

# **Work and Mental Illness: Understanding those with Work- Related Mental Health Issues in a Collaborative Primary Care Setting**



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S.K. BAILEY (2011)

# Learning Objectives

- **1. Understand the extent that work-related problems are associated with primary care mental health issues.**
- **2. Gain understanding of demographic characteristics of those with mental health issues related to work.**
- **3. Consider potential treatment implications that may be unique to those with work-related problems and mental illness.**

# Outline

- Background Information:
  - Mental Health and the Workplace
  - Workers (non)Use of MH Services
  - Gender and Treatment-Seeking
- Our study
- Results
- Future Directions
- Questions/Comments



# Mental Health and the Workplace

**Mental health problems have a significant, negative impact in the workplace.**



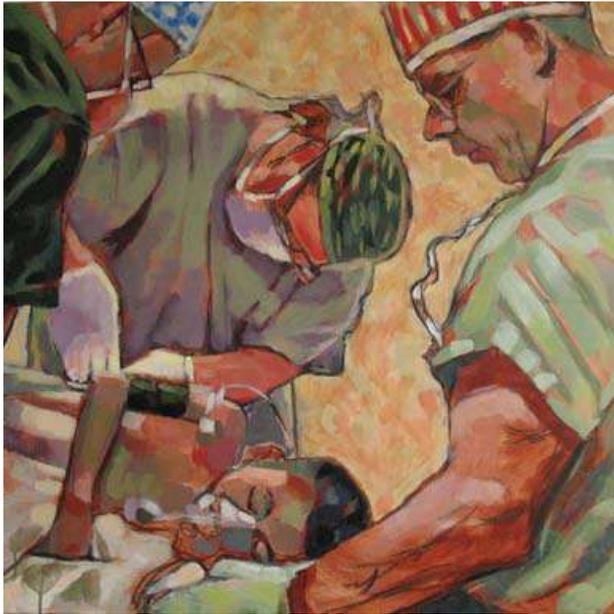
# Workplace factors related to mental health outcomes:



- decision authority
- psychological demands
- physical demands
- work hours
- schedule (e.g. Shift work)
- skill utilization
- harassment
- job security
- workplace aggression & competitiveness
- social support
- rewards and recognition

# Mental Health and the Workplace

- Most common mental disorders among working population:



KAREN BAILEY, "Surgery on Afghan Boy" (2007-2009)



KAREN BAILEY, "Morning Coffee" (2004)

- **Depressive disorders**
- **Anxiety disorders**
- **Alcohol Use disorders**  
(Ahola et al., 2011)

