

Mental Health

A WORKPLACE GUIDE





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INTRODUCTION

Mental Health: A Workplace Guide

SEVERAL YEARS AGO, public health researchers made a discovery: They'd been trying to add up the cost of mental illness on Canadian businesses when they realized that something was missing. The government numbers at hand did not include informal time off — the “mental health days” workers take to cope with stress. Those extra days, they told a senate committee, almost doubled the costs.

The experts had discovered what most Canadian workers already knew, and what their employers are quickly learning. Mental health days are a firmly established part of workplace culture, as common as casual Fridays and office fundraisers. Although the term is often used lightly, it reflects a sobering need: one out of five Canadians will experience mental health problems in their lifetime, according to the Canadian Institute of Health Research (CIHR). Stress, depression and anxiety take a tremendous toll on both employees and their companies — depression is the leading cause of disability among people 15 to 44 years of age in Canada and the U.S., and the World Health Organization (WHO) predicts that it will be the second-leading cause of disability worldwide by 2020.

Employers can't always cure what ails their workers, but they can ensure that the workplace helps, and doesn't hinder, their well-being, especially when it comes to mental illness.

Mental Health: A Workplace Guide can help direct those efforts. It isn't meant to diagnose your employees or co-workers, but can help your workplace understand what mental illnesses are, how they affect people, and what they mean for your business. More importantly, it outlines ways to support workers suffering from anxiety, depression and other disorders. Companies may not provide clinical care, but they can play a vital role in mental health awareness, support and ultimately, in preventing such illnesses in the future.

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Is it stress, or something else?



COMPANIES USUALLY INSTALL SECURITY CAMERAS for safety reasons. But, in one particular instance, when cameras caught a frustrated office worker smashing his computer, they captured a different kind of danger. The footage, which made the rounds on the Internet recently, shows the man smacking his monitor a few times before batting it right off his desk with the keyboard. Signs of stress in the average workplace aren't usually that dramatic, but they are there, as evidenced in distracted employees, long hours, and double-booked meetings. Roughly 75% of Canadians feel stressed out at least once a month, and 43% report feeling "really stressed" a few times a week, according to the Canadian Mental Health Association's *2001 Canadian Mental Health Survey*.

For some, the situation is even more serious: 1 in 10 Canadians had symptoms of mental illness in 2004, report Health Canada researchers. And those symptoms strike 30% of Canadians between the ages of 25 and 44. But when do everyday ups and downs become a mental illness? And how, as a manager or supervisor, can you tell whether an employee's bad temper, late assignments and frequent "mental health days" are a sign of something more?

In many cases, people are just responding to stress, according to Dr. Stephen Wiseman, a Vancouver-based psychiatrist specializing in occupational mental health. But eventually, what starts with pressures at home and at work can give way to illness that takes a serious toll on the mind and the body.

Many people, at work and elsewhere, don't recognize mental illness as a physical

disease. But it's often all-encompassing, says Bill Wilkerson, CEO of the Global Business and Economic Roundtable on Addiction and Mental Health. "It is not invisible," he says. "Everything in the body is mediated by the brain. And if your brain is imbalanced, the rest of your body is going to react."

A Breeding Ground for Illness

In the workplace, three-quarters of all mental health issues are related to depression, notes Dr. Wiseman. The illness which changes the way people think, act, and cope, can range from general unhappiness to serious, incapacitating symptoms. Whatever the symptoms, they often stem from overwhelming pressure or expectations. "Many people want things from you, but you can't control how these things are coming at you," he says. "[If] you have no input or power, that kind of stress will give rise to depressive problems." The most common problems include: *Adjustment disorders*, which often arise in the face of stress. "What's usually called depression in the workplace is often an adjustment disorder," says Dr. Wiseman. An overwhelmed employee who feels burnt out, and needs to take a time-out every now and then, likely has an adjustment disorder, he says. They may also have an added anxiety disorder — they may constantly worry, and find it hard to go to work.

Prolonged anxiety can lead to formal anxiety disorders like panic disorder, generalized anxiety disorder and post-traumatic stress disorder. Those suffering from serious anxiety-related conditions may not be able to carry out everyday tasks, according to the U.S. National Institute for Mental Health (NIMH.)

Depression

What may look like an employee's lingering bad mood can actually be a chemical imbalance in the brain. Chemical "messengers," known as neurotransmitters, send signals between brain cells, and low levels of these messengers often lead to depressive symptoms.

Chronic, low-grade depression is known as a *dysthymic disorder*. This is often a long-term condition that an employee may not even recognize as depression. "They're often vulnerable to stress, not very happy, not getting a lot out of life, but they think 'this is just who I am,'" notes Dr. Wiseman. "That's not usually disabling, but it can influence the quality and efficiency of one's work and can make one vulnerable to severe forms."

Minor depression often shows up as distress — the employee may be upset, or more emotional than usual. But some symptoms, like anxiety or a lack of appetite, often don't register to co-workers or the employee because they're so much a part of everyday stress, says Mary Ann Baynton, director of Mental Health Works, a

workplace-focused program at the Canadian Mental Health Association's Ontario division. "Mild depression can keep an employee in the workplace for a long time."

The physical changes that come with *major depression* are more obvious, and quite serious. "Major depression goes beyond emotion," points out Dr. Wiseman. People suffering with severe depression often have trouble sleeping, lose or gain significant amounts of weight, and don't have the energy levels to do the things they'd normally be able to do, he says. Roughly 8% of adults will experience major depression at least once in their lifetime, according to the Canadian Institute of Health Research.

