BACK TO WORK

Disability management and return-to-work strategies in Canada

WSIB SHIFTS EMPHASIS TO TIMELY, OKAYS MAINTENANCE TREATMENT

Ontario's Workplace Safety and Insurance Board (WSIB) is shifting the emphasis in return to work from "early" to "timely" in recognition of the fact that some workers with soft-tissue and other "minor" injuries may not be able to immediately return to work, even when an employer has a sound return-to-work program in place. The Board is also recognizing that some workers may need "maintenance" physiotherapy or chiropractic treatment to prevent their conditions from deteriorating, even if these treatments will no longer contribute to the worker's rehabilitation.

This is the upshot of two "best practice" documents recently published by the WSIB to help adjudicators deal with relatively complex issues. The issues were identified by the Board's Best Practices Working Group and Fair Practices Office. To date, six "Best Approaches Guides" have been developed.

The best practices guide "Recognizing time to heal: Assessing timely and safe return to work," published in November, recognizes that, in general, the return to work of an injured worker the day following an accident to regular or modified work is often beneficial to both the employer and worker. For the employer, it means the accident is considered "no lost time" and the claim has a minimal impact on its experience rating. For workers, it means keeping in touch with the workforce, enhancing recovery, and maintaining salary and benefits.

"On the other hand," the document says, "it is possible to lose sight of the fact that not everyone can return to work the day following the injury, even if the employer has a return-to-work program. This can be true even for soft-tissue injuries and those injuries considered somewhat minor in nature."

To that end, decision-makers are instructed to consider the impact of pain, medications, psychological issues (e.g., fear of returning to work) and the need to travel to and from work when determining the appropriateness of returning to work the day following an accident. They are also instructed to consider the healing process and recommended treatment for soft-tissue injuries.

With respect to the latter, the guide notes that inflammation often develops during the first 48 hours and that rest, along with ice, compression, elevation and medication, may be the most appropriate treatment. "Neither the WSIB nor the employer should insist on a return to work too early in these situations," it says. "Too early a return to work could cause damage, [and] result in further injury for the worker and more time away from work."

The need for maintenance treatment

The best practices guide "Maintenance treatment," published in December, points out that current board policy entitles an injured worker to initial chiropractic and physiotherapy treatments for a period of up to 12 weeks. Treatment beyond that to further rehabilitation must be preauthorized. However, health professionals may request maintenance treatments beyond the 12-week mark, even though the worker has reached maximum medical recovery and is beyond the rehabilitative stage. (The purpose of maintenance treatment is not to rehabilitate, but to prevent a deterioration in the worker's condition.) Existing WSIB policy is "silent" on the question of entitlement to maintenance treatment, which "has historically been interpreted to indicate that it is not accepted." This document now indicates when it may be accepted.

When considering the approval of maintenance treatment beyond the initial 12-week period, decision-makers must be satisfied, based on objective medical findings, that the treatment is necessary in order to:

- enable the worker to continue working at regular or suitable work;

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- lead to a reduction in the worker's pain or use of medication;
- increase the worker's functioning or prevent a deterioration in functioning (especially if previous attempts at discontinuing treatment resulted in the worker's inability to maintain function or return-to-work status); and/or
- teach the worker how to independently manage his or her condition.

To view the best practices guides, go to www.wsib.on.ca/wsib/wsibsite.nsf/public/AdjudicationSupportDocuments#guides. •

REVISED DISABILITY MANAGEMENT CODE FOCUSES ON CANADA

A more "Canadianized" disability management code of practice has just been published by the National Institute of Disability Management and Research (NIDMAR).

The second edition of *Code of Practice for Disability Management* integrates Canada's return-to-work and human rights legislative framework into the more general framework that characterized the first version of the code. The first version, released in 2000, was adopted two years later by the International Labour Organization as the basis for an international code on the practice of disability management.

"We developed the second edition in response to requests from employers who wanted us to provide an interpretation and application of the ILO code in the Canadian context," says NIDMAR executive director Wolfgang Zimmermann. "The ILO code is necessarily general. This second edition is more Canada-specific."