# Mental Health and the Workplace



↓ functioning



↓ job satisfaction



↓ QoL

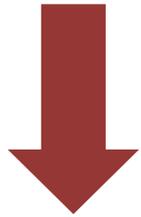


↑ loss of work



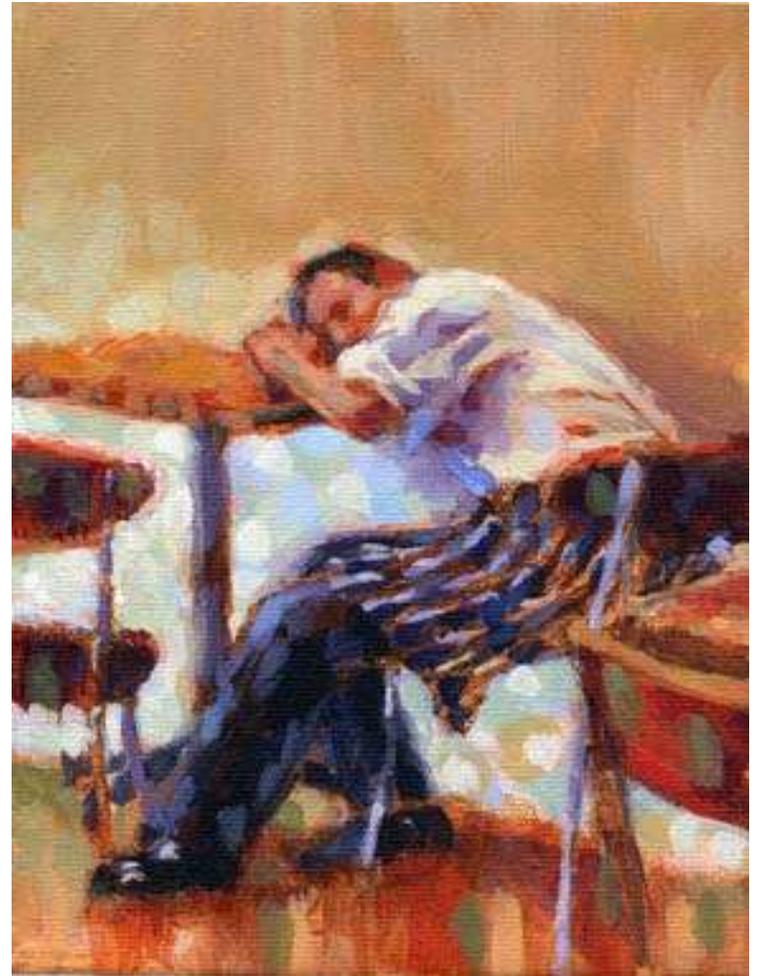
↑ sick days

# Mental Health and the Workplace



Productivity via

- increased absenteeism
- presenteeism
- short-term disability
- higher turnover
- suboptimal performance at work



KAREN BAILEY, "Sleeping Cook" (2005)

Better MH symptom control

=

Improvements in job  
performance

# Workers' (non)Use of Mental Health Services



- Most people, workers included, do not engage with mental health services.
- MH treatment received in Primary Care is often suboptimal.

# Gender and Treatment-Seeking

- Men are less likely than women to seek psychiatric services, psychotherapy, and/or counseling (Green, 2006; Kessler, Brown, & Broman, 1981; Vessey & Howard, 1993)
- Men make fewer visits to primary care physicians and other medical services (Gijsbers Van Wijk, Kolk, Van den Bosch, & Van den Hoogen, 1992; Green & Pope, 1999; Newcomb & Bentler, 1987; Xu & Borders, 2003)

# Gender and Treatment-Seeking

- Most common dx among Men attending outpatient psychiatric services:
  - **Depression**
  - **Anxiety**
  - **Substance Use Disorders**  
(Ray et al., 2011)



BILL COTTNAM "Glaziers"

# Our study

**All referrals to SMHC  
July 2001 and June 2011  
N = 4240**

**Patients who indicated  
problems related to work  
n = 784 (18.5%)**



# Shared Care

(our formulation)

- Outpatient Shared Mental Health Care (SMHC)
- Specialized psychiatric and mental health services offered collaboratively *within a Primary Care setting*
- **We offer:**
  - Psychiatric consultation service
  - CBT & other Counseling services

