



# Worn Out

Hard times can take a toll on employees' mental health. What can employers do to help?

BY BROOKE SMITH

**While** she can now talk about it with a touch of humour, Karen Liberman's experience was far from funny. "Sometimes you just draw the short straw," says Liberman, executive director of the Mood Disorders Association of Ontario. "And that straw I pulled was a *very* short straw."

Liberman was struck with depression in the mid-1980s. "It felt like all the energy was vacuumed out of me. It's like I didn't have the energy to interact," she explains. After a full day of work, she'd arrive home and, more often than not, change into her nightgown and crawl into bed. Her work life consisted of short-term disability, absence, return, then absence again with "the flu."

During the 15 years of her ordeal, she was hospitalized 17 times, took 27 different medications—antidepressants, stabilizers—and received 24 electroconvulsive therapy treatments. Finally, on Aug. 27, 1997, as one of 12 participants in a clinical trial, she was prescribed a drug that was not yet available in Canada. August 28 was the turning point. "That was the day I actually started to live again," she says.

Of course, not all employees will experience severe depression or other mental illness as Liberman did. But the mental health of the workforce should always be a concern for employers—particularly during difficult economic times, when feelings of fear and stress may be heightened.

## In Their Absence

As markets fluctuate, employees' emotions may also ebb and flow as they wonder if another round of layoffs is imminent. "It's not uncommon to see increased levels of anxiety and depression during these times," says Peter Varela, director, disability practices, group benefits, with Manulife Financial. "There's fear of job loss and increased workloads."

While Diane Champagne, a principal with Mercer, says it's too early yet to see the full effects of the recession on disability claims, she says claims generally increase. "Typically, what we see is an increase in disability claims when there are layoffs because they have an effect on people." The recession also has an impact on return to work. "The recession can make it harder for disabled people to get back to work because there may be fewer openings for employers to accommodate return to work," says Mike Schwartz, senior vice-president, group benefits, and executive director, The Great-West Life Centre for Mental Health in the Workplace.

When layoffs occur, the remaining employees are also under greater pressure. "Recent research has shown that the actual impact on the people who keep their jobs can be as significant as on those who lose their jobs—because of survivor guilt type of emotions," says Mary Ann Baynton, program director for The Great-West Life Centre for Mental Health in the Workplace. And these emotions can manifest themselves in a number of ways.

Some employees resort to casual absenteeism, says Karen Seward, senior vice-president, business development and marketing, with Shepell.fgi—perhaps because they're anxious about

a looming work project or simply want to use up their sick days. Others try to look busy. "[Employees] think, Well, if I don't look busy, then I'm going to be the first to go," says Baynton. "There isn't the work because the recession has taken away a lot of it."

And a few of those remaining employees who are afflicted with a mental illness—unbeknownst to the employer or, sometimes, to the employees themselves—may be simply "sticking it out in the workplace," says Schwartz, out of fear that they could be the next to go. "It's counterintuitive," says Doug Smeall, assistant vice-president, business development, health management services, group benefits, with Sun Life Financial. "We would have expected to see increased absenteeism, but there's a hunkering-down mentality. Employees are thinking: The job market is not great, so I'd better be visible."

## Suffering in Silence

What's worse, for those with a genetic connection to mental illness, the current economic conditions could be the tipping point. Champagne says that stress can be a contributing factor to mental illness for which a person is already predisposed.

Mental illness affects 20% of the population, and the statistics tell all. Employees who are struggling with mental health issues have higher rates of absenteeism, use more health services and are less productive at work. In fact, one 2003 U.S. study indicated that 81% of lost productivity time costs from depression resulted from employees' reduced performance while *at work*. And a 2002 report from the Global Business and

Economic Roundtable on Addiction and Mental Health found that up to 12% of an organization's payroll is lost to disability. The report also noted that only 20% of those who need treatment for mental disorders actually get it—and 70% of those are in the workforce.

### Healthy at Work

Furthermore, a work environment has its own set of mental health factors that employers need to address. According to a 2009 study of roughly 6,800 Canadian employees conducted by the Consortium for Organizational Mental Healthcare, 19% believe they're in a psychologically unsafe workplace. When a set of 12 psychosocial risk factors (such as organizational culture, clear leadership and expectations, workload management and psychological job fit) are applied, this figure increases to 29%.

So how can employers improve these conditions? Experts say they need to consider three key elements: communication, education and accommodation.

**Communication** – To avoid a mentally unhealthy workplace, open, frank communication is key. In these tough economic times, employees don't know what's going to happen and don't always understand why upper management makes certain decisions.

At all times—but especially after layoffs are announced—managers need to meet with staff regularly to look at work priorities. “The mental health of those [remaining] employees is at stake if suddenly they're taking on more than they can chew,” says Alexandra Keay, project manager, Mental Health Week, with the Canadian Mental Health Association (CMHA). However, if the manager isn't making a move, then the employee should. Generally, Keay says, if employees approach managers with constructive suggestions for workflow, most managers will be open to the ideas. “This is when collegial management style and teamwork are so important,” she adds.

Communication with a potentially distressed employee is important, too. If an employee's behaviour has changed, a manager may initially opt to deal with the employee through performance management instead of addressing the fundamental behaviour change. Seward says not all managers will take the time, or have the comfort level, to “check in” with an employee about his or her mental health. “Think about what that conversation would look like,” she notes. “It's not like you can say, ‘Oh, I can imagine how you must feel.’ How many managers can say that with any credibility?”

