

# Exploring the link between the mind, body, and disability

What employers and  
clinicians can do to help.

August 20, 2020



# Webinar Housekeeping



This presentation  
will last 40 minutes.



15 minutes of questions  
and answers at end.

*Please submit any questions in the Q&A*



All slides will be emailed  
after the presentation.

MEET THE  
**SPEAKERS**



**Nicole Stelter, PhD**

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MDGuidelines

# Outline of Talk

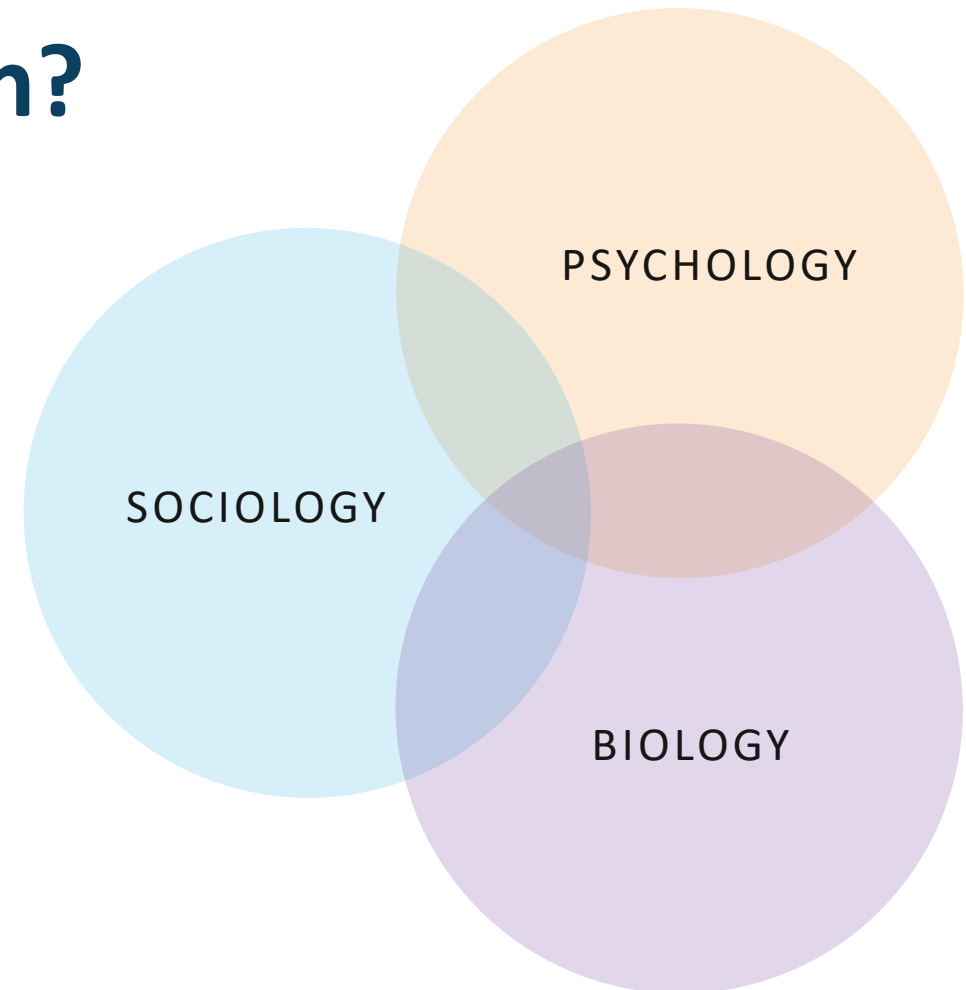
- 01** Exploring the link between physical and mental health
- 02** How mental health treatment may influence reduction in future work disability
- 03** Discussing the specific workplace and workforce-level interventions to promote a psychologically healthy work environment



# Why Study the Link between Physical and Mental Health?

A lot of dogma around the topic.  
Fewer statistics.

