



The Approaching Storm

Canadian employers face a “perfect legal storm” for failing to provide or maintain a psychologically safe workplace

By Scott Williams

For the first time in Canadian history, Canadian employers are now facing a legal duty to maintain a psychologically safe work environment, warns Dr. Martin Shain, a mental health consultant, and Director and founder of the Neighbour@Work Centre. He defines a psychologically safe work environment as “one in which every practical effort is made to avoid reasonably foreseeable injury to the mental health of employees.”

Accompanying this storm, says Shain, is “a rising tide of liability.”

Shain has recently completed a review of workplace stress-related legislation, regulations and case law in Canada.¹ “Increasingly, judges, arbitrators and commissioners are insisting on more civil and respectful behaviour in the workplace and avoidance of conduct that a reasonable person should foresee as leading to mental injury.”

A growing body of research indicates that mental illness already poses a heavy financial burden on the economy — an estimated \$14² to \$51³ billion annually. In lost time alone, mental illness is believed to cost Canadian workplaces 35 million workdays every year. That’s almost 25 times the number of days lost to strikes.⁴

It doesn’t have to be this way, says the Mental Health Commission of Canada. A compelling argument exists for promoting a psychologically healthy workforce and avoiding the coming storm. The full scope of the issue can be considered from legal, business and societal perspectives.

¹ *Tracking the Perfect Legal Storm: Converging systems create mounting pressure to create the psychologically safe workplace*, available on the Mental Health Commission of Canada website, www.mentalhealthcommission.ca

² Stephens, T., & Joubert, N. 2001. The economic burden of mental health problems in Canada. *Chronic Diseases in Canada*, 22(1), 18-23.

³ Lim, K-L, Jacobs, P., Ohinmaa, A., Schopflocher, D., & Dewa, C. 2008. A new population-based measure of the economic burden of mental illness in Canada. *Chronic diseases in Canada*, 28(3), 92-98.

⁴ [FOR INTERNAL PURPOSES ONLY] calculation based on HRSDC calculation showing 1,439,320 work days lost due to stoppages involving 500+ workers only [Strategic Policy, Analysis, and Workplace Information Directorate, Labour Program, HRSDC; <http://srv131.services.gc.ca/dimt-wid/pcat-cpws/recherche-search.aspx?lang=eng>]

The legal risk management case: Courts and tribunals are scrutinizing behaviour that may cause mental injury to employees, and legal actions are being taken in seven key areas of law. Martin Shain documents the seven areas in his review (*for examples of two recent cases, see “Barometer Falling: 2 Telltale Cases*).

- human rights
- labour relations
- law of torts (negligence)
- workers compensation
- occupational health and safety
- employment standards
- employment contract

The cases Shain cites are the latest in a long-term trend. “There has been a discernable shift toward seeing the workplace not just as a place to which people take their problems, but as an environment in which problems can actually be created,” says Shain. “Unfortunately, few employers appear to be aware of the emerging legal climate until they come face to face with it in the form of a suit, grievance or complaint brought against them.”

For employers hoping to turn the law to their own advantage think twice. Shain reports that awards for mental injury at work have increased dramatically over the last five years – close to a million dollars in at least one case.

The social responsibility case: a psychologically safe and healthy workforce contributes to a psychologically safe and healthy society. More than 18 million Canadians are members of the workforce, and full-time workers spend half their waking lives on the job. The nature and conditions of work significantly influence their health and well-being, and the effects trickle down to their families and communities. Employers therefore have significant impact on the health of all Canadians.

The payoff for demonstrating social responsibility: employees who are more positive, more engaged, and more productive.

The business case: The premise is straightforward: a psychologically healthy and safe workforce contributes to a healthy bottom line and offers a competitive advantage that can lead to advances in creativity and innovation. Conversely, compromised psychological safety and health can lead to loss of productivity, absenteeism, injuries, higher rates of short- and long-term disability, poor morale, and rapid turnover.

Ignore this premise at your peril, warns international consulting firm Towers Watson. “The most critical issue for employers over the next few years will be keeping their workforces healthy, productive and engaged.”⁵

Previously, only egregious management actions causing catastrophic psychological harm created risk of legal liability. Now, the pressures of the modern workplace can lead to common mental health

⁵ *The Health and Productivity Advantage: 2009/2010 North American Staying@Work Report*, Watson Wyatt, p. 2. Retrieved March 31 from www.watsonwyatt.com/research/pdfs/NA-2009-13844.pdf

conditions, such as depression, anxiety and burnout, which can sometimes be characterized as mental injury.

