

# Mental Health at Work

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# Objectives

- Mental Illness or mental health?
- Common psychiatric conditions
- DSM 5 – a can of worms?
- How to make your workplace healthier

# Some Sobering Stats

- In Canada, mental disorders account for 25% of disease and injury (Dewa, Chau & Demer, 2009).
- Disability-related absences from the workplace cost 4% to 12% of payroll costs in Canada; mental health claims (especially depression and anxiety) have overtaken cardiovascular disease as the fastest growing category of disability costs in Canada (Wilson, Joffe & Wilkerson, 2002).
- 20% of Canadian workers experience a stress related illness every year (Statistics Canada, 2003)
- It is estimated that 10% of the Canadian working population has a diagnosable mental illness (Dewa, Chau & Dermer; 2009)

# More (not so sober) Stats

- Approximately 10 % of employees will experience a substance use disorder (NIDA – 2009)
- People with mental disorders are more than twice as likely to have substance use disorder (WHO-CAMH 2004, Vaccarino, Rotzinger)
- Addictions mimic most mental disorders (depression, stress-related conditions, anxiety, panic, bipolar, psychosis)



# Financial impact of mental health problems on CDN Organizations

Mental health problems and illnesses account for nearly 30% of STD and LTD claims in Canada. In some employment sectors, it is closer to 50%. More than 80% of Canadian employers rate mental health problems and illnesses among the top three drivers of both short- and long-term disability claims made by their employees.

# Some Good Stats:

- The costs for providing reasonable mental health-related accommodations are often fairly low; with most costs well under \$500 per person per year (U.S. Department of Labor, Office of Disability Employment Policy, 2007).
- A potential savings of up to \$10,000 per employee per year in the cost of prescription drugs, sick leave, and average wage replacement can be achieved through reasonable accommodation (Wilson, Joffe & Wilkerson, 2002).
- Employees who are diagnosed with depression and take appropriate medication may save their employer an average of 11 days a year in prevented absenteeism (Wilson, Joffe & Wilkerson, 2002).

