



Faster Returns, Stronger Outcomes:

Closing the Gaps in Mental
Health Leave Support

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May 2025



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Executive Summary

As mental health struggles increase, a new approach is bringing timely help to employees, and relief to workplaces.

Annual employer costs of mental health-related absenteeism in Canada

\$6.3 billion

The mental health crisis in Canada is worsening, with long wait times for therapy leading to workplace challenges like increasing absenteeism and reduced productivity. Employers struggle to support employees on short-term disability (STD) due to mental health issues, increasing costs and relapse rates.

AVora Wellbeing offers a streamlined care program for employees on short- and long-term disability due to mental health challenges, as well as for employees who are at risk of going on leave for mental health reasons. Their program provides fast access to a national network of experts in workplace mental health and return-to-work practices. With more than 50 years of experience, AVora Wellbeing's proprietary approach ensures seamless support, reducing relapses and closing gaps in STD care.



Key Points

- Long wait times for the right care
- Shortage of family physicians
- Standard workplace mental health benefits don't meet the needs of employees on leave due to mental health

Case Study: AVora Wellbeing

20% fewer sick days
98% follow through on care plan
90% return to work

- Mental health-related absenteeism costs Canadian employers CA\$6.3 billion annually.
- Employees on mental health leave often struggle to navigate the healthcare system, facing long wait times and uncertainty in finding appropriate care. Without immediate support, frustration and isolation can worsen their condition, delaying recovery and treatment.
- Standard workplace mental health benefits, such as employee assistance programs, paramedical coverage, and iCBT, are not designed for employees on STD. These programs offer short-term, generalized support, lack expertise in return-to-work strategies, and have high dropout rates, leaving employees without the continuous, specialized care they need.
- AVora Wellbeing provides rapid psychological assessments and tailored treatment plans. Their holistic care model ensures smooth transitions for returning to work and prevents relapses back onto STD.
- Employees, once referred to the AVora Wellbeing program, are provided with an assessment within five business days. They are then matched with a therapist to begin their weekly counselling sessions.
- A case study showed AVora Wellbeing's program saved one company close to a 20 percent reduction in number of sick days during an eight-month time period and more than \$240,000.
 - » 80 percent of employees in AVora Wellbeing's return-to-work program had moderate to severe depression and anxiety. As they resumed full-time work, their symptoms significantly improved.
 - » 90 percent of employees in the AVora Wellbeing program return to work, six percent go on long-term disability and four percent resign.
 - » 98 percent of employees referred to AVora Wellbeing follow through on their recommended care plan. Employees are seen weekly, and their strong engagement in the care process is demonstrated by the fact that no-shows and canceled appointments represent less than five percent of total sessions planned.
 - » 25 percent of returning employees requested continued counselling to maintain their mental health progress.
- A follow-up AVora Wellbeing Job Steady program ensures long-term success and saves employers significant costs.

AVora Wellbeing's comprehensive case management and evidence-based support improve workplace mental health outcomes, reducing absenteeism costs and enhancing employee wellbeing.

Introduction

With the worsening mental health crisis, the severity of the crisis in young people entering the workforce, and the shortage of mental health providers, employers are struggling to find new ways to address the situation and its impact on their organizations. This becomes particularly challenging when employees book off work for mental health reasons.

The traditional approach to absence and disability management, which relies on employees seeking out help for their mental health issues and illness, is not meeting the needs of employees on short-term disability. As a result, employees still at work face increased demands, and employers try to mitigate their losses in output and productivity.



This Report will:

- highlight the current challenges with the mental health crisis;
- explain how traditional absence and disability case management misses the mark in handling absences due to mental illness;
- identify the need for a new and updated approach to absence and disability management so that employees receive the best support for their mental health issues, return to work more quickly, and continue to maintain their progress and stay well.

The Situation

**Nearly 1 in 5 Canadians experience a mental illness.
By age 40, 1 in 2 Canadians will have, or have had, a mental illness.¹**

The mental health crisis is worsening.

In 2023, Statistics Canada released the results of their 2022 Mental Health and Access to Care Survey. Over the past 10 years, “the percentage of Canadians aged 15 years and older who met the diagnostic criteria for a major depressive episode, bipolar disorder, and generalized anxiety disorder, has increased.”²

The COVID-19 pandemic made the situation worse, leading to sizable increases in symptoms of depression and anxiety.

Mental health among Canadians is three times worse than before the pandemic.³

Young people entering the workforce report suffering more.

Members of generation Z, those born between 1997 and 2012, grew up with access to the Internet. They spend more time online and less time reading, and their increased levels of stress, anxiety and depression are well documented. They are more likely to report a mental health condition, yet less likely to seek help.

