



Research and practice based evidence to support employees with depression

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Institute for Work & Health

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The views expressed in this document are those of the authors and do not necessarily reflect those of the Province of Ontario or WorkSafeBC.



Presentation Overview

1. Welcome & introductions
2. Project background and objectives
3. Methods & Results
4. A free practical guide
5. Discussion



GUIDE



Institute for Work & Health

The Institute for Work & Health (IWH) is an independent, not-for-profit research organization based in Toronto, Canada.

Our goal is to protect and improve the health and safety of working people by providing useful, relevant research in two key areas: (1) preventing work-related injury and illness, and (2) promoting recovery and work functioning following injury and illness.

Our work provides impartial, evidence-based guidance to government policy-makers, health and safety associations, workers and employers, occupational health & safety professionals, disability management professionals and clinicians.



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www.iwh.on.ca

Our Stakeholders

BC:

- WorkSafeBC
- BC Federation of Labour
- Construction Labour Relations Association of BC
- Mood Disorders Association of BC

Alberta:

- Alberta Workers' Health Centre

Ontario:

Several IWH stakeholders representing:

- Preventions System Partners (HSAs),
- Labour
- Employer representatives
- Practitioners (e.g., EI network members)

National:

- UNIFOR



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Depression in the workplace

Nearly three million Canadians experience depression annually, often in prime working years, ages 24 to 44 (CAMH 2016).

Depression costs the Canadian economy at least \$32.3 billion annually (Conference Board of Canada 2013).

Workers with depression:

- Lose significantly more health-related productive time (Adler 2006)
- Have higher rates of absenteeism and disability (Kessler 1999)
- Experience higher rates of job turnover (Lerner 2004)





Evidence gaps

There are systematic reviews on the effectiveness of intervention approaches that could be used to support workplace accommodations, return-to-work, and reduce associated productivity losses.

However, the scientific evidence on depression specific workplace-based interventions to date is not very strong. Despite the level of research evidence, workplaces are developing and implementing policies and practices related to depression in the workplace.





What supports, resources, services and/or accommodations are **available** to continue working and/or return to work?

- Prevention/screening/assessment in the workplace (eg job analysis)
- Non-judgmental listening in the workplace
- Information in the workplace (eg Human Resource policies)
- Job modification (eg flexible scheduling, work from home)
- Employee Assistance Program
- External resources (eg community and family support)
- There are no supports for depression in my workplace
- Other



Our project objective

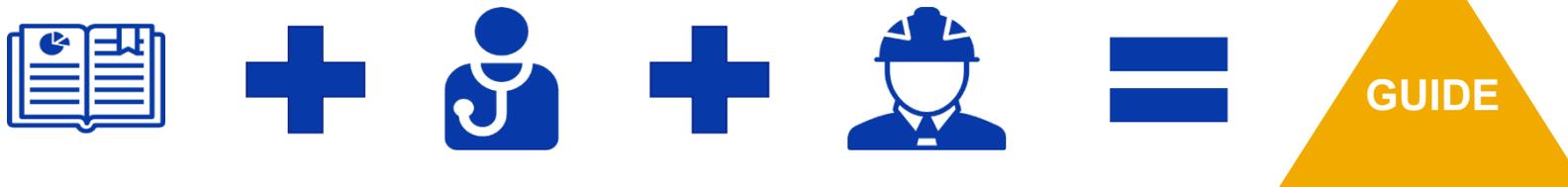
Identify the best **current** practices in **workplaces** for workers experiencing depression.

Create a practical **guide** to aid workplaces in implementing these strategies **in workplaces**.



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Methods: (1) Data collection

1. eSurvey: 10 minutes
2. Interviews: 45-60 minutes (semi-structured)
3. Focus groups: 60-90 minutes (semi-structured)

Data collection and synthesis were based on the Public Health Agency of Canada's best practices stages for evidence-based decision making.

Questions covered:

- Demographics (age, sex, work role, tenure, etc)
- Experience with depression (as worker or manager or practitioner)
- Supports, resources, services and/or programs
- What was most helpful



Findings from research

Workplace strategies including at least two of the following three different areas are most effective:

- The worker is provided with access to **health services**, either at work or in settings linked to work.
- The worker is supported by **RTW planning and coordination**.
- The workplace addresses **work modifications** and supervisor training on work modification.
- The research evidence supports the use of **CBT programs** with a specific focus on addressing work issues.

