

**APPROACHES TO TACKLING
MENTAL HEALTH
IN THE
WORKPLACE**



Dr. Karen MacNeill, Ph.D, R.Psyc.

COPEMAN HEALTHCARE

TODAY'S OBJECTIVES

THE PROBLEM

Current state of mental health in the workplace

APPROACH

Ways employers can approach the problem

SOLUTIONS

Strategies for keeping employees mentally healthy and well

MENTAL HEALTH CONTINUUM

(Bill Howatt, 2015)



Optimal MH	Functional MH	Strained MH	MH Issue	Mental Illness
<ul style="list-style-type: none"> - Calm and steady - Normal mood fluctuations - Socially active 	<ul style="list-style-type: none"> - Presents as content - Able to cope most days - Occasional loss of emotional control 	<ul style="list-style-type: none"> - Stress is typically hard to recovery from - Increased fatigue - struggling to cope 	<ul style="list-style-type: none"> - Excessive anxiety/ stress - neg. impact on quality of life - May use meds or self medicate 	<ul style="list-style-type: none"> - Chronic symptoms to be managed - Risk of harm - Impaired functioning

DEFINITION OF TERMS

WHAT IS MENTAL HEALTH?

The **capacity to feel, think and act** in ways that **enhance our ability to enjoy life** and **deal with the challenges** we face (Public Health Agency of Canada, 2013)

WHAT IS MENTAL ILLNESS?

A **medical condition** that **disrupts a person's** thinking, feeling, mood, ability to relate to others, and daily functioning... resulting in a **diminished capacity** for coping with the ordinary demands of life (American Psychiatric Association)

WHAT IS A PSYCHOLOGICALLY HEALTHY WORKPLACE?

A **respectful and productive environment** that makes every reasonable **effort to promote and protect** the mental health of employees (Employment and Social Development Canada)



WORKPLACE WELLNESS

AN ORGANIZED, EMPLOYEE-SPONSORED PROGRAM DESIGNED TO SUPPORT EMPLOYEES AS THEY ADOPT AND SUSTAIN BEHAVIORS THAT REDUCE HEALTH RISKS, IMPROVE QUALITY OF LIFE, ENHANCE PERSONAL EFFECTIVENESS, AND BENEFIT THE ORGANIZATION'S BOTTOM LINE.

HBR, 2010

EMOTIONAL WELLBEING MOST IMPORTANT PRIORITY

EMOTIONAL
83%



PHYSICAL
63%

FINANCIAL
58%

SOCIAL
46%

Source: 2018 Willis Towers Watson, Best Practices Survey, Canada

CURRENT STATE OF MENTAL HEALTH



COST

1 IN 5 EXPERIENCE MENTAL HEALTH OR ADDICTION PROBLEM WITH A COST OF OVER 50 BILLION TO OUR ECONOMY



SCALE

MENTAL DISORDERS AMONG THE LEADING CAUSES OF ILL-HEALTH AND DISABILITY WORLDWIDE



SUICIDE

APPROXIMATELY 11 DEATHS PER DAY BY SUICIDE, 1 MILLION A YEAR WORLDWIDE



MISPERCEPTION

46% OF CANADIAN THOUGHT PEOPLE USE MENTAL ILLNESS AS AN EXCUSE



STIGMA

2/3 OF PEOPLE DON'T SEEK HELP DUE TO STIGMA AND DISCRIMINATION

- MHCC, WHO, STATS CAN

WORKPLACE MENTAL HEALTH



DISABILITY

Mental illness is a leading cause of disability claims in Canada.

DISEASE

Workplace burden of mental illness is 1.5 X greater than all cancers combined and 7 X greater than all infectious disease.

EAP

2/3 of depressed or anxious individuals have not sought medical care.

ACCESS

6 months to one year waitlists for counselling or therapy.

WORKPLACE STATS:

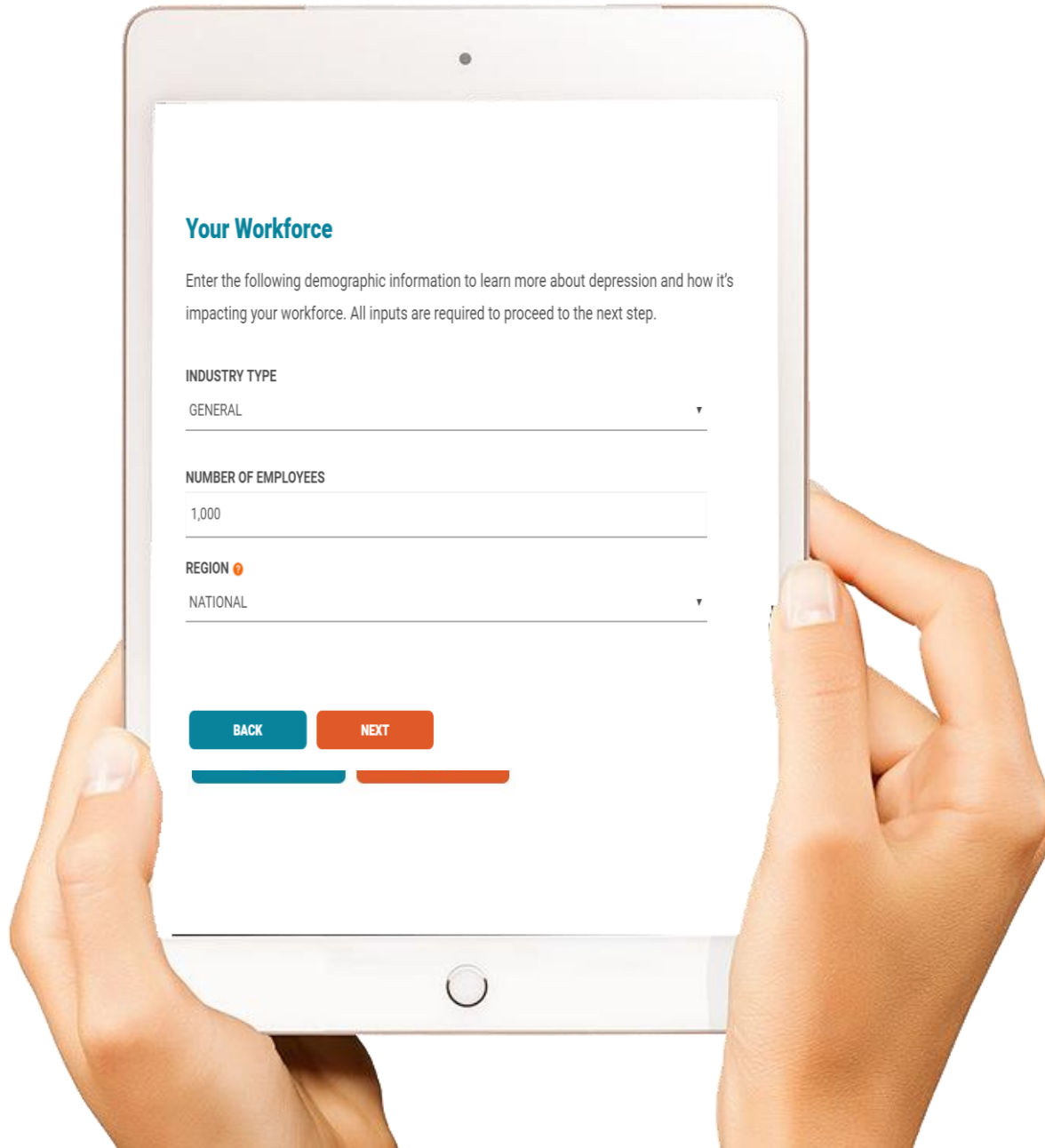
- In any given week, 500,000 Canadians are unable to work due to mental health problems
- Approximately, one-third of Canadian workers perceive work-related stress to be high.
- In 2011, mental health problems cost employers more than \$17.5 billion in lost productivity from absenteeism, presenteeism, and turnover.

(MHCC)



COST OF

MENTAL HEALTH:



Your Workforce

Enter the following demographic information to learn more about depression and how it's impacting your workforce. All inputs are required to proceed to the next step.

INDUSTRY TYPE

GENERAL ▼

NUMBER OF EMPLOYEES

1,000

REGION ⓘ

NATIONAL ▼

BACK **NEXT**

Progress bar: 1 of 2 steps completed (blue bar for 'Your Workforce', orange bar for the next step).



PRESENTEEISM IS THE REAL EFFECT.

MENTAL
ILLNESS



PRESENTEEISM

Overload





3X

PRESENTEEISM OVER
ABSENTEEISM

3 of 8

HOURS PRODUCTIVE
IN AVG WORKDAY

\$150b

PRESENTEEISM
COSTS PER YR IN US



THE PROBLEM

Mental health listed as the top disabling condition for both STD & LTD

- Willis Towers Watson, 2018

Only 1/3 of employers have a mental health strategy, with 2/3 of employees suffering with depression and anxiety not getting the help they need

- Benefits Canada, 2018

APPROACH



EMERGENCE OF HEALTH CULTURE

86% of employers think it is important to enhance employees total wellbeing, with emotional wellbeing as top priority compared to 29% over last three years

