



Canadian Mental  
Health Association  
*Mental health for all*

Association canadienne  
pour la santé mentale  
*La santé mentale pour tous*

# Charity Village Webinar

## Mental Health in the Workplace: A focus on accommodation

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Presented by:

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Association BC Division





# Lucette Wesley

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Current Canadian Mental Health Association, BC Lymphedema Association, BC Collaborative for Disability Prevention

Previous Pacific Blue Cross, Great-West Life and Annuity Insurance Company, Great-West Life Assurance Company

Education Canadian Board Diversity Council 



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# About CMHA

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- One of Canada's oldest national charities, soon to be 100 yrs. old
- Our policies and programs anchored in evidence and informed by people's personal experience.
- We work towards mental health for all, including people with addictions.
- Over 120 branches throughout Canada; 14 in BC



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# Today we will:

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- Talk about mental health in a workplace context
- Discuss formal duty to accommodate practices and emerging requirements for workplaces
- Consider a more flexible approach to enable stay at work solutions
- Learn about best practices in this area related to mental illness and addiction
- Review low cost or free interventions and resources to facilitate sustainable return to work experiences



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# Mental Health in the Workplace: The Bigger Picture

# Mental Health in the Workplace

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- 30% of disability claims are due to mental health issues – but in 75% of claims, depression is the secondary diagnosis
- 44% of employees reported mental health issues
- 500,000 Canadians missed work today due to a mental illness
- \$51 Billion – Cost of mental illness to the Canadian economy
- The average company loses up to 12% of its payroll to employee disability through loss of productivity and sick leave
- Mental disorders account for 13% of the global burden of disease

Sources: GWL; Wilkerson B (2006). Conference Board of Canada 2011. Lim, K.L et al (2008). Ministry of Health Services and Ministry of Children and Family Development (2010). Heretohelp.ca

# Mental Illness at Work: The Numbers

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- Absenteeism
- Employee Assistance usage
- Disability costs
- Drug costs
- Presenteeism
- Legal fees

And in some provinces your workers compensation premiums are also affected by mental disorder compensation claims.

# Names for Mental Illnesses

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- Clinical Depression
- Panic/Anxiety Disorder
- Eating Disorders
- Bi-Polar/Manic-Depression
- Addictions
- Post-traumatic Stress Disorder
- Schizophrenia, etc.

For more details on mental health, disorders, treatments, in multiple languages, see [www.heretohelp.bc.ca](http://www.heretohelp.bc.ca)

