



Occupational &
Environmental Medicine

MENTAL HEALTH AND WORK 2

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October 22nd 2021

Faculty/Presenter Disclosure

- **Faculty:** Nadia Aleem, MD, MSc, FRCP, Psychiatrist, CAMH

- **Relationships with financial sponsors:**
 - **Grants/Research Support:** none
 - **Speakers Bureau/Honoraria:** none
 - **Consulting Fees:** WSIB, COT, CPSO, CMPA
 - **Patents:** none
 - **Other:** none



Disclosure of Financial Support



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- **This program has received financial support from the Workplace Safety and Insurance Board (WSIB) in the form of an educational grant.**
- **This program has received in-kind support from – N/A**
- **Potential for conflict(s) of interest:**
- **None**

Mitigating Potential Bias



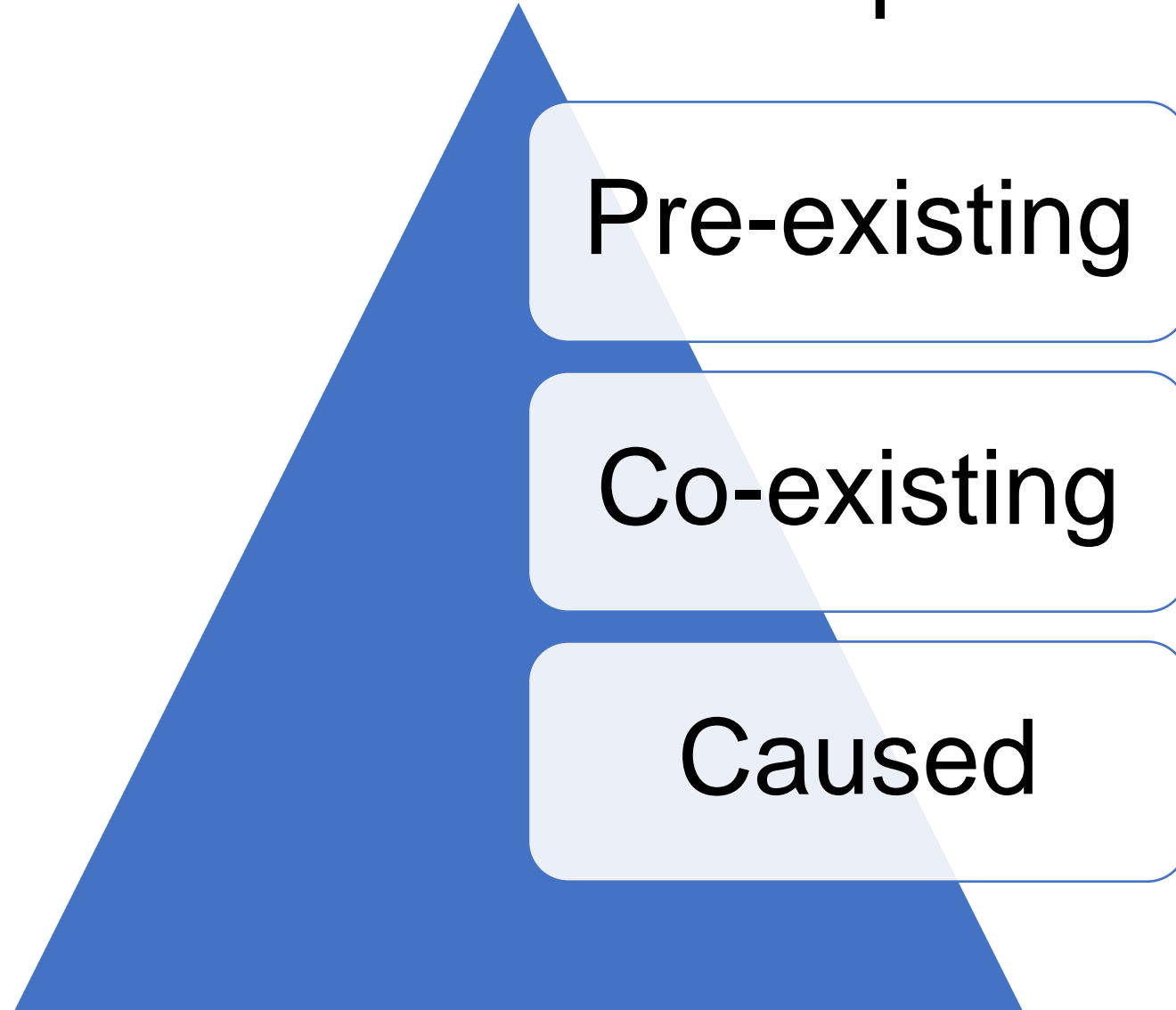
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- The information presented in this program is based on recent information that is explicitly “evidence-based”.
- This Program and its material is peer reviewed and all the recommendations involving clinical medicine are based on evidence that is accepted within the profession; and all scientific research referred to, reported, or used in this CME/CPD activity in support or justification of patient care recommendations conforms to the generally accepted standards