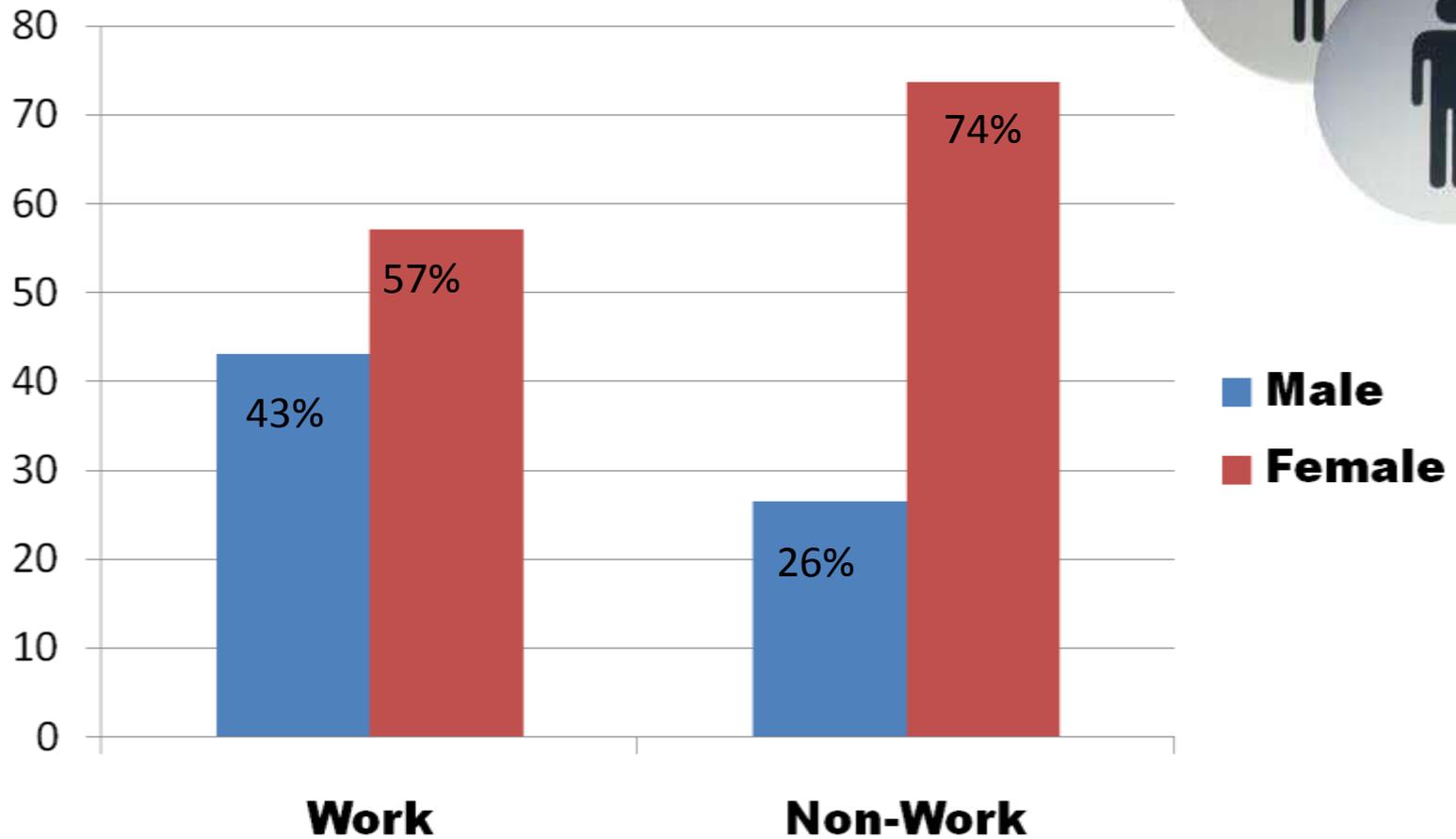


# Goals of the Study

- 1) Are our patients with work-related mental health complaints any different from our general population of mental health patients in terms of dx. and demographics?
- 2) Are there any gender-based differences in service utilization?
- 3) Is the treatment we provide equally helpful?