In 2023, the Boston Consulting Group found that “approximately 40 percent of Canadian employees aged 18 to 24 have reached a “breaking point” with their mental health.”⁴

The Statistics Canada 2022 Mental Health and Access to Care Survey⁵ reported that 25 percent of Canadian women aged 15 to 24 had social anxiety disorder in 2022, more than double the percentage in 2012. The increase was similar for young women reporting a major depressive disorder.



The negative impact on the workplace is growing.

According to the Mental Health Commission of Canada, 70 per cent of disability costs in the workplace are attributed to mental illness, and one-third of short and long-term disability claims are related to mental health problems.⁶

According to a 2019 Deloitte study⁷, the numbers in Canada are increasing: from 30 to 40 percent of short-term disability (STD) claims as well as 30 percent of long-term disability (LTD) claims “with the prevalence of claims for mental health diagnoses (are) climbing by 0.5 to 1 percent every year.”

The same study states there are “30 of every 1,000 Canadian employees missing work for mental health reasons each week. In total, the loss of productivity at work due to mental illness–related absenteeism and presenteeism (working while unwell) adds up to CA\$6.3 billion annually across Canada.”

This is complicated by the long wait times to see a doctor and mental health professional.

The shortage of family physicians is well reported in Canada. A 2024 study by the Canadian Medical Association reported that more than 1 in 5 Canadian adults lacked access to primary care.⁸ Family physicians are key for referring people to psychiatrists and additional medical specialists, so people without a family physician face more barriers to accessing specialist care, including the care of a psychiatrist or psychologist.

There are other barriers that general physicians face when dealing with mental illness. A 2019 study from France points to, “challenges that include the accurate diagnosis of mental disorders, crisis management, the patient’s access to mental health care, the medication adjustment and effective collaboration between GPs and mental health providers.”⁹



70% of workplace disability costs are due to mental illness.⁶

Numbers of short- and long-term disability claims are increasing.⁷

The Problem

The Shortcomings of Traditional Case Management for Mental Health Issues

Because of low access to family physicians and long wait times to see mental health professionals, the baseline approaches to absence and disability management are seriously inadequate. This is especially true when dealing with employees off sick because of mental health issues or illness, or when employees facing a physical condition or illness encounter mental health problems as a result.

1. Long wait times to see a mental health specialist

Once an employee goes on short-term disability, traditional absence management concentrates first on making sure the legal forms are correctly filled out and submitted. Case managers are administrators, focused on adhering to the organization's policies for STD benefits, ensuring that a medical professional is involved, that there's a reasonable timeframe for the end of the absence and that the employee is fulfilling his/her obligations to return to work.

In most cases, the employee is left to deal with their own family physician (if they have one) for referrals to mental health providers, whether that be a psychiatrist, psychologist or counsellor. The delays in getting help and today's wait times of several months for an appointment with a therapist will prolong the employee's absence.

Longer Waits

In Ontario, it can take **from at least 4 months to more than one year** to get in to see a psychiatrist.¹⁰

Fifty per cent of Canadians face a **1-month wait for ongoing community mental health counselling**, and **1 in 10 wait almost 5 months** (data from 2022-2023).¹¹

2. Frustration and isolation for the employee

An employee left to coordinate their own care when dealing with mental health challenges or illness could be easily overwhelmed with the tasks of navigating the health system and finding a mental health therapist or counsellor that's reasonably nearby without having to wait months to schedule an appointment. Their inability to take care of their own mental health challenge is the reason they're off sick.

Without quick support, they could be easily frustrated, and the situation could worsen their mental health. The permission to go off on sick leave would likely have been given by a general physician who may not have adequately diagnosed the employee's mental health challenges. It leaves the employee in limbo until they're seen by the mental health therapist and adds even more time until a correct treatment plan can begin.

Fewer Spaces

Canada has **fewer psychiatric care beds** (ranked 22nd out of 28 countries), **psychiatrists** (16th out of 28), and **psychologists** (15th of 26 countries with available data) per population than the average developed country with universal health care.¹²

There are only about **13 registered psychiatrists per 10,000 people** in Canada.¹³

3. Mismatched support

The basic approach to absence management may rely on an organization's usual health benefits such as an employee assistance program (EAP), or paramedical coverage for mental health support. Some organizations also offer internet-based cognitive behavioural therapy (iCBT). But these programs are not designed or well-suited to treat complex mental health issues and their priority is not a successful return-to-work.

Employee Assistance Programs

Standard EAPs offer short-term, general mental health counselling, but are not typically trained for trauma-informed or specialized care. After a limited number of sessions, employees must seek support elsewhere. The needs of an employee actively working and reaching out to an EAP differ greatly from someone on mental health-related short-term disability.

Most EAPs are not structured for the ongoing, frequent support needed by employees on STD. Although EAP counsellors are accessible, appointments are often spaced weeks apart and limited by availability, which can hinder progress if too much time passes between sessions.