Though depression has distinct phases, the illness doesn't necessarily show up in any particular order. "It can occur at any stage," says Dr. Wiseman.

Bipolar disorders, characterized by severe mood swings, affect one out of 100 Canadians, reports the Canadian Institute of Health Research. The "high" end of a bipolar episode might prompt angry outbursts or unusually high energy, while the "low" end usually includes low energy and difficulty concentrating. With bipolar 1, the symptoms tend to be more extreme, explains Karen Liberman, director of the Mood Disorders Association of Ontario (MDAO).

Bipolar 2 has the same depression component, but "the person never has extreme mania, [so their symptoms] make them seem very, very productive," she says.

Many of these terms are already familiar, proof that more and more people are aware of how mental illness affects those around them. Does this mean that mental illnesses are on the rise? Though the Canadian Mental Health Survey found that clinical diagnosis rates are slightly up — going from 11% in 1992 to 14% in 2001 — the numbers don't necessarily mean that depression is on the rise. The actual rates are likely stable, but better diagnosis and awareness create the impression of an increase, according to the survey researchers.

Who's at risk?

Although *stress* is a major factor in depression, other risks — some that are harder to avoid — also play a key role. *Genes* are a significant risk factor. Anyone with a close relative with depressive or mood disorders, "[is] at a higher risk of developing them themselves," says Dr. Wiseman.

Being *female* is another disadvantage for depression. "The rates of depression in women is double what it is for men," says Dr. Wiseman. A 2004 *Wyeth/Leger Marketing Study* found that one in five working women in Canada either showed symptoms of depression and anxiety, or had been diagnosed with either condition.

Other *medical conditions*, like thyroid disorders, sleep disorders, or chronic pain can give rise to depression and other mood disorders. According to researchers at

Harvard University, the majority of those with a mental disorder also have some kind of physical disorder. At times, it's like "death by 1,000 cuts," says Dr. Wiseman. On their own, each stressor — like work or home demands, a weight problem, or a chronic pain condition like fibromyalgia — usually isn't seen as a severe or disabling problem; but he says that "everything adds up to a level of impairment."

Everyday situations also play a major part in severe stress levels and depression. Respondents to the 2001 Canadian Mental Health Survey identified several everyday reasons for their "serious stress." Among them:

- *Work*: Over half — 51% — said their work contributed to their stress, up from 39% in 1997. Unemployment was a major stressor for 20% of respondents.
- *Financial problems*: 48% blamed financial problems.
- *Family*: 33% pointed to their responsibilities as parents.
- *Health*: 27% said their health conditions caused serious stress.
- *Relationships*: 21% pointed to problems with their spouse or partner.

Significant events, like divorce, abuse or a death in the family, may also trigger depressive symptoms. No matter what the cause, sufferers share "a feeling of helplessness," according to Dr. Wiseman. "They think, 'I've got a problem, but no matter what I do, I can't address it.'"

Treating Depression

It's important to treat depression aggressively, says Dr. Wiseman. One bout with depression usually puts a person at risk for future episodes, he says. "It's a chronic illness. It waxes and wanes and takes on a life of its own." Even when someone thinks they're feeling better, "the embers are still glowing." Someone who's had one episode of major depression has a 50% chance of having another; those who've already had two episodes have a 75% chance of having another, and those with a history of three bouts of depression face 90% odds, he says.

Exercise

Canadians under stress often turn to physical activity instead of taking drugs or talking to someone about their problems, reports the Canadian Mental Health Association (CMHA). This may ease symptoms in some cases — some studies point to exercise as a good treatment, but it might not be possible for everyone, notes Mary Ann Baynton. She points out that people in the throes of depression may not have the energy to run 5 km, or have the strength to do weight training.

Other lifestyle changes — cutting down on their coffee habit, getting more rest, and drinking less alcohol — may also help. But serious depression requires medical help, she notes.

Drug Therapy

Drug treatment for depression has evolved over the past 10 years, and the U.S. National Alliance on Mental Illness estimates that roughly 80% of people with depression-related disorders can be treated effectively. Antidepressant drugs can treat anxiety disorders as well as minor and severe depression. Usually, a doctor will try to match a particular drug to a patient's situation, and finding a fit may take some trial and error, notes Dr. Wiseman. Treatment with antidepressants can last from six months to an indefinite period.

At present, SSRIs (selective serotonin reuptake inhibitors), which boost the levels of the brain's chemical messengers, and SNRIs (serotonin norepinephrine reuptake inhibitors), which have a similar effect on both serotonin and noradrenaline, are often used to treat depression. Severe cases may require MAOIs (monoamine oxidase inhibitors), which balance the levels of chemical messengers by reducing monamine oxidase, which breaks them down.

Talk Therapy

Sitting down with someone trained to deal with depression can also help get to the root of his or her problems and help improve their well-being, notes the Depression in the Workplace Collaborative.

Cognitive Behavioural Therapy

This focuses on certain types of thinking or behaviour that might contribute to the person's situation.

Interpersonal Therapy

This focuses on specific relationship issues that could be causing the depression, like loss, conflict and life changes, according to the Depression in the Workplace Collaborative.

For serious cases, a double-edged approach, using both drugs and therapy, is usually more effective, researchers at Brown University have found.

The Canadian health system tends to dictate how people deal with their illness, according to Dr. Wiseman. "It's easy to go to the doctor, and get a prescription for medication," he says. "If you're working it's usually covered." Other approaches, like psychotherapy, aren't as easy to come by. With rates ranging from \$120 to \$160 an

hour, “the majority of people can’t afford to pay privately.” Some companies that cover therapy may cap the number of sessions. “We do get times when people are off work, not able to work, and the only thing that’s going on is a couple of sessions with a counsellor, and that’s not going to cut it,” he says.

