International Perspectives on Mental Health and Work

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International Forum on Disability Management

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Plenary Panel

Meeting the Challenge of Mental Health in the Workplace

Vancouver Marriott Downtown Hotel

Personal Position

- Focus on mental health and well-being, rather than illness

- Mental health resilience emerges from a person-environment interaction

- Individuals differ in terms of their predisposition and vulnerability

- Progress towards a diagnosis of mental disorder is gradual:
    - Positive Mental Health
    - Negative Stress Reaction
    - Mental Distress
    - Mental Health Disorder

- The environment can act as a facilitator of positive mental health or precipitate mental illness

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Personal Position

- Precontemplation: Most people know that have a mental health problem for many months before they succumb

- In most cases the decision to resort to a diagnosis of mental disorder involves an existential decision of the person

- Personal Recovery is possible regardless of the severity of a mental health disorder
  - C: Connectedness
  - H: Hope and optimism
  - I: Identity
  - M: Meaning and purpose
  - E: Empowerment

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International Initiatives

- Three landmark international initiatives by the Organisation for Economic Development and Cooperation (OECD)
  - Sickness, Disability and Work: Breaking the Barriers (2010) - 12 Countries
  - Sick on the Job? Myths and Realities about Mental Health and Work (2012) – 9 countries
  - Recommendation of the OECD Council on Integrated Mental Health, Skills and Work Policy (14/12/2015)

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Mental health problems are an unresolved challenge

- Fast increase in the number of disability benefit claims because of mental health problems, often at a relatively young age

- Mental health problems are now the biggest single cause for a disability benefit claim in most countries

- Employment rates of those suffering from mental ill-health are particularly low.

- Disability policies are not well suited to deal with mental health problems, and they do not work well for people suffering from mental ill-health

- The take-up and effectiveness of employment services is low for this group

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Mental health problems are an unresolved challenge

- The costs of mental ill-health for the individuals concerned, employers and society at large are enormous.

- Mental illness is responsible for:
  - A very significant loss of potential labour supply, high rates of unemployment,
  - A high incidence of sickness absence and reduced productivity at work

- Mental illness causes too many young people to leave the labour market, or never really enter it,

OECD Recommendations

- Early intervention at various points in time

- Intervention at the workplace

- Intervention for the unemployed

- Intervention for disability benefit claimants

- Co-ordinated supports at all stages

- Efforts are needed to improve the evidence base which continues to be incomplete

OECD Recommendations

I. **Promote mental wellbeing, prevent mental health conditions, and provide appropriate and timely services which recognise the benefits of meaningful work**

- Foster mental wellbeing and improve awareness and self-awareness of mental health conditions
- Promote timely access to effective treatment of mental health conditions
- Strengthen the employment focus of the mental health care system
- Expand the competence of those working in the primary care sector
- Encourage general practitioners and other mental health specialists to address work (or school) and sickness absence issues

OECD Recommendations

II. **Develop and implement policies for workplace mental health promotion and return-to-work**

- Promote and enforce psychosocial risk assessment and risk prevention in the workplace
- Develop a strategy for addressing the stigma, discrimination and misconceptions
- Promote greater awareness of the potential labour productivity losses due to mental health conditions
- Foster the design of structured return-to-work policies and processes for workers on sick leave, and their (prospective or current) employers
- Encourage employers to prevent and address overuse of sick leave

OECD Recommendations

III. Improve the responsiveness of social protection systems and employment services to the needs of people living with mental health conditions

- Reduce preventable disability benefit claims for mental health conditions
- Help jobseekers living with mental health conditions into work through appropriate outreach tools
- Invest in mental health competences for those administering the social protection system
- Encourage the integration of mental health treatment into employment service

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Canadian Initiatives

- Gilbert, M. & Bilsker, D. (2012). Psychological Health & Safety: An Action Guide for Employers

- Canadian National Standard for Psychological Health and Safety in the Workplace (2013)

- Samra, J. (2017). The Evolution of Workplace Mental Health in Canada: Research Report (2007-2017).

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Canadian Achievements

- **Business**
    - Significant attitudinal shifts in the business community – particularly among leaders – with respect to workplace mental health
    - Significant behavioural shifts have occurred for organizations, and individuals within those organizations, particularly with respect to the development and utilization of resources and supports
    - Objective value is now placed on the importance of considering the psychological health and safety as a core business consideration
- **Workplace**
    - Increased focus on broader organizational and work environment factors that impact individual worker mental health.
    - Increased knowledge about workplace mental health issues and the impact on work absence and productivity, including presenteeism, in work settings.
    - Evaluating the effectiveness of mental health interventions that are provided in technologically diverse ways (e.g., efficacy of mobile or remotely delivered mental health services, self-management approaches, peer support models)

Canadian Areas for Improvement

- Cultural Gaps:
  - Continued stigma in the workplace (37.4%)
  - A lack of PH&S culture or exclusive focus on physical safety (22.9%).

- Leadership Gaps:
  - A lack of training and education for leaders (31.3%)
  - A lack of awareness of the need to address PH&S in the workplace (30.1%),
  - Cherry picking or a flavour-of the-month approach to workplace PH&S (21.7%)
  - A lack of emotional intelligence (EI) among leaders (15.7%).

- Resources Gaps:
  - A lack of research/dissemination of research (20.5%)
  - Inadequate accommodation and return-to-work practices (20.5%)
  - Ineffective or untailored Employee and Family Assistance Programs (19.3%).

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