Paramedical Mental Health & Psychological Benefits

Employees using private counselling through health benefits may encounter practitioners unfamiliar with workplace dynamics, STD, or return-to-work (RTW) processes. This lack of contextual understanding can reduce treatment effectiveness. Additionally, limited benefit coverage and long waitlists often prevent sustained, adequate care. Many private psychologists also focus on their own specializations, which may not align with STD support needs.

High dropout rates—about 50% for web-based interventions¹⁴—highlight structural and clinical shortcomings in EAPs and digital programs, impacting overall treatment success.

iCBT (Internet-based Cognitive Behavioural Therapy)

iCBT can improve access to care but is often self-directed with minimal clinical oversight. Studies show many digital mental health products are poorly validated and often self-funded by developers.¹⁵ While helpful for mild stress, iCBT and EAPs are not designed for complex mental health challenges commonly seen in STD cases.¹⁶ People dealing with trauma, addiction, or deep grief typically require more personalized, relationship-based therapeutic support than iCBT can provide.

4. Lack of coordination

In the traditional absence case management model, there is limited communication between the organization's human resource function, the case manager administering the file which may be with an insurance company or absence management provider, and the healthcare providers involved. The employee is left to deal with most of the players, which presents yet even more tasks to someone already dealing with a mental health illness or issues. Without coordination, miscommunication and the passing along of incorrect messages become likely.

The Results are Clear

Traditional STD Case Management for Mental Health Issues	
Causes	Results
1. Long wait times to see a mental health specialist	Prolonged Absences Employees stay on leave longer, creating workplace disruptions and increased workload for other staff
2. Frustration and isolation for the employee	Increased Financial Costs Extended STD claims created increased costs for the organization
3. Mismatched support	A Gap in the Support Needed • A reactive approach: existing systems address symptoms instead of the underlying causes, leading to incomplete recovery • Limited expertise: general counsellors lack specialization in complex mental health issues and return-to-work counselling approaches • Disconnected care: employees often must navigate fragmented systems, leading to stress, and delays in treatment
4. Lack of coordination	

The Solution



There is a Better Way to Support Your Employees

With the long wait times, overwhelming challenges for the employee, the mismatched support and lack of coordination, the results clearly indicate that a different approach is needed to ensure both the needs of the employee on STD for mental health reasons, and their employer, are met.

AVora Wellbeing has a unique approach to absence and case management for short-term disability due to mental health issues. The more than 50 years of experience in workplace mental health care, and their history of working in the full continuum of mental health care led to their creation of a proprietary approach to workplace psychological care.

1. Speed to action is critical.

The Canadian Institute for Health Information notes that “Getting care quickly may prevent visits to emergency departments and hospital stays and can lead to better long-term mental health.”¹⁷

The quicker a mental health-related issue is addressed and the more intensely support is provided, the faster an employee can return to their usual functioning level. A 2022 study found that longer wait times were notably associated with worsened treatment outcomes for people with major depressive disorder.¹⁸

Further, a 2019 study looking at outpatient mental health care found that, “in addition to severity at start of treatment and other predictors of outcome, a low frequency of initial treatment sessions might lead to a less favorable outcome and a more chronic course of the mental disorder.”¹⁹



From waiting months to an assessment and regular sessions in days

Once a referral for the program is received, AVora Wellbeing schedules the initial psychological assessment within days. This accessible and timely psychological screening is carried out by a clinical psychologist who then recommends a targeted treatment plan. Employees on sick leave are quickly moved into a counselling plan with weekly appointments.

With AVora Wellbeing, wait times are streamlined and ultimately reduced.

Employees need to get help quickly and at a pace of support that is frequent. They need to receive enough counselling support to allow them to tell their story, build trust and receive empathy from their counselor, while exploring strategies to build their resilience and recover. The benefits of this relationship with a counselor have also been reported: a “Stronger alliance is consistently associated with positive treatment outcomes.”²⁰



