Behavioral Health Disability and Return to Work: A Breakthrough Model

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Agenda

- Diagnoses
- Impact
- Myths about mental illness
- Basic principles of psychiatric rehabilitation
- Problems which prolong psychiatric disability
- Advice for employers and carriers
- The model
- Outcomes of effective programs
Diagnoses

- “Stress”
  - Post traumatic stress disorder
  - Acute stress disorder

- DSM-IV categories
  - Mood disorders
  - Anxiety disorders
  - Schizophrenia
  - Personality disorders
  - Adjustment disorders
Diagnoses

- **Mood disorders**
  - Depression, bipolar

- **Anxiety disorders**
  - Panic attacks, phobias, generalized anxiety disorder, post traumatic stress disorder, acute stress disorder

- **Personality disorder**
  - Pervasive, unusual behavior pattern, lifelong
  - Paranoid, antisocial, narcissistic, avoidant

- **Adjustment disorder**
  - Symptoms caused by identified stressors
  - With depressed mood, anxiety, conduct disturbance
Diagnoses

Depression*

- Depression affects 10% of U.S. workforce
- Leading cause of lost productivity
- Costs employers $44,000,000,000/yr.
- STD claims average 70 days
  - 200,000,000 lost work days/yr.
- 80% respond well to treatment

* Behavioral Health Disabilities: Managing a Growing Concern, Employee Benefit Plan Review; Aug. 2003
Diagnoses

On The Job Signs of Depression

- Decreased ability to get the job done
- Increased sick calls
- Frequently missed deadlines
- Unable to keep up with the pace of work
- Reduced interest/involvement in work
- Poor concentration/appearing distracted
- Disputes or arguments with co-workers
- Negativity
- Increased accidents
Economic Impact of Depression

- 28% Direct Treatment Costs
- 3% Pharmaceutical Costs
- 17% Depression Related Suicide Costs
- 55% Loss in Productivity
- 27% Absenteeism
- 28% Inefficiencies while at work

The Corporate Impact of Depression

- In Canada
  - Non-health-care costs: $7,000,000,000/yr
  - Depression only: $300,000,000/yr
  - Average work absence for depression: 40 days

- Corporate Economic Loss In Canada
  - Cost per episode of depression: $8,000-$30,000/disabled ee/yr
  - Overall loss: $500-$1,000/ee/yr
  - Depression: 1% - 3% of payroll

Therefore...
- Depression costs employers $500,000-$750,000/1,000/ees/yr
  (Based upon incidence of 25 psychiatric episodes/1,000/ees/yr)

(Source: “Back to Work”, January 1998, Dr. Sam Ozersky)
### Impact

#### Effects of Depression at Work

<table>
<thead>
<tr>
<th>Issue</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>Reduced productivity</td>
<td>47%</td>
</tr>
<tr>
<td>Morale problems</td>
<td>40%</td>
</tr>
<tr>
<td>Absenteeism</td>
<td>40%</td>
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<tr>
<td>Substance abuse</td>
<td>30%</td>
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<tr>
<td>Poor quality of work</td>
<td>29%</td>
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<tr>
<td>High turnover</td>
<td>21%</td>
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<tr>
<td>Accidents</td>
<td>21%</td>
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</tbody>
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Impact

• Burden of Depression*
  – $44-$51.5 billion in lost productivity
  – Average duration: 16 weeks (112 days)
  – 50% of first episodes followed by recurrence
  – Presenteeism
    • 8.5% productivity loss compared to RA = 3.7% productivity loss
      + control group = 2.2%

* The Burden of Depression (From Dr. Debra Lerner-Tufts – New England Medical Center)
• Absence caused by psychiatric condition*
  – 20% of all adults will experience a diagnosable mental illness in any given year.
  – More workers are absent from work because of stress and anxiety than because of physical illness or injury.
  – Mental illness short term disability claims are growing by 10% annually and can account for 30% or more of the corporate disability experience.

* From A Mentally Healthy Workforce – It’s Good for Business (published by the Partnership for Workplace Mental Health)
Myths About Mental Illness

• Mental illness is a personal weakness.
• People don’t recover from mental illness.
• People with behavioral health disabilities are fragile and unpredictable.
• Mentally ill people are likely to become violent.
Myths About Mental Illness

- People have to be symptom-free to work.
- People with mental illness don’t want to work.
- We are good at predicting when mentally ill people are going to succeed at return to work.
Basic Principles Of Psychiatric Rehabilitation

1. Improve competencies
2. Focus on behavioral improvements in the specific environment.
3. Use variety of methods.
4. Improve vocational outcomes.
5. Hope is essential ingredient of rehabilitation.
6. Use deliberate temporary increase in dependency as tool.

