A Comprehensive Framework for Workplace Mental Health & Addiction: Practical & Research Implications

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BACKGROUND

PURPOSE: To develop a comprehensive framework - across level of prevention and by stakeholder group - for conceptualizing workplace mental health and addiction issues, for the purpose of guiding research and practice initiatives.

IMPORTANCE OF THE PROBLEM: A review of the literature was conducted to identify existing research and/or applied frameworks in the area of workplace mental health and addiction. A comprehensive framework was not identified in the existing empirical or gray literature. The dearth of an existing framework is notable, as a comprehensive framework can be of tremendous value in guiding both research and practice initiatives in an integrated fashion.

DESCRIPTION OF THE INITIATIVE: A literature review identified the following characteristics of a comprehensive research/applied framework for mental health and addiction issues in the workplace: (1) includes all 3 levels of prevention (primary, secondary, tertiary); (2) has a broad focus on the management of interrelationships between individual and organizational health (rather than a micro-focus exclusively on individual mental health issues); and (3) links primary, secondary and tertiary intervention strategies in a comprehensive fashion.

KEY FINDINGS: A comprehensive framework was developed based upon a review of the literature. The framework identifies and incorporates areas of research and practice in workplace mental health and addiction across *levels of prevention* (primary, secondary, tertiary) and *stakeholder group* (employee, employer, business community, benefits providers, primary care, mental health, and community agency). Levels of prevention were further subdivided into the following categories: Health Promotion; Early Identification & Intervention; Intervention; Disability Management/Return to Work; and Sustained Work Return. Within each of the grids of the framework, potential and existing areas of research and practice initiatives were identified (e.g., *workplace mental health literacy* was identified as a *Primary Prevention [Health Promotion]* activity, within the primary mandate of *community agencies*). Each of the areas within the framework were categorized as being (a) an area in which there was substantial existing/ongoing research and applied activities; (b) an area of emerging research/practice; or (c) an area in which there were marked gaps in research/practice. Other identified matrix variables included diagnostic category, employment sector, and occupational category.

NEXT STEPS: (1) Continue to populate and revise the framework, with input from key researchers and stakeholders; (2) Create an appendix of terms to accompany the framework.

PRIMARY PREVENTION

I. Health Promotion

EMPLOYEE			EMPLOYER			BUSINESS COMMUNITY	BENEFITS	PRIMARY CARE	MENTAL HEALTH	COMMUNITY AGENCY
Employee	*Coworker*	*Union*	*Manager/ Supervisor*	*Human Resources*	*Occupational Health*		*Ext Health, EAP, disability*	*GP*	*Psychiatrist, psychologist*	
Workshops, lunch series/seminars (stress, coping, resiliency building, conflict resolution, harassment, bullying, stress inoculation training for high risk occupations; peer supervision / support; workplace mental health awareness) **Written / self-care materials** (stress, coping, resiliency building) Impact of general **physical health promotion on mental health** **Web-based programs** to enhance resiliency, coping and awareness	**Workshops, lunch series/seminars** (stress, coping, resiliency building, conflict resolution, harassment, bullying, peer supervision / support; workplace mental health awareness) Promotional literature to increase awareness & reduce stigma	Organizational policies / culture (substance use, harassment, bullying, workplace mental health) Collaboration with employees in determination of work demands, pace, flexible hours, skill development Collaboration in **position design** (work roles, job expectations, responsibilities) **Negotiation of Contract Provisions that support Mental Health**	**Organizational policies / culture** (substance use, harassment, bullying, mental health, RTW, accommodation) **Training** on organizational culture, performance management, management style, respectful workplace, supportive leadership, conflict resolution, harassment, team building, bullying, creating a psychologically healthy workplace	**Organizational policies / culture** (substance use, harassment, bullying, mental health, psychologically healthy env't) Development & dissemination of **evidence-based guidelines & best practices** (organizational environment) **Selection processes** (employee & workplace fit); orientation for new employees, skill set ax Maintenance of indicator database (absence, benefits use, job satisfaction, risk factors) **Wellness Incentives** **Position design** (job roles, responsibilities, risk factors) Continuing education/skills upgrade	**Development & promotion of workshops, lunch series/seminars** **Epidemiology** of mental health diagnoses in the workplace **Assessing organizational and individual mental health** **Occupational risk factors** for mental health & addiction problems	Awareness of the burden of mental illness to the workforce **(direct & indirect costs)** **Economics of** mental health-related disability and impairment **Organizational support** (financial support and implementation of policies) **Transfer of knowledge between researchers & workplaces** (e.g., BC Economic Roundtable on Mental Health/Scientific Committee; Provincial Health Services Authority)	Funding for **health promotion activities** (e.g., physical and mental health wellness initiatives, employee skill development) **Training insurers,** case managers (signs & symptoms; questions to ask) Benefits Design & database development	**Guidelines** on managing workplace mental health issues	**Consultation** with other stakeholders re: promotion of mental health & addiction in workplace	**Public (mental) health promotion** **Mental health literacy**

