Mental-health disability claims

With 30 per cent of all disability claims now related to a mental illness and the numbers continuing to rise, are we making headway in supporting employees, supervisors and case managers?

Assessing and managing disability claims related to mental health has, of course, evolved over time, but there are opportunities for further improvements. Fortunately, there are examples we can look to.

Resources for case managers

According to Great-West Life Assurance Co.’s Christine Hildebrand, the insurer developed a case management strategy around mental health in 2007. “Our strategy is continuously evolving,” she says. “Case managers are trained specifically in managing disability claims related to mental-health conditions. The program has three tiers, including foundational knowledge of mental illness, skill building and information relating to external providers — for example, building awareness of new treatments and programs that may be available.”

In addition to a national consulting team of psychiatrists, additional resources are available to support the case managers. They include a national mental-health mentoring program and a team of disability management professionals who work with case managers to build knowledge and enhance skills. Other tools include a cognitive job description for employers to complete that helps case managers and treating physicians understand the elements of the employee’s job related to mental health.

A positive evolution

Thankfully, we’ve for the most part moved collectively away from what could sometimes appear as a punitive approach to a more supportive, compassionate one. In this more progressive environment, an employee is central to, and part of, a collaborative team whose main goal is to help case managers and treating physicians understand the elements of the employee’s job related to mental health.

With fewer than 20 per cent of people diagnosed with a mental illness seeking treatment and some receiving suboptimal care, integrating treatment options with return-to-work planning makes sense. Fortunately, new programs are emerging that offer employees an opportunity to undergo treatment while embarking on a gradual return to work.

“To ensure sustainable treatment solutions, we work directly with the employee’s own treating physician to locate and refer to the most appropriate community-based mental-health programs,” says Yvonne Chan, president of Oncidium, a national occupational health and disability management services provider. “This also includes following up directly with the employee to review progress, as well as compliance to these programs.”

The role of employers is also evolving, to some degree, as they recognize the duty to accommodate in the area of mental health, as evidenced by:

• Management training to identify signs of mental illness in employees;
• Increased understanding of the cognitive requirements of roles within their organizations;
• Modification of employee roles in ways that facilitate the return-to-work process; and
• Anti-stigma efforts and peer support programs.

Disability case management has progressed more in the recent past than ever before. With the use of science to improve a physician’s accuracy in prescribing medications, increased training at the insurer and employer levels and a more holistic, team-based approach, we should see further advancements in case management.

This evolution will likely continue for some time, however, with much work and an increased role for all parties still required.

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