

BACK TO WORK

Disability management and return-to-work strategies in Canada

B.C. MENTAL HEALTH GROUP PROPOSES WORKPLACE MODEL

The B.C. Business and Economic Roundtable on Mental Health has put forward recommendations for employers, insurers, unions, health care providers and employees nationwide on ways to improve the management of mental health disabilities in the workplace.

The recommendations are included in a discussion paper called “Improving the recognition, treatment and reintegration of employees with psychiatric disabilities,” which was released by the B.C. Roundtable in September. “The goal from the beginning was to develop a discussion paper and a model for the workplace to do a better job of handling depression,” says Heather Craig of the B.C. Roundtable. “Although it is evident that we can do better now and do what we know now, there are a lot of questions that need to be explored.”

The idea for developing a model for the workplace originally came from the B.C. Division of the Canadian Mental Health Association, which had looked at the obstacles faced by people with mental health conditions when it came to receiving treatment, support and return-to-work assistance through the workplace. The B.C. Roundtable then followed up with a workshop held earlier this year in Vancouver. Stakeholders came together at the workshop to “begin formulating recommended national standards aimed at substantially reducing the incidence of short-term occupational disability from mental illness,” the discussion paper explains.

With the release of the recommenda-

tions, the B.C. Roundtable is calling on Canadians “to join us in formally supporting these principles and pledging to put them into effect in their organizations.” According to Craig, the recommendations will also feed into the work of Bill Wilkerson from the Global Economic and Business Roundtable on Addiction and Mental Health and the Honourable Michael Wilson, the special advisor on mental health in the federal workplace, both of whom are consulting with the federal government on national standards in this area.

Workplace plays key role

The recommendations outline where things stand today with respect to mental illness in the workplace, what is needed to build an effective mental health disability management system and the ten principles that should guide the creation of this system. The B.C. Roundtable argues that the workplace plays an important role in dealing with mental health issues because it offers an ideal setting in which to:

- prevent disability through early detection and early referral to the appropriate professionals;
- support the follow-up phase of treatment, including return to work;
- augment the critical role of the primary care physician in the process; and
- promote hope as part of the recovery process by offering a return to productive employment.

The workplace system envisioned by the B.C. Roundtable and workshop

stakeholders looks like this: The employer has an early detection system in place, and front-line managers and EAP professionals are supported and trained to intervene as necessary. An employee who needs to go on disability leave — and this leave is standardized across employer organizations and insurance carriers — knows that support is available throughout the leave. The employer offers a case managed care and treatment plan, which is understood and supported by the employee. When the employee is preparing to come back to work, he or she has a trained “go to” co-worker and peer who acts as a personal assistant and advocate. The line manager is clearly accountable for the management and return to work of the employee. And, throughout the entire process, procedures are customized to the individual worker.

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In order to build such a workplace system, the workshop participants put forth 10 principles that they say should be adopted by employers, unions, health care providers, insurers and employees “in order to surmount the sys-

temic barriers that prevent us moving toward mentally healthy workplaces” (see box below).

For more information, e-mail Heather Craig at hrcraig1@telus.net or visit www.bcmentalhealthworks.ca. •

MENTAL HEALTH

10 principles for creating workplace systems

1 We must broaden our concept of occupational health and safety to include both mental and physical health.

2 We can and must reduce the disabling effects of mental illness in the labour force through primary measures (reducing job stress at source), secondary measures (early detection and referral) and tertiary measures (better access to proper care, means of prevention and relapse prevention), all aimed at managing mental disabilities and returning employees to full-time work on a gradual basis. Recovery and return to work must be construed as a single entry for the purposes of planning and implementing an integrated strategy of care, treatment and return to function and work among employees on disability leave.

3 In moving toward these goals, we should develop and implement standards and guidelines based on best practices. [On this front, the B.C. Roundtable has joined with the B.C. Ministry of Health and the University of British Columbia Mental Health Evaluation and Community Consultation Unit to form the B.C. Scientific Consortium on Mental Health in the Workplace. The goal of the scientific advisory group, which meets four times a year, is to co-ordinate research and disseminate information.]