# Mental Health VS Mental Illness

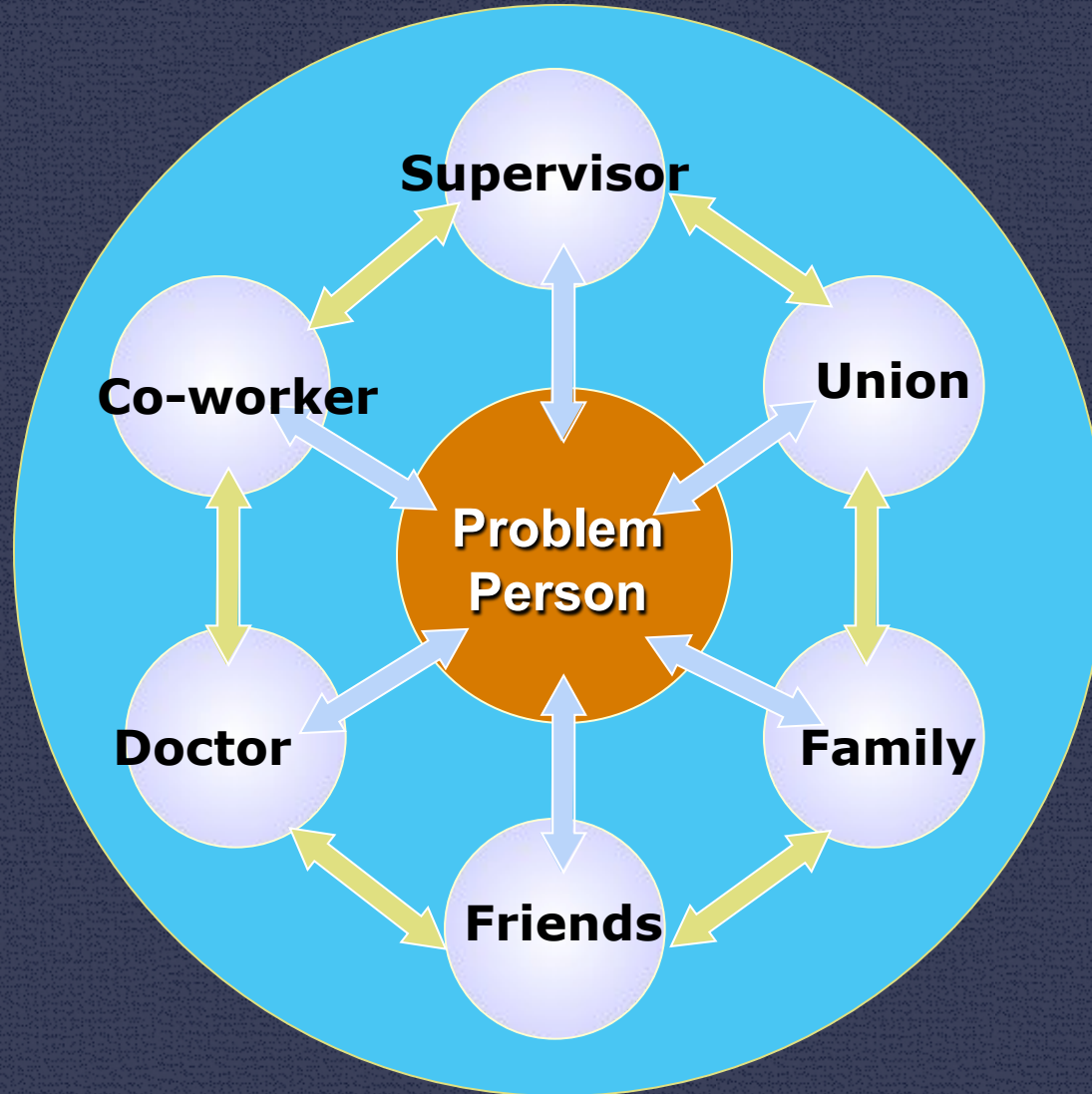


# The Employee with Addiction





# The Enabling System



Slide Thanks to Neal Berger - Cedars

# **Alcoholic Family = Alcoholic workplace**

- Families “adjust” to crisis in a predictable way.
- The adjustments made by the system will produce health or harm. When the crisis is addiction, the adjustment will harm the entire system and all of the members.
- The HARM (risk) is foreseeable.
- Intervention is required to restore health.
- Organizations and communities are systems that function like families.

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# Common Mental Disorders

- **Anxiety Disorders**: (including acute/chronic stress disorders)
- **Mood Disorders**: major depressive disorder, bipolar disorder, cyclothymic, dysthymic
- **Thought Disorders**: psychoses, schizophrenia
- Chronic complex **pain disorders**
- **Sleep Disorders**
- **Substance use disorders**
- **Compulsive behaviour disorders**: eating disorders, pathological gambling, compulsive overwork, etc.

A diagnosis of psychiatric disorder or mental illness does not necessarily cause a period of disability or time off work.

In perhaps the majority of cases, with proactive (SAW: stay at work) disability management practices, it does not.



# DSM IV-Tr vs DSM 5 (2013)

- APA, expert opinion, collection of diagnoses based on symptoms/behaviours (not on objective pathology)
- Widely criticized: see Frances “Saving Normal”, Greenberg “Book of Woe”
- “diagnostic inflation” 25% of North Americans diagnosable
- Excessive Big Pharma influence
- Lack of validation, reliability
- Substance use section unusable for occupational addiction medicine
- Grief, tantrums are now mental illness
- Possibility DSM 5 will not survive

# “Stress”

- “stress” as it appears on brief doctor notes is usually not a diagnosis
- Stress leave is usually not an effective treatment
- Stress is normal, healthy, essential
- Often the term stress is used to hide a wide variety of other problems: depression, family problems, labour relations issues, substance use disorders
- It is not sufficient explanation to justify attendance problems or significant period of time off work
- Should serve as a red flag to indicate the need for further explanation (medical/psychiatric, barriers to RTW)

# Acute Stress Disorder

Due to a serious traumatic event causing intense fear and helplessness (DSM 5 uses much lower threshold)

Dissociative symptoms, numbing, detachment, less awareness of surroundings, derealization/depersonalization; re-experiencing of the trauma, avoidance of associated stimuli, significant anxiety, including irritability, poor concentration, difficulty sleeping, and restlessness (DSM 5 requires fewer/milder symptoms)

The symptoms must be present for a minimum of two days and a maximum of four weeks and must occur within four weeks of the traumatic event for a diagnosis to be made.

Usually self-limiting condition with good prognosis



# Determinants of Workplace Mental Health

(Guarding Minds@Work )

1. **Supportive workplace**: employer values cares about, recognize & reward employees
2. **Workplace culture** of TRUST, HONESTY, FAIRNESS, CIVILITY and RESPECT
3. **Leadership** that is clear and consistent
4. **“Psychological Job Fit”**—employee competencies match their jobs
5. **Opportunities** for employee growth and development
6. **Involvement and Influence**: employees are informed of plans, included in process
7. **Workload Management**: employees have some control over workload—reasonable chance of successfully completing expected roles
8. **Work-life balance** is recognized as a priority
9. **Psychological safety**: from harassment, threats



# WorkSafe Amendment 2012

## Bill 14

- 5.1 Workers entitled to compensation for mental disorder that does not result from otherwise compensable injury; if the mental disorder is due to significantly traumatic event(s) arising out of or in the course of work, due to work-related stressor including bullying, harassment
- Exclusion: legitimate exercise of management and supervisory rights and direction of the workforce