Everyday workplace practices that create foreseeable risks of mental injury can result in legal liability under certain circumstances. Shain explains how Canadian courts and tribunals are

- increasingly intolerant of workplace factors that threaten psychological safety
- ordering management to change workplace habits that threaten employee safety, health and well-being
- imposing increasingly large financial punishments for transgressions

The challenge is, how to engage decision-makers in eliminating practices that put employee mental health at risk and investing in psychological health and safety? Where's the proof on which to build a case for investing resources in a time of cost cutting? For an action plan, see "How to Build Your Business Case".

3 success factors

The following considerations are critical to the success of any mental health initiatives.

Eradicate stigma and discrimination: "One of the most commonly held misconceptions about mental illnesses is that people can't really recover from them and mental illness is permanently disabling," writes Jill Armstrong, project manager of the Canadian Mental Health Association - Calgary Region's Copernicus Project for Workplace Mental Health. "This myth has long since been debunked by science and medicine," she continues. "However, because of stigma and silence, many people have no experience of the realities of recovery, either in themselves or in others. People try to 'cowboy up' and get the job done, whatever it takes."⁶

Stigma is the biggest barrier preventing people from seeking help which is why the Mental Health Commission of Canada is targeting stigma in the workplace through its anti-stigma/anti-discrimination program, Opening Minds.

Discrimination often manifests itself in the belief that "people who are claiming to be mentally injured are malingerers, and that they are basically frauds," says Martin Shain. People don't like to talk about such attitudes, and that in itself is an obstacle. It means there's always an elephant in the room."

Like Shain, Bill Wilkerson scoffs at the idea of malingering. Wilkerson is co-founder and CEO of the Global Business and Economic Roundtable on Addiction and Mental Health, a coalition of business, health and education leaders who view mental health as a business and economic issue. "Most of those employees using anti-depressant medication have upwards of 12 years of continuous service with the same employer," says Wilkerson. "Clearly, mental illness is not a condition of the self-indulged. It is a condition of the hard-working and working wounded."⁷

⁶ Armstrong, *A Business Case for Conversations on Mental Health*, 3.

⁷ From a keynote address to the International Foundation of Employee Benefits and the 41st Annual Canadian Employee Benefits Conference, Halifax, Nova Scotia, August 12, 2008; http://www.mentalhealthroundtable.ca/aug_08/Cdn%20Employee%20Benefits%20Conf%20Halifax%20Aug%202008.pdf

Prevent harm: Martin Shain calls for ongoing prevention processes. “The way to promote good mental health is to make people feel valued, that they are contributing, and that they belong. It could be something as simple as regular team meetings in which time is taken to look at how people are influencing one another and how they can better relate to one another. Often these issues will come up around workload issues. The most common signs of a psychotoxic (i.e., mentally injurious) workplace are complaints about workload management.”

Accommodate people living with mental health issues: The process can be as simple as asking a question. Mary Ann Baynton, a workplace mental health consultant and member of the Mental Health Commission of Canada’s Workforce Advisory Committee, often advises managers to approach accommodation this way: “‘How can I help you be successful at work? How can I help you come to work, enjoy the day, and do the best that you can, and still have energy when you go home to enjoy the rest of your life?’

“It’s not, ‘How can I take care of all your personal problems,’” cautions Baynton. “Or, ‘How can I give you the job of your dreams,’” but, ‘This is your job and I want to know how I can help you be successful at it so you can feel good about it.’ By focusing on the solution rather than the problem, you take away the blame and the shame, and work with the employee to find out what he or she needs.

Baynton recounts an example of accommodation in practice: “A shiftworker came to work with a note from his doctor advising that he work 9-5, Monday-Friday only. The issue was that he needed enough sleep; otherwise, there was a risk he would become manic. The solution turned out to be a 12-hour shift every second day, which reduced commuting time, allowed the employee to get the rest he needed, and didn’t require co-workers to adjust their hours around him. In this situation the employer didn’t immediately dismiss his request to work 9-5 but found out more about the reasons for the request and went from there.”

A Personal Account

Eric Miralles is a consultant for a service organization with fewer than 500 employees. In 2005, Eric was diagnosed with clinical depression.

It’s kind of like having a musculoskeletal disorder. I have difficulty with my thumb, and when I first started with this organization — before we had computers — I had to do reports in quadruplicate. It made my thumb hurt.

