



Funded Treatment **Case Studies**

Introduction

Edgewood Health Network has over 50 years of combined experience in addiction and mental health treatment. We understand the complex issues behind addiction and mental health disorders better than anyone. The Edgewood Health Network is the largest network of adult inpatient and outpatient treatment services in Canada. We are available to help 24/7, setting the national standard in ongoing, personalized treatment for everyone.

EHN Canada, the nation's leading provider of private mental health, trauma, and addiction treatment offering a comprehensive continuum of care ranging from inpatient to outpatient and online programs. With over 100 years of collective experience, our facilities and programs help thousands of Canadians every year, from all age ranges and walks of life, to successfully navigate recovery. Built on a foundation of evidence-based practice and a focus on measurable outcomes, all delivered with compassion and sensitivity, we are confident in our ability to achieve optimal care and results for each of our clients.

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Our flagship facilities – **Bellwood Health Services** in Toronto, Ontario and **Edgewood Treatment Centre** in Nanaimo, British Columbia – have been providing world-class care for decades.

Bellwood was founded over 35 years ago by Dr. Gordon Bell, a pioneer and innovator in addiction medicine, and Edgewood was founded by the late Jane Ferguson over 25 years ago as Western Canada's first private premier treatment facility.

In recent years, EHN Canada has opened additional leading inpatient facilities including **Clinique Nouveau Départ** (serving the Francophone community in Montreal, QC), **Sandstone** (Calgary, AB), **Gateway Recovery Centre** (exclusively for military, veterans, and first responders in Peterborough, ON), and **Ledgehill Treatment and Recovery Centre** (offering gender-specific treatment in the Annapolis Valley, NS). EHN Outpatient Services has also been operating full-service outpatient clinics for over 10 years, with locations in Toronto, Vancouver, Calgary, Montreal, Nanaimo, Halifax, and virtually with EHN Online (Powered by Wagon).

Our Values

At EHN Canada, we strongly believe that every Canadian has the right to addiction and mental health treatment that is:

ACCESSIBLE

Minimal wait times for essential care

AFFORDABLE

Funding should be provided for by governments, employers, and payers

EXCELLENT

Only best practices and evidence-based approaches should be used to achieve optimal outcomes for every client

WE TAKE CARE OF YOU is our purpose and our driving statement. Our patients are at the heart of everything we do, and we dedicate ourselves to serving our clients with excellence, compassion, and courage.

We are working tirelessly to erase the stigma around addiction and mental health disorders. As awareness and understanding increase, we are seeing more employers and insurers recognize the value of timely treatment to ensure the health and safety of their workforce. According to the World Health Organization, for every \$1 invested in workplace mental health, up to \$4 in return is seen in better health and productivity. From our own perspective, we know that by enrolling employees in one of EHN Canada’s leading programs, whether inpatient or outpatient or online, organizations see lower costs than if nothing was done or if they turned to public treatment. Moreover, our comprehensive continuum of care includes key elements such as considerate discharge planning with individualized return-to-work provisions, relapse prevention strategies, and supportive aftercare. This means clients can return to employment knowing they are taken care of for the long-term.

The Cost of Addiction and Mental Health



TAKE
NO ACTION

\$176,584



SEND EMPLOYEE
FOR PUBLIC TREATMENT

\$153,663



SEND EMPLOYEE TO EHN
FOR PRIVATE TREATMENT

\$72,175

We estimate that an employee with an addiction or mental health disorder will cost his or her employer **\$176,000** if the employer takes no action, but only **\$72,000** if the employee is sent to an EHN Canada facility treatment.

ASSUMPTIONS

The employee’s salary is \$50,000, additionally the employee receives \$10,000 in benefits.

The total disability period is 3.3 years, short-term disability is 17 weeks and long-term disability is 3 years.

During the disability period, the employee receives 67% of regular salary and 100% of regular benefits.

The total cost of each option was calculated using probability-weighted costs of the possible outcomes.

Cost Comparison of Residential Treatment to an Employer of an Employee who has an Addiction or Mental Health Disorder: Taking No Action vs. Public Treatment vs. EHN Canada Private Treatment

The following case studies illustrate some of our experiences with treatment funding, particularly disability and insurance management. We hope that more employers and insurers will continue to include essential addiction and mental health treatment in their coverage plans, paving the way for a happier and healthier tomorrow.