SECONDARY PREVENTION

II. Early Identification & Intervention

EMPLOYEE			EMPLOYER			BUSINESS COMMUNITY	BENEFITS	PRIMARY CARE	MENTAL HEALTH	COMMUNITY AGENCY
Employee	*Coworker*	*Union*	*Manager/ Supervisor*	*Human Resources*	*Occupational Health*		*Ext Health, EAP, disability*	*GP*	*Psychiatrist, psychologist*	
Screening (depression; anxiety; addiction) **Self-care programs (on-line, workshops)** **Written / self-care materials (depression, stress, coping, addiction, resiliency)**	**Coworker or peer support**	**Organizational policies,** including organizational culture and privacy **Partnership in psychological health and safety programs** **Training of union personnel in mental health and addiction awareness & coaching** Provisions for informal and formal **accommodation**	**Organizational policies, including culture & privacy** **Training** to recognize signs & symptoms; engaged performance management, appropriate intervention / referral Job redesign or accommodation to maintain functioning & reduce presenteeism	**Organizational policies, including culture & privacy** **Support of Managers in Performance Management** (of employee and employee, use of vacation time, job satisfaction) Provisions for **accommodation** Development & dissemination of **evidence-based guidelines & best practices** regarding early identification & intervention Psychological Capacity Evaluations	**Screening** (depression; anxiety; addiction; stress; psychosocial risks) Identification and supports for at-risk workers or situations	**Organizational support** (financial support; support for policies) **Transfer of knowledge between researchers & workplaces** (e.g., BC Economic Roundtable on Mental Health/Scientific Committee; Provincial Health Services Authority)	**Support** for early intervention (EAP, counseling) **Training insurers,** case managers (signs & symptoms; questions to ask) Program Evaluation (absence management, early intervention)	**Early intervention / Access to evidence-based treatment / care** **Integrated Care Models** **Increased awareness on organizational/community mental health resources** **Education on Workplace Issues & Options** **Training on Psychological Capacity Evaluations**	

TERTIARY PREVENTION

III. Intervention

EMPLOYEE			EMPLOYER			BUSINESS	BENEFITS	PRIMARY CARE	MENTAL HEALTH	COMMUNITY AGENCY
Employee	*Coworker*	*Union*	*Manager/ Supervisor*	*Human Resources*	*Occupational Health*		*Ext Health, EAP, disability*	*GP*	*Psychiatrist, psychologist*	
Self-care tools	**Coworker / peer support**	Provisions for **accommodation**	**Training** to support function: awareness of needs for informal vs. formal accommodation, if required	**Regular performance management** (of employer and employee, use of vacation time, job satisfaction)	Provision of **timely treatment**	**Organizational support** (via policies & financial support) **Transfer of knowledge between researchers & workplaces**	**Access to care** **Evaluation and best practice standards for EAP providers** **Training insurers,** case managers (signs & symptoms; questions to ask)	**Access to evidence-based assessment / treatment / care** **Integrated care models** **Education** re: managing workplace MH & A issues (diagnosis vs. impairment) Training on Psychological Capacity Evaluations		

IV. Disability Management / Return to Work

EMPLOYEE			EMPLOYER			BUSINESS	BENEFITS	PRIMARY CARE	MENTAL HEALTH	COMMUNITY AGENCY
Employee	*Coworker*	*Union*	*Manager/ Supervisor*	*Human Resources*	*Occupational Health*		*Ext Health, EAP, disability*	*GP*	*Psychiatrist, psychologist*	
Self-care / relapse prevention	**Coworker / peer support** Maintenance of appropriate contact with off-work colleagues	**Peer support** (coaching to facilitate successful and sustained work return) **RTW policies** **Ongoing Support for off-work employees**	**Regular evaluation & monitoring** (performance, satisfaction) Provision of appropriate accommodation Participation in RTW planning	**Participation in RTW planning, regular evaluation & monitoring (job redesign, graduated return, position options)**	**Development of disability / RTW process**	**Organizational support** (via policies & financial)	**Treatment support** during RTW & **communication with primary health care provider**	**Access to Evidence-based Treatment** **RTW guidelines** Integrated Care Models / **Communication** with stakeholders Evidence-based **disability duration guidelines** Education regarding appropriate work return **accommodation** (communication with employers, insurers, employees)		

