

ISCEBS  
Boston Conference  
*Organizational Impact of Mental Health Issues*

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# 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

Mark Attridge

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.

## ***Determinants of Return-to-Work among Employees Absent Due to Mental Health Problems***

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*The contribution of work in the occurrence of mental health problems prompts us to question the conditions which favour a successful return to work. The goals of this study are to describe the profile of workers who have been absent due to a mental health problem and to compare those who returned to those who did not, and those for whom there was resolution or non resolution of their health problem. This study among public sector employees was cross-sectional. Data was collected using mailed questionnaires and analyses were performed for 1850 respondents. The results show a significant difference between those who were back at work and those who were not, based on the cause they reported for their absence from work. Improved working conditions accompanying return to work may be a major determinant of health recovery and successful return to work, and ensure job retention.*

Over the last decades, workplaces have undergone a great deal of upheaval which has affected individuals' capacity to work and retain their

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# Results - Quebec Mental Health Disability Study

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

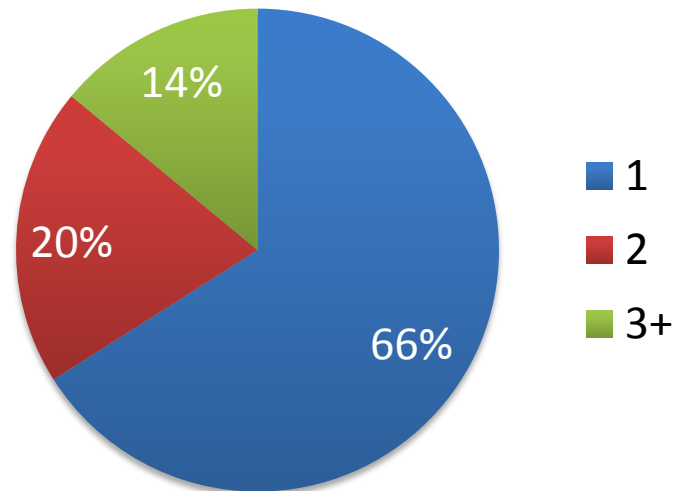
Work was causal factor in  
92% cases

- 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 itself is part of the  
problem (but it is also part  
of the solution)