Case 1

First Responder Matt



Matt at a glance

34 years old

On long-term disability for PTSD and alcohol use for 2 years. Outpatient treatment allowed him to briefly return to work in a modified role without front-line duties, but he went back on disability insurance after only 6 months.

A second relapse results in Matt being recommended for intensive treatment and permanently restricted from front-line duties.

Matt completes the 7-week treatment program at Bellwood covered by WSIB for first responders.

Matt, his treatment team, WSIB and his employer agree on a graduated return-to-work plan with modified duties. A relapse prevention plan is also shared with his circle of care.

Matt is a 34-year-old first responder who had initially gone off work 2 years earlier due to post traumatic stress and difficulties with alcohol that began following a particularly difficult call involving a child fatality. He sought outpatient treatment, improved, and returned to work in a modified role that did not include front-line duties.

He worked in the new position for about 6 months but went off work again following a relapse with alcohol at which time he resumed weekly outpatient care. Over the next 1.5 years he saw his psychologist once a week and made progress with his post traumatic stress difficulties and reducing his alcohol use. However, he subsequently relapsed again. He was referred for a comprehensive assessment at which time those involved in his care recommended he be permanently restricted from front-line first responder duties and that he be referred for more intensive alcohol use programming before exploring alternative work options.

He was referred to Bellwood for the 7-week CORE Addiction and Mental Health Program. He spent the first few days adjusting to the program, seeing the physician, meeting his counsellor, getting to know co clients, and developing a new routine. He attended groups daily, weekly sessions with his primary counsellor, AA groups on-site, and participated in other structured program components including exercise, acupuncture, and mindfulness. He reported improved sleep, consistent eating, and regularly participated in community walks. He also reported feeling much more at ease talking about his difficulties given he was meeting others with similar experiences. At a case conference with his Bellwood counsellor, referent, and outpatient provider, he reported improved mood and readiness for some form of return-to-work. He worked with psychology and occupational therapy at Bellwood to further determine his current symptoms, potential barriers, and any accommodations that could best support a successful return.

It was determined that he presented with increased readiness for a return to his employer in a non-front-line position and prior barriers during his last return were identified. A plan for a graduated return to modified duties was explored with his employer through the WSIB case manager, which was then communicated to all stakeholders, including his outpatient provider. A relapse prevention plan that he worked on in treatment was also shared with his circle of care to help monitor and address any warning signs. Upon discharge he presented with improved mood, increased confidence in his continuing care plan, and hopefulness about resuming work. The WSIB case manager implemented Matt's return-to-work plan.

Case 2

Forestry Worker John



John at a glance

37 years old

John has been on disability for 3 months for depression.

Routine follow-up flags up some concerns: John is not responding to medication and is drinking heavily.

Assessment determines John meets criteria for severe alcohol use disorder. Recommendation is for inpatient treatment.

John's employer provides funding for him to complete the 7-week treatment program at Edgewood.

John returns to work 2 weeks after treatment. He is participating in his employer's compliance monitoring program and continues to thrive in recovery.

John is a 37-year-old forestry worker. John has been on long-term disability for 3 months for depression when one of his routine follow-up forms was submitted with a flag requesting that the patient be assessed for alcohol use disorder. John had not responded to medications prescribed for his depression, he was having suicidal thoughts and he was drinking heavily.

A thorough assessment was undertaken evaluating the six dimensions identified in the ASAM Criteria. He reported to consume approximately 20 beers per day and that, despite trying, was unable to quit drinking. John reported that at no time during his time off work had anyone asked about his drinking until now. The assessment resulted in John meeting the criteria for severe alcohol use disorder. The recommendation was that John attend inpatient addiction treatment. The WSIB case manager implemented Matt's return-to-work plan.

