THE SCHOOL OF PUBLIC POLICY

MASTER OF PUBLIC POLICY CAPSTONE PROJECT

Going Through the Motions: Policy Considerations for Addressing Mental Health-Related Worker Presenteeism in Canada

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For Mama and Afum. I am forever in awe of you both. I hope I have made you proud.

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Executive Summary

As mental illnesses in Canada have become more prevalent, a deeper examination of some key issues is required. One significant concern related to mental health is that it gives way to presenteeism – the phenomenon of employees being physically present at work but performing below capacity due to illness. This leaves workers experiencing worsened mental health outcomes and costs employers billions of dollars in lost productivity. The policy environment post COVID-19 has focused attention on mental illness as a disability and reviewing access to relevant programs that can be accessed to alleviate the financial concerns and health insecurities of people with mental illnesses.

This project uses the United Nations Convention of the Rights of Persons with Disabilities (CRPD) as a guiding framework to explore alignment between rights based commitments and the current landscape of workplace disability benefit programs in Canada geared towards providing income support for people needing to take time away from work due to mental illnesses. It evaluates those programs and in doing so, isolates some potentially beneficial policy considerations that could be used in the reform of existing programs or the implementation of new ones that could address mental health-related presenteeism in Canada.

The project implemented a search strategy of relevant programs in Canada and outlined workplace disability benefits (short-term and long-term disability), the EI Sickness Benefit and CPP Disability Benefit at the federal level, and Assured Income for the Severely Handicapped (AISH) in Alberta as relevant programs. They were then evaluated against the criteria of mental illness eligibility, program duration, amount of benefit received, and program sustainability.

In discussing the analysis of these programs, this project highlights several relevant key factors and gaps for consideration in policy reform focused on composition, equity, and sustainability. The composition of, and access to, benefits impacts presenteeism. The composition of the benefit packages for those with mental illness was identified to not adequately meet financial needs . Equity is another key consideration as access to workplace benefits programs in Canada was found to be unequal. For those with longer term episodic mental illness, a gap was identified where no public disability support programs provide support for the necessary length of time. Finally, sustainability of the programs is critical from a public and private payer perspective and models where employers and employees contribute premiums into federally administered disability programs improve feasibility.

The report concludes with some relevant policy considerations for addressing the problem of mental health-related worker presenteeism. Key recommendations include: workplace benefits mandated to increase the level of funding for mental health services, public programs administered at the federal level to ensure equal access and program uniformity, funding blending employer and employee contributions to ensure program sustainability and scalability, and extension of the maximum duration of the EI Sickness Benefit. These

recommendations, if included for consideration in future attempts to find policy-based solutions to the problem of mental health related-worker presenteeism, could prove effective at lowering the $20 billion annual cost of lost worker productivity while improving the long-term mental health outcomes of Canadians.

Issue

For Canadian workers with mental illnesses, specifically mood disorders like depression and anxiety, the lack of guaranteed income supports through workplace disability benefits leads to increased levels of presenteeism - being present at work but not fully functioning due to illness (Hemp, 2004). This, in turn, lowers productivity, costing businesses and the overall economy significantly while also worsening the mental health outcomes of those affected.

Introduction

Mental illnesses have seen a steady increase in Canada in recent years and with mental illnesses being among the leading causes of workplace disability, they have begun to receive renewed public and policy attention (CAMH, 2022a). Specifically, episodic mood disorders anxiety and depression have had the biggest impact on mental health outcomes for Canadians and workplace productivity. In 2011, it was estimated that 4 million people in Canada were suffering from “a mood or anxiety disorder” and this was projected to increase to 4.9 million people by 2041 (MHC, 2011). The same study estimated that, from 2011 to 2041, the cost of lost worker productivity - absenteeism, presenteeism, and turnover - due to mental illnesses in Canada, would total $2.5 trillion, or $6 billion annually (MHC 2017, 8).

The COVID-19 pandemic has exacerbated the impacts of mood disorders on workplace productivity. Post-COVID-19, the prevalence of mood disorders has seen a significant increase in Canada with rates of depression and anxiety seeing 7% and 15% increases respectively from

2019 to 2020 (OECD, 2021). This sudden increase in prevalence suggests that the costs of mental illnesses on worker productivity could be even greater than initially estimated.

Workplace presenteeism results from inadequate workplace disability programs and impacts the economy and individual health and well-being. As of 2017, the Mental Health Commission of Canada estimated that 70% of the costs of all disabilities in Canada are related to mental illness (Sienkiewicz, 2017). For various reasons, including the episodic nature of mood disorders, the difficulty in getting a diagnosis, and workplace insurers facing pressure to keep costs down, people with these mental illnesses can find it difficult to get their disability claims approved (Alini, 2019). Due to the income insecurity brought about by the denial of mental illness disability claims, or the premature termination of benefits, many workers are forced to return to work prematurely, often against medical advice (Sienkiewicz, 2017). The resulting workplace presenteeism leads to reduced productivity and worsened health outcomes over time for those affected.

Reforming workplace disability programs is a federal priority. Recognizing the current challenge posed by mental illness in Canada, and the difficulty accessing disability support programs for mental illnesses, Prime Minister Justin Trudeau outlined the need for a "…review of access to federal disability programs, including for Canadians with mental health challenges", in his 2021 Mandate Letter to the Minister of Employment, Workforce Development, and Disability (Canada, 2021b). Earlier in the year, Minister Carla Qualtrough introduced legislation to Parliament for the creation of a Canada Disability Benefit to aid low-income Canadians with disabilities. (Canada, 2021a).

This current policy environment presents an opportunity to review existing disability support programs, at the provincial and federal levels, and identify policy components that could help address mental health-related worker presenteeism in Canada. If relevant programs are reformed or implemented with the welfare of people with mental illnesses in mind, they could help address the issue of mental health-related presenteeism, lowering the cost of lost productivity and improving health outcomes over time.

Background

Guiding Framework

As prevalence rates of mental illnesses have been on the rise in recent years, and the onset of the COVID-19 pandemic saw an even sharper increase in these rates, mental illness and its negative health effects have come to the fore. In addition to the negative health outcomes caused by mental illnesses, lost worker productivity, especially in the form of presenteeism, is costing the Canadian economy over $6 billion annually (MHC 2017, 8). Given that mental illnesses are responsible for a large increase in disability claims in recent years, workplace disability benefits play an increasingly important role in safeguarding the mental health of Canadian workers. Workplace disability benefits are heavily relied upon to provide employees with both adequate access to mental health treatments and income supports where necessary.

