

Submission #95

**Workplace Stress, Mental Illness &
Manitoba's Workers Compensation Act:**

**A presentation to the Public Hearings on
the Workers Compensation Act of Manitoba
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Who are we?

The Workplace Stress Initiative brings together organizations that are concerned about the impact of workplace stress on the health of working Manitobans and our communities. The Occupational Health Centre, a community health centre focused on workplace health, formed the Initiative in 2001 in response to workplace stress as an emerging workplace health issue.

The Workplace Stress Initiative actively builds partnerships between local health care organizations, employers, labour unions and social services agencies. Participants in the Initiative include the Family Centre of Winnipeg, Manitoba Government and General Employees’ Union, the Wellness Centre of Seven Oaks Hospital and the Community Unemployed Help Centre.

The Initiative aims to increase awareness among workers, employers, policy makers and the general public of the harmful impact of workplace stress and ways to reduce workplace stress. We have developed a Code of Practice for Initiative members and have recently launched a project to identify and promote best practices in Manitoba workplaces which will assist employers and workers make changes to reduce workplace stress.

What are our concerns with the Workers Compensation Act?

One concern is that in Manitoba’s current Workers Compensation Act, workplace stress is specifically excluded as an occupational disease. The Act will only recognize and compensate stress if it is an “*acute reaction to a traumatic event*”, such as life-threatening incidents that occur in the workplace. This excludes illness that is caused by chronic stressful working conditions over a period of time.

Mental illnesses caused by chronic stressful working conditions, such as depression and anxiety disorders, can be diagnosed and treated. No other illness or disease is excluded from compensation just because it resulted from exposure to the hazard over time. For example, repetitive strain injuries and asbestos-related diseases are both caused by exposure to the hazard over a period of time.

A second concern is that while workers compensation policy will compensate psychological conditions if they result from physical injury to the head or exposure to chemicals or drugs in the workplace, it ignores the fact that psychological illness is often caused by mental stress, not physical injury.

What is workplace stress?

While workplace stress may not be a disease, it is however a significant factor in the development of both illness and injury in today’s workplace.

The National Institute of Occupational Safety & Health (NIOSH) in the United States, defines workplace stress as “*harmful physical and emotional responses that occur when the requirements of the job do not match the capabilities, resources or needs of the worker.*”

Workplace stress can be caused by life-threatening traumatic events. However, it is also caused by chronic work factors such as excessive job demands, job insecurity, and lack of support for work-life balance. According to Statistics Canada, the greatest cause of stress for working Canadians is an overly demanding job.¹

What are the consequences of workplace stress?

Guidelines adopted in 2004 by the Global Business and Economic Roundtable on Addiction and Mental Health representing corporate leaders from Alcan, CIBC and the Royal Bank of Canada, clearly acknowledge, *“workplace stress is a factor in the onset of mental illness”*.

It is now widely recognized that workplace stress can lead to or exacerbate mental illness.^{2,3,4,5,6,7} See the attachment for a summary of research studies on the association between work factors and psychological ill health. In addition to such work factors, specific occupations present particular risks. Health professionals have a higher rate of suicide and nurses and health workers have increased rates of hospital admission for mental disorders.⁸

Employers are traditionally concerned with the costs of absenteeism. Yet, there is solid evidence that absenteeism may represent only a small fraction of the costs of depression in the workplace. There is growing evidence that links mental illness to decreased productivity. One study found that employees with symptoms of depression were seven times more likely to report a decrease in workplace effectiveness.⁹ “Presenteeism”, the phenomenon of employees going to work sick or injured and not performing well, is a growing concern to employers. In particular, the stigma attached to depression may result in employees being reluctant to report the illness or take time off, thereby increasing the hidden costs to employers that are not evident from health and disability claims data.

Currently employees with mental health problems caused by stressful working conditions utilize the provincial health care system or private insurance companies. The lack of a link back to the workplace means that employees either stay on the job while ill and persistently perform with reduced effectiveness; or they leave the workplace temporarily, often with no solid treatment plan, return to work assistance, or appropriate workplace accommodation if needed.

Conclusion

Great strides have been made in recent years to reduce the stigma and fear of mental illness. The laws and policies that govern our society, including workers compensation, should reflect this new understanding.

Those who oppose compensating mental health problems caused by chronic stressful working conditions maintain that it would be difficult to prove that the workplace caused the mental illness. However, the workers compensation system already deals with the issue of causality for illnesses and injuries that are not always straightforward. While it is not necessarily easy to assess the role working conditions play in the development of any illness or injury, we believe this is a poor justification to exclude an entire category of illnesses.

Integrating mental illness into Manitoba’s workers compensation scheme will assist both employees and employers. Employees with symptoms of mental illness will have easier access to the recognition, diagnosis, and treatment they need in order to be able to function effectively in the workplace. Employers will benefit from the potential to improve work performance of employees who receive the proper diagnosis and treatment for depression and other mental illnesses.

Recommendation

Mental illness should be covered by Workers Compensation if it is diagnosed by a physician and stressful working conditions have made a significant contribution.

Footnotes

¹Statistics Canada: *Perspectives on labour and income* June 2003. Vol. 4 No. 6

²Mino, Y, Shigemi J, Tsuda T, Yasuda N, et al. Perceived job stress and mental health in precision machine workers of Japan: a two year cohort study. *Occupational and Environmental Medicine*, 1999; **56(1)**: 41-5.

³Karasek RA Jr. Job demands, job decision latitude, and mental strain: implications for job redesign. *Administration Science Quarterly* 1979; **24**:285-309.

⁴Kawakami N, Haratani T, Araki S. Effects of perceived job stress on depressive symptoms in blue-collar workers of an electrical factory in Japan. *Scan J Work Environ Health* 1992; **18**: 195-200.

⁵Tennant C. Work-related stress and depressive disorders. *Journal Psychosom Res* 2001; **51(5)**: 697-704.

⁶Bourbonnasi R, Brisson C, Moisan J, et al. Job Strain in white-collar workers. *Scandinavian Journal of Work, Environment & Health* 1996; **22**:139-45.

⁷Neidhammer I, Golderg M, Leclerc A, et al. Psychosocial foactors at work and subsequent depressive symptoms in the Gazel cohort. *Scandinavian Journal of Work, Environment & Health* 1998; **24(3)**:197-205.

⁸NIOSH: *Proposed National Strategies for the Prevention of Leading Work-Related Diseases and Injuries “Psychological Disorders”*1988.

⁹Druss, Benjamin G. Schlesinger, Mark & Allen, Harris M. Jr. “Depressive Symptoms, Satisfaction with Health care and two year work outcomes in an Employed Population” in *American Journal of Psychiatry* 2001; 158: 731-734.