7. Client (claimant) involvement in all planning is essential.

8. Two fundamental interventions:
   • Improve client skills
   • Develop environmental supports

9. Drug therapy: often required, but seldom sufficient alone.
Problems Which Prolong Psychiatric Disability

Jargon -------- PSYCHIATRIC DISABILITY -------- Training

Claims vs. Rehab ← Relationships
Transferring psychiatric rehabilitation into the insurance realm is not easy, but it can be effective and powerful.

- Best predictor = work history.
- Good predictor = current skill level.
- Support increases vocational success.
- Accommodation can improve productivity.
Advice for Employers and Carriers

Predictors and Descriptors

- Companies with less restricted access to outpatient care have lower mental health disability claim rates
  - 1/5 the psychiatric disability claim rates
  - 50% higher return-to-work
  - Disability durations 1/3 the length of other employers

- Employers that allow a greater number of outpatient mental health visits experience 1/7 the psych LTD claims rate of other employers

“Predictors and Descriptors of Psychiatric Duration, Costs and Service Use”, Study by Johns Hopkins University
Predictors and Descriptors

- In firms where front-line managers are responsible for disability management, claim rates are 51% lower.
- Employers with documented plans/policies for return to work or accommodations have lower psychiatric LTD claims experience.
- Employers with designated individuals responsible for staying in touch with employees on disability have 27% lower costs per disability claim.

“Predictors and Descriptors of Psychiatric Duration, Costs and Service Use”, Study by Johns Hopkins University
Advice for Employers and Carriers

What Employers and Carriers Can Do Now

- A designated individual to maintain contact with the employee for the duration.
- Training about myths and realities of mental illness
- Better RTW assessments and RTW plans
- Job descriptions with mental as well as physical capacity requirements
- Supportive, qualified vocational rehabilitation professionals
- Coordination between vendors and with group health plan
- Align for proper role of treating physicians
The Model

- Medications
- Support strategies
  - Employer
  - Co-workers
- Counseling
- Job accommodation
The Model

Role of the Supervisor

- Recognize the signs
  - Learn about depression and sources for help
  - Don’t diagnose
  - Be open and communicate
  - Take suicidal comments seriously and report them

- Note changes in work performance
  - Address performance problems in a supportive manner
  - Listen to the employee’s concerns. Be flexible about work schedule.
  - Offer flexible hours, FMLA leave
The Model

Role of the Supervisor

- Make an EAP referral
- Return to work
  - Offer “frequent, frank and friendly” supervision
  - Job accommodation
Facts About Behavioral Health Accommodations

- Most workers with behavioral health disabilities don’t require special accommodation
- Accommodation is mostly practicing good management
- Psychiatric accommodation is inexpensive
- Work itself is “therapeutic”
The Model

Types of Behavioral Health Accommodations

- Flexible scheduling
- Part-time or job sharing
- Physical arrangements to reduce noise or distractions
- Breaks according to individual needs rather than a fixed schedule
- “Frequent, frank and friendly” supervision
- Co-worker support
- Time off for MD/counseling appointments
Outcomes of Effective Programs

- Psychiatric Vocational Rehab program – 6 years
- Success rates: 400 clients (no jobs to return to, severely chronically mentally ill)
  - 81% obtained jobs
  - 56% held jobs for 6 months
  - 31% held jobs for 1 year
- 84% needed substantial support
Outcomes of Effective Programs

- 6,000 life university saved 33% in LTD costs
- 12,000 life teachers LTD plan: reduced average duration of psychiatric disability by 32%
- 36,000 life LTD plan: ROI - $2:$5
- Specialized insurer unit:
  - Success rate 44%
  - ROI $1:$9.37
- Self insured 26,000 life LTD plan: saved $10M after 2 years
Advice – Reasonable Accommodation: What It’s Not

- Tolerance for threats or acts of violence.
- Permitting disabled employees to violate job-related codes of conduct.
- Making exceptions for compliance with safety standards.
- An excuse for unsatisfactory performance of essential functions of the job.