The United Nations Convention on the Rights of Persons with Disabilities (CRPD) provides a guiding framework to assess alignment of these rights-based commitments in workplace disability programs. Canada signed on to the UN CRPD in 2007 and it is focused on

ensuring that signatories develop and implement laws, policies, and administrative measures designed to protect the rights of persons with disabilities (UN, 2022a). Article 27 of the UN CRPD pays particular attention to workplace disability programs and the role that they play in protecting the rights of people with both physical and mental disabilities. It calls for member states to safeguard and promote the right to work for affected people, "including for those who acquire a disability during the course of employment" (UN, 2022b). Article 27 outlines specific legislative measures that can be undertaken to achieve this including those designed to prohibit discrimination, protect equality rights, safeguard employment and career advancement opportunities, promote vocational and professional rehabilitation and, ensure that "reasonable accommodation is provided to persons with disabilities in the workplace" (UN, 2022b). These core principles of Article 27 of the UN CRPD provide a guiding framework for the research focus and policy evaluation criteria in this project.

Mental Illness in Canada

For the purposes of this project, the terms "mental illness" and "mental illnesses" will refer to the mood disorders anxiety and depression. Further, wherever mentioned, "depression" will refer to clinical depression, also known as major depression, and "anxiety" will refer to Generalized Anxiety Disorder (GAD). This is because these are the most common mental illnesses in Canada and the most likely to affect workers and lead to mental health-related presenteeism.

Clinical depression, also referred to as major depression, is a complex mood disorder caused by various factors, including genetic predisposition, personality, stress, and brain chemistry (CAMH, 2022a). Impaired performance at work, school, or in social relationships can

result from the sad, despairing mood characteristic of depression which can last most of the day and persist for more than two weeks (CAMH, 2022a). Other symptoms of depression include sleep problems, irritability, fatigue, loss of interest in work or hobbies, trouble concentrating, changes in appetite and weight, a loss of touch with reality, and thoughts of suicide.

Depression affects people of all ages although it may present differently depending on the age of the depressed person. In Canada, depression is more common among women, although this difference diminishes with age and gender may affect how the disorder presents itself, with men typically having higher rates of feeling irritable, angry, and discouraged and more women attempting suicide, although men tend to complete suicide up to four times more (CAMH, 2022a). Depression and the episodes associated with it can occur several times over a person's lifetime, varying both in terms of length and severity. As such, it needs to be managed effectively by combining lifestyle changes and treatments. Some of the most common treatments for depression include psychotherapy and pharmacotherapy - the use of medications such as antidepressants (CAMH, 2022a).

Anxiety disorders are classified as the most common of all mental health problems by the Public Health Agency of Canada (Canada, 2009). Different types of anxiety disorders that affect Canadians include post-traumatic stress disorder (PTSD), obsessive-compulsive disorder, panic disorders, and specific phobias (Canada, 2009). The most prevalent anxiety disorder in Canada is Generalized Anxiety Disorder (GAD), with the 2012 Canadian Community Health Survey estimating that 2.4 million Canadians aged 15 or over would experience symptoms of GAD during their lifetimes (Pelletier, 2017). People with GAD experience excessive anxiety and worry leading to symptoms such as fatigue, trouble concentrating, irritability, headaches, gastrointestinal issues, and sleep problems. These symptoms have absenteeism and presenteeism

impacts in the workplace causing “clinically significant distress or impairment in important areas of daily functioning” (Pelletier, 2017). As the symptoms of GAD can cause such an impairment to daily life, sufferers can experience detrimental effects when it comes to work, school, personal relationships, or any other endeavours they may take on. Generalized Anxiety Disorder is commonly treated with psychotherapy, with cognitive-behavioural therapy (CBT) proving particularly effective, and drug therapy (Canada, 2009). As with clinical depression, these two treatment methods are often used in combination with each other.

Canada’s Mental Health Crisis

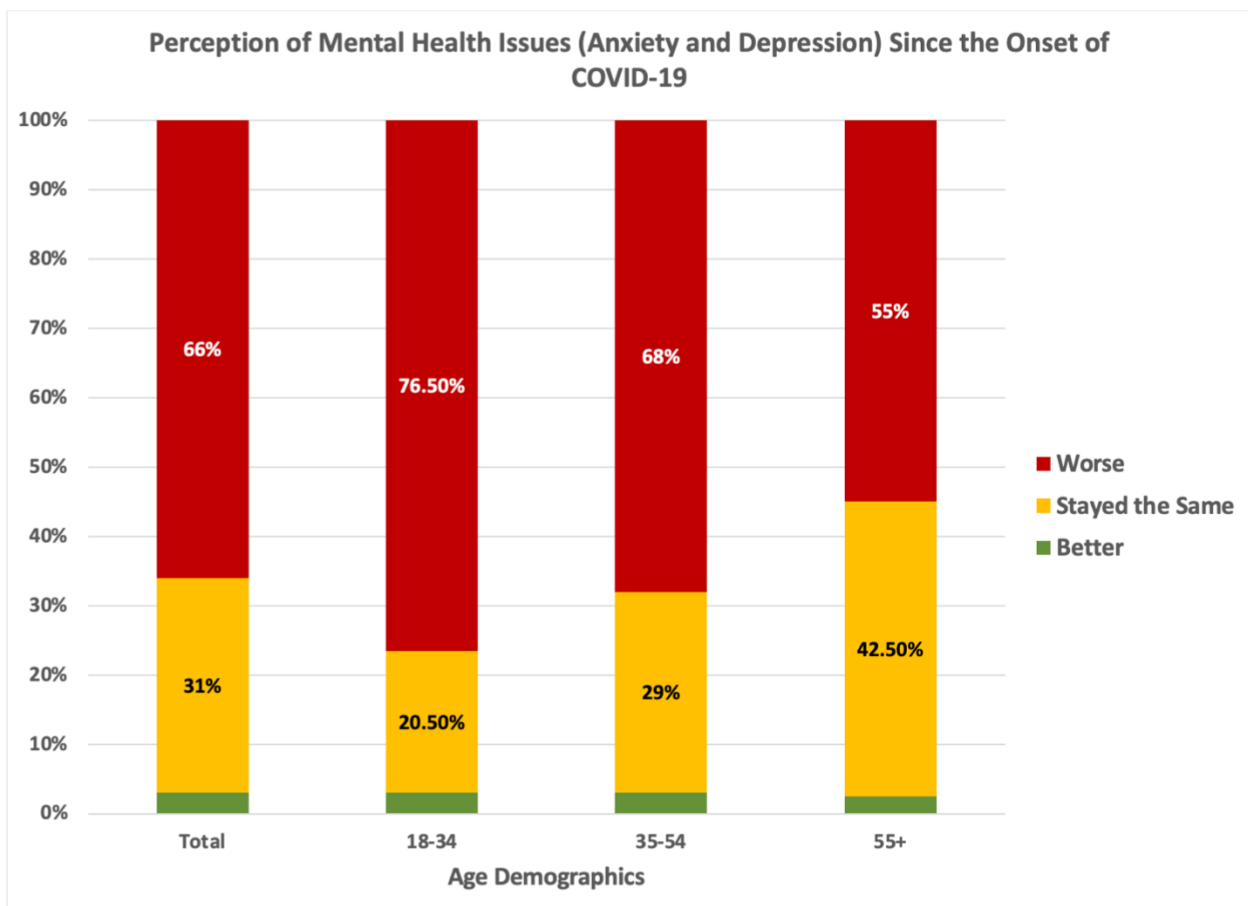

Figure 1 - Decline in Perceived Mental Health of Canadians Post COVID-19. Source: Angus Reid Poll (2022).