Biopsychosocial model important  
in medical and disability field



# The Link between Physical and Mental Health

Does pre-existing depression and anxiety make a worker more susceptible to a non-mental health (physical) work leave?

Does a work leave make a worker more susceptible to experiencing a new-onset depression or anxiety disorder?

Matched workers with a work leave (n = 467,930) and those without (n = 2,764,447). Explored depression and anxiety diagnoses before and after.

> J Occup Environ Med. 2020 Aug 5. doi: 10.1097/JOM.0000000000001985. Online ahead of print.

## Pre-existing and New-Onset Depression and Anxiety Among Workers with Injury or Illness Work Leaves

Fraser W Gaspar <sup>1</sup>, Daniel N Jolivet, Kerri Wizner, Fred Schott, Carolyn S Dewa

Affiliations + expand

PMID: 32769787 DOI: 10.1097/JOM.0000000000001985

### Abstract

**Objectives:** To examine the influence of depression and/or anxiety on work leaves and the impact of work leaves on experiencing a new-onset depression and/or anxiety disorder.

**Methods:** IBM's MarketScan<sup>®</sup> research databases were linked to investigate depressive and anxiety disorders in workers with work leave due to an injury or non-mental health illness (n = 467,930) and without a work leave (n = 2,764,447).

**Results:** The odds of a work leave within a year were 2.10 times higher (95%CI: 2.08-2.13) in individuals with depression and/or anxiety compared to those without. The odds of developing a new-onset depression and/or anxiety within a year was 4.21 times higher (95% CI: 4.14-4.27) in individuals with a work leave compared to those without.

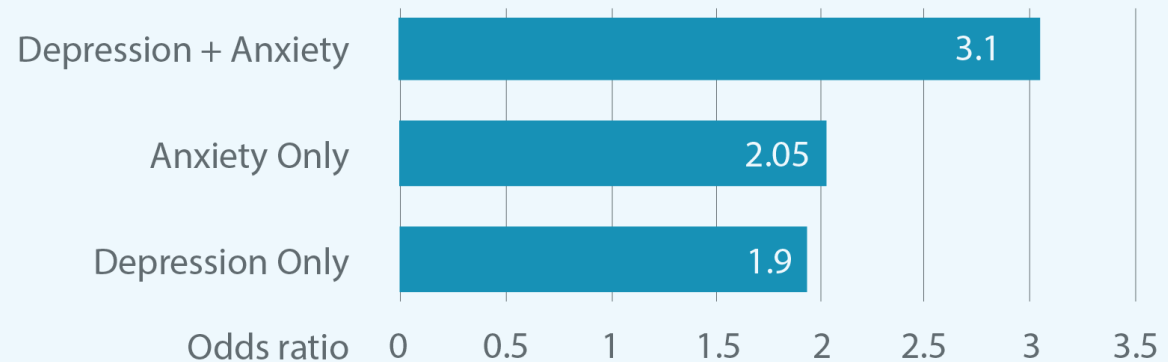
**Conclusion:** Depression and anxiety are both risk factors for and subsequent outcomes of injuries or illnesses that require a work leave.

## FINDING #1

# Workers with pre-existing depression and/or anxiety at risk for future work leaves

The odds of a work leave within a year were 2.10 (95% CI: 2.15-2.19) times higher in individuals with depression and/or anxiety compared to those without.

Odds of Work Leave Compared to Workers Without Pre-existing Depression or Anxiety



## FINDING #1

# **Workers with pre-existing depression and/or anxiety at risk for future work leaves**

## INTERPRETATION

Clinicians treating the mental health of workers should be aware of the physiological risk factors that contribute to work leaves including diabetes, obesity, and hypertension and refer the patient to the appropriate health care provider or program.