But I have a huge backyard with a lot of weeds. Picking weeds made my thumb hurt too. So, was it the job or the personal lifestyle? Well, it’s the same with a mental disability. You wonder, is it me? My job? My family life?

What I do know is that I am who I am. I have a certain chemical makeup, and I have the potential to push myself beyond the limit. ‘Gotta get it done, make sure it happens, just do this then I’ll be fine...’

Five years ago, I was suffering deeply. The depression had come on suddenly, and after I was diagnosed I was off for six months. The particular manager I was reporting to understood totally. He is knowledgeable and had a family member who suffered as well, so I was able to really freely talk to him about the issue

I was also blessed with a general practitioner whose father suffered from depression, and he had as well, so he understood it and had studied the issue to some degree, and was able to give me a great deal of help. And the EAP program as well, using that person as a guide for me to take steps...

I was concerned initially about telling people. It created more stress, but as I started to heal, I guess I realized that this is a significant part of me, and if I tried to hide it, I was just going to get sick again. Either I can be comfortable with who I am around others, they can try to be comfortable with me, or the opposite, which would be taking a step backward into possibly becoming sick again...

I can fairly confidently say that the people of consequence were very understanding and helpful... I think they trusted me well enough before, that they felt they could continue to trust me. I encountered only one negative reaction in the organization, and that person I never did feel close to, and I wasn't surprised.

Being part of a team environment made a big difference. We have a team that has been working together for probably seven, eight years. We had consciously been working on being more open with each other, and would sometimes spend a significant part of our team meeting just discussing personal concerns and issues, consciously recognizing that this is a big part of productivity. One thing that really helped is that we decided to report our goals and objectives as a team rather than as individuals, which dramatically reduced competition and encouraged everyone to look out for each other.

After my diagnosis, the organization was quite prepared to have me make the decisions about my return-to-work process, and how much I added onto my plate. There was huge trust that I would do the best I could, to my best ability... However, what caused me to suffer a little more than I probably needed to was that the organization didn't have any formal structure on how the reintegration should happen. I didn't feel confident that this was a well-recognized process that I was going through. Not like if I had broken my arm, and come back under a return-to-work program. You come back, and what's the step-up program? Who's going to monitor it?

A formal document explaining the organizational policy, everyone's roles, and what steps to go through would have helped. 'Here is what we recognize about depression. We've had other people go through this process. You're not the only one...'

I felt that I was unique in the organization, and not in a good way. When you're depressed, everything is magnified. You worry. But once you go through this and people begin to share with you, you realize that half the world is suffering from depression, or knows somebody close who is suffering.

Looking ahead: further impetus for action

Martin Shain believes that, for many employers, it may appear easier to "give it to the lawyers." That is, letting specific issues move into the legal arena rather than addressing them. "But," he warns, "The law is a very blunt instrument, and you don't really want to use it to solve a problem. While it may seem easier to 'give it to the lawyers,' grievances, civil suits and human rights claims are massively demoralizing, disruptive and divisive. Ultimately, no one really benefits."

And it will only get worse. "The law is evolving almost by the month in this area," says Shain. "The number of class actions is increasing." For example, in February 2010, the Ontario Superior Court certified a class action involving 5,000 Bank of Nova Scotia employees.

The employees are claiming \$300 million in overtime pay. As Shain notes, “While the facts of the case do not immediately suggest mental injury, and no actual claim for such is made, the statement of claim uses language found in several cases involving such harm as a downstream consequence of overwork.”⁸

“The bottom line,” says Shain, “is that the nature of the employment relationship — the employment contract, whether it be in unionized or common law environments — is being seen as including terms for the protection of mental health. This is a big deal.”

In the meantime, the Mental Health Commission of Canada isn’t waiting. The Commission’s Workforce Advisory Committee, chaired by Ian Arnold, has begun work on a national standard for psychological health and safety in the workplace. “The Canadian Standards Association and the Bureau de normalisation du Québec have agreed to work with us on this, and we will be moving forward once financing is approved,” notes Arnold. “We believe that this is extremely important. It will make a difference by providing employers with a structure, just as CSAZ1000 (occupational health and safety management), ISO14000 (environmental) and OHSAS18001 (occupational health and safety), have a structure to them, with five key elements – policy and commitment, planning, implementation and operation, checking corrective actions, and management review.”

