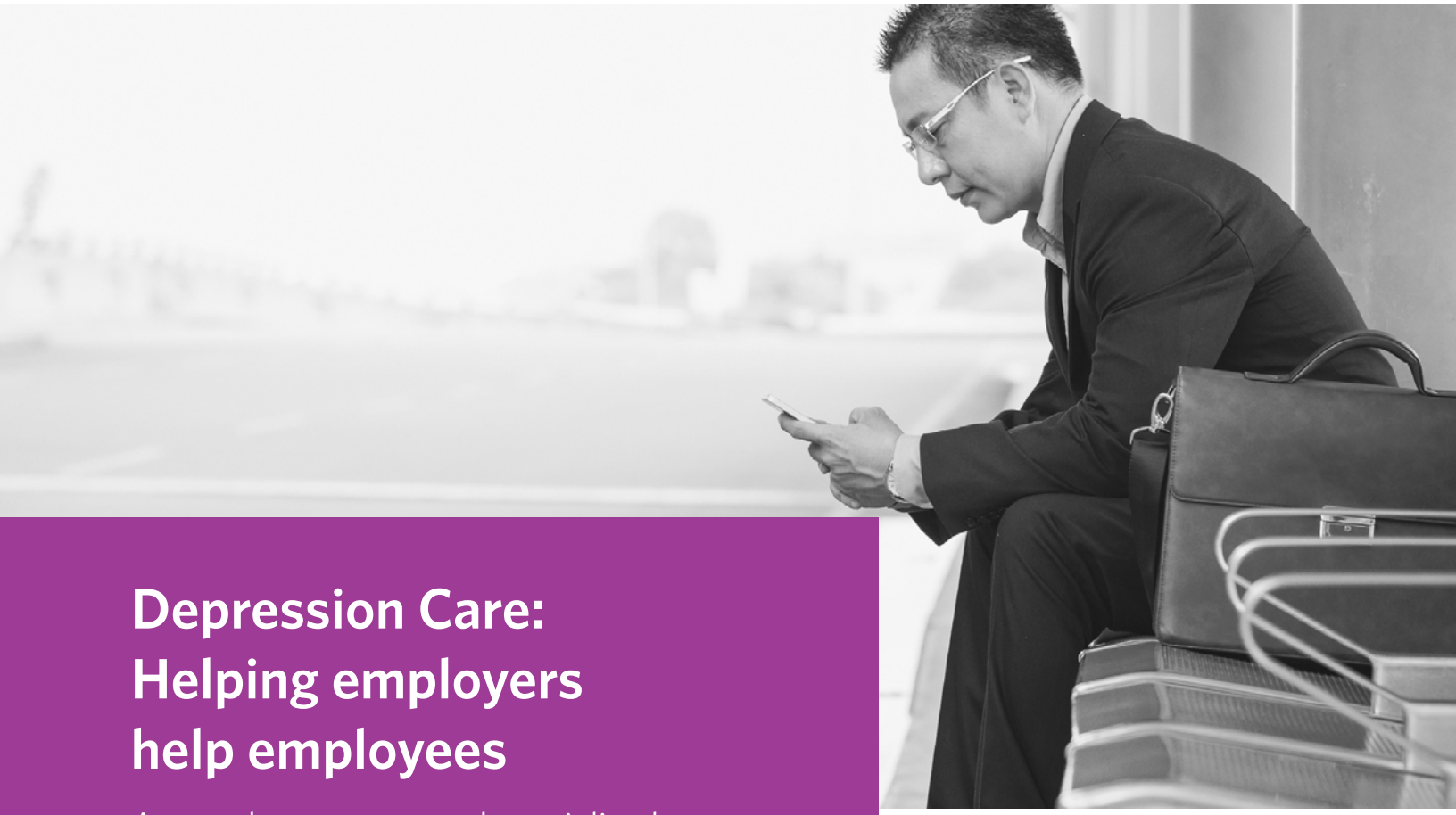
MORNEAU SHEPELL



Depression Care: Helping employers help employees

An employer-sponsored specialized treatment program for depression is using the latest technology and clinical best practices to improve the lives of employees.

April 2016

Business. Needs. People.

INTRODUCTION

The promotion of mental health and well-being in the workplace is nothing new. What is new, are the ways in which employers across Canada are addressing the mental and physical health needs of their employees.

Recognizing a demand for customized employee and family assistance program (EFAP) services that address the most serious threats to employee productivity, attendance, and retention, Morneau Shepell created Depression Care.

