

THE REALITIES OF WORKPLACE MENTAL HEALTH

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Future Holds Hope For Mental Health Treatment



From left, Richard Heinzl, Global Medical Director from WorldCare International; Laura Pratt, National Practice Leader, Organizational Health, from the Great-West Life Assurance Company; and Renee Couture, owner of UC Consulting; were the featured experts at the Benefits and Pensions Monitor 'The Realities of Workplace Mental Health' event.

Approximately 30 per cent of short- and long-term disability claims in Canada are attributed to mental health problems and illnesses. The total cost from mental health problems to the Canadian economy exceeds \$50 billion annually. It cannot continue to be ignored.

Practical ways to bring awareness and support for healthier and psychologically safe workplace was the focus of the Benefits And Pensions Monitor Meetings & Events 'The Realities Of Workplace Mental Health' session.

Renee Couture, owner of UC Consulting; Laura Pratt, National Practice Leader, Organizational Health, from the Great-West Life Assurance Company; and Richard Heinzl, Global Medical Director from WorldCare International; provided their insights into the challenges created by mental health issues in the workplace and offered solutions and hope for plan sponsors.

“You can't really have a thriving workplace when the mental health of your employees is not optimal,” said Renee Couture, owner of UC

Consulting and author of 'Who is Going to Pay for This?' She said current benefits programs focus on sick employees, but that doesn't support a thriving organization. “If we look at a medium-size to large enterprise, they usually offer new hires comprehensive pension and benefits, but they also have to take into account the worker's

compensation, unemployment, CPP, and QPP, and those costs add on. If you're paying someone \$100,000, you'll easily have to tag on 40 per cent to cover the comprehensive benefits you're providing.”

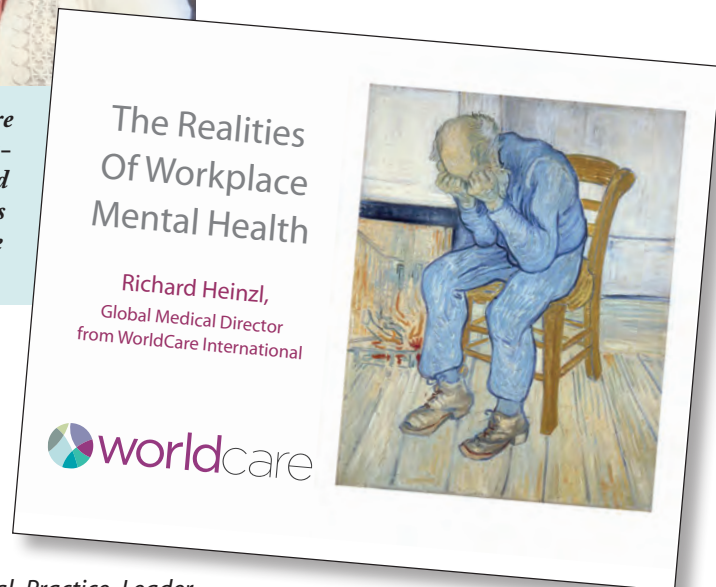
Since employers do not want to cancel benefits, they can, however, take a closer look at the factors affecting these costs.

“More than half of employees are being diagnosed with at least one chronic disease (Sanofi 2017), and that number goes up to 72 per cent for employees aged 55 to 64,” she said. This means your plan is paying for

expensive drug treatments that are easily \$30,000 to \$100,000 per year. If that number increases 30 per cent per year, you can see that your costs will double in as little as three years.”

This is where she makes the link to mental health as it is the first step in overall good health.

“When we are stressed at work, we develop anxiety because we want to be successful and we get depressed if we're not as successful as we want to be. We burn out and this often leads to substance abuse. When your mental health is not optimal, you don't eat well, you don't exercise, and you don't sleep well, and this leads to physical illness. It is easy to see the impact on the workplace with absenteeism, drug cost,



disability, and productivity loss,” said Couture, and while prevention programs can help, they're not enough. This is why employers have not really seen the return on investment from these program that they are looking for.

“That's why there's a need for a new approach. It's time to focus on a healthy workplace. Making the workforce happy will decrease costs and liability and ensure the success of your company,” she said. “This means focusing on employees and on why they are sick as opposed to applying a bandage, the benefits program. It's not about pointing fingers at any one group,

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but rather finding a way to collaborate and find solutions.