Human nature being what it is, no single argument may be compelling enough to encourage change/transformation. Each case that can be made – the looming legal storm, a growing demand for social responsibility, and an increasingly persuasive business case – poses a unique argument. Collectively, they are practically irrefutable.

Better still, says Ian Arnold, “The extremity of the issue is apparent but we now have the tools and the mechanisms to take action and improve the mental health and well-being of our workers.”

Eric Miralles sees hope in “we” vs. “me.” “For people to have good mental health in the workplace,” says Miralles, “it has to be about ‘us,’ not about ‘me.’ From an employer’s point of view, it’s a huge paradigm shift. It’s one that has to trust that, in the long run, our organization’s going to be much more successful if we are nurturing...”

Barometer Falling: 2 Telltale Cases

Major trends in Canadian law, wrote Martin Shain in *Stress, Mental Injury and the Law* (2009), indicate an emerging legal duty to provide and maintain a psychologically safe workplace. In his 2010 update, *Tracking the Perfect Legal Storm: Converging systems create mounting pressure to create the psychologically safe workplace*,¹ Shain reports that “it has become even more evident that such a duty exists, that it is becoming more and more coherent, and that employers who ignore the omens are increasingly at risk of liability for mental injuries sustained by employees.”

The two following cases reinforce this legal duty.

Sulz v. Attorney General et al, 2006 BCSC 99 (law of torts). The BC Supreme Court awarded \$950,000 to former RCMP officer Nancy Sulz for mental suffering at the hands of her employer. In her lawsuit, the officer claimed that her supervisors harassed her to the point of clinical depression, and that she had no

⁸ *Tracking the Perfect Legal Storm*, p. 17

choice but to accept a medical discharge, even though an internal review had already found in her favour. The discharge ended Sulz's career with the RCMP.

The harassment began when a new commander joined Sulz's detachment. There was no single triggering event, notes the decision, but instead a series of incidents that took place over 20 months.

Prior to the new commander's arrival, Sulz had an exemplary record. Afterward, concluded a psychologist under contract to the RCMP, "it was clear she could never return to police or related work."

The psychologist identified a long list of symptoms resulting from the harassment, including "depressed mood, loss of interest/pleasure in things once enjoyed, low self-esteem, irritability, loss of appetite and weight loss... significant anxiety, fatigue/loss of energy, strong feelings of guilt, low libido, cognitive impairment (concentration, memory, decision-making), social withdrawal, psychomotor retardation, and hypersomnia/unrefreshing sleep."

The BC Supreme Court decision was later appealed on technical grounds, but the appeal court made no changes to the amount awarded to Sulz.

Charlton v. The Crown in Right of Ontario (Ministry of Community Safety and Correctional Services), Employer [2007] 90 C.L.A.S. 78 (employment contract). In this case, the Public Service Grievance Board concluded that harassment injurious to an employee's mental health was a breach of the employment contract.

Cassandra Charlton, a black, female operations manager at the Toronto Jail, was one of eight corrections officers who received anonymous letters that were abusive, racist and threatening. Unlike the others, Charlton received her letter at home. The effect was serious, requiring a medical leave of absence. While on leave, Charlton received her full salary. Eventually, she received workers compensation benefits for "mental stress," but at a rate below her regular salary.

Charlton filed a grievance with the Ontario Public Service Grievance Board seeking a number of remedies resulting from the violation of her human rights, including return to work in a comparable but safer position, compensation for economic loss, and compensation for non-monetary losses, such as her ongoing emotional distress.

The grievance was heard by the chair of the Public Service Grievance Board, who deemed Charlton's claim to be for breach of the "contractual guarantee of freedom from racial harassment in the workplace."

The chair maintained that the employer was bound by sections 26 and 47(1) of the Human Rights Code. Under these sections, it is a condition of every Crown contract that no statutory human right be infringed in the performance of an employment contract. Furthermore, human rights guarantees are implicit terms of all contracts of employment.

Although the chair considered the employer to be "beyond reproach" in trying to deal with the racial harassment, he determined that the contract breach had caused Charlton to suffer "very substantial mental distress," and awarded her compensatory damages.

Building Your Business Case

A business case outlines the business rationale for undertaking a project, and guides the design, management and evaluation of the project.