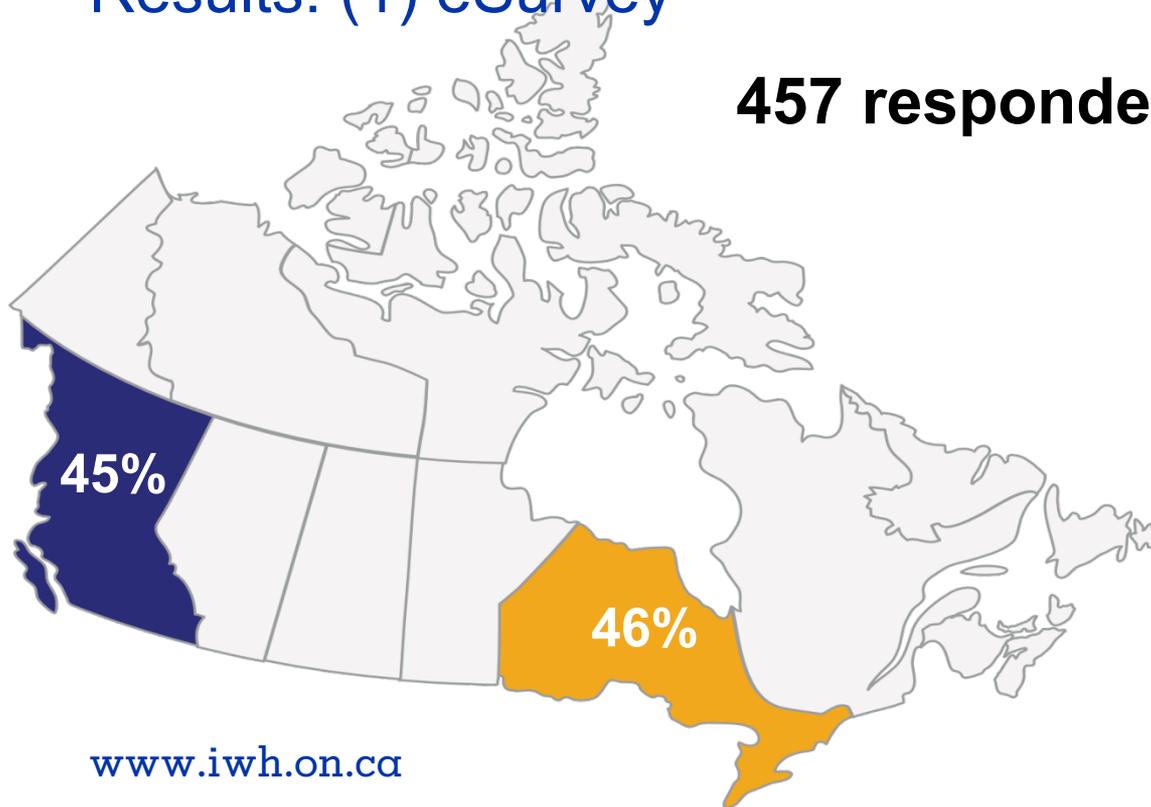


Results: (1) eSurvey

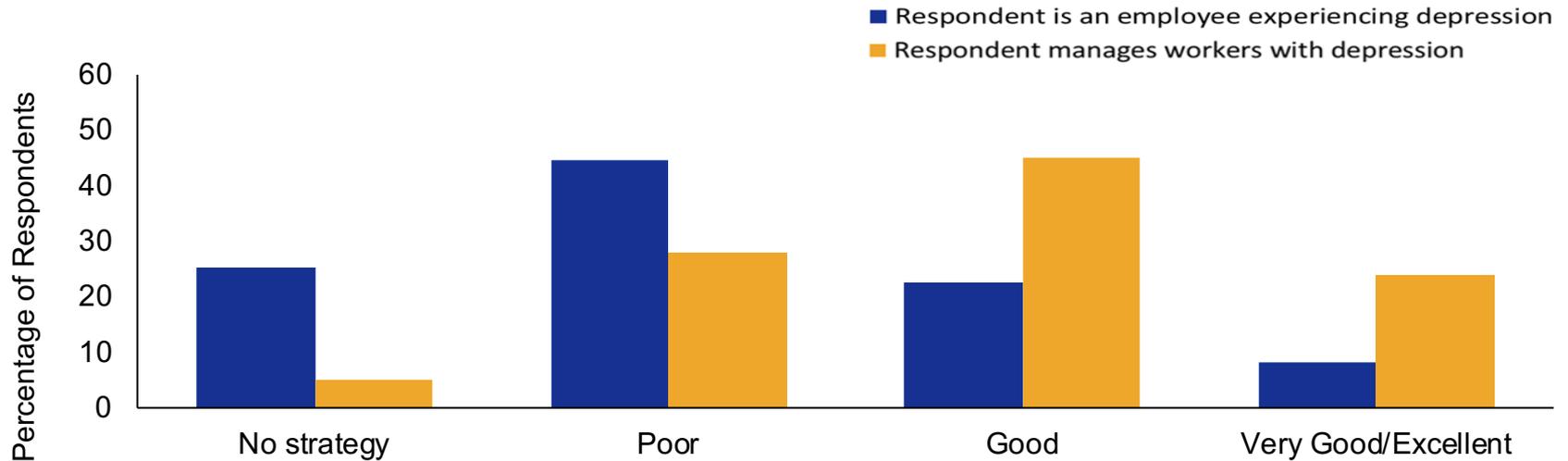
457 respondents



- 66% Staff/employees
- 23% managers, HR professionals, or OHS role



