Workplace Mental Health

A Canadian Perspective: *One Legal – One Logical*

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Canadian Benefits Landscape
From Evolutionary Change to Revolutionary Change

Environmental Trends
- More women in the workplace
- Generation X
- Sandwich generation
- Workforce scarcity
- Millennials
- Aging population
- Highly Educated - Tech Savvy
- Chronic Pain
- Chronic Job Stress

Benefit Trends
- Defined Benefit Plans
- HDCD plans
- Wellness
- Benefit Exchanges
- Digital Health
- Artificial Intelligence
- Virtual Assistants
- Mental Health Solutions
- Pharmacogenomics

1980s
- Rising healthcare costs
- Growth of Flex Plans
- Cost Shifting

1990s
- Total Rewards
- Cost containment
- RTW/SA W
- Health & Productivity

2000s
- Benefit Exchanges
- Voluntary Benefits
- Biologics/ Stop loss
- Pharmacogenomics

The future is now

Joseph Ricciuti - 11th TransAtlantic Conference
Opportunities for Canadian Plan Sponsors and Fiduciaries

- **Opportunity to respond to a changing business landscape:**
  - Complex and challenging human resources environment
  - Rising disability and worker compensation costs

- **Opportunity to link mental health with benefit plan strategies:**
  - Psychologically Safe and Healthy Workplace

- **Opportunity to aggregate new science with health management solutions:**
  - Personalized Medicine to improve efficacy and interaction of medications

- **Opportunity to use technology to reduce waste time and improve treatment and care**
  - Telemedicine and Virtual Healthcare Services to improve access to care and treatment.
  - Artificial Intelligence to improve health outcomes and cures
The new workplace of the 21st Century

It is the workplace designed to compete in a world that demands cognitive skills. It must be managed and sustained to promote and protect the mental health of working populations as a straightforward duty to asset management.

Mental Health Roundtable, Final Report, 2011
### Safety at Work is Protected under Canadian Laws

- Occupational Health and Safety Statutes
- Employment Contract Law
- Labour Law
- Tort Law
- Human Rights Law
- Workers Compensation Statutes
- Employment Standard Legislation
Mental Health is a legally protected disability and requires accommodation by an employer

- *The Charter of Rights and Freedoms* protects all Canadians from discrimination by laws and government actions. It gives everyone in the country the same benefits and the same protection of the law without being discriminated against because of race, age, sex, or disability.

- A “disability” includes mental health and addiction disorders.
Mental Health vs. Mental Illness

• *Mental Health* is a balance of cognitive, emotional, physical and spiritual well being. It’s the ability to cope with normal stresses of life, work productively and contribute to the community.

• *Mental Illness* is a serious disturbance in thoughts, feelings and perceptions that are serious enough to affect day to day functioning. Mental Illnesses have both physical and psychological implications.

Source: World Health Organization
Mental Illness

The Brutal Truths

1 in 3 people in their lifetime

Mental Disorders

- 1 in 5 of adults in a year affected, most common are depression & anxiety
- 7 out of 10 are in the workforce
- 1 in 2 have a multiple condition

Alcohol and Drugs

- 1 in 3 mental health cases also have substance and other additions at the same time

Health problems

- Almost 50% of mental health cases also have other medical conditions: heart disease, diabetes, cancer etc.

Dewa et al. (2004), Kessler et al. (2005), NIMH (2008), Urbanoski et al. (2007), Kirby Senate Report
Mental Illness

**Costly to Organizations and the Canadian Economy**

$70 Billion representing 4% of GDP

- **At Work Lost Productivity**
  - Job performance is 7 times worse than workers without a mental health condition

- **Absences and Disability**
  - 30-40% of all disability claims and approximately 70% of cost
  - 40% more worker injuries

- **Healthcare Utilization**
  - Twice the utilization rates and twice the cost for healthcare services than workers without a mental disorder

Mental Health Roundtable Report: 2012
Dr. Mark Attridge: A Quite Crisis

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Emerging Issue: *Mental Injury*

*Mental Injury* is attributed to *psychosocial* risk factors in the workplace.

– It is reasonably foreseeable *harm* to a worker’s mental health resulting from negligent, reckless or intentional conduct in the workplace that significantly affects their ability to function at work and at home.

  • *Harm is typically debilitating depression, anxiety or burnout.*

– A Psychologically Safe and Healthy Workplace is one that promotes and protects psychological well-being.