# Warning Flags at Work

- **Change** in attendance pattern
- **Change** in appearance, behaviour
- Increasing interpersonal conflict
- **Change** in performance
- Apparent impairment
- Repeat disability claims



# Managing Employee with Possible Mental Disorder

- Do your job: attendance, performance, behaviour, safety (write it down!)
- If incident of possible impairment: INTERVENE – need answers before RTW
- Don't diagnose
- Set up private, respectful, objective, firm interview
- Ask general question re: health, offer support, arrange follow-up
- If unresolved, request further medical info, proceed with next management step



# Key Principles of Proactive Disability Management for Mental Disorders

- Early mobilization (SAW/RTW)
- Engaging the patient: they must take responsibility
- Involve all players: patient, therapists, primary care doc, union, insurer, disability management coordinator, occupational health provider
- Focus on Abilities (not the diagnosis)
- Recognize that being at work is therapeutic, it is part of the treatment plan
- Identify and address the barriers: (LR issues, family roles, emotional barriers)
- Identifying possible accommodations : physical, hours, location, types of work
- Restrictions: tasks to be avoided
- Establish monitoring process if indicated



CAN/CSA-Z1003-13/BNQ 9700-803/2013  
National Standard of Canada

# Psychological health and safety in the workplace —

Prevention, promotion, and guidance  
to staged implementation

Disponible en français

*Santé et sécurité psychologiques  
en milieu de travail —*

*Prévention, promotion et lignes  
directrices pour une mise en  
œuvre par étapes*



2013 Voluntary  
Canadian  
Standard

# Comprehensive Workplace Health and Safety (CWHS) Program

- Strategical components/policies and activities developed by ER in consultation with employees aimed at improving mental and physical safety and health

<http://www.guardingmindsatwork.ca/info/resources>



# Steps to Improve Workplace Mental Health

1. Talk about it: management, union, all personnel
2. Demonstrate top management buy-in
3. Perform needs assessment
4. Obtain available resources
5. Decide on components for your CWHS program
6. Roll out and educate entire workforce
7. Measure outcomes
8. Improve program



Mental Health  
Commission  
of Canada

Commission de  
la santé mentale  
du Canada

# PSYCHOLOGICAL HEALTH & SAFETY

## AN ACTION GUIDE FOR EMPLOYERS



# Summary

- Mental illness and mentally unhealthy workplaces are incredibly costly
- The employer is facing more responsibility/liability
- Workplaces can become healthier, employees with mental illness can and do recover
- Effective programs are available

# Workplace Mental Health Resources

1. **Mental Health Commission of Canada** - [mentalhealthcommission.ca/](http://mentalhealthcommission.ca/)
2. an **Action Guide for Employers Healthy Minds @ Work** –
3. [www.ccohs.ca/healthyminds](http://www.ccohs.ca/healthyminds) Canadian Centre for Occupational Health and Safety, information on mental health issues at work, resources and tools
4. **Mental Health Works** - [mentalhealthworks.ca](http://mentalhealthworks.ca) Canadian Mental Health Association program for Canadian workplaces
5. **WorkSafe Victoria, Australia** - [www.worksafe.vic.gov.au/safety-and-prevention/health-and-safety-topics/stress](http://www.worksafe.vic.gov.au/safety-and-prevention/health-and-safety-topics/stress) information **Australian Government: Comcare** - [www.comcare.gov.au/safety\\_and\\_prevention/health\\_and\\_safety\\_topics/psychological\\_injury](http://www.comcare.gov.au/safety_and_prevention/health_and_safety_topics/psychological_injury) information on prevention of "psychological injury" in the workplace. **Health and Safety Executive, Great Britain** - [www.hse.gov.uk/stress](http://www.hse.gov.uk/stress) information and resources about work-related stress
6. **Guarding Minds @ Work** - [guardingmindsatwork.ca](http://guardingmindsatwork.ca) an evidence-based strategy developed by the Consortium for Organizational Mental Healthcare funded by Great West-Life Assurance Company. Resources for employers to identify and address factors known to affect individual and organizational health.
7. **Workplace Strategies for Mental Health** - [www.workplacestrategiesformentalhealth.com/](http://www.workplacestrategiesformentalhealth.com/) Great-West Life Centre for Mental Health in the Workplace Information and strategies including facts and figures, assessing risks and returns from a business perspective, prevention and promotion strategies, and intervention and accommodation approaches.

The logo features a large, stylized 'H' inside a circle, which is part of a larger 'Q' shape. The 'H' is white, and the circle and 'Q' are light blue. The background of the logo is a vertical gradient from light blue to white.

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# Thank You

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