Rethinking Mental Health Disability Claim Management

How an innovative approach to psychological treatment can help blunt staggering costs and human impacts of the situation

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RETHINKING MENTAL HEALTH DISABILITY CLAIM MANAGEMENT

by

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Mental health is a growing concern in the workplace. For employees, when a mental health condition becomes disabling, there is a possibility that they will submit a Short Term Disability application for support during their absence and recovery. This accounts for an estimated 20-30% of all disability claims. The economic impact is staggering. A study in 2008 estimated the cost at $51 billion per year, though this likely to be higher today. The cost includes health care, lost productivity, and reductions in health-related quality of life (Smetanin et al., 2011).

In this article, we will explain how a program with an innovative approach to psychological treatment resulted in very positive outcomes. By ensuring appropriate treatment and care for employees, and developing skills to function in their specific work environment, the program sustained and improved mental health. At its core is a well communicated return to work philosophy and a strong focus on appropriate treatment and care to prepare the individual for re-integration into the workplace. The approach and the data collected over the past two years demonstrates very positive results (see Table 1).

Table 1: Complex Mental Health Cases

	Number of Claims	Average Duration of Complex Mental Health Claims
Pre-Program		86
Post-Program – Year One 2014	61	57
Post-Program – Year Two 2015	34	45
Percentage Change	56%	52%

The Problem of Mental Illness in the Workplace

Depression and anxiety disorders are the leading cause of sickness absence and long-term work incapacity in most developed countries (Joyce et al., 2016). Chronic absenteeism due to mental health issues, such as stress, anxiety and depression, can create large financial expenses for

employees and employers. (Blonk et al., 2006; Lagerveld & Blonk, 2012; Seymour & Grove, 2005; Lemieux et al., 2011). In addition to the financial losses, the inability to maintain regular work directly affects the person's quality of life and mental well-being. Absenteeism often isolates the employee from important support networks and social interaction. Research has shown that this Isolation, combined with a lack of routine and structure, can increase psychological distress (Seymour & Grove, 2005). Bowling's (1995) study of "what's important in people's lives" highlighted that being able to work ranked as one of the top three most important aspects of life by people who are ill. In most cases, employees struggling with mental health challenges benefit from interventions enabling them to return to work.

Little scientific research has focused on how to help employees with mental health challenges return to work in a reasonable time (Blonk et al., 2006). In this sparse research field, one proven strategy is showing promise. Individual Cognitive Behavioural Therapy (CBT), with a psychologist focused on building return to work capability, is a very effective approach (Bolier et al., 2013). The results show an increase in individual wellbeing and a decrease in the employer's overall expenses (Blonk et al., 2006).

Program Overview: Our Approach

The program was initially designed for a manufacturing client of Organizational Solutions Inc. (OSI). It follows several well defined steps. When an employee applies for Short Term Disability benefits the client submits a detailed notification to OSI. If the case is mental health in nature a highly qualified Disability Management Specialist (DMS) immediately reaches out to the individual and determines if they would be a good fit for the Specialized Psychological Program. If they are, the DMS makes a referral to the program and the employee is assessed by Dalton Associates – a specialized provider of psychological services - within 48 hours of referral.

In the OSI / Dalton approach the process:

- identifies symptoms of psychological distress;
- makes a significant initial assessment;
- builds a comprehensive treatment plan; and
- conducts supervised psychotherapy (twice per week).

Dalton practitioners work closely with OSI's Disability Management Specialists and speak with any other current or previous health practitioners treating the employee. It is important that the treatment is supportive, accurately attuned and timely. Employees who feel adverse, misunderstood or rushed, typically will not engage in treatment (Blonk et. al, 2006).

A Two Phased Approach

Phase 1

The employee's treatment begins with a clinical file review performed by a Registered Psychologist and Clinical Director. Following this review, the treatment team decides if the employee is suitable for the return to work program. If they are, the team schedules an in person or telephone interview. Three testing tools are utilized in a standard assessment:

1) Intensive clinical interview / mental health status examination;
2) Beck Depression Inventory (BDI); and
3) Beck Anxiety Inventory (BAI).

The initial assessment is typically one to two hours long and results in a three to five-page report which includes:

- a categorization of employee's issues: mild, moderate or severe;
- a diagnosis (where applicable); and
- treatment recommendations.

A copy of the completed assessment report is provided to the Disability Management Specialists at OSI for return to work planning and shared with the family doctor and / or psychiatric treatment team to determine if there is any need for prescription drugs.

Phase 2

Next, a copy of the assessment and recommended treatment plan is given to a mental health practitioner (e.g., Registered Psychologist, Registered Social Worker, Registered Psychotherapist, etc.). This practitioner treats the employee with back to work focused CBT tools.