# Results

## Gender Analysis



# Results

## Gender Analysis



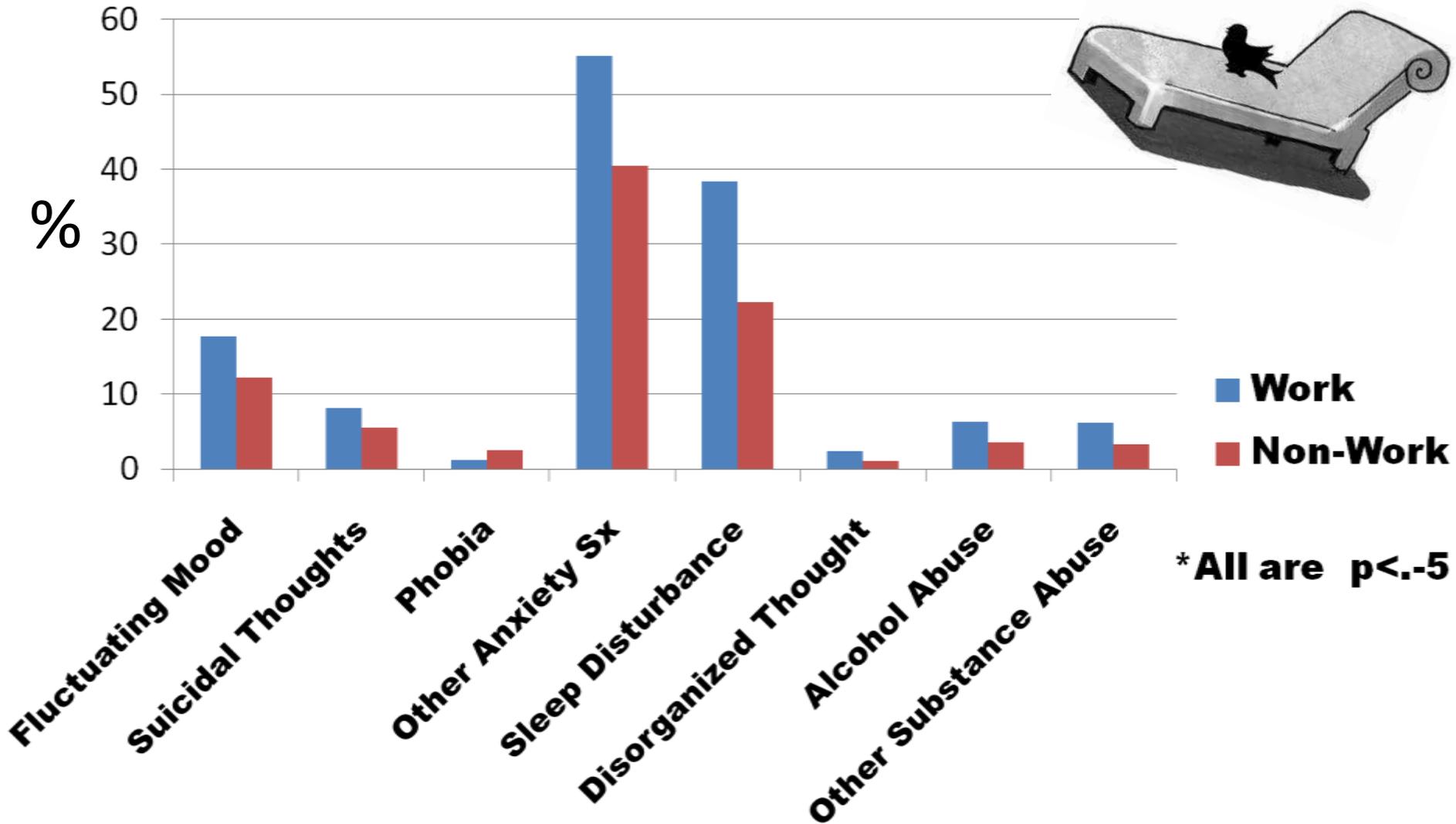
**Odds of being male in  
SMHC for any reason:**

