

Return-to-Work Strategies for Employees With Mental Health Conditions

There's no question that employers can no longer ignore mental health issues. Compassion and support for employees aside, it is simply good business to protect the mental health and productivity of employees. This article describes existing challenges surrounding employees with mental disorders: the link between mental disorders, disability and an employee's ability to return to work; best practices for employers, employees and health care providers; and the role of the insurance company. Together, using proven strategies, everyone contributes to the optimal solution of helping employees with mental disorders return to work.

by **Georgia Pomaki, Ph.D.** | *Manulife*

In recent years, society has started to truly understand the prevalence of mental health issues and their effect on the workplace. And, Canada, we have a problem.

According to the Mental Health Commission of Canada:¹

- One in five Canadians experiences a mental health condition in any given year.
- More than 30% of disability claims are attributed to mental health disorders.
- Only one in three people with a mental health issue reports accessing treatment and services for the condition.

Mental health issues have direct consequences for the workplace. In Canada, a third of the total estimated \$51 billion cost of mental disorders to the economy is due to work losses from unemployment and absenteeism.² An employee with depression, one of the most common mental disorders,

experiences double the amount of absenteeism of employees who are not depressed,³ and struggling with depression while on the job lowers productivity by an estimated 12.5%.⁴

The link between mental disorders and employees receiving long-term disability (LTD) benefits is significant. For example, rates of anxiety and depression are three to five times higher among employees on LTD than among the general working population. And those on LTD and suffering from a mental illness tend to be off work for longer periods and have more severe symptoms.⁵

Making matters worse, diagnosis and treatment are lacking.

A 2011 Canadian study found that about one-half of workers with a moderate to severe depressive episode did not receive treatment.⁶ Another study found that mental disorders are substantially underdiagnosed and undertreated among employees receiving LTD benefits.⁷

Despite the challenges that mental disorders pose, individuals who receive treatment tend to respond well and benefit from the treatment. This translates into productivity increases and lowered absenteeism.⁸

But it's not just about getting treatment. While treated employees can show enough progress with their symptoms to return to work, the improvement in symptoms does not necessarily represent an improvement in the employee's ability to function at work. And this can lead to difficulties meeting work demands and, possibly, relapse of the illness and work absence.⁹

Employers need to understand the link between mental disorders, disability and an employee's ability to return to work.

There's no question employers can no longer ignore mental health issues. Compassion and support for employees aside, it is simply good business to protect the mental health and productivity of employees.

So where do we start?

A good first step is to understand that mental disorders are often episodic conditions that require a multifaceted approach for prevention and treatment.

Since an estimated 20% to 30% of workers with mental disorders experience a relapse of illness and work absence following a return-to-work attempt, it's critical to identify factors contributing to a sustained return to work.¹⁰

When employees who are off work because of a mental disorder are faced

with negative recovery expectations, lower quality and lack of continuity in care, and poor communication with their supervisors, their chances of returning to work are often lower. Plus, having a prior absence related to a mental disorder also increases the likelihood of future absences. Thus, investing appropriate resources and efforts in the early stages of an initial absence and in the short-term disability period can help prevent future absence episodes.¹¹

The employer has a vitally important role in helping employees return to work and stay at work. And, yet, a Canadian Mental Health Association survey revealed that only 32% of individuals felt their organization's leadership was taking action to address workplace mental health.¹²

There are many options and programs for employers—and additional solutions for employees, health care providers and insurers. Here is a list of best practices and strategies based on evidence and research.

Best Practices for Employers

A report by Pomaki, Franche, Khushrushahi, Murray, Lampinen and Mah (2010) supported the following best practices for employers to help workers with mental health conditions return to and stay at work.¹³

Develop and Apply Policies About Mental Health

Successful employers create a sustained effort to combat stigma, work toward prevention of psychological harm in the workplace and provide a guide for workers with mental disorders to what they can do when struggling and needing time off work.

Supportive management can foster a people-oriented organizational culture that can aid in the prevention, early identification and management of mental disorders in the workplace. Managers need training in understanding signs of mental disorder in their employees and how to have helpful, supportive and appropriate conversations with them about available resources.