IV. Sustained Work Return

EMPLOYEE			EMPLOYER			BUSINESS	BENEFITS	PRIMARY CARE	MENTAL HEALTH	COMMUNITY AGENCY
Employee	*Coworker*	*Union*	*Manager/ Supervisor*	*Human Resources*	*Occupational Health*		*Ext Health, EAP, disability*	*GP*	*Psychiatrist, psychologist*	
Self-care / relapse prevention	**Coworker / peer support**	**Peer support** **RTW policies**	**RTW support, evaluation & monitoring** (performance, satisfaction); recognition of possible relapse	**Regular evaluation & monitoring** upon RTW	**Managing RTW process**	**Organizational support** (via policies & financial)	**Treatment support** during RTW & **communication with primary health care provider**	**RTW guidelines** **Integrated Care / Communication** with other stakeholders Education & support on prevention of Return to Disability (RTD) **Supported employment** (severe mental illness)		

OTHER MATRIX VARIABLES

Diagnostic Category

Major Depressive Disorder	Mild Depression / Dysthymia	Alcohol Use & Dependence	Other Substance Use & Dependence	Anxiety Disorders	Bipolar Mood Disorder	Psychotic Disorders	Chronic Pain / Fatigue / Fibromyalgia	Co-morbid Physical & Mental Health Diagnoses	

Employment Sector - General

Public Sector	Private Sector	Non-Union Employment Sector	Non-Insured Employees	Small Businesses	Non-Traditional Workers (e.g., contract workers, self-employed)	Remote Workplaces / Communities			

Occupational Category

Health Care Workers	Non-Health Care Professionals	Managers / Supervisors	Unskilled Labor						

Other Variables

Sex Differences	Pregnancy & Mental Health								

Existing/ongoing research activities
Emerging areas of research/practice
Marked gaps in research

FURTHER INFORMATION ABOUT THIS AND OTHER WORKPLACE MENTAL HEALTH & ADDICTION PROJECTS & ACTIVITIES CAN BE FOUND AT:
www.carmha.ca *or*
www.bcmhas.ca
OR BY CONTACTING DR. JOTI SAMRA (jsamra@sfu.ca / 604.291.5263).

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This framework was developed with valuable input from members of the BC Workplace Mental Health and Addiction Scientific Committee. The BC Workplace Mental Health and Addiction Scientific Committee was formed in October 2005, and represents a collaboration of researchers/scientists (both in BC and other provinces) with expertise in the area of workplace mental health and addiction. The purpose of the Committee is to coordinate and provide advice on the development, dissemination and exchange of workplace mental health and addiction research in British Columbia. This occurs in partnership with the British Columbia Business and Economic Roundtable on Mental Health, and other key stakeholders in BC, other provinces, and at the national and international level.

The Committee is co-chaired by Dr. Elliot Goldner, Professor, Centre for Applied Research in Mental Health and Addiction (CARMHA) at the Faculty of Health Sciences, Simon Fraser University, and Mr. Peter Coleridge, Senior Advisor, BC Mental Health & Addiction Services, Provincial Health Services Authority, British Columbia and Special Advisor, Mental Health Promotion, Global Business & Economic Roundtable on Addiction and Mental Health. The BC Mental Health & Addiction Services (www.bcmhas.ca) serves as the primary host organization for the Committee.

The purpose of the Committee is to coordinate and provide advice on the development, dissemination and exchange of workplace mental health and addiction research in British Columbia, in partnership with the British Columbia Business and Economic Roundtable on Mental Health, and other key stakeholders in BC, other provinces, and at the national and international level.

The *Terms of Reference* of the Committee are:

- To develop a comprehensive research framework (i.e. health promotion, prevention, early intervention, and disability management and return to work) for workplace mental health and addiction to guide research opportunities/efforts in British Columbia, and in collaboration with other provinces, and at the national and international level.
- To identify workplace mental health and addiction research priorities within the public and private sectors in British Columbia.
- To identify research collaboration and funding opportunities in relation to the comprehensive research framework and identified priorities.
- To advise on the implementation and evaluation of workplace mental health programs.
- To advise on the transfer of existing and emerging knowledge and the development of practical interventions, policies and tools based on research findings, to ensure adoption/use by relevant stakeholders.
- To liaise with public and private sector employers, BC Federation of Labor, insurers, EAP providers, relevant government ministries, and other key stakeholders.
- To liaise with the Global Economic Roundtable on Mental Health and Addiction Scientific Committee, and with other national and international research bodies