The COVID-19 pandemic had a significant detrimental impact on the perceived levels of mental health of Canadians and on actual mental health outcomes, exacerbating what was already an issue of significant concern. Following the onset of the pandemic, depression, anxiety, and other mental illnesses have seen a very sharp increase in prevalence rates. The increased stressors brought about by the pandemic ranged from worrying about personal and family health and rising financial insecurity, to navigating daily life amidst pandemic era restrictions. All of these contributed to significant increases in depression and anxiety rates among the Canadian population. The Organization of Economic Co-operation and Development (OECD) estimated that from 2019 to 2020, prevalence rate of depression in Canada increased by 6 per cent and the same rate for anxiety increased by 15 percent over the same period (OECD, 2021).

However, it should be noted that the pandemic only worsened what was already a significant mental illness problem in Canada. A 2021 survey by the Centre for Addiction and Mental Health (CAMH) reported that among Canadians aged between 18 and 39, 27.7 per cent reported feelings of depression and 33.5 per cent reported feelings of anxiety (Jabakhanji, 2022). CAMH psychiatrist David Gratzer, when analyzing the results of this survey, remarked that while the COVID-19 pandemic played a significant role in worsening the mental health outcomes of Canadians, a mental health crisis was already well underway before the onset of the pandemic. Gratzer notes that many people in Canada were experiencing symptoms related to depression and anxiety prior to COVID-19 and although the pandemic contributed to declining mental health, it was not the only factor related to the increase in prevalence. He warns that, even once the pandemic subsides, mental health issues will remain a priority in Canada saying, “we

were already in a mental health crisis before the pandemic began, and this won't end when the last COVID-19 patient leaves the ICU" (Jabakhanji, 2022).

Even before the onset of COVID-19, Canadian mental health outcomes had been on a steady decline. The 2019 Canadian Community Health Survey showed that the perceived mental health of respondents had worsened when compared to the results of the 2015 survey. This decline in reported mental health was consistent across all age groups, with the most significant decline among Canadians aged 18 to 34, who reported an 11 per cent decrease in perceived levels of mental health from 2015 to 2019 (Statistics Canada, 2020). Men and women reported declining mental health over the same period with women reporting 6 per cent consistently poorer mental health than men over the four years between surveys. *Figure 1* above highlights the massive impact that COVID-19 had on Canadians' perceived levels of mental health. It shows the results of a 2022 Angus Reid poll in which respondents were asked how they felt about the levels of mental illnesses, specifically anxiety and depression, within their social circle (Angus Reid, 2022). The results were largely the same across all age demographics and in total, 31 per cent of respondents said they thought the level of mental health had stayed the same, while 66 per cent said they thought that the levels of mental health within their social circles had worsened (Angus Reid, 2022).

The steep decline in mental health outcomes was seen in diagnosed mental illnesses in addition to worsened perceived mental health. In 2015, 3.7 million Canadians had diagnosed depression or anxiety, and this had increased to 4.4 million Canadians by 2019 (Statistics Canada, 2020). With consistently declining mental health levels even prior to COVID-19, the pandemic contributed to a sharp increase in prevalence rates which has brought renewed focus and policy attention to issues surrounding mental illness in Canada.

The Effects of Rising Mental Illness Rates

As the prevalence rates of mental illness continue to increase in Canada, mental illnesses have an increasingly detrimental effect on the overall health levels of Canadians. Although much of the public discourse around mental health treats it as a separate issue from physical health, they are, in fact, linked. Poorer mental health levels are linked to declining physical health outcomes due to comorbidities and have significant societal impact as well.

As mental illnesses have become more common, in any given year, one in five Canadians will experience a mental illness of some sort (CAMH, 2022b). The link between mental and physical health exacerbates the overall negative health effects associated with mental illness. This is illustrated by the fact that people who suffer from mood disorders are at a much higher risk of developing a long-term medical condition (CAMH, 2022b). Some long-term medical conditions which have emerged as frequent depressive comorbidities include chronic fatigue syndrome, stomach or intestinal ulcers, fibromyalgia, and migraine headaches (Patten et al. 2005, 199). Similarly, GAD often co-occurs with chronic physical health problems including diabetes, chronic pain, and heart disease, and may worsen the effects of these physical illnesses and interfere with an individual's ability to manage them (Pelletier 2017). This link between mental and physical health contributes to the fact that people with mental illnesses are more likely to die prematurely than the general population with, "mental illness cutting 10 to 20 years from a person's life expectancy" (CAMH, 2022b).

In addition to the frequent presence of physical illnesses among people who suffer from poor mental health, they are also at the increased risk of developing substance use disorders.

Research has shown that there is a high vulnerability of mental illness patients to alcohol and drug abuse with the presence of a mental illness doubling the chance of developing alcoholism and increasing the chances of developing a drug abuse disorder by more than four times (Mueser, Bennett, and Kushner 1995, 13). The comorbidity of mental illnesses and substance use disorders complicates treatment options and worsens overall health outcomes as each disorder, "may alter the course and worsen the prognosis of the other, including increasing the risk of suicide" (Weiss and Wong 1995, 109).

Suicide is the most severe negative outcome related to mental illnesses. It is especially risky for those who suffer from untreated or worsening mental illnesses. In Canada, approximately 4,000 people die by suicide each year, averaging out to 11 successful suicide attempts each day (CAMH, 2022b). The link between suicide rates and the high prevalence rate of mental illness is clear as suicide is the second leading cause of death after accidents for people aged between 15 and 24 (CAMH, 2022b). While suicide affects both men and women, it impacts each differently. Men account for more than 75 per cent of suicides in Canada, although women attempt suicide 3 to 4 times more often than men do (CAMH, 2022b).

Cost Barrier to Mental Health Treatment and Services

Canada's current mental health crisis and the high prevalence rate of mental illnesses is exacerbated by the fact that adequate treatment and mental health services are often inaccessible to Canadians due to cost. The current realities of the Canadian healthcare system ensure that only in a few exceptional cases are mental health services covered under the Medicare system at no cost to the patient at the point of treatment. This gap in funding for mental healthcare services is

highlighted by Canada's limited public and private health care spending on mental healthcare services in comparison to other OECD countries (Moroz, Moroz and D'Angelo, 2020). In 2015, Canada's total private and public spending on mental health care amounted to $15.8 billion which was 7 per cent of Canada's total health care spending. In contrast to this, the UK's total health spending on mental healthcare services came to 13 per cent in 2014, and France spent 15 per cent of its total health care spending on mental health in 2017. Keeping this in mind, and considering the impact of mental illnesses in Canada, it is estimated that mental health care is underfunded by an estimated $3.1 billion yearly (Moroz, Moroz, D'Angelo, 2020).

