


Depression in the Workplace:

From Research to Policy and Practice

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Healthcare Benefit Trust

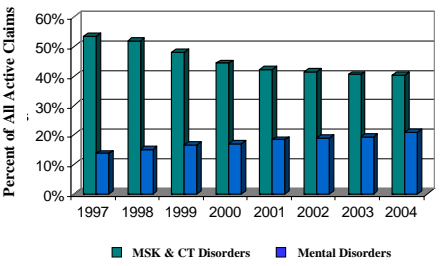
- ❑ Established as a not-for-profit health and welfare trust in 1979
- ❑ Provides group health and welfare benefits for healthcare and community social services
- ❑ Benefits include Group Life, Accidental Death and Dismemberment, Long Term Disability, Extended Health and Dental
- ❑ Provides an Early Intervention Service in accordance with collective agreements
- ❑ Over 600 member organizations in BC and Yukon
- ❑ Over 75,000 eligible employees

2



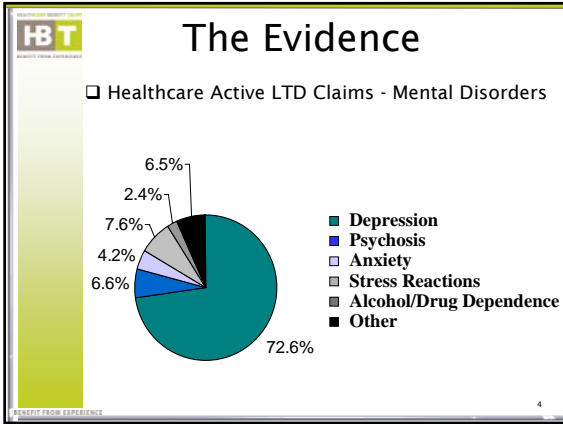
The Evidence

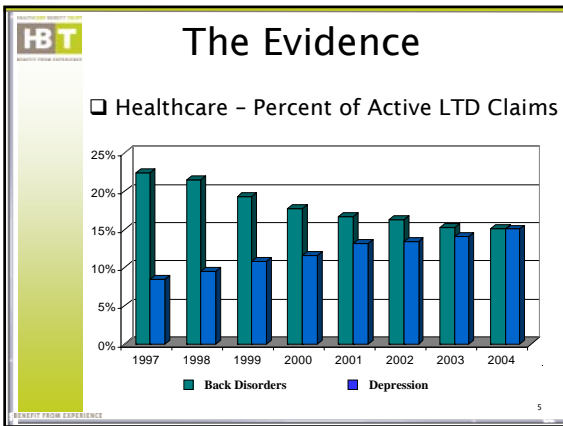
❑ Healthcare Active LTD Claims

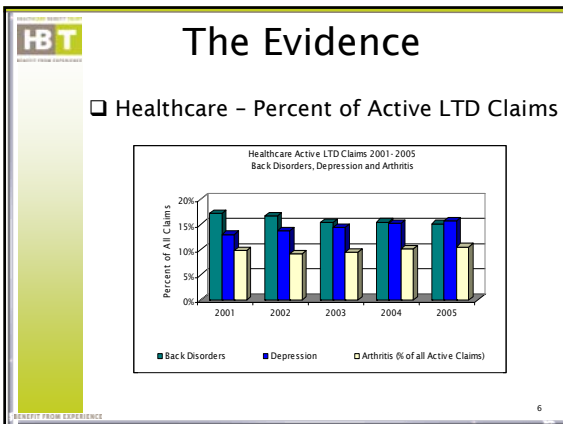


Year	MSK & CT Disorders (%)	Mental Disorders (%)
1997	55	15
1998	53	16
1999	49	18
2000	46	18
2001	44	19
2002	43	20
2003	42	20
2004	42	21