Strategies that focus on mental health start by look at the reality. “The major shift should be in our way to find solutions, creating solutions that deliver on promise, and adapting to change. We need to create leadership and engagement based on the needs of the workforce and then capitalize on the strengths of happy employees from every generation. That’s how you create a thriving organization,” she said.

This includes determining how many people are sick and the costs associated with this. The workplace culture should be examined to see how it is potentially contributing to an unhealthy employee situation. “The goal is to determine how the

and their own employees to find solutions,” she said.



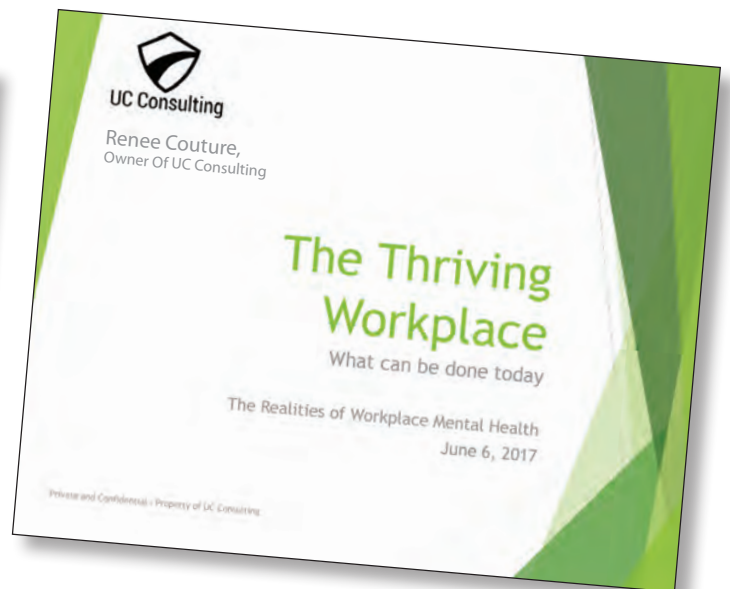
The Great-West Life Assurance Company has launched the ‘Great-West Life Centre for Mental Health in the Workplace’ as a resource for Canadian organizations to help them with workplace psychological health and safety. This comes from the company’s research that shows there is a strong link between mental health and disability claims.

“Absenteeism is costing the Canadian economy \$16 billion per year, with an average of nine work days per employee lost to illness per year,” said Laura Pratt, National

which we think is as a result of reduction in stigma,” said Pratt. “This is a good thing, because we’d rather know what we’re dealing with right upfront than have it evolve and come to the forefront later.”

With LTD, 31 per cent of all the claims accepted by Great-West in a year have a primary mental health diagnosis. As a comparison, musculoskeletal is 23 per cent, cancer is 13 per cent, accidents are 10 per cent, and circulatory issues are 5.8 per cent. “And all of those conditions often have an underlying mental health challenge as well.” Pratt said these mental health issues can become barriers to an individual being able to return to work.

“In addition, in the last couple of years, mental health claims – on both the STD



numbers can make your case for change. This will start the dialogue that is needed between human resources and the decision-makers that need to get involved to do what is needed in the changes of the workplace, said Couture.

However, the solution is not to cut benefits and transfer costs to employees. Instead, employers should consider offering flexibility in work hours and programs and making changes within the workplace that can help employees cope and return to work.

“Each company has a different culture and type of work. Employers will need to take a good look at their own organization,

Practice Leader, Organizational Health, the Great-West Life Assurance Company. “At Great-West Life, roughly 16 per cent of the short-term disability (STD) claims that we accept have a mental illness diagnosis (volume-wise). Dollar-wise, that number is roughly 24 per cent.” So, although the volume is not as high, the length of time Great-West Life pays those claims is long and the dollars associated are high.

“We used to see mental illness and mental health issues come into the forefront during the long-term disability (LTD) phase of absence. Now we’re seeing it right upfront, right in the STD phase,

and LTD sides – have gone up significantly.”

The main driver of a mental health disability during the STD phase is anxiety. Once it gets to LTD, the main drivers are depression, anxiety, and adjustment reactions.

Great-West Life studied individuals on disability about their perceptions as to what the barriers are to return to work and learned there are things that can be done in the workplace to better support those individuals so the absence doesn’t even have to occur. There are also things that can be done to support employees when they return to work so the return is successful.