For the most part, mental health treatments and services, similarly to prescription drugs, eye care, and dental care, rely on for-profit private health insurers to provide access to care for those who need treatment. In 2010, expenditures from private health insurers in Canada totaled $22.7 billion, or 11.7 per cent of total health care spending, ranking Canada second among OECD nations in terms of per-capita private health insurance expenditures (Law, Kratzer and Dhalla 2014, 470). As such, to access mental health treatments and services including pharmacotherapy (medication) and psychotherapy, Canadians largely need to rely on private supplemental health insurance coverage, often accessed through employment benefits at their place of work (Law, Kratzer and Dhalla 2014, 470).

Within this current configuration of the healthcare system, affordability represents a significant barrier to accessing mental health care services for the 40 per cent of Canadians who either have inadequate private health insurance coverage, or no coverage at all (Law, Kratzer, Dhalla 2014, 470). Even for those who do have adequate private health insurance coverage, mental health services are typically only covered under these plans up to $400 to $1,500 annually. When considering an individual who needs to access psychotherapy treatment for a

mental illness, that level of coverage would only include two to eight therapy sessions per year, with the cost of any additional therapy needing to be paid for out-of-pocket by the patient (Moroz, Moroz, and D'Angelo, 2020). As the Canadian Psychological Association (CPA) recommends that employees receive access to coverage between $3,500 and $4,000 to receive "full treatment using evidence-based care", the gap in insurance coverage is highlighted between the average amount provided and the recommended amount to ensure full psychological health (MHC 2022, 4).

The fact that cost is a significant barrier to adequate mental health treatments and services is a contributing factor to the lost productivity experienced due to mental illnesses. As many working Canadians are unable to afford to access mental health treatment services or are denied disability benefits, they are forced to continue to work, often below capacity due to illness, leading to worker presenteeism and representing a substantial cost to the Canadian economy.

Lost Productivity – Mental Health-Related Worker Presenteeism in Canada

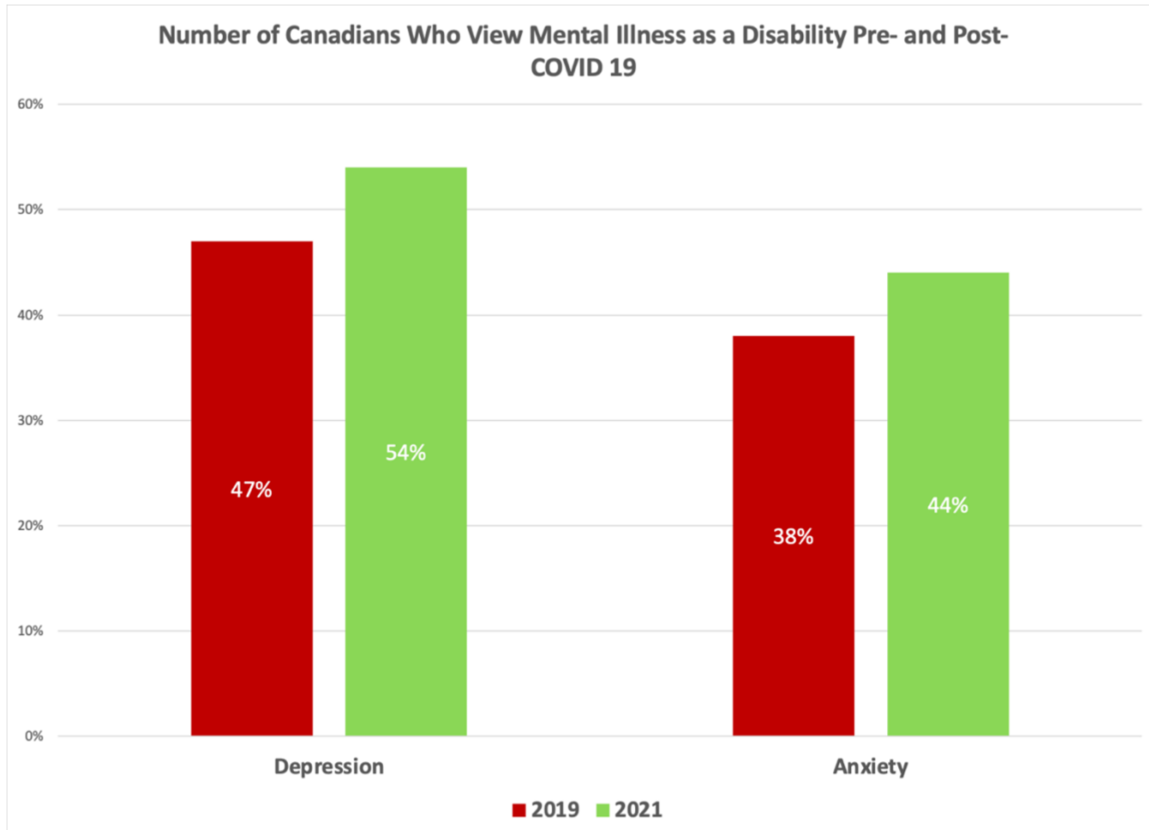

Figure 2 - Canadians' Changing View of Mental Illness as a Disability. Source: Ipsos Research Poll (2022).

As already mentioned, the COVID-19 pandemic had an impact on the prevalence rates of mental illness in Canada, but also on public perception of perceived levels of mental health. As such, the COVID-19 pandemic has played a significant role in shifting public opinion when it comes to issues involving mental health.

One area of public opinion that has seen a major shift is in the number of Canadians who view mental illnesses, specifically depression and anxiety, as legitimate causes of disability. *Figure 2* above displays the results of an Ipsos Research poll published in 2022 which asked

survey respondents whether they viewed depression and anxiety as mental illnesses in two separate years, 2019 and 2021, post COVID-19 onset (Ipsos, 2022). The results show that, in 2019, 38 per cent of Canadians viewed anxiety as a disability and that increased to 44 per cent of Canadians in 2021, a 6 per cent increase. With regards to depression, there was a similar increase in the number of Canadians who viewed it as a disability. In 2021, 54 per cent of Canadians viewed depression as a disability, a 7 per cent increase from 2019. This also means that over half of Canadians now view depression as a disability (Ipsos, 2022).

This shift in public opinion around the legitimacy of mental illnesses as disabilities is especially relevant as mental illnesses and substance use disorders are among the leading causes of disability in Canada (Lang et. al 2018, 1300). The World Health Organization (WHO) ranked depression as the single largest contributor to global disability figures and noted that anxiety was ranked as the sixth largest contributor to worldwide disability estimates (WHO, 2017).

The problem of mental health-related disabilities is of particular interest to Canadian employers as mental illnesses are estimated to cost them more than $20.7 billion annually due to the lost labour force participation from employee turnover, absenteeism, and presenteeism (Sutherland and Stonebridge 2016, 17). Traditionally, absenteeism – the practice of workers regularly missing work, has received the most attention from employers and the public as a symptom of lost productivity. However, presenteeism – the practice of workers coming to work while sick and performing with reduced productivity – may be of even greater concern (Sutherland and Stonebridge 2016, 3).

