

**BRAIN HEALTH + BRAIN SKILLS = BRAIN CAPITAL**  
**FINAL REPORT OF THE GLOBAL BUSINESS AND ECONOMIC**  
**ROUNDTABLE ON ADDICTION AND MENTAL HEALTH**

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SUBJECT PAPER #2

The Yukon Government Workshops  
“HR Trends and Challenges: Mental Health in the Workplace”  
LEADERSHIP GUIDELINES FOR WORKPLACE MENTAL HEALTH

By

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DEPUTY MINISTER AND EXECUTIVE LEADERSHIP GUIDELINES  
FOR MENTAL HEALTH AND PRODUCTIVITY IN THE WORKPLACE

**Phase One**

- Impart a clear message to their direct reports that mental health is a legitimate topic and it will be the policy of the organization to encourage open and informed discussion among employees.
- Order up a comprehensive briefing for yourself. This will galvanize the organization and allow you to ready your senior management group to play a leadership role. *The Roundtable is ready to help. This Plan is a start.*

**Phase Two**

- Champion mental health and not drift away from that role.
- Build on your organization’s success and commitment to plant safety BY creating a similar commitment to mental health and safety.
- Give all your employees every opportunity to learn about mental health and mental illnesses through information, training and “tolerance tutorials.”
- Articulate and enforce a policy of zero tolerance toward stigma and discrimination systemic or episodic in nature.
- Embrace a vision of a healthy workplace for your organization and ensure mental health is part of that.

- Engage your employees and unions in the process of learning about mental health issues.
- Do everything you can to say it's OK to discuss the topic openly.

### **Phase Three**

- Audit existing disability rates and disability management procedures and isolate the reasons why some files have lingered.
- Probe each and every long-term disability file not in terms of forcing employees to justify their predicament but the systemic reasons for it.
- Evaluate:
  1. The expertise and track record of external service providers, insurers and ASO contractors in managing mental health issues and disabilities. Don't assume the company's name or business pre-qualifies them. All are 'new entries' to this field.
  2. Existing policies and procedures, if any, for proactively designing appropriate job accommodations and work modifications for employees returning from mental disability.
  3. Tools and policies for functional assessments of employees in recovery from mental disorders and cleared to return to work.

### **Phase Four**

Create management accountability for workplace mental health and, in doing so, a number of priorities stand out:

- Require each of your senior people to review and understand their responsibilities under the law for the recognition and preservation of human rights in your workplace. Discrimination against mental illnesses is unlawful.
- Ensure that a practical and well-enunciated policy on workplace stress is crafted and deployed. Management practices that can trigger stress-related health risks must be modified.
- Make your line managers accountable for managing risks which threaten your investment in your human assets in the same way you assign accountability for protection of inanimate assets. This is needed to:
  1. Protect productive capacity in the organization.
  2. Reduce the management-related risks to mental health in the organization.

3. Ensure mental health is incorporated into the organization's vision of a healthy workplace.
4. Build and observe a policy of zero tolerance.
5. Engage unions in the design and implementation of policies and procedures in this area. Unions share management's duty to accommodate.

#### **Phase Five**

- Fostering and sustaining a non-discriminating and caring environment which protects all employees against stigma and discrimination based on their experience with mental illnesses.
- Fostering and sustaining an integrated model of performance and disability management anchored by clear accountability for line managers which:
  1. Guarantees that job access, status, promotion, security and training will not be influenced merely by health status.
  2. Stipulates that executives and managers have a responsibility to be actively supportive of employees encountering health problems which interfere with their productive capacity and ability to perform their job.
  3. Acknowledges and recognizes the desire and ability of employees who are on disability leave due to mental illness to return to their job and productive engagement at work.
  4. Commits needed case management support to that employee to plan and facilitate a safe return to work; and, further, promises that the employee will receive independent advice on his or her human rights governing this process.
  5. Ensures the employer will do everything possible to make the necessary job accommodations to facilitate those employees returning to work and to do so in a spirit of cooperation, understanding and openness.

#### **Phase Six**

Develop an investment account approach for employee health:

**Portfolio Approach:** Incorporate and monitor existing investments in employee health into a single, integrated portfolio of expenditures and outcomes. For example, the costs of group health – and particularly prescription drugs – may help to hold disability premiums down. Employers need to evaluate this return on this investment.

