

MANAGING DEPRESSION-RELATED OCCUPATIONAL DISABILITY: A Pragmatic Approach



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Full article:

Bilsker, D., Wiseman, S., & Gilbert, M. (2006). Managing Depression-Related Occupational Disability: A Pragmatic Approach. Canadian Journal of Psychiatry, 51 (2), 76-83.

OVERVIEW

FORM FILLING

1. The diagnosis must be as specific and credible as possible.
2. Symptoms should be specific and in keeping with the given diagnosis.
3. Current treatment should reflect the diagnosis and symptomatology, as well as the fact that the psychologist or psychiatrist is claiming that the patient is too ill to work.
4. The GAF is imperfect but can be useful when looking at consistency.

A psychologist or psychiatrist's thoughtful evaluation of the patient's functional status, careful response to the requirements of disability determination, and focus on functional recovery yield substantial benefits.

BENEFITS of work absence,
from the perspective of recovery:

- The patient will be removed from occupational stresses or conflicts.
- The patient will have more time and opportunity to engage in activities conducive to recovery.
- The patient will be at less risk for involvement in a work-related injury or accident.

COSTS of work absence:

- The patient may become inactive—a behavioural pattern likely to worsen depression.
- The patient may become isolated.
- After extended work absence the patient may develop a secondary anxiety pattern.
- Prolonged absence from work is a negative prognostic factor related to whether an individual ever returns to work.

FOSTERING THE PATIENT'S ROLE IN RECOVERY

First, it is useful to encourage the patient in active coping with the difficulties in the work situation.

Second, the patient in disability leave can be encouraged to maintain lines of communication with the workplace rather than avoiding all contact out of shame at being unable to function.

Third, collaborative decision making concerning the appropriate duration of disability leave will maximize the patient's sense of personal effectiveness.

Fourth, several research studies have shown that disseminating self-management material to individuals suffering from clinical depression that is mildly to moderately severe is associated with high rates of compliance and significant symptom reduction.



IMPAIRMENT AND DISABILITY

A crucial distinction is that between impairment and disability. Psychologists and psychiatrists have expertise in assessing & documenting the former, whereas the latter is largely an issue for insurers, employers & contract administrators.

Impairment:

- The World Health Organization (WHO) defines impairment as "any loss or abnormality of psychological, physiological or anatomical structure or function"
- The occupational disability evaluator's role is to delineate a patient's impairment by providing:
 - a statement of diagnosis
 - delineation of symptomatology
 - specification of the functional impairments of the condition
- The American Medical Association's *Guides to the Evaluation of Permanent Impairment* provides a framework for evaluating functional deficits. The following 4 components are key components of assessing functionality:
 - Activities of daily living
 - Social functioning
 - Concentration, persistence, and pace
 - Deterioration or decompensation in complex or work-like settings

Management of depression-related disability is challenging for all participants, although patients have the most at stake.

Disability:

- **Short-term disability** coverage will pay benefits to workers up to a specified time period.
 - Contracts vary in their maximum coverage, but often set the maximum to 3 to 6 months.
 - For a short-term disability claim, the type of information required varies among plans: most require a diagnosis, description of symptomatology, as well as an estimate of when the individual will be recovered sufficiently to return to work.
- **Long-term disability** coverage will pay financial support to a patient for a variable length of time and at a proportion of prior income, depending on the contract.
 - Most Canadian plans will pay until 65 years if disability criteria continue to be met.
 - More detailed information is typically required for a long-term disability claim.

Objective: To identify the crucial issues that arise for psychologists and psychiatrists when dealing with occupational disability in their patients with depression and to suggest practical strategies for responding more effectively to the challenges of this aspect of patient functioning.

Method: We identify fundamental concepts in the occupational disability domain and draw crucial distinctions. The wider context for occupational disability is articulated, involving the workplace environment and the disability insurance industry. Research with direct relevance to clinical decision making in this area is highlighted. We make pragmatic suggestions for effective management of occupational disability in patients with depression.

Results: To successfully manage issues of occupational disability, psychologists and psychiatrists must understand the distinction between impairment and disability. To make this decision fairly and accurately, the adjudicator requires particular types of information from the physician, with requirements varying across short-term or long-term disability claims; failing to provide relevant information may cause substantial stress or financial harm to the patient. Balanced and collaborative decision making regarding whether and for how long to take work absence will greatly help to maintain occupational function in the long term. Realistic expectations and support of the patient's sense of personal competence foster recovery of occupational function.

Conclusion: Management of depression-related disability is challenging. Thoughtful evaluation of the patient's functional status, careful response to the requirements of disability determination, and a focus on functional recovery yield substantial benefits.

Clinical Implications

- An increased focus by physicians on evaluating and managing occupational disability will significantly benefit patients with depression.
- Understanding the perspective of disability insurance adjudicators will better enable physicians to respond to their patients' needs.
- An emphasis on supporting the patient's sense of personal competence will foster functional recovery.

Limitations

- The research literature concerning optimal strategies for managing depression-related disability is sparse.
- The disability criteria discussed here are not true of all insurance plans and may well change over time.
- The complexity of interactions between patient, workplace, and insurance carrier means that only broad guidelines can be formulated.

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