A 2017 survey in South Korea estimated that the total cost of depression-related presenteeism was up to 11 times greater than the total cost of depression-related absenteeism in

any given year. It was estimated that the total annual cost of depression-related absenteeism in South Korea was $138 million USD but the total annual cost of depression-related presenteeism was approximately $1.6 billion USD (Jeong et. al, 2020). The relationship between mental health-related presenteeism and lost productivity can be explained by the fact that working with an illness is often accompanied by decreased work ability and so workers who experience presenteeism must "exert extra effort to achieve their typical level of work performance" (Jeong et. al, 2020). For the affected individual, working while ill also lowers motivation and that, in combination with the extra effort required to maintain typical work performance, could further deteriorate their mental health, worsening their health outcomes and lowering their overall productivity (Jeong et. al, 2020).

The issue of mental health-related presenteeism is of particular concern in a Canadian context because due to the current mental health care system, many people who suffer from mental illnesses are unable to afford the access to adequate treatments and the ability to take the required time off work to aid their recovery. 2016 estimates prior to the rise in prevalence rates of mental illnesses post COVID-19 noted that by 2035, 1.3 million employed Canadians will work while suffering from depression and a further 740,000 will work while suffering from an anxiety disorder (Sutherland and Stonebridge 2016, 21). In 2016, the Conference Board of Canada estimated the average contribution of workers to the country's gross domestic product (GDP). The average productivity of a fully functional employee was $67,200. However, for those operating at reduced functionality due to suffering from a mental illness, their average productivity was $50,400 representing a 25 per cent decrease (Sutherland and Stonebridge 2016, 22).

Exacerbating these high numbers of workers suffering from mental illnesses is the stigma surrounding them. In 2019, 75 per cent of working Canadians stated that they would be reluctant to disclose a mental illness to an employer. As a result, workers in Canada are nearly 3 times less likely to disclose to an employer that they are suffering from a mental illness than a physical one (CAMH, 2022b). Among the reasons quoted for the reluctance to disclose mental illnesses were the stigma surrounding them, not wanting to be treated differently, and being afraid of the potential consequences for one's career such as losing a job or being denied career advancement opportunities (CAMH, 2022b). This means that large numbers of people continue to work with undisclosed mental illnesses, resulting in workplace presenteeism. The shift in public attitudes towards mental illnesses post COVID-19 may help lessen these instances of mental health-related workplace presenteeism as the stigma towards mental illnesses, and those who suffer from them, declines.

Affordability, both in terms of the cost concerns of workplace insurers and the financial insecurities of mental illness sufferers, remain the most significant factors causing mental health-related worker presenteeism in Canada. With 1 in 3 workplace disability claims being mental illness-related, and with mental illnesses accounting for 70 per cent of total disability costs, the pressure to control costs means that workplace insurance programs often make the claim and approval process for mental illnesses especially difficult (Alini, 2017). These insurer cost concerns are often passed on to employees who find that they are denied mental health claims completely or are frequently cut off from long-term disability benefits prematurely, forcing them to return to work even while suffering from the effects of mental illnesses (Sienkiewicz, 2017).

Effective policy solutions are needed to address the problem of mental health-related worker presenteeism, particularly within the context of affordability concerns. Due to the

landscape of the Canadian mental health care system, there are numerous private and public sector, federal and provincial programs that can be accessed by people suffering from mental illnesses. These programs can either provide access to mental health care treatments and services, provide some form of income replacement if an affected individual needs time away from work to recover, or perform both functions to some degree. The purpose of the sections below is to identify some programs that exist in Canada and assess them utilizing some key policy criteria. The aim is to identify program elements that may be successful at addressing presenteeism if implemented on a wider scale, either within programs that already exist, or may be useful additions for programs that may be created in the future.

Methodology

Search Strategy

To identify programs that have relevant policy considerations for addressing mental health-related presenteeism while considering the realities of Canadian federalism, government programs were grouped into two categories, with one containing programs administered at the federal level, and the other containing provincially administered programs. As Alberta is the province of origination for this project, it was selected as the representative province for provincial level support programs. As such, the jurisdictions scanned for relevant programs were Canada and Alberta.

Public sector programs were identified by using the search terms, “mental health disability benefits Canada” and “mental health disability benefits Alberta” in online search engines. The federal programs, Employment Insurance (EI) and the Canada Pension Plan (CPP) disability

benefit, were then identified on Canadian government websites as relevant programs (Canada, 2017). For Alberta, Assured Income for the Severely Handicapped (AISH) was the program identified on the provincial government website as the program designed to provide some level of income support for those with disabilities in the province (Alberta, 2022).

Workplace disability benefits were identified in the Mental Health Commission of Canada 2022 research report, *Extended Mental Health Benefits in Canadian Workplaces: Employee and Employer Perspectives*. In the report, three major types of workplace disability benefits were examined. They were workers' compensation benefits (WCB), short-term disability (STD), and long-term disability (LTD) (MHC 2022, 1). The insurance programs identified for analysis in this project were STD and LTD as WCB are accessed by employees who fall sick, or are injured, because of work, while STD and LTD cover mental illnesses which originate outside of the workplace. STD and LTD are grouped together in the findings and analysis sections below as "workplace disability benefits."

Policy Analysis

The UN CRPD provided the guiding framework for the evaluation of relevant programs identified using the search strategy described above. Evaluation criteria were selected for their ability to isolate policy components that aligned with Article 27 of the UN CRPD and its calls for safeguarding against discrimination, protecting employment and career advancement opportunities and providing reasonable accommodation for those with disabilities in the workplace. Again, for this project, disabilities caused by mental illnesses were the focus of the analysis. The criteria selected using the guiding framework of Article 27 of the UN CRPD are

mental illness eligibility, program sustainability, program duration, and the amount of program or benefit support. They are described in more detail in the table below:

Criteria	Description
Mental Illness Eligibility	This involves whether the program being examined considers people enrolled in the program eligible for coverage due to mental illness. The frequency of claim denials and difficulty accessing the program for people with mental illnesses will be the relevant factors considered here.
Program Sustainability	This focuses on the funding model implemented by the program being evaluated and whether it allows for the successful long-term financial health and administration so it can provide a long-term solution to mental health-related presenteeism and be scaled across the country to ensure equal access for as many people as needed.
Program Duration	This involves the length of time that an individual enrolled in the program can be covered under the program's defined limits. This is an important factor to consider due to the length of time that an individual may need to be covered under the program to sufficiently recover from their mental illness and return to the workforce at full capacity.
Amount of Income Support/Benefit	This includes an examination of the dollar amount that an individual suffering from a mental illness would receive if enrolled in the program, and whether that amount would be sufficient to take the required time off work and/or to access adequate mental health treatment.

