


## Promoting Mental Health/Preventing and Managing Depression and Addiction in the Workplace

Provincial Health Services Authority Plan

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May 18, 2007

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### Overview

- Background
- Need
- Plan Highlights
- Internal Activities
- Partnership Opportunities
- Results



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### Background

- June 2004 - BC Auditor General's Report  
- PHSA Executive Subcommittee on Workplace Mental Health
- June 2005 - Comprehensive PHSA Workplace Mental Health & Addiction Strategy
- 2005–2006 - Implementation Planning
- 2007 - Early Stages of implementing  
3 to 5 Year Strategy  
- Communications roll out

➤ Partnerships



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## Need

- Canada – estimated cost of mental illness in the workplace is over \$20 billion
- BC – mental illness accounts for 13% of long-term benefit claims for health care workers
  - approximately 5% of employees are working with depression (Harvard University study)
  - impacts on quality of care and patient safety
- Employees are becoming more aware of their rights regarding mental health problems



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## Need (cont'd)


- Supports Recruitment and Retention
  - increasing number of retirements and shrinking pool of "new" workers (particularly highly skilled knowledge workers)
  - employer of choice for future reduced workforce includes:
    - culture of performance, output, and work and family balance set by organization leadership
    - supportive manager (two-way communication, positive feedback, respect, consistency, coaching, output and not hours worked)



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## Plan Highlights


- Based on "Best" or "Promising" practice
- Demonstrated Executive commitment
- Complements PHSA Healthy Workplace and Recruitment/Retention Strategies
- Informed by *Depression and Work Function: Bridging the Gap Between Mental Health Care and the Workplace*, 2004.



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### Plan Highlights (cont'd)

- Internal Activities – Organizational Culture and Primary, Secondary, Tertiary Prevention
- External Partnerships – Intervention Development, Research and Knowledge Exchange
- Staged implementation of eleven internal activities based on established criteria



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### Internal Activities

#### Implementation Criteria

- Availability of "Best" or Promising" practices for implementation
- Alignment with PHSA and agency priorities, and needs (e.g. risk assessment based on LTD data analysis)
- Potential partnerships to support internal implementation
- Resources and capacity to respond



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### Internal Activities

#### Short Term (April 06 – ongoing)

- 1) Create and distribute organizational health profile (Organizational Environment/Culture)
  - Implement Employee Health Survey in PHSA agencies/departments
- 2) Develop tracking system for program evaluation (Organizational Environment/Culture)
  - Utilize Employee Health Survey to collect leading (e.g. psychological work environment health risks, personal health risk behaviours – alcohol/drug use, exercise, stress) and intermediate indicators (e.g. self reports of impact on absenteeism and presenteeism) as the basis for planning and evaluation
  - Develop further indicators for baseline, monitoring and evaluation



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<p style="text-align: center;"><b>Internal Activities</b></p> <p><b>Short Term (April 06 – ongoing)</b></p> <p>3) Promote mental health (Primary Prevention)</p> <ul style="list-style-type: none"> <li>➢ Implement internal communications plan across PHSAs (including highlights from Employee Health Survey) and follow-up with materials, tools, education sessions, etc.</li> <li>➢ Evaluate</li> </ul> <p>4) Implement Resiliency Training Workshops (Primary Prevention)</p> <ul style="list-style-type: none"> <li>➢ Pilot and evaluate workshops for PHSAs Directors/Managers within a comprehensive healthy workplace strategy</li> </ul>	 <p style="font-size: 8px;">Provincial Health Services Authority Promoting mental health solutions. Better health.</p>
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<p style="text-align: center;"><b>Internal Activities</b></p> <p><b>Short Term (April 06 – ongoing)</b></p> <p>5) Implement people-centred human resource policies and procedures (Primary Prevention)</p> <ul style="list-style-type: none"> <li>➢ Establish Workplace Mental Health Working Group, followed by employee action groups, to provide input on specific policies identified by the Working Group and Executive Subcommittee</li> <li>➢ Request Workplace Mental Health Working Group to develop strategy values, goals, principles and objectives for Executive Subcommittee and Executive Leaders Council approval</li> </ul>	 <p style="font-size: 8px;">Provincial Health Services Authority Promoting mental health solutions. Better health.</p>
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<p style="text-align: center;"><b>Internal Activities</b></p> <p><b>Short Term (April 06 – ongoing)</b></p> <p>6) Distribute depression self care material (Secondary Prevention)</p> <ul style="list-style-type: none"> <li>➢ Distribute and evaluate workplace self care manual being developed by BCMHAS to provide effective intervention to employees suffering from depressive symptoms or mild disorder, and prevent onset of major depression</li> </ul> <p>7) Provide early case management to prevent disability onset (Tertiary Prevention)</p> <ul style="list-style-type: none"> <li>➢ Pilot and evaluate early intervention program (e.g. Healthcare Benefit Trust) for personnel with mild disorder</li> </ul>	 <p style="font-size: 8px;">Provincial Health Services Authority Promoting mental health solutions. Better health.</p>
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### Internal Activities



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**Longer Term (07/08 – ongoing)**

- 1) Implement depression screening for high risk cases (Secondary Prevention)
- 2) Implement periodic health monitoring for high risk occupational groups (Secondary Prevention)
- 3) Institute return to work processes for disability (Tertiary Prevention)
- 4) Implement relapse prevention strategies (Tertiary Prevention)

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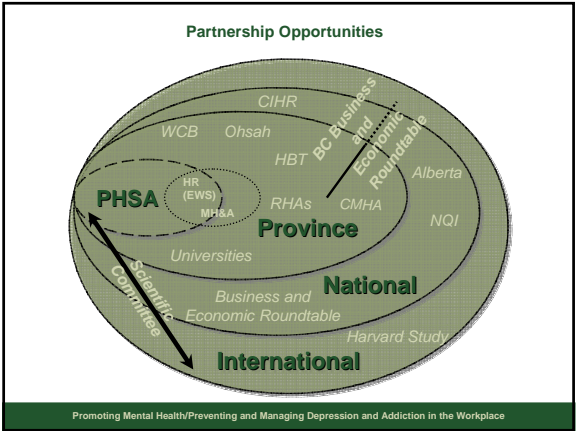
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### Results



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- Improved PHS employee health
- Improved quality of care and patient safety
- Improved PHS recruitment and retention
- Increased research and knowledge exchange opportunities with health authorities and other stakeholders
- Improved employee health and quality of care across the system

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