2. Employees on STD need the right support for their specific mental health issue or illness.

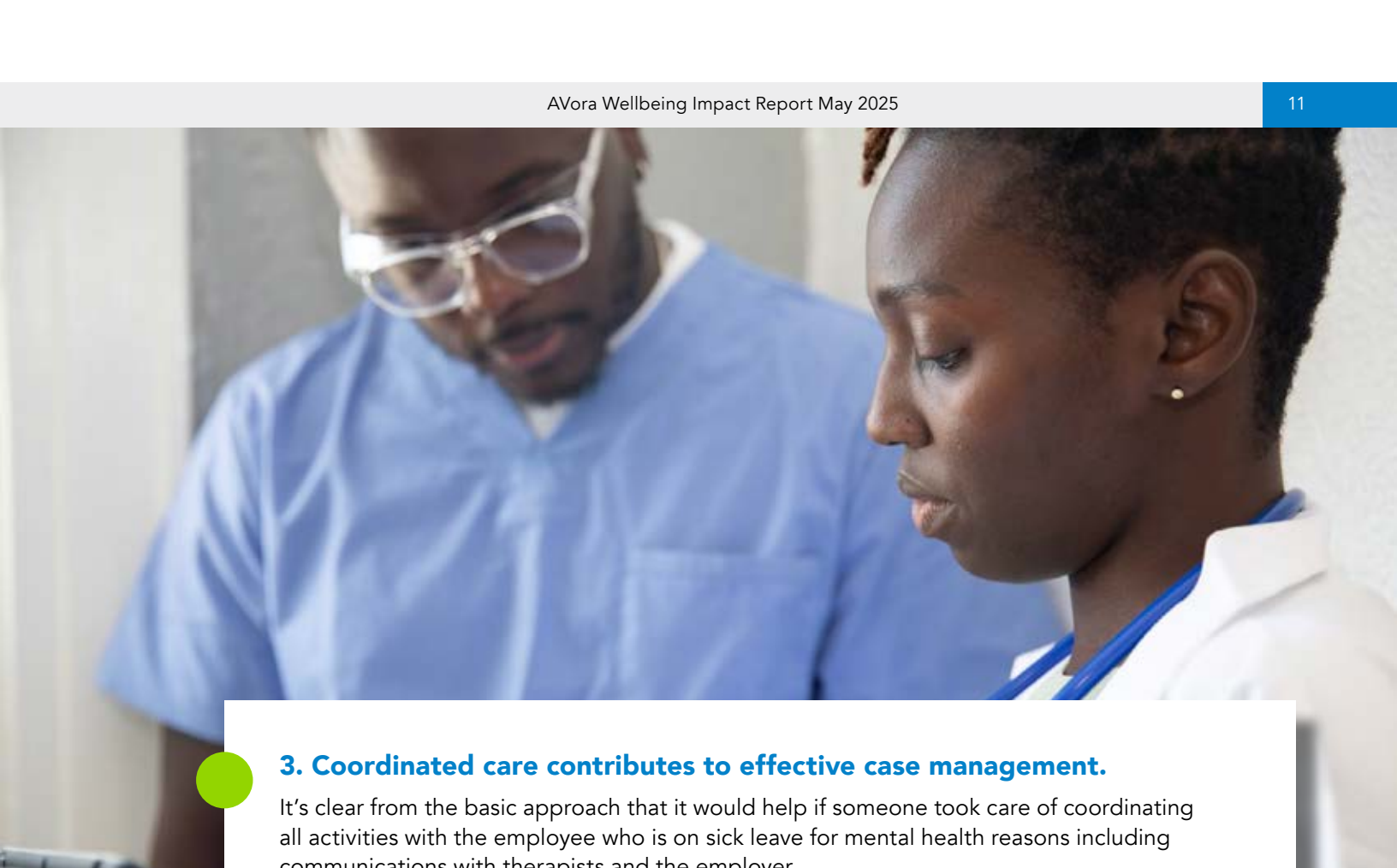
To ensure a correct match and speed of care suggests the need for an up-to-date network of healthcare providers and therapists who can respond quickly, without lengthy wait times. The counsellor or therapist should also be experienced in the employee's situation and skilled in return-to-work and STD methodology.



With an extensive, national behavioural healthcare network, AVora Wellbeing matches employees with the right therapist who can see them quickly and regularly.

AVora Wellbeing utilizes its extensive, national behavioural healthcare network to promptly match employees with the right therapist for regular support. Drawing on significant health and wellbeing expertise, AVora Wellbeing's founders recruited a specialized network of top psychologists and MA-level counsellors.

This diverse team offers expert return-to-work support, understands workplace dynamics, and serves all organizational levels. They accommodate diverse needs including gender identity/transgender issues, the needs of indigenous communities and youth, and support for other languages, incorporating proven clinical approaches like CBT, DBT, EMDR, mindfulness, and trauma-informed care when required.