A specialized clinical program, Depression Care strives to help individuals with moderate to severe symptoms of depression. In conjunction with the individual's own treating physician or general practitioner, the program's counsellors and psychiatrists evaluate the individual's condition and provide treatment as appropriate. Depression Care helps employees manage their depression by providing them with:

- new ways of thinking, feeling, and working through problems;
- relapse prevention strategies;
- available support, so that they can overcome the challenges of accessing external healthcare providers and psychiatric services.

After the launch of the program, Morneau Shepell conducted thorough research and analysis to gauge the program's effectiveness. Their findings, contained in this report, show that individuals who follow Depression Care's established protocols will experience:

- a reduction in their overall impairment and improvement in their functioning from pre-counselling to post-counselling assessment; and
- an increase in productivity in the form of reduced absenteeism and presenteeism.

What's more, employers who opt into the program can expect a significant return on their investment, making it profitable in terms of their most important resource—their people.

THE CURRENT LANDSCAPE

Depression worldwide

According to the World Health Organization, approximately 400 million people suffer from depression (WHO 2015). And while the illness affects both genders, it is seen as more prevalent and persistent in women.

In terms of overall mental illness diagnoses in women, depressive disorders account for 41.9%. Theories about why more women than men experience depression suggest that a combination of biology and behaviour is at the core; however, some believe gender disparity, such as the assumption that women are more prone to emotional instability, has a large impact that is often left out of research (WHO 2016).

Depression in Canada

A number of organizations and associations are tracking the mental health of Canadians, and their findings are cause for concern:

- According to the Conference Board of Canada (CBOC), depression is one of the six most influential mental health issues impacting Canadian employees, followed closely by other mood disorders with depressive and anxiety correlates (CBOC 2012).

- Using Statistics Canada metrics from 2011 and 2012, the Mental Health Commission of Canada found that 10.6% of Canadians aged 12 and older self-identified as clinically diagnosed with anxiety or a mood disorder and 22.6% responded that they had high levels of stress (MHCC 2015).

- In July 2015, the Mood Disorders Society of Canada (MDSC) published results from their online mental healthcare system study. Approximately, 77% of the 2,245 participants who had been diagnosed with a mental illness were suffering from depression and/or persistent depressive disorder (PDD), while 80% of individuals without a clinical diagnosis believed they suffer from depression or PPD (MDSC 2015).

Challenges with treatment

Despite the increasing awareness of depression in Canadian society, those who wish to access treatment are finding they're faced with substantial challenges. These include:

A lack of resources.
Huge demands on the public healthcare system vastly outweigh available mental health resources (MHCC 2015).

Stigma.
Stigmatization of depression exists both in the general public and the healthcare system (Morneau Shepell 2015).