**Education and Training:** Give employees every opportunity to learn about mental health and train executives and front-line managers to recognize and respond properly to co-workers (and direct reports) in distress. Tap into the expertise of those veterans of mental healthcare – “consumers/survivors” – who have valuable lessons to share.

**Primary Prevention:** Identify workplace practices which pose material risks to the health of both the employees and the organization and make needed changes through positive, not punitive, incentives.

**Secondary Prevention:** Put into place early detection, referral, and access-to-treatment protocols as a means of promoting early intervention. This is easier said than done.

**Gradual Return-to-Work:** Apply this concept universally to all forms of employee disability including those involving mental health problems.

### **Phase Seven**

Ensure mental health is vested in the competence and commitment of HR staff. Commitment and non-judgmental handling of these disability claims combined with proper training to conduct empathetic communications with disabled employees are key – and to this end:

- HR managers and HR support staff should be assessed annually for attitudes, aptitudes, hard skills and pre-conceived notions about mental illnesses and how to manage mental disabilities with knowledge, compassion and timelines.
- HR managers should receive training on three levels – that is, to:
  1. Provide informed support of line managers in their defined responsibilities.
  2. Serve as the chief ethics officer of the disability management process and exercise appropriate independence.
  3. Assume the same kind of fiduciary role as a CFO might to meet the requirements of human rights law, industry standards and core values.
- HR managers must also receive the necessary budget, staff and high-level support against adversarial managers in order to carry out these responsibilities.

### **Phase Eight**

Aim to protect those areas of functional responsibility, talent and impact most likely to be compromised by unchecked mental disorders and chronic job stress. The performance qualities of employees most likely to be compromised by mental disorders are:

#### **Employees’ Customer Orientation**

Mental illnesses compromise the capacity of employees to exhibit an outward and helpful way of thinking. These conditions draw them inward.

**Communication**

Mental illnesses compromise employees' way of perceiving information, its relevance, their capacity to listen attentively as a consequence of losing the capacity to concentrate well, relationships suffer, the employee becomes isolated.

**Teamwork**

Mental illnesses cause employees' motivation to slump and along with it, their desire and capacity to cooperate with others, answer phone calls, meet deadlines for written material, irritability develops, burn-out deepens.

**Managing People**

Mental illnesses compromises the capacity of employees – in this case, managers – to display empathy and interest in the problems of others, impatience and a tendency to over-generalize problems cause friction.

**Taking Criticism**

Mental illnesses make it difficult for people to take constructive criticism openly and well. Their self-esteem is already badgered by their illness and criticism of any nature becomes an attack to which the person may respond defensively and disproportionately.

**Showing Persistence**

Mental illnesses compromise the capacity of employees to “stay with” the task, they become easily discouraged and turned off even by modest set-backs which make them feel the job is hopeless.

**Phase Nine**

Establish concrete targets to reduce the incidence of disability due to mental disorders – and aim to:

- See a moderation of mental disability rates as a percentage of your total disability experience inside 24 months – say, the present 30-40% of the total to 10% inside five years.
- Aim to achieve a 20 per cent reduction of mental disability as a percentage of all disability inside five years based on sound, medical and management criteria. Stifling eligibility criteria is not what we have in mind.
- Forge a long-term disability prevention strategy to reduce the LTD option – on sound medical grounds – to a bare minimum inside five years. This is plausible.

**Phase Ten**

Establish line manager accountability for the effectiveness of the firm's disability management and prevention initiatives embracing financial incentives / disincentives.

- A “mental health bonus” system would be appropriate to vest managers’ compensation into disability management success strategies as defined by successful return to work for one-year minimum.

### **Accountability of Managers for Results of Disability Management**

Managers are encouraged to ask questions to learn what the disability burden of their organization or department is.

Managers are encouraged to focus on certain hot spots and look for:

- a) Evidence that “out of sight out of mind” prevails in your organization or department as to the status of employees who may be on disability leave. This is a warning sign.
- b) Evidence that lines of communication have not been opened with employees early in the disability period.
- c) Patterns of delay in returning employees to work even after medical clearance is received.
- d) No established process to define accommodations needed to facilitate the employee’s return to work gradually.
- e) No involvement at all with the employee’s direct boss in the process; signs that the job of the person on disability has been permanently re-assigned.