Findings

After conducting a search using the parameters defined in the methodology section above, several programs relevant to mental health-related disabilities and worker presenteeism in Canada were identified. They are short-term disability (STD) and long-term disability (LTD), hereafter grouped together under "workplace disability benefits" since they are provided in conjunction with each other through workplace benefits plans. In addition, two public programs were identified at the federal level. They are Employment Insurance (EI) Sickness Benefit and

Canada Pension Plan (CPP) Disability Benefit. Finally, Assured Income for the Severely Handicapped (AISH) was found to be the most relevant program offered by the provincial government of Alberta. The characteristics and features of each program and their relation to mental health-related disabilities and presenteeism are given a brief overview in the table below:

	Workplace Disability Benefits	**Government Programs**		
		Federal Level		Provincial Level (Alberta)
Program Name	*Short-Term Disability (STD) and Long-Term Disability (LTD)*	*Employment Insurance (EI) Sickness Benefit*	*Canada Pension Plan (CPP) Disability Benefit*	*Assured Income for the Severely Handicapped (AISH)*
Program Administrator	Private insurers through workplace employee benefits packages.	Federal government through Employment and Social Development Canada (ESDC).	Federal government through Employment and Social Development Canada (ESDC).	AB Provincial government through Ministry of Community and Social Services.
Program Eligibility	Currently active employees covered under the employer insurance program are eligible.	Canadians who have accumulated 420 insured hours in the year prior to their disability are eligible.	Canadians aged 18 to 65 who have made adequate CPP contributions prior to their disability are eligible.	Alberta residents suffering from severe, permanent disabilities which prevent, or limit, employment opportunities are potentially eligible.
Mental Illness Coverage	Yes, mental illnesses included under eligible disabilities.	Yes, mental illnesses included under eligible disabilities.	Yes, mental illnesses included under eligible disabilities.	Only severe, permanent disabilities are eligible for coverage so episodic mood disorders are ineligible.
Program Duration	Varies for as long as required until the	Sickness benefit provided for a	Varies for as long as required from when the claim is	Varies as program is designed to

	employee goes back to work or is no longer disabled. STD occurs first, typically lasting about 22 weeks and then transitions to LTD with the average length being just under 4 years.	maximum of 15 weeks.	approved until the individual is no longer disabled or turns 65.	provide income support for those with severe, permanent disabilities.
Program Benefits	Employment income replacement of 60 to 100 per cent through STD and 50 to 70 per cent through LTD. Recipients are also able to access other workplace health benefits such as drug plans and psychotherapy sessions.	Income replacement of up to 55 per cent of employment earnings to a maximum of $638 per week. No additional benefits provided.	Income replacement through monthly disability pension. Average amount received is $1,053.20. No additional benefits provided.	A basic living allowance of $1,685 per month as well as additional benefits providing basic dental care, eye care, and prescription drug coverage.

Analysis

As outlined in the table above, the relevant programs focused on providing disability supports and address mental health-related presenteeism in Canada vary widely in terms of their characteristics. To isolate appropriate policy components of each program, they are analyzed further against the criteria laid out in the methodology section below:

Mental Illness Eligibility

As this project is concerned with mental illness-related disabilities and the impact that they have on presenteeism in Canada, whether the programs being evaluated provide eligibility for mental illness patients is perhaps the most important single criterion. For the workplace disability benefits, STD and LTD, mental illnesses are eligible for coverage under their programs. Eight out of ten employers in Canada provide workplace disability benefits to their employees and mental illnesses account for 30 to 40 per cent of all STD claims and for 30 per cent of all LTD claims according to analysis by Deloitte (Kangasniemi, Maxwell and Sereneo, 2019).

The federal government programs, EI Sickness Benefit and CPP Disability Benefit are also eligible for mental illness coverage. The EI Sickness Benefit provides coverage for a significant number of people suffering from mental illnesses. The Government of Canada reported that out of the over 400,000 workers who claimed the benefit from 2017 to 2018, 17.3 per cent listed their reported illness as being related to "stress, anxiety, or mental health issues" (Canada, 2020). The CPP Disability Benefit is also available for mental illness coverage, however, this eligibility is limited by the fact that only people who have contributed an adequate amount in CPP premiums can access the program. This is a significant contributor to the low enrolment numbers of this program with only 40 per cent of the 70,000 applicants across Canada being approved for the benefit in 2016 (DCC, 2020).

Assured Income for the Severely Handicapped (AISH), is Alberta's provincial program designed to provide income support to people with disabilities. While people with mental illnesses can apply for the benefit, the program is focused on providing support for people with "severe, permanent" disabilities. Therefore, while some mental health issues are eligible for coverage, people suffering from episodic mood disorders like anxiety and depression would find it incredibly difficult to successfully apply for this program (Alberta, 2022).

Program Duration

The length of time for which the affected person can receive the benefit associated with the relevant program is very important when discussing episodic mental illnesses. This is because although the severity and duration of symptoms can vary. If the duration of the relevant program is not sufficient to cover the length of time of the episode in question, then the individual may be forced to return to work prematurely, resulting in presenteeism. The average length of a depressive episode for an individual suffering from clinical depression is 10.7 months, or just under 46.5 weeks (Ten Have et. al 2017, 300). When gauging if the duration is sufficient for the programs discussed, this provides an appropriate threshold of time that indicates sufficient program duration.

As both workplace disability benefits, STD and LTD, work in conjunction with each other, they can provide income support to people suffering from mental illnesses for a sufficient period. The average length of time for STD coverage is 22 weeks and if an individual is still disabled by the end of that time, they can be transitioned over to LTD coverage (Chenier and Boyer 2016, 34). LTD coverage can then last for however long is necessary until the person is no

longer disabled and can return to work. When studying the average length of LTD claims among health care workers in British Columbia, it was determined that the average length of a claim was 46.4 months, or slightly less than 4 years (Bilsker et. al 2005, 31). This would indicate that workplace disability benefits feature durations comfortably above the threshold to address the average length of a depressive episode.

The federal programs examined, EI Sickness Benefit and CPP Disability Benefit have varying levels of success when considering their benefits durations. The EI Sickness Benefit lasts only for a maximum of 15 weeks. In 2016, 36 per cent of claimants exhausted the full 15 weeks of benefits and remained sick thereafter (Canada, 2020). Some of these claimants can then apply for the CPP Disability Benefit if they have contributed enough in CPP premiums. Although the CPP Disability Benefit can last until the claimant reaches age 65, a sufficient period to cover the average length of a depressive episode, the relatively low number of Canadians who have made adequate contributions to qualify for the program means that not many can take advantage of this feature (Canada, 2015a).

Like the CPP Disability Benefit, AISH is designed to provide long-term, in many cases permanent, income support for people with disabilities. Again however, although the program duration would be sufficient to cover the length of an average depressive episode, the program's focus on disabilities of a permanent nature means that those who suffer from episodic mood disorders like anxiety and depression are often excluded from the program entirely.