Results: (2) Survey findings on workplace rating



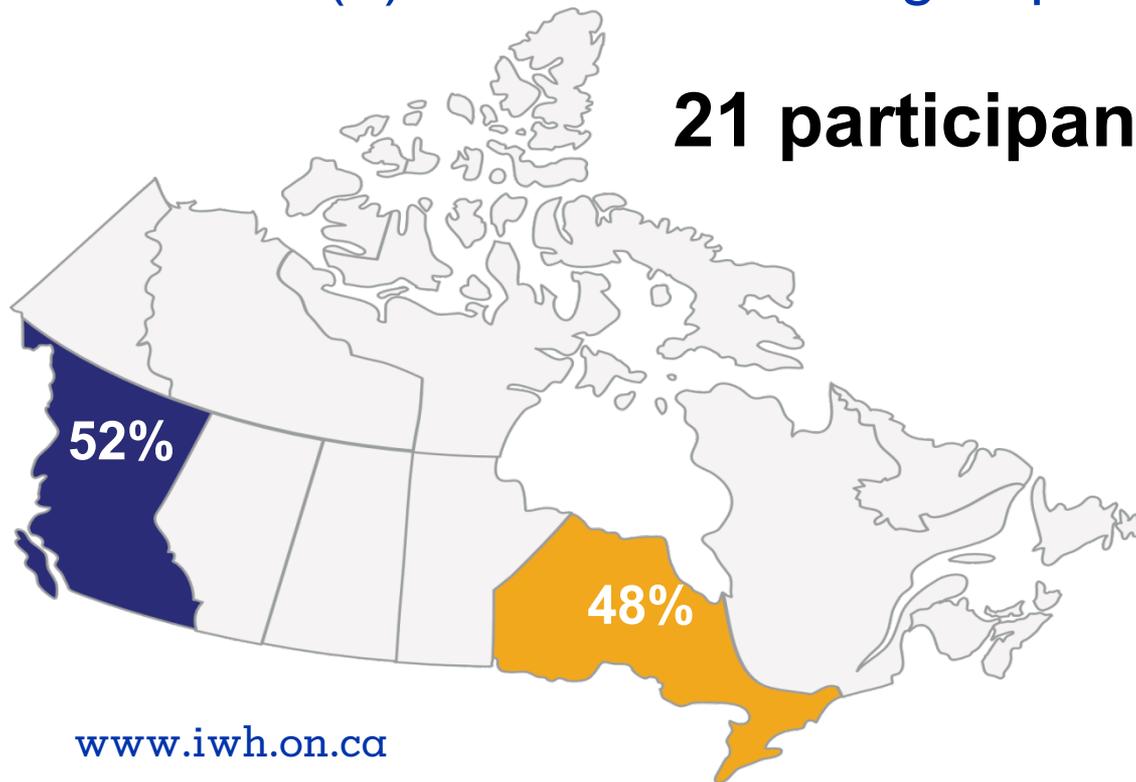
On a scale from 1 to 5, where 1 = no strategy and 5 = excellent