Some managers, Seward continues, don't want to have that conversation because then, they *have* to provide support. “It's not enough [for a manager] to say, ‘Okay, thanks for telling me that.’ How does the manager provide support so the employee can deal with the issue?”

**Education** – Training is critical for a mentally healthy workplace. Employers need to ensure that their front-line managers are trained to recognize an employee who may be suffering. “People in management positions have a unique responsibility to ensure that they have the skill sets to look out for the health and well-being of their employees,” says Michele Nowski, director, disability claims and disability management, with Desjardins Financial Security.

## A Word on Resources

In addressing the communication, education and accommodation aspects of mental health, employers have a number of resources to call on. “The employer has a responsibility to ensure that employees have easy access to the resources they need and, more importantly, that they're aware of and encouraged to use them,” says Doug Smeall, assistant vice-president, business development, health management services, group benefits, with Sun Life Financial.

Most employers have **employee assistance programs**. According to Shepell.fgi's *Financial Distress Impacts Health and Productivity* study, released earlier this year, access is increasing for financial counselling and consultations at a rate of two times that of other services. Access for financial issues during the second half of 2008 was 13% higher than during the second half of 2007. Karen Seward, senior vice-president, business development and marketing, with Shepell.fgi, says its usage is currently up 20%.

The **Mood Disorders Association of Ontario** is currently working with many government agencies, offering half-day workshops on the signs, symptoms, prevalence and relevance of mental illness, and how it manifests itself in the workplace. It also provides *Check Up @ Work*, a brochure with 20 questions for employers to rank the mental healthiness of their organizations.

**The Great-West Life Centre for Mental Health in the Workplace** has information on the business case for mental health, creating healthier workplaces and implementing return-to-work policies. “The website has tried to bring that information forward in a way that employers can easily digest it, and it has more concrete, action-oriented information,” says Mike Schwartz, senior vice-president, group benefits, and executive director, The Great-West Life Centre for Mental Health in the Workplace.

**Guarding Minds @ Work**, launched in April, was commissioned by The Great-West Life Centre for Mental Health in the Workplace for employers to understand, assess and address psychosocial issues in the workplace. “It will help give the employer a reading on whether the level of their psychological risk is okay or if it's a problem,” says Schwartz. In its first month, *Guarding Minds* had more than 4,400 visits.

When managers don't have the skill sets or the necessary training, there are resources to help them. Mental Health Works, an initiative of CMHA Ontario, for example, holds workshops on awareness of workplace mental health, managing return to work and assisting workers with mental health issues. Program manager Kathy Jurgens says Mental Health Works' workshops rate consistently high with attendees, adding that there's always one consistent piece of feedback: “All managers should have this training.”

However, drawing attention to mental health issues can be challenging because of the rampant stigma in our society. According to a 2008 report from the Canadian Medical Association, 46% of Canadians think people use the term *mental illness* as an excuse for bad behaviour, and only 49% said they would socialize with a friend with mental illness.

Donna MacCandlish, director, strategic partnerships, with the Mood Disorders Association of Ontario, says eliminating the stigma is going to take time. “[During the] 1970s, you didn’t talk about cancer openly. And in the ’80s, people were very much in the closet around AIDS. These are now things people can talk about. [I hope], over time, we’ll be able to talk about *mental* ill health in the same way we can be open about other aspects of ill health.”

**Accommodation** – The best way to avoid disability costs—and grief and pain for the employee—is prevention. But when an employee does go on disability for mental health reasons, this also means preparing to accommodate the employee’s return to work.

Even before the employee returns, a manager should communicate with her while she’s on leave, says Nowski. She adds that many employers are concerned about privacy, but that need not be a barrier. “You’re not going to ask, ‘Tell me about your condition.’ Your message is one of support—to let [the employee] know she’s valued.”

Similarly, employers should look at graduated return-to-work programs. “It’s really challenging for someone to be off for weeks and weeks, and then come back and be expected to maintain a full workday and 100% of their duties,” says Smeall. The manager needs to discuss workload and changes in responsibilities with the employee. And, when the employee returns, Smeall says the manager and employee should have a signal—a word, phrase or gesture—that the employee can use in case he becomes distressed. That way, the manager knows she has to take some kind of action—for example, stopping a meeting. Flexibility is also key, such as allowing the employee to telecommute or schedule necessary appointments during work hours.

In addition, managers need to inform and prepare co-workers for the employee’s return (although this doesn’t necessarily mean full disclosure of the illness itself). “They have all kinds of questions: What do I say? Do I talk to her?” says Nowski. “People’s first reaction is to stay away from [the returning employee] because they think she needs space. That can be the worst thing, because then the employee feels ostracized.”

On the flip side, if the employee discloses the illness to her manager and colleagues,

they can then watch for recurrence of the symptoms. “That’s when you can cut back on the work hours [and] make sure the support systems are in place,” says Keay. “It is very helpful when staff and colleagues are able to be informed, as proper supports and education can be implemented.”

Since mental illness is so prevalent in our society, employers need prevention programs as well as return-to-work and accommodation policies. “Employers don’t need to wait for developing a great strategy or for their CEOs to get engaged,” says Schwartz. “Explore the resources that are there, start small—and do something.”

That’s exactly what Liberman is doing. Now going on 12 years depression-free without relapse, she has become an advocate for those who suffer similar ordeals. “People who’ve been through this become a bit more highly attuned to people suffering, quite frankly—because we know it can happen to any one of us. **BC**

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