3. Coordinated care contributes to effective case management.

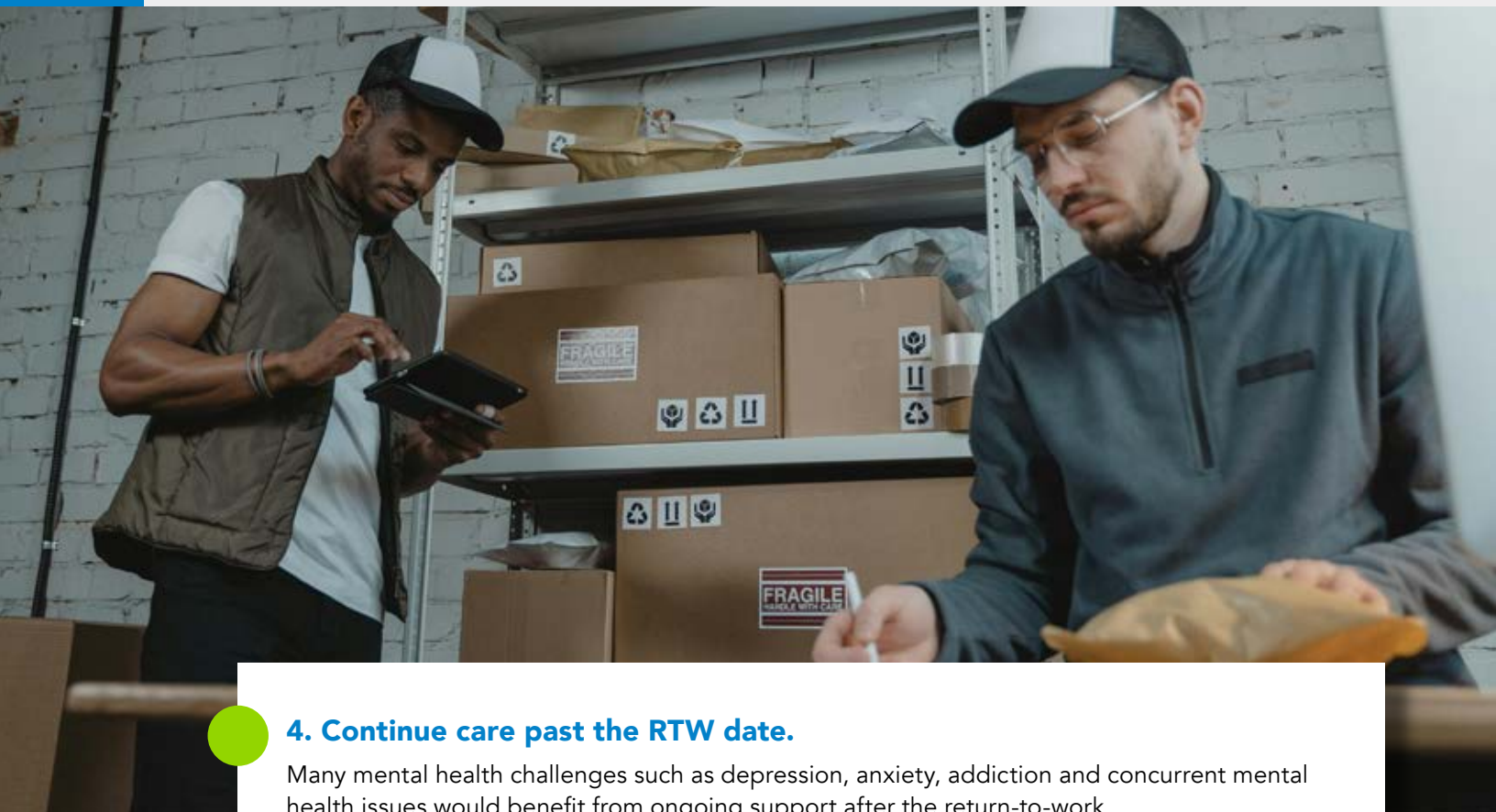
It's clear from the basic approach that it would help if someone took care of coordinating all activities with the employee who is on sick leave for mental health reasons including communications with therapists and the employer.



AVora Wellbeing provides holistic, integrated care.

AVora Wellbeing has coordinators who oversee and manage all activities involving the employee, therapists and the client organization to make sure there are no gaps in time or support. The coordinators are also responsible for ensuring that one of the program's highly skilled practitioners is a strong fit with the employee's presenting mental health issues.

The service provides regular updates and comprehensive reviews of employee care plans with adjustments made when needed to ensure positive outcomes and progress. Using evidence-based best-practice approaches ensures the best-in-class care. AVora Wellbeing's approach to return-to-work case management also ensures that the employee's transition back to work is smooth to increase long-term treatment success.



4. Continue care past the RTW date.

Many mental health challenges such as depression, anxiety, addiction and concurrent mental health issues would benefit from ongoing support after the return-to-work.



AVora Wellbeing recommends continuity of care to promote long-term success for the employee and no interruption in productivity for the employer.

With AVora Wellbeing, there is a care structure in which employees can continue with their counsellors after their return-to-work. This allows for continuity of care, which is important for mental health support. The aim of this approach is to help employees reach their highest level of functioning and resilience, while practicing ongoing self-care.

AVora Wellbeing's approach helps to ensure treatments remain effective, which minimizes the risk of a relapse and the employee going back on STD.