The trend is towards a legal responsibility to do so
Potential Legal Risks: Mental Injury

Workforce Impact
- Suicide
- PTS
- Clinical Depression
- Demoralization
- Less Tension
- Engagement
- Commitment
- Satisfaction

Liability Zone
- Job Strain

Responsibility Zone
- Less Tension

Discretionary Zone
- Engagement
- Commitment
- Satisfaction

Workplace Practices
- Harassment
- Bullying
- Verbal Abuse
- Incivility
- Unfairness
- Civility
- Fairness
- Respectfulness
- Consideration

Lowering the bar on liability creates business uncertainty

Source: Martin Shain/MHCC

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The associated consequences of workplace stress are now more profound......
....and there is a link to drug addiction

Diagram:
- Chronic Pain
- Bi-Directional
- Mental Health Issues
- Prescribed Medication
- Self Medication
- Tolerance
- Adverse Drug Reaction
- Risk of Abuse
- Addiction

Source: Dr. Michael Prouse / Joseph Ricciuti
Work Environment and Mental Health

Research in the past 50 years has clearly shown that:

• The psychological and social conditions of the workplace can be harmful to the mental (and physical) health of workers.
  – Known as _workplace stressors_ they are broadly identified as:
    – _high work demands and lack of decision latitude_
    – _Imbalance between work effort and rewards received._
    – _Lack of support and resources to do the work_
    – _Poor workplace culture_

• Job strain can increase the likelihood of a mental disorder, make an exiting disorder worse or contribute to mental distress(_burnout, demoralization_)
Chronic Job Stress: A cause of major concern

- Recent Towers Watson survey found stress in the workplace the #1 issue
- Chronic job stress can contribute to at least 60% of workplace injuries*
- Depression related to work stress increases the risk of injury by 41%**
- Mental injury is attributed to psychosocial risk factors in the workplace
  - Canadian Courts have ruled on settlements when these types of risks threaten harm to a worker’s mental well being
  - Conflicts with supervisors or colleagues, high work demands, low job control and support are leading issues***

*Ravi Tangri, (Stress Costs-Stress Cures), **H.M. Tiesman, University of Iowa, *** JOEM, Swaen Vol.6, no.6
Conference Board of Canada
Top Job Stressors in Canadian Organizations
-2015 Workshop Survey-

<table>
<thead>
<tr>
<th>Issues causing stress at work</th>
<th>N*</th>
<th>Percentage</th>
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<td>Work-overload/demands</td>
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<td>Work-life balance</td>
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<td>Conflicts with mgrs/other staff</td>
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<td>Trust in leadership</td>
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<td>Lack of support/tools to do the job</td>
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<td>Unclear job expectations</td>
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*(n=140)*
• Causal Factors for Disability:
  – Personal and work related = 60%
  – Work related 32%
  – Personal 8%

• Work-Related Causal Factors for Leave:
  – Work overload (62%)
  – Non recognition (48%)
  – Conflicts with supervisor (31%)
  – Conflicts with coworkers (20%)
  – Negative job evaluation (19%)
  – Lack of autonomy in work decisions (17%)
  – Insecurity about job (14%)

Work was causal factor in 92% cases

Work itself is part of the problem (but it is also part of the solution)
Job Stress and the Trades

While more Canadian research is required, a number of global studies show a pattern of psychosocial risk factors in the trades:

• In a study of Bricklayers*, research found they experienced significantly worse job control, and learning opportunities. *Work demands, and the quantity of work(overload) were associated with symptoms of depression.*

• In a study of construction workers**, the job stressors *directly* related to workplace injury and near misses, were identified as:
  • Job demands
  • Job control
  • Job certainty
  • Exposure hours

• Job stressors *indirectly* linked to psychological strain were:
  • harassment /discrimination
  • lack of social support
  • job certainty

* J.S Borshman, psychosocial work environment and mental health among construction workers(2013) ,
** L.M. Goldenhar, Work and Stress
Canadian Response

The Mental Health Commission of Canada created the ‘National Standard’ as a free tool to help organizations improve psychological health and safety in the workplace:

3 Strategic Pillars:

*Prevention; Promotion; Resolution*

13 Psycho-Social Risk Factors:

- Psychological Support
- Organizational Culture
- Clear Job Expectations
- Civility and Respect
- Job Fit
- Growth and Development
- Recognition and Reward
- Involvement and Influence
- Workload Management
- Engagement
- Balance
- Psychological Protection
Workers Compensation Services at the Cross Roads

* Provincial Workers Compensation Boards have now accepted workplace events that cause Acute Stress....ongoing discussions to include chronic job stress. Bill 127 in Ontario takes giant leap forward to include chronic job stress as an on the job injury.
The Workplace Safety & Insurance Board (WSIB) of Ontario has implemented new legislation that expands coverage to include chronic job stress as a work-related issue.