Amount of Income Support/Benefit

To avoid instances of workplace presenteeism, many of the people suffering from a mental illness may need to rely on disability support programs to replace all their income for a period and, as such, the ability of the programs to keep those enrolled in them out of poverty can be incredibly important. According to the Low-Income Measure (LIM) of poverty in Canada, the poverty threshold of after-tax income for a single person household was $26,520 annually ($2,210 monthly) as of 2020 (Canada, 2015b). If disability support programs can provide that level of minimum income for people with mental illnesses, it would help them avoid poverty for the duration of their illness and help them access necessary treatments like counselling sessions or medication.

Workplace disability benefits provide income replacement for people who need to take time away from work due to disability. Through STD, they receive payments that typically range from between 60 to 100 per cent of their regular pay, with the payments usually being reduced over time (Champagne and Eisner 19, 2011). If still suffering from their disability, an employee can then be transitioned to LTD which typically provides a benefit of between 50 to 70 per cent of an employee's regular pay for as long as needed until they can return to work or no longer disabled (Champagne and Eisner 19, 2011). The benefit payment would vary based on whether the employee pays for the entirety of the plan's premiums. If the employee pays 100 per cent of the premiums, then the benefit is not taxed, if the employer pays for a portion of the premiums, then the benefits are taxable (Champagne and Eisner 19, 2011).

The median after-tax income in Canada was $62,900 in 2019 (Statistics Canada, 2021). Taking that figure, the monthly median after-tax income for that year would be $5,241.66. 60 per

cent of the monthly amount would be $3,144.99. So, taking the median after-tax income for 2019, the monthly STD benefit amount could range from $3,144.99 to $5,241.66. For LTD benefits, the payment amount could range from $2,620.83 to $3,669.16 monthly for the duration of the disability. In each instance, a claimant of workplace disability benefits may be able to at least remain above the LIM poverty threshold despite being unable to work due to disability.

The maximum EI Sickness Benefit monthly amount of $2,552 would allow for recipients to remain above the LIM poverty threshold if they receive it. Again though, the fact that it is only available for a maximum of 15 weeks is a limiting factor. For the CPP Disability Benefit, the average amount received by recipients is $1,053.20 per month (Canada, 2015a). This amount would be insufficient for persons with mental illnesses to rely on to replace their income and remain above the poverty line should they need to.

The AISH program in Alberta currently provides a monthly living allowance of $1,685.00 which is not sufficient in isolation to allow recipients to remain above the poverty threshold (Alberta, 2022). However, the AISH program is designed to provide additional benefits to recipients including a child benefit, personal benefits, and health benefits like basic eye, dental, and prescription drug coverage that can help offset the limitations of the basic living allowance received (Alberta, 2022).

Program Sustainability

For any of the disability support programs considered to be an effective solution to addressing mental health-related presenteeism, they must be cost effective to their respective program administrators. The more cost effective a program is, the more likely it will be able to

provide long-term supports for those with disabilities and to be scaled across a larger number of people in need of similar supports.

The workplace disability programs are cost effective to their program administrators, mostly private insurers, as they are funded by premiums paid either solely by employers, or in combination with employees. For instance, with Canada Life, employee benefits packages, including workplace disability benefits, are paid for by both employers (the plan sponsor) and employees with employers required to pay at least 25 per cent of the plan premiums and employees required to pay up to 75 per cent of the cost of the benefits (Canada Life, 2021). A 2015 Conference Board of Canada survey found that the average cost of providing a full benefits package to employees was $8,330 per year (Benefits Canada, 2015). Analysis by Deloitte has shown that for organizations in Canada that provide STD as part of their workplace benefits packages, there is a positive return on investment on their STD benefits plans as they realize savings compared to cost of not providing such plans as STD claims for mental illness only rose by 1 claim per 1,000 employees from 2016 to 2018 Organizations which had STD benefits available for mental illnesses saw their claims increase by only 1 claim per 1,000 FTEs from 2016 to 2018. This suggests that even if companies have not yet received a positive ROI on their STD benefits plans, they are realizing savings compared to the national average, or to the cost of doing nothing by not providing such plans (Kangasniemei, Maxwell and Sereneo 2019). On the other hand, many employees never successfully return to work once placed on LTD benefits, meaning there is little to no return on investment for the employer in such cases (Bilsker et. al 31, 2005).

Currently, the EI program is fully funded through mandated premiums paid by employers and employees. As of 2022, the premium rate for employees is $1.58 per $100 of insurable

earnings and $2.21 per $100 of insurable earnings for employers. Considering maximum insurable earning amounts, the maximum annual contribution for a Canadian worker outside of Quebec is $952.74 and for an employer it is $1,333.84 per employee (Canada, 2021c).

The CPP Disability Benefit is funded through mandatory employer and employee contributions. Employees contribute a percentage of their yearly pensionable earnings up to the yearly maximum and employers match the amount that employees contribute. For 2022, the contribution rate is 5.7 per cent and the maximum annual employee and employer contribution amount is $3,499.80 (Canada, 2005). Between CPP contributions and investments, the CPP is projected to be sustainable until at least 2090 without increasing contributions or reducing benefits (Alini, 2018).

The AISH program in Alberta is funded by the provincial government with recent yearly budget expenditures exceeding the billion-dollar mark ($1.2 billion in 2019) (Fletcher, 2020). The cost of the program and its reliance on government funding means that the program has come in for criticism in recent years and it faces cuts to its current offerings in the form of removing the monthly benefit's indexing to inflation and debates about further restricting the eligibility criteria to reduce costs and make the program more sustainable in the long term (Fletcher, 2020).

Discussion

As the prevalence rates of mental illnesses have increased and begun to receive renewed public and policy attention in the wake of COVID-19, the gaps in existing disability support programs in Canada, particularly in terms of their ability to address mental health concerns, have become more evident. The analysis of several of the programs that might typically be accessed by an individual suffering from a mental illness and unable to work reveals several key points that raise important policy considerations for the issue of addressing mental health-related presenteeism.

Employer sponsored workplace health benefits function as the primary source of both disability income replacement and additional health benefits which allow employees to access prescription drug coverage and psychotherapy, two treatments that are crucial in improving mental illness symptoms (Law, Kratzer, and Dhalla 2014, 470). The importance of workplace health benefits in the effective prevention and treatment of mental illnesses even more damaging. As previously mentioned, psychotherapy sessions are an expense that many Canadians cannot afford despite how effective they are in treating mental illnesses. A mental health LTD study by Sun Life Canada estimated that 43 per cent of people with mental illnesses who were able to regularly see a psychologist reported a “clinically significant reduction in symptoms” (Sun Life, 2019). However, with psychologist visits costing $200 or more per hour and most benefits plans only providing $400 to $1,500 worth of coverage annually, many workers are unable to receive the full benefit of psychotherapy due to cost as they would have to pay significantly out-of-pocket (Sun Life, 2019). As the Canadian Psychological Association (CPA) recommends that benefits packages provide $3,500 to $4,000 worth of mental health coverage annually to provide “full treatment using evidence-based care,” the gap in mental health benefits coverage is

highlighted (MHC 2022, 4). Mandating that employer-sponsored workplace benefits provide the minimum amount of mental health benefits advised by the CPA could prove crucial in terms of providing access to effective treatments and services that can aid in the prevention and treatment of the mental illnesses that lead to workplace presenteeism.