Five Top Tips for Employer Success in Supporting Mental Health

- Stay involved in all phases of prevention, intervention and accommodation, and have a return-to-work or disability manager coordination process in place.
- Differentiate between performance and illness-related issues.
- Support and be supportive of treatment (i.e., adequate benefit coverage and flexible work arrangements so treatment can be sought).
- Train staff and leaders to combat stigma regarding mental health.
- Create a psychologically healthy and safe workplace.

The stigma around mental illness is a clear barrier to effective return-to-work initiatives. Addressing this stigma in the workplace will encourage early identification and treatment for employees who experience symptoms, which will reduce the severity, duration and cost of mental illness.

Appoint a Return-To-Work Coordinator or Disability Manager

This resource can coordinate recovery activities while employees are off work, act as a liaison with treatment providers and the insurer and talk to employees about their return-to-work plans from the onset of the absence.

Practices that help employees actively engage in the return-to-work process should be specific, goal-oriented and, notably, focused on work function, workplace behavior and return-to-work outcomes. Check-ins at distinct times, to assess progress in the return-to-work process and workers' needs, are important. Types of check-ins include:

- Initial intake
- Detailed assessment
- Continuous check-ins during intervention
- Followup check-in
- Relapse prevention.

Support Workplace Accommodations

Work accommodations can be beneficial to both employees and workplaces. But keep in mind they can also create unforeseen obstacles to the return-to-work process if they're not well-conceived or -implemented.

Here are recommendations for employers when establishing workplace accommodations:

- Accommodations should include a sensible redistribution or reduction of work demands on employees and their co-workers.
- Making transitions to less stressful environments may be beneficial for workers who are unable to change or cope with the fast-paced, high-pressure nature of their working conditions.
- Senior management support for accommodations may have a notable impact on return-to-work rates for workers with mental disorders.
- Support by co-workers is essential for accommoda-

tions to succeed. This is absolutely critical, because stigma and co-workers' unclear understanding of the strengths and limitations of an employee with a mental health disorder can hinder that success.

Examples of work accommodations specifically for mental disorders include reducing distractions, moderating intensity of social interactions, adjusting workload to worker capacity, offering memory assistance and pacing duration of tasks.¹⁴

Support Treatment

Work-focused cognitive behavioral interventions can reduce the length of time off work. To achieve improvement in clinical symptoms, the intervention should be symptom-focused and delivered by mental health professionals.

For optimal results, cognitive behavioral therapy (CBT)-based interventions should be combined with work accommodations and/or counseling about return to work. Work-related aspects need to be integrated early in CBT treatment in order to achieve earlier return to work.¹⁵

Best Practices for Employees

Key success strategies for employees include:

- Actively participating in their own recovery
- Talking to treatment providers about returning to work. Returning to work must be part of the recovery process, and employees need to feel empowered throughout their recovery, including by learning about mental disorders and return to work and by pursuing appropriate, evidence-based treatment.
- Building self-confidence in their recovery. Employees who have confidence in their recovery can decrease time off work.¹⁶ A Canadian study of employees diagnosed with posttraumatic stress disorder (PTSD) found that reducing their negative beliefs and attitudes about the workplace may help them return to work in a more timely manner.¹⁷ Another study found that employees with low confidence in their ability to return to work while experiencing symptoms were likely to stay off work longer.¹⁸ See the sidebar, "Additional Tools for Employers and Employees," for more resources.

Best Practices for Health Care Providers

The role of the health care provider extends beyond treating the employee's symptoms. Best practices include:

View Return to Work as Part of Recovery

Physicians and other health care providers should understand that an employee doesn't need to be fully recovered to return to work. All stakeholders must be connected in the return-to-work process to support treatment and focus on improving function for workers with chronic illnesses. This helps ensure that accommodations can be considered for earlier return to work.

Seek Training to Better Manage Patients on Medical Leave

A recent study showed that general practitioners may lack training and knowledge in sickness certification¹⁹ and, thus, may inadvertently prolong time off work.