Besides integrating Canada's legislative framework, the revised code also integrates significant international developments, such as the World Health Organization's new International Classification of Functioning, Disability and Health. It also integrates new practices that have been demonstrated with good evidence to improve the prospects of successful employment of people with disabilities.

This newest edition, like the first, was prepared by Andrew King, LLB, the national health, safety and environment co-ordinator for the United Steelworkers of America, in collaboration with a tripartite working committee. To order the 53-page *Code of Practice for Disability Management, 2nd Ed.*, which costs $20, go to www.nidmar.ca and click on "Products/Publications." •

QUEBEC'S IRSST ADDS REHAB TO RESEARCH FIELDS

Quebec's Institut de recherche Robert- Sauvé en santé et en sécurité du travail (IRSST) has added "rehabilitation" to its list of research fields, bringing the Institute's total number of health-and-safety-related research fields to seven.

Recognizing the importance of rehabilitation in supporting the safe return to work of workers who have suffered an occupational injury, the IRSST's board of governors ratified "rehabilitation" as a research field in December. "By concentrating our rehabilitation activities within a single field, we will be better able to integrate the research and its results," IRSST president Diane Gaudet said in a statement. "We will therefore be better equipped, on the basis of evidence, to support workers, their unions, employers, physicians and [workers' compensation board] rehabilitation counsellors."

The research projects carried out within this new field will centre on:

- developing evaluation and other tools that support the clinical interventions of rehabilitation counsellors and other health care providers;
- examining the risks of prolonged disability among workers;
- supporting return-to-work processes within workplaces; and
- determining the factors for success for compensation board interventions.

For more information, visit www.irsst.qc.ca/en/home.html. •

CADMC TO FOCUS ON NETWORKING IN 2006

More networking opportunities — this is the priority that the newly appointed interim president of the Canadian Association of Disability Management Co-ordinators (CADMC) has set for 2006 as the Association launches its annual membership drive.

Clive Walton, a former occupational health advisor for the Vancouver Island Health Authority, took over the helm from former president Dave Moorhouse, who announced he was stepping down as president of the Association at the annual general meeting in October.

Walton hopes to identify where pockets of CADMC members exist and determine if they have an interest in getting together with their nearby peers to discuss disability management issues. "It's very important to have face-to-face sessions," says Walton. "I'd like to see members getting together where the numbers exist."

The other main aim of the CADMC this year is to build alliances with related groups to explore ways of working together. For example, the CADMC is currently exploring a relationship with the Canadian Institute for the Relief of Pain and Disability, including a price break for CADMC members who attend the Institute's July conference.

The CADMC currently has about 60 members, and disability management practitioners and others interested in the field are invited to join. After a

two-year fee holiday, the Association is charging a nominal membership fee of $50 for the 2006 year. For information, visit www.cadmc.ca or e-mail Clive Walton at the-waltons4@shaw.ca. •

RTW ISSUES ON TABLE IN NFLD. COMP REVIEW

Newfoundland and Labrador wound up public consultations this month on its workers' compensation system. And the consultation paper that formed the basis for the review suggests that a number of return-to-work issues are on the table. In January 2002, Newfoundland and Labrador adopted an Ontario-style approach to return to work — in which employers and workers have a duty to co-operate in the early and safe return of an injured worker.

The discussion paper, entitled "Finding the Balance," poses a number of RTW–related questions:

- Are mandatory return-to-work obligations effectively reducing the duration of claims and the number of claims going onto long-term benefits?
- How can health care providers play a greater role in the early and safe RTW process?
- How can the approach to soft-tissue injury prevention and return to work be improved?
- Is there a need to further review the recently introduced PRIME program, in which employers are financially recognized for good health, safety and return-to-work practices?