# Results – Quebec Mental Health Disability Study

## Number of Disability Episodes



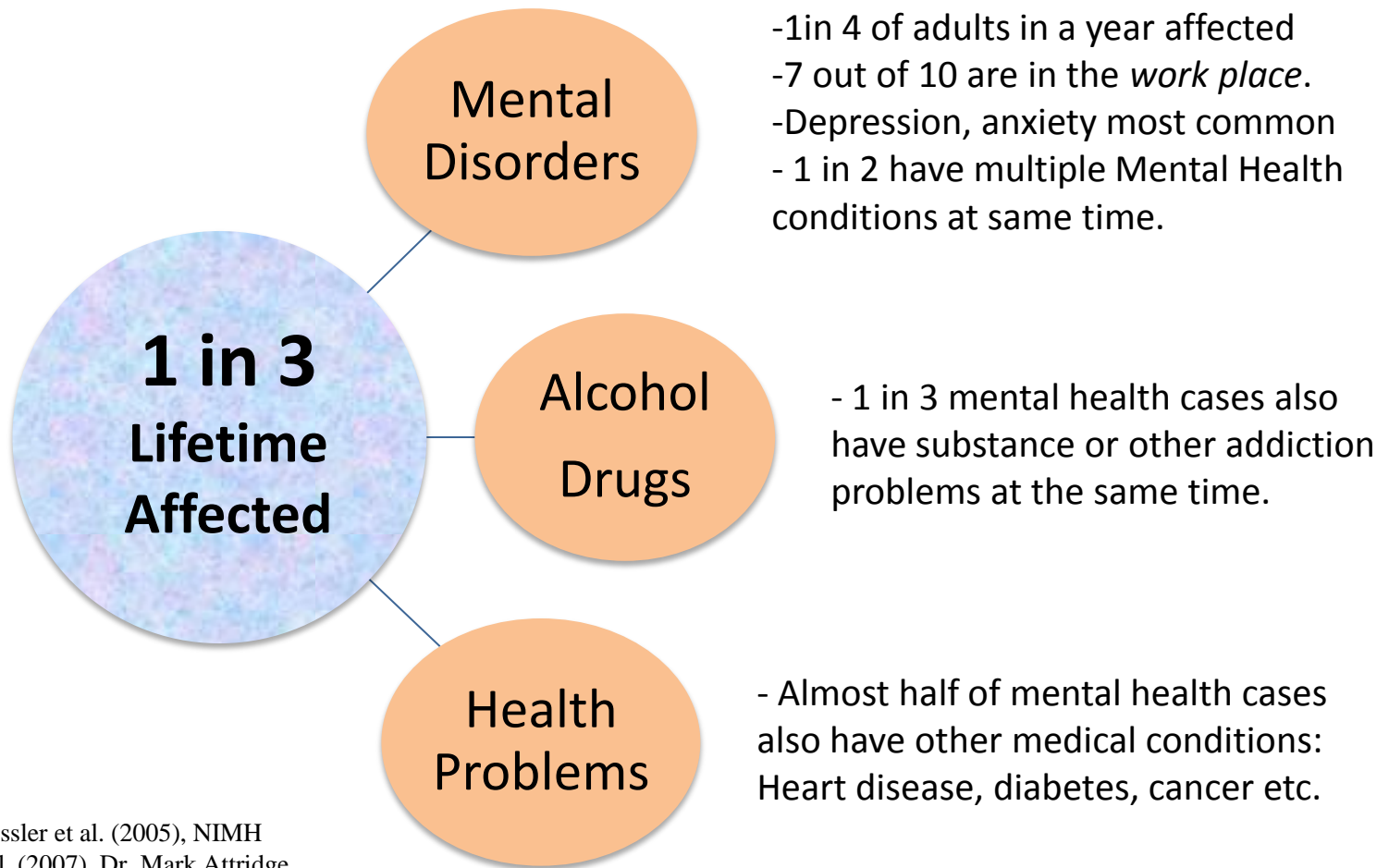
- Duration of absence from work:
  - 1 to 12 weeks (33%)
  - 13 to 24 weeks (22%)
  - 25 to 52 weeks (23%)
  - More than year (22%)
- Return to Work Status:
  - Yes (69%)
  - No (31%)