AVora Wellbeing

Proven Support Strategies for Mental Health Leave, Return-to-Work and Staying Well

With more than 50 years of experience in workplace mental health care, the founders of AVora Wellbeing saw the gaps in the traditional system. They knew they needed to develop a different strategy and method to meet both the needs of employees suffering from mental health issues and illnesses, particularly when on sick leave, and their employers.

Their history of working in the full continuum of mental health care, from early intervention to treating severe mental health struggles, led to their creation of a proprietary approach to workplace psychological care.

AVora Wellbeing's method incorporates an extensive and unmatched national behavioural health network and a best practice return-to-work methodology that results in a smooth and speedy response to absences for mental health. The program takes place both during an employee's period off work and after their return, with ongoing evaluation to ensure the outcome goals for both employee and employer are achieved.



Speed to Action

Fast-track care
in <5 days

- Assessment within 5 days (versus 4-12 month waits)
- Weekly sessions, <5% no-shows
- RTW 10 days sooner



Clear Pathways

From first call to
full recovery

- Roadmap: referral to weekly care to continuing care
- 98% finish plan
- 25% request continued support



Clinical Expertise

50+ years of leadership

- National RTW-trained psychologists & counsellors
- CBT/DBT/EMDR, trauma-informed



Continuing Care Past RTW

Job Steady Program

- Helps treatments remain effective
- Pushes for maximum resilience, ongoing self-care
- Minimizes risks of relapse

Case Study

Enhancing Return-to-Work Outcomes for a Manufacturing Company

A manufacturing company with an average employee salary of \$60,000 and benefits worth an additional 18 percent (\$10,800) faced significant challenges with mental health-related absences. Of their short-term sick leave cases, 35 percent involved mental health issues and led to extended absences and substantial financial and operational strain.



Project Information

Client

A manufacturing company

Project

Return-to-Work Support

Project Duration

9 months

Details

Provided case management and trauma-informed care to employees on short-term disability

Challenge

- **High Costs:** Each day an employee was off work cost the company \$194.
- **Repeat Absences:** More than 25 percent of employees on STD went back off work on short-term leave within two years.
- **Delays in Support:** Long wait times for assessments and inconsistent care led to disengaged employees and prolonged their time away from work.

Project Solution

AVora Wellbeing implemented a trauma-informed and clinical return-to-work approach to address these issues to improve outcomes and reduce costs. The solution consisted of three core elements:

1. Cohesive Case Management

- Employees were moved seamlessly from referral to assessment and into a targeted counselling plan.
- Quick, efficient processes ensured employees were actively engaged in their recovery and 98 percent of referred employees followed through on their care plan.

2. Continuity of Care and Speed to Action

- Reduced wait times for assessments and therapy ensured employees received timely, practical support.
- Weekly appointments and support helped employees build resilience, coping skills, and new strategies for self-care, and restored their wellbeing faster.

- The continuity of care and engagement of those involved also led to a very low rate of cancellations or no-shows, less than 5 percent. Industry standards indicate usual cancellation rates of 12 to 15 percent for one-to-one counselling and drop-out rates tend to be the highest after the first session.

3. Customized and Targeted Clinical Support

- Care plans were tailored to each employee's unique needs using evidence-based approaches.
- Gradual return-to-work processes with ongoing support ensured employees successfully returned to work and remained strong.
- Easy access to post-return care addressed the lifelong nature of mental health challenges, reducing the risk of relapse.



The Results

With AVora Wellbeing's approach, the company saw measurable improvements:



Fewer Days Absent

On average, employees returned to work 10 days earlier, saving 1,240 sick days annually.



Cost Savings

\$240,560 per year was saved, with \$1,940 saved per employee on average for returning to work 10 days earlier.



Improved Outcomes

Employees reported greater engagement in the process, faster recovery, and higher satisfaction with support provided.

AVora Wellbeing's approach reduced costs and improved employee wellbeing, helping the company foster a healthier, more resilient workplace. This solution highlights the importance of addressing mental health challenges with proactive, evidence-based strategies to achieve financial and human-centered success.

Monitoring Outcomes and Costs

The Business Case for Preventing Short-term Disability Relapses and Mitigating Long-term Disability Claims

In evaluating the costs of STD absences for mental health reasons, the following statistics are important to consider.

- A study analyzing STD leaves of almost 34,000 full-time employees in Ontario found that mental health leaves cost nearly double the leaves because of physical illnesses, averaging close to \$18,000 per episode. Absences due to mental health were also longer, averaging 67 days compared to 34 days for other conditions.²¹
- From 40 to 50 percent of individuals relapse after receiving treatment for addiction. Without structured support, many of those individuals return to substance use and disability leave.²²

Preventing an STD relapse is key to reducing LTD cases and long-term workforce loss. It stands to reason that with continuous care, relapse rates, along with the costs, will drop.