The review committee is now holding roundtable discussions with stakeholders before writing its final report. The review committee's recommendations must be submitted to the Minister of Human Resources, Labour and Employment by March 31, 2006. To view the consultation paper, go to www.whscc.nf.ca/publications.htm. •

LESSONS LEARNED: THE RTW MAKEOVER AT PUROLATOR

Doug Kube, Purolator Canada's director of environment, health, safety and security, talks about successes and lessons learned during the company's remake of its return-to-work program. **By Mark Rogers, Associate Editor**

With up to 40 planes in the sky every night and 12,000 employees working in 123 locations and 50 retail outlets — including some 3,400 couriers who deliver packages of all sizes across the country — Purolator Canada Ltd. is indeed a going concern. But when you put aside the all-imposing hardware — the trucks, the vans and the aircraft — Purolator is really a service company that relies on its people to represent the company in the marketplace everyday. Therefore, a healthy, engaged and motivated workforce is essential, says Doug Kube, Purolator's director of environment, health, safety and security: "We live and die by the investments we make in our human capital, which is our people."

In 2000, that "human capital" was being threatened, as indicated by workers' compensation costs that were going "through the roof," says Kube, who was not with the company at that time. This was due in part to the fact that the company's return-to-work process lacked consistency and, in a business where lifting, pushing and pulling heavy packages is the stock-in-trade, coming up with light-duty jobs for injured workers was a challenge.

When Kube signed on in 2002, the company had been fighting the good fight for two years. But with a singular focus on cost control and without an overall, co-ordinated strategy, the efforts were more akin to "firefighting," he says. A few things coalesced in 2002 that provided the company with opportunities to rethink and retool its return-to-work process and align it with the company's overall strategic vision.

First, the issue surfaced in collective bargaining that year, which allowed the company and its unions (the largest being the Teamsters) to engage constructively and develop collective agreement language. Second, the company became ISO 9000 certified, which guided something of a culture shift and an increased emphasis on quality. Third, the company decided it was time to develop some policy consistency with respect to meeting its legal obligations to accommodate and return injured workers.

The retooled RTW process is now laid out in an accommodation policy, a five-page document outlining RTW procedures and responsibilities, a package for doctors that includes job demands analyses and functional abilities forms, and a modified work plan that tracks the progress of injured employees through the RTW process to ensure they don't get stalled along the way.

The process of developing a coherent return-to-work approach has certainly paid off, says Kube. Labour relations are the best they have been in the company's history. And, since 2002, the company has seen a 37-per-cent reduction in lost days due to workplace injuries. That equates to about 3,600 fewer lost days, representing a savings in the $10-$15 million range.

In a recent interview with *Back to Work*, Doug Kube discussed Purolator's return-to-work makeover: what worked, what didn't and what he would do differently. Following are his insights on some aspects of the process.

… on modified work and evidence-based decision-making: At Purolator, strains and sprains make up about 70 per cent of its workplace injuries, and bruises and cuts about another 20 per cent — most of these due to lifting, manual materials handling, slips and falls. Since manually heavy jobs are the nature of the business, finding modified work for injured employees is one of Purolator's biggest challenges. "We didn't have jobs that were deemed to be more light-duty jobs," says Kube. "We had to get more creative."

The company does this now by, among other things, providing lifting supports, partnering injured employees with non-injured employees to share job tasks, and even by forming new jobs that are made up of light-duty tasks taken from existing jobs — this last one being an area in which many companies run into trouble with their unions. This is not the case at Purolator.

The union supports the bundling of tasks as long as it is persuaded that its members are being treated fairly and equitably. The question for the union is: Is the modified job meaningful and productive and can the worker perform it safely without reinjury?

To make that case (and also to get family physicians on board), the company now uses an evidence-based approach to guide its decision-making. It spent a lot of time in 2002 creating job demands analyses (JDAs) for many of the jobs at Purolator. It coupled this with a functional abilities form (FAF) that goes to doctors along with the JDAs. "We don't accept doctors' notes anymore," says Kube.

Sitting down with the completed FAF and the JDAs, the injured worker, the worker's managers, the regional human resources person and the appropriate specialist — an ergonomist, a kinesiologist, an occupational health nurse or a workers' compensation specialist —sit down to find modified work, accommodated if necessary, that matches the worker's limitations. A modified work plan is then developed.

