

EMPLOYER S GETTING STARTED
On the Road to Mental Health and Productivity

MODULE TWO

CEOs AND MANAGING MENTAL HEALTH IN THE WORKPLACE

Highlights

This Module contains the first slate of Guidelines to help CEOs fashion an informed leadership role in the advancement of mental health in the workplace.

The CEO Guidelines for Mental Health and Productivity advises leaders and senior decision-makers of organizations to:

Start by:

- Making your employees and unions partners in the development of policy, practices or programs relating to mental health in the workplace. These issues touch job performance and workplace concerns directly.

In doing so:

- Encourage flexible, creative thinking among managers and employees alike; say clearly – in these very words – it is OK to discuss mental health in the open.
- Send a clear, plain message that your organization will become an “employer in action for mental health and productivity” and join the Roundtable’s growing roster of employers who are doing so.
- Make it clear you will become an employer-in-action not because your organization has all the problems or all the answers. But that you want to identify your share of the first and find the requisite number of the second.

Further, the Guidelines advise CEOs to:

Audit your organization’s disability experience with respect to mental disorders. The Plan specifies the areas to look for including existing disability rates, why some cases have lingered, patterns of return to work, the incidence of long-term disability.

Evaluate existing Return to Work policies and procedures.

The purpose:

- To determine if there are systemic or attitudinal barriers to the return to work of employees on disability leave due to mental disorders.

Create management accountability for getting employees on disability leave back to work on sound medical and management grounds.

The purpose:

- To establish the means of integrating disability and performance management which the Plan suggests is an essential step.
- To ensure the development of well-crafted policy to reduce chronic job stress and management practices which represent a health risk for employees and therefore a cost to the organization.
- To engage unions in the design and implementation of relevant policies.

Model of Joint Leadership

As an example of management-union joint leadership in this area, the Plan cites a collective bargaining agreement between the Canadian Union of Public Employees and Ontario Workers' Insurance and Safety Board.

This CBA spells out very specific goals and conditions regarding employee well-being, work/life balance and the shared responsibilities of the employer and the union to make these happen.

Create a principles-based policy for mental health in the workplace.

Purpose:

- To use policy as a tool to:
 1. Foster and sustain a non-discriminating and caring environment which protects all employees against stigma and discrimination. Systemic forms of this can seep through an organization like water.
 2. Guarantee that job access, promotion and security will not be influenced by health status alone. The Plan sets out specific steps needed for this.

Ensure mental health is vested in the competence and commitment of human resources staff and establish concrete targets to reduce the incidence of mental disorders. The Plan suggests what those targets can be.

“In Their Own Words”

The following quotations were spoken by CEOs and senior corporate executives at events staged by the Roundtable in 2002-05. Use these quotes as emphasis to help make your case to senior managers in your workplace.

“Most companies now recognize mental health as one of the most important workplace issues today. It’s an issue that’s only going to get bigger as business and life become more complex and fast-paced.

“How a company’s leadership deals with it will determine whether the workplace becomes a healthy environment or a place that makes people sicker. One of the main challenges will be to help remove the stigma of mental illness –

“To get to the point where mental illness is treated and accepted in the workplace in the same way as a physical disability – that is, without stigma or blame.” **Rob MacLellan, EVP and Chief Investment Officer, TD Bank Financial Group and Chairman, TD Asset Management Inc.**

“Changes in the physical environment to improve productivity are limited. The opportunity to better engage employees is to ‘de-stigmatize’ mental illness.” **John Murphy, EVP, Ethics Officer, Human Resources, Ontario Power Generation (now Executive Vice President, Hydro)**

“The case for the importance and severity of mental disability is incontrovertible and any board of directors that doesn’t insist on having environment, safety and health on its agenda – with a special emphasis on mental health – is not discharging its governance responsibility.” **John Evans, Chairman Emeritus of the Board, Torstar Ltd.**

“Mental health and workplace stress must be counted as one of the top business issues for all of us who claim that our people are our most important asset and the basis of our success or failure.” **John Hunkin, former President and CEO, Canadian Imperial Bank of Commerce**

“We understand how we treat people in the workplace, is at the very heart of sustaining business performance over the long-term.” **David Wilson, Vice-Chairman, Scotiabank (now Chairman of the Ontario Securities Commission)**

“Today’s economy puts a premium on information and innovation. This is an economy of mental performance where the capacity of employees to think, be creative and be innovative is key to the competitiveness of all business – including my own.” **Gordon Nixon, President and CEO, Royal Bank Financial Group**

“Business must have a mental health agenda.” **Paul Godfrey, President and CEO, Toronto Blue Jays**

“We simply must get our arms around this issue for sound business reasons.”

Tim Price, Roundtable’s Co-Founder and Chairman

“Business, definitely, has a strategic interest in the mental health of the labour force.”