# 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

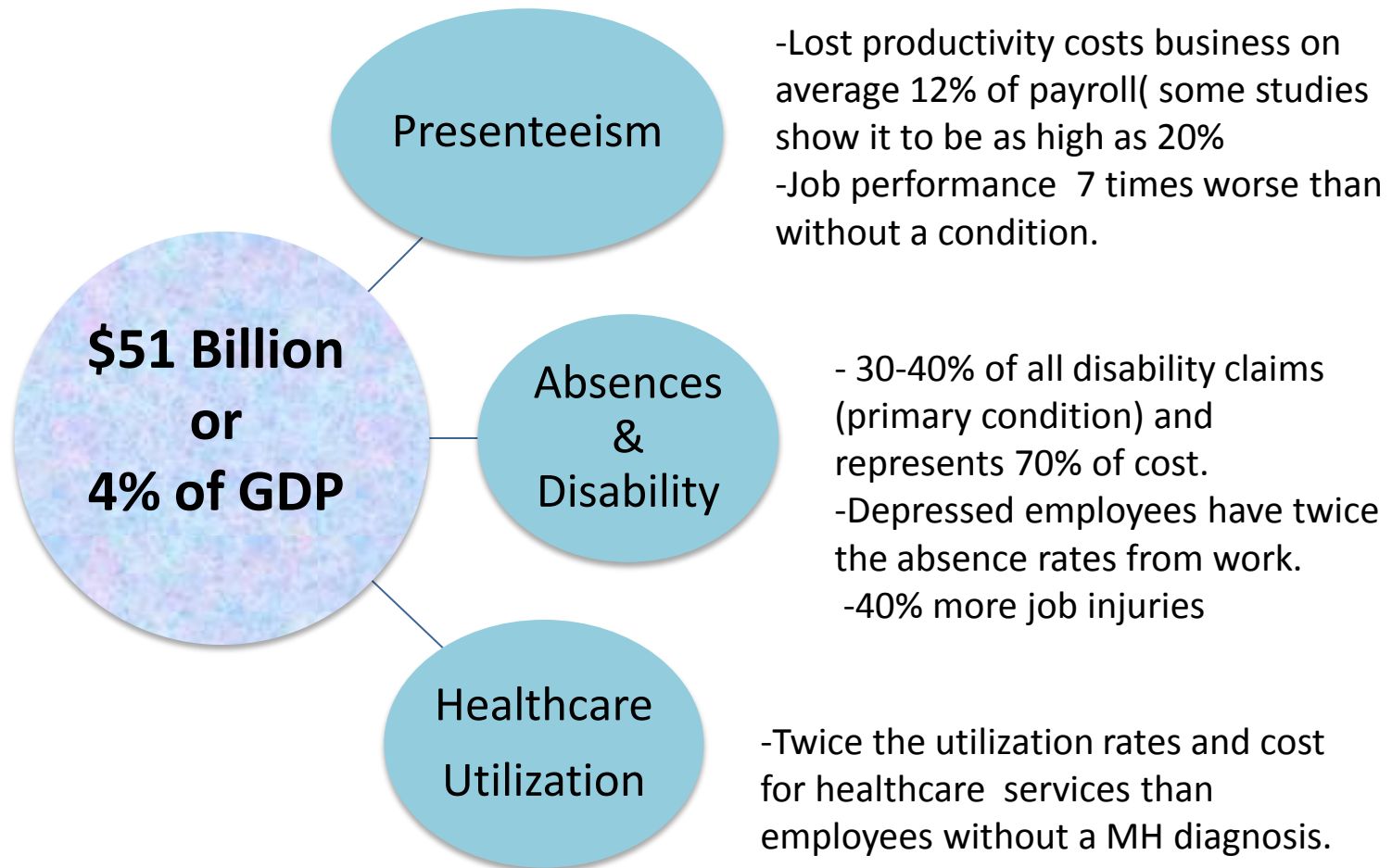
## Common Complex Co-Morbid



Dewa et al. (2004), Kessler et al. (2005), NIMH (2008), Urbanoski et al. (2007), Dr. Mark Attridge