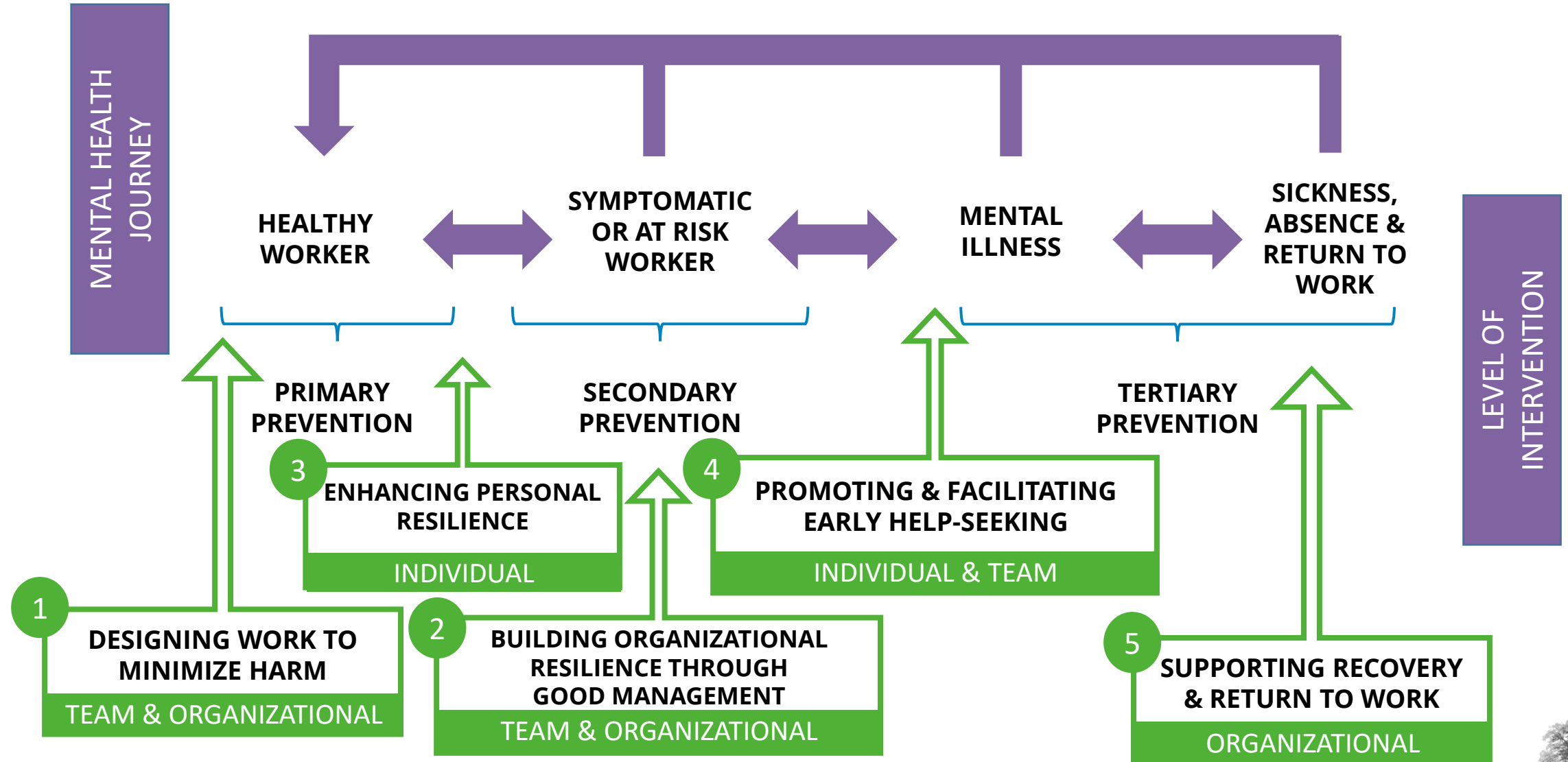
- (Willis Towers Watson, 2018)

Mental health strategy will be essential:

- **Plan**
- **Do**
- **Check**
- **Act**

MULTIPLE LEVELS OF INTERVENTION

Glozier (2017)



PRIMARY INTERVENTION

GENERALLY WELL

SECONDARY INTERVENTION

STRUGGLING

TERTIARY INTERVENTION

INCAPACITATED

SOLUTIONS

- Resilience building
- Mindfulness
- Awareness
- Mental health education & prevention
- Mental health stigma reduction
- eMental health

SOLUTIONS

- Employee screening and guidance
- Peer support programming
- Leadership awareness training
- CBT coaching and training
- Mindfulness

SOLUTIONS

- Employee assistance programming
- In house psychological support
- Short and long term disability
- Return to work programming





WHAT THE SCIENCE SAYS:

Secondary level interventions
Strongest evidence base
Tertiary level targeted interventions
Individualised and continuous
Alone are not enough to reduce
effectiveness of workplace
work-related stress effects than any
other type of intervention. (Richardson and
Rothstein, 2008)

SOLUTIONS



TOP 3 ACTIONS THAT EMPLOYERS ARE ARE PLANNING OR CONSIDERING IN THE NEXT 3 YEARS:

**1. HAVE A COMPANYWIDE EMOTIONAL HEALTH
STRATEGY/ACTION PLAN.**

**2. OFFER TRAINING & COACHING TO MANAGERS
SPECIFICALLY TO IDENTIFY EMOTIONAL HEALTH
ISSUES.**

3. MEASURE STRESS AND LEADING CAUSES.

Willis Towers Watson, 2018

SOLUTIONS

**EAP
PROGRAMS**



**AWARENESS &
EARLY SCREENING**



**RESILIENCE TRAINING
PROGRAMS**



• **MINDFULNESS**

**DIGITAL
MENTAL HEALTH**



• **CBT**



EAP PROGRAMS

49% OF DEPRESSED OR ANXIOUS INDIVIDUALS HAVE NOT SOUGHT MEDICAL CARE

EVEN THOUGH 77% OF EMPLOYERS PROVIDE EAPs TO THEIR EMPLOYEES IN 2017, PARTICIPATION IS VERY LOW
- **BIGGEST BARRIERS: STIGMA AND TIME**

(heart and stroke foundation)

Research suggests that each dollar invested in wellness-based EAP generates a \$7 savings in healthcare-related costs

(University of Louisville, 2017)



AWARENESS & SCREENING

“Best outcomes for depression lie in early diagnosis followed by rapid implementations of optimal, individualized treatment.”

(Conference Board of Canada)

• MANAGERIAL
• SCREENING TOOLS
• LEADERSHIP TRAINING

THE MENTAL HEALTH CONTINUUM MODEL



CATEGORIZES MENTAL HEALTH ON A CONTINUUM WITH INDICATORS OF DECLINING MENTAL HEALTH, BUT LACKS DIAGNOSTIC LABELS



RESILIENCE TRAINING

Resilience training approaches seek to enhance employee resilience by developing **personal assets** improving their ability to cope with, and recover from, work demands and stressors.

- A REVIEW OF WORKPLACE RESILIENCE TRAINING PROGRAMS FROM 2003 TO 2014 FOUND THAT 78% OF EMPLOYEES WHO PARTICIPATED IN RESILIENCE PROGRAMS REPORTED IMPROVED WELLBEING AND MENTAL HEALTH AS HAVING VALUE IN EMPLOYEES, AND IMPROVED PERFORMANCE OVERALL

(ROBERTSON ET AL., 2015)



RESILIENCE TRAINING TOPICS

Resilience training in the workplace may focus on content areas such as:



**Overcoming
Interpersonal
Challenges**



**Managing
Emotions**



**Coping With
Work-Related
Stress**



**Dealing With
Difficult
People**



**Improving
Communication
Skills**



**Taking On
New Challenges
Successfully**



**Guarding
Against Burnout
and Overload**



**Remaining
Calm Under
Pressure**



**Improving
Sleep
Habits**



**Improving
Physical
Health**

MINDFULNESS TRAINING

MINDFULNESS: Intention to have deep awareness of the present moment in an open and curious way.

- Research shows that mindfulness has a number of physical and psychological benefits.
- Mindfulness acts as a stress buffer as more interoceptive awareness and emotion regulation results in less distress/ anxiety and improved mental health. (Chu, 2012; Adele et al., 2016)



MINDFULNESS AT WORK



**REDUCE STRESS
& ANXIETY**

(Fennell, 2016; Kim, 2013)



**IMPROVED
SLEEP**

(Carlson, 2005; Ong, 2014)



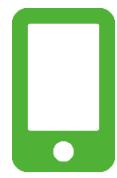
**IMPROVED FOCUS
& ATTENTION**

(Hyland 2015; Zeiden, 2010)



**PERFORMANCE &
RELATIONSHIPS**

(Hyland, 2015 Glomb, 2012;)



DIGITAL MENTAL HEALTH

A close-up photograph of a person's hands holding a black smartphone, with the screen lit up. The image is partially obscured by a diagonal black line and several colorful triangles (blue, green, purple, grey) that point towards the right.

HIGH TECH HIGH TOUCH

Meta analysis of all peer reviewed, RCT studies showed a significant positive effect on measures of depression, anxiety or stress **post-intervention** compared to control and at follow up. (Stratton et al, 2017)

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THE DOWNLOAD FOR YOUR WORKPLACE

- EMPLOYERS NEED A MENTAL HEALTH STRATEGY



- MENTAL HEALTH SOLUTIONS MUST BE EVIDENCE-BASED & ENGAGING

- APPROACHES NEED TO ADDRESS DIFFERENT LEVELS OF INTERVENTION



COPEMAN
HEALTHCARE CENTRE

Thank you

Dr. Karen MacNeill, Ph.D, R.Psyc.

www.copemanhealthcare.com

@drkmacneill, @copemanclinic

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