Nancy Hughes-Anthony, President and CEO, Canadian Chamber of Commerce

“When the Roundtable was formed, many of us were from Missouri. We had to be convinced that mental health issues deserved to have a distinctive place on the corporate agenda. For one, I don’t need more convincing.” **Colum Bastable, President & CEO, Royal LePage Ltd.**

“The pay-off of investing in the mental health of our people will be huge.” **Don Tapscott, Co-founder, Digital 4Sight and President, New Paradigm**

“We endorse the goal of preventing disability associated with depression, anxiety and substance abuse. We believe in early intervention.” **David Henry, Managing-Director, Toronto, Great-West Life Assurance Company**

“The cornerstone of what we have done in our organization is to establish mental health as a priority – that is, to understand the problem and provide our staff with the necessary tools and support to address it.” **Don Pether, President and CEO, Dofasco Inc.**

“The issues that we’re addressing in workplace mental health are questions of good management and that’s key criteria for assessing financial performance or the future performance of any institution.” **Paul Haggis, President and CEO, Ontario Municipal Employees Retirement Savings (OMERS)**

“Just as every physical injury carries with it identifiable, unwanted and, to my mind, fully preventable business costs, and if compassion isn’t enough, we have a self-interest in restoring productivity to its highest possible level if it is being constrained by a mental illness.” **Former Syncrude CEO, Eric Newell**

(See the Roundtable’s CEO Survey on Mental Health which is posted on the Roundtable website.)

CEO Survey on Mental Health

In 2003, the Roundtable published the results of the first-ever CEO Survey on Mental Health and the findings represent a useful context for these CEO Guidelines.

Maintaining a Productive Work

Employees who exhibit symptoms of poor mental health have a direct impact on co-workers' ability to function in workplace teams.

Recruiting and Retaining the Best Talent

Companies must build a reputation for providing employees with the support and assistance they require in meeting their responsibilities at home and at work.

- “Organizations which have a reputation for not respecting employees or responding to mental health concerns will be unlikely to attract talented recruits.”

Remaining Competitive and Protecting Customer Service

The emphasis in both areas is placed on the capacity of employees to sustain productive relationships and to provide service. Both are impaired by unchecked mental disorders.

Prototype CEO Fact Sheet

This fact sheet is based on an actual briefing note prepared for senior executives at Dupont Canada.

Prevalence and concentration of mental disorders in working population

- high (20%+/yr)
- men/women in prime working/earning years
- adolescent and entry-level age groups

Rates of detection/early treatment

- low/no treatment for four out of five via public health system
- workplace referrals stymied

Costs

- \$33B/yr (estimate) (*see Info Appendix: Cost Summary*)
- embedded/unfunded operating costs
- company estimates (*i.e., Dofasco: \$25-\$30 million per year*)

Disability experience of major employers

- mental disorders dominate claims
- on-job downtime is outgrowth of low-no early detection/treatment
- unnecessary migration from short to long-term disability

CEO Guidelines for Mental Health and Productivity

Phase One

Chief Executive Officers and their equivalents are advised to:

- Impart a clear message to their direct reports that mental health is a legitimate topic and it will be the policy of the organization to encourage open and informed discussion among employees.
- Order up a comprehensive briefing for yourself. This will galvanize the organization and allow you to ready your senior management group to play a leadership role. *The Roundtable is ready to help. This Plan is a start.*

Phase Two

CEOs are advised to make seven commitments to the organization – that is, you will:

1. Champion mental health and not drift away from that role.
2. Deploy the Wilson Principle and build on your organization's success and commitment to plant safety in creating a similar commitment to mental health and safety.
3. Give all your employees every opportunity to learn about mental health and mental illnesses through information, training and "tolerance tutorials."
4. Articulate and enforce a policy of zero tolerance toward stigma and discrimination systemic or episodic in nature.
5. You will embrace a vision of a healthy workplace for your organization and ensure mental health is part of that.
6. Engage your employees and unions in the process of learning about mental health issues.
7. Do everything you can to say it's OK to discuss the topic openly.

Phase Three

CEOs are advised to:

- Audit existing disability rates and disability management procedures and isolate the reasons why some files have lingered.

- Probe each and every long-term disability file not in terms of forcing employees to justify their predicament but the systemic reasons for it.
- Evaluate:
 1. The expertise and track record of external service providers, insurers and ASO contractors in managing mental health issues and disabilities. Don't assume anything.
 2. Existing policies and procedures, if any, for proactively designing appropriate job accommodations and work modifications for employees returning from mental disability.
 3. Tools and policies for functional assessments of employees in recovery from mental disorders and cleared to return to work.

Phase Four

Create management accountability for workplace mental health and, in doing so, a number of priorities stand out:

- Require each of your senior people to review and understand their responsibilities under the law for the recognition and preservation of human rights in your workplace. Discrimination against mental illnesses is unlawful.
- Ensure that a practical and well-enunciated policy on workplace stress is crafted and deployed. Management practices that can trigger stress-related health risks must be modified.
- Make your line managers accountable for managing risks which threaten your investment in your human assets in the same way you assign accountability for protection of inanimate assets. This is needed to:
 1. Protect productive capacity in the organization.
 2. Reduce the management-related risks to mental health in the organization.
 3. Ensure mental health is incorporated into the organization's vision of a healthy workplace.
 4. Build and observe a policy of zero tolerance.
 5. Engage unions in the design and implementation of policies and procedures in this area. Unions share management's duty to accommodate.