John was admitted to Edgewood and completed the 7-week CORE Addiction and Mental Health Program. Treatment was funded by his employer. During treatment John attended individual sessions with his primary therapist, as well as a variety of group sessions including focused work on relapse prevention. John responded well to treatment, with abstinence achieving marked improvement in his symptoms of depression. John returned to work two weeks following treatment, is participating in his employer's compliance monitoring program, and continues to thrive in recovery. John has been a beacon of hope in his place of work where he has encouraged others to seek help for their own addiction and mental health issues.

THE ROI OF TREATMENT IS ESTIMATED TO BE 1:3, ASSUMING THAT WITHOUT THE INTERVENTION JOHN WOULD HAVE STAYED ON LTD UNTIL THE 2 YEAR DEFINITION CHANGE. THIS DOESN'T ACCOUNT FOR THE POSSIBILITY OF A LONGER LTD CLAIM DURATION, NOR ADDITIONAL COSTS TO THE EMPLOYER FOR LOST PRODUCTIVITY DUE TO JOHN'S ABSENCE AND/OR THE WAGES OF A REPLACEMENT WORKER.

Case 3

Oil & Gas Industry Worker Ryan



Ryan at a glance

43 years old

He goes on long-term disability for major depression, anxiety, and poly-substance use.

10 months in, during which time Ryan does not proceed with a recommendation to attend inpatient treatment, his rehab case manager inquires about the Intensive Outpatient Program (IOP) at EHN Canada. A new assessment determines that Ryan's condition has deteriorated too much to allow for IOP, and the recommendation is for immediate inpatient treatment.

Ryan completes the 7-week treatment program at Edgewood, funded by his disability insurer.

Ryan is approved for return-to-work shortly after discharge. He continues to attend aftercare groups in Kelowna BC.

Ryan is a 43-year-old oil and gas industry worker. He has been on long-term disability for several months with symptoms attributed to major depression, anxiety, and poly-substance use.

Five months into his disability claim, a substance abuse professional assessment results in the recommendation that he attend a short-term residential treatment program. Ryan did not seek treatment, however. Another five months later, the rehab case manager with his disability insurer contacted EHN Canada to inquire about Intensive Outpatient Program (IOP) options in the Kelowna, BC area. An updated assessment was recommended and arranged. The resulting assessment determined that Ryan's condition had deteriorated - his use of mood-altering substances had escalated, his emotional health had worsened, and his personal life had become unstable. It was determined that he was not a candidate for outpatient care. The recommendation was immediate admission to inpatient treatment. The disability insurer agreed to fund the 7-week CORE Addiction and Mental Health Program at Edgewood.

Despite his earlier indifference to engaging in treatment, Ryan fully participates in all aspects of programming and learns the skills necessary to a sustained recovery. His disability case manager is regularly updated on his progress, including his return-to-work readiness. Ryan completes treatment and on discharge he is approved for return to work. As part of his Continuing Care Plan, he attends in-person aftercare groups in Kelowna, BC.

Case 4

Office Worker Laura



Laura at a glance

40 years old

On short-term disability for depression.

Laura has great difficulty making progress with treatment. She is also experiencing worsening panic attacks, which results in an Emergency Department visit. At this point, her therapist recommends inpatient treatment.

Laura is admitted to Bellwood for the 7-week Mood and Anxiety Program (MAP), funded by her disability insurer.

Through MAP Laura significantly improves her mood and ability to use coping strategies to manage high distress. During a discharge planning conference call with all stakeholders, a graduated return-to-work plan in a modified position is agreed to and Laura's coping plan is shared. Laura succeeds in resuming full-time duties at the end of her 6-week return-to-work plan.

Laura is 40-year-old single woman who has been off work on short-term disability due to depression. She has been attending outpatient therapy once a week. While she has made some gains, these fluctuate and she is inconsistent in implementing strategies between sessions.

More recently, she has been having progressive difficulty getting out of the house and withdrawing from her support network. One night, during a particularly distressing panic attack, Laura calls a family member who becomes concerned about her safety and notifies the police. She attends the hospital but is not admitted. However, her therapist recommends more intensive treatment and she is referred to Bellwood for the 7-week Mood and Anxiety Program (MAP).