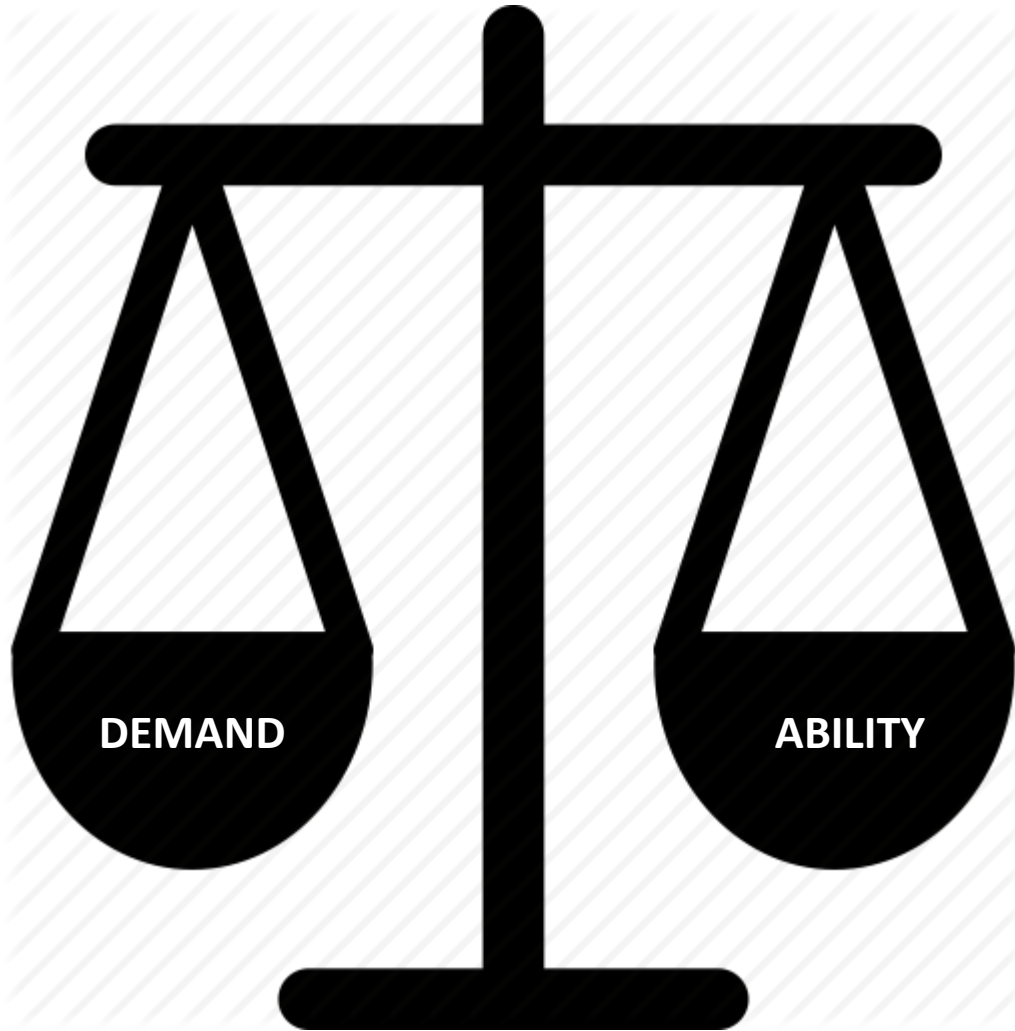
Learning Objectives

- By the end of this session, participants should be able to:
 - Understand the difference between mental stress and illness
 - Understand potential presentations and impact of mental illness in the workplace
 - Develop an approach to case management of mental health claims in the workplace