Health Risks: Depression Affects the Mind, Heart, and More

The effects of mental illness aren’t limited to the mind. Their stresses also extend to the heart and other health conditions. Depressed heart patients have a higher risk of dying, according to researchers at McGill University and the Université de Montréal. Other studies have also linked depression with diabetes and shown that it affects recovery from a stroke. Roughly 73% of people with a mental disorder also have a physical disorder, notes Karen Seward, vice-president of business development and research at Shepell.fgi. But whether the depression gives rise to physical illness or vice versa remains to be seen. “What came first, the chicken or the egg?” asks Barbara Veder, clinical director at Shepell.fgi, a workplace support services company. “Did they have the heart attack and then get depressed? Or did the depression cause the heart attack?”

Treatment Barriers

Attitudes

All the treatments combined won’t help if a depressed employee won’t ask for them. Statistics Canada reports that only 32% of sufferers seek help for mental illness, and the Canadian Mental Health Association’s *Mental Health Survey 2001* confirms that people are still reluctant to talk about mental illness: Although 44% of respondents said they would probably or definitely want their bosses to know about their mental health problems, that figure is down from 50% in 1997.

Inappropriate treatment

Many depressed employees aren’t getting the proper care, according to the British Columbia-based Depression in the Workplace Collaborative, which estimates that only half will seek treatment.

No healthcare partnerships

Healthcare providers don’t know a lot about the workplace. “Bridging this gap between the healthcare system and the workplace is crucial if progress is to be made in more effectively managing depression in the workplace,” the Depression in the Workplace Collaborative concludes in a recent report. Part of the problem lies in the diagnosis

process, says Bill Wilkerson, CEO of the Global Business and Economic Roundtable on Addiction and Mental Illness. Determining someone's state of mental health takes at least 35 to 45 minutes, which is a luxury for most family physicians, and "many aren't familiar with depression-treatment guidelines." There is room for better co-operation between all groups involved in mental illness, from the workplace to the public health system, he notes. The Roundtable is currently developing ways to streamline and integrate existing resources.

Recognizing signs of trouble



ARE THERE A FEW EMPTY CHAIRS at your office's weekly meeting? The flu, an off-site meeting or a conference call down the hall could be to blame. But there's another likely reason: one in four workers take mental health days off from work to cope with stress, according to the American Psychiatric Association (APA). A day here or there may seem harmless, but regular coping breaks are really signs of trouble. "If someone says I need a mental health day, they are tired and stressed out — this is the beginning of mental health issues," says Mary Ann Baynton, director of Mental Health Works.

Although employers are more likely to spot work-related, rather than mental health-related issues, the two are often linked. Many times, telltale signs will arise during a performance review — an employee may be coming in late, taking too many sick days, or their work may be slipping. Three-quarters of the respondents to a Public Health Agency of Canada survey report that mood disorders or substance abuse interfered with their daily lives. And almost one-fifth (18%) said they had to adjust their work activities. Those employees aren't lazy, notes Dr. Stephen Wiseman. "They've already had their functions impaired by symptoms [of illness]." In a typical workplace, poor performance leads to some kind of warning, or punishment, like a probationary period, a move that is often "the straw that breaks the camel's back," for the employee, he says.

How can a manager or supervisor tell the difference between a poor worker and a sick one? Often, employees struggling with mental illness are:

- *Overtired*: If someone isn't well rested it will affect their performance. They may seem sluggish or disinterested in their work.
- *Showing signs of isolation*: Are they engaged with the work process? Are they interacting well with their co-workers?
- *Showing a lack of focus*: "You might notice someone who looks tired or couldn't focus," notes Barbara Veder, clinical director at Shepell.fgi.
- *Less responsible*: Are they frequently late? Making uncharacteristic mistakes?
- *Physical changes*: Has your employee recently lost or gained a noticeable amount of weight? There may be more to it than a new diet, Veder points out.

Even the employee might not recognize the root of their troubles. "[They think] 'if I try a little harder, I can shake this off, I can get over this,'" says Mary Ann Baynton.

Dealing with a Diagnosis

It's hard for anyone to deal with mental illness alone. But while a manager's first impulse may be to offer personal help, they should tread lightly. An employee probably won't talk about their problems, or any kind of diagnosis with their co-workers or boss.

But that doesn't mean that managers and supervisors should stay on the sidelines. If they see a prized employee suddenly struggling on the job, they do have a role to play. Their first step should be to sit down with the employee, but resist the impulse to talk about their mental health.

Keep the conversation focused on job-related changes, advises Mary Ann Baynton. Explain how it used to be, and how things have changed. "Validate what they bring to the organization," she says, but suggest that a health issue might be the problem, since many will resist the idea of mental health issues. "[Just] get them to the doctor so they'll be screened."

The Rule-Out Rule

Karen Liberman, director of the Mood Disorders Association of Ontario (MDAO) dubs this approach the "rule-out" rule. "The employer or supervisor isn't there to be a junior psychologist. They are there to be a manager, to rule out that it might be a mental health issue." Even if a manager wants to offer more, Liberman urges them to avoid overly personal questions. "It's not your job," she insists. By directing an employee to an Employee Assistance Program (EAP) or a family physician, "you give the employee the opportunity to deal with the issue and come back."

