

TEST YOUR MOOD



Mental Health Screening in the Workplace

SASOM Conference

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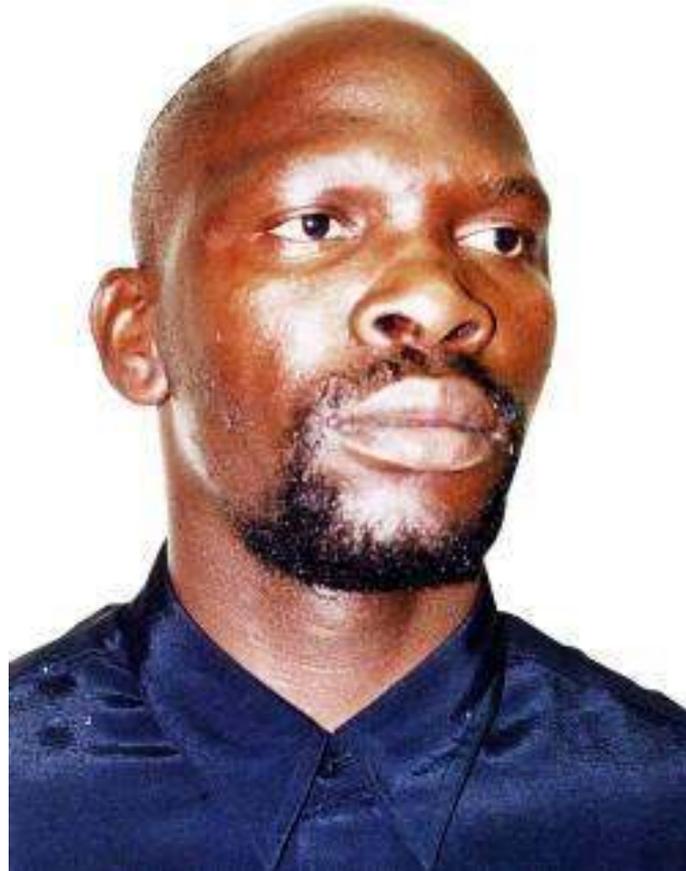
Dr S L Seape

Screening Failure

Images of remnants of Flight 4U9525



Screening failure



Notice:

- The large majority of individuals classified as mentally ill, are NOT
 - A threat
 - Criminal
 - Violent
 - Dangerous



MH in the Workplace

- 1 in 4 people have mental health issues
- 18% have MH symptoms
- 60% of mentally ill people are not treated
- 300 million days are lost to absenteeism yearly
- WHO estimates this number will be 12 billion days in 2030

Statistics

- Depression is the commonest diagnosis (has become symbolic of MH)
- 17% of all SA will have at least 1 episode of MDD
- MI increased by 41% between 2008 and 2012
- 12 months prevalence of MDD is 16.5%
- Lifetime prevalence is 30.3%
- 75% don't receive treatment



Statistics

- 11% of non-natural deaths are due to suicide
- 800 000 suicide yearly
- 50% of depressed patients have at least 1 suicide attempt in their lifetime
- Suicide is the 2nd leading cause of death in age group 15 to 29 years

Health care costs

- Untreated MH illness costs \$105 billion in lost productivity
- Untreated MH people use 3 times more in and out patient services
- Untreated people with depression consume 2 to 4 times the healthcare resources

Health care costs

- People with anxiety disorders see a doctor 3 to 5 times more than those without
- Cost are to
 - Afflicted
 - Colleague
 - Customers Company



MH Screening

- Early detection saves lives, saves money and increases productivity
- OHP must have
 - knowledge, skills, experience of MH issues.
 - high sensitivity to detect intrinsic risk in depression
- Screening is the obvious POA

Screening for MH

BEFORE screening, check the laws:

1. Labour Law
2. Employment Equity Act;
3. Mental Health Care Act
4. ADA



Screening in MH

- Pre-employment screening
- Evaluate workers for fitness for duty
- Evaluate candidates (esp) for executive positions
- Assess risk and safety related to worker's condition
- Evaluate work-related psychiatric condition

Screening in MH

- Evaluate specific worker if found to be unqualified for job, requires accommodation or is a threat to others
 - Employer (OHP) must demonstrate that there is significant safety risk
 - Risk can not be eliminated or lessened by accommodation
 - Risk must be proven by clear medical judgement, NOT suspicion





Process of Screening

Primary Prevention

1. Pre-employment screening
 - Full psychiatry clerk
 - Relies on full disclosure
 - Use of assessment tools (MINI)

2. Stratify employee population
 - Industry specific

Process of Screening

3. Periodicals

- Assessment tools
- OHP services to be accessible
- Hospitality of OHP =listening, eye contact, counselling, supportive
- All ranks of employee can consult on any issue



Screening Process

Secondary Prevention

- Active initiative
- Early detection and early intervention
- Electronic questionnaires
- Follow up with face-to-face interview
- Knowledge of policies and regulations of the company, including
 - Labour contracts

Process of screening

- Work regulations
- Leave of absence
- Work reinstatement
- Appropriate paper work/forms to complete
- Liaising with HR



Process of screening

Tertiary Prevention

- Providing support for returning-to- work workers
- Avoiding relapse [back to Primary Prevention]
- Giving advice to supervisor, colleagues (wrt assigning work to colleague, watching and assisting) (careful with confidentiality)

Holistic Screening

- Organisational climate
 - Workplace environment that fosters mental health
 - Work stress is alleviated when employees know the stress is finite
 - Workers knowing their work has corporate and global value
 - Supervisor appreciation and approbation
 - Sense of respect
 - Supervisor's concern over workers' health, family and shows gratitude



Holistic Screening

- Organisational justice
 - Fair management
 - Good information transmission
 - Good communication, esp when there are changes
 - Mentors
 - Lawsuit risk

Further screening

- OHP to evaluate healthcare services and Wellness programs
- Review current MH benefits
- Health insurance to provide informational resources and self screening tools
- When diagnosed, employees have access to mental health service
- Establish an EAP that works
- MH-orientated Wellness days



Further Screening

- Mental Health programs
 - Employees to make programs that encourage others to seek help. OHP to assist the effort
 - Awareness programs educating workers on different MH conditions, including signs and symptoms. Also helps with stigma.
 - Training of supervisors and manager in dealing with MH issues, esp
 - Recognising employees suffering from MI
 - Talking to staff about mental illness
 - Work with and accommodate employees with MI

Further screening

- Encourage employees to seek treatment
- Educate management on organisational climate
- Support management to offer reasonable accommodation, by;
 - Changing the role of the mental illness sufferer
 - Changing the environment (eg offer flexi time)
 - Monitoring and managing work load
 - Prevent bullying and discrimination
- Consistently tracking and collecting data



Further Screening

- Need a baseline of information
- Data like:
 - Absenteeism
 - Health cost
 - Job satisfaction
 - productivity

Further Screening

- Assist workers with “work-life- balance”
- Encourage fitness



Conclusion

- Early AND continuous detection
- Diverse and innovative ways to keep screening
- Educating employees and management to be “mental-wellness aware”
- Save lives, save money, increase productivity