Mental Health in the Workplace



Mental Wellness vs Mental Stress



Mental Illness



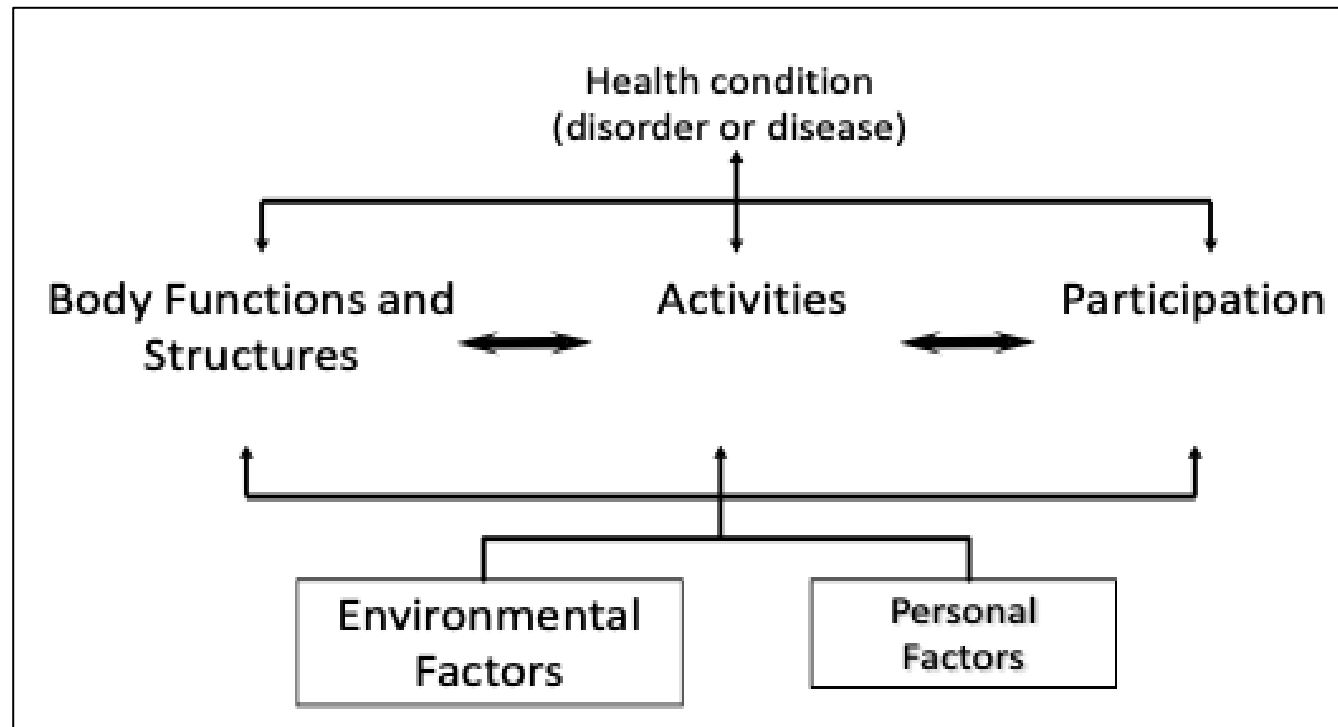
- **Emotional experience**
- **Functional Limitations**
 - Interpersonal
 - Sleep
 - Cognitive
 - Behavioral engagement

Global Demand Assessment



ICF Disability Framework

The World Health Organization's *International Classification of Functioning, Disability and Health* (ICF) portrays human functioning and disability “as a dynamic interaction between health conditions (diseases, disorders, injuries, traumas, etc.) and contextual factors”