Each employee in treatment has two sessions per week and no more than three days between sessions. The treating practitioner completes case contact notes on a shared network for the Clinical Psychologist to review when necessary. Every fourth session the treating therapist will complete a treatment plan report and deliver it to the clinical supervisor, OSI's Disability Management Specialists and the employee. Typically, the employee returns to work, at least on a part-time basis, after four to six sessions of therapy.

Return to work plans are developed with OSI, the employee and the employee's supervisor. In this particular partnership, the manufacturer supports treatment until the employee returns to work on a full time basis. This usually happens between six to nine sessions.

Mental Health and the Disability Management Process.

Disability Management programs have existed since the early 1980's and, while there are still considerable variations between the programs, they often include these key features:

- early intervention;
- care management;
- return to work planning;
- accommodation; and
- metrics for continuous improvement (Williams et al., 2007).

When these key features are used, and used well, they help lower the human and financial cost of disabilities (Bernacki et al., 2000). This cost, driven upwards by increasing rates of disability, have helped to focus employers on the benefits of an effective program in the workplace.

One of the most important factors of success in the Specialized Psychological program, and overall disability outcomes, is the support of the organization. Programs with strong organizational support have the best outcomes (Akabus et al., 1992; Tate et al., 1986, Harder and Scott, 2005; Olsheski et al., 2002).

The most successful programs are also supportive, not adversarial, in nature and help workers return to wellness and productivity. It is therefore essential that workplaces, as well as case management teams, are supportive and the organizational culture embraces return to work.

Psychosocial rehabilitation, that is, building the confidence and ability of the person with mental illness back to the point where they are taking an active part in their work and their community, is a key factor in successfully managing mental health claims (Olsheski et al, 2002). The goal is to enhance the function of the person with mental illness to the point where they are participating in various environments, including work and community (Olsheski et al, 2002).

Making a real difference in psychological case management requires a clear understanding of the specific skills and resources used in disability case management. These include:

- communication;
- assessment;
- planning;
- implementation; and
- follow-up to ensure the plan is successful (Maki, 1998).

It is important that the case management approach focuses on recovery and return to work.

Mental health conditions in particular need appropriate diagnosing, medication and treatment specific to the person's needs. Research findings highlight that ineffective medical care of patients can result in serious risk of unnecessary long absences, iatrogenic (an illness directly caused by a medical examination or treatment) and even permanent disability (Anema et al., 2002).

Bruckman and Harris (1998) say that barriers to return to work, or iatrogenic effects, can originate from the treating physician. Ineffective medical parties can delay recovery.

The OSI / Dalton approach works best by ensuring successful recovery through prompt and appropriate treatment and care. The program also takes a holistic approach to help the employee learn long term coping skills and resilience. Leading research also highlights the importance of exercise, relaxation, a healthy lifestyle and other positive habits.

Disability management strategies are successful and effective in returning employees with physical disabilities back to work (Olsheski et al., 2002). What we are increasingly finding is that the same programs can also be adapted to include psychosocial strategies. It is crucial though that the program is designed correctly and has the right people, with the right skill set, to ensure the best outcomes.

Mental Health issues can be a primary or secondary diagnosis and strong case management is essential for both. Research states that psychosocial factors are strong determinates of disability associated with musculoskeletal disorders (Feurstein et al., 1999; Gatchel et al., 1995; Waddell, 1998). It also shows that reducing psychosocial risks (leading to anxiety or poorly managed stress) makes it much more like the employee will have a positive return to work (Sullivan et al., 2005).

Many aspects of mental health treatment have a successful and beneficial influence on the employee, notably those that include session homework activities tied to therapeutic outcome goals. (Kelly et al., 2006). Kusantzis et al. (2000) say that this type of homework is an effective way to treat depression and anxiety.

Overview of Coping Skills

Psychological and personal wellness can rarely be achieved through a rigid, demanding structure. It is helpful, however, to have a solid supportive structure that enables mental health and wellness to develop.

Cognitive behaviour therapy (CBT) was developed from the theory that the way humans think about and interpret feelings is a cognitive choice albeit, not one that we are conscious of (Knaus, 2014). These interpretations of our feelings and of our behaviour lead us to establish firm beliefs about our identity, about 'who' and 'what' type of person we are. In CBT therapy the employee learns to question their own firm beliefs, personally grow and develop a different way of being in the world.

When humans are exposed to adversity or challenging circumstances, we can develop thinking patterns that increase our emotional distress (Greenberger and Padesky, 2005). During CBT treatment the person learns to become aware of this dysfunctional thinking and behaviour patterns and develop new interpretations of emotions and behaviours during a gradual re-introduction to the stressful situation (Knaus, 2014; Greenberger and Padesky, 1995).

