MANAGING MENTAL HEALTH

Although mental health disability claims are on the rise, many employers are without the programs to help employees reduce time away from work and reenter the workforce. But with certain policies in place, organizations are lowering the costs associated with both short and long-term disability as well as preventing relapses.

Taking time off from work due to injury or illness can be a trying experience and mental health disability often presents an additional set of challenges. Unfortunately, this type of leave is not an uncommon or unfamiliar experience for many Canadians. Citing a report released by the Government of Canada, Sarika Gundu, national director of Workplace Mental Health Program for the Canadian Mental Health Association, asserts that 30 per cent of disability claims and 70 per cent of disability costs among Canadian businesses stem from mental health-re-
lated afflictions. Thus, it’s imperative that organizations put practices into place to manage disability claims and facilitate a quick return to work.

One of the best places to start is ensuring that employees receive a proper medical diagnosis.

Liz Scott, CEO and owner of disability management firm Organizational Solutions, oversees a staff of 120 health care professionals who monitor short and long-term disability claims and help clients restore their health and resume work.

“We find that one of the complexities in managing mental health claims is if an individual doesn’t get into appropriate treatment and care, they may not have been diagnosed correctly,” says Scott. She points to depression and post-traumatic stress disorder as examples of ailments with key similarities in symptoms but which require very different courses of treatment.

In addition to an accurate assessment of mental illness, continues Scott, it’s important to ensure that the employee complies with the treatment. She says that patients sometimes enter into the mindset of “I’m feeling better so I can go off my medication,” but proper followthrough is necessary to avoid setbacks and relapses, as well as minimize future costs. She notes that she has seen cases where a mental health claim turned into a long-term disability, accumulating $250,000 in reserves on file.

**TRIUMPHANT TRANSITIONING**

Dr. Ellen MacEachen has been studying disability management and return-to-work (RTW) issues for years as a senior scientist for the Institute for Work and Health and as co-director of the Centre for Research on Work Disability Policy. She maintains a well-executed reintegration program is paramount, sending “a message to everyone at the workplace, not just the returning worker.”

As a starting point, she emphasizes that clear and open communication is necessary for any RTW to be successful.

“For instance, you might have a worker negotiating RTW with their HR department, and they’ll say, ‘you’re going to do this when you get back and this is your modified task,’ but within the workplace, they may not actually explain those new work conditions clearly to the supervisor who’s supervising the worker. Then the worker may have a really nice program developed with HR, but in practice, go back to something that is not accommodated at all, and the supervisor’s heart really isn’t into helping the worker because they don’t understand the problem or situation.”

Mary Ann Baynton, the program director for the Great-West Life Centre for Mental Health in the Workplace, also makes clear the value of communication.

“With the best of intentions, employers may avoid having the conversation directly with the employee and instead ask others in disability management or vocational rehab or human resources to come up with a plan for the employee,” Baynton says. “But by engaging the employee, we can deal with both past and potential issues in a way that works for them because every employee is going to be different. We’re not asking them what work they want to do, we’re asking them how we can support them to do the work they’re hired for.”

Baynton notes that it’s also important to ask the employee how they’d prefer to re-enter the workforce, either by meeting with the entire team, consulting with each member one-on-one, or let it
SPECIAL REPORT / MENTAL HEALTH

BEST PRACTICES FOR ENTERING INTO A SERVICE AGREEMENT

There is little doubt that the landscape for health and wellness providers is quickly changing. Demand for their services is growing as employers want to offer leading edge wellness benefits. The result is a dynamic business climate with challenges and opportunities which can be intimidating to some.

So where do you begin?
Start by checking the provider's references. Pick two or three of their customers. You want to know if the service provider did what they were supposed to do; the impact and outcomes; satisfaction levels; and ways to improve the service.

Next is the service agreement—your best safeguard to ensure a good working relationship. Using a service agreement ensures you and the service provider are on the same page before any work has even begun. It essentially puts into clear, written language what you expect from the provider and what they should expect from you.

You may include as many business terms as you like. We recommend the following key terms:

1. A full description and cost of each service, including who is covered (i.e. employee, immediate family, others);
2. Roles and responsibilities of each party;
3. Service metrics;
4. Expected impact and outcomes;
5. Frequency of reporting (include sample reports in an appendix);
6. Initial contract term (including what happens, and when, at the time the contract is to renew);
7. PIPEDA compliance.

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happen organically. What's important, though, is to make sure the employee returns to an environment conducive to success?

She advises human resource managers, “One of the best approaches is to speak privately with each coworker, not to have a session about the person who isn’t their, but rather to ask what it is that you need to work professionally with that returning employee.”

Gundu recommends working with the employee on a solution as well.

“Helpful questions can sound like this: ‘Help me understand your condition?’ and ‘What is the impact of your condition on your work?’” Gundu says. She mentions that options for accommodation include flexible work hours, adjustable workloads, working from home, or job sharing options, but notes that many mental health conditions are episodic in nature.

“The main thing for employers to understand is that if they offer accommodation, it might need to change over time.”

Baynton also notes that it’s critical to keep focused on job duties and work responsibilities in order to avoid potentially touchy situations.

“This becomes a grey area and employers can get into hot water by focusing on the health, which could be construed as discriminatory,” Baynton says. “My advice to employers is to focus on the work.”

“Ask: ‘What gives you energy? What do you think you’ll be successful at?’ then add other tasks over time. This approach will not only help your team to avoid crossing boundaries or breaching confidentialities, but it also keeps our intention on what the workplace is responsible for — which is supporting someone to work in a healthy environment.”

Baynton recommends regular check-ins to ensure an employee is meeting pre-arranged benchmarks that were established and discussed with an employee.

“Now the thing I say about the review is in order to manage this for everyone — for the manager, for the employee — we want reviews to be 10 minutes, just a very short check-in on how things are working: Is everything in order? If you need to talk about another issue, you make another appointment because we don’t want this to become a therapy session where we’re talking about everything on a regular basis,” Baynton says.