4 Physicians, other health service providers, insurers and unions must share some responsibility for putting these principles into action. Employees have a responsibility to do that which is in their own power to develop their resilience and well-being on the job.

5 Performance and disability management systems must be aligned in order to operationalize early detection of, and intervention in, mental disorders.

6 Employers must recognize several specific responsibilities in moving toward this goal. First, CEO leadership is a must to reform management practices that sometimes precipitate and aggravate mental health problems in the workplace. In the absence of such good practices, some work environments will remain inhospitable to employee recovery and return to work. And line managers should be held accountable for the successful return to work of employees on disability leave — in effect, a vital expression of recovery and return to work as a single entity in policy and practice.

7 We must reconcile functional assessments and depression screenings for employees at risk with the requirements of human rights laws.

8 We must have flexibility in the process of designing modified job duties. Customization of disability prevention and management programs is a key principle in meeting the actual needs and job demands of employees.

9 We must meet stigma head-on and enact a policy of zero tolerance of discriminatory behaviour toward mental disability at work.

10 We must create a pool of support through peer groups trained to assist individual employees to navigate the early hours of disability leave and, later, the return-to-work experience.

TWO WORKPLACES FIRST IN CANADA TO BE CERTIFIED

Scoring over 80 per cent on NIDMAR’s Consensus Based Disability Management Audit automatically earned two Canadian organizations a certification from the International Disability Management Standards Council (IDMSC).

NIDMAR — the National Institute of Disability Management and Research — announced in an October 2005 bulletin that the City of St. John’s, Newfoundland, and Canadian Pacific Railway’s (CPR) Toronto rail yard are the first Canadian organizations to be IDMSC-certified. The certification affirms that the recipient has achieved an internationally recognized “optimum practice standard” in disability management. IDMSC-certified companies are entitled to use the IDMSC logo on their letterhead and promotional materials for a period of three years — the length of the certification.

Linda Nkemdirim, CPR’s manager of occupational health services, says the recognition is helpful. “We get positive reinforcement for what we are doing,” she says. “It lets us know that we are on the right track, and it motivates the people who are involved with our program to continue to do their best.”

Nkemdirim credits union and senior management support for the success of the company’s disability management program. Another key motivator is the fierce competition for skilled labour in some parts of the country, which, she says, has persuaded the company that it needs to return injured and disabled employees to work.

The City of St. John’s has been developing its disability management program for about three years. According to Lynn O’Grady, the City’s supervisor of occupational health and safety,

it was spurred on, in part, by recent amendments to the province's workers' compensation legislation that mandate early and safe return to work.

The City, which employs about 1,200 workers, incorporates both occupational and non-occupational injuries and illnesses in its disability management program. "Looking at the research, it seemed to make most sense to involve both work-related and non-work-related injuries and illnesses and treat them in the same manner," says O'Grady. Now, if a worker is away for 10 consecutive work days, he or she automatically falls into the disability management process.

The City's generous sick leave provisions were initially a barrier to getting workers to move beyond the mindset that they shouldn't come back to work until they were 100 per cent, says O'Grady. However, she says "people are beginning to see the positive side of getting back to the workplace."

O'Grady is looking forward to another audit a few years down the road. "It was good to achieve an international standard and nice to know that our work has paid off," she says. •

— Mark Rogers, Associate Editor

HEALTH GROUP RATES ASSESSMENT TOOLS FOR THE WORKPLACE

A catalogue that rates health promotion tools that assess a workplace's current wellness situation is now available from The Health Communication Unit at the University of Toronto. The catalogue is designed to help workplace health practitioners, occupational health nurses, workplace wellness committees, human resources managers and union representatives select and use a "situational assessment tool" in an Ontario workplace.