# Mental Illness

## Costly to Businesses and the Economy





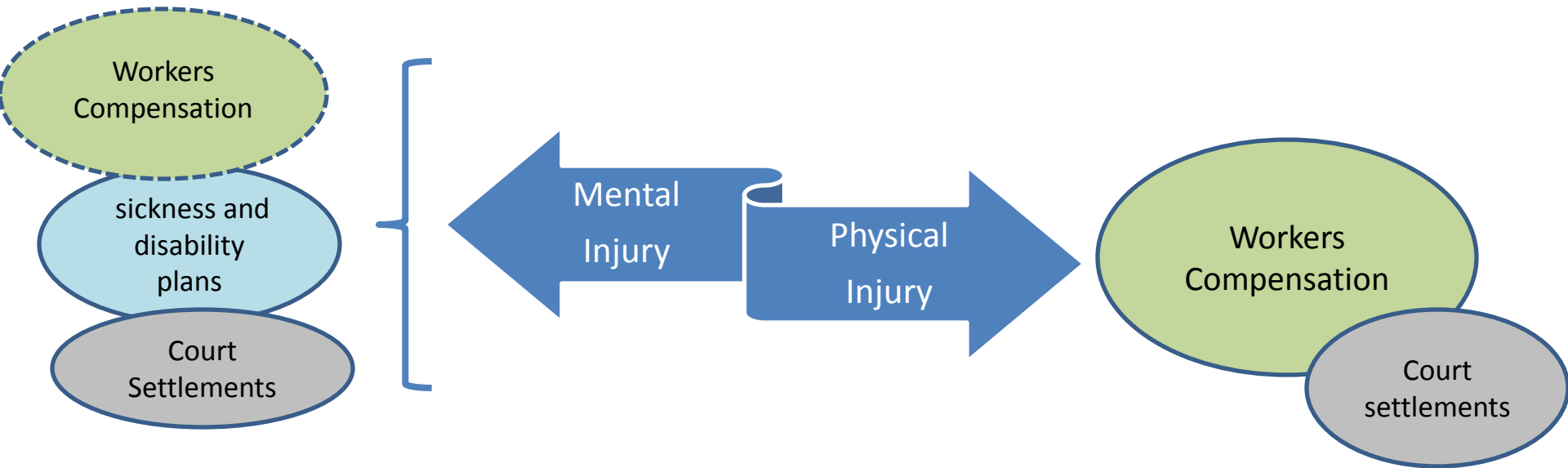
# Emerging Issue

## 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.*

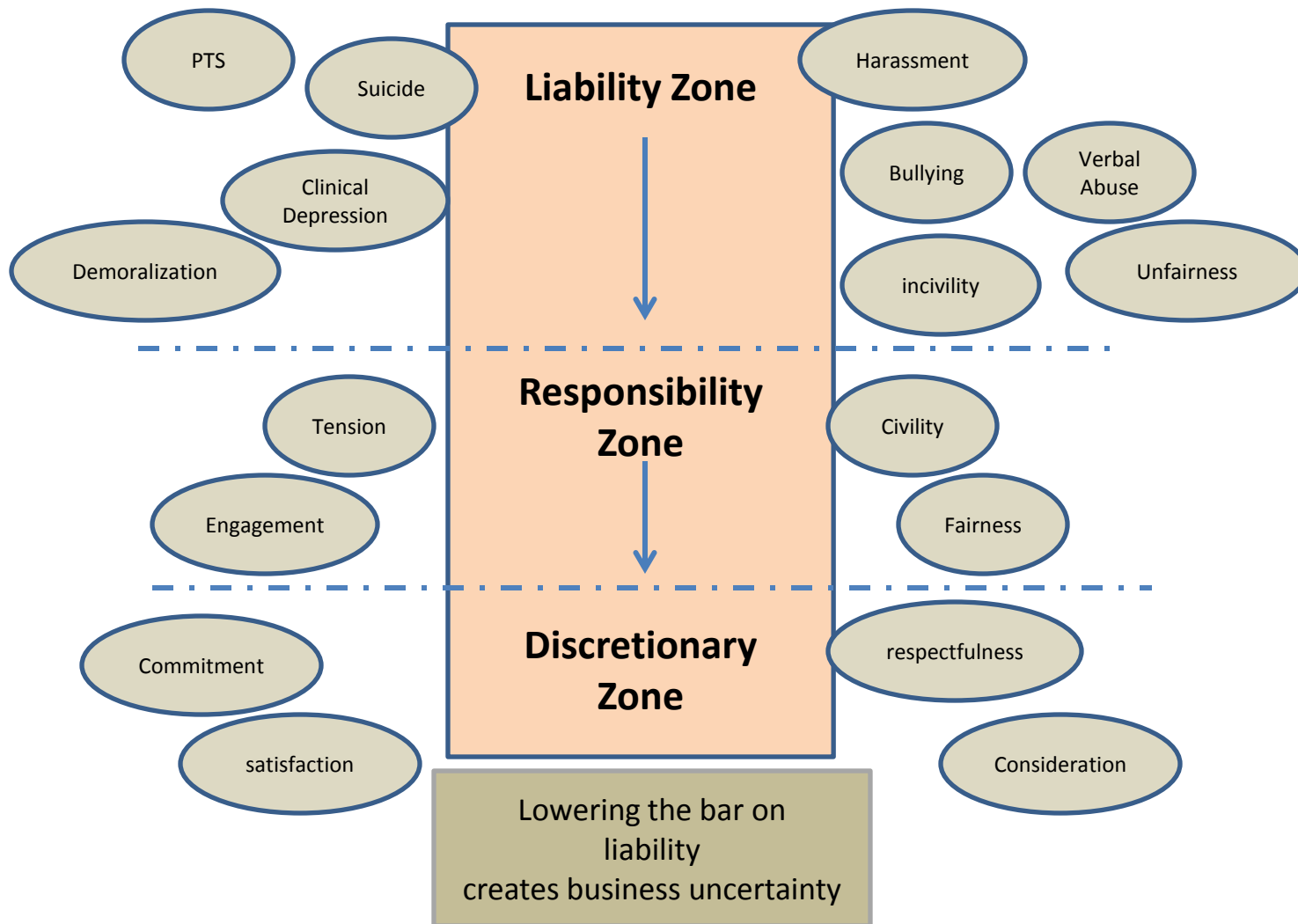
# The Conundrum

## Is there an expanded role for Workers Compensation ?

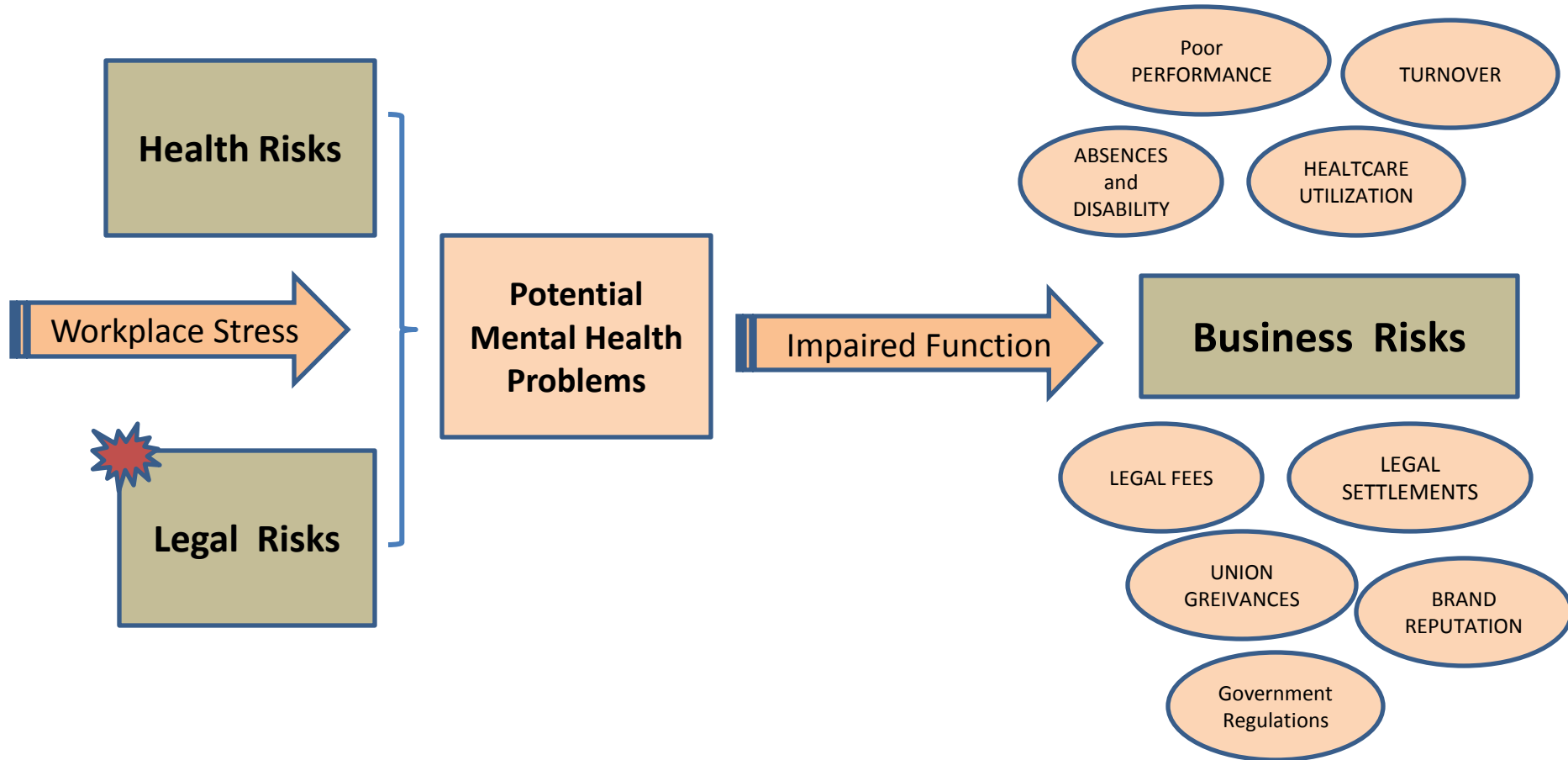


Source: Mental Health International

# Legal Views of a Psychologically Safe Workplace



# The associated consequences of workplace stress are now more profound.....



Source: Mental Health International