To make your case, start with a **global overview**. Here are a few useful statistics:

- **The economic burden of mental illness in Canada has been estimated at \$14.4 billion⁹** to \$51 billion¹⁰. The Centre for Addiction and Mental Health (CAMH) recently estimated costs of \$34 billion for Ontario alone¹¹.
- human resources and benefits managers rank mental health (e.g., depression/anxiety/stress) as the leading cause of disability (78%, short-term; 67%, long-term), ahead of musculoskeletal/back, cancer, and cardiovascular issues¹²
- Canadian CEOs surveyed by FGIworld identify stress, burnout and physical or mental health issues as the main issues limiting productivity in Canada¹³
- Great West Life Assurance Company names mental illness as the number one cause of long term disability claims¹⁴

Bring it home with a brief **cost/benefit analysis**, depicting baseline costs (absenteeism, presenteeism, turnover, health care, short- and long-term disability...) and opportunities. "What has been lacking," says Martin Shain, "are tools to move this forward. I believe those tools are now there." (See *Guarding Minds @ Work under "Resources: Moving Forward."*)

Outline **next steps**, such as

- recognizing and communicating workplace mental health as an organizational priority
- developing and implementing a plan
- measuring success
- initiating continuous improvement

For more on these steps, see below.

⁹ Stephens, T., & Joubert, N. 2001. The economic burden of mental health problems in Canada. *Chronic Diseases in Canada*, 22(1), 18-23.

¹⁰ Lim, K-L, Jacobs, P., Ohinmaa, A., Schopflocher, D., & Dewa, C. 2008. A new population-based measure of the economic burden of mental illness in Canada. *Chronic diseases in Canada*, 28(3), 92-98.

¹¹ Centre for Addiction and Mental Health. 2006. Mental disorders and substance use costs Ontario \$34 billion. Retrieved May 31, 2010 from: http://www.camh.net/News_events/News_releases_and_media_advisories_and_backgrounders/cost_study_ontario.html

¹² *The Health and Productivity Advantage: 2009/2010 North American Staying @Work Report*, Watson Wyatt, p. 21. retrieved May 31, 2010 from www.watsonwyatt.com/research/pdfs/NA-2009-13844.pdf

¹³ *Productivity Through Health: A FGIworld CEO Study on Health and Productivity in Canadian Industry (2005)*, FGIworld. Retrieved September 9, 2005 from www.fgiworld.com and posted on www.mentalhealthworks.ca/facts/why_it_matters.asp

¹⁴ Jill Armstrong, *A Business Case for Conversations on Mental Health*, Canadian Mental Health Association - Calgary Region, p. 2; Retrieved May 31, 2010 from www.cmha.calgary.ab.ca/copernicus/The%20Business%20Case%20for%20Web%20link.pdf

Taking action

To start: “a simple **policy statement** from senior management,” says Ian Arnold, Chair of the Mental Health Commission of Canada’s Workforce Advisory Committee, “just as we do now for physical health and safety, environment, quality, ISO 9000...”

In effect, the statement recognizes and communicates psychological safety and health as an organizational priority. “Once people in a leadership position acknowledge and recognize that there’s something within their power to change, they can do something to make things better,” says Dr. Martin Shain, a mental health consultant, and director and founder of the Neighbour@Work Centre. “Their expression of benign intention is often enough to start a process of health promotion. Even though their attitude may not be immediately trusted, if leaders stick with it, and demonstrate that they’re coming from a point of view of understanding something they didn’t understand before, people begin to get it and begin to appreciate that this person’s really trying.”

Responsibility for **developing and implementing a plan** begins with senior management, at least in terms of making it happen. This involves a number of steps:

1. Identifying a champion to lead implementation. Among other contributions, champions instil passion, liaise with all stakeholders to ensure successful implementation, and sustain communications with employees.

2. Assessing the current situation: “In the last little while,” says Shain, “a number of tools have been developed-, with which organizations can assess the financial impact of psychological safety and health in their workplace from an absenteeism perspective and cost perspective. And then we have Guarding Minds @ Work, made available last year (see “Resources: Moving Forward). It allows organizations to assess 12 key structural aspects of their workplace that have been shown to improve mental health in the workplace. So now you’ve got an assessment of the financial impact, and you’ve got an assessment of structural qualities necessary for a workplace to be mentally healthy, an assessment through things like aggregate insurance and absenteeism records of the actual impact on employees...”

Don’t overlook data from employee assistance programs, continues Shain. “They’re a possible identifier of hotspots.”

3. Prioritizing risks/issues: “Start by asking, ‘What are the requirements within the law,’” says Ian Arnold. Combine these results with findings from the assessment, and assign levels of risk.