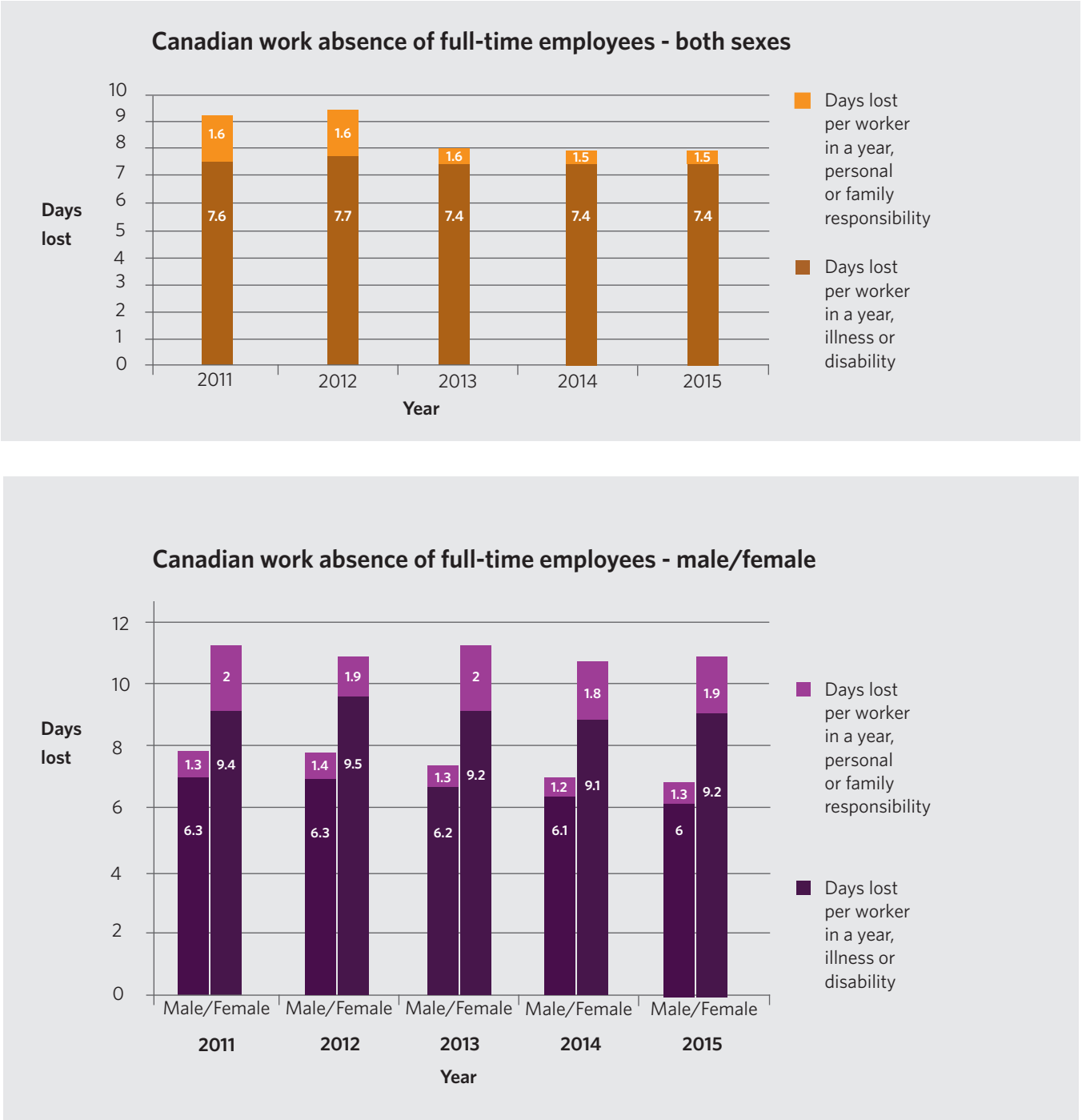
Insufficient coverage.
While 57% of Canadians surveyed by MDSC have health benefit plans, 54% of respondents claim that their personal coverage is inadequate for the mental health care they require (MDSC 2015).

No/limited access to professional help.
A referral from a family doctor is needed to consult with a psychiatrist for non-emergency reasons, but in 2014, roughly 15% of Canadians age 12 years and older did not have access to a family doctor. The results also identified that at 67% (keeping it without decimals) males aged 20 to 34 had the lowest. While assistance does exist to help employees find a family doctor, wait times to secure a physician and/or psychiatrist continues to exist (MDSC 2015).

The impact of mental health in the workplace

Mental health issues affect both employees and employers. Not all absences are caused by mental health issues but the two are closely linked. See Allen (2015) for a discussion on this complex relationship Figure 1 demonstrates the number of days on average a full-time employee missed scheduled work over a 5-year period.

Figure 1: Canadian work absence statistics of full-time employees



Source: Statistics Canada 2015b

Also reflected in Figure 1 is the marked difference between men's and women's lost days in the workplace. When examining employed Canadians with mental illness, CBOC found that 53.3% of the population is women (Stonebridge 2015). Women also place greater importance on the availability of and access to mental health support (MDSC 2015). This data mirrors Morneau Shepell's own findings, which show that a higher percentage of women request assistance for depression and overall service offerings from their EFAP in comparison to men (Veder 2014).

And while there are widely publicized metrics that mental illness has a financial impact on the Canadian economy, it remains difficult to attach an exact number to this cost that experts can all agree on. Results fall somewhere between $20 to $51 billion dollars per year, dependent on which factors are included in the calculation, such as health coverage, lost productivity, etc. (Stonebridge 2015).

The next logical question for employers to ask themselves then is why their employees are missing work (absenteeism) or are showing up to the workplace but are not fully productive due to an illness or other medical condition (presenteeism)? To answer this, Morneau Shepell took a survey of numerous employers, employees, and physicians across the country. Publishing their results in a 2015 report, we found that while both absenteeism and presenteeism are known to negatively affect the workplace, they are difficult to predict in occurrence, impact, and support required addressing individual circumstances (Allen 2015).

