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Tackling a hidden health menace

Top executives from some of Canada's biggest companies have devised a strategy that places more responsibility on employers in helping mentally disabled employees return to work, WALLACE IMMEN writes

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Wednesday, Jul 14, 2004

UPDATED AT 9:46 AM EDT

Bonnie Thorn says she loved her stressful executive job until one day "it seemed like my world caved in and the lights went out."

After 15 years of working up to 60 hours a week as a program manager for a national non-profit medical society in Toronto, Ms. Thorn suddenly found herself afraid to deal with colleagues or even close friends and went to a hospital, where she was diagnosed with severe depression.

It was so severe that she went on disability leave and was off work for more than five years. It was only after she finally found a treatment that works and the help of a supportive employer that she was able to return to her job full-time.

But many Canadians are not so fortunate. A groundbreaking study by a volunteer group of senior executives has found that, because most managers don't have the understanding or the resources to help employees after they have taken leaves for depression, anxiety, addiction or other mental-health issues, thousands of workers each year can't return to work and end up on permanent disability.

Now that group is offering strategies that it hopes will help change that situation.

Its "road map to mental disability management" presents a wide range of recommendations for detecting mental illness, reducing the workplace factors that could cause or contribute to it, and places more responsibility on employers in helping mentally disabled employees return to work.

"The system is just not equipped to handle this and the sheer cost in human suffering and to the economy is staggering," says Bill Wilkerson, co-chairman of the Global Business and Economic Roundtable on Addiction and Mental Health, who wrote the report.

"Mental illness is both treatable and beatable. The practical goal is to help equip employers, employees and unions with the means and tools," he says.

The roundtable -- a network made up largely of chairmen and chief executive officers from most of Canada's largest financial, manufacturing and service companies, as well as health and legal professionals -- is circulating a draft of its recommendations to its members this month.

After receiving comments, a final set of guidelines will be prepared and sent to employers across the country this fall.

While voluntary, Mr. Wilkerson says the roundtable will press to make the guidelines part of corporate health and safety programs across the country.

Among the key points are:

Employers have to take responsibility for reducing job stress that can double the risk of worker disability associated with depression, and should make detection and treatment programs a priority.

Employers and supervisors must be held responsible for helping employees who take mental-health leaves return to full-time work.

Employees should be welcomed back unequivocally, without immediate reference to any performance or behaviour issues that occurred in the predisability period.

Return should be a gradual process. Managers must allow for flexibility in scheduling and expectations to let employees move back to full responsibilities at their own pace.

Job stress and home stress are linked, and family, co-workers and friends should be involved in the return-to-work process.

The roundtable's research found that, in the course of a year, up to 25 per cent of Canada's labour force experiences a mental disorder that affects their work, but fewer than 20 per cent who need treatment actually get it.

Over all, the roundtable estimates that a staggering 35 million days of work are lost each year due to mental disorders, at a cost of \$30-billion in lost productivity, and costs to companies for disability payments and staff replacement.

And as many as 400,000 Canadian workers go on short- or long-term disability for mental health-related illnesses every year, accounting for 35 per cent of all insurance claims for disability.

The longer they stay away from work, the more difficult it is for them to return, the report adds. But the roundtable estimates that, in most cases, people who are on mental-health disabilities for eight weeks or less can get back to full-time work within six months.

Mr. Wilkerson says the study aims to fill a glaring gap. "The recovery from mental illness is a road without lines" because there are currently no guidelines for physicians or managers on helping recovered employees successfully return to work.

"The process they go through is, to put it mildly, unorganized. There is a lot of confusion about the rights of employees and the obligations of employers," Mr. Wilkerson says. "This is the next dimension of health and safety at work."

Because of stigmas and a lack of knowledge, workplace health and safety programs have not specifically included mental-health issues, says Michael Wilson, chairman of UBS Global Asset Management in Toronto and the senior chairman of the roundtable, who initiated the road map study six years ago.

A former finance minister in the cabinet of Brian Mulroney, Mr. Wilson has been a champion of efforts to help the mentally ill find treatment since his son, Cameron, killed himself in 1995 after a battle with severe depression.

The roundtable's findings explode some myths. While depression is thought to be most associated with other chronic medical conditions and most common in younger people, a remarkably large proportion of employees who end up on mental disability leaves are workers in mid-career, with 10 years or more at the same company.