4. Evaluating options. For instance:

- review literature on similar interventions (e.g., what works, what doesn’t, success factors, etc.)
- benchmark with similar organizations
- hire a qualified consultant
- conduct a comparative analysis of indicators of intervention
- link all interventions to a measurable outcome

5. Implementing change. Consider the following steps:

- create an action plan for implementing and monitoring the chosen options
- dedicate resources and develop the required mental health expertise

- develop a strategy for senior leaders to communicate their commitment to workplace mental health
- create feedback loops from all stakeholders to sustain support

6. Measuring success (accountability). Assessing progress toward organizational goals can help promote success and minimize the risk of failure. Possibilities include reviewing:

- outcomes from interventions
- in-house data for changes or trends
- information from your stakeholder feedback loop
- progress reports on your mental health strategy

7. Continuously improving. Create a defined review process and feedback loop, combined with a process for corrective action. Consider:

- re-measuring performance indicators annually using the same tools and data
- re-evaluating the current mental health strategy to determine if you are on track and if new risks have been identified. Adjust the strategy if your risks have significantly shifted
- updating and improving ongoing plans or interventions based on information gathered
- communicating progress to date

Statistics: Making Your Case

The bad news: an overview

- The economic burden of mental illness in Canada has been estimated at \$14.4 billion¹⁵ to \$51 billion¹⁶. The Centre for Addiction and Mental Health (CAMH) recently estimated costs of \$34 billion for Ontario alone¹⁷.
- Disability related to mental health and behavioural problems represent the largest disability costs to employers, with an average cost of \$18,000 per episode¹⁸
- The bulk of mental disorders in the workplace are concentrated among men and women in their prime working years¹⁹.

¹⁵ Stephens, T., & Joubert, N. 2001. The economic burden of mental health problems in Canada. *Chronic Diseases in Canada*, 22(1), 18-23

¹⁶ Lim, K-L, Jacobs, P., Ohinmaa, A., Schopflocher, D., & Dewa, C. 2008. A new population-based measure of the economic burden of mental illness in Canada. *Chronic diseases in Canada*, 28(3), 92-98.

¹⁷ Centre for Addiction and Mental Health. 2006. Mental disorders and substance use costs Ontario \$34 billion. Retrieved May 31, 2010 from: http://www.camh.net/News_events/News_releases_and_media_advisories_and_backgrounders/cost_study_ontario.html

¹⁸ Dewa, C., Chau, N., & Dermer, S. 2010. Examining the comparative incidence and costs of physical and mental health-related disabilities in an employed population. *Journal of Occupational and Environmental Medicine*, 52(7), 758-763.

¹⁹ Bill Wilkerson, "The Economic Return on Corporate and Government Investments in the Mental Health of Canadians Most Evident in the Workplace." Retrieved April 19, 2010 from http://gwlcentreformentalhealth.com/pdf/s7_004788.pdf

The good news

“There is this concept of mental harm that can be created by the workplace,” says Martin Shain, “but in the same breath you can say that the workplace is also a potential engine for mental health. It can create mental health as well as mental injury.”

Jill Armstrong, project manager of the Canadian Mental Health Association - Calgary Region’s Copernicus Project for Workplace Mental Health - cites these encouraging statistics in *A Business Case for Conversations on Mental Health*²⁰.

- treatment is effective for 60%-80% of those who receive appropriate care²¹
- work impairment is reduced by 72% for moderately depressed persons following symptom improvement²²
- disability claims and costs can be controlled with active management and can result in a reduction of disability by 23% or 17.7 days²³.
- the costs for providing accommodations for people living/working with mental health problems are fairly low; most cost well under \$500²⁴

What your competition is doing

A Watson Wyatt survey of North American human resources and/or health benefits managers in companies with 1,000+ employees found that firms with a highly effective health and productivity framework generated significant benefits compared to firms with low effectiveness²⁵. Examples appear below:

²⁰ Jill Armstrong. A business case for conversations on mental health. *Canadian Mental Health Association – Calgary Region*, pg. 2. Retrieved May 31, 2010 from:

<http://www.cmha.calgary.ab.ca/copernicus/The%20Business%20Case%20for%20Web%20link.pdf>

²¹ World Health Organization. 2008. Fact sheet on depression; National Institute of Mental Health, 2004. Depression: A treatable illness (cited by Armstrong and retrieved May 31, 2010 from:

<http://www.cmha.calgary.ab.ca/copernicus/The%20Business%20Case%20for%20Web%20link.pdf>

²²Wang, P., Simon, G., & Kessler, R. 2003. The economic burden of depression and the cost-effectiveness of treatment. *International Journal of Methods in Psychiatric Research* 12(1), 22-23. (Cited by Armstrong and retrieved May 31, 2010 from:

<http://www.cmha.calgary.ab.ca/copernicus/The%20Business%20Case%20for%20Web%20link.pdf>

²³ McCulloch, J., et al., 2001. Analysis of a managed psychiatric disability program. *Journal of Occupational and Environmental Medicine*, 43(2), 101-109. Cited by Armstrong and retrieved May 31, 2010 from:

<http://www.cmha.calgary.ab.ca/copernicus/The%20Business%20Case%20for%20Web%20link.pdf>

²⁴ Office of Disability Employment Policy, US Department of Labor. “Work-site accommodation ideas for people with psychiatric disabilities.” Job Accommodation Network. Retrieved January 20, 2003 from www.jan.wvu.edu/media/Psychiatric.html, as reported on www.mentalhealthworks.ca/facts/why_it_matters.asp

²⁵ The Health and Productivity Advantage 2009/2010 Staying@Work report, Retrieved May 31, 2010 from <http://www.watsonwyatt.com/research/pdfs/NA-2009-13844.pdf>. Responding organizations employ 11 million workers and operate in all major industry sectors

Health and Productivity (H&P): more than two-thirds of surveyed companies have added or enhanced their existing programs or expect to do so in the next year. More than three-quarters have already improved or plan to improve their H&P program communication and enhance worksite programs. This commitment is even stronger for companies that already have highly effective H&P programs.

Financial advantage: companies with the most effective H&P programs experienced superior human capital and financial outcomes: 11% higher revenue per employee, lower medical trends by 1.2 percentage points, 1.8 fewer days absent per employee, and 28% higher shareholder returns. High-H&P-effectiveness companies are also more likely to have lower health care costs, lower levels of presenteeism, fewer lost days due to disabilities and lower levels of turnover relative to their industry peers

Companies with the highest effectiveness scores report the lowest levels of lost productivity attributed to *presenteeism*.

How do highly effective firms achieve these results? The table below, adapted from the Watson Wyatt report, lists a number of preventive measures, indicating what percentage of high effectiveness and low effectiveness firms have these measures in place.

Keeping People Healthy		
Preventive Measures	% High Effectiveness Organizations	% Low Effectiveness Organizations
educating the workforce/management on the stigma associated with mental health issues	25	12
training managers in the early identification of reduced performance	22	7
regularly measuring lost productivity due to reduced performance at work (i.e., presenteeism)	9	2
linking health and productivity (H&P) goals to annual manager performance metrics	51	13
senior leadership has allocated adequate budget for H&P programs	55	15
employee health and productivity is included in the organizational goals or value statement	47	14
senior managers are involved in regular communication to employees on why good health is important	44	12
managers and/or senior leaders receive	29	9

regular reports with H&P program utilization metrics		
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Resources:

- ***A Leadership Framework for Advancing Workplace Mental Health***, Mental Health Commission of Canada (www.mhccleadership.ca). Includes tools, information videos of Canadian business leaders talking about mental health
- ***Guarding Minds @ Work: A Workplace Guide to Psychological Safety and Health*** (www.guardingmindsatwork.ca). An evidence-based strategy, containing resources for assessing and addressing 12 psychosocial risk factors. Includes an organizational audit, multiple employee surveys, action tools, and evaluation templates.
- Industry Canada: ***business case for corporate social responsibility*** (www.ic.gc.ca/eic/site/csr-rse.nsf/eng/h_rs00100.html)
- ***depression calculator*** (www.depressioncalculator.com). Hosted by Pharmaceutical Research and Manufacturers of America (PhRMA)
- ***alcohol and substance abuse calculators***, courtesy of the George Washington University Medical Center; US-oriented, but an interesting exercise [www.alcoholcostcalculator.org/]
- Canadian Mental Health Association, Ontario: a ***how-to guide for workplace mental health promotion*** (www.ontario.cmha.ca)
- Great-West Life Centre for Mental Health in the Workplace: ***strategies, tools and support for research and initiatives*** aimed at improving workplace mental health (www.gwlcentreformentalhealth.com)