Many Faces of Mental Health

Benefits Canada’s 2014 Mental Health Summit explores how employers can address these issues in a proactive, holistic way

By Rachel Stuckey

Mental health is a major concern for Canadian employers today, accounting for one-third of short-term disability (STD) claims and 70% of the costs. Experts say the average claim lasts 65 days and costs $18,000.

Approximately one in five Canadians will experience a mental illness at some point in their lives. But it’s not just about the costs; it’s about the people behind those costs and how employers can support them.

Resiliency and Stigma
Karen Seward, president of CIRA Medical Services, introduced the concept of resiliency: the ability to adapt in the face of change, stress, trauma and tragedy. It’s a concept that’s becoming increasingly important in today’s workplace, which moves at a fast pace, asks employees to do more with less and relies heavily on impersonal and brief electronic communications.

“If we are not resilient in the workplace, those are the things that wear us down. Those are the things that make us tired. Those are the things that cause conflict in the workplace. And they are actually solvable,” she explained.

“When people say to me, ‘Help me with prevention and mental health,’ I say, ‘Sometimes it’s not the really big golden-nugget program that you’re looking for. Sometimes it’s just helping people manage communications and relationships in the workplace.’”

And resiliency isn’t just significant for prevention. When it comes to mental health disorders, it’s important to achieve early intervention, thorough and accurate diagnosis, and commitment to the treatment—which is easier to do for those who are more resilient.

Building awareness of resiliency is an important step in managing mental health in the workplace. Seward encouraged attendees to consider resiliency on the same level as experience and competency.
“For depression and anxiety, there is more lost work due to presenteeism than there is to absenteeism” — Eric Pfeiffer, Standard Life

when hiring and training employees.

Another challenge to workplace mental health is stigma. Jacques Sauvageau, a vice-president at Homewood Health, said stigma is a “belief system that maintains attitudes, that maintains behaviours, that fuels the stereotypes we maintain about people [with] mental disorders.”

Stigma is at its worst when it becomes self-stigma. Sauvageau said two-thirds of those who experience mental illness suffer in silence—and stigma contributes to that silence. In particular, employers should consider stigma when building return-to-work strategies. Sauvageau urged attendees to think about stigma in this way: “If you were a returning employee, how would you like to be treated?”

Having a champion—someone succeeding despite mental illness—who can engage in discussion and challenge our assumptions can help break down stigma. Eric Pfeiffer, a senior consultant with Standard Life, mentioned Bell’s Let’s Talk campaign with Olympian Clara Hughes as an example.

“I don’t think there’s many of us in this room [who] wouldn’t want an employee like Clara Hughes to be on our team,” he added.

**Productivity and Return to Work**

Presenteeism—when people are physically at work but are less productive because of a health condition—is another issue, said Pfeiffer. “For depression and anxiety, there is more lost work due to presenteeism than there is to absenteeism,” he explained.

One key tool in supporting employee productivity is the employee and family assistance program (EFAP). To illustrate its value, Paula Allen, vice-president of research and integrative solutions with Morneau Shepell, shared the results of a recent study analyzing 80,000 EFAP cases from 2013.

Often, employees won’t access their EFAP until their productivity is in decline. They may struggle through the day with an overwhelming life crisis, fear of an abusive situation or even thoughts of suicide.

Allen said because the EFAP is short-term, solution-focused counselling, we assume it’s not “heavy-duty” enough to deal with serious impairment. But “the people who had the highest productivity deficit in our sample actually had the highest percent improvement,” she noted.

The key element of an EFAP is not that it’s short term but that it’s focused on solutions. “As a result of dealing with their issue, understanding their issue, resolving and organizing their life, [employees who access an EFAP] have skills and resilience built as a part of the process,” Allen explained.

Allen echoed other speakers urging the importance of awareness and training for managers and supervisors. “At a certain point of impairment, it becomes very hard to be proactive in your own self-care; you need a little help. At a certain point, some of these issues like self-stigma start to come into your mind,” she said. “If you have an environment, however, where there’s communication, there are champions, there’s a culture that
de-stigmatizes mental health—that helps people take action.”

And the employer has a significant role to play in building that culture. Experts have long believed proactive management could reduce mental health costs, but “now we have some scientific research to back it up,” noted Pfeiffer.

A joint study of Standard Life workplaces identified 63 management practices affecting employee mental health. Adoption of these practices can occur on three levels: the macro (organizational) level, the meso (work conditions) level and the micro (individual) level, explained Dr. Alain Marchand from the University of Montreal’s School of Industrial Relations.

“Those companies that invest in meso- and micro-level practices are more likely to be effective companies, meaning they have lower rates of mental health claims,” he said.

Pfeiffer highlighted the business value of the study. For example, validated questionnaires, such as the ones used in the study, can help identify the types of mental health issues employees are experiencing. “That’s really important for organizations to know, because the interventions you will put in place to help reduce [each claim type are] very different.”

Return to work is another area where employers can have a significant impact. “I’ll invite us to think about [return to work] from an even fuller perspective—almost a developmental perspective—where it’s actually a process in which an employee who was put off work goes through different stages when attempting to resume and maintain work,” said Dr. Marie-Hélène Pelletier, director of workplace mental health at Sun Life Financial.

The return-to-work process begins from Day 1, she explained, as “people who are off work will return to work faster if early interventions have occurred.” Communication throughout the process is key, as is programming to train and support co-workers and managers.

Employees may get close to their previous level of functioning while off work, but getting back to full capacity usually comes only as they reintegrate into the workplace, Pelletier added. “That means we need to support our managers, because they are going to have people coming back to the workplace not functioning at their usual level.”

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Science is making great advancements in mental health, but not everyone is aware of the progress, explained Joseph Ricciuti, president and CEO of Mental Health International.

“The equation ‘brain science + brain health = brain capital’ is highlighted in the [Brain Health for a Brain Economy] report because it displays the convergent interests of business and science,” he said.

Ricciuti described some of the major breakthroughs at the Centre for Addiction and Mental Health (CAMH). “Scientists are working with psychiatrists and family physicians to personalize treatment of mental disorders through genetic and brain-data testing that predicts what drugs will work and what drugs will not,” he explained.

Of course, drugs must also be accompanied by counselling and prevention, noted Ricciuti. And such an approach should inform the nature of employee benefits plans—especially when considering the costs of medication.

“We need to examine the efficacies of the investments made in drug treatments and how they help people return to work [and] be productive, and then measure the return on capital of that investment,” he added.