The study also found that people on disability leave are anxious to try to return to work. However, most managers are inexperienced and untrained in handling mental-health issues, and may treat them as "damaged goods," Mr. Wilkerson says.

"There is often a residual ill will because of performance and behaviour issues that can show up during severe depression. In the past, that has led some companies to try to arrange a severance package instead of bringing the employee back to work."

Mr. Wilkerson says the recommendations cover not only depression and anxiety but substance abuse. "Those conditions tend to fly together," he says.

"For instance, it could be that the depression creates an anxious frame of mind around their work that can lead them to use alcohol or substances to relieve the dread they feel."

The roundtable's work has already made enthusiastic supporters out of some companies that have programs under way based on the findings.

"Our experience clearly shows it is worthwhile. If you want to become an employer of choice, it has to be clear you are doing the best possible to get people back into the company," says John Hunkin, chairman and chief executive officer of **Canadian Imperial Bank of Commerce** and a member of the roundtable.

CIBC established a system that has a doctor working with both supervisors and returning workers.

"The focus has been placed on abilities rather than on the medical condition. We ask 'Where are you in your recovery and is there some modification of work day or tasks that can get you back to work?' " explains David Brown, medical director of the CIBC program.

Under CIBC's program, employees are permitted to start part-time and on flexible schedules. Responsibilities are increased as they feel more comfortable. While most do get back to full-time work, some workers choose to remain as part-timers. While operating only for the past four years, the program has cut 30 per cent off the average length of psychological disability leaves, Dr. Brown says. This has saved the bank an estimated \$27-million in reduced amounts of time that employees receive disability payments and in lessening the need to hire replacement staff.

Dofasco Inc. is also setting up return-to-work guidelines based on the roundtable's work. "We're telling people who have been off for stress or depression: 'It's our job to get you back to work,'" says Brian Mullen, the Hamilton-based company's director of human resources. Dofasco is also taking an unprecedented prevention step by having each of the company's 5,000 employees respond to a mental wellness questionnaire as well as undergo a confidential one-on-one consultation with a doctor on stress, anxiety and family issues.

Mr. Mullen says employees have been enthusiastic because it gives them an opportunity to express their concerns. "It is too early to say it has reduced disability leaves but, over time, it can't help but have an impact," he says.

As with any chronic illness, coming back to work too soon and too fast can impede recovery, the roundtable's study says. Employers must understand that returning employees may have difficulties concentrating for long periods of time, so part-time scheduling and frequent work breaks should be available.

It also takes time to adjust to the emotional demands and get back stamina, so the study recommends self-paced workloads.

Because the roundtable's guidelines place unprecedented responsibility on managers, the report suggests that, as an incentive for the effort, bonuses be given to managers who successfully return employees to full-time work.

And to help ease the workload, the roundtable recommends hiring independent advisers paid for by the employer or a union to act as a liaison between doctors and managers. Employers and managers must understand they have a duty to assist an employee's return, Mr. Wilkerson says.

Occupational health and human rights laws in all provinces require employers to accommodate employees returning to work after medically required leave, says lawyer William Johnson, a partner with McGowan Johnson in Calgary, who worked with the roundtable.

One of the roundtable's recommendations may offer solutions to the conflict between the needed sharing of information and privacy issues.

"Because of privacy concerns, organizations often build Chinese walls so that if a medical report recommends that a person needs to work shorter hours, for instance, it never gets to the supervisor. Sometimes, the human resources department doesn't know what's happening on the management level," Mr. Johnson says.

To get around this, the roundtable recommends the creation of what it calls a "green chart." The chart would not provide specifics of the medical condition. Employers would list the person's job functions, pace of work and time requirement. The doctor would review that list and add recommendations for any adjustments needed to speed the recovery to full-time work.

Mr. Johnson points out that the roundtable's guidelines do need to clarify when the burden on an employer becomes excessive. Canadian courts have ruled that employers only have to accommodate employees as long as the costs and reduction in productivity don't cause "undue hardship."

Mr. Wilkerson says unions are being asked for comment on the recommendations because some recovery plans might require reassigning a person or creating a new job, which might violate a collective agreement. Arbitration and human rights organizations that become involved in labour disputes will also be included in the consultations. "This really is a human rights issue," Mr. Wilkerson says.

But when done right, an employee who returns to work can bring benefits to all involved.

When Ms. Thorn, 54, headed back, it was tough at first. "You lose all your confidence and self-esteem. It was like starting from scratch," she recalls.

