

MIND over MATTER

DEPRESSED EMPLOYEES AT HIGHER RISK FOR
WORKPLACE INJURIES AND LONGER RECOVERY
TIMES WHEN OUT ON WORKERS' COMP, BUT
SOLUTIONS ARE AT HAND TO BUCK THIS
TROUBLING TREND



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ne critical lesson plan for the self-insured community from a holistic standpoint is that the mind is capable of inflicting bodily harm, sparking safety concerns in the workplace.

The Center for Workplace Mental Health (CWMH) notes that depression affects more than 16 million Americans and is the leading cause of disability worldwide, costing the U.S. economy \$210.5 billion per year in absenteeism, reduced productivity and medical costs.

When depression is present along with other medical conditions, which often happens, an employer's health care costs are about two to three times higher, reports Darcy Gruttadaro, director of the CWMH. "Mental health conditions, including depression, are a fast-growing category under disability," she says, assuming a potential connection in the rate at which work comp claims are increasing.

Experts point out that depression, whose economic impact is about \$210 billion a year,

can cause not only sleep deprivation or over sleeping, but also interfere with concentration or slow thoughts – leading to chronic fatigue or clouding judgment.

“All of these things can be factors in the propensity for injury or result in major health and safety concerns,” she says. “If you’re on a factory floor, working with tools or heavy equipment, or even making important decisions at a bank, the likelihood that your health and safety or stress level will be impacted is very high.”

More than half of people who suffer from depression or another mental health issue don’t seek treatment, says Terri L. Rhodes, CEO of the Disability Management Employer Coalition. Given this startling fact, she’s concerned about the implications of depressed employees not paying full attention to their work, particularly in higher-risk jobs.

“We have individuals in the workplace going about their daily jobs and have no idea what their mental health status is or if they’re hiding it,” she observes.

Indeed, depressed people have a 2.5 times higher risk of on-the-job-injury, according to the Disability Management Employer Coalition’s 2016 Mental Health in the Workplace Survey. In addition, the National Institute of Mental Health estimates that as many as one-fifth of U.S. adults experience mental illness in a given year.

“If you are depressed, you have a tendency to have more injuries,” explains Fernando Branco, M.D., medical director for Midwest Employers Casualty Company (a Berkley Company), an excess carrier that manages catastrophic cases. With injuries also causing depression, he describes this phenomenon as a Catch 22. “If you already had a tendency to deal with things by going into depression, most likely as you get injured, you will exacerbate feelings of low self-worth,” he says.

Depression is one of several factors that can place an injured worker into an at-risk or “needlessly disabled” category that can result in a dramatically higher claim cost, adds Michael Stack, a national expert in the field of work comp and CEO of Amaxx LLC.

Missing work can isolate work comp claimants from co-workers and a work routine that provides positive reinforcement and an opportunity to socialize in addition to earning financial rewards, Stack says. Removing workplace connections can potentially rob injured employees of their identity and self-esteem, turn them into an outcast and trigger depression. “That happens far too frequently in that people don’t reach out to people who are injured and feel like they don’t know what to say to them,” he observes.

Depression also can significantly lengthen the duration of disability or recovery time. If a claimant, for instance, has a partially torn rotator cuff injury with a physiological



Darcy Gruttadaro



Fernando Branco



Michael Stack



Source: Center for Workplace Mental Health

Rhodes reporters, while pregnancy rounds out the latter list.

While claimants suffering from musculoskeletal disorders benefit from physical or occupational therapy and work-conditioning programs, she points out that injured workers who also are diagnosed with depression or another psychological condition lack the same level of resources.

required healing time of 42 days, Stack says the claims data suggests that depression could easily add a few months to their recovery. The fact is, claims involving physical conditions are much more likely to spin out of control if there's not also a focus on the mental aspect and any other biopsychosocial factors, he cautions.

PERVERSE PATTERNS

What often transpires is that adjusters must wade through multiple psychological diagnoses when reviewing physical injuries and, therefore, are reluctant to approve “anything that has to do with psychology,” according to Branco. “What adjusters end up getting is this old-fashioned approach to psychological issues and pain in workers’ comp.”

Therefore, he believes there’s a pressing need for targeted intervention with clear and reasonably attainable goals in mind that will help return depressed claimants to work sooner rather than later. The idea is not to tackle all of a claimant’s problems at once. “We cannot possibly fix everybody’s marital status or their upbringing,” Branco explains.