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“When it comes to disability management, we learned that for most of our clients, their main challenge is mental health. We thought our focus should be on building resources that Canadian organizations can use to impact a mentally-healthy workplace or a psychologically-healthy and safe workplace,” she said.

In 2007, the company launched a website, ‘Great-West Life Centre for Mental Health in the Workplace.’

The site offers a variety of tools available to all Canadian employers. Users can find information on leadership training, how to support individuals with issues, current research, and facts and figures around mental health.

The site offers information for different stakeholders such as human resource personnel, senior leaders, union leaders, managers, supervisors, and employees.

The site provides tools so managers and employees can deal with the challenges they face every day. For leaders, there are tools to build emotional intelligence, which is the ability to manage one’s own emotions as well as the ability to recognize and appropriately respond to the emotional distress of others.

The information on the site is all Canadian content, based on Canadian policies and practices. It is available at www.WorkplaceStrategiesForMentalHealth.com



Mental disorders and mental ill health are the leading causes of disability. This makes it hard to believe claims that mental illness will be cured by 2050, said Richard Heinzl, Global Medical Director for WorldCare International. However, due to the evolution of mental health care, he believes this may be the case.

Mental health and psychiatric illness were more religion-based in ancient history, he said. “If you had a serious problem, you were considered possessed.” Then, in the last 100 to 200 years, these disorders were recognized and patients were typi-

cally segregated from society and put in institutions. That continued right up through World War II, at which time medical drugs were introduced that freed people from these profound symptoms.

“Having some troubles is really part of being human,” he said. “Being nervous, being upset, being down, being blue, or being a little extra happy sometimes are all part of the human condition and you see all that in the workplace. The problem is when things get bad enough that it interferes with productivity or safety at work and the worker’s reliability goes down.

“In our society today, the main thing that we do when we have a serious, acknowledged mental health disorder, is to take a pill,” said Heinzl. “These can be quite effective, but they all have side effects. They can also be not effective.”

Heinzl said there are possibilities coming to medicine that will absolutely have an effect (and already are) on mental health issues and will, therefore, have an effect on the workplace. The speed of growth in technology, for example, is exponential and this technology is impacting medicine and affecting how we treat mental illness.

Artificial intelligence (AI), machines that exhibit human-like intelligence or cognitive functions, can understand and process an incredible amount of data. AI can help patients with mental health problems, as does an AI avatar from U.S. company, LARC. “If you have depression, trouble sleeping, trouble concentrating, or trouble performing at work, this AI avatar gets to know you through conversations by texting. Many younger people prefer this over counseling with a human therapist. These AI programs have a 93 per cent accuracy rate in detecting any suicidal thinking. They are also effective in diagnosing attention-deficit/hyperactivity disorder (ADHD) and working with people with autism.” This type of technology would be promising in a work environment to recognize when an employee is in distress or needs assistance in some way, before it leads to a disability claim.

There also continues to be great advancement in DNA and genomics research. By mining genomic data, at some point science will be able to determine who is more at risk for mental disorders and which treatments will most likely lead to a successful outcome. “I think within the next five years we will have genetic testing before taking any medications,” said Heinzl.

He called this personalized medicine or precision medicine. “It’s using all that we have to make better, more focused choices about interventions in medicines for people.”

Nanotechnology will also play a bigger role in medicine as the technology advances. “This is where you have little nanorobots, nanomedicine, or nanowires and stimulators that are the size of red blood cells or even smaller. Once we better understand what happens with psychiatric problems that have damaged the brain and neurons, we can get inside and eventually help find solutions.”

Stem cells provide more possibilities. “That’s the cell in all of us that can be differentiated into another type of cell in our body under the right conditions.” There are many advancements and experiments currently underway with this technology, such as implanting stem cells in patients with Parkinson’s disease to make more dopamine that helps with symptoms of the disease. “There’s been some spectacular early success in this regard.”

Science can now work with a ‘computer-brain interface’ that allows someone to wear electrodes on their head and manipulate something like a robotic arm with their thoughts. This raises the potential to address mental health issues?

“Medicine is changing quickly and exponentially and humanity has been elevated to a new technological level,” said Heinzl. “I think we have a shot at eradicating mental illness by 2050. The way we are going to get there is by using everything at our disposal, all of the interventions from medicines, counseling, and supportive network, to some of the more futuristic ones that will increasingly become available to us. **BPM**

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Advancing Workplace Mental Health