

Mental Health in the Labour Force:

Literature Review and Research Gap Analysis

Watson Wyatt Canada



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Funders

- **Desjardins Financial Security**
- **Great-West Life Assurance**
- **Manulife Financial**
- **Standard Life**
- **SunLife**
- **Watson Wyatt Canada ULC**



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Mental Health in the Labour Force

Study Objectives

- What is known from the research?
- What is not known (gaps)?
- Suggest new short-term and long-term projects to close the gaps in research knowledge
- Identify key studies and resources for researchers and employers



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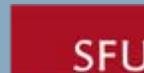
Attention the Issue - Canada

- **Canadian Business**
 - Global Business and Economic Roundtable on Addictions and Mental Health
 - Other active groups in different regions (BC, EASNA)
- **Canadian Government**
 - Kirby Reports in 2004 & 2006
 - Mental Health National Commission in 2007
- **Canadian Science**
 - CIHR Initiatives - Call for research
 - 2004 HealthCare*Papers* Special Issue



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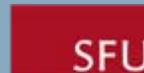
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Attention the Issue - U.S.

- **U.S. Business**
 - Growing interest among business leaders
 - Many active groups (IHPM, IBI, NBGH, HERO)
- **U.S. Government**
 - Presidents National Commission on Mental Health in 2003
 - NIOSH, SAMHSA, NREPP
- **U.S. Science**
 - University centers (Harvard, Cornell, Michigan, Tufts)
 - Scholar organizations (ACOEM, APA, APS)



Four Factors in the Literature

- Epidemiologic = the counts
- Economic = the costs
- Etiologic = the causes
- Efficacy = the cures

Review of over 200 journal articles, white papers and special reports produced in last decade in Canada and U.S.



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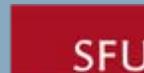
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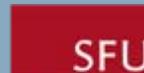
Epidemiologic Facts

- Mental health and substance abuse disorders are common among working age populations
- The most common conditions include social anxiety, major depression, substance abuse with other less common disorders including bipolar depression, panic attacks and schizophrenia
- Mental health and substance abuse issues can co-occur
- Many mental health disorders have an early age onset and can then last for decades with periods of episodic changes in symptom severity
- Most people with mental health are not diagnosed early enough or treated appropriately
- Suicide can result from untreated mental health disorders



Economic Facts

- Workers with mental health disorders tend to have higher direct costs (for treatment of mental health conditions, physical health co-morbid conditions, disability claims, and job safety)
- Workers with mental health disorders tend to have higher indirect costs (for absence, lost productivity and higher risk for job loss and turnover)
- Cost burden for mental health disorders is higher than most physical health conditions
- Productivity losses account for the majority of all combined costs for workers with mental health disorders



Etiologic Facts

- Mental health disorders are caused or exacerbated by many factors
- **Person factors** include influences from genetic, biological, personality, and coping skills
- **Work factors** include job design, management style, relationships, and work culture
- **Societal factors** include stress, time pressures, work/family issues, and stigma



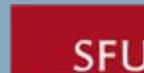
Efficacy Facts

- Traditional treatments are clinically effective and cost-effective
- Mental health services in the workplace have had less research attention. Yet, the applied research and case study data suggest these are also effective and offer cost savings
- There is sufficient research evidence to support “Making the Business Case” for mental health in the workplace



Gap Analysis Methodology

- Importance dimension criteria
- Size of gap in knowledge criteria
- Time and resource need criteria
- Result of two kinds of gaps in research knowledge



Gap Map

+
Size
of
Gap

Short-term Gap Studies

Important topics representing
smaller gap in knowledge
that will take less time and
funding resources

Long-term Gap Studies

Important topics representing
bigger gaps in knowledge
that will take more time
and funding resources

-

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Timeline into the Future

+



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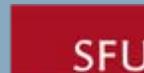


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Gaps in Epidemiologic Knowledge

SHORT TERM

- 1) What is the prevalence, severity and co-occurrence of mental disorders among various kinds of working populations in Canada?
- 2) How many employers offer work-place based services to address mental health?
- 3) Can assessment screening tools for mental health be added to regular national surveys (Stats Canada)?
- 4) What is the nature of stigma and discrimination for mental illness at work?



Gaps in Epidemiologic Knowledge

LONG TERM

- 5) What is longitudinal prevalence of mental illness for workers and how does this vary by level of treatment use?
- 6) What is long-term association of work performance and stigma factors for workers with mental illness?
- 7) What can be learned from analysis of integrated database of multi-employer data on mental and physical health disability?