**0.173**

**Odds of being male in  
SMHC for work-related  
problem: 0.569**

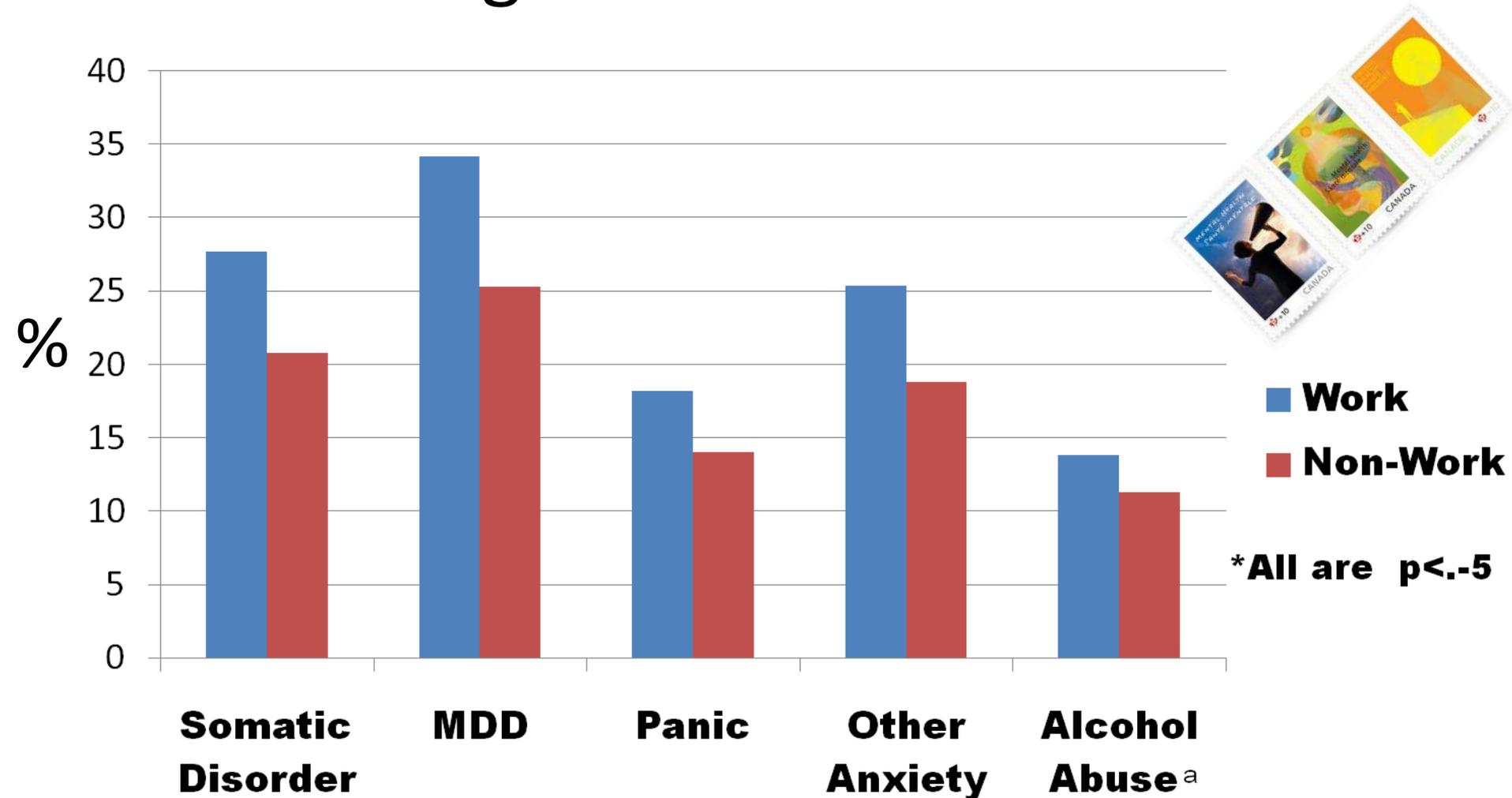