Situational assessment tools often

play a key role at the outset of implementing a workplace health promotion program or initiative in that they evaluate what currently exists within the workplace. The tools include needs assessments (the self-reported needs of individual employees), health risk appraisals (the clinical measures of health status, such as body mass index, cholesterol, heart rate, etc.), workplace environmental audits (a snapshot of what the workplace offers), employee interest surveys (the programs and services employees are interested in), current practice surveys (the self-reported health behaviours of employees) and organizational culture surveys (the workplace's leadership style, management practices, work organization, employee autonomy and control, and social support).

RATINGS

Top tools for assessing current workplace status

The following situational assessment tools received four stars in each of three categories – effectiveness, plausibility and practicality – for an overall rating of "recommended" in THCU's rating toolkit:

- BWell Employee Interest Survey from Buffett Taylor & Associates Ltd.;
- Connex Health Risk and Productivity Assessment from Connex Health Consulting;
- Employee Feedback System from the Workplace Health Research Unit at Brock University;
- Personal Wellness Profile from Wellsource Inc.;
- StressMap from Essi Systems Inc.
- TRALE Explorer (on-line) and TRALE Backpack (paper) from TRALE Inc.;
- Workplace Health Needs and Risk Survey from Health Canada; and
- Workplace Physical Activity Framework from the Alberta Centre for Active Living.

Because there are so many types and versions of these tools available, practitioners often do not have the time or skills to use them properly, The Health Communication Unit (THCU) says. To address this problem, THCU brought together a panel of 18 health promotion experts to review, in pairs, about three to five situational assessment tools each, for a review of 35 assessment tools altogether. The result is the THCU Workplace Situational Assessment Toolkit, a 273-page resource that is available free on-line.

The toolkit gives an overall rating of "recommended" or "promising" to 29 tools (the tools that received a "not recommended" rating are not included in the toolkit). It also gives each tool a rating of zero to four stars in each of three categories: effectiveness (if good quality research shows the tool has a positive outcome), plausibility (the extent to which the tool is likely to be effective) and practicality (the extent to which the tool is likely to be effective in the adopting organization, based on issues such as cost, availability and fit). To be "recommended" or "promising," a tool has to perform well in the "plausible" and "practical" categories; "effectiveness" information regarding its reliability and validity is not essential. A number of "recommended" tools did receive four stars in all three categories (see box at left).

The toolkit goes beyond the review to include principles of good practice for using situational assessment tools, some of which were identified in the literature and some of which were generated by the expert review panel. The toolkit also provides advice to help workplaces select the best tool for their organization and information on each of the tools listed.

For more information or to download the toolkit, go to www.thcu.ca/workplace/sat/index.cfm. •

DISABILITY MANAGEMENT: A COMPREHENSIVE APPROACH

The authors of the new book *Comprehensive Disability Management* believe that successful disability management encompasses the entire spectrum from prevention to return to work. **By Liz Scott and Henry Harder**

That disability management is a good idea is not disputed. Who can argue against the objective of ensuring employees are getting prompt treatment and making a successful transition back to an active work life? However, to be effective, disability management programs must integrate prevention and management strategies that address both occupational and non-occupational injuries and illnesses. That is, they must be comprehensive.

As the cost of work- and non-work-related disabilities continues to rise, we need to look seriously at managing both occupational and non-occupational illnesses and injuries. What is needed is the integration of disability management principles with respect to preventing and managing workers' compensation, sick leave, short-term disability (STD) and long-term disability (LTD) claims.

The early work in exploring the inte-

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gration of disability management dates back to 1989, when the Washington Business Group on Health (now the National Business Group on Health) investigated and spoke highly of the positive aspects of integration. In Canada, however, the concept of integration has been slower to take hold. Because workers' compensation is government legislated and regulated, and STD and LTD plans are either self-funded by the employer or insured by an insurance company, employers have tended to maintain silos that work with the different systems. That is, the health and safety department or occupational health department handles workers' compensation claims, while the human resources department or finance department handles STD and LTD claims.

Integrated or comprehensive disability management is not a complicated concept. In its truest form, it simply means a single management system to prevent and manage occupational and non-occupational disability. So how can an employer move from silos to the implementation of an integrated disability management program? Here are the key components of a comprehensive disability management program that we consider necessary.