Gaps in Economic Knowledge

SHORT TERM

- 8) What is financial impact of mental illness on STD and LTD claims across many employers in Canada?
- 9) What is impact of government and company policies on disability coverage for mental disorders?
- 10) Can assessments of workplace costs be collected from many employers in Canada?
- 11) Can a panel of experts be created to recommend self-report measures for workplace outcomes?
- 12) What is best conceptual model and practical analysis methods for measuring economic costs?



Gaps in Economic Knowledge

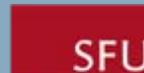
LONG TERM

- 13) Establish methods for measuring the direct and indirect costs for mental health disorders in Canada
- 14) Explore better model for physician provider payments for identification, referral and treatment of mental health disorders among workers



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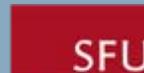


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Gaps in Etiologic Knowledge

SHORT TERM

- 15) What is the prevalence and co-occurrence of specific kinds of mental disorders among workers?
- 16) Can we include work function, as well as personal outcomes, in conceptual model for treating MH?
- 17) Which work-life and other societal contribute most to workplace mental health problems? Can we test the impact of these kinds of interventions?
- 18) Which worksite and work organization factors contribute most to mental health disorders? Which worksite-based interventions are most effective?



Gaps in Etiologic Knowledge

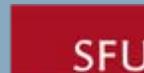
LONG TERM

19) What is longitudinal path of the nature of workplace culture, management style, workplace social relations and other work-factors as they contribute to employee mental health. Can we compare organizations with different kinds of workplace cultures can be compared over time on overall employee workforce health and on company profitability and success measures?



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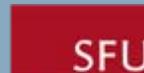


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Gaps in Efficacy Knowledge

SHORT TERM

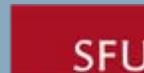
- 20) What is the impact of improving mental health assessment skills among primary care doctors?
- 21) What training is effective at raising awareness of medical providers about co-morbidity factors?
- 22) What are the factors that drive the engagement, use and effectiveness of EAPs?
- 23) What are best practices at Canadian companies that have resulted in high utilization of EAPs?
- 24) What is effectiveness of telehealth treatment for mental health in the workplace issues?



Gaps in Efficacy Knowledge

LONG TERM

- (25) What is the longitudinal impact of workplace interventions on both clinical outcomes and economic outcomes of workers?
- (26) What are factors related to why MH issues are under-identified and also under-treated?
- (27) What can be done to better understand the mental health delivery system model in Canada and role of employer benefit design and employer-provide services?



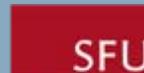
Short-term Research Studies Needed

- Expert Panel on Workplace Mental Health Measurement Tools
- National Survey Study of Canadian Employers
- National Survey Study of Employees in Canada
- Disability Insurance Providers Integrated Dataset Study of Costs and Best Practices
- EAP Best Practices Study of Canadian Employers
- Physician Primary Care Study of Best Practices in Workplace Mental Health
- Intervention Modality Effectiveness Study for Workplace Mental Health



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Long-term Research Studies Needed

- Future Waves of Canadian National Community Health Surveys
- Follow-up on Employee Study of Those with Workplace Mental Health Disorders
- Follow-up on Employer Best Practices Study to Create Quasi-Experimental Tests of Interventions for Employers
- Follow-up on Primary Care Studies
- New Quasi-Experimental Tests of Interventions for Employers
- Overcoming Stigma and Encouraging Use of Mental Health Workplace Services
- Build a National Data Warehouse for Workplace Mental Health



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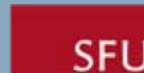
Gaps in Tools and Technology

- Aggregating Administrative Claims Data
- Self-Report Measures (health and work)
- Data Management and Warehousing
- Research Rigor in the Real World
- Knowledge Transfer and Sharing



Implications for Research

- Consider Gaps and Proposed Studies as Possible Agenda for New Research
- Opportunities for Collaboration on Joint Projects with Canada and U.S.
- Opportunities for Collaboration with Employers and Workplace Service Providers (EAP, Work-Life, Disability)



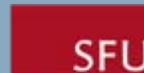
Implications for Business

- Prevention and Education
- Access to Mental Health Services
- Enhanced Data Collection
- Reporting and Benchmarking
- Participation in Research



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Study Conclusions

- Much is known from existing research, but...
- 27 gaps in knowledge found in four factors of MH
- Suggest 7 short-term and 7 long-term projects to close the gaps in research
- Next step is prioritization of projects and collaborative action on these issues
- Appendix: literature review and resources

