

A Comprehensive Framework for Workplace Mental Health & Addiction

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BC Workplace Mental Health & Addiction Scientific Committee

- Formed in October 2005
- **Co-chairs:** Mr. Peter Coleridge & Dr. Elliot Goldner, CARMHA
- Represents a collaboration of researchers/scientists (both in BC and other provinces) with expertise in the area of workplace mental health and addiction.
- Purpose of the Committee: 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.



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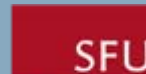
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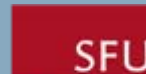
Goals

- Develop a preliminary framework for mental health and addiction, to guide research & practice initiatives
- Conduct a survey of the literature
 - identify areas of gaps & emerging areas
- Identify ongoing research activities in BC
- Identify key research questions, based upon review of literature & input from stakeholders



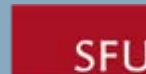
Importance

- 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.



Features of Comprehensive Framework

- Include all 3 levels of prevention
 - Primary (promotion)
 - Secondary (early detection/treatment)
 - Tertiary (rehabilitation/treatment)
- Broad focus on management of interrelationships between individual & organizational health (vs. micro-focus on individual's mental health)
- Link primary, secondary & 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
 - Post-RTW / Relapse Prevention.

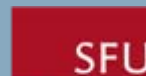
Within each of the grids of the framework, potential and existing areas of research and practice initiatives were identified (e.g., *workplace mental health literacy* was identified as a *Primary Prevention [Health Promotion]* activity, within the primary mandate of *community agencies*).



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.



Variations of framework by...

- Private vs. public sector
- Employment sector
 - e.g., existing research focused on health care workers
- Size of business
 - Small business vs. large corporation
- Insured vs. non-insured employees



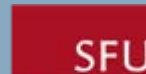
Research Gaps in Literature: General

- Methods to enhance transfer of knowledge between researchers & workplaces
 - e.g., Scientific Committee as a venue
 - Elucidating direct/indirect costs of mental health problems
 - Employment standards/provincial legislation
- Operationalization of measures
 - (a) Presenteeism
 - (b) Absenteeism
 - (c) Mental health/addiction: continuum (what are collecting in terms of prevalence rates; validity of existing prevalence rates)
 - (d) Organizational health
- Relationship between workplace variables & mental health diagnoses
- Relationship between occupational stress and mental health diagnoses
 - Mitigating effect of individual variables



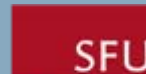
Research Gaps in Literature: Primary Prevention

- Efficacy of stress reduction/resiliency training (e.g., on reducing incidence of absence from work and mental health diagnosis)?
- What are the efficacious components of stress reduction/resiliency training programs (e.g., dismantling studies).
- What organizational factors (e.g., demand; support; control; interpersonal relationships; job norms) contribute to increased satisfaction with work.
- What is the role of expectations of work on job satisfaction and perceived stress?
- What are rates of knowledge acquisition and retention associated with stress training/resiliency factors.



Research Gaps in Literature: Secondary Prevention

- Rates of knowledge acquisition/retention for managers/supervisors on recognizing signs/symptoms.
- Effectiveness of training of supervisors/managers at detecting actual rates of mental health disorders and addictions issues?
- Rates of communication between EAP providers and other care providers (e.g., family physician; psychiatrist; other counselor).
- Validity of link between (poor) performance indicators and mental health diagnosis.



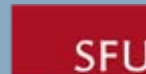
Research Gaps in Literature: Tertiary Prevention

- Development of consistent treatment standards, by diagnosis
- Evaluation of efficacy of different treatment modalities
- Efficacy of empirically supported treatments for mental health & addictions in increasing workplace function (in addition to providing symptomatic relief).
- Developing standards for 'accommodation' in the workplace for mental health problems.
- Development of evidence-based disability duration guidelines for mental health problems



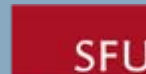
Data Sources

- HR Data
 - productivity measures (optimal performance vs. presenteeism)
 - recruitment data, training & development
- Self report measures
 - morale, engagement, job satisfaction
- Absenteeism data (sick time, other time off work)
- Benefits utilization data
 - Drug plans; EAP
- Grievances
- Worksafe data (injuries/safety)
- Rates of turnover
- Rates of termination
- Disability data (short-term; long-term; repeat claims)



Data Sources (cont'd)

- Data on current practices in addressing MH & A issues
 - Company practices & policies
 - Management training
- Workplace characteristics / risk factors
 - Specifics of occupational demands, work unit, site, conditions, # of employees
 - leadership styles/organizational policies
- EAP data



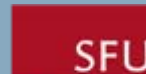
Gaps in Research/Practice

- Documenting burden of mental health & addictions in the workplace (direct & indirect costs)
 - presenteeism – what is being lost in terms of productivity/economic loss
 - Actual prevalence rates of mental health problems – e.g., what is the reliability of national surveys in terms of prevalence of mental health issues?
- Bulk of existing research in the area of depression; less research on:
 - mild depression/distress/dysphoria
 - addictions issues, and associated management strategies (e.g., early intervention to treat substance use/abuse)
 - anxiety disorders
 - comorbidity – mental and physical disorders/injuries



Gaps in Research/Practice (cont'd)

- Research on risk factors for mental health & addictions that are workplace-specific
- Efficacy of organizational screening/intervention pre-depression to reduce severity and duration of depression and reduce likelihood of relapse
- Intervention research
- RTW supports and prevention of return to disability
- EAP standards on managing non-substance abuse issues



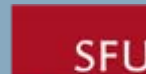
Gaps in Research/Practice (cont'd)

- Provision of timely & appropriate intervention
- Increased awareness and efforts to decrease stigma of mental illness/addictions
- Phased RTW & follow-up post-RTW



Emerging Areas

- Training of managers/supervisors
 - Increasing awareness
 - Differentiating performance issues from mental health problems
- Self-management strategies & dissemination of such
- Knowledge transfer & application
- Integrated chronic care model which is endorsed by the workplace
 - could be housed in insurance company as part of a benefit or that employer could do internally or done commercially
 - centrally driven by a ‘case manager’



Future Research

- Addictions – across the span of level of prevention
- Development and testing of employee resiliency training programs (prevention)
 - E.g., stress/depression resiliency
- Early intervention/intervention
- Implementation trials to test use/implementation/dissemination of self-care tools
 - e.g., self-care manual for depression; self-care manual for depression the workplace
- Skill building workshops/training modules for employers (e.g., managers)
 - Empirical testing of skill/knowledge acquisition



Future Research (cont'd)

- Occupational stressors/function across occupations & industries
- Consistent standards for training of EAP counselors
 - Identification of minimum competencies
 - Certification
- Training of GPs on workplace mental health issues
- Development of best practices in the area of mental health disability management
 - Training of disability managers
- Early intervention, e.g., STD, to enhance quality of care and reduce duration of STD and LTD rates



Next Steps

- Continue review of current/emerging literature
- Identify existing frameworks utilized in applied settings
- Obtain business input on research priorities & questions
- Identify sources of relevant research data, in both public & private sector
- Refine and prioritize a list of key research questions, with input from relevant stakeholders.