But she made her return slowly, starting in a program run by the Centre for Addiction and Mental Health that lets people work for companies that have volunteered to take them on before they return to their former employers.

Doing filing and photocopying, "they let me do as much as I wanted to do. But that made me feel better about myself and I got the gumption to call my former workplace," Ms. Thorn says.

Ms. Thorn's employer handled her situation well. While the non-profit society had never rehired someone after a mental illness nor hired executives on part-time, her former manager was agreeable to letting Ms. Thorn work back slowly into her old job.

"I was the one pushing for a more aggressive return. But there was a risk I would push too fast," she says. "The company took the lead and gave me latitude and made me feel secure. They made me feel that if there was any stigma, it was mine and not theirs."

Ms. Thorn needed only nine months to return to full-time work after more than five years away.

"The person coming back is fragile and vulnerable and can easily overextend. Your employer has to create a supportive and non-judgmental situation. If they don't, you won't even try because it is too big a risk," Ms. Thorn says.

But she adds hopefully: "I think an employer who truly cares about the employees can find a way to manage this."

The full draft report of the roundtable is available at <http://www.mentalhealthroundtable.ca>

By the numbers

On any given day, 10 to 15 per cent of Canadians are experiencing a work-limiting mental disorder.

Over the course of a year, 20 to 25 per cent of the population experience mental disorders.

Over the course of their working lives, up to 40 per cent of workers will experience a mental disorder.

Fewer than 20 per cent of those who need treatment actually get it.

Employees are absent from work for a total of 35 million days each year because of leaves related to mental disorders. This represents nearly half of the total of 72 million work days Statistics Canada estimates are lost to the economy due to illness and disability.

There are 1.4 million Canadians on short- or long-term disability leaves for mental illness or addiction. That is 10 per cent of the work force of 14 million.

There are 368,000 new claims for disability insurance for mental disorders each year.

The costs to employers total more than \$30-billion a year, considering lost productivity in addition to the costs to companies for disability payments and staff replacement.

The average length of time it takes someone on a mental health leave to return to full-time work is 40 days, but for many it can take years.

In Statistics Canada's 2003 Community Health Survey, 20 per cent of people with either mental disorders or substance dependencies also reported a physical disability.

The Statistics Canada survey also found 18 per cent of people who do not seek treatment for mental illness say they are afraid to ask for help.

Source: Figures analyzed by Watson Wyatt Worldwide and the Global Business and Economic Roundtable on Addictions and Mental Health.

Tips on easing the return

Supervisors can follow these tips to help ease the return to work for an employee after a mental-health disability leave:

Offer flexible or part-time scheduling and self-paced workloads.

Try to provide a work setting near a source of natural light and with low noise levels.

Use written job instructions if the employee agrees it is helpful. Make daily "to do" lists and check items off as they are completed.

Both manager and employee should remind each other of important deadlines.

Agree to open communication and perhaps discreet hand signals to indicate unwelcome stress is building up.

Discuss whether some times of day are better or more stressful for the employee.

Don't make large demands on Mondays, which can often be hectic in many workplaces.

Divide large assignments into smaller tasks and goals. Allow for frequent breaks.

Look for opportunities to provide positive feedback.

Isolation deepens depression. Make sure the employee is treated as a member of the team and not excluded from business meetings, social events or activities relevant to the job.

Do not be overly protective.

Source: Draft report of the Global Business and Economic Roundtable Roadmap to Disability Management

Toxic workplaces

Ten management practices "which appear most likely to precipitate or aggravate mental health problems in the work force:"

Imposing unreasonable demands on subordinates and withholding information materially important to them in carrying out their jobs.

Refusing to give employees reasonable discretion over the day-to-day means and methods of their work.

Failing to credit or acknowledge their contributions and achievements.

Creating a treadmill at work -- too much to do all the time.

Perpetuating an environment in which employees are never sure what's happening around them.

Allowing mistrust to take root. Vicious office politics disrupt positive behaviour.

Tolerating, even fostering, unclear company direction and policies, job ambiguity and unclear expectations.

Sub-par performance management practices, specifically employee performance reviews, even good ones, that fail to establish the employee's role in the company's near or mid-term future.

Lack of two-way communication up and down the organization.

Managers rejecting, out of hand, an employee's concerns about workload.

Source: Global Business and Economic Roundtable's road map to mental disability management.



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