After being admitted, Laura is assessed by the physician, meets her counsellor, and begins attending individualized processing groups. She works with Occupational Therapy (OT) to develop a routine and engage in daily activities. She works on waking earlier and around a similar time each morning, attending the community walks with staff each day, and participating in art therapy in the evening. As her activity levels and mood improve, she feels more able to fully engage in groups and work on strategies to balance negative thinking and cope with periods of high distress. Laura also starts talking about her interest as well as anxiety about being back at work once treatment finishes.

She and her primary counsellor have a teleconference with her clinical provider in the community and her disability case manager to update them on her progress and current status. The case manager identifies the possibility of a modified position for a graduated return to work. Barriers are explored, including apprehension about seeing some coworkers again and her ability to manage her projects effectively. It is agreed that keeping up her routine, engaging with her support systems, and practicing her coping strategies when she returns home would be very important. Laura works with her clinical provider to develop a coping plan around each step of the graduated return and applying the strategies learned in MAP. After a 6-week transition period, Laura is back at work full-time and continues to attend aftercare groups in the evenings.

Case 5

Chartered Accountant Maria



Maria at a glance

45 years old

Suffers from anxiety and depression due to increasing demands of caring for her teenage daughter and elderly mother. Her difficulties at home are affecting her performance and attendance at work.

After an open discussion with her supervisor, Maria's employer agrees to support her in getting the help she needs. An Intensive Outpatient Program (IOP) is suitable for Maria's level of symptoms.

Maria attends the Bellwood Outpatient Clinic for 8 weeks of intensive treatment funded by her employer.

Maria has been able to continue working and caring for her family throughout treatment. She is deeply grateful for her employer's assistance and understanding in her time of need. She opts to attend her weekly aftercare groups online via a secure platform.

Maria is a 45-year-old chartered accountant suffering with anxiety and depression related to the dissolution of her marriage and the increasing demands of caring for her teenage daughter and elderly mother. While she has remained at work, her absenteeism has become noticeable over the last several months.

She finds it difficult to concentrate on her tasks, misses deadlines, and uncharacteristically makes mistakes in her work. Additionally, Maria's energy is low, she is unable to get restful sleep, and finds it difficult to see joy in any of her activities.

Maria's supervisor schedules a meeting to review the problems noted with her performance. She confides to her supervisor the difficulties she is experiencing and her desire to "get back to her old self". The supervisor acknowledges to Maria that she is a valuable employee and that the organization will support her in finding help. The employer consults with the team at Bellwood and a screening assessment determines that an Intensive Outpatient Program (IOP) would suit Maria's clinical presentation, as well as her expressed need to stay working and remain engaged in her home life. Maria's employer agrees to fund an 8-week IOP program where she attends therapy in the evenings and weekends, allowing her to meet her other daily commitments. Maria also has the option to attend IOP virtually, but she agrees she would benefit from a break from her customary environments to attend the outpatient clinic in-person.

Maria's weekly program includes four 2-hour group sessions and one individual session with the primary therapist. The sessions are rooted in evidence-based practices, including cognitive behavioural therapy (CBT) and dialectical behavioural therapy (DBT). Maria works over the course of the 8 weeks on anxiety reduction and management, as well as coping strategies to deal more effectively with her stressors. She learns how to make time for self-care and experiences improved mood, cognition levels and sleep habits. Maria networks with her fellow group participants and the enjoyment she receives through social interaction extends to improved connectivity in her work and home lives. She feels better able to manage her work demands and is more committed to her employer than ever, grateful for their assistance and understanding in her time of need.

On completion of the 8-week intensive outpatient program, Maria engages in once-weekly aftercare groups to round out a full 12 months of treatment. For this, she opts to participate virtually through a secure online platform.

THE ROI OF TREATMENT COULD BE 1:5, ASSUMING WITHOUT THE EARLY INTERVENTION, MARIA WOULD HAVE WORSENERED AND SPENT 17 WEEKS ON STD. THIS DOESN'T ACCOUNT FOR ANY EXTENSION INTO LTD, NOR ADDITIONAL COSTS TO HER EMPLOYER FOR LOST PRODUCTIVITY DUE TO HER ABSENCE AND/OR THE WAGES OF A REPLACEMENT WORKER.



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treatment centres and programs.
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