Keeping your professional distance does two things, adds Baynton. It lets the employee retain their dignity, and also protects them down the road. "Some

employers will become the confidant, the sounding board,” she says. “That’s not in the employee’s best interest. People who hire you or fire you shouldn’t be telling you how to live your life.”

What not to do

Typical “managerial reactions” may not be the best approach, says Mary Ann Baynton. “Managers tend to be analytical and problem-solve,” she says. “But all those things backfire when you’re dealing with people with mental illness.” Employers can create unnecessary stress for an entire department if they make the following missteps:

- Take a hard-line disciplinary approach: A manager or supervisor may not recognize mental illness, and punish a worker’s poor performance without considering their well-being, or offering to come up with some solutions with them, she says.
- Ignore a problem: Some employers may choose to ignore a difficult employee, even though they could be showing signs of mental illness. In some cases, an employee may behave badly, ranting and loudly complaining on a regular basis. Giving them space isn’t the answer, says Baynton. “Once relationships [with other colleagues] have been destroyed, they’re difficult to repair.”

Is the Workplace to Blame?

Though many factors contribute to mental illness, it’s getting harder to ignore the workplace’s growing role in mental illness. Although many see on-the-job stress as a positive, productive force — 41% of respondents to the *Canadian Mental Health Survey (2001)* report that the amount of stress in their workplace has a positive impact — a greater number see it differently. Over half (51%) of respondents to the same survey report that their jobs contribute to “serious” stress. “The workplace can take a healthy person and make them unwell,” notes Mary Ann Baynton. Constant over-stimulation puts our bodies in a constant state of “fight or flight,” which eventually creates negative chemical reactions, she says. “It’s like a repetitive strain injury on the brain.”

Many are feeling that strain. According to the *Canadian Mental Health Survey*, the highest number of respondents who cited work as a major stress factor in their lives were between 18 and 54, ages that span an entire working life. While less than half (43%) of those between 18 and 24 pointed to work as a stressor, the statistics climb after age 24: 69% of those between 25 and 34 say work is a serious stressor, while 66% of those between 35 and 44 say it is. As respondents head into pre-retirement, the numbers drop slightly to 57% of those between 45 and 54.

Where is on-the-job stress coming from? The majority of respondents (59%) to the 2006 *Desjardins Financial Security Health Survey* point to their work's pressure, workload and overtime, while over a third (38%) cite communication problems, either with co-workers or customers. Problems can also arise when employers have unrealistic goals and expectations from their workers, given the manpower and resources available, notes Bill Wilkerson.

Managers who: give directions that aren't clear, don't match tasks with an employee's skills, or expect high output with few resources, will usually increase stress levels among workers, he says.

Even a job title can be a risk factor

Certain professions, like the military, or nursing, can make employees more vulnerable to mental illness. So can an employee's place in the workplace hierarchy — a recent survey of Canadian CEOs found that middle managers may be particularly vulnerable to mental illness. Those starting out are also at higher risk: Early in 2006, a Danish study revealed that women in lower-level positions are more than twice as likely to develop severe depressive symptoms.

What about the BlackBerry?

Technology also plays a role. Karen Liberman, executive director of the Mood Disorders Association of Ontario (MDAO), points to burgeoning inboxes and e-mails. "The technology was going to set us free, we were supposed to have so much free time, but now, people have wires coming out of their heads," she says. "How much are our brains supposed to take?"

According to the Desjardins survey, 62% of Canadian workers say their employer can reach them anytime via technology. Almost one-third (29%) say this level of connectivity actually increases their stress level at work.

Paying the Price

No matter who or what is to blame, there's no denying that employers are paying for mental health disorders. And they're paying on various fronts, according to the Global Business and Economic Roundtable on Addiction and Mental Health: Companies with major mental health problems in the workforce face extra challenges in maintaining a productive workforce, remaining competitive, protecting customer service, and hiring and keeping talented people.

The most obvious price tag is attached to disability claims. In 2003, mental illness made up 30% of disability claims, and accounted for 70% of all disability

costs — somewhere between \$15 billion and \$33 billion, according to *The Human Face of Mental Health and Mental Illness in Canada*, a joint Public Health Agency/Health Canada report. Mental health days alone add up to one-third of the \$6 billion to \$10 billion work/life conflict costs employers, according to researchers at Carleton University.

The *Desjardins Financial Security Health Survey* takes a closer look at the day-to-day toll that mental health days can take on employers. Those with mental health-related physical health problems took an average of 40 days off during the past two years. Almost half of the respondents took between one to five consecutive days off, while more than half (52%) took more than five consecutive days off during that time.

One 1999 U.S. study breaks down the cost of mental health days even further, revealing that depressed workers take between 1.5 to 3.2 more short-term work disability days per month, days that add up to US\$182 to \$395 per day in productivity losses.

The good news is that employers aren't blind to these costs. "They see it in the growing volume of short-term and long-term disability claims," says Barbara Veder of Shepell.fgi. The Mood Disorders Society of Canada estimates that 75% of short-term claims are related to mental health in Canada, while 79% of long-term disability claims do so.

Drugs add another variable to the equation. A 2002 Health Canada report puts drug costs at \$1.1 billion a year.

Overall, U.S. researchers at Weill Cornell Medical Center and Johns Hopkins School of Medicine found that treating mental illness is actually more expensive than dealing with other ailments. On average, each depressed employee accounted for US\$3,189 in healthcare costs annually, while the average costs associated for non-mental health conditions topped off at US\$1,679 annually.