# Results\*

## Reasons for Referral



# Results

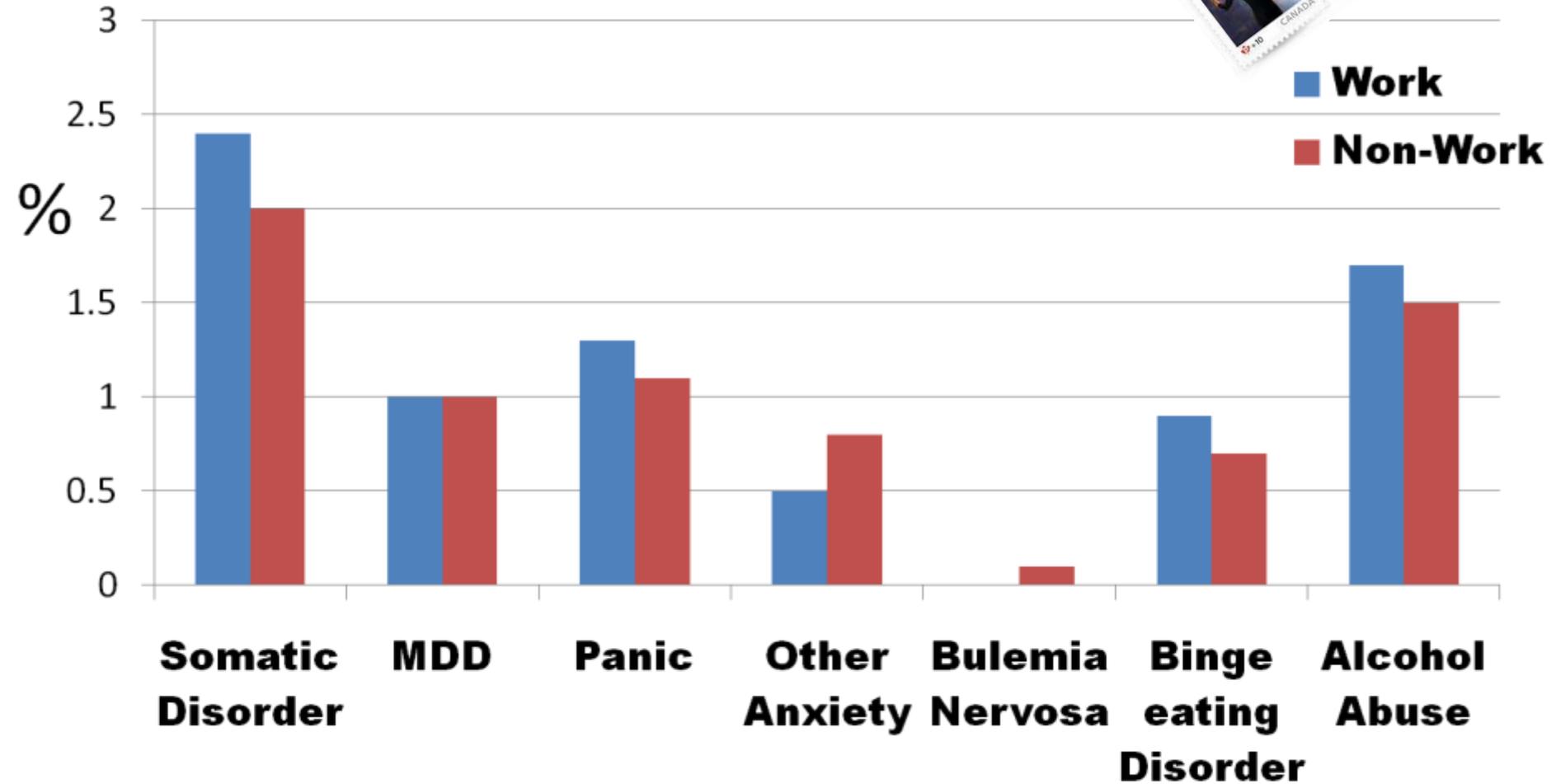
## Meets Diagnostic Criteria at Baseline



