropriate diagnosis and treatment
- 3) Leverage assessments to identify non-medical barriers that may prevent an employee from returning to work, or extend claim length

## Recovery and Return to Work: Key Steps

### 4) Focus on interventions to support recovery/RTW

Findings of a Canadian study examining return to work outcomes for persons on STD benefits

(most with major depressive disorder), revealed:

- **7%** of employees receiving collaborative care transitioned into long-term benefits
- **31%** that received STD benefits *only* transitioned to long-term benefits<sup>7</sup>

A collaborative mental health approach improves return to work rates

## Recovery and Return to Work: Key Steps

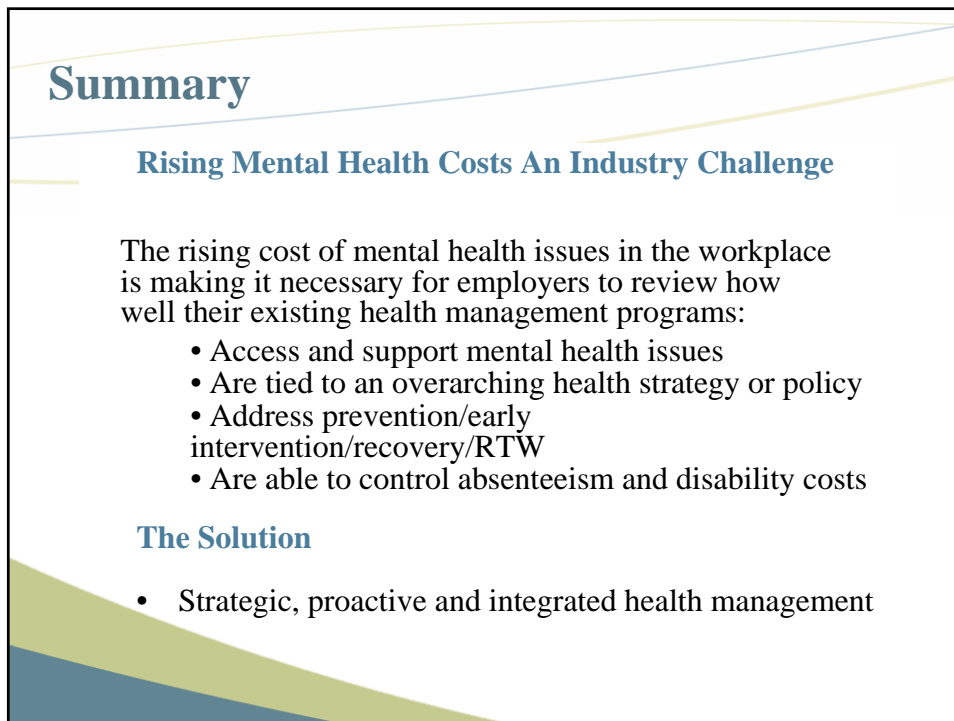
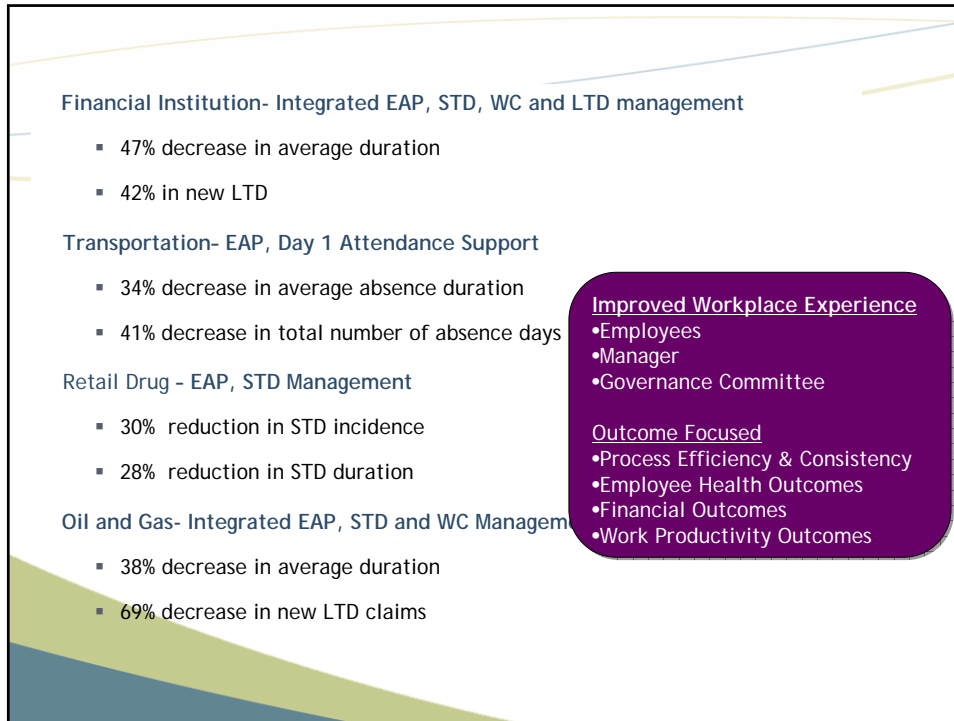
Misconception that mental health conditions always result in “total disability”

- 5) Focus on collaborative progressive or modified return to work programs – therapeutic benefits to accommodation and appropriate on-the-job recovery
- 6) No “one size fits all” solutions to return to work – must be based on functional abilities
- 7) Remember that the goal is to return to productive employment as a valued employee

## Recovery and Return to Work: Key Steps

- 8) Apply effective return to work practices when employee returns to progressive duties
  - Monitor and comply with established RTW plan
  - Watch for signs of stress that could cause a relapse
  - Understand how the workplace can contribute to anxiety and stress (e.g. role overload)
  - Offer support if the employee communicates difficulty during the return, and remind them that the EAP is available for confidential counselling

*For mental health issues “recovery and a timely, gradual return to work go hand in hand”<sup>8</sup> and for depression in particular a “phased return to work, from part-time to full-time hours, should arguably be the standard.”<sup>9</sup>*





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## References

- <sup>1</sup> Global Business and Economic Roundtable on Mental Health, March 2006
- <sup>2</sup> *Beyond Benefits II: Disability Plans and Absence Management in Canadian Workplaces*, The Conference Board of Canada, June 2010
- <sup>3</sup> Mental Health Leaves Most Costly Disability to Canadian Employers, CAMH Press Release, September 8, 2010
- <sup>4</sup> Heart Health Can Suffer From Matters of the Mind, *Canadian Psychiatric Bulletin*, April 2008
- <sup>5</sup> Shepell-fgi Research Group
- <sup>6</sup> *The Missing Link: Supervisors Role In Employee Health Management*, Shepell-fgi, Summer 2009
- <sup>7</sup> Cost, Effectiveness, and Cost-Effectiveness of a Collaborative Mental Health Care Program for People Receiving Short-Term Disability Benefits of Psychiatric Disorders," *Canadian Journal of Psychiatry*, June 2009
- <sup>8</sup> Bill Wilkerson, co-founder and CEO of the Global Business and Economic Roundtable on Addiction and Mental Health
- <sup>9</sup> Dr. William Gnam, *Back to Work*, Vol. 8, No. 4, April 2004

## THANK YOU

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