3





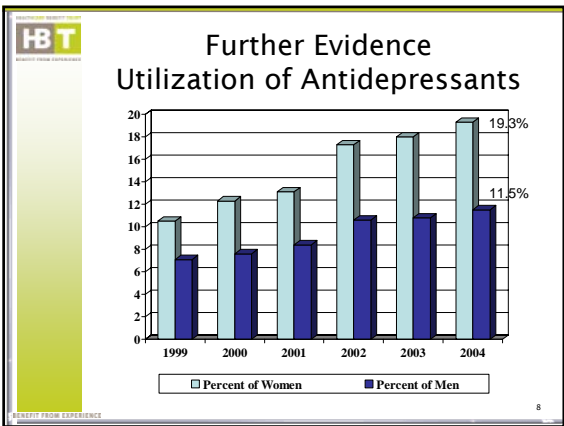


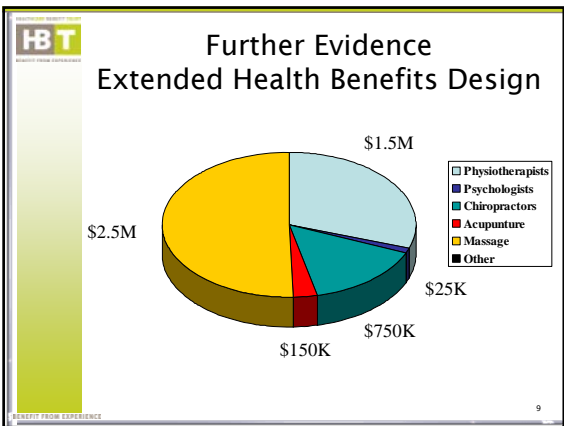
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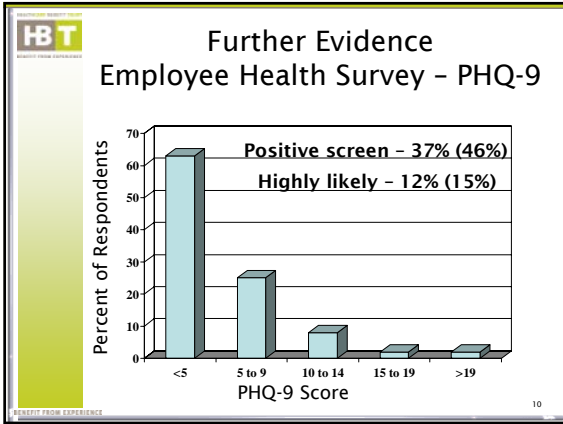
The Evidence A Catalyst for Action

- ❑ Depression in the Workplace Collaborative
- ❑ The "Blue Book" - <http://www.carmha.ca>
- ❑ Global Business and Economic Roundtable for Mental Health and Addictions
- ❑ BC Business and Economic Roundtable for Mental Health and Addiction
- ❑ Numerous conference presentations and workshops
- ❑ Consulting services
- ❑ Policy - MOH, Out of the Shadows
- ❑ ACOEM Depression in the Workplace Project
- ❑ Healthcare Leaders Discussion Paper
<http://www.hbt.bc.ca>

HEALTH FROM EXPERIENCE 7







- ### PHSA Executive Management Series
- Clinical course of depression
 - Occupational implications of depression
 - Business case for managing depression in the workplace - the health productivity framework
 - Comprehensive integrated intervention strategy
 - Management system approach for developing and executing strategy
 - Executive leadership

- ### PHSA Executive Management
- Recommendations:
- Establish a permanent Corporate Wellness Executive Sub Committee and Wellness Action Committees at all major functional units
 - Develop a corporate wellness policy that is consistent with organizational values and supportive of organizational goals
 - Articulate guiding principles and ensure that they are applied at all levels
 - Develop and implement a corporate strategy to manage depression in the workplace at PHSA
 - Develop 1 - 3 year Executive Plan
 - Develop a budget

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PHSA Executive Management

Recommendations:

- Create a supportive culture/environment
- Adopt a participative problem solving approach with union involvement in all action committees
- Conduct a formal current situation assessment as a basis for the development of Corporate and major functional unit health profiles
- Conduct evidence-based planning using information from current situation assessment
- Develop a formal communication strategy
- Apply quality management principles (measure, record, monitor, improve) and delineate roles, responsibilities and accountabilities to Executive

13

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PHSA - HBT Partnership

- Workplace health consulting
- Employee Health Survey
- Feeling Better Now™
- Early Intervention Program
- LTD, EHB

14

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HBT Employee Health Survey

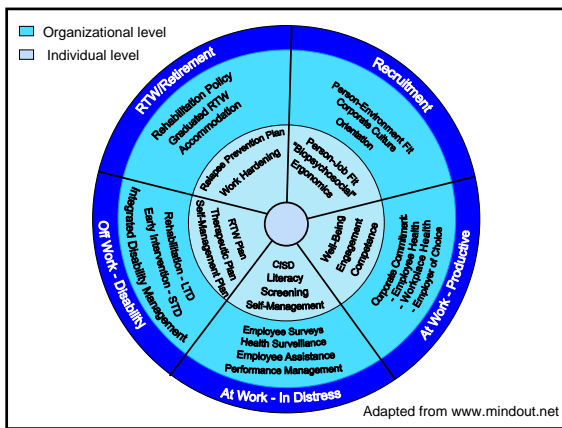
- Physical risk factors
- Psychosocial risk factors
- Personal health risk factors and readiness to change
- PHQ-9
- Stanford Presenteeism Scale-12
- Demographics


15

Integrated Workplace Depression Management

Prevention	Early Intervention	Disease/Disability Management
<ul style="list-style-type: none"> •Health risk management <ul style="list-style-type: none"> - employee/organization •Evidence-based program development/benefit design •Mental health promotion <ul style="list-style-type: none"> - Resiliency training - Time/stress management •Supportive HR policies <ul style="list-style-type: none"> - Conflict resolution - Work-life balance - Recognition/reward •Supportive leadership and management/supervision •Education and training •Healthy workplace strategy 	<ul style="list-style-type: none"> •Performance management •Medical surveillance •EAP depression screening, assessment, referral _tmt. •Self care program •Acute and chronic stress management •Early RTW program - Case management, practice guidelines, modified work •Enhanced access to MHPs Preferred provider network, shared-care or IME •Employee satisfaction surveys 	<ul style="list-style-type: none"> •Disability management - Case management, practice Guidelines, mental job analysis, functional capacity assessment, IME •Task/job modification •Vocational rehabilitation •Preferred provider network or shared-care to increase access to MHPs •Relapse (RTD) prevention •LTD depression screening •Program Evaluation (CQI) •Trend & economic analysis •Research

Source: Myette TL (2003)





Barriers to Putting Research into Practice

- Competing priorities
 - health of patients vs employees
 - health and productivity framework
- Lack of integration - HR and OHS
- Mental health literacy and stigma
- Traditional views - chronic diseases not work-related
- Insufficient employee health data
- Turnover of stakeholders
- Timeframes - operations vs research

18