1. A management strategy

Comprehensive disability management needs to be a priority that is integrated into a company's long-term management strategy. And there are many good arguments that can be used to convince upper executives that disabili-

ty management should be part of that strategy.

Disability management policies and programs can assist with personal and corporate health goals and objectives. These objectives include reducing the human and financial costs of illness and injury and enhancing employee engagement, thus enabling the company to achieve its business targets.

Since the publication of the Workforce 2002 study by the Washington Business Group on Health, cost savings are frequently cited as a strong argument for pursuing disability management initiatives. Indeed, a compelling argument for disability management must focus on the negative impact disabilities can have on the company's bottom line. In Canada, for example:

- the Canadian Life and Health Insurance Association indicated that health benefit payments stood at \$12.5 billion in 2000;

- Statistics Canada reported in 1999 that employers were paying almost \$11.3 billion a year in absence costs; and

- the Association of Workers' Compensation Boards of Canada put "lost time" costs at \$5 billion in 2001.

That said, we need to move beyond looking only at the traditional direct costs attached to disability. We also need to recognize the role that disability management programs play in creating a workplace culture that fosters employee engagement by demonstrating a commitment to employee and organizational wellness. An "engaged" workforce can have a positive influence on customer service, employee turnover and, ultimately, corporate financial results.

2. Information and data analysis

An important element of comprehensive disability management is identifying trends and establishing priorities and strategies to decrease disabilities. This analysis will afford greater over-

sight into employee work patterns, major causes for lost time, durations of absences and the overall cost of absences. A disability management program and the documentation it generates on employee illness/injury, treatment, rehabilitation, job accommodation and more go a long way towards preventing losses.

3. Prevention

Comprehensive disability management aims to prevent disability in the first place. Prevention programs encompass a range of workplace activities. These include: internal health promotion programs that encourage healthy nutrition, fitness and lifestyle choices; internal occupational health and safety programs that encourage safe work practices and hazard identification and minimization through engineering, ergonomics and employee training; and external employee assistance programs (EAPs). Determining health and safety and health promotion priorities for a particular workplace is based on an analysis of STD, LTD, workers' compensation, EAP, drug use and absence data.

4. Defined processes and policies

A comprehensive disability management program has defined policies, procedures, roles and responsibilities to govern its scope and operations. These allow the workplace parties to know how to handle an issue fairly and consistently in a step-by-step manner. Thankfully, disability management techniques have been around long enough to give rise to best practices. This makes it easier for employers with a desire to manage claims to put in proven systems.

5. Early intervention

Early intervention is an accepted best practice in disability management.

Companies with active disability management programs that focus on early intervention send a message to their workers, saying: "We care about you and want you back to work." Early intervention, from a disability management perspective, means providing all

possible assistance required — physical, emotional, financial, etc. — to help an injured or ill employee remain at work or return to function and work as soon as possible. Early intervention includes making initial contact to communicate the workplace's support for the worker, monitoring the worker's physical recovery and treatment to ensure both are proceeding in a timely and appropriate manner, and staying in frequent contact with the worker to ensure he or she knows the workplace is ready to welcome the person back when ready.

6. Claim and case management

Claim initiation, evidence-based adjudication and case management are important components of disability management. Claim initiation and management refers to the processing of a claim to ensure a worker receives benefits, where appropriate, and the documentation required to administer claim decisions on entitlement. Case management refers to the monitoring of, and co-ordination of services with respect to, a person's treatment and recovery — from the time a claim is initiated until the return to regular work. It is often worth investing in an external adjudication firm to assist with the determination of disability and case management, while maintaining the employer role of return-to-work facilitator.