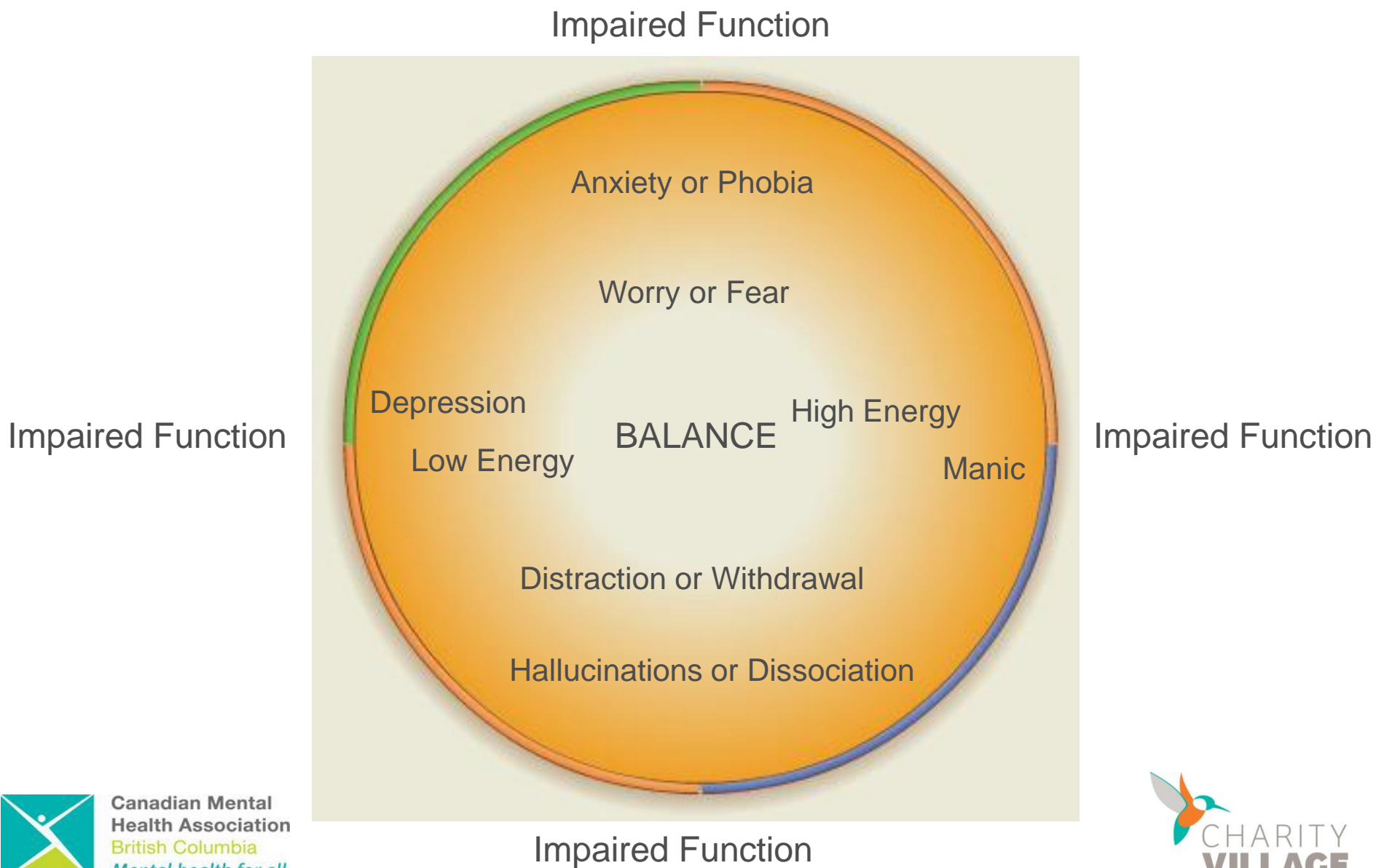


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# Continuum of Mental Health



# Risk Factors

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- Genetics (family history, personal history)
- Trauma
- Personal stressors
- Workplace stressors



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# It's more common than we think...

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- **1 in 5** of us will have a mental illness in our lifetime
- Most of the **1 in 5** will have a significant episode between the ages of 18 and 65
- Many will not seek or get help



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*If I were struggling at work, how would I want my manager to treat me?*

*If I were off work, how would I want my manager to communicate with me?*

*If I were returning to work after sick leave, what would I find helpful from my manager?*



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# Importance of early awareness and effective treatment

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Early identification and effective treatment =

- ↓ disability time
- ↓ treatment time
- ↓ severity of symptoms
- ↓ illness duration

And improves probability of return to high levels of productivity!\*

*\*C. Dewa, et al.*

# Working – in a healthy workplace – contributes significantly to recovery

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- routine
- social contact
- activity
- contribution, meaning
- sense of identity
- financial security



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# Duties and Regulations

# Human Rights Code

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Provincial, territorial, and federal Human Rights Codes as well as the Charter of Rights and Freedoms have similar obligations:

**Everyone has the right to equal treatment in employment** and cannot be discriminated against on the basis of actual or perceived disability. Equal treatment does not mean the same treatment.

All Parties have role to play: Employer, Employee, Union



# Canadian Human Rights Commission

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“As an employer or service provider, you have an obligation to take steps to eliminate different and negative treatment of individuals, or groups of individuals based on prohibited grounds of discrimination. This is called your duty to accommodate, and it applies both to your employees and the public you serve.”

“You have a duty to accommodate only when a person’s need or needs are based on any of the grounds of discrimination in the Canadian Human Rights Act.”

<http://www.chrc-ccdp.gc.ca/eng/content/duty-accommodate>



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# Undue Hardship

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“The duty to accommodate has limits. Sometimes accommodation is not possible because it would cause an organization **“undue hardship.”**”

“Under the Canadian Human Rights Act, an employer or service provider can claim **undue hardship** when adjustments to a policy, practice, by-law or building would cost too much, or create risks to health or safety. There is no precise legal definition of undue hardship or a standard formula for determining undue hardship. Each situation should be viewed as unique and assessed individually.”

