

## What Is Known Today About Workplace Mental Health – 2007 – The Four ‘C’s

### EPIDEMIOLOGIC FACTS – The Counts

- \* Mental health and substance abuse disorders are common among working age populations
- \* The most common conditions include social anxiety, major depression, substance abuse with other less common disorders including bipolar depression, panic attacks and schizophrenia
- \* Some people have both mental health and substance abuse issues
- \* Many mental health disorders have an early age onset and can then last for decades with periods of episodic changes in symptom severity
- \* Most people with mental health are not diagnosed early enough or treated appropriately
- \* Suicide can result from untreated mental health disorders

### ECONOMIC FACTS – The Costs

- \* Workers with mental health disorders tend to have higher direct costs (for treatment of mental health conditions, physical health co-morbid conditions, disability claims, and job safety)
- \* Workers with mental health disorders tend to have higher indirect costs (for missed time away from work, lost productivity on the job, and higher risk for job loss and turnover)
- \* Cost burden for mental health disorders is higher than most physical health conditions
- \* Productivity losses account for the majority of all combined costs for workers with mental health disorders

### ETIOLOGIC FACTS – The Causes

- \* Mental health disorders are caused or exacerbated by many factors
- \* Person factors include influences from genetic, biological, personality, and coping skills
- \* Work factors include job design, management style, relationships, and work culture
- \* Societal factors include stress, time pressures, work/family issues, and stigma

### EFFICACY FACTS – The Cures

- \* Traditional psychotherapeutic and psychiatric pharmacological treatments for mental health disorders are effective at reducing clinical symptoms and returning to higher levels of work function and are also cost-effective for avoided overall health care costs and workplace performance improvements in absenteeism and productivity
- \* Mental health services in the workplace have had less research attention on clinical efficacy and cost effectiveness. Yet, the applied research and case study data suggest that workplace-based services can be clinically effective and offer cost savings to the employer
- \* There is sufficient research evidence to support “Making the Business Case” for employers to take action on ways to improve mental health in the workplace.

SOURCE: Ricciuti, J., Steacy, R., Durant, G., Attridge, M., Ausqui, J., DeBartolli, K., & Clarkson, A. (2007, May). Research on Mental Health in the Workplace: A Literature Review and GAP Analysis. Presented at Second Canadian Congress on Research and Mental Health and the Workplace, Vancouver, BC, Canada.  
[Http://www.mentalhealthroundtable.ca](http://www.mentalhealthroundtable.ca)