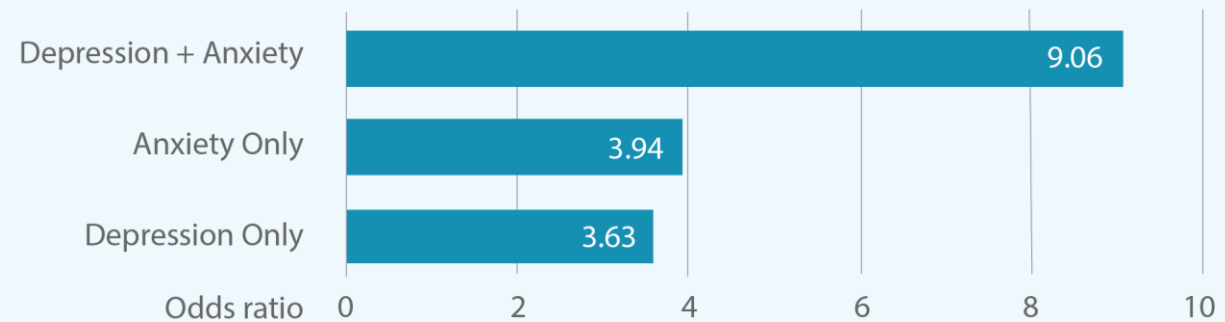


## FINDING #2

**Workers with work leaves are at increased risk of new-onset depression and anxiety**

The odds of developing a new-onset depression and/or anxiety within a year were 4.21 (95% CI: 4.14-4.27) times higher in individuals with a work leave compared to those without.

**Odds of New-Onset Depression and/or Anxiety in Individuals with a Work Leave Compared to those Without a Work Leave**



## FINDING #2

**Workers with work leaves are at increased risk of new-onset depression and anxiety**

The odds of new-onset depression or anxiety were dependent on the work leave diagnosis

Publication includes spreadsheet that lists 470 conditions and odds.



**16.4%**

of individuals with work leaves due to myositis experienced new-onset depression.



**18.4%**

of individuals with work leaves due to abnormalities of heart beat experienced new-onset anxiety.

## FINDING #2

**Workers with work leaves are at increased risk of new-onset depression and anxiety**



## INTERPRETATION

When a worker needs a disability leave, clinicians and disability case managers should inform the worker that injuries or illnesses that require a work leave may place an additional mental health strain on the worker.



# Influence of Treatment on Future Disability

Little research exists investigating if treating workers for mental health disorders reduces future disability

Our research explored antidepressant and psychotherapy adherence metrics for workers with major depressive disorders

We looked at how adherence influenced future work disability for either physical or mental reasons

Gaspar et al. *BMC Psychiatry* (2020) 20:320  
<https://doi.org/10.1186/s12888-020-02731-9>

BMC Psychiatry

## RESEARCH ARTICLE

Open Access



### The influence of antidepressant and psychotherapy treatment adherence on future work leaves for patients with major depressive disorder

Fraser W. Gaspar<sup>1\*</sup>, Kerri Wizner<sup>1</sup>, Joshua Morrison<sup>1</sup> and Carolyn S. Dewa<sup>2</sup>

#### Abstract

**Background:** Depression is the greatest contributor to worldwide disability. The purpose of this study was to understand the influence of antidepressant and psychotherapy treatment adherence on future work leaves for patients with major depressive disorder.

**Methods:** Patients with a newly diagnosed major depressive disorder ( $n = 26,256$ ) were identified in IBM® Watson™ MarketScan® medical and disability claims databases. Antidepressant and psychotherapy adherence metrics were evaluated in the acute phase of treatment, defined as the 114 days following the depression diagnosis. Multiple variable Cox proportional hazards regression models evaluated the influence of antidepressant and/or psychotherapy adherence on future injury or illness work leaves.