7. Objective abilities information

Focusing on an employee's functional and cognitive abilities rather than just the diagnosis of injury or illness is an essential practice of comprehensive disability management. This means constantly asking the questions: Can the person regain health? How can he or she return to work? How can we help this person to do so regardless of the cause of the injury or illness? An understanding of the condition is im-

NEW BOOK

Canadian experts tackle comprehensive DM

Released in October by Elsevier Science in London England, *Comprehensive Disability Management*, by Canadian disability management experts Henry Harder and Liz Scott, is designed to fill a void when it comes to materials available for the purposes of teaching disability management. However, although designed primarily for university-level credit and non-credit courses, the book is also a solid resource for disability management professionals who are already practising in the workplace. It will also be of interest to insurance companies, workers' compensation boards, disability management consulting firms and more.

As the authors put it in their introduction, the book "introduce[s] a systems-based theoretical model in this developing profession and provide[s] practical examples of how to implement and manage an effective [disability management] program." The 219-page book then goes on to tackle the various aspects of a comprehensive disability management program in detail. Topics include prevention, program development, early intervention, claim initiation, case management, return to work, rehabilitation, the duty to accommodate, program evaluation, communications, ethics and future trends.

For more information on *Comprehensive Disability Management* (ISBN 0-443-10113-2) or to order the book, listed at \$62.95, visit www.elsevier.ca and enter the book's title in the site's search function.

portant, as is the understanding of the workplace. A clear definition and understanding of the physical and sometimes cognitive demands of a job is extremely relevant to the re-employment of an employee into the work area.

When analyzing the components of

the job, a professionally completed physical demands analysis (PDA) can assist tremendously in defining tasks, including the weights, measurements, push/pull forces and the other elements of the job. In conditions with a psychological overlay, a cognitive demands

analysis can be a useful tool. In order to objectively define a person's capabilities, it may also be necessary to have an independent medical examination (IME) or functional abilities evaluation (FAE) completed.

Once the disability/capability pa-

KEY STEPS IN RTW: A GUIDE FOR DISABILITY MANAGERS

The following is excerpted with the permission of the publisher, Elsevier Science, from *Comprehensive Disability Management*, a new book by **Liz Scott** and **Henry Harder** (see pages 4 and 5 for information on the book and its authors).

Key steps to take with respect to a relatively straightforward return to work (RTW)

1 Make sure the injured worker receives immediate and excellent medical care. It is imperative that there are no delays at this stage. The worker and the worker's family need to know that no expense will be spared to ensure survival and care at this stage. Immediate first aid, medicavac, etc., are critical at this stage.

2 Once the worker is in a stable condition, ensure the worker knows that his or her needs and the needs of the family will be met. This is the stage where information about the organization's disability plan and the DM process can be provided. It is critical that this is carried out in a tactful manner and with the greatest discretion. Nevertheless, it is very important that it happens early in the process so that the worker experiences no additional stress that may interfere with the recovery process.

3 Monitor the care of the worker. Any problems with benefits, treatment, family, etc., need to be addressed and resolved. It is critical that the employer stays in touch with the worker so that the worker's position as a key contributor to the employer's

business is maintained. It is such a simple yet overlooked part of the process, and it pays great dividends when the worker continues to feel part of the worksite rather than feeling as if he or she has been ignored or cast aside. This contact can be fostered by co-workers or union members, as well as by other organizational representatives contacting the worker.

4 Begin the process of planning the return to work. Information should be gathered from the physician, the employer and the worker regarding potential barriers to a successful RTW. Collective agreements or RTW policies should be reviewed regarding their provisions. Advance work at this stage can smooth the way for a problem-free RTW once the worker is cleared to do so.

5 Set the stage for RTW. Prepare the worker, co-workers, supervisors, etc., for the imminent RTW. It is imperative that everyone who may have contact with the worker is aware of the restrictions of the RTW. This knowledge must be constrained by confidentiality provisions, but such information as can be shared will allow everyone to work together to ensure a successful outcome.

6 Design the RTW in such a manner that it eases the worker back into his or her pre-accident or pre-illness employ-

ment. With relatively simple cases, the most that is required is a graduated RTW. In many instances, two mistakes are made with respect to graduated RTWs.