<http://www.chrc-ccdp.gc.ca/eng/content/duty-accommodate>

# Legal Cases

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## Duty to Accommodate

Courts across the country are adding to obligation to accommodate mental illness in the workplace

## Duty to Inquire – “Ought to have known”

Results from legal judgments, arbitration decisions, human rights tribunals

“When the employer is aware, or reasonably ought to be aware, that a disability is negatively affecting an employee’s work performance, the employer has a duty to inquire about the situation and accommodate the disability to a point of undue hardship” *The Duty to Inquire: The Problem with Turning a Blind Eye* [Murray Murphy, QC, CHRP](#)

Employer cannot mandate a treatment plan

# Workers Compensation Case

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Most provincial or territorial Workers Compensation systems address mental illnesses caused by the workplace in various ways:

- Compensation for mental disorders caused by workplace-related stressors
- Requirements for prevention of bullying and harassment



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# An Approach To Enable Stay At Work Solutions

# Where do you start?

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- Step back from assumptions, judging, labeling
- Identify the changes you have noticed
- Consider the context
- Prepare for the conversation



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# How to have challenging conversations

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1. Talk to yourself
2. I notice
3. I'm wondering
4. How can I help?
5. Take a moment



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# How to have challenging conversations

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# Case Study

# About Mary

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Mary has always been one of the more sociable members in her workplace, often being seen as the life of the party. However, very gradually over the past month, she has begun to withdraw. She no longer makes eye contact when she says hello and her smiles are rare. She has moments when she seems like her previous self but your intuition tells you something has changed.

## **Work through:**

Noticing

Listening

Working Together

# Accommodation- Best Practices

# Basics

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- Early Intervention is Key
- Trust must exist between parties
- Culture is important
- There is no one size fits all
- In most cases, flexibility is the main requirement
- Employee needs to be involved at every step
- Most situations don't require a medical report



# Basics (cont'd)

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- Ask the employee what they need
- Limit to 1-3 short term goals
- Provide constant feedback and positive reinforcement
- Incrementally increase the goals
- Encourage open communication
- Plan how to respond to relapse
- Consider co-workers
  - *<http://www.mentalhealthworks.ca/explaining-accommodations-to-the-other-employees>*



# General Strategies to Consider

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## Communication and supervision techniques

- Written instruction and feedback may be helpful
- Frequent brief meetings
- Management approaches including how feedback is given

## Training approaches

- Re-orientation for leave 12 weeks or longer
- Increased learning time and/or individual training

## Environmental Needs

- Workspace, light, noise, distractions

## Flexibility in job scheduling and duties

- More frequent breaks, split shifts, GRTW
- Exchange of tasks

***<https://www.workplacestrategiesformentalhealth.com/managing-workplace-issues/accommodation-strategies>***

# Example: How to address:

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## “Problems with concentration or attention to detail”

- Remove non essential functions
- Break larger tasks into a series of smaller ones
- Provide more time for tasks requiring attention
- Permit short breaks when concentration declines
- Provide instructions and assignments in writing
- Create checklists
- Exchange tasks with other employees

*<https://www.workplacestrategiesformentalhealth.com/managing-workplace-issues/accommodation-strategies>*



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# Return to Work Case Study



# Case Study

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An employee has been off work for 4 months and is returning to the workplace. Prior to going off, he/she was experiencing performance problems and workplace conflict with co-workers. The treating physician has advised that the person is fit to work, and asks that the person have “reduced stress” at work.

***How can I help you be successful at work?***

***What will you do to ensure success?***

***How will we deal with future issues?***

# From the Manager's perspective:

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Employee had been a strong performer for several years. However, in the months before his/her leave, there were increased absences and decreased work quality.

You had **concerns about the employee's performance**, especially **behavioural issues** such as **arguing** with co-workers, **dominating team meetings with negativity**, and **constant criticism of co-workers**. Before going on leave, there was a **loud and public conflict with another employee**.

Since then, employees have been **gossiping** about their co-worker and have **expressed negative feelings** to you.

# From the Employee's perspective:

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You are returning after being treated for major depression and anxiety disorder. Prior to that you had not been feeling well for years; were involved in a vehicle accident last year which resulted in sick leave for 2 weeks; you continue to have recurring pain requiring treatment; and you work in an increasingly busy work environment.