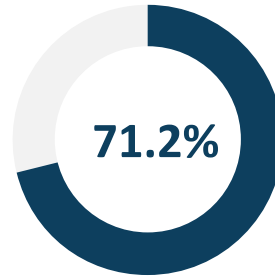
**Results:** The majority of work leaves in the 2-year follow-up period occurred in the acute phase of treatment (71.2%). Among patients without a work leave in the acute phase and who received antidepressants and/or psychotherapy ( $n = 19,994$ ), those who were adherent to antidepressant or psychotherapy treatment in the acute phase had a 16% (HR = 0.84, 95% CI = 0.77–0.91) reduced risk of a future work leave compared to treatment non-adherent patients. Patients who were non-adherent or adherent to antidepressant treatment had a 22% (HR = 1.22, 95% CI = 1.11–1.35) and 13% (HR = 1.13, 95% CI = 1.01–1.27) greater risk of a future work leave, respectively, than patients not receiving antidepressant treatment. Conversely, patients who were non-adherent or adherent to psychotherapy treatment had a 9% (HR = 0.91, 95% CI = 0.81–1.02) and 28% (HR = 0.72, 95% CI = 0.64–0.82) reduced risk of a future work leave, respectively, than patients not receiving psychotherapy treatment.

**Conclusions:** This analysis suggests that treatment adherence may reduce the likelihood of a future work leave for patients with newly diagnosed major depressive disorder. Psychotherapy appears more effective than antidepressants in reducing the risk of a future work leave.

**Keywords:** Mental health, Short-term disability, Guidelines, Absence, Medication, Psychiatric services, Risk prediction

## FINDING #1

# Symptoms of major depressive disorder are not detected early enough



of work leaves in the 2-year follow-up period occurred in the acute phase of treatment (114 days after diagnosis).



The majority of leaves in the acute phase were due to a mental illness (78.7%) vs. leaves after the acute phase were mainly due to physical conditions (71.0%)