Symptoms vs Functioning vs Behavior

Symptoms

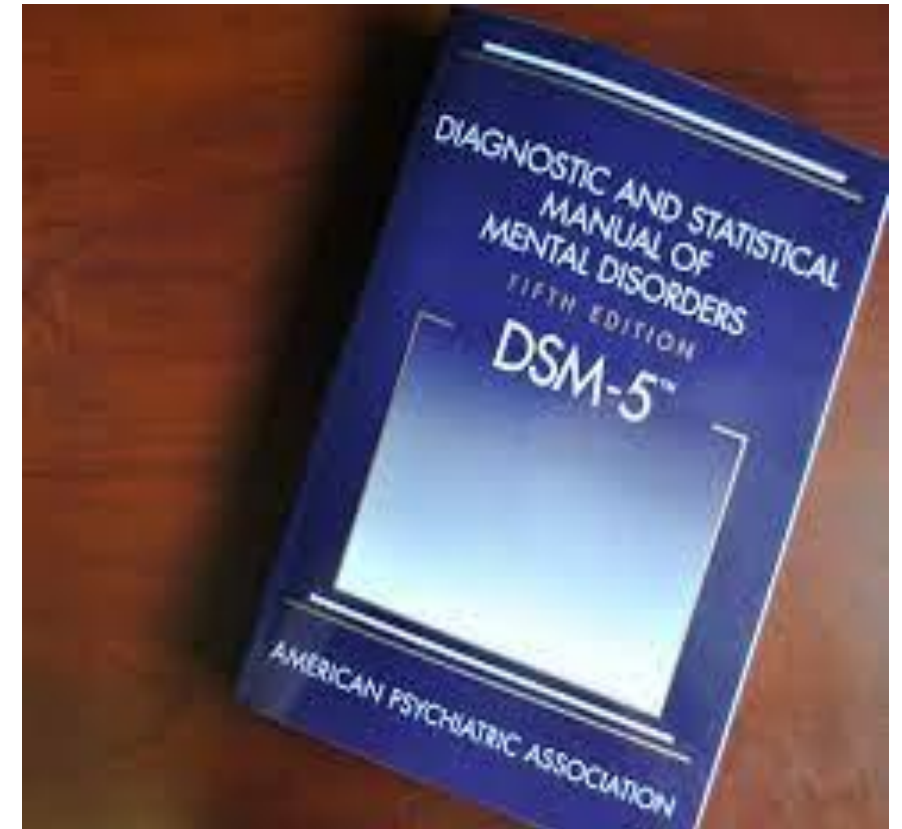
Functioning

Behavior

<p>Mood Motivation Sleep Arousal</p>	<ul style="list-style-type: none"> • <i>Interpersonal functioning</i> <ul style="list-style-type: none"> • Irritability • Interpersonal sensitivity • Emotional detachment • <i>Cognitive</i> <ul style="list-style-type: none"> • Attention/focus – mood/anxiety • Memory – mood/anxiety • Planning – dementia • <i>Persistence and stamina</i> • <i>Stress Management/Distress Tolerance</i> 	<ul style="list-style-type: none"> • Workplace <ul style="list-style-type: none"> • Conflict with co-workers/management • Social withdrawal • Ability to meet external demand • Mistakes • Home <ul style="list-style-type: none"> • Social isolation • Disruption in social connection • Family relationships • Household activity • Childcare • Driving and safety
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Mental Illness - Diagnosis

- DSM V
- Diagnostic manual – research oriented though used for clinical diagnosis
- Symptom description format
 - Emotional experience
 - Functional
 - Impact on social, occupational functioning
- *These symptoms must cause the individual clinically significant distress or impairment in social, occupational, or other important areas of functioning. The symptoms must also not be a result of substance abuse or another medical condition.*



Perspective



- Perception of Self
 - Perception of own ability
 - Perception of identity
 - Perception by other
- Perception of Others
 - Expectations of employer
 - Treatment of employer

Demand vs Ability

Types of Interventions

- Mood
- Motivation
- Sleep
- Arousal (anxiety, panic, fight or flight)

BIOLOGICAL



- **Cognitive Based Therapy**
 - Addressing perceptions
 - Motivational Interventions (strength based)
- **Behavioral Therapies**
 - +/- Cognitive
- **Symptom Targeted**
 - (i.e. processing therapies)

PSYCHOLOGICAL



- Interventions to support social functioning
 - Financial aid
 - Family/marital supports
 - Housing supports
 - Immigration
- ****cultural/religious supports***

SOCIAL



Impact of Depression on Disability

- Worldwide, depression is the leading cause of years lived with disability
- The impact of depression on job performance has been estimated to be greater than that of chronic conditions such as arthritis, hypertension, back problems and diabetes.

Ustun TB, Yuso-Mateos JL, Chatterji S, et al. Global burden of depressive disorders in the year 2000. *British Journal of Psychiatry* 2004; 184: 386-92.

Wells KB, Stewart A, Hays RD, et al. The functioning and well-being of depressed patients. Results from the Medical Outcomes Study. *Journal of the American Medical Association (JAMA)* 1989; 262(7): 914-9.

Depressive Disorders

- **Perception:** negative bias
- **Biological:** low mood, disrupted sleep (early waking), low motivation, decreased reactivity or hypoarousal
- **Functioning:** interpersonal irritability/reactivity, attention/concentration/memory, decreased persistence/stamina
- **Behavior:** social withdrawal, inability to perform work or household duties
- **Intervention:**
 - Moderate to severe: Medications +/- C/BT
 - Mild to moderate: Medications = C/BT



Ustun TB, Yuso-Mateos JL, Chatterji S, et al. Global burden of depressive disorders in the year 2000. *British Journal of Psychiatry* 2004; 184: 386-92.