Phase Five

Create a policy framework for mental health as part of a healthy workplace embracing the following principles:

- Fostering and sustaining a non-discriminating and caring environment which protects all employees against stigma and discrimination based on their experience with mental illnesses.
- Fostering and sustaining an integrated model of performance and disability management anchored by clear accountability for line managers which:
 1. Guarantees that job access, status, promotion, security and training will not be influenced merely by health status.
 2. Stipulates that executives and managers have a responsibility to be actively supportive of employees encountering health problems which interferes with their productive capacity and ability to perform their job.
 3. Acknowledges and recognizes the desire and ability of employees who are on disability leave due to mental illness to return to their job and productive engagement at work.
 4. Commits needed case management support to that employee to plan and facilitate a safe return to work; and, further, promises that the employee will receive independent advice on his or her human rights governing this process.
 5. Ensures the employer will do everything possible to make the necessary job accommodations to facilitate those employees returning to work and to do so in a spirit of cooperation, understanding and openness.

Phase Six

Develop five policy objectives to support an integrated approach to mental disability management – that is, an integration of performance, disability, treatment and return to work factors:

Portfolio Approach: Incorporate and monitor existing investments in employee health into a single, integrated portfolio of expenditures and outcomes. For example, the costs of group health – and particularly prescription drugs – may help to hold disability premiums down. Employers need to evaluate this return on this investment.

Education and Training: Give employees every opportunity to learn about mental health and train executives and front-line managers to recognize and respond properly to co-workers (and direct reports) in distress. Tap into the expertise of those veterans of mental healthcare – “consumers/survivors” – who have valuable lessons to share.

Primary Prevention: Identify workplace practices which pose material risks to the health of both the employees and the organization and make needed changes through positive, not punitive, incentives.

Secondary Prevention: Put into place early detection, referral, and access-to-treatment protocols as a means of promoting early intervention. This is easier said than done.

Gradual Return-to-Work: Apply this concept universally to all forms of employee disability including those involving mental health problems.

Phase Seven

Ensure mental health is vested in the competence and commitment of HR staff. Without it, CEOs will be frustrated by a “mysterious” lack of progress – and to this end:

- HR managers and HR support staff should be assessed annually for attitudes, aptitudes, hard skills and pre-conceived notions about mental illnesses and how to manage mental disabilities with knowledge, compassion and timelines.
- HR managers should receive training on three levels – that is, to:
 1. Provide informed support of line managers in their defined responsibilities.
 2. Serve as the chief ethics officer of the disability management process and exercise appropriate independence.
 3. Assume the same kind of fiduciary role as a CFO might to meet the requirements of human rights law, industry standards and core values.
- HR managers must also receive the necessary budget, staff and high-level support against adversarial managers in order to carry out these responsibilities.

Phase Eight

Aim to protect those areas of functional responsibility, talent and impact most likely to be compromised by unchecked mental disorders and chronic job stress. The performance qualities of employees most likely to be compromised by mental disorders are:

Employees’ Customer Orientation

Mental illnesses compromise the capacity of employees to exhibit an outward and helpful way of thinking. These conditions draw them inward.

Communication

Mental illnesses compromise employees' way of perceiving information, its relevance, their capacity to listen attentively as a consequence of losing the capacity to concentrate well, relationships suffer, the employee becomes isolated.

Teamwork

Mental illnesses cause employees' motivation to slump and along with it, their desire and capacity to cooperate with others, answer phone calls, meet deadlines for written material, irritability develops, burn-out deepens.

Managing People

Mental illnesses compromises the capacity of employees – in this case, managers – to display empathy and interest in the problems of others, impatience and a tendency to over-generalize problems cause friction.

Taking Criticism

Mental illnesses make it difficult for people to take constructive criticism openly and well. Their self-esteem is already badgered by their illness and criticism of any nature becomes an attack to which the person may respond defensively and disproportionately.

Showing Persistence

Mental illnesses compromise the capacity of employees to “stay with” the task, they become easily discouraged and turned off even by modest set-backs which make them feel the job is hopeless.

Phase Nine

Establish concrete targets to reduce the incidence of disability due to mental disorders – and aim to:

- See a moderation of mental disability rates as a percentage of your total disability experience inside 24 months – say, the present 30-40% of the total to 10% inside five years.
- Aim to achieve a 20 per cent reduction of mental disability as a percentage of all disability inside five years based on sound, medical and management criteria. Stifling eligibility criteria is not what we have in mind.
- Forge a long-term disability prevention strategy to reduce the LTD option – on sound medical grounds – to a bare minimum inside five years. This is plausible.

Phase Ten

Establish line manager accountability for the effectiveness of the firm's disability management and prevention initiatives embracing financial incentives / disincentives.

1. A “mental health bonus” system would be appropriate to vest managers’ compensation into disability management success strategies as defined by successful return to work for one-year minimum.

Postscript

These Guidelines are detailed and precise to help CEOs give clear direction and get results. Management Guidelines, in response, constitute Module Three of Employers Getting Started.