A staunch proponent of integrated absence management to improve health outcomes, Rhodes laments that the workers’ comp system tends to label depression or other mental illnesses as a preexisting condition that’s unrelated to an injury. There’s also a tendency to not even acknowledge that an injury could worsen someone’s mental health, she adds.

Mental health issues, along with musculoskeletal disorders, are two of the top three disabling conditions on both the occupational and non-occupational sides,

EMBRACING THE BIOPSYCHOSOCIAL MODEL

Despite an uphill battle for claimants, clinicians, case managers and self-insured employers, there are multiple ways to reduce or even prevent any collateral damage involving depression in workers’ comp claims.

Stack has noticed greater adoption of holistic medicine such the biopsychosocial model and predicts a deeper acceptance in the years ahead. This type of approach offers what he believes is “the best chance of the best outcome” for claimants and self-insured employers alike.

Branco is an enthusiastic supporter of biopsychosocial solutions for addiction and chronic pain – areas for which he’s board certified to treat. The bio component refers to physical ailments, while psychosocial elements involve coping skills based on personality, family

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background, cultural outlook, or similar factors. However, he notes that the vast majority of patients have a combination of physical and psychological issues that needs to be addressed.

Colorado has been a leader in improving treatment protocols for depression in workers' comp cases. In 1992, it became the first state to mandate a biopsychosocial medical treatment model for work comp. Medical inflation was reportedly only one third that of the national average in the first 15 years since legislators reformed the state's work comp system.

While Branco has noticed a general tendency for more liberal states to structure their workers' comp system in favor of claimants, he says the downside

is "people make bad choices." One example is a preference for doctors who over-prescribe opioids and enable poor behaviors. However, he believes the tide is turning on this issue with the help of work comp formularies and tighter controls.

Half of 20.2 million U.S. adults who experienced a substance use disorder also had a co-occurring mental illness, according to a 2015 report by the Substance Abuse and Mental Health Services Administration.

Most of the cases Branco handles involve so-called migratory claims, while many of his patients have abused narcotics. As a physiatrist, he specializes in catastrophic cases such as brain and spinal cord injuries, as well as amputations, multi-trauma and musculoskeletal issues.

Branco cites a need for practice patterns or standards, as well as better educated psychologists and work comp insurance adjusters, when it comes to treating claimants. For example, while cognitive behavior therapy is a form of psychotherapy, he cautions that it's "much more focused on changing thoughts and behaviors." Moreover, he says psychoanalysis may be a highly effective treatment, but it has nothing to do with injuries.

EAPS AND EARLY INTERVENTION

Promoting the use of employee assistance programs (EAPs) also "could be helpful considering how alienated employees will feel before or after they get injured," Branco says.

The trouble with EAPs is that they're "woefully underutilized," according to Rhodes. "Employees don't use even confidential resources that are available to them for mental health issues." She's intrigued by the notion of polling her members about whether they also use their EAP for workers' comp claims.

To ensure higher use of these valuable programs, Gruttadaro suggests that employers regularly remind their employees that EAPs support mental health issues vs. only when they're hired or during the annual benefits enrollment.

Another solution to speed return to work involves telemedicine, particularly for those who live in rural areas, Branco notes. The larger thinking is that early intervention can keep work comp claimants from falling into a deeper depression.