**It has been 4 months since you were at work.** You are better now and looking forward to returning to work, but **very nervous about how co-workers will react.** In addition to a Graduated Return to Work over 3 weeks, your doctor has asked that you have “reduced stress” at work. You are concerned that your **anxiety is triggered by criticism; sleep is hit and miss; short-term memory is not what it was; concentration is compromised.**

# Resources

# Getting Help

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- Family doctor best first point of contact
- Crisis Line
- Canadian Mental Health Association
- Employee Assistance Plan
- Benefits plan may offer psychological services



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# Online Resources

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- [www.cmha.ca](http://www.cmha.ca)
- [www.heretohelp.ca](http://www.heretohelp.ca)
- <http://www.livinglifetothefull.ca/>
- <http://www.mentalhealthworks.ca/mental-health-accommodations/>
- [www.workplacestrategiesformentalhealth.com](http://www.workplacestrategiesformentalhealth.com)
- [https://www.workplacestrategiesformentalhealth.com/pdf/Supporting Employee Success Booklet Sep2015.pdf](https://www.workplacestrategiesformentalhealth.com/pdf/Supporting_Employee_Success_Booklet_Sep2015.pdf)



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# Additional Training from CMHA

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Workshops are available through the CMHA about:

- Mental Health Awareness
- Leadership Training – including for union leaders
- Suicide Awareness & Intervention
- Peer Support Program Development and Support
- Psychological Health and Safety in the Workplace



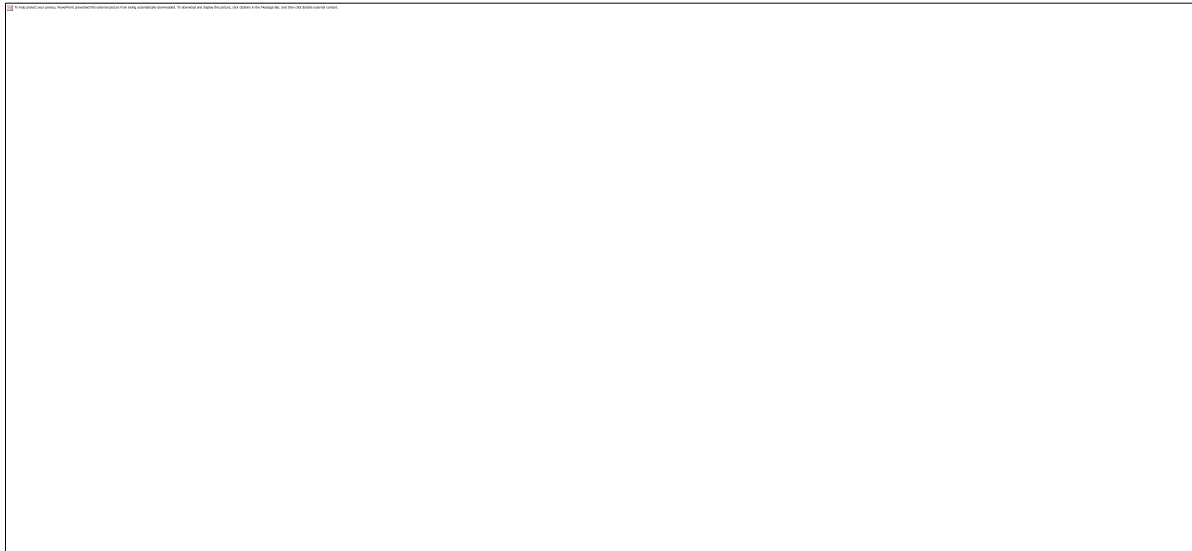
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# Learn more!

## Attend the Bottom Line Conference

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This year, the conference will be focused on Transforming Workplace Culture, and it promises to connect you to agents, allies and resources to help you transform your workplace from within. Timely topics to be discussed include: legalization of cannabis, addiction and workplace burnout.

**Vancouver – February 21 & 22 – [www.bottomlineconference.ca](http://www.bottomlineconference.ca)**



Thank You

# Keep in touch!

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[www.cmha.bc.ca](http://www.cmha.bc.ca)



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