Continuing care after an employee returns to work is the key to preventing a relapse and minimizing costs.

AVora Wellbeing has a **"Job Steady"** program to provide employees with ongoing support once they return to work after being on STD for mental health reasons. This program can also support employees who are struggling with complex mental health issues while still being actively at-work. The higher the compensation, the higher the savings with the Job Steady program.

Example 1:

Let's use the example of 25 individuals on STD who relapse due to mental health or addiction issues within a year after completing their STD return to work program or addiction treatment. And let's use the same salary (\$60,000) from the case history on page 14.

Cost of Relapse – no ongoing support	Ongoing support with the Job Steady Program
25 employees at \$60,000 annual salary plus 18 percent benefits = \$70,800 total compensation	25 employees back at work
Cost per day while on STD: \$194 per employee	Each receive monthly counselling for 1 year
25 employees relapse for 60 days each: 60 days x \$194 x 25	Counselling at \$250/session x 12 months x 25 employees
Cost for relapses = \$291,000	Cost for Job Steady program: \$75,000
Amount saved with Job Steady program is \$291,000 minus \$75,000 = \$216,000.	

Note: Some employees may need more frequent sessions than once a month.

Example 2:

Cost of Relapse – no ongoing support	Ongoing support with the Job Steady Program
25 employees at \$100,000 annual salary plus 18 percent benefits = \$118,000 total compensation	25 employees back at work
Cost per day while on STD: \$323 per employee	Each receive monthly counselling for 1 year
25 employees relapse for 60 days each: 60 days x \$323 x 25	Counselling at \$250/session x 12 months x 25 employees
Cost for relapses = \$484,500	Cost for Job Steady program: \$75,000
Amount saved with Job Steady program is \$484,500 minus \$75,000 = \$409,500.	

Conclusion

Workplace Mental Health Support for Employees on Sick Leave or At Risk — a Rapid, Effective and Lasting Solution

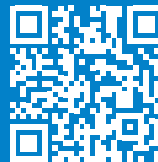
Mental health benefit programs often fail employees on short-term disability leave, leading to extended absences due to long wait times and insufficient care. Without timely treatment and ongoing support, the risk of relapse increases, further delaying return to work.

AVora Wellbeing addresses these challenges with a unique approach to absence case management, leveraging more than 50 years of mental health expertise. Their program combines rapid psychological assessments, targeted treatment plans, and coordinated and comprehensive case management to ensure a smooth and efficient return to work.

AVora Wellbeing's trauma-informed specialists understand workplace dynamics, return-to-work practices and diverse employee needs, offering customized support. Wellbeing coordinators oversee care to prevent gaps, monitor progress, and adjust plans as needed. Their Job Steady program further ensures long-term success, reducing costs and maintaining productivity.

Contact us today to learn how our solutions can benefit your organization and employees.

Scan to contact us via our
website or email us at
info@avorawellbeing.com



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About the Organization and the Authors

AVora is more than just a name – it reflects the vision and commitment of its founders, Michel **Arsenault** and Barbara **Veder**. Rooted in Latin, **“ora”** means guidance, light, and the pursuit of new directions. **AVora Wellbeing** embodies the authors’ shared mission to inspire positive change and carve new paths in workplace wellbeing.

Experience you can trust

Boasting an extensive legacy of more than 50 years in counselling, training, and consulting with Canadian and global behavioural health providers, AVora Wellbeing is synonymous with experience and expertise.

Michel J. Arsenault (he/him)
MSW, RSW, Chief Executive Officer



Michel is a leading figure in global mental health, advocating for gender diversity in corporate settings. Deeply committed to advancing Diversity, Equity, Inclusion, Accessibility and Belonging (DEIAB), he brings a profound passion to this crucial aspect of workplace wellbeing. With expertise in crafting and executing impactful mental health and peer support strategies for businesses and their workforce, Michel excels in trauma-informed counselling, Disaster Event Management, and promoting psychological safety. Fluent in French and English, he is a trailblazer dedicated to fostering inclusive spaces that support employees on their journey to embracing their true gender identities.

Barbara Veder (she/her)
MSW, RSW, Chief Executive Officer



Barb is an ardent advocate for fostering a positive workplace culture, emphasizing inclusivity, resilience, and leadership development. Her dedication in empowering organizations with tools and strategies for successful businesses and resilient work cultures is evident. Recognized as one of Digital Health Canada’s Women Leaders, Barb is internationally acclaimed for her best-practice leadership in Workplace Mental Health, Wellness, EAPs, Global Disaster Event Management, and advanced digital mental health support. Additionally, she has made significant contributions as a published researcher in mental health program evaluation and outcome measures. Her years of Board work with organizations like EAPA, EASNA, ISRII, and others inform her current work and has connected her to a broad network of mental health and psychological experts, client groups, and DEIAB advocates.