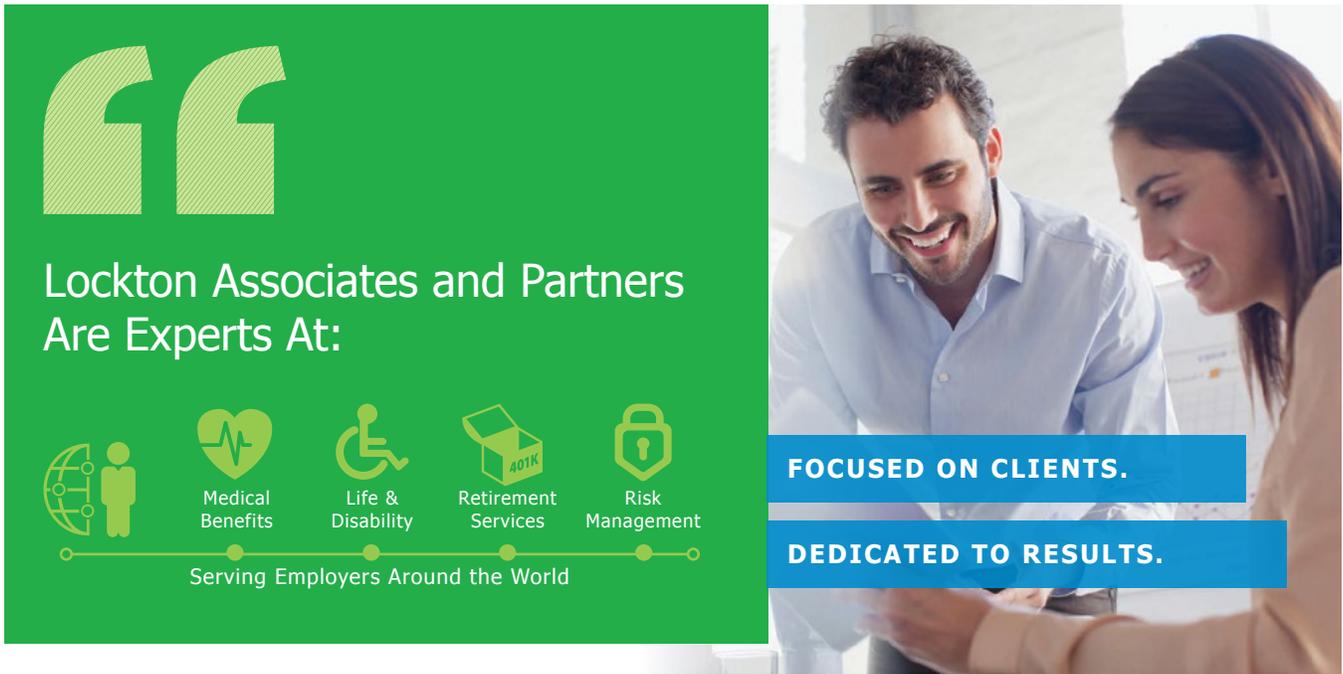
Experts agree that early intervention is critical. “If somebody has a knee problem, it’s going to just continue to degenerate the longer they wait before getting help, just like your mental health might,” Rhodes opines.

“Most psychological conditions can be treated effectively within six to eight weeks barring that they have medication issues.

In terms of early identification of ailments, Stack says best practices can be applied to claims management. For example, case managers can assess a claimant’s attitude, behavior and resilience at work to determine whether the individual is at risk for depression. This will help them decide if some additional interventions are needed.

One forward-thinking employer is Crown Corporation-owned New Brunswick Power Corporation, the largest electric utility in Atlantic Canada. Gruttadaro lauds the organization for its total health approach, which includes raising mental health awareness. NB Power leverages its work with a disability management services provider to support an effective return-to-work process for employees as part of this effort.

CWMH also offers tools and programs to tackle mental health issues in the workplace. One such resource involves a depression calculator that determines how much time and money employers lose to depression, as well as how much can be recovered, based on just a few key demographics. In addition, a joint initiative of CWMH and Employers Health Coalition, Inc. provides customizable resources and materials to increase awareness, reduce stigma, and motivate employees and their families to seek help when needed.



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STIGMAS AND SILOS

While there's still a stigma associated with seeking treatment for mental health, it may be waning. Rhodes recalls how 15 years ago, it was a largely taboo topic that nobody wanted to discuss, whereas now there's no shortage of free resources. In addition, she says studies show that Millennials are more likely to get help than Baby Boomers or Gen Xers, which is a promising sign. Another positive development she cites is that most health insurance plans cover mental health between mental health parity legislation and the Affordable Care Act.

Still, Rhodes believes more progress is needed before depression and mental health diagnoses are treated the same

as physical conditions on both the occupational and non-occupational side. It's also important to break the silo mentality that stands in the way of better health care integration.

“A lot of times, risk management and HR don't always communicate as well as they should,” she says. “There might be resources available on the company intranet or through the health plan that maybe risk management doesn't know about because they tend to work within the workers' compensation claim by itself, as opposed to what options might be available and offered through the employer that could also help them.” ■

Bruce Shutan is a Los Angeles freelance writer who has closely covered the employee benefits industry for 30 years.

