

BRAIN HEALTH + BRAIN SKILLS = BRAIN CAPITAL
FINAL REPORT OF THE GLOBAL BUSINESS AND ECONOMIC
ROUNDTABLE ON ADDICTION AND MENTAL HEALTH

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SUBJECT PAPER #3

Yukon Government Workshops

“HR Trends and Challenges: Mental Health in the Workplace”

COMMON SENSE AND COMMON DECENCY:
THE MOST POWERFUL RETURN TO WORK TOOLS
BY

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Global Business and Economic Roundtable
on Addiction and Mental Health
Whitehorse, Yukon Territory
February 11-14, 2013

GUIDELINES FOR COMMON SENSE APPROACH
TO THE RIGHTS AND RESPONSIBILITIES ENGAGED IN THE DESIGN OF RETURN TO WORK PLANS
FOR EMPLOYEES RECOVERING FROM DISABLING DEPRESSION AND ANXIETY

Common Sense and Common Decency: The Most Powerful Tools of All

It is natural and understandable for individual employees and managers to want to know precisely what the job accommodation and return to work process entails – especially, if they are accountable for the result.

Common sense is always a valuable tool. In the case of human rights, there are clear end-game obligations but no pat set of instructions how to get there. Please refer to the Human Rights Module for more on this.

There are a range of ‘RIGHTS AND RESPONSIBILITIES’ best channelled, in each case, through a cooperative common sense approach to designing a return to work plan with participation by employee, his/her direct boss, HR person, case manager if any, and, as needed, the treating physician.

The following are an unofficial but helpful rundown of what the rights and responsibilities are of the key players in a return to work plan which must take into account the aftermath of depression and anxiety.

THE EMPLOYEE

Rights:

- Gradual return to work. (linked to severity of illness and safety aspects of the job)
- Meaningful work and reasonable hours

- Proper supervision (in terms of workload, oversight, support)
- Privacy
- Proper professional support
- Training to update skills as required
- Equitable severance including career counselling if things don't turn out

Responsibilities:

- Meet the employer half-way in working out job accommodations.
- Not seek the “perfect” or “only” solution to such arrangements.
- Comply with medical instructions and treatment plan during both the pre-return and post return to work recovery phase.
- Be vigilant in self-managing stress so as to not induce relapse. This is part of one's own responsibility for one's own health.
- Ask for help as may be necessary. Be proactive in asking your manager how this will work before you begin the return process.
- Not use personal relationship problems as an excuse not to come back to work when the physician has cleared the employee to do so.

THE EMPLOYER

Rights and Responsibilities

- Help get the employee back to work and full-time status as soon as possible on sound medical grounds.
- This includes having the employee work shift work if that is what the employee did before disability leave.
- Set and monitor reasonable, objective standards of performance. Common sense says the manager is smart to work these out with the returning employee.
- Offer fair and equitable severance with career counselling when and if the employees' performance does not meet the requirements of the job.
- Provide the employee with appropriate support services to facilitate the return to work phase of the recovery process.
- Meet its duty to accommodation and to understand the human rights obligations vested in employers by provincial and federal statute. Ensure managers understand and comply with in good faith and goodwill.

THE UNION

Rights and Responsibilities

- Enable the part-time, gradual return to work of employees.
- Assist with identifying alternative or modified duties of work.
- Support employees right to receive appropriate medical treatment and support.
- Support employers' right to shift work for employees who did this before they went on leave.

- Right to seek employee re-training.
- Right to have assurances the employees' life and health care benefits remain during leave.
- Right to ensure employee has EAP support as required.
- Support early identification and wellness initiatives.
- Avoid turning the employee's disability case into a grievance except as a last resort.
- Work with the employer and case management team to facilitate early RTW.
- Right (need) to be advised on human rights duties and obligations of employers and unions.

QUESTION: can unions assume that in all cases, employees' human rights (attendent upon the employer's duty to accommodate) are subordinate to the collective bargaining agreement? The answer is no - not in every case.

TOUGH ISSUES FOR ALL CONCERNED

- Getting a proper diagnosis and effective treatment plan for mental disorders.
- Getting treating physicians to become engaged in the case management process in an informed and balanced way.
- Employee non-compliance with drug therapies and other forms of appropriate treatment.
- The effects of certain combinations:
 1. Depression and chronic physical disorders including heart attack.
 2. Anxiety disorders, depression and personality disorders. This adds great complexity to effective case management and medical success.
- Reluctance on the part of managers and employees to make adjustments to their relationship.
- Employees drift from short to long-term disability and the implications of that in terms of employee's chances of returning to work and employer getting a return on their investment in that individual.
- Home issues: employees who are hospitalized or treated on an out-patient or doctor's office basis may report a chaotic home life in the early stages of the disability period.
- *(Case managers must explore this with the employee and recommend home care, daycare or family support as may be called for or helpful.)*
- Employees' developing of a disability mindset combined with the "disincentives" of rich benefit packages for some employees to return to full-time work.
- Physicians who reinforce negative outlook of employees, provide sub-optimal treatment including the lack of treatment maintenance or relapse-prevention oversight.

BEST APPROACH FOR ALL CONCERNED

- Proper diagnosis and enlightened case management approach with the physician serving as a compensated member of that team. This will increase the odds of earlier RTW, continuance of a health monitoring system during this period.
- Upfront identification of the workplace factors that will have a bearing on the success of the return to work process, honest appraisals of relationship issues and a plan to resolve them.
- Proper use of cognitive therapy, physical fitness and activation programs to get the employee out of the house; use of communications (art) therapies customized to the individual to keep their thought processes tuned-up.
- Active involvement of a supportive, interested, informed manager with accountability for that employee's successful return to work or an appropriate outcome that involves other measures.
- Well-planned job accommodation with the employee's own input and understanding how her or his performance will be judged.
- Clear expectations all-round with regard to the pace and timing of the return to work and understanding that relapse is a possible natural and not necessarily a permanent or serious setback.
- Union support of the employee, a proactive and fully-engaged way. Union members should be part of the case management team.
- Vocational assessments used prudently; independent medical evaluations used in a non-adversarial, collaborative manner to assess the treating plan in concert with the treating physician.

Reference: Bill Wilkerson, Co-Founder, Global Business and Economic Roundtable on Addiction and Mental Health – 905-885-1751 – billwilkerson@sympatico.ca