



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

Provincial Health Services Authority Plan

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*Province-wide solutions.
Better health.*

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Overview

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

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

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

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)

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.

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



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

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



Internal Activities

Short Term (April 06 – ongoing)

3) Promote mental health (Primary Prevention)

- Implement internal communications plan across PHSA (including highlights from Employee Health Survey) and follow-up with materials, tools, education sessions, etc.
- Evaluate

4) Implement Resiliency Training Workshops (Primary Prevention)

- Pilot and evaluate workshops for PHSA Directors/Managers within a comprehensive healthy workplace strategy



Internal Activities

Short Term (April 06 – ongoing)

- 5) Implement people-centred human resource policies and procedures (Primary Prevention)
 - 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
 - Request Workplace Mental Health Working Group to develop strategy values, goals, principles and objectives for Executive Subcommittee and Executive Leaders Council approval

Internal Activities

Short Term (April 06 – ongoing)

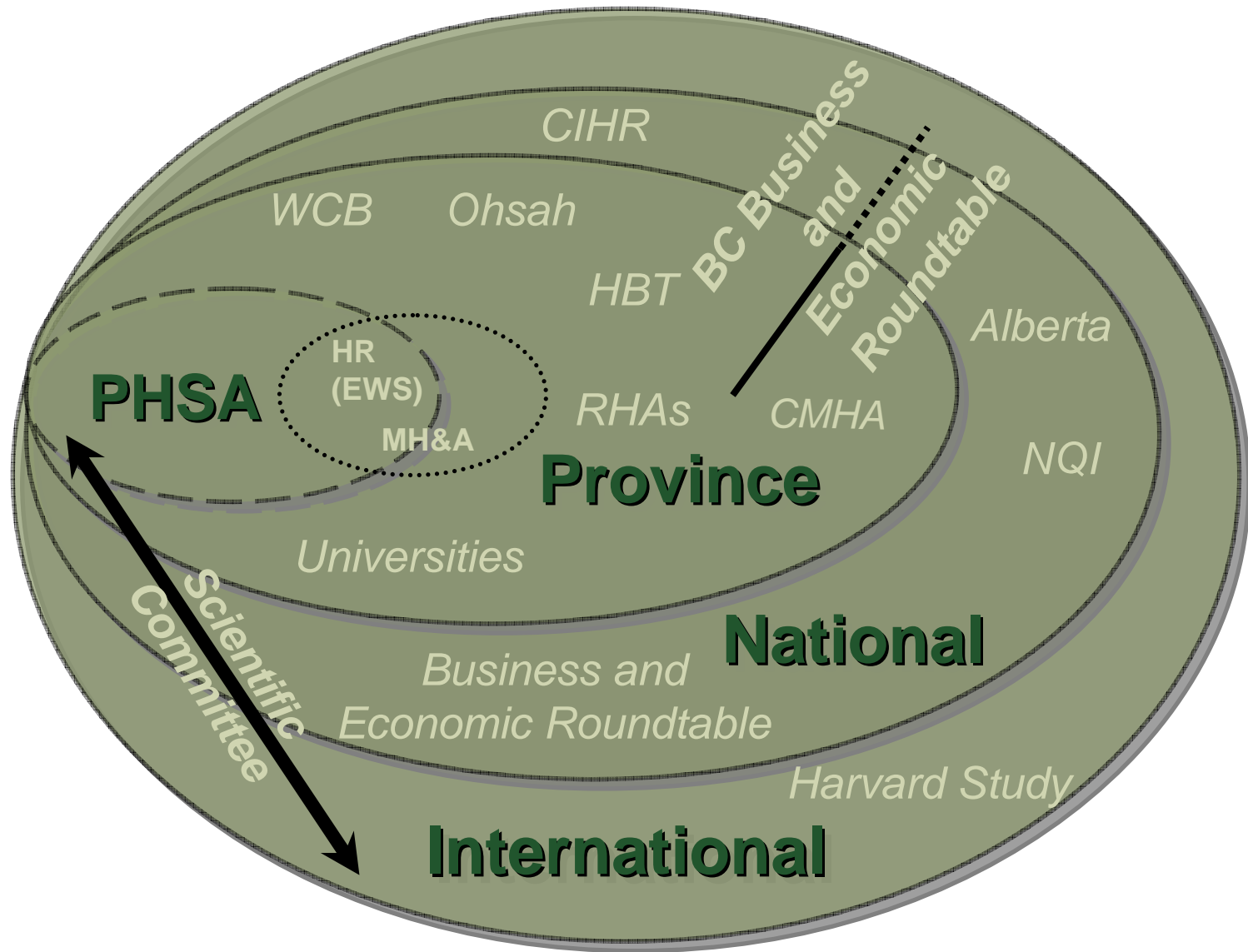
- 6) Distribute depression self care material (Secondary Prevention)
 - Distribute and evaluate workplace self care manual being developed by BCMHAS to provide effective intervention to employees suffering from depressive symptoms or mild disorder, and prevent onset of major depression
- 7) Provide early case management to prevent disability onset (Tertiary Prevention)
 - Pilot and evaluate early intervention program (e.g. Healthcare Benefit Trust) for personnel with mild disorder

Internal Activities

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)

Partnership Opportunities



Results

- Improved PHSA employee health
- Improved quality of care and patient safety
- Improved PHSA 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