Understanding the connection between physical and mental health is key to an integrated disability management program.

By Paula Allen and Adam Kelly
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for employers to reduce risk and promote mental health. These are certainly positive measures in terms of assisting the one in five Canadians that the Government of Canada estimates will experience a mental health illness in his or her lifetime.

However, there is an ongoing challenge: many organizations are addressing mental health separately from physical health. In some cases, this division occurs because employers have introduced mental health programs more recently without fully recognizing the link to physical health and the value of having an integrated approach. Given the influence that physical and mental health have on each other, separate programming runs the risk of incomplete solutions and, therefore, incomplete recoveries, slower returns to work and lower productivity.

An Integrated Approach

The link between physical and mental health is circular rather than linear. In its 2008 policy paper, Recommendations for Preventing and Managing Co-existing Chronic Physical Conditions and Mental Illnesses, the Canadian Mental Health Association noted that those with mental illness are more likely to develop certain chronic physical conditions, such as heart disease and stroke, than those without. Meanwhile, those in poor physical health are more likely to develop mental illness such as depression—but that depression frequently goes undiagnosed by healthcare practitioners dealing solely with the management of chronic conditions.

This correlation between physical and mental health suggests that no disability management program will achieve optimum results unless it addresses both mind and body. Because someone who suffers from a physical illness may develop mental health issues—and vice versa—it’s critical that an employer’s approach to disability management addresses both aspects in an integrated fashion.

In her 2013 paper “Integrated Disability Management: An Interdisciplinary and Holistic Approach,” Dr. Silvia Angeloni, an associate professor at the University of Molise, Italy; identifies many advantages of an integrated disability management model:

• increased cost-efficiency and reduced duplication of services;
• improved communication and increased ability to measure the health and productivity impact by developing uniform metrics and an integrated database;
• minimized lost time due to illness or injury;
• reduced total occupational and non-occupational health-related costs and increased productivity;
• improved health and safety outcomes through employee-centred services;
• encouragement of staff participation in health promotion and safety programs;
• lower employee turnover; and
• improved profitability and employee satisfaction.

The Sum Is Greater

Integrated disability management begins with a holistic view of health and wellness and an end goal of bringing the employee back to workplace productivity. In order to maximize the potential of sustainable and productive return to work, disability management programs must assess all presenting issues and barriers to an employee’s return. Only by understanding both the medical and non-medical factors driving the absence—and by providing the right support for all presenting issues—can the employer improve workplace productivity. This is particularly important for mental health issues, which may not be identified as the primary factor driving the absence but may significantly affect the employee’s overall recovery and return to work.

In a truly integrated model, all aspects of disability management are co-ordinated and operate collaboratively. But what elements should employers consider?

1. Approach – Initiatives that promote wellness and disability prevention link to efforts to minimize the effects of disability—which, in turn, tie in to programs that encourage rehabilitation and return to work.

2. Programs – Employee health-related programs—group health benefits, workplace health and safety, workers’ compensation, sick leave/absence management, short-term disability (STD), long-term disability (LTD), and employee and family assistance programs (EFAPs)—work in tandem to promote productivity and manage disability.

3. Providers – All of those who play a role in returning employees to productivity—case managers, physicians, nurses, return-to-work co-ordinators, rehabilitation specialists and mental health practitioners—work together to get staff members back to work as soon as they’re able. Of course, enabling managers to help in the process and engaging affected employees through early intervention and support is critical.

Putting It Into Practice

While integrated disability management may sound simple in theory, certain challenges may thwart its effective
implementation. Here are a few common issues and possible solutions.

Challenge No. 1: Building the business case
Integration makes it easier to monitor frequency, cause and duration of disability, as well as to determine the overall cost of employee absence. Data available from a non-integrated system tend to be siloed, making it difficult to determine the full impact. In fact, numbers with respect to mental disability may not be tracked at all, although providers should be able to provide some insight.