## FINDING #1

# Symptoms of major depressive disorder are not detected early enough

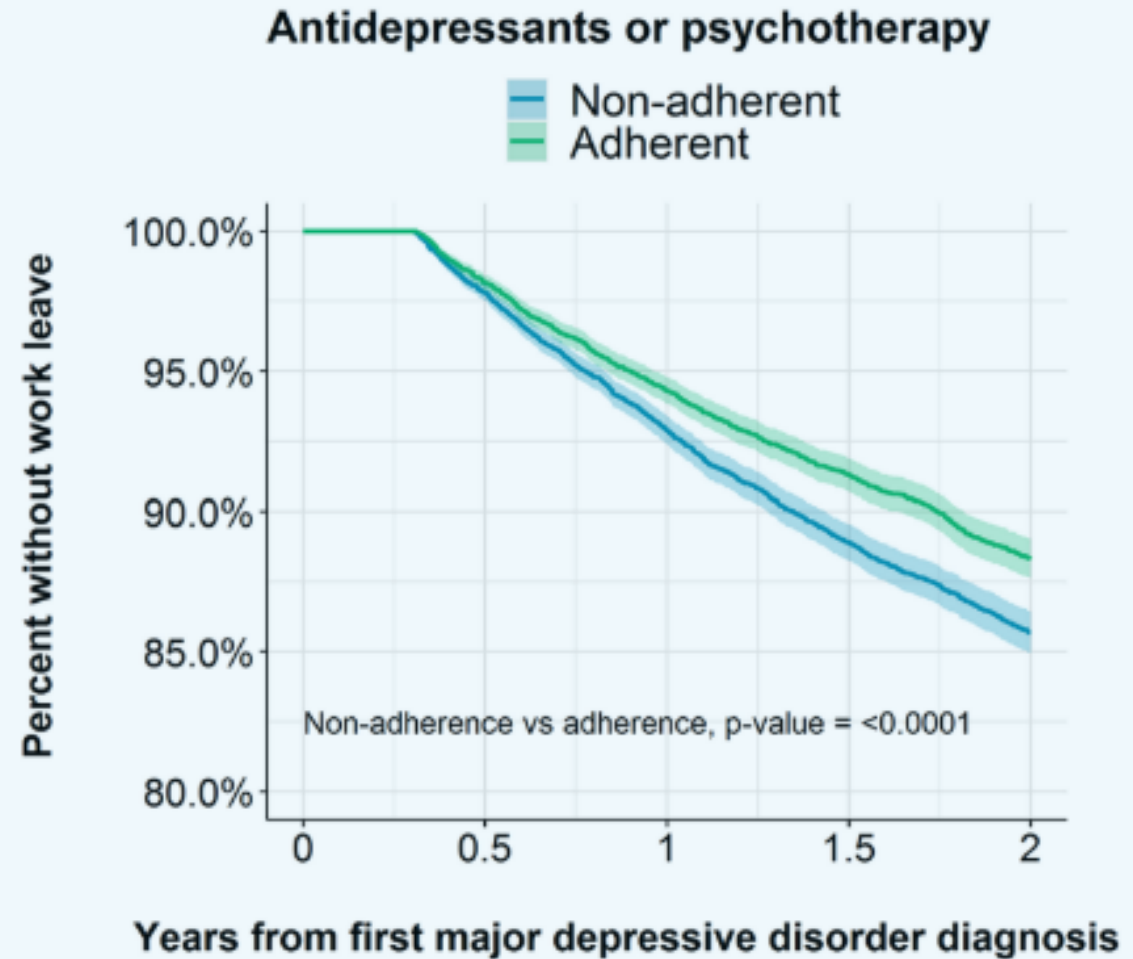
## INTERPRETATION

Need to diagnose symptoms earlier to allow for treatment to be administered, monitored, and modified if needed. Workers may be waiting until they experience loss of function before seeking medical help.



## FINDING #2

**Adherence to antidepressants or psychotherapy reduced risk of a future work leave**



### FINDING #3

**Psychotherapy  
was more  
effective than  
antidepressants  
in reducing the  
risk of future  
work leaves**



Workers adherent to psychotherapy had **28% reduced risk** of a future work leave compared to those treated with only antidepressants.



Workers adherent to antidepressant treatment had **13% greater risk** of a future work leave compared to those treated with psychotherapy only.