Presenteeism

Even when employees make it to work, they may not be able to give their best efforts. Researchers at Yale University found that depressed employees missed twice as many workdays over two years, and are seven times more likely to report decreased effectiveness at work. In Canada, the Global Business Economic Roundtable on Addiction and Mental Health puts the cost of lost productivity at \$8 billion a year.

The fallout isn't limited to those who are ill. Depressed workers can often create a "ripple effect" among their co-workers and colleagues, creating "low morale and a high turnover rate," note researchers at New York University and Cornell University.

New Attitudes to Mental Illness



THE COSTS ASSOCIATED with depression may be going up, but so is awareness. “Workplaces are starting to see that they need to address this problem,” says Mary Ann Baynton. “There’s an openness [that wasn’t there] 20 years ago.” The time is right for such action — more and more, workers are looking to their employers for help in handling stress, anxiety and depression: 57% of respondents to the *Desjardins Financial Security Health Survey* said their employer or union should do more to support employees with mental health problems. Another survey — by Wyeth/Leger Marketing — found that 91% of female employees wished for more help from their companies. Providing that help will pay off. “Mental illness isn’t talking about crazy people,” Baynton notes. “It’s about people who are unwell, and the value you’re investing in training that person can be regained, it’s not lost.”

What should an employer’s first step be? That important first step should be taking on a new attitude to mental illness, one that makes mental health an everyday priority. Employers shouldn’t wait until people get sick, points out Barbara Veder at Shepell.fgi. “Organizations have to embrace a new paradigm of assessing mood issues — not from an illness point of view — but [making sure] that there’s a ‘checkup’ all the time,” she says.

But employers should be careful to approach mental illness with a different sensibility, notes Baynton. “Other disabilities are different. The workplace tends to

take the same approach — it doesn't address the issues and improve the situation in the long run for everybody," she says. "Unless there's a holistic approach, it's more likely to fail."

Preventing Mental Illness

Wellness strategies are probably the easiest, and least intrusive, ways to address mental illness in the workplace, says Veder. Holding "stress and anxiety" workshops can get the messages across, and can reach employees who might be uncomfortable talking about mental illness, she says. But "sometimes we do need to use the words [mental illness]. They're dealing with it whether you use the label or not."

Many companies deal with stress and other health issues with strategies that include on-site gyms or nutrition programs. While those efforts have their merits, they also have their limits. "They aren't a replacement for making the workplace better," says Bill Wilkerson. On their own, such strategies are "the passive provision of information and tools, but [they] won't reverse current trends and rates of disability."

Early Detection Programs

Helping employees who struggle with anxiety or depression will be easier if employers pick up on trouble in the early stages. "Early detection reduces the likelihood that mental illness will become chronic," says Barbara Veder. But how? Many employees aren't comfortable talking about their mental well-being, and many are even more wary of passing extremely personal information on to their employers. Although workers might be afraid to come out to screening events, giving them access to a confidential, online questionnaire can help both parties — help the employer raise the issue, and let the employee know if something is wrong.

Veder points to programs like Check Up from the Neck Up, started by the Mood Disorders Association of Ontario (MDAO). The association's website can guide employees through a step-by-step questionnaire that assesses workers for signs of depression, bipolar disorders and anxiety, and recommends that they take their findings to a family doctor. The reasoning behind the program is simple, says the MDAO's executive director, Karen Liberman. "The usual paradigm is to wait until you're seriously ill to get diagnosed and get treatment," she says. "We check our blood pressure, eyes, teeth. It's almost unbelievable that we don't check our mental health regularly."

Early detection will also help employers start reversing mental illness and depression-related trends. "We've got to back up this train," Liberman says.

Education

Specific educational programs on depression and anxiety can lay good groundwork throughout the organization, says Bill Wilkerson, CEO of the Global Business and Economic Roundtable on Addiction and Mental Health. “These efforts are a way to sensitize people,” he says. “They teach them that it’s a physical illness, and that [they] shouldn’t look down on the condition.”

Educational efforts should also enlighten workers about risk factors, and teach them how to recognize warning signs. For example, both managers and employees should learn to distinguish between positive and negative stress, says Karen Seward, of Shepell.fgi. The lessons should also help uncover less-than-healthy patterns in the workplace, like constant overtime, she says.

Training

Training shouldn’t be limited to employees. It can also make frontline staff aware of mental health problems and prepare managers to handle situations with sick employees, says Mary Ann Baynton. “We’re not trained, either in business school, or in medical school, to handle people,” she says. “It’s unfair to expect managers to handle this without training. Managers can experience extreme stress and trauma for dealing with things that are outside their scope and knowledge.”

Most are going it alone: A study by the University of Michigan Depression Center found that only 18% of managers had specific training to deal with depression.

Communication

On-site newsletters, or special health memos should reinforce educational messages on depression and other mental illnesses, says Karen Seward. Employers can strengthen their messages even further by sponsoring guest speakers, like a psychiatrist or social worker, to hold special workshops and educational sessions for employees.

Build good relationships

All the wellness experts in the world can’t help depression rates at companies that don’t value their employees, says Mary Ann Baynton. “Organizations can spend money on a gym, and have social engagements like going rock climbing, but if the personal sense of value isn’t there, that money isn’t well spent.” Employers should make a point of acknowledging their workers’ achievements and support their everyday efforts. “People need some sense of achievement and belonging. The relationships between team members are important to our well-being. It’s also

good for business,” she says.

Some employers make common mistakes when dealing with mental illness on their watch — many use discipline to “correct” what they see as a work or performance problem, while others simply avoid it, “hoping it goes away,” notes Baynton.

