

# AS@W...FOR OCCUPATIONAL HEALTH AND DISABILITY MANAGERS

## Why should occupational health and disability managers be concerned with workplace mental health?

A key goal for occupational health and disability managers is *disability prevention*, achieved through reduction of the incidence of impairing illnesses or accidents – including depression – and also through minimization of the functional impact of such conditions when they do occur. If possible, it is desirable to support depressed workers to stay at work in a safe and productive manner while receiving appropriate treatment and support. This serves to maintain employees' connection to their job, while at the same time minimizing the risk of disengagement, psychological de-conditioning and increased disability. At may at times, however, be appropriate and necessary for a depressed person to be absent from work in order to participate in treatment and regain their functioning. Given the explicit focus on workplace functioning, AS@W can be of value to a range of employees, including: employees who are at work; those who are off work and engaged in treatment; those who have demonstrated symptom relief and are participating in a work return process; and those employees who have successfully returned to work and want to avoid relapse.

## Who would find AS@W of value?

There are a number of workers who may benefit from the availability of AS@W:

- Workers who are exhibiting workplace behaviours or performance concerns that may be due to depression.
- Employees who have clinical depression and require supports in order to remain at work.
- Employees who are off work on a short or long-term leave due to clinical depression and would benefit from cognitive-behavioural techniques to complement other treatment(s) they are receiving, including pharmacological treatment.
- Employees who are returning to work after a depression-related absence.
- Workers who have recovered from depression but want to maintain good self-care in order to prevent or minimize relapse.



## AS@W Antidepressant Skills at Work: Dealing with Mood Problems in the Workplace

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## How can occupational health and disability managers use AS@W?

- Information, such as brochures or contact cards, about AS@W can be included in the orientation materials about company programs, services and benefits that are provided to prospective or new employees.
- Incidents such as accidents, injuries or unusual patterns of absenteeism may be the visible manifestation of an underlying mental health concern such as depression. In the course of investigating and dealing with such events, it may be appropriate to inform relevant parties about the availability of AS@W if an underlying mental health concern is suspected.
- In their direct interactions with an employee, occupational health and disability management professionals may suspect or be directly informed that the employee is experiencing depression. It may be helpful to inform the employee of AS@W, along with other relevant policies, benefits or programs, as well as suggestions that the individual may wish to talk further to their family physician or a mental health professional.
- Depression can co-exist with a range of physical illnesses such as coronary heart disease, arthritis and chronic pain. Co-morbid depression can seriously impede successful treatment, rehabilitation and work return. When an employee is disabled by a physical illness or injury, AS@W can be introduced as a complement to their medical care and rehabilitation.
- As part of disability management, employees may be referred to external professionals, such as psychologists, psychiatrists or occupational physicians, for further assessment and/or treatment. It would be beneficial to inform such external providers about AS@W in order to guide or augment their services.
- AS@W can be used to assist with planning and implementing a successful work return. This includes working with the manager and employee in problem-solving how to deal with workload demands and other possible stressors that are often encountered during the return; determining appropriate accommodations; and developing a plan for appropriate communication with co-workers and clients. The latter can be particularly important given the stigma associated with depression.
- When depressed employees have returned to work, there continues to be a significant risk of relapse. This is particularly true during the first six months after the worker has returned to full duties. Sustained work return is more likely to be ensured if there is ongoing support during this period. AS@W can be invaluable as a tool to assist with this process by providing skills to help identify signs of possible relapse, and to problem-solve an appropriate response strategy.



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## Key considerations for occupational health and disability managers

- ❑ All persons within an organization, particularly managers and supervisors, can benefit from education and training programs to raise awareness, reduce stigma and enhance skills in addressing workplace mental health. AS@W can be a core component of such training.
- ❑ Early identification and appropriate intervention serve to minimize the presence, degree and duration of depression-related disability. Employee screening for depression can be of considerable value, provided that individuals who screen positive are provided with readily available, effective and confidential access to mental health assessment and treatment.
- ❑ The majority of depressed workers are not on disability: they are still at work, although they may exhibit various degrees of *presenteeism* – or reduced productivity. Remaining at work may be appropriate, unless remaining at work is exacerbating their depression, significantly compromising the productivity of the work team, or placing the individual or others at risk of harm. To the extent possible, it is beneficial for the employer and employee to consider informal accommodations that will permit the worker to remain at work in a safe and productive manner, while engaging in self-care and/or treatment. This may include temporarily allowing time for appointments, modified work demands or not working alternating or extended shifts.
- ❑ Enhancement of employee awareness, competence and confidence in mental health self-care is only one component of integrated disability management. **Workplace and organizational factors that create a psychologically healthy and supportive workplace and support staff in their efforts at self-care are integral.** This may include remaining cognizant of issues such as employee workload, opportunities for recognition and development and maintenance of appropriate work-life balance.
- ❑ **AS@W is not intended to be a substitute for the provision of mental health care.** Nor should it be considered to be in lieu of other organizational or provider programs and services that are relevant to employee mental health, such as employee and family assistance programs, or provision of mental health services through extended health care plans.



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## Further Reading

Gilbert, M., Samra, J., & Bilsker, D. (2007). Managing employees with depression: Some suggestions for improvement. *Back to Work*, 6-9. Available at: <http://www.carmha.ca/home/documents/BTWJuly2007pg6-9.pdf>

Moll, S. (2007) *When Something's Wrong: Strategies for the Workplace*. Canadian Psychiatric Research Foundation. Available at: <http://www.cprf.ca/>

International Labour Organization. (2001). *Mental health and work: Impact, Issues and good practice*. World Health Organization. [http://www.who.int/mental\\_health/media/en/73.pdf](http://www.who.int/mental_health/media/en/73.pdf)



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# ABOUT AS@W

## How was *Antidepressant Skills at Work* developed?

The guide was developed by British Columbia Mental Health and Addiction Services (BCM HAS), an agency of the Provincial Health Services Authority. The guide and accompanying materials have been authored by **Dr. Dan Bilsker**, **Dr. Merv Gilbert**, and **Dr. Joti Samra** – registered psychologists and scientist-practitioners with expertise in issues relating to workplace mental health. These psychologists are with the Centre for Applied Research in Mental Health and Addiction (CARMHA), Faculty of Health Sciences, Simon Fraser University. The guide was written on the basis of a review of the scientific literature; consultation with employer, union, mental health provider and employee groups; and adaptation of existing self-care depression programs.

## How can the manual be accessed?

The manual is available for viewing and free download at [www.carmha.ca](http://www.carmha.ca), under Publications and Workplace Mental Health or from [www.bcmhas.ca/research](http://www.bcmhas.ca/research). Individuals or organizations are free to print and make multiple copies of the guide, with permission from CARMHA ([publications@carmha.ca](mailto:publications@carmha.ca)). Print copies and audio CDs are available at a low cost from Rebel Communications (604-214-9695 or 1-866-678-5484 or [info@rebelcom.ca](mailto:info@rebelcom.ca)).

For further information about AS@W and associated resources and materials, please visit [www.carmha.ca/antidepressant-skills/work/](http://www.carmha.ca/antidepressant-skills/work/). This information will be updated on a regular basis.



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