### FINDING #3

**Psychotherapy  
was more  
effective than  
antidepressants  
in reducing the  
risk of future  
work leaves**

### INTERPRETATION

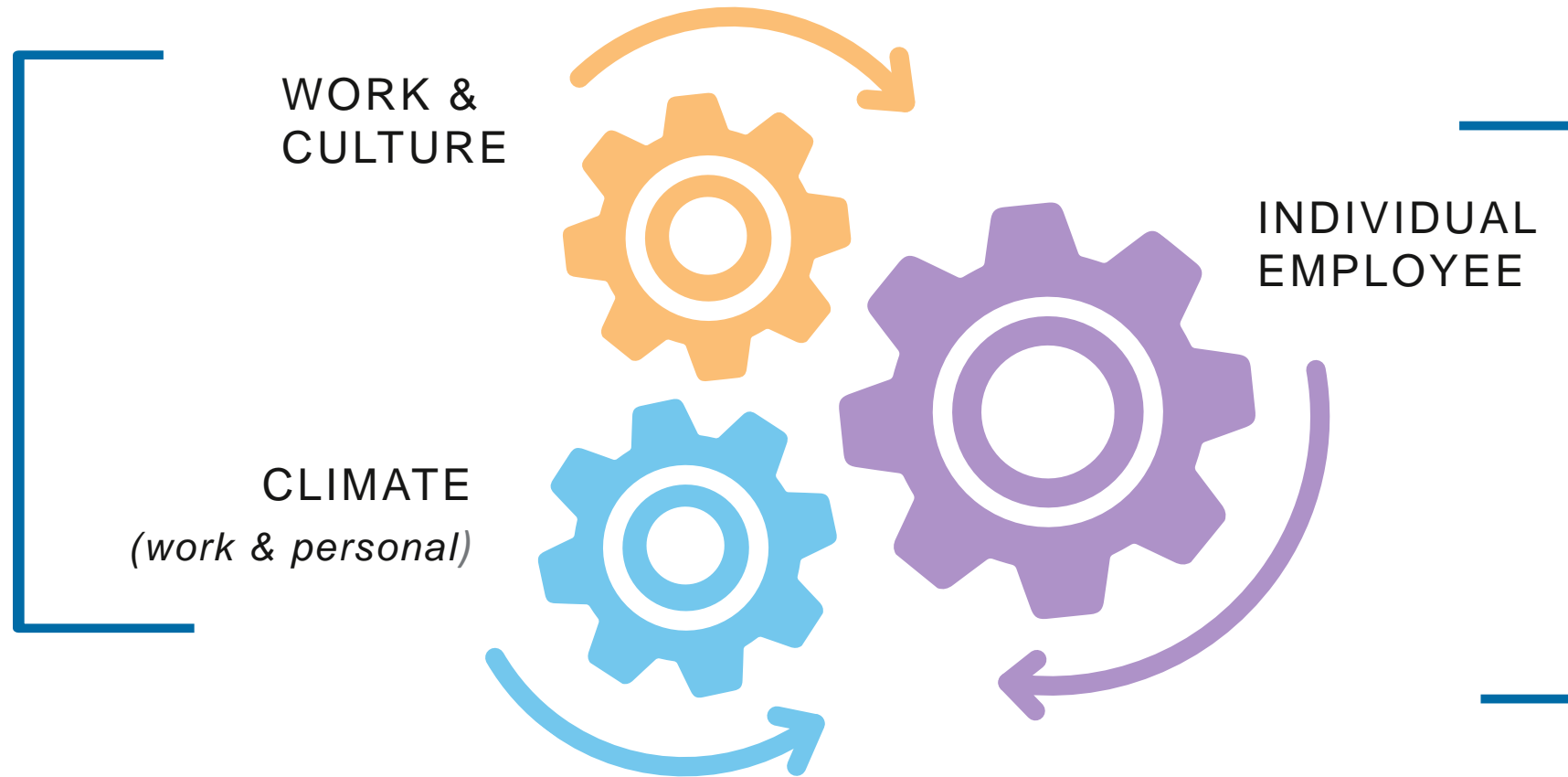
Psychotherapy addresses causal mechanisms of depression including negative ideation and self-defeating behavior patterns. Antidepressants treat symptoms.



# Kaiser Permanente

**Specific workplace and  
workforce-level interventions  
to promote a psychologically  
healthy work environment**

# Workplace vs. Workforce

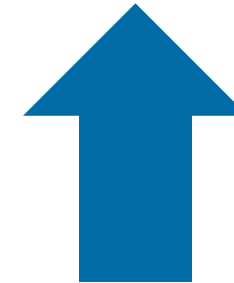
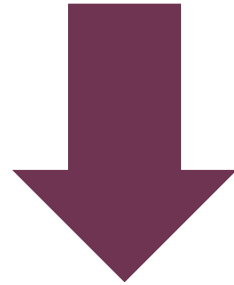




# Why should we care?

## Positive Impacts:

- Increased employee health & safety
- More productivity and engagement
- Improved recruitment & retention



## Negative Impacts:

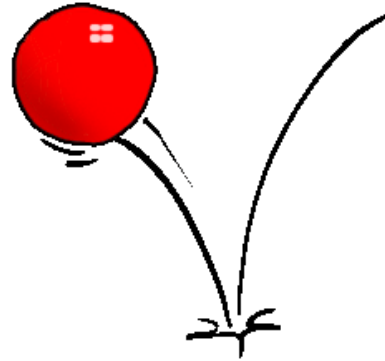
- More likely to develop new or exacerbate existing medical and psychological symptoms
- Prevalence of safety issues: accidents, incidents and injuries (rising costs)
- Low employee morale, presenteeism & absenteeism issues