Formal policies

People with mental illness don’t need their office space renovated, but they do need the company’s help in other ways. “They don’t need assistive devices, but they do need assistive people and assistive policies,” says Karen Liberman. Companies should consider formal policies that directly address mental health and different mental illness conditions. One such measure is keeping better track of who’s calling in sick, and who isn’t, says Bill Wilkerson. Taking note of patterns can be an early warning system when it comes to serious depression or anxiety disorders, he points out. Otherwise, he warns, “you end up with people in a state of ill health long before employers get wind of it.”

Employers can also address the situation when they set up their office layout — adding designated “*time-out*” space, whether it’s an empty office, or a quiet corner, where workers can relax or take a quick breather when they need to.

Employee Assistance Programs

Mental illnesses vary from person to person — where one employee may bounce back quickly after taking medication for a few weeks, another may need additional help. An off-site partner, like an Employee Assistance Program, can contribute to different stages of an employee’s treatment for anxiety or depressive disorders. “They can be a valuable front-line tool,” notes Bill Wilkerson. Sometimes, an employee just needs a “guide” through their situation, whether it’s a counsellor to get them through an unhappy period in their life, or someone to point them to the best caregivers for their situation. “They can help an employee through a difficult time, and clear the way in making contact with the healthcare system on their behalf,” he says.

An EAP may be able to make sure the employee is getting proper treatment. An employee might not have the right prescription, or may not be taking their medication as often as they should. Having someone making sure they’re on the right track “represents an enormous opportunity to save [in the long run,]” points out Barbara Veder, of Shepell.fgi. “Employees are generally happy for the extra support,” she notes. “People don’t want to be sick.”

Many employers already have an EAP on hand. But companies should take care

to choose an EAP that can manage depression and other serious mental illnesses. Some employees may need long-term counselling, which isn't available through all providers. An EAP and any other group benefit plans should also contribute to an overall program that addresses the workplace's demographic needs, notes Karen Seward, of Shepell.fgi. "We ask employers to take the kind of work people do into consideration," she says. Employees who are on the road a lot may face different stressors than those who report to an office every day.

Drug Benefit Plans

For most people suffering with mental illness, medication is a crucial part of their recovery. With this in mind, company drug plans are a valuable resource for both employees and their employers. According to the Global Business and Economic Roundtable on Addiction and Mental Health, drug plans not only help offset short-term disability costs, but they can also help curb absenteeism, saving roughly 11 workdays that would have been lost.

Other off-site programs

Companies looking for additional help with their mental health efforts can turn to local agencies for programs specifically developed to address mental illness. The Canadian Mental Health Association's Ontario division developed Mental Health Works, a program designed to improve the workplace's understanding of depression, anxiety, and other related conditions. Training from Mental Health Works teaches managers and supervisors to recognize the symptoms of illness and to have a conversation that cuts through the fear and the stigma. "If we saw someone gasping for breath, we would tell them to see a doctor, but we don't say that to people suffering with anxiety or depression because we think it's a character flaw," says Mary Ann Baynton.

Other groups, like the Global Business and Economic Roundtable on Addiction and Mental Health, are developing templates for employers on how to deal with mental health, setting out specific strategies, an integrated disability model and workplace goals.

Accommodating Illness

What happens when an employee does get sick? It's up to the employer to help them recover, whether they continue to work or not. The kind of illness will often dictate what kind of accommodations an employer makes, notes Karen Liberman. "Accommodation is about flexibility," she says. It can involve just about anything

from letting an employee come in late and leave early if they are nervous around crowds or giving them a private work area. On-site adjustments might also acknowledge someone's medication side effects — an employee's medication might make them very thirsty, prompting them to take frequent breaks to drink water, Liberman explains.

Employers should draw up a contract with their employee, one that acknowledges whatever they'll need to do their job, she says. "It should set out the physician's role, the union's role, the employer's role and the employee's role. They must comply with the treatment plan and be accountable."

When an Employee Needs Sick Leave

Every employee will take a different recovery route. Some need to be hospitalized for months, while others may just need some time to develop coping strategies or deal with medication trial-and-error. The decision to take time off should be a group effort that includes the employer, the employee and their caregivers, says Mary Ann Baynton. Keeping the employee involved is critical, since "having a group of experts sit around and make decisions about their life can be very disempowering," she says.

Whether they are gone for a few days or a few months, their company should focus on "how to get them to the right resources to get them back on the job," says Karen Seward. This usually includes an Employee Assistance Program (EAP), a disability management program and proper medical treatment. "A lot of companies are saying, 'it's not good enough to approve or deny claims,'" she says. "[They want] to make sure people have what they need."

Return to Work

Being back on the job doesn't mean that an employee's treatment is done. Getting them reintegrated into their worklife can pose many challenges for the employee, their manager and their co-workers. One of the first steps, says Mary Ann Baynton, should be to consider what the employee needs to make their return easier, and what they'll need to resume their responsibilities.

This step should also include the same conversation managers have with ill employees who stay on the job. What are their challenges? What supports will help them? Find out what's stressful for them, advises Baynton — it could be something as small as harsh fluorescent lighting, or as damaging as a manager who constantly criticizes them in front of others. It should also determine how much an employee can handle at one time — they may phase in their return gradually, coming in one

or two days a week, and eventually making their way back to full-time work. Employers shouldn't expect the recovering worker to hit the ground running, she notes. "Employers say 'we don't want them back until they're 100%.' No-one's at 100% all the time — as soon as they're well enough, we advocate to reintegrate them over time." In some cases, a returning employee may require a different job altogether.