# 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

# Effective Mental Health initiatives

## Reduce stigma:

- Improve mental health literacy in the organization.
- Establish peer support groups

## Early detection:

- 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(respecting privacy)

## EFAP services:

- Make available and promote the benefits of EFAP mental health program services.
- Encourage self management through resiliency training and coping skills

# 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.

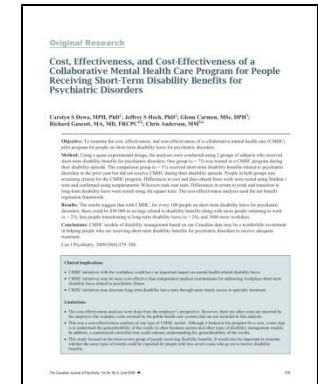
# Clinical Treatment Best Practices- 'Ontario Study'

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



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%**

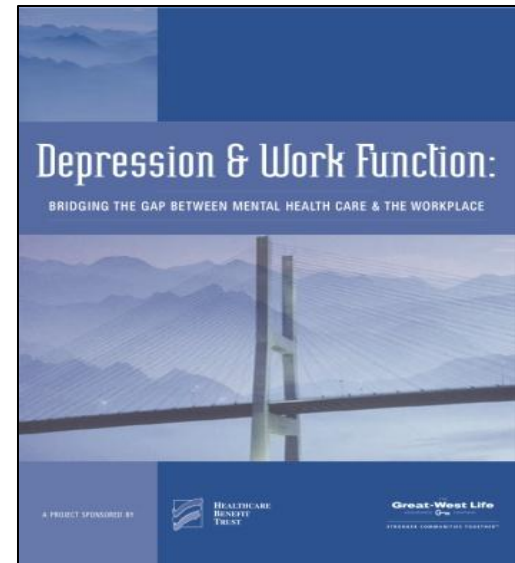
Bottom Line: Relative average cost savings of **\$503 per case** in disability benefit claim costs.

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



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

Supervision Style

Work Scheduling

Job Duties

Meeting Deadlines

Employee-Supervisor  
Relationship

Stamina

Concentration Limits

Emotional Response

Training Needs

Communication

# The new workplace of the 21<sup>st</sup> 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