… on accountability and motivating managers: Building accountability into return to work is one of the most important elements of a successful program, says Kube — something he recommends to anyone who is developing or reworking an RTW program. Purolator achieves accountability in two ways: measurement and auditing.

> "Managers would much rather be bringing back a guy who is only at 70 per cent because he can probably do the job better than the guy who is new. So … they have started to realize the value of our human capital …."

The company uses a monthly measurement score card that tracks everything from the number of lost-time accidents and medical-aid accidents to the number of lost days and modified days — all divided by 200,000 hours so that measurements can be compared from one site to another, from one manager to another.

And these numbers are not of the FYI variety. They command attention because they are tied to a manager's compensation. In 2003, anywhere from 10 to 15 per cent of a manager's bonus calculation was based on his or her safety and workers' compensation metrics.

This system motivates managers to take a more active role and degree of ownership in the RTW process. Managers are motivated to bring injured workers back to work, to manage them through their temporary assignments or modified duties until they are back to full duties or, if the employee is not recovering as expected, to call the health and safety department to ask for the help of an occupational health nurse or doctor.

The company also uses an auditing process to ensure accountability within the RTW process. Introduced two years ago, and something Kube wishes had been part of the program from the beginning, the auditing process involves the health and safety department reviewing a facility's ten most recent workers' compensation claims in which the worker was returned to work.

The department then verifies that the right forms were used, timely decisions were made and proper procedures were followed. "This is something that, if we had introduced it earlier on, we would have had more success with the program in its early days as opposed to it being a little bit more painful in the beginning," says Kube.

The company has also made efforts to create explicit linkages between improved return-to-work outcomes and some of the company's higher strategic priorities. One of these priorities, which is "to create competitive advantage through investment in our employees," is beginning to resonate with managers.

According to Kube, they now understand the value of trained and experienced employees from a strategic perspective and the key role return-to-work programs play in restoring valued employees. "Managers would much rather be bringing back a guy who is only at 70 per cent because he can probably do the job better than the guy who is new. So I think they have started to realize the value of the human capital we have within the organization," he says.

… on the use of external providers: Among the lessons Purolator learned in

reworking its RTW strategy is the potential pitfalls of working with a third-party consulting company. Two issues in particular stick in Kube's mind: the inability of the consultant to provide national service and the inability to focus less on claims management and more on case management.

"If someone tells you they are a national provider, they are lying to you," says Kube, commenting on the failed experience of hiring a consulting firm that promised to provide service across the country for both occupational and non-occupational injuries. In the end, it became apparent the firm did not have people who were knowledgeable about the various policies and procedures of the different workers' compensation boards.

As well, the firm could not provide Purolator with the case management services that it wanted; that is, it could not provide the ergonomist, the kinesiologist, the occupational health nurse or any other person who could speak with a physician or understand the challenges faced when trying to accommodate an injured worker. Instead, what Purolator got was a consulting firm that saw its role as filling out and submitting forms, keeping track of the paperwork and contesting claims; in other words, claims management. "We didn't need that," says Kube. "We needed somebody to really facilitate, help and truly accommodate our employees.… I think the mistake we made [was] not putting enough detail in the agreement that we had with them to define exactly what it was we wanted."

To make matters worse, the company was viewed by employees as an interloper that threatened the existing supportive, family-like culture. Workers didn't want anything to do with the outside firm. As well, Purolator had concerns that the use of such a company might compromise its reputation with the various compensation boards. It didn't want to be perceived as the type of company that simply contested claims as a matter of course.

That said, Kube points out that the company did have success with a different consulting firm that helped at the outset of the RTW renewal process. It helped to establish the guiding principles of the program and to make sure that it passed muster in terms of the legal requirements of the various boards, privacy concerns and the overall soundness of the process.

> "So that was one of the unforeseen difficulties … We had to figure out how to build the business case and prove to the executive that we needed more specialists …."

… on labour relations: Because both the union and the employer share an understanding that human resources are critical to the company's success, there is a healthy degree of trust and good faith on the issue of return to work at Purolator. And that has meant a somewhat different approach to return to work than is taken at other unionized companies; that is, the union is generally not involved in the day-to-day running of the RTW program and no joint RTW committee is in place to oversee the program.