# Building Resilience through Emotional Well-being (EWB)

## “High” EWB = resilience

- The ability to “bounce back” from adversity and stress
- Cope with difficult situations
- Maintain a positive outlook with demands of everyday life
- Feel empowered
- Not happiness or a lack of stress



## “Poor” EWB = at risk

- Higher risk of developing mental health/substance abuse symptoms
- May exacerbate disorders already present
- Higher risk of physical health issues

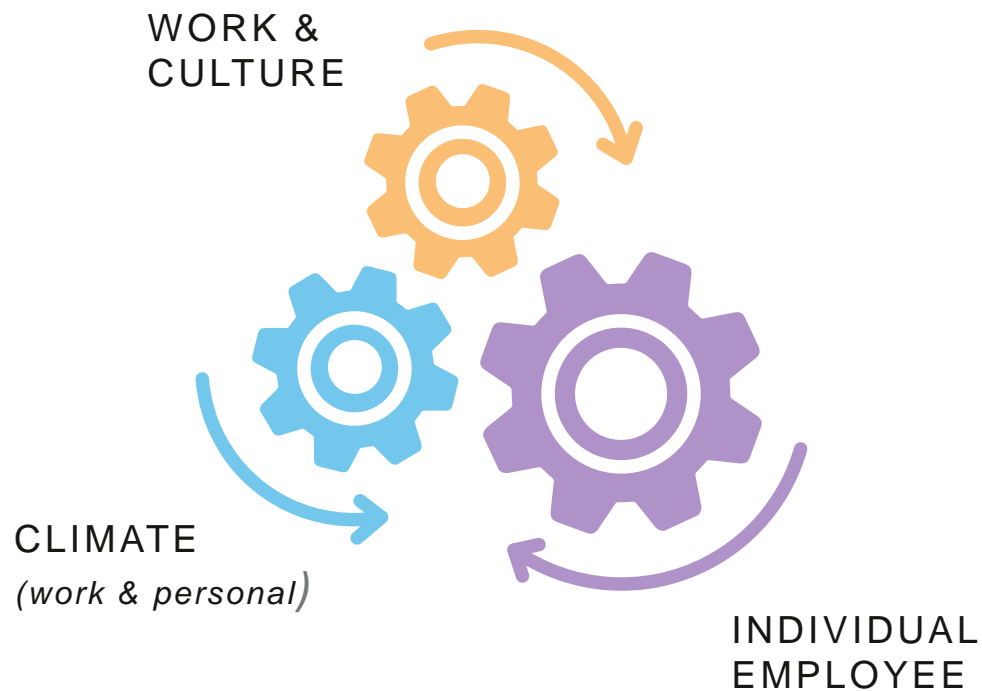


# Major Causes of Stress and Challenges to Resilience

1	<b>Financial Situation</b>	7	Family Member's Health Condition
2	<b>Work Changes/ Excessive Amounts of Organizational Change</b>	8	Personal Health Condition
3	<b>Work Schedule</b>	9	General social, economic or political changes in the region, country or world
4	<b>Work Relationships</b>	10	Family Changes
5	<b>Influence/control over how I do my work</b>	11	Other significant life event
6	Personal Relationships	12	Travel, commuting

Source: 2017 Consumer Health Mindset Study, Aon

# Workforce-level interventions



**Objectives/Targets:** individual employee well-being and resilience, early intervention, treatment

- Mental health coverage
- EAP
- Emotional-well being
- Clinical programming:
  - Depression Care Management
  - Early detection – e.g. problematic substance use, depression, anxiety
  - Co-morbidity programs – e.g. cardiovascular events/procedures, cancer, diabetes