The Global Business and Economic Roundtable on Addiction and Mental Health recommends collecting the following data in order to gain a better handle on mental health disability costs:
• extended/group healthcare costs, particularly with respect to mental illness-related drug claims;
• employee assistance program (EAP) costs, especially for employees using the program for mental illness-related disorders;
• absenteeism costs—specifically those related to lost workdays (paid and unpaid) for mental illness-related disorders;
• replacement worker/employee turnover costs relating to mental health disorders;
• STD and LTD costs, especially regarding the frequency, duration and cost of mental health-related disorders; and
• presenteeism costs, in terms of actual output per worker compared with targeted output per worker.

Data regarding mental disability may be combined with physical disability and other absence figures to determine overall cost. The challenge, then, is to convince senior leaders that an integrated model for disability management that addresses the full range of disabilities in a cohesive manner will result in savings beyond just administrative efficiencies.

The Canada Post case study—reported in The Conference Board of Canada’s 2013 report Missing in Action: Absenteeism Trends in Canadian Organizations—is persuasive. Before 2005, average disability management claim duration at Canada Post and its subsidiaries was 233 days. EFAP, sick leave, LTD and wellness issues were all handled by different groups.

After implementing an integrated program in 2009, claim duration dropped to 48.5 days by 2011/12. This almost 80% decrease in duration in less than three years has resulted in significant cost savings and increased productivity.

Challenge No. 2: Leadership endorsement/removing stigma
Staples Canada experienced a marked increase in the number and duration of STD claims between 2010 and 2012. When it realized that mental health issues accounted for a large number of these claims, the organization “made a commitment to have better disability management generally and mental health in particular,” according to Kate Tilsley, director of North American stores, compensation and benefits, Canada. A major component of that commitment is Staples’ focus on ensuring that employees know that good mental health is important to the organization and that resources are available to them if they need help.

Staples has adopted the voluntary National Standard and prepared its own psychological health and safety charter, which it has begun sharing with employees. It launched an active campaign during Mental Health Week, creating a five-day email blitz and providing links for additional information. To increase awareness, Staples included articles on mental illness and removing stigma in its highly viewed annual benefits open enrollment communication package, sent to more than 11,000 associates. It has also encouraged awareness and use of its EFAP, ensuring that employees understand how to access help and that confidentiality is assured.

Challenge No. 3: Communication and education
Staples is also investing in mental health training for all managers at the retail and corporate levels. Through education and awareness, managers will be able to identify early risk signs, and learn how to approach and seek help for affected employees. In addition, Staples has programs that promote health and wellness, including on-site fitness facilities or fitness centre discounts; a wellness intranet page with articles and blogs on exercise and healthy eating and living; health fairs; and flexible working hours.

“These initiatives send a clear message that the company is eager to support employee well-being,” says Tilsley.

Best Buy Canada is another employer that, between 2008 and 2010, also noticed an increased incidence of mental health claims. Part of the reason may be a series of organizational changes at the company, but Kabir Bhagaria, disability specialist with Best Buy, notes that life in general is stressful. “People are dealing with work demands as well as home demands,” he says. “Technology means they are accessible 24 hours a day. They may have children as well as aging parents to take care of, and odds are that both partners work outside the home.”

To address these issues, Best Buy is promoting its EAP and investing in training to help employees identify and assist with and/or get assistance themselves for early-onset mental health issues. It’s also encouraging more collaboration among its partners. “We’re working with our STD and LTD providers to determine how to treat complex claims more quickly,” says Bhagaria, by way of example. “The longer employees are away from work, the harder it is for them to reintegrate. We want to help our people get back on the job as soon as they’re able—both for their sake and to minimize the impact of absenteeism.”

Many employers still need to acknowledge the link between mental and physical health, as well as the increasing impact of mental disability on the workplace. Only once they’ve done this can they consider a new integrated approach to address and support all aspects of employee health.

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