**Three conditions need to be met:**

- an appropriate regulated health professional, such as a family physician, provides a diagnosis based on the diagnostic and statistical manual of mental disorders,

- the person has experienced a substantial work-related stressor(s) such as workplace bullying or harassment, and

- the work-related stressor(s) was the predominate cause of the appropriate diagnosed stress injury
Mental Health Challenges Remain

Three critical challenges standout as barriers to progress in the near term:

**Stigma:**
- It is the root cause of workplace reprisals against employees known to be suffering from a mental disorder.
- Many do not seek medical care, as a way to cover up their mental illness.

**Early screening and treatment**
- Most don’t know they have a mental health issue
- One in five people who experience a mental health issue get treatment
- Medication side effects hinder adherence to clinical treatment

**Access to Care:**
- Long wait times caused by more demand than supply for mental health services.
- Remote and rural home/work locations often requires long distance travel.
- Many employees do not have a family physician
Suggested Action Steps

• Introduce a mental health e-learning program to dispel the myths of mental illness,

• Raise awareness for early screening, diagnosis and treatment

• Improve access to mental health medical services by investigating the use of web-based self-help tools and virtual medical clinics like EQ Care

• Make resiliency training part of skills training

• Consider personalized medicine (PGx) to improve clinical treatment

• Adopt the ‘National Standard’ or a similar program to improve mental health and safety in the workplace

• Create a Trades Industry ‘test bed’ for mental health research
The evidence is clear...
An Investment in Workplace Mental Health Makes Good Business Sense

Industry Research shows that organizations with the most effective mental health and productivity programs have:

- Lower medical costs
- Fewer unplanned absence days
- Lower duration/lost days while on Disability
- Improved Work Performance And Lower Turnover
- Better Economic and Societal Value
Mental Health Challenges and Opportunities in the *Longer* Term

1. **The Impact of AI**
   - According to a McKinsey Study, 60%-90% of all jobs now in place will be affected by AI.
   - Deep Learning Machines will generate Deep Stress for workers who face invasive uncertainty. Employers, Unions and Governments must prepare for this revolution.
   - On a promising note, AI applications are being developed to better manage depression and anxiety disorders and even prevent suicide risk.

2. **Epigenetics**
   - Genetics has given us the first basic molecular clues of the causes of mental illness.
   - Epigenetics is a newer science—the bridge between our genes and the environment—is providing strong evidence that the environment dominates the risk of disease including mental health.
3. **Pharmacogenomics in Disability Management**
   - Evidence is showing a relationship between high gene mutation scores (5+) and employees who suffer from mental illness.
   - Evidence also shows that when a MH patient resorts to medication, high mutation scores result in a failure to respond to many medications and/or suffer from adverse side effects.
   - PGx may play a role in determining those with a high mutation scores, and those who suffer from a mental illness, to prevent an eventual claim disability or help a person RTW faster and keep them at work healthier and happier.

4. **Redefining the Nomenclature for a Mental Illness**
   - The term mental illness is heavily and probably hopelessly stigmatized.
   - Further, the nomenclature of mental illness is likely to change as a new classification system emerges on the strength of scientific and clinical recognition that these conditions, are more of a spectrum, and not a distinct air tight classification being labeled as such.
Questions
Mental Health Support Resources

**Mental Health Research:** Mental Health International  
www.mentalhealthinternational.ca

**Implementing the National Standard:** SEB- Benefits and HR Consulting (certified staff)  
www.seb-bhr.com

**Anti-Stigma:** Mental Health Commission of Canada/The Working Mind Program  
www.mentalhealthcommission.ca

**Risk Assessment and Peer Support Training:** Check-up from the neck up/Moods Disorders of Canada  
www.mooddisorderscanada.ca

**Virtual Medical Clinics:** Equinoxe LifeCare  
www.equinoxelifecare.ca

**Pharmacogenetics:** P3  
www.personalizedprescribing.com