One is to predetermine the length of the graduated RTW by saying, for example, that it will be six weeks long. It is our opinion that the maximum initial expectation should be six weeks, but in many instances, it may be shorter. If a realistic period of six weeks is not likely, then the return should not be attempted. Understandably, employers become frustrated at long or unending graduated RTW arrangements. The failure of a graduated RTW can usually be attributed to the RTW being attempted too early, before the worker is functionally ready.

The second mistake is not being ready to address problems as they arise during the graduated RTW. It is common for the worker to encounter some difficulties during the process. It is better to be able to address these as they occur, at the worksite if at all possible, and keep the graduated RTW going rather than pull the worker out and start again at a later date.

Every failed graduated RTW makes it that much more difficult for everyone involved to try again. The old axiom of "failing to plan is planning to fail" really holds true here. The graduated RTW is a powerful tool and needs to be used with proper planning, evaluation and commitment to success. It is not something you do without thought or as a convenience or as an easy solution.

7 Monitor and evaluate the RTW. Once it is over, it is a good idea to ask the participants what worked well and what did not. Identified issues may be addressed to the benefit of workers in need of this assistance in the future.

rameters have been defined, the person's capabilities can be compared to the legitimate job demands. This must be carefully considered in conjunction with the prognosis. All key parties should be involved in determining a job's suitability, including the employ-

ee, the supervisor and the disability management professional.

8. Return to work

Return to work is the most visible activity of most disability management programs — and an essential one.

the workplace. Both parties need to be happy with the progress and, if there are problems, they should be addressed immediately.

It is vital that regular and frequent contact be maintained with the worker and the worker's immediate supervisor. It is these individuals who are able to provide the most accurate information. A daily log sheet can be introduced in cases where the worker needs to track specific activities.

With a medium-complexity case, the accommodation is temporary. The goal of the accommodation is to return the worker to his or her regular job. Therefore, this intervention is progressive, and progress should be evaluated on this basis. The outcomes should be evaluated and the case closed upon completion.

Further considerations for a complex RTW case

The more serious the injury or illness, the more important it is to "do a good job" in the early stages. Everything that happens later in the process will be influenced by what happens at the outset. While problems or complications do not only arise in more serious cases, it is more likely that they will given the length of recovery period.

Here, it is acknowledged that a RTW will require extensive accommodations. In fact, it may be unclear if it will be possible to accommodate the worker in a temporary manner. In this kind of case, it may be wise to consider the possibility of the need for a permanent accommodation early in the process. Nevertheless, all attempts at accommodating the person in his or her original position should be vigorously pursued.

Work is a major source of physical and psychological well-being and much evidence exists to link work absence with increased risk of psychological dysfunction. Therefore, it is important to both employees and employers to focus on returning to work (see the excerpt from *Comprehensive Disability Management* beginning on page 6).

9. Program evaluation

In the end, a comprehensive review of disability management is a must, including the benefits achieved, the costs incurred and the costs avoided. You have to ask: What was happening before and what are the results now?

Once an integrated program is in place, the program's results should be quantified and tracked to ensure its ongoing success can be monitored. In studies that currently exist in the disability management area, it has been clearly concluded that the implementation of disability management programs significantly reduces both human and financial costs.

* * *

To conclude, a comprehensive and integrated disability management program will be effective when it includes:

- the prevention and management of both occupational and non-occupational disabilities within a defined program;
- a clear corporate goal;
- an analysis of integrated information;
- a definition of practices and policies;
- early intervention;
- evidence-based adjudication and claims and case management;
- the objective quantification of functional and cognitive abilities; and
- outcome measurement.

A comprehensive approach to disability management will reap the benefits of addressing all disabilities equally, and it will be rewarded with reduced human and financial costs. •

Further considerations for a medium-complexity RTW case

While the process of planning the RTW essentially remains the same, there is a different goal. In simple RTW, the goal is RTW without accommodation or at most a graduated RTW. With medium-complexity cases, there is an acknowledgement or understanding at the outset that the nature of the injury or illness will require accommodation on the part of the employer. It is also understood that the accommodation is of a temporary nature as it is the goal of the intervention to return the worker to his or her regular job.