An employee's return-to-work team will likely include an EAP, a disability management plan and their family doctor, but other helpers can provide extra support:

A *lifestyle coach* can help with compliance, says Karen Seward. These coaches — who can support employees by phone or in person — offer "back-end" support as an employee continues recovery, she says. They can help them walk through their action plan, like taking their medication regularly, and ensuring that the employee goes to weekly counselling sessions — something that's missing from most care programs. At present, "compliance has been put on a public healthcare system that isn't equipped to handle long-term care," she points out.

Occupational health workers, like a company nurse, can also play a role in recovery, especially since many are familiar with treatment best practices and complementary treatments, says Mary Ann Baynton. Often, they can act as an employee's "health advocate," by helping everyone better understand treatments.

Consultants may step in to help resolve lingering workplace challenges or conflicts, though Baynton notes that "the majority of cases can be handled in-house if [the employer and employee] understand the process and feel comfortable with it," she says.

Group input can often round out basic medical information and ease the employee's return-to-work. When all employers have to go on is a doctor's note that says "reduce stress" they don't have any meaningful direction, she notes. Generalized instructions often have everyone around the employee, and the employee themselves, walking on eggshells, "but that's stressful to everyone and it has an adverse effect."

Overall, returning to work is a critical part of an employee's recovery. The social interaction they get at work, as well as the sense of identity and achievement they get from their work can actually help make them feel better, faster, notes Baynton.

Privacy considerations

Employers don't have a right to know the details of an employee's health problems. "What they have to know is a prognosis for return-to-work," notes Bill Wilkerson.

What else can be done?

Managers and supervisors should take care that employees who are offsite for physical illnesses or leaves aren't isolated, and ensure that their care isn't interrupted to avoid secondary illness, says Barbara Veder, of Shepell.fgi.

Pay close attention to physical conditions that may trigger depression. Physical-related leaves, like maternity leave, may not be directly related to mental health disorders, but can give rise to postpartum depression, notes Barbara Veder. "Everyone gets the joy of it, but even when someone has a healthy baby, they go through many changes," she points out. "We want to make sure they come back, and come back well."

Ontario Power Generation

WORKERS AT ONTARIO POWER GENERATION (OPG) keep a close watch on the environment. As one of the province's major electricity suppliers, the company must monitor the air around its generators for radiation, fossil fuel and mercury emissions. Closer to home, it is just as mindful of other signs of trouble, and is on the lookout for signs of mental illness among employees.

Mental illness gets equal billing alongside other diseases in OPG's overall approach to employee health, one steeped in the belief that "health isn't just physical," says John Earl, the company's spokesman. "It's [about] employees' total well-being." Workers at the company's Lambton, Ontario Generating Station know this firsthand. The station's human resources department recently teamed up with the Canadian Mental Health Association to address the site's return-to-work practices for employees with mental illnesses. That collaboration yielded new training programs for managers and health and safety workers, and has since evolved into site-wide awareness and prevention efforts for all employees.

The company's other sites offer similar support. Workers can take stress awareness workshops, visit a website devoted to mental health or a mental health video library and participate in regular lunchtime seminars. Those who are already suffering from depression or anxiety can visit on-site health nurses or an occupational psychiatrist, and also have access to Family Assistance Programs for counselling. "We have opportunities to help them look at stress, and to talk through their issues," Earl says.

The heightened mental health awareness extends outside company walls, too. OPG sponsors the Canadian Mental Health Association's (CMHA) Courage to Come Back Awards, and is involved in the Global Business and Economic Roundtable on Mental Illness and Addiction. "All wellness is a key priority," says Earl.

In his 2004 national report on Canada's mental health system, Senator Michael Kirby singles out the workplace's potential to boost mental health awareness and improve care efforts, noting "employers can play a vital role in dealing with mental illness and addiction among workers." The report recommends several basic steps to get employers started:

- 1) How is mental illness affecting your workplace? His report urges companies to make regular assessments of short- and long-term disability trends.
- 2) How is your company helping those with mental illnesses? Sen. Kirby recommends that organizations review their disability coverage to make sure that it meets their needs.
- 3) Educate everyone. All organizations should make a point of learning more about mental illness and addiction, the report notes.

PART 5 • DIRECTORY OF RESOURCES

YOUR COMMUNITY HAS MANY ORGANIZATIONS and services that can either help your company put together a mental health program, or support your employees through their own struggles with mental illness. The following associations and websites are just a start:

Canada

The Centre for Addiction and Mental Health has locations across Ontario. Its staff offers training, health promotion and prevention services.
1001 Queen Street West
Toronto, ON M6J 1H4
(416) 585-8501
www.camh.net

Canadian Mental Health Association (CMHA)
National Office
180 Dundas Street West, Suite 2301
Toronto, ON M5G 1Z8
(416) 484-7750
www.cmha.ca

The Mood Disorders Society of Canada
Suite 736, 3-304 Stone Road West
Guelph, ON N1G 4W4
(519) 824-5565
www.mooddisorderscanada.ca

Global Business and Economic Roundtable on Addiction and Mental Health
330 University Avenue, Suite 400
Toronto, ON M5G 1R8
(416) 552-5937 or (416) 552-5336
www.mentalhealthroundtable.ca

National Depressive & Manic-Depressive Assoc.
4-1000 Notre Dame Ave.
Winnipeg, MB R3G 2J6
(204) 786-0987 or (204) 786-1096
www.ndmda.org

Canadian Psychological Association
(613) 237-2144
(613) 237-1674
1-888-472-0657
www.cpa.ca