Another gap is highlighted by the fact that there is unequal access to workplace disability benefits in Canada. An RBC Insurance survey in 2018 noted that only 48 per cent of Canadians had workplace disability coverage. Making that figure worse, affordability was named as a major limiting factor why as to why uninsured workers did not buy private coverage as 68 per cent admitted that they would face "serious financial trouble if unable to work for 3 months" (Newswire, 2018). This gap in coverage, lack of affordability of private insurance options, and the fact that so many Canadians would face serious financial trouble if they were unable to work due to an extended disability, highlights some of the key contributing factors to mental health-related presenteeism. Policy solutions to addressing the issue must ensure that there is equal access to potential benefits and support programs.

The 2019 issue paper, *Benefits: Access and Portability*, covers some potential policy solutions aimed at ensuring broader access to employer-sponsored benefits. One solution sees the government intervene and provide potentially subsidized healthcare benefits directly to citizens like the Government of Alberta does with its (subsidized for low-income families) health insurance plan provided through Alberta Blue Cross (ESDC 2019, 11). The plan helps pay for services not covered through the provincial health insurance plan including home nursing, hospital accommodation, and psychological services (ESDC 2019, 11). Another policy solution noted in the paper was to have government require, or enable, employers to provide benefits to a wider array of employees. For example, the Government of Saskatchewan, through *The*

Saskatchewan Employment Act, requires employers that provide benefits to 10 or more full-time employees to also provide benefits to part-time employees, provided they meet certain eligibility requirements (ESDC 2019, 11). This helps to ensure that not only full-time permanent employees are able to access workplace benefits and improves the equality of access to necessary benefits and support programs for workers.

When workplace benefits acting as the "first payer" of disability income supports, the denial of claims or unequal access of coverage means that many people with mental illnesses must then try to access a possible "second payer". ESDC recognizes the important role that EI sickness benefits play as a second payer once individuals have workplace disability benefits claims denied or benefits exhausted stating that "EI sickness benefits remain the main support for many workers" (Canada, 2020).

As covered in the analysis section above, the EI sickness benefit is widely accessible to Canadians and highlights some possible key policy considerations for addressing mental health-related presenteeism. The EI program is fully funded by employer and employee premium contributions and as such is highly sustainable. The maximum benefit amount can also provide enough income to keep recipients above the LIM poverty threshold for the duration of the benefit. The major issue with the EI sickness benefit is its short program duration. Potential policy solutions to addressing presenteeism using reforms to the EI sickness benefit could include lengthening the duration of the benefit.

With the length of an average depressive episode lasting about 46.5 weeks, extending the maximum length of the benefit to 50 weeks could see many Canadians get the disability income support required to take time off work and recover from their mental illnesses. This idea of

extending the program duration of the EI sickness benefit aligns with previous policy research conducted by Michael J. Prince who suggested that doing so would "offer flexible person-centered income protection that could also be readily linked with rehabilitation and employment services" (Prince 2008, 17).

As part of its evaluation of the EI sickness benefit, ESDC mentions comparison OECD countries Germany and France which have similar public disability insurance programs in place. In France, the program pays 50 per cent of the basic daily wage up to a maximum of €2,798.25 per month for a period of up to six months (EC 2022, France). In Germany, the program pays between 70 and 90 per cent of net earnings for up to a maximum of 78 weeks over a 3-year period (EC 2022, Germany). These two programs show that other OECD countries provide a longer-term sickness benefit for citizens than Canada does and can provide some useful policy directions for addressing mental health-related presenteeism.

Finally, the federal programs analyzed had higher levels of sustainability due to their funding models and were also more equally accessible to Canadians. As seen with Alberta and AISH, some provinces may be lacking in sustainable programs that can effectively address the presenteeism brought about by episodic mood disorders. Ensuring that program solutions are implemented at the federal level could guarantee program uniformity and equality of access across Canada. This also aligns with the current policy landscape regarding the issue of mental health-related disabilities. With Prime Minister Justin Trudeau's 2022 call for a "…review of access to federal disability programs, including for Canadians with mental health challenges" (Canada, 2022), the reform of existing federal programs to better address mental health challenges could be on the horizon. With that in mind, the section below presents some recommendations that might be considered should such program reforms take place.

Recommendations

Following on from the above analysis and discussion of several existing programs in Canada that have been used to address workplace mental health-related disabilities to varying degrees of success, there are several points which may prove useful policy considerations for future policy attempts to address mental health-related worker presenteeism. They include:

- Mandating employers and workplace insurers increase the level of mental health benefits provided to employees. For instance, workplace benefits programs could be mandated to provided $3,500 worth of mental health benefits per year, the minimum amount noted by the Canadian Psychological Association that would allow for individuals to receive "full treatment using evidence-based care" and help provide for full psychological health.
- Public programs designed to address mental health-related worker presenteeism to be implemented at the federal level. As shown in Alberta with the AISH program, there may be jurisdictions across Canada at the provincial level which do not have adequate programs to address the issue in place. To guarantee program uniformity and equal access across the country, a federal solution is best
- A program funding scheme made up of employer and employee contributions could be the best guarantee of long-term sustainability and scaling capability. This should be the program funding model considered.
- An extension of the maximum benefit duration of the EI sickness benefit to 50 weeks would allow it to cover the average length of a depressive episode. As seen in France and Germany, public disability benefit programs with longer durations are already in place. The program has a sustainable funding model and is already the main disability income

source for the many uninsured or underinsured Canadian workers. Expanding the length of the benefit could allow many of those workers to access disability supports to help keep them out of poverty while they recover from episodic mental illnesses.

Conclusion

Mental health-related presenteeism in Canada is a problem which is growing in scope as the prevalence rates of mental illness continue to rise. As people are unable to afford to take time away from work for treatment and recovery, they are forced to work even though they function at reduced capacity in doing so. This worsens their health outcomes over time, opening them up to the worst possible outcomes of untreated, worsening mental illnesses and costing Canadian employers billions in lost productivity.

When analyzing available programs that may address the issue at present in Canada, policy efforts should be informed by several considerations. First, workplace benefits should be mandated to provide a greater amount of mental health related benefits allowing for adequate treatment options to be made available. Also, public programs aimed at addressing mental health-related presenteeism should be implemented at the federal level to ensure uniformity and equality of access across the country. Funding schemes made up of employer and employee contributions could also ensure adequate program funding and long-term sustainability and scaling capability across the country. Finally, an extension of the program duration of the EI sickness benefit could prove to be an effective solution to address the issue given its already important role as a “second payer” and its ability to provide a maximum benefit that lifts recipients above the poverty threshold for the duration they receive the benefit. With policy

solutions implemented which take some of these considerations into account, Canada may begin to effectively address the problem of mental health-related worker presenteeism, saving billions of dollars in lost productivity, and more importantly, improving the long-term mental health outcomes for millions of Canadians in the process.

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