

mental health summit

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Mental health at work: challenge and hope

Mental health continues to pose a serious challenge to the Canadian workplace. Many people face mental health issues during their prime working years, with mental illness leading to more lost work days than any other chronic condition. Facing a problem of such magnitude, disability management programs struggle to provide services that best facilitate recovery and balance employee and employer needs. Finding effective solutions to this complex area of disability management calls for innovative thinking and sustained dialogue among stakeholders.

To facilitate an exchange of ideas around these issues, *Working Well* magazine organized its third annual Mental Health Summit in Toronto. Held at the Sutton Place Hotel on November 17, 2010, and moderated by *Benefits Canada* editor Alison Wood, the event featured a riveting keynote presentation by Lieutenant Colonel Stéphane Grenier, who suffered post-traumatic stress disorder following deployment in Rwanda and went on to develop a highly respected peer-support program in the Canadian Armed Forces. His program is now being used as a model for similar efforts in the wider Canadian community. Following the keynote session, three expert presenters addressed such issues as depression and workplace productivity, innovative medical treatments, strategies for preventing mental health issues and best-practice approaches for helping employees return to work.

The following report summarizes the keynote session and expert presentations.



KEYNOTE SESSION:

Peer-Based Mental Health Services

Mental illness is linked to more lost work days than any other chronic condition, costing the Canadian economy \$51 billion a year in lost productivity. Despite our expanding array of services, the problem seems to be getting worse. Clearly, there is room for improvement in our current approach toward mental illness in the workplace.

My own story exemplifies the systemic problems in our current paradigm. Following my return from Rwanda as a member of the Canadian Armed Forces, I experienced severe post-traumatic stress disorder (PTSD), to the point of having suicidal thoughts. Not knowing what to make of my erratic behaviour, colleagues began to avoid me, which intensified my sense of isolation. Unsupportive or avoidant behaviour on the part of managers often leads to what I call “secondary wounding” — in other words, an additional trauma superimposed on the original one.

I did seek help, but the treatment plan didn't work — not because the therapy was ineffective, but because the social environment at work was so awkward

for me that I didn't feel safe or worthy of treatment. I filled my prescription for medication, but didn't take the drugs.

About two-thirds of employees don't even take the first step of seeking help. The longer someone is mentally ill, the greater the chance that the illness will become treatment-resistant and the individual will develop poor coping skills (such as alcohol or drugs). Doctors then have to undo this collateral damage before addressing the precipitating psychological injury. Thus, investing in early intervention pays large dividends to both the employee and the employer.

What happens on a social level is instrumental to the recovery process. Even with the best EAP services and providers, the overall treatment plan won't be effective unless the organization provides a socially supportive environment. I view peer support as the missing link in our current processes for addressing mental health issues in the workplace.

Research has linked lack of social support to poor recovery from a trauma. In the case of PTSD, risk factors fall into three categories:

- Before the trauma: psychiatric history, childhood abuse, other prior trauma
- During the trauma: severity of the trauma
- After the trauma: additional stressors, lack of social support

The more time that passes between trauma and treatment, the more important social support becomes in relation to clinical intervention. Such support lends traction to health professionals' clinical work with patients and motivates patients to stick to their treatment plan. As a case in point, I only began taking my medication after a colleague relayed his own positive experience with the same drugs.

In 2001, I recommended to our military seniors that we create a social support program for military personnel and veterans, as well as their families. The program has since become a reality, with a network of peer-support workers across the country. These individuals have all recovered from their own traumas, giving them the depth of experience needed to offer healing support. Peer support is a well-documented tool for recovery from mental illness in general. Our program has simply built job descriptions, policies and boundaries and an accountability framework around the concept.

The importance of social support in the context of mental illness is finally being recognized in the wider Canadian environment. I now have the opportunity to try and export the approach and program I developed for the military to the wider Canadian workplace through my work with the Mental Health Commission of Canada. We have the blueprint that different organizations can adapt to their individual needs.



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The Challenges of Major Depression in the Workplace

According to World Health Organization (WHO) data, mental health disorders – including major depressive disorders – account for 14% of the global burden of disease. The WHO also projects that major depressive disorders will become the foremost contributor to disease burden in high-income countries by 2030.

Depression itself has major consequences for Canadian organizations and their employees. In May 2010, Léger Marketing conducted a national survey on depression for Pfizer Canada Inc. The survey aimed to enhance our understanding of the impact of depression on the quality of life of Canadians at home, in society and at work. Low energy/fatigue, lack of

motivation, persistent sadness and the inability to enjoy favourite activities continue to top the list of experienced symptoms.

The number of short- and long-term disability claims, most of them associated with depressive disorders, has surged in recent years. Mental health disorders are the primary source of costs for group insurers and employers, and disability for a mental health problem is the fastest-growing category of disability in Canada. Among full-time workers with depression in the Léger/Pfizer survey, 67% had to go on sick leave, 25% on short-term disability leave and 21% on long-term disability leave. All told, one in five respondents with

depression had taken disability leave. In this regard, it may be pertinent that a number of studies have linked workplace stress to the onset of depression and other psychological disorders.

According to Partnership for Workplace Mental Health, more than 81% of the workplace costs of depression in the United States are related to presenteeism (reduced productivity while the worker is present at work).

Fortunately, 70 to 90% of persons treated for a mental health problem will show signs of improvement. For major depression, studies show that

Mental health disorders are the primary source of costs for group insurers and employers

combining antidepressant medications with psychotherapy is the best way to reduce the risk of relapse. Employers can also take action against the problem. Several kinds of interventions can be implemented in the workplace to control and reduce the negative impacts of depression on organizations and their employees. These include Employee Assistance Programs (EAPs), return-to-work measures after a disability leave and organizational practices contributing to health.