While some factors are hard to determine, what can employers do about the ones that are identifiable, treatable, and cause for concern? How can they promote mental health and well-being in the workplace?

The solution: Depression Care

Offered through Morneau Shepell's EFAP, Depression Care is a counselling program based on Cognitive Behavioural Theory (CBT) that helps people develop skills and resilience to recover from, or manage, depression. Individuals learn valuable tools to assist them in functioning more effectively within various areas of their personal and professional lives.

Eligibility

Organizations that have contracted EFAP services for their employees, allocate additional funding for Depression Care as part of their overall mental health strategy. Therefore, Depression Care is available to some, but not all, employees and their family members accessing the EFAP.

Access

Those who are eligible can access Depression Care in one of two ways:

1. Through an initial screening process with their EFAP counsellor. The counsellor identifies the individual as showing significant levels of depressive symptoms and assesses their suitability for the program.
2. By contacting Morneau Shepell's Care Access Centre and sharing their concerns about or symptoms of depression. Individuals are transferred for prompt psychometric evaluation to gauge if immediate access to the program is needed.

Other qualifications for the program include previous psychiatric history, willingness to complete the psychometric testing, and consent to share clinical progress with their physician.

Integrating traditional CBT counselling and technological innovation

Once an individual is accepted into Depression Care, counselling, extensive psychometric testing, and clinical assessment are then conducted. This integration of CBT and psychological testing provides a baseline measure of the individual's depressive symptoms, (with follow-up testing conducted partway through the process and just prior to case closure). Professional review of the initial assessment by a consulting psychiatrist ensures that the individual is properly diagnosed and an appropriate treatment plan is created.

With the employee's prior written consent, feedback from the psychiatrist is provided to the Depression Care counsellor, the employee's treating physician or general practitioner working with the individual on an ongoing basis, and any other mental health and medical specialists engaged in the employee's care.

The sharing of information of the individual's symptom profile and response to antidepressant medication provides a rare and valuable opportunity for interdisciplinary collaboration among the individual's treatment team to support him or her in recovery. This collaborative effort, along with careful periodic monitoring through ongoing reassessment means that:

- a clearly defined treatment plan can be developed, and most importantly, modified as needed in response to the individual's progress;
- recommendations can be made regarding changes in the individual's psychotropic medication regimen (if deemed appropriate), based on his or her symptoms;
- immediate communication about treatment recommendations with the individual's general practitioner and other mental health professionals (without the individual having to locate outside help and/or navigate long waiting lists) is facilitated; and

- assistance can readily be offered to help the individual access more intensive support outside of the program (if needed).

By offering Depression Care to their employees, employers are helping their people who suffer from depression to break down the barriers of seeking support and to manage their illness. With adequate support, these employees are then able to better and more effectively perform their jobs; benefitting both employee and employer.

METHODOLOGY

Data collection, sample, and timeframe

For this study, Morneau Shepell analyzed pre- and post-EFAP productivity and attendance survey data from 227 Depression Care cases (where EFAP users provided complete survey responses at the start of the case and again at the end), between January 1 and September 30, 2015. A diverse range of industries and employers were represented in this dataset.

Scope

Key variables used in the study's methodology include the following:

- Reduced work productivity was measured using one item assessing the degree to which the mental health issue that caused the individual to seek EFAP services impacted his or her work productivity. A five-point rating scale was used to determine level of productivity lost. Absenteeism was measured using one item assessing the amount of hours lost via 15 categories (e.g., hours lost: less than 4, 4-8, 9-12, etc.).
- A 37.5-hour work week was adopted in all calculations—a number that is typical for the Canadian workforce (Allen 2014).
- Depression Care user's self-reported change in work productivity and workplace absence, along with the average weekly wage of $933.38 for full-time Canadian workers, was used in all ROI calculations.

Study limitations

The study was limited by the following factors:

- Individuals in the Depression Care program were able to decline implementing the recommendations (in reference to pharmacological aids) made by the consulting psychiatrist.
- Individuals could also withdraw from participation in the program at any point during the clinical process.
- Program measures including pre- and post-questionnaire and assessment data were self-reported by individuals.