# Characteristics of a “Psychologically healthy workplace”

## Creating a work environment based on trust, respect and fairness:

- Psychological Support
- Organizational Culture
- Clear Leadership & Expectations
- Civility & Respect
- Psychological Competencies & Requirements
- Growth & Development
- Recognition & Reward
- Involvement & Influence
- Workload Management
- Engagement
- Balance
- Psychological Protection/Safety
- Protection of Physical Safety

Source: Canadian Center for Occupational Health and Safety





# Defining a “Psychologically healthy workplace” (PHW)

## American Psychological Association:

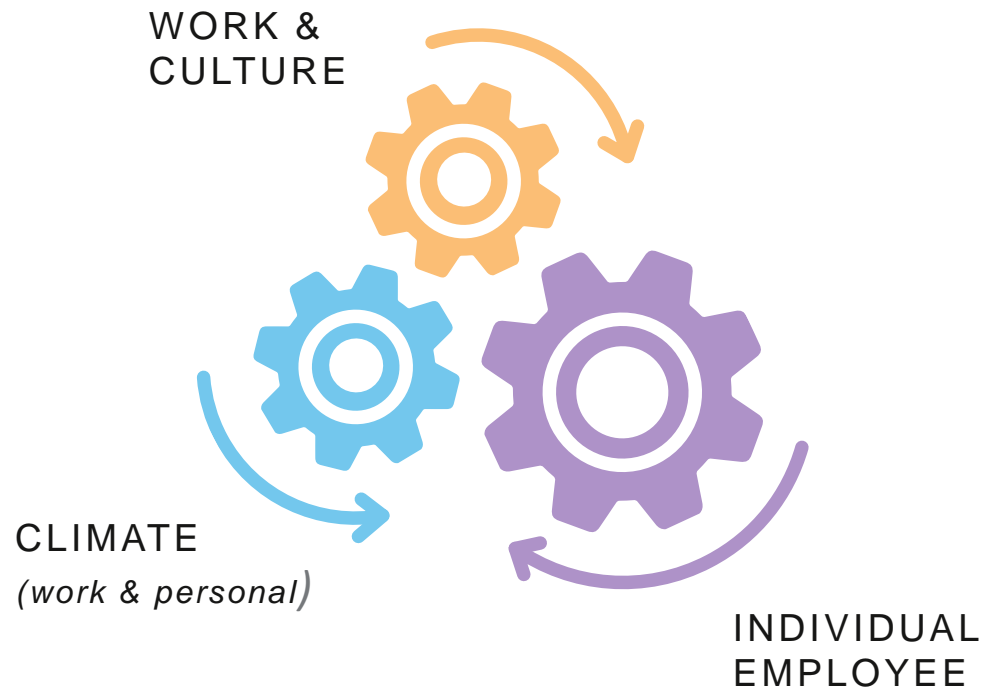
*“A psychologically healthy workplace fosters employee health and well-being while enhancing organizational performance and productivity.”*

## Canadian Center for Occupational Health and Safety:

*“A psychologically healthy and safe workplace is one that promotes employees’ psychological well-being and actively works to prevent harm to employee psychological health due to negligent, reckless or intentional acts.”*



# Workplace-level interventions



**Objectives/Targets:** organizational resilience/performance & adaptability, culture, relationships, leadership

- Training
- Job design
- Policies for leaves, work, bullying, etc.
- Strategic communications
- Employee engagement
- EAP/Leave administration integration



# Best Practices - Long Term Strategy

1. **Address all safety** concerns (physical and psychological)
2. **Effectively communicate**, to your workforce, any internal and external factors impacting your business
3. **Double down on culture of well-being** strategy (particularly emotional, social, physical and career/purpose)
4. **Review corporate policies** to ensure they align with characteristics of a psychologically healthy workplace
5. **Continually assess needs** of employees and involve them in improvement efforts (and solicit leadership support)



**Thank you for joining us.  
Do you have questions?**

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