A healthy workplace environment can make a positive impact on employees' mental and physical health status, productivity and engagement. Even if the workplace is not always part of the problem, it can always be part of the solution.



Dr. Thomas Ungar
Chief of Psychiatry and Medical Director Mental Health Program at North York General Hospital, and Associate Professor of Psychiatry at the University of Toronto



A Prescription for Productivity – Partnerships to Promote Mental Health in the Workplace

Mental illness poses one of the most serious health challenges worldwide. In Canada alone, an estimated seven million Canadians will experience a mental health problem this year. A recent study by the Centre for Addiction and Mental Health (CAMH) linked mental illness to more lost work days than any other chronic condition. Additional research has shown that employees with depression take twice as many days off work and report five times more lost productivity than their counterparts without depression. A single employee on a short-term disability leave for mental health reasons incurs organizational costs nearing \$18,000. All told, mental health problems set the Canadian economy back by \$51 billion annually in lost productivity, which is double the cost of a physical illness.

Chronic health conditions as a whole are the top driver of rising health costs. Within this category, mental illnesses not

only take the highest toll on costs, but also have a significant impact on other chronic health conditions. People living with a serious mental illness are at higher risk of chronic physical complications, and conversely, those living with chronic physical conditions are twice more likely to experience depression and anxiety than people in the general population.

Over the past half century, pharmaceutical research has helped transform our perception of mental illnesses from misunderstood causes of shame and fear to legitimate medical conditions that are often highly treatable. Until the 1960s, psychotherapy was the primary treatment for depression, mainly because the antidepressant medications of the day carried unpleasant side effects and a high risk of overdose.

Individuals are now able to effectively manage their symptoms with a combination of medications, therapy and life-

style changes to reduce stress, enabling them to participate actively in their communities. Fortunately, many of the new drugs have proven effective and are well tolerated. New medicines can also enhance the effectiveness of psychotherapy or other types of treatment.

Research has demonstrated that many of these new drugs also have a positive impact on the workplace. Early intervention with antidepressant medication has been shown to shorten disability by three weeks and to improve work performance in 86% of employees treated with these drugs. In addition, workers using recommended first-line antidepressants were significantly more likely to return to work rather than claiming long-term disability benefits or leaving their employment.

Presently, more than 300 new medicines in the research-and-development stages are offering hope in our collaborative efforts to reduce the human and economic costs of mental illness. Before a new drug is approved by Health Canada, a pharmaceutical company may invest more than \$1 billion over a period of 10 to 15 years. In the mental health arena, these new drugs target conditions ranging from Alzheimer's disease and substance abuse to depression and schizophrenia.

Canada's research-based pharmaceutical companies (Rx&D) understands that the safe and appropriate use of medicines is not the only answer to mental disorders, and we promote healthy lifestyles as part of the overall effort to improve Canadians' lives. As partners in Canada's health-care system, we all have the same goal, which is to remove the stigma attached to mental illness and help people live their lives to the fullest every day.



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Mental Health: An Important Factor in Health Management

Mental health disability claims are one of the fastest-rising claims categories in Canada. According to the Global Economic Roundtable on Mental Health, such claims account for 30 to 40% of all disability claims in the country. It goes without saying that these claims present a huge challenge for many organizations.

In the first study of its kind, the Canadian Mental Health Association has calculated that the cost for a single employee on short-term disability leave for mental-health reasons totals nearly \$18,000 — double the cost of a leave for a physical illness. The study also found mental illness to be associated with more lost work days than any other chronic condition, costing the Canadian economy \$51 billion annually in lost productivity.

According to the Shepell·fgi Research Group, mental-health contributors to disability can often prolong the duration of a disability claim by 33%. The mental-health component, when present, may be overlooked when it occurs in

combination with other health conditions (i.e. co-morbid claims). Some people on disability (whether for physical or mental reasons) also struggle with daily activities, causing additional stress that can complicate or extend their recovery.

Reliance on traditional health management programs has contributed to a common misconception that mental health conditions always result in “total disability” and that the employee should only work when fully recovered. These programs are ineffective because they are not equipped to address mental health issues requiring specialized assessment and care. In addition, they focus on reactive disability management (adjudicating the claim and waiting for the employee to return when the condition resolves) and are not tied to an overarching health strategy or policy that would include prevention, early intervention and recovery/return to work.

As costs around mental health issues continue to increase, a strategic, proactive and integrated health management approach is gaining greater recognition

as an effective solution. This approach leverages intervention programs to prevent absence and disability, such as EAP programs that offer counselling and referrals to mental health services, health coaching and disease prevention and management. It also recognizes that without specialized assessment and the right support, recovery and return to work can be significantly delayed, even if mental health issues are not the primary reason for absence.

Key components of this proactive approach include:

- Programs to support recovery,
- Use of assessments to identify non-medical barriers that may prevent an employee from returning to work or otherwise extend claim length,
- Validated tools and programs to ensure appropriate diagnosis and treatment, and
- Progressive or modified return-to-work programs.

Strategic health management also applies effective practices when employees return to progressive duties. These practices may include complying with an established return-to-work plan, watching for signs of stress that could cause a relapse, understanding how the workplace can contribute to anxiety and stress and offering support if the employee communicates difficulty during the return.

The impact of mental health issues on employee and organizational health makes it advisable for employers to review the effectiveness of their health management programs. A more strategic, proactive and integrated approach to health management may be needed to better support the mental health of employees and to reduce the costs associated with mental health issues.



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