British Columbia

CMHA, British Columbia Division
1200 - 1111 Melville Street
Vancouver, BC V6E 3V6
T: (604) 688 3234, F: (604) 688-3236
www.cmha.bc.ca

Greater Vancouver Mental Health Service (GVMHS)
(604) 874-7626

Alberta

CMHA, Alberta Division
328 Capital Place, 9707-110 Street NW
Edmonton, AB T5K 2L9
T: (780) 482-6576, F: (780) 482-6348
<http://www.alberta.cmha.ca/>

Alberta Alliance on Mental Illness & Mental Health
328 Capital Place, 9707-110 Street
Edmonton, AB T5K 2L9
T: (780) 482-4993, F: (780) 482-6348
www.aamimh.ca

Saskatchewan

CMHA, Saskatchewan Division
2702 - 12th Avenue
Regina, SK S4T 1J2
T: (306) 525-5601, F: (306) 569-3788
www.cmhask.com

Manitoba

CMHA, Manitoba Division
4 Fort Street, Suite 100
Winnipeg, MB R3C 1C4
T: (204) 953-2350, F: (204) 775-3497
www.manitoba.cmha.ca

Anxiety Disorders Association of
Manitoba
204 825 Sherbrook Street
Winnipeg, MB R3A 1M5
T: (204) 925-0600, F: (204) 786-0860
1-800-805-8885
www.adam.mb.ca

Ontario

CMHA, Ontario Division
2301 - 180 Dundas St W.
Toronto, ON M5G 1Z8
T: (416) 977-5580, F: (416) 977 2813
www.ontario.cmha.ca

Quebec

CMHA
Division du Québec
326 - 911 Jean-Talon Street Est
Montréal, QC H2R 1V5
T: (514) 849-3291, F: (514) 849-8372
www.acsm.qc.ca

REVIVRE Association québécoise de
soutien aux personnes souffrant de
troubles anxieux dépressifs ou bipolaires
801, rue Sherbrooke Est, Montréal,
bureau 500
Montréal, QC, Canada
T: (514) 738-4873 or 1-888-738-4873
www.revivre.org
info@revivre.org

Nova Scotia

CMHA, Nova Scotia Division
63 King Street
Dartmouth, NS B2Y 2R7
T: (902) 466-6600, F: (902) 466 3300
www.novascotia.cmha.ca

Mental Health Foundation
of Nova Scotia
300 Pleasant Street, Box 1004
Dartmouth, NS B2Y 3Z9
T: (902) 464-6000, F: (902) 464-3001
1-866-Caring-2

Newfoundland

CMHA, Newfoundland & Labrador
Division
81 Kenmount Road
St. John's, NL A1B 3P8
T: (709) 753-8550, F: (709) 753-8537
www.cmhanl.ca

Other Resources

Visit the University of British
Columbia's Self-Care Depression
Program at
[www.nelmh.net/content_show.asp?c=3
&fid=76&fc=001008001](http://www.nelmh.net/content_show.asp?c=3&fid=76&fc=001008001)

Moods Magazine
www.moodsmag.com

DepNet International
www.depnet.com

Desjardins Financial Security

Fourth largest life and health insurer in Canada in terms of written premiums, Desjardins Financial Security, a component



Desjardins
Financial Security®

of Desjardins Group, the largest integrated cooperative financial group in Canada, is specialized in life and health insurance and retirement savings. To ensure the financial security of over five million Canadians from coast to coast every day, the Company provides individuals, groups and businesses with diversified access to products and services via a number of different distribution channels including financial institutions, such as the Desjardins caisses, the SFL, LFS and Performa financial centres, as well as many group plan representatives, consulting actuaries, unaffiliated representatives, and brokers across the country. Some products can also be accessed directly via the Company's Website at www.desjardinsfinancialsecurity.com.

Desjardins Financial Security manages more than \$17 billion in assets. The Company has offices in a number of cities nation-wide, including Vancouver, Calgary, Winnipeg, Toronto, Ottawa, Montreal, Quebec City, Levis and Halifax.

Lundbeck Canada Inc.

Lundbeck Canada Inc. is a research-based pharmaceutical company, specializing in the development of new therapies for psychiatric



and neurological diseases. Cipralex® is one of the new treatment options we recently introduced in Canada, and we are committed to bringing future innovations in the treatment of Alzheimer's disease, depression, schizophrenia and sleep disorders.

Psychiatric and neurological disorders are complex. Our goal is simple — to improve the quality of life for patients and their caregivers, and the treatment options for their dedicated healthcare professionals.

RBC Insurance

RBC Insurance, through its operating entities, including RBC Life Insurance Company, provides a wide range of creditor, life, health, travel, home, auto and reinsurance products to more than five million North American clients. As the leading provider of individual living benefits and one of the leading life insurance producers in Canada, RBC Life Insurance Company offers a comprehensive portfolio of individual and group life and health insurance solutions. For more information, please visit www.rbcinsurance.com



**RBC
Insurance**

Standard Life Assurance Company

As of December 31, 2005, The Standard Life Assurance Company of Canada and its affiliated companies in Canada have \$40.5 billion in assets under management and offer a wide range of financial products and services to over 1.28 million individuals, including group insurance and pension plan members.



Within the Group Insurance business in Canada, group life and health insurance, dental care, travel assistance, accidental death and dismemberment and short- and long-term disability insurance are provided. We see the management of health and disability as a cycle, and seek to offer help and support at every stage. Not only do we seek to tackle health issues before they start, we also take a proactive, collaborative approach with our clients in order to implement strategies geared towards having a positive influence on all of the important aspects of managing disability claims.

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