Results: (3) Interviews/focus groups



21 participants



- Subset of survey participants
- Even split between ON and BC
- Even split between employees and individuals in managing roles

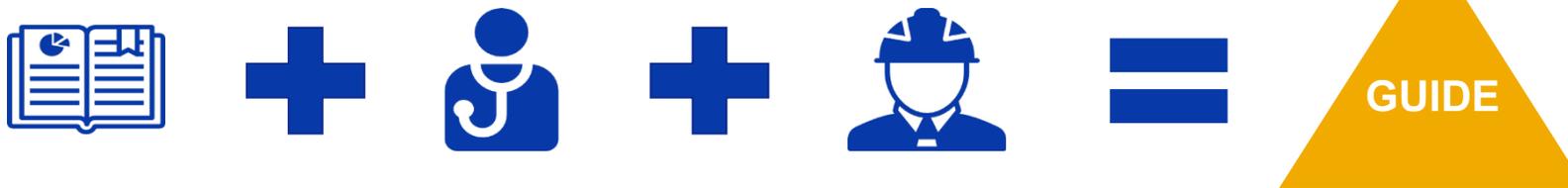


Results: (4) Interviews/focus group themes

- Grouped into three main categories:
 - Workplace culture
 - Workplace processes
 - Workplace and non-workplace resources

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Guide: (1) Introduction

- Guide content from 3 evidence sources
- Positive, action-oriented content
- Illustrative case studies
- Focus is on implementation
- Icons used for various workplace parties



Implementation tip: Make sure to think through what programs you may already have in place to raise awareness, and whether they resonate in the context of your workplace.

LEGEND



= Worker



= Manager



= Co-Worker



= Union/Worker Reps



= Human Resources

An evidence-informed guide
to supporting people with
depression in the workplace





Guide: (2) Sections

3 main sections:

1. Workplace Culture
2. Workplace Processes
3. Workplace and non-workplace resources

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Guide: (3) Workplace culture

- Mental health awareness and psychological risk factors
- **Genuine and caring communication**
- Mental health training



Genuine and caring communication

Genuine and caring communication leads to workers feeling listened to, heard and supported by the workplace. This type of communication includes active and reflective listening, as well as expressing empathy and support, and it happens throughout a worker's time at the workplace.



Union



Manager

- Establish relationships in which genuine and caring communication is the norm. This type of communication can make a positive difference for workers experiencing depression.



Manager

- If you have concerns about your ability to communicate effectively, ask your HR department about the resources and training that may be available to help you feel more comfortable in having difficult conversations.



Manager

- Implementation tip: Do not wait until a worker is taking time off work or returning to work to express genuine care for their well-being in the workplace.

Genuine and caring communication



Case Study: A motivating conversation

Ting's manager, Charlene, had been noticing that Ting was not herself lately. She seemed withdrawn and distracted, and was not taking part in team meetings.

Charlene approached Ting, and told her she had noticed these behaviours. She asked Ting if there was anything she could do to help Ting if she needed it.

Ting had always been a private person, but she appreciated Charlene's concern. She was surprised to learn that her change in behaviour had been noticed by others. She told Charlene she was going through some personal issues, and that she had not known it was affecting her work until now. She thanked Charlene for her concern.

Although Ting did not wish to receive any further support from her workplace, the conversation motivated her to seek out treatment for her depression.



Guide: (4) Workplace processes

Workplace processes

- Identification and early intervention
- **Planning and facilitating return-to-work**



Planning and facilitating return-to-work

If a worker has to leave work for health-related issues, it is important to actively plan and facilitate their return-to-work (RTW) process. This involves a structured yet flexible process, with clearly defined roles and responsibilities for everyone involved. The RTW process is more likely to be successful if genuine and caring communication is already the norm when the worker goes off work, and if this type of communication continues while they are off work—including caring, respectful check-ins and messages of support.



- An individualized, gradual RTW plan may aid in a successful return. Consider accommodation needs and job duties, and think creatively about how to help resolve conflicting demands.



- If a co-worker is returning to work after being off for a period of time, you don't need to know the reasons for the absence in order to welcome the person back. Simply saying "welcome back" with a smile may help.



- A successful RTW plan is adaptable to the worker's changing needs over time. Do not consider a RTW plan to be 'finalized.' Stay open to adapting the plan as needed as time goes on.

Planning and facilitating return-to-work



Case Study: The RTW planning meeting

Ruth went off work eight months ago. When she left, she told her supervisor, Maria, and the HR manager, Francis, that she needed time off due to her depression, confirmed in a note from her doctor.

While Ruth was off work, her supervisor Maria called her once a month. Maria asked how she was feeling and if there was anything the workplace could do to help. Maria also assured Ruth that her job would be waiting for her when she was ready to return.

Recently, Ruth had been feeling better, and thinking she might be ready to go back to work. She wasn't sure, but she wanted to try. She lets Maria know.

Maria organizes a pre-RTW meeting to be attended by Ruth, Francis from HR, and herself. The agenda, which she shares with all attendees prior to the meeting, includes creating a RTW plan based on Ruth's needs and her doctor's recommendations, outlining a process for follow-up over the next six months, and outlining roles and responsibilities for all involved.

Maria also has an idea: to pair Ruth with another worker, Jeanne, who had successfully returned to work years ago after experiencing severe post-partum depression. Jeanne had previously expressed interest in mentoring other workers with mental health conditions. Maria plans to propose this idea to Ruth during her next phone call. If Ruth is amenable to it, Jeanne will be invited to the last 10 minutes of the pre-RTW meeting to start welcoming Ruth back to work.



Guide: (5) Workplace and non-workplace resources

- Employee Assistance Programs
- **Non-workplace resources**





Non-workplace resources

Non-workplace resources include any supports, services or programs offered independently from the workplace. These include those offered by rehabilitation professionals, physicians/mental health providers, family members, community organizations, etc.



Worker

- Cognitive behavioural therapy (CBT), especially if work-focused, can help you remain at work or return to work when experiencing depression.



Union



Manager



HR

- Be aware of the resources available in your community so that you let workers know about potential support options, if needed.



Worker

- Implementation tip: While you wait, consider attending drop-in programs or community support groups, or using your workplace EAP's counselling services.



Non-workplace resources



Case Study: A flexible work schedule

Julian was diagnosed with depression in his teen years, and he knew what worked for him in terms of treatment: a monthly therapy session and medication.

One winter, he started experiencing a particularly severe episode of depression and realized he needed to modify his treatment accordingly. He asked to see his psychologist weekly rather than monthly.

Julian approached his HR manager, Aasim, and asked if he could not be scheduled to work shifts on Tuesday mornings for the next few months. He explained that he had a recurring health-related appointment every week during that time.

While it took some coordination with other team members, Aasim was able to ensure that Julian's Tuesday morning shifts would be covered. Thanks to the workplace's generous allowance for psychologist visits, Julian was able to adjust his treatments and stay at work while attending to his depression symptoms.



Guide dissemination

<https://www.iwh.on.ca/tools-and-guides/evidence-informed-guide-to-supporting-people-with-depression-in-workplace>

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Tools and guides

Evidence-informed guide to supporting people with depression in the workplace

Published: March 2018

While depression in the workplace is an extensive burden for all involved, information gaps related to implementation may prevent employers from making investments to reduce its impact. This guide helps address these gaps by drawing upon the best research evidence and integrating it with both practitioner expertise and stakeholder values and preferences.

This guide consists of three main sections: **workplace culture**, **workplace processes**, and **workplace and non-workplace resources**. Each covers different aspects of supporting individuals with depression in the workplace, and offers actionable messages for a range of workplace audiences.

Who should use this guide

The guide was designed to be used by anyone in the workplace who supports workers with depression to cope with their depression symptoms while working, or to return to work following an episode of depression.

Users may include: individuals with depression, managers, co-workers, human resources staff, union representatives and worker representatives. The content of this guide is applicable to the entire workplace regardless of sector or role.

Related project

Identifying and implementing current practices in supportive workplaces with depression. Credit: by

An evidence-informed guide to supporting people with depression in the workplace

Download guide (7.68 MB)

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Discussion

- We synthesized evidence from three sources: scientific literature, practitioner expertise, worker experience (Sackett, 1996) and used a method guided by PHAC best practices approach
- The results reveal the importance of **non-judgemental listening**, **flexible individualized supports**, and access to **external treatment/support resources** as workplace supports for depression.
- Synthesizing practice and scientific evidence can help guide policies and practices to support workers with depression



Further discussion and questions



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