These indicators suggest that the disability management process in your organization is inadequate. A more comprehensive audit of current and recent disability cases is called for.

In both current and recent files, managers need to know:

- Are there inexplicable gaps between when an employee is cleared by his or her physician to return to work and when they actually come back?
- Are appropriate functional assessments done with respect to the design and implementation of proper accommodation strategies?
- Do your employees on disability leave hear from their supervisors or co-workers while on leave? Do they receive regular communications about work activities? An isolated employee faces a steeper hill to climb.
- Why are employees on LTD? Was their STD mismanaged, was the treatment ineffective, was the case put on the back burner?

- Does the management of STD or LTD cases reflect a lack of due diligence, knowledge and understanding? If so, this suggests:
  1. Systemic problems in the management of disabilities in the organization.
  2. Prejudicial atmosphere or behaviour in the case of mental disability.

### Incentives

Ultimate accountability for the success of the RTW process must be vested in line and staff managers responsible for that individual's performance on-the job guided by the case manager.

The line manager and human resources personnel should receive concrete (financial, if need be) incentives to bring about a successful RTW wherein the employee comes back full-time gradually and remains successfully on the job without restricting access to support/care.

### Case Management

The quarterback of the disability management process is called a case manager – and case management, while not formally certified in Canada, is nonetheless an accepted and valuable part of disability management.

One of the first steps the case manager takes is meeting with the employee and then contacting the employee's physician and discussing the nature of the condition and the outlook for that employee's return to work.

The case manager's job is to unify all the parties who have a stake in this employee's health and work status. He or she helps the physician, employee and line manager sort out job issues for purposes of a return to work.

### The Green Chart

The **Green Chart** becomes the case manager's blue print. This device houses a written return to work plan but does not contain confidential medical information.

A tool to assist physicians and case managers to track and recover and RTW information is next.

## Physician's – Tracking Recovery – Green Chart

In the space provided explain and/or list specific accommodations that can be made by the employer to ease the Return to Work process

	<b>1</b> At this time, the task is impossible for the employee to perform	<b>2</b> The employee can perform some aspects of this task with accommodations	<b>3</b> The employee can perform this task with accommodations	<b>4</b> The employee performs this task well although some accommodations are still necessary	<b>5</b> The employee can easily perform this task with little or no special assistance
<i>General Work Skills</i>					
Understanding and following instructions					
Performing simple and repetitive tasks					
Maintaining a work pace appropriate to the work load					
Relating to other people beyond giving and receiving instructions					
Influencing others, accepting instructions, planning					
<i>Specific Job Functions or Requirements (not covered above, as outlined by the case manager)</i>					
<b>Information Required by the Physician</b>					
Character of the workplace – pace, dynamics and history					
Patterns of absence or downtime in the last 30 days					

**Reviewed by Sr. Sol Sax and Dr. Bruce Rowat**



## Case Manager – Tracking Recovery – Green Chart

Employee:

Case Manager:

Date:

Date of Next Case Meeting:

	<b>Physician's Rating 1 to 5</b>	<b>Physician Recommendations</b>	<i>Plan of Action</i>	<b>Desired Outcome</b>
<i>General Work Skills</i>				
Understanding and following instructions				
Performing simple and repetitive tasks				
Maintaining a work pace appropriate to the work load				
Relating to other people beyond giving and receiving instructions				
Influencing others, accepting instructions, planning				
<i>Specific Job Functions or Requirements (not covered above, as outlined by the case manager)</i>				
<b>Additional Tasks for Case Manager</b>	<b>Date</b>	<b>Comments</b>		
Re-entry interview scheduled				
Employee invited to bring friend, family member or physician to re-entry interview				
Employee assured his/her job is waiting for him/her				
Employee formally welcomed back by employer				
Re-entry plan established and reviewed; a realistic timeline implemented				

**Reference: Bill Wilkerson, Co-Founder, Global Business and Economic Roundtable on  
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