<sup>a</sup> n.s.  $P = .057$

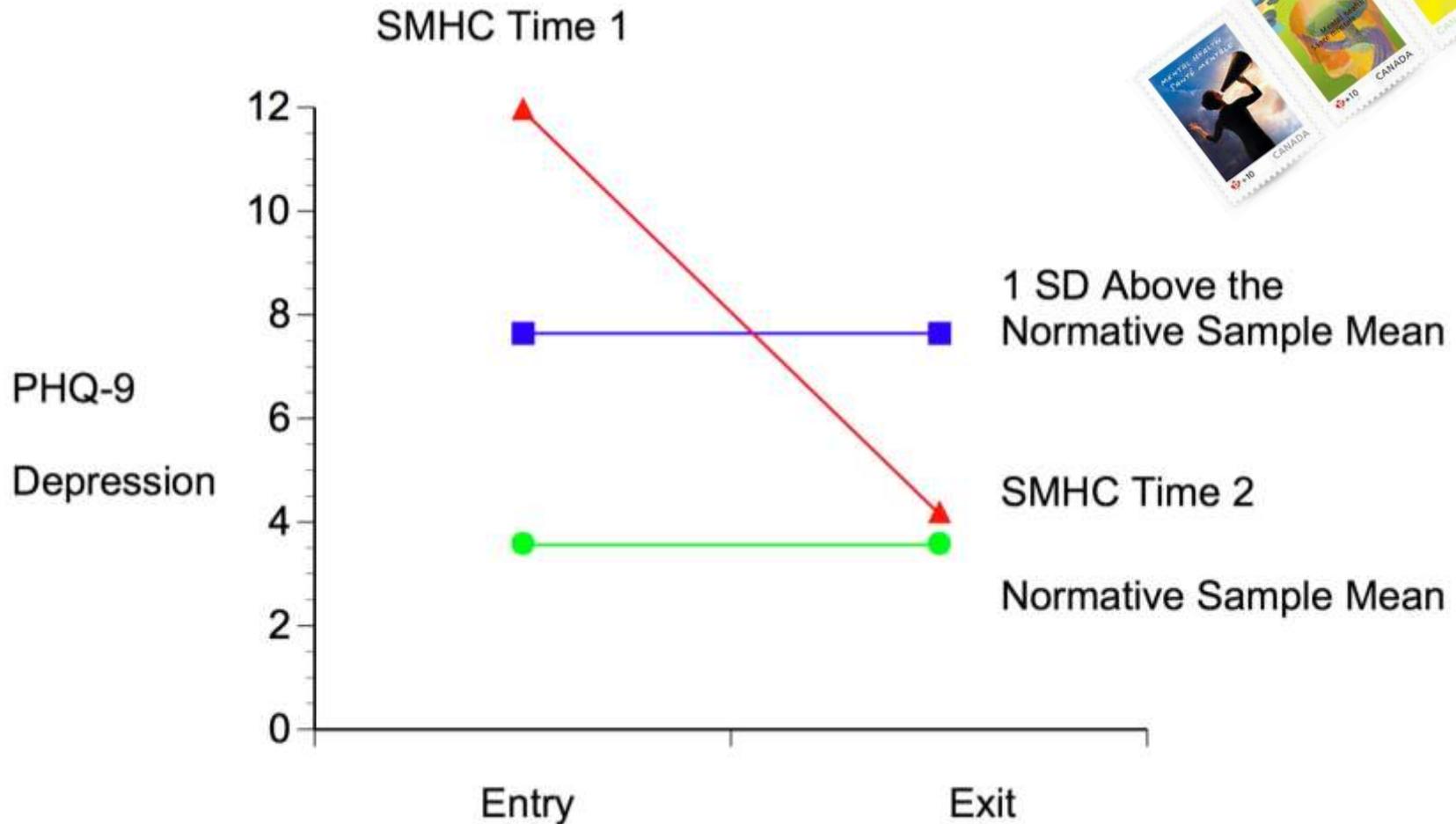
# Results

## Meets Diagnostic Criteria at Exit (n.s.)



# Results

## PHQ-9 Depression Scale (All cases)



# Future Directions



# Questions? Comments?

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KAREN BAILEY, "White tablecloth" (2005)

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# Abstract

- Better mental health care for people experiencing mental health-related problems at work will lead to increased productivity and fewer absences as shown in previous studies. As difficulties in a work environment can be experienced by individuals with a mental illness, early intervention and treatments for these illnesses will likely, in turn, help to alleviate these difficulties. The Shared Mental Health Care Service model, in Thunder Bay Ontario, has been shown to reduce symptoms and levels of disability (Haggarty et al., 2007). From July 2001 to the end of June 2011, 4240 referrals were received. Of these referrals, 784 (18.5%) indicated problems related to work. The present study will identify the characteristics (i.e., age, sex, symptoms, comorbidity with other psychiatric illnesses, severity, etc.) of the individuals experiencing work-related issues who are referred to the SMHCS, and will determine if the brief model of care provided through Shared Care is as effective for those with work-related problems as with other users. The examination of this population will aid our understanding of the usefulness of a brief model of care in a primary care setting as an aid to individuals experiencing mental health-related work issues. A detailed analysis of this sample will be presented to delineate need and intervention strategies optimal for this clinical group.