Anxiety Disorder

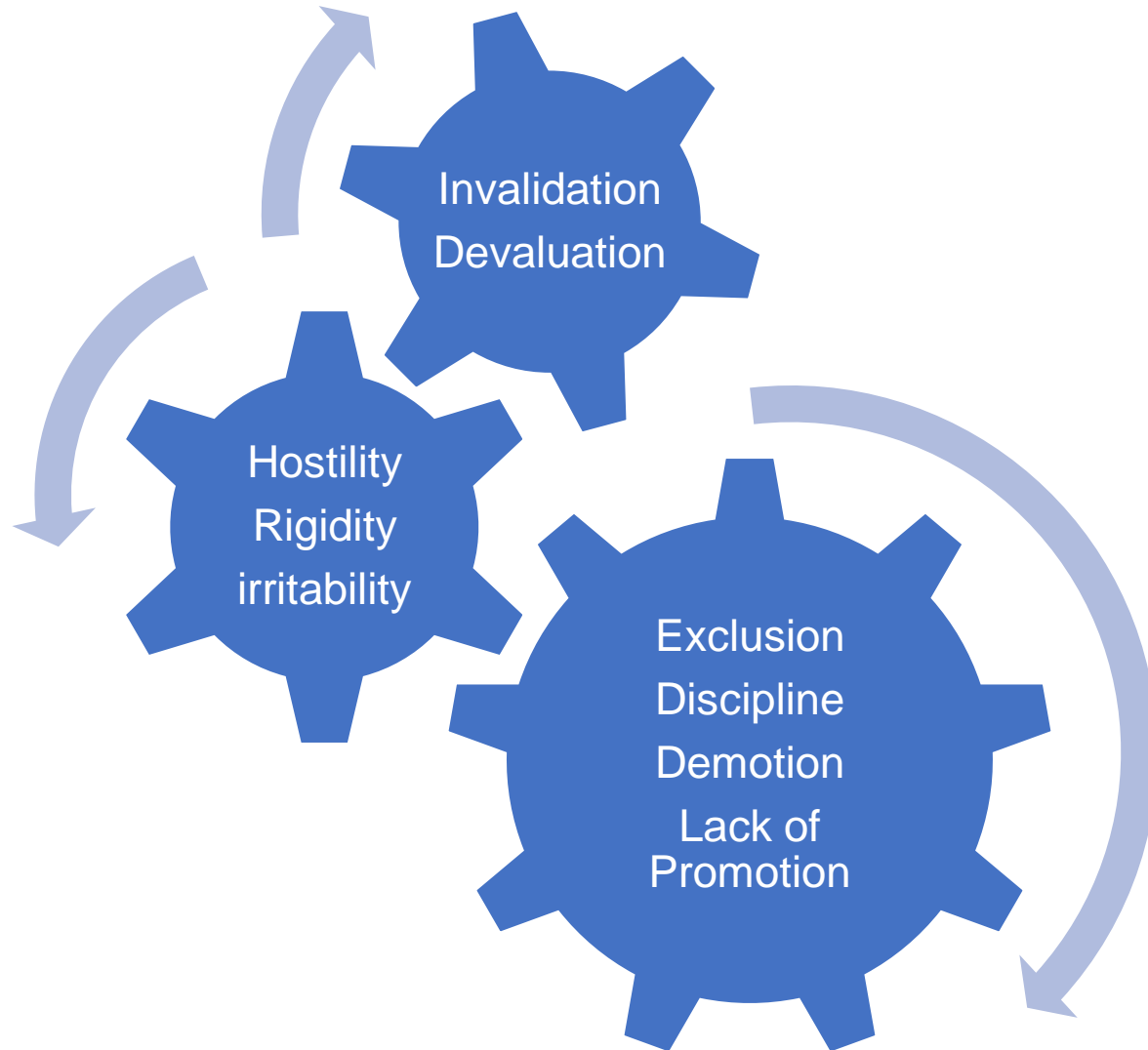
- **Perception:** exaggerated bias of risk or burden, lower perception of ability
- **Biological:** hyperarousal
- **Functioning:** interpersonal irritability/reactivity, cognitive: attention and focus
- **Behavior:** inability to perform work or household duties
- **Interventions:** C/BT +/- medications



Personality Disorders

- Patterns of behavior and emotional reactions that are “different from the norm”
- Way of thinking about oneself and others
- Way of responding emotionally
- Way of relating to other people
- Way of controlling one’s behavior
- Nature vs Nurture
- Workplaces as recreation of early family dynamics

Personality Disorders





Case Management – Ensuring access to care

- Does the worker have a diagnosis provided – Psychiatry/Psychology
- Is the worker facing symptomatic concern or functional impairment while off work?
 - If yes, have