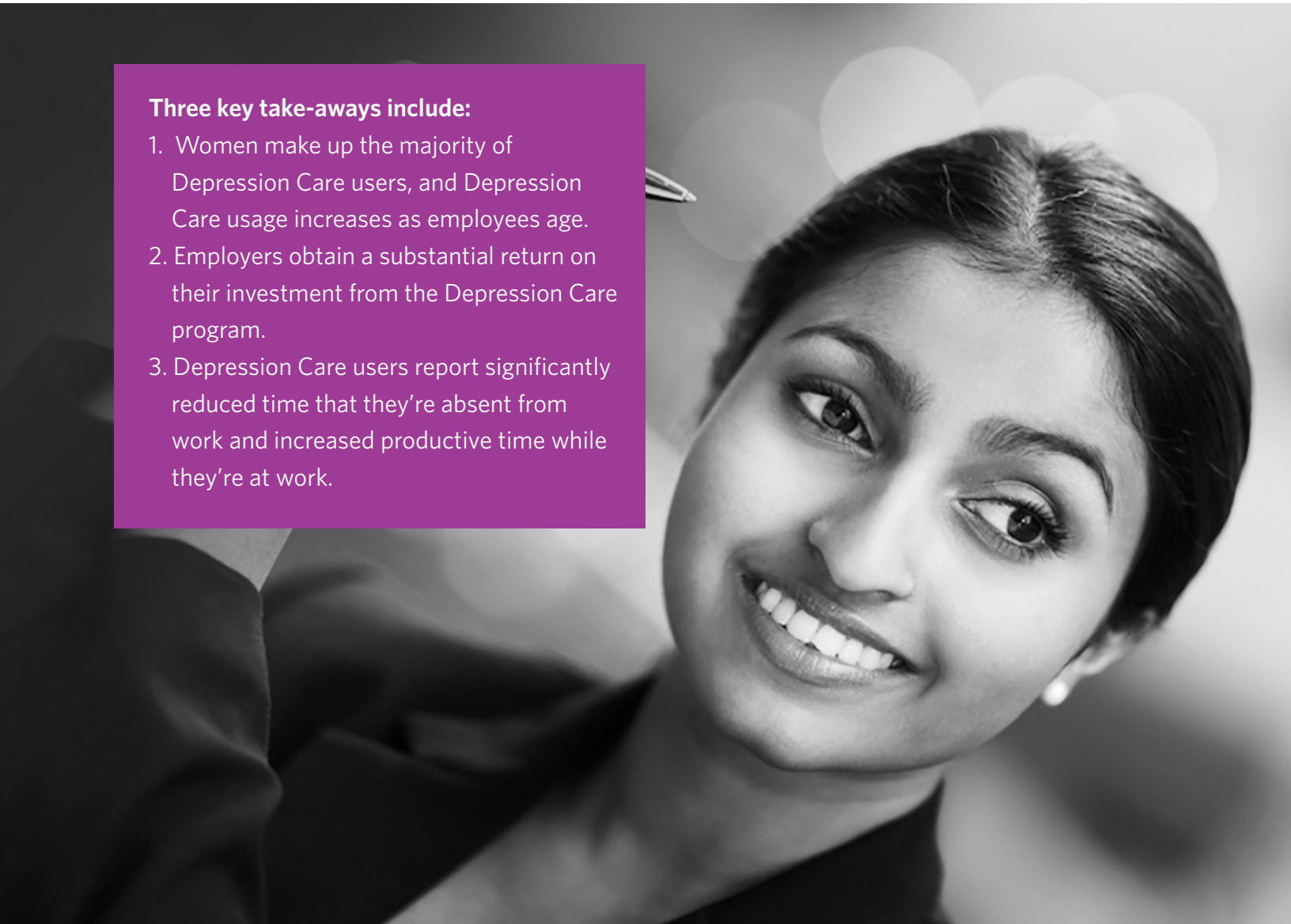
FINDINGS

A quick glance at the study results

Examination of the key metrics in Figure 2 helps in evaluating the effectiveness of an EFAP program and also guides research and development of future service offerings.

Figure 2: A high-level review of findings

Leading gender demographic of the program		Female (at 63.88%)
Leading age demographic of the program		50 years and older (at 40.53%)
% of employee productivity improvement while at work		51.91%
% of employee absence improvement		32.02%
Return on investment		4.8:1



Three key take-aways include:

1. Women make up the majority of Depression Care users, and Depression Care usage increases as employees age.
2. Employers obtain a substantial return on their investment from the Depression Care program.
3. Depression Care users report significantly reduced time that they're absent from work and increased productive time while they're at work.