RTW surfaced during collective bargaining in 2002, and the parties negotiated some language on the issue. However, the language essentially sets out guidelines; in effect, it establishes a performance-based approach as opposed to a more detailed, prescriptive approach.

A bargaining subcommittee was then set up to review the processes developed by the company. "[The union] said, as long as we follow that process, they are okay with that," says Kube. "It didn't want to play a big role in actually developing the process."

In the end, the nuts and bolts of the RTW process exist outside of the collective agreement, and that suits the parties. "We are very fortunate to have a great union to work with," says Kube. "But if [the union] becomes aware that we are not following our own guidelines, then that is where it stops. That's when the union will be the first one to step up and say, 'Listen, if that's the game, then we are going to go back and write it into the collective agreement.' But we haven't gone there, and a lot of it has to do with the good faith that both of us brought to this issue."

… on staffing the program: Though it was a short-term problem, finding the resources to meet the demand for specialists to help with RTW plans was a challenge. Purolator has six divisions within the company and, as Kube describes it, word got around very quickly that if a division had a good workers' compensation specialist, or occupational health nurse or kinesiologist, the RTW process was a lot easier to manage. So division directors and general managers started asking for their own specialists.

Kube and his team had to come up with a business case to prove to upper management that the costs of these specialists would be paid back very quickly — and they were able to do that. "So that was one of the unforeseen difficulties — and it really was a short-term one. We had to figure out how to build the business case and prove to the executive that we needed more specialists when most of our human resources department was moving more towards the generalist role," explains Kube. •

MANAGING THE MAZE: LTD, RTW AND THE DUTY TO ACCOMMODATE

Employers take note: just because an employee has been denied LTD benefits does not mean the person is not disabled. So you may need to search for ways to accommodate the employee before taking further action. **By Marg Creen**

In many workplaces today, a major disconnect still exists between the duty to accommodate under human rights legislation and the principles in return to work (RTW) when managing long-term disability (LTD) claims. This can lead to trouble for employers, who may find themselves inadvertently discriminating against an employee who is absent from the workplace.

For example, when trying to manage someone who is off work, some workplaces believe they can expect an immediate return to work when an insurer denies or terminates an employee's benefits, and if the employee does not return immediately, they consider the employee to have abandoned the job. Their thinking is that, if benefits have been denied or terminated, the employee must no longer be disabled and must be 100-per-cent fit to return to work.

Similarly, some workplaces believe that they can dismiss an employee on LTD benefits when the employee passes the "own occupation" period — which is usually after two years (that is, at the two-year point or some other specified period, the employee must be unable to carry out the duties of "any occupation" in order to remain eligible for LTD benefits). Some employers resort to dismissal because they believe the employee is unlikely to return to work and are concerned about having to pay health, dental and other benefits until the employee turns 65 or 70.

But these beliefs or assumptions are not always correct. Employers in these circumstances should tread softly and get all of the information before proceeding. Given the human rights duty to accommodate and case law today, termination is not necessarily the next step when disability insurance benefits come to an end. That's because an LTD plan is defined by a contract, whereas the duty to accommodate arises under human rights law. Each imposes its own unique obligations.

Understanding LTD plans

An LTD plan is a contractual agreement usually between the employer and insurer. The contract defines the terms upon which benefits will be provided, including definitions of disability, durations, any mandatory rehabilitation provisions, exclusions, etc. As such, a person may be denied LTD benefits for a number of reasons other than the person not being "totally disabled" according to the terms of the LTD contract.

For example, it may be that, although the employee has a disabling condition, he or she has not yet provided adequate proof of this condition; that is, he or she many not have provided objective medical evidence from a physician. Or he or she may not have completed the appropriate forms. It is important to know that, in the insurance industry, the "onus of proof" to support a disability with objective medical evidence is on the employee at the onset of the claim. The employee must supply or facilitate the information needed to support a claim that he or she is disabled.