Outlined below is an abbreviated description of the first four sessions of the therapeutic process.

Session 1

The initial therapy sessions in the OSI / Dalton program are about building a therapeutic alliance; listening and reflecting back to the employee that the problem is clearly framed and stated. During the first session it is also important to gently discuss the importance, from a mental health perspective, of getting back to work. For example: "*Work can offer several things, such as structure and self-esteem, that are beneficial to your recovery*" or "*You won't recover from your symptoms just by sitting at home, it would probably even get worse"* (Lagerveld et al., *2012).*

Session 2

In session two, the therapist and employee work at developing emotional intelligence and self-observation skills through cognitive awareness and mindfulness tools (Knaus, 2014). Emotional intelligence is an individual's ability to identify, understand, and control their own emotions, while also appropriately and empathetically managing interpersonal relationships (Ealias & George, 2012). Self-observation is when an individual focuses, and reflects, on making observations of themselves in the present moment (Falkenström, 2012). In between sessions, the employee contracts with the therapist to complete homework tools that build self-awareness thinking.

Session 3

In session three therapists integrate a CBT workbook such as, Greenberger and Padesky's (1995) *Mind over Mood- Change how you feel by changing how you think.* In session three the therapy is focused on identifying some inaccurate or "untrue" thoughts about the employee's situation or the employee's capability of managing the situation. Once the false interpretations and beliefs about the employee or employee's situation have been identified then new interpretations can be co-identified through collaborative therapeutic work.

Session 4

In session four the employee continues to practice the cognitive reframing of their thoughts, emotions, beliefs and current or past problematic life situations. In this fourth session, employees begin to re-imagine themselves back at work on a gradual or full time basis. The personal work initiated in this fourth session will often continue through sessions five to eight and session nine to 10 will involve reviewing and processing the actual gradual re-exposure to work and stressful situations.

Return to work is strongly supported as a positive employer practice and employers with programs in place that foster return to work achieve the best results (Amick et al., 2000).

Building Capacity to Return to Work- Enhancing Resilience

Resilience is an individual's ability to properly adapt to negative situations and adversity. This could be family or relationship problems, health problems, or workplace and financial worries, among others. Coping with these problems can be affected by anything from personality to

social relationships, cultural context to the environment. (Gilgun, 1999; Payne, 2011; Ungar, 2001; Walsh, 1996).

Understanding and believing that resilience can be improved by developing skills in therapy is a crucial part of our intervention. Resilience research is an ongoing process, though it typically focuses on two factors:

1) Protective factors (those that increase resilience) such as gratitude, supportive relationships and strong social networks; and
2) Risk factors (those that threaten resilience), such as rumination, marital stress, lack of support and others.

There is some argument about whether such dichotomies exist (Ungar, 2001). For example, a high rate of self-esteem is a clear positive factor in resilience; however, high self-esteem alone could perpetuate denial of distorted thoughts or narcissism. It is important to understand that resilience is a complex process that can be constructed or deconstructed during any intervention aimed at returning an employee to work.

When the employee understands and believes that resilience is a process that can be acquired through a therapeutic intervention and self-work, then it becomes easier to focus on building the skills that will prepare them to engage with adversity. Understanding and believing that resilience is a process that can be enhanced through skill development in therapy is a crucial stage in managing many symptoms of mental illness.

In designing return to work programs for psychological cases there is also the need to understand the psychological demands of the job and design the return to work accordingly. A physical demands analysis can be applied to physical cases. Similarly, psychological conditions can be applied to cognitive demands analysis of the role including: cognition, critical thinking, social interaction, memory, etc. It is also important to understand the essential nature of the job itself. Some jobs are “achievement oriented” which need traits of effort, persistence, and initiative; others may be “interpersonal” in nature with important elements of co-operation and concern for others (Olsheski et al., 2002).

Close supervision and monitoring of return to work ensure improved, sustainable outcomes and identify if and when any additional treatment is needed. OSI in conjunction with Dalton Associates, and the cooperation of the manufacturing workplace, demonstrated that return to work focused interventions, combined with the right psychological treatment strategy, have significant influence on return to work.

Conclusions

The initial results of the custom designed Specialized Psychological Program are very favourable. In the quest to assist employees in their recovery and positive stabilization of mental health, OSI and Dalton Associates feel this program is an innovative approach that will lead to long term positive outcomes. The study is being replicated in other workplaces to validate the findings.

The Complete whitepaper on the Specialised Psychological Program (known as Cognability™), including a detailed examination of the phases of the program and the sessions in CBT, can be downloaded at: http://www.orgsoln.com/cognability/

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