Appendix A: How to Evaluate Your Current Return-to-Work Program

	Measures to check
1. Speed to action Based on the literature, the quicker an employee receives mental health support, the sooner they can address their mental health challenges and are able to RTW. Employees need to see their care providers consistently and frequently, which help to ensure the solidification of gains made and RTW successfully.	(Potential delays) - How quickly did an employee meet with their psychologist and counselor? - Average number of days/weeks between appointments - Number of days between the start of STD leave and the start of mental health support
2. Case management and an integrated care model It can be difficult to find mental health providers (waitlists are long) and having a coordinated care plan is even more difficult.	- Rates of employee no shows, late cancellations, dropouts, etc. - Referrals for independent medical reviews
3. Matching clinical need to the right therapeutic modality Employees benefit from a variety of clinical approaches beyond standard iCBT (due to the presenting issues and the level of complexity of those issues). Such approaches may include trauma-informed care; DBT; grief and loss support; narrative therapy, EMDR; etc.	The number of employees who had auxiliary, adjacent issues (e.g., depression as secondary issue, family issues, workplace family issues, bereavement) to their primary presenting issue
4. Continuity of Care through Ongoing RTW Support AVora Wellbeing has the flexibility to offer continued support once employees return to work. Many employees' presenting issues include anxiety and depression; for those issues continued support is beneficial, including after returning to work, in order to maintain stability and the gains made.	- Timing of when employees return to work (gradual and full return-to-work dates) - Whether employees continue to use the program - Rates of relapse after employees return to work

Appendix B: Definitions

Cognitive Behavioural Therapy

A research-based therapy that focuses on changing a person's thought patterns and behaviours and developing skills and strategies to become healthier. It is commonly used to treat anxiety, panic attacks, depression, and bipolar disorder. CBT, provided it includes ongoing support from a mental health therapist, is an effective therapy for treating addictions and is one of the most common therapies used in addiction programs.

- American Psychological Association, "What Is Cognitive Behavioural Therapy?," American Psychological Association, 2017, <https://www.apa.org/ptsd-guideline/patients-and-families/cognitive-behavioural>.
- Cognitive Behavioural Therapy CBT, CAMH, accessed May 30, 2024, <https://www.camh.ca/en/health-info/mental-illness-and-addiction-index/cognitive-behavioural-therapy>.

Eye Movement Desensitization and Reprocessing Therapy (EMDR)

The American Psychological Association defines EMDR as "A structured therapy that encourages the patient to briefly focus on the trauma memory while simultaneously experiencing bilateral stimulation (typically eye movements), which is associated with a reduction in the vividness and emotion associated with the trauma memories."

- Maxfield, S. thanks to L., PhD, Solomon, R. M., PhD, & Description, F. T. C. to T. (n.d.). Eye movement desensitization and reprocessing (Emdr) therapy. <https://www.apa.org/ptsd-guideline/treatments/eye-movement-reprocessing>. Retrieved January 28, 2025, from <https://www.apa.org/ptsd-guideline/treatments/eye-movement-reprocessing>

Dialectical Behavior Therapy (DBT)

Is an evidence-based model of therapy based on cognitive behavioural therapy, which was adapted for people to deal with intense emotions. Skills are developed in mindfulness, distress tolerance, interpersonal effectiveness, and emotional regulation. DBT is often used to treat borderline personality disorder, suicidal and self-harm behaviours, depression, anxiety, PTSD, and addictions.

- Dialectical behavior therapy (Dbt): What it is & purpose. (n.d.). Cleveland Clinic. Retrieved January 28, 2025, from <https://my.clevelandclinic.org/health/treatments/22838-dialectical-behavior-therapy-dbt>
- Dialectical behavioural therapy. (n.d.). CAMH. Retrieved January 28, 2025, from <https://www.camh.ca/en/health-info/mental-illness-and-addiction-index/dialectical-behaviour-therapy>.

Trauma-Informed Care Approach

According to the Trauma-Informed Care Implementation Resource Center: "A trauma-informed approach to care acknowledges that health care organizations and care teams need to have a complete picture of a patient's life situation-- past and present-- to provide effective health care services with a healing orientation. Trauma-informed practices can potentially improve patient engagement, treatment adherence, health outcomes, and provider and staff wellness. Trauma-informed care shifts the emphasis from "what's wrong with you" to "what happened to you?"

- What is trauma-informed care? (2018, August 8). Trauma-Informed Care Implementation Resource Center. <https://www.traumainformedcare.chcs.org/what-is-trauma-informed-care/>



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