In another example, it may be that an employee is denied benefits because of a pre-existing condition that makes the person ineligible for benefits under the terms of the LTD contract. This often comes into play with a new employee who has joined a workplace with an LTD contract that contains a six- or 12-month "pre-existing clause." That is, the new employee is not covered for a condition or related condition for which he or she has seen a physician during the previous six or 12-month timeframe mentioned.

And, finally, an employee may be denied ongoing benefits at the point of entering into the "any occupation" phase of LTD. Although the person can no longer do his or her job, the person may be deemed capable of performing some other work that pays an amount similar to the benefit amount under the terms of the insurance contract.

In all of the examples above, although the employee's LTD claim may be denied, the person may still have a condition that meets the definition of "disability" under human rights law. So, although some employers contemplate termination when an employee is denied benefits or an employee's LTD benefits come to an end, termination may be discriminatory.

The scope of accommodation

Just because an employee is denied benefits under an LTD contract does not mean that the employer has met its duty to accommodate under human rights laws. The employer must consider the three-part test for meeting the duty to accommodate as set out by the

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Supreme Court of Canada in its landmark 1999 decision commonly referred to as the *Meiorin* decision. Key to this test — and of most significance in these situations — is the third part: an employer must demonstrate that it is impossible to accommodate the employee affected without imposing undue hardship on the employer (see *Back To Work*, October 1999). Therefore, each case must be managed individually, based on the unique circumstances of the case, the size of the employer and the functional abilities of the employee.

A union environment does not change this duty. In fact, unions are required to play a role in looking for accommodation for the disabled employee. In the past, many collective agreements provided for automatic termination of an employee after a specific period on LTD, often after the two-year period to co-ordinate with the change in LTD status from "own occupation" to "any occupation." But these types of provisions have been successfully challenged by employees and their unions on the grounds that they violate human rights. Employers and their unions cannot make arbitrary decisions based on a provision in a contract or policy.

Many workplaces still believe that the duty to accommodate only applies to employees with permanent restrictions. But that is not the case. The duty to accommodate still arises when a disability is temporary. For example, a recent federal arbitration found that an employer had a duty to accommodate an employee who requested modified duties before surgery and again after surgery, even though the disability was temporary. Similarly, the duty to accommodate also arises when a disability leads to fluctuating or deteriorating abilities. Even if an employer has already accommodated an employee, it may still need to revisit the employee's accommodation requirements many times over the future employment period should the needs of the employee change.

Therefore, an employer that is faced with an employee on LTD who is denied benefits or is no longer qualified for benefits must ensure it has met its duty to accommodate up to the point of undue hardship before taking any further action such as termination. First, the employer should determine if the employee is disabled according to the definition of "disability" under human rights laws, which tend to define disability more liberally than insurance contracts do. Depending on the jurisdiction, a disability can include any previous or existing mental, physical or learning disability, as well as a *perception* that a person has a disability.

Next, if the employee is disabled (or perceived as disabled), the employer must ensure it meets its duty to accommodate the employee up to the point of undue hardship. This means seeing if the employee can be accommodated in his or her own job and, if not, in another job within the organization, even within other bargaining units in unionized workplaces.

The point of undue hardship will only be reached when, relative to the size and nature of the workplace and weighed against the benefits to the disabled worker, the accommodation becomes too expensive, jeopardizes the health and safety of the employee, his or her co-workers and/or the public, causes too much disruption within the organization (e.g., because there is little interchangeability within the workforce), has too big of a negative impact on morale due to workload changes, etc. The employer must be prepared to defend a conclusion that no position is available, even if modified, that is within the employee's capabilities. Remember, the onus is on the employer to prove it has tried to accommodate to the point of undue hardship (see box).