In British Columbia, the B.C. Collaborative for Disability Prevention and WorkSafeBC introduced a physician education program aimed at making return to work part of an employee's recovery process. This pilot program was designed to equip primary care physicians to better manage patients' medical leave and to set reasonable expectations about staying at work or returning to work. The program also enables physicians to work with other stakeholders to streamline administrative processes.

The results of the pilot showed that participating physicians significantly

Additional Tools for Employers and Employees

- **Workplace Solutions for Mental Health.** Developed by Manulife, this public website is geared toward both employees and employers in Canada. It provides tips, tools and resources to support employees living with mental health issues. The site also includes information and resources for employers to assist them in identifying and managing mental health issues in the workplace, help them reduce the impact of stigma and provide them with guidance on best practices. The site is available at www.manulife.ca/mentalhealth.
- **National Standard of Canada for Psychological Health and Safety in the Workplace.** The Mental Health Commission of Canada (MHCC) has been a strong advocate and champion for the National Standard of Canada for Psychological Health and Safety in the Workplace, developed by the Canadian Standards Association (CSA Group) and the Bureau de Normalisation du Québec (BNQ). The standard provides a voluntary set of guidelines, tools and resources focused on promoting the psychological health of Canadian employees and preventing psychological harm due to workplace factors. The standard can be downloaded at www.mentalhealthcommission.ca/English/national-standard.
- **Not Myself Today national campaign.** The yearly campaign focuses on assisting employers and organizations in developing a better understanding of mental health, reducing stigma in the workplace, and fostering a safe, open and supportive work environment. The Not Myself Today campaign has varied educational tools and resources designed for individuals and for organizations to support them by investing in workplace mental health and can be accessed at www.notmyselftoday.ca.
- **Mental Health at Work® certification program.** Developed by Excellence Canada—an independent, not-for-profit organization committed to helping employers enhance leadership through the adoption of sustainable management principles and practices—and sponsored by Manulife, the Mental Health at Work certification program provides methodology and framework to help organizations create effective programs dealing with mental health in the workplace. More information is available at www.excellence.ca/en/knowledge-centre/resources/healthy-workplace-standard.

increased their ability to identify patients who might be at risk for prolonged work absence and to help them return to work.²⁰

Adopt a Collaborative Care Model

An example of a collaborative care model is a collaboration between a specialist and the family physician with the goal of enhancing care and addressing return to work. In this model, a special-

ist, such as a psychiatrist, assesses an employee and connects with the family physician to coordinate care. The family physician then continues to provide care informed by the psychiatrist. This model has garnered strong results and an earlier return to work for employees.²¹

The Insurance Company's Role

Insurers can provide a value that

Managing Mental Health Claims— Collaboration Makes a Difference

A specialized mental health case management program for employees who are receiving short- and long-term disability benefits because of a diagnosed mental health condition has helped reduce claim durations and recurrent absences.

The program includes training to support case managers in effective management of mental health-related claims and training in the use of specialized tools for mental disorders. It features involvement and collaboration—on each claim—by mental health professionals with insurance experience with the goal of optimizing treatment, improving function and developing individualized return-to-work plans.

goes far beyond processing and managing disability claims. The insurer is the connection between all parties involved in the treatment, rehabilitation and return to work of employees who are off work because of mental disorders. The ability to collaborate with all stakeholders is critical to helping employees recover and return to work. See the sidebar, “Managing Mental Health Claims.”

Insurers can provide information to employees about their conditions and about the return-to-work process, which will clarify expectations and minimize misinformation and isolation. A simple intervention, such as providing written information about work accommodations at 14 days from the onset of the absence, can lead to earlier return to work.²²


Everyone Contributes to the Optimal Solution

Given the prevalence of mental disorders in the working population and its significant economic impact, all stakeholders can play an important role in helping employees stay at work or return to work.

Employers can support and accommodate employees in this landscape before, during and after absences related to mental disorders.

Employees and health care providers need to remain active and accountable participants in employee wellness, from prevention to recovery to return to work. They need to en-

sure that staying at work and returning to work formulate a chief goal in the treatment of mental disorders.

Insurers must continue to innovate to help employees and employers identify opportunities to bridge gaps in knowledge and to provide access to information and best practices for return to work and appropriate accommodations. 

Endnotes

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