It is very important to begin gathering information early in the process in order to avoid subsequent delays. There is no reason why this process has to wait until the worker has fully recovered. If not already on file, the employer should conduct a job demands analysis in order to quantify the tasks that the worker actually does as part of the employment. This will often vary from the job description, which may be out of date or not accurately reflect the tasks completed. Even if the job description is current, it is unlikely to contain the specific information that a job demands analysis provides.

This detailed information then needs to be given to the medical professionals so that they can tailor treatment and make recommendations specific to the job demands analysis. The opinions of the medical professionals are then brought to the DM practitioner or RTW committee at the worksite, who then makes specific arrangements for the worker.

The accommodation needs to be monitored closely to ensure that it is meeting the needs of the worker and

Alberta award program celebrates workplace health

A new award was launched this month to recognize Alberta employers that have developed strategies, initiatives, policies and programs that promote employee wellness. The Premier's Award for Healthy Workplaces will recognize 12 Alberta employers who support the mandate of the "Healthy U @ Work" program. That program was established in 2003 to provide a framework and resource materials to support employees in making healthier eating and fitness choices.

The award is open to all Alberta workplaces and features four categories based on number of employees. The application deadline is December 15, 2005. For information or applications, go to www.healthyalberta.com/premiersaward.

Tool for managers discusses mental health

The Conference Board of Canada is offering a free booklet that is designed to help front-line managers understand mental health issues in the workplace. Released this month, *What You Need to Know About Mental Health: A Tool for Managers* is an 11-page publication that talks about the role of managers in preventing, recognizing and responding to mental health problems among employees. It also includes a section on planning for an employee's return to work. To download the publication, go to www.conferenceboard.ca/documents.asp?rnext=1433.

Issue of rehab journal devoted to work disability

The most recent issue of the *Journal of Occupational Rehabilitation* (December 2005, Vol. 15, No. 4) is devoted to the subject of work disability and will likely be of much interest to disability managers in Canada. The list of authors

included in the issue reads like a who's who in disability management research — including many from Canada.

- Among the articles are the following:
- "Improving return-to-work research";
 - "Integrating psychosocial and behavioural interventions to achieve optimal rehabilitation outcomes";
 - "Physical exercise interventions to improve disability and return to work in low back pain: Current insights and opportunities for improvement";
 - "Prevention of work disability due to musculoskeletal disorders: The challenge in implementing evidence";
 - "Workplace-based return-to-work interventions: Optimizing the role of stakeholders in implementation and research"; and
 - "Return-to-work outcomes following work disability: Stakeholder motivations, interests and concerns."

For information, visit <http://springerlink.metapress.com/link.asp?id=H31M47J7387V>. To order the issue, e-mail journals-ny@springer-sbm.com.

Conference line-up: What's up in early 2006

It's not too early to start planning for new learning in 2006. Here's a look at some conferences coming up early in the new year:

■ January 16-17, 2006: TORONTO — **3rd Annual Employee Health Benefit Costs Conference**. Preparing for changes in health care and their impact on the workplace bottom line. Contact: Canadian Institute. Phone: (416) 927-7936 or 1-877-927-7936. E-mail: customerservice@canadianinstitute.com. Web: www.canadianinstitute.com.

■ February 6-7, 2006: VANCOUVER — **Occupational Health and Safety and Return to Work Strategies**. Tools and best practices for managing claims related to psychosocial and physical disabilities. Contact: Canadian Information Exchange. Phone: (416) 516-

7833 or 1-866-516-7833. E-mail: info@informationexchange.ca. Web: www.informationexchange.ca.

■ February 27-28, 2006: CALGARY — **2006 Advanced Issues in Duty to Accommodate**. The proactive management of employees with disabilities from leading industry and legal experts. Contact: Insight Information. Phone: (416) 977-2020 or 1-888-777-1707. E-mail: order@insightinfo.com. Web: www.insightinfo.com.

BACK TO WORK

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