Human rights tribunals, courts and arbitration boards continue to place a high value on accommodation in workplaces. It is critical that, even when an LTD claim is terminated or declined, an employer takes steps to meet its duty to accommodate in a very broad sense. The situation is often not as straightforward as an employer might hope. •

EXPERT ADVICE

Tips for meeting the duty to accommodate

To meet the duty to accommodate up to the point of undue hardship, employers should heed this advice:

- Educate the workplace parties so they understand that the duty to accommodate covers both work-related and non-work-related conditions.
- Adopt an integrated approach when it comes to return-to-work and accommodation policies and procedures, so that all parties understand their responsibilities when responding to restrictions supported by objective medical evidence (and, at times, this may mean that the employer arranges for an independent medical examination or functional abilities evaluation in order to get a better handle on the restrictions).
- Determine if an employee's condition/situation is covered by human rights legislation, even if LTD benefits have been denied or terminated.
- Implement a process (including documentation procedures) that ensures all avenues for accommodation are explored and all appropriate parties are involved.
- Remain flexible during the accommodation process by ensuring a wide scope of jobs is reviewed.
- Document any accommodation in a formal agreement, which includes times for review.
- In cases when no suitable accommodation exists, document the conclusion and inform those involved while continuing to look for opportunities in the future.

Employer group holding RTW/WSIB sessions

Beginning this month and running through until the end of June, the Employers' Advocacy Council is holding sessions in towns across Ontario on the management of Workplace Safety and Insurance Board claims and return to work. The sessions — one developed for employers in general and the other for construction employers in particular — will discuss WSIB claims management, the new Form 7, disability theory, the duty to accommodate, job offers and return-to-work plans, and RTW program development. The construction-related sessions will also look at the new regulation being developed with respect to return to work. For information, go to www.EACforEmployers.org.

Wellness organization sets up discussion network

Health, Work & Wellness, organizers of Canada's annual Health, Work & Wellness conference, has just launched an on-line discussion network for people interested in organizational health issues. The forum includes four topic areas: the most recent conference, the business case for organizational health, healthy leadership, and the latest research and evidence. Registration for the on-line forum is free. For information, go to www.healthworkandwellness.com and click on Discussion Network.

NBGH releases guide on behavioural health services

The U.S. National Business Group on Health released *An Employer's Guide to Behavioral Health Services* last month to help employers improve the services they offer to workers at risk of, or already suffering from, mental, behavioural and addictive disorders. Prepared by a group of 25 benefits, health care and disability management experts, the guide offers 12 key findings about the current state of employer-sponsored behavioural health services and 18 specific recommendations to improve the design, quality and integration of these services. To download the guide, go to www.businessgroup health.org.

U.S. Staying@Work survey shows RTW growing

The percentage of U.S. employers that now offer return-to-work programs has grown substantially over the last few years. According to Watson Wyatt's 2005/2006 Staying@Work survey, conducted in conjunction with the National Business Group on Health, the percentage of participating U.S. employers offering or planning to offer RTW programs stood at 81 per cent for 2005/2006, up from 56 per cent in 2003. To order the report, which was released in December, go to www.watsonwyatt.com/research/reports.asp. Canada's comparable 2005 Staying@Work report was released last September (see *Back To Work*, September 2005).

Upcoming conferences

▮ March 7-8, 2006: TORONTO Ñ **Workplace Health and Well-Being Conference: Health Leadership for High Performance.** New solutions to workplace health and well-being issues. Contact: Conference Board of Canada. Phone: (613) 526-4249. E-mail: registrar@conferenceboard.ca. Web: www.conferenceboard. ca/conf.

▮ March 8, 2006: VANCOUVER Ñ **Bottom Line Conference: Depression, Anxiety Disorders & Addictions in the Workplace.** How to successfully address mental health problems in the workplace using partnerships among unions, employers and employees. Contact: Canadian Mental Health Association — B.C. Division. Phone: (604) 697-5508 or 1-800-462-2290. E-mail: conference@cmha.bc.ca. Web: www.cmha-bc.org/bottomline.

▮ March 27-28, 2006: TORONTO Ñ **Managing Employees with Disabilities.** Managing conduct, performance and accommodations while avoiding liability. Contact: Federated Press. Phone: (416) 665-6868 or 1-800-363-0722. E-mail: sales@federatedpress.com. Web: www.federatedpress.com. •

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