Key result #1: The dominant age and gender of Depression Care users is women aged 50+.

As seen in Figure 3, and similar to other Morneau Shepell study findings on EFAP service access, employed women (at 63.88% versus men at 36.12%) are the dominant gender accessing Depression Care (Veder 2014). The predominant age range of women using Depression Care is 50 years and older (at 28.63% of all Depression Care users).

Also of note in the men's age distribution: The 30 to 39-year-old and 50 and over age groupings were identical in terms of program access (both at 11.89% of all Depression Care users).

Both genders saw the lowest access pattern in the 20 to 29 age range (7.49% of all Depression Care users were females and 3.96% were males).

Figure 3: Age and gender distribution of employed Depression Care individuals

Age group	Female	Male	Grand total
20-29	7.49%	3.96%	11.45%
30-39	14.10%	11.89%	25.99%
40-49	13.66%	8.37%	22.03%
50 and over	**28.63%**	**11.89%**	**40.53%**
Grand total	63.88%	36.12%	100.00%

Key result #2: Depression Care has a positive return on an employer's investment.

Following a similar approach used in a previous Morneau Shepell study of the ROI of EFAP services, the ROI formula in Figure 4 is built on calculating the impact of Depression Care on workplace productivity and absenteeism (Allen 2014).

Figure 4: ROI formula and Depression Care's return

Change in work productivity	Productive hours lost at work in the four weeks prior to the start of the Depression Care case
	Productive hours lost at work in the four weeks prior to the end of the Depression Care case
Change in absence	Absence hours in the four weeks prior to the start of the Depression Care case
	Absence hours in the four weeks prior to the end of the Depression Care case
Hourly wage	Average weekly Canadian wage in October 2015
EFAP case cost	The average cost of a Depression Care case

$$\text{ROI} = \frac{((\text{Change in work productivity}) + (\text{Change in absence})) \times \text{hourly wage} \times 6 \text{ months}}{\text{Depression Care case cost}}$$

The ROI formula calculates a ratio of employer benefits received versus dollars invested. Benefits are monetized by transforming the improvement in hours reported absent and hours unproductive at work from pre-EFAP to post-EFAP into a dollar amount.

Average improved attendance and productive hours at work is multiplied by the average Canadian hourly wage in order to determine how many dollars the average employer saved due to Depression Care (i.e., every additional productive hour saves an employer the hourly wage of that employee). The improvement is assumed to last, on average, 6 months. That is to say, depression would have contributed to increased absenteeism and decreased productivity for 6 months was it not for Depression Care services. The 6-month figure is a conservative estimate and shorter than the duration used in internationally-based ROI studies (Allen 2014).

Results show a positive return on investment for employers. Importantly, the average improvement in workplace absence was approximately 32.02% from pre- to post-Depression Care. Additionally, the average improvement in work productivity was about 51.91% from pre- to post-Depression Care.

The improvements lead to an ROI of $4.8 for every $1 spent on Depression Care services.

Key result #3: Employees identify a reduction in work absence and increases in work productivity following Depression Care treatment.

Employees reported a substantial decrease in hours absent from work following Depression Care—on average approximately 32.02% from pre- to post-EFAP. Employees also reported a substantial increase in productive work hours following Depression Care—on average about 51.91% from pre- to post-EFAP.

It's clear that employees are in fact improving their outcomes after utilizing Depression Care services; they're not only performing at a higher level, but are also feeling well enough to fulfill those expectations.

CONCLUSION

The majority of data gathered from Morneau Shepell's Depression Care program and study align with gender and age access patterns of other EFAP programs:

- At 63.88%, more females than males accessed and completed the Depression Care program, thus supporting the claim that women access EFAP services more frequently than their counterparts and, therefore factor more prominently in positive productivity and ROI results (Veder 2014).

- Overall, only 36.12% of people who accessed the program were male. Even though this number seems low, this rate was higher than expected. Results also revealed two interesting trends:
  - The same number of males in the 30 to 39-year-old age group as in the 50 and over age group accessed Depression Care.
  - There was a noticeable decline of male access to the program in the 40 to 49-year-age range.

- These findings also encourage EFAP providers to invest in research and development to find new ways to reach males and encourage them to use EFAP services.

In terms of Depression Care's workplace benefits, this study shows the following:

- The productivity of employees increased—in terms of improving overall functioning. Presenteeism decreased as findings revealed a 51.91% improvement in employee productivity at work. Absenteeism also shrunk by 32.02% for employees who completed the Depression Care program.

- Employers who opted to add Morneau Shepell's Depression Care program to their employees' mental health offering saw a significant return on their investment: $4.8 for every dollar they spent.

YOUR TAKE-AWAY

Depression impacts the Canadian business community to the tune of billions of dollars annually (Stonebridge 2015). While this amount is staggering, it only captures the financial impact on the economy and fails to acknowledge the day-to-day impacts on each individual suffering from depression, and their loved ones, friends, and coworkers who provide support during and after their illness.

Morneau Shepell's Depression Care program is a valuable tool that uses an integrated approach of best practices and proven therapeutic tools to help those suffering from depression, and who are faced by obstacles when seeking support. Depression Care removes access issues and ensures prompt and tailored care for the individual.

This study of the CBT-based program demonstrates that Depression Care has proven to be both beneficial to employers and their people. Organizations opting in to Morneau Shepell's Depression Care program see not only an increase in workplace productivity and significant return on their investment; they open the door for their employees to confidentially and successfully access the care that they need to get them back to optimal health.

Why Morneau Shepell is a leader in EFAPs

A frontrunner in the development and evolution of mental and physical health support for employees, Morneau Shepell is committed to making EFAPs more accessible by continuing to expand and enhance digital delivery methods while maintaining traditional service delivery.

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GLOSSARY

Depression Care case	An employee scoring moderate to severe on the MDI-10, who signs the appropriate consent forms and is enrolled in the Depression Care program.
Cognitive Behaviour Therapy (CBT)	A structured counselling model whose focus is to facilitate the awareness and modification of inaccurate or negative thinking patterns and change specific behaviours. This approach can be helpful to address many different mental health issues, including depression and anxiety (Mayo Clinic 2015).
Depression	"Depression is characterized by sadness, loss of interest or pleasure, feelings of guilt or low self-worth, disturbed sleep or appetite, tiredness, and poor concentration. Sufferers may also have multiple physical complaints with no apparent physical cause. Depression can be long-lasting or recurrent, substantially impairing people's ability to function at work or school and to cope with daily life. At its most severe, depression can lead to suicide." (WHO 2015)
Persistent depressive disorder (PDD)	"...a depressed mood that occurs for most of the day, for more days than not, and for at least 2 years (at least 1 year for children and adolescents)...in order to be diagnosed with Persistent Depressive Disorder, there has never been a Manic Episode, a Mixed Episode, or a Hypomanic Episode in the first 2 years, and criteria have never been met for Cyclothymic Disorder" (Bressert 2014).
Employee and Family Assistance Program (EFAP)	Services purchased by the employer as part of employees' benefits package; integrated health and productivity solutions that address the mental, physical, and social health issues affecting employees, their families, and the workplace.
Likert scale	"A psychometric response scale primarily used in questionnaires to obtain participant's preferences or degree of agreement with a statement or set of statements. Likert scales are a non-comparative scaling technique and are unidimensional (only measure a single trait) in nature. Respondents are asked to indicate their level of agreement with a given statement by way of an ordinal scale." (Bertram 2008)
Psychometric evaluation	"Tests and questionnaires are often referred to as 'psychometric.' That is because psychological theories of human behaviour and its measurement have been used in their construction. When developing a new psychometric measure, psychologists first carefully define what it is they want to measure. Often this involves researching the evidence on work performance to identify which personal factors are related to quality of functioning in a particular area" (BPS 2015).

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Contact us for more information on our EFAP services, how our Depression Care program can be a key contributor to your mental health strategy goals, and for guidance on what makes a good EFAP.

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About Morneau Shepell

Morneau Shepell is the largest company in Canada offering human resources consulting and outsourcing services. The Company is the leading provider of employee and family assistance programs, as well as the largest administrator of retirement and benefits plans and the largest provider of integrated absence management solutions in Canada. Through health and productivity, administrative, and retirement solutions, Morneau Shepell helps clients reduce costs, increase employee productivity and improve their competitive position. Established in 1966, Morneau Shepell serves approximately 20,000 clients, ranging from small businesses to some of the largest corporations and associations in North America. With almost 4,000 employees in offices across North America, Morneau Shepell provides services to organizations across Canada, in the United States, and around the globe. Morneau Shepell is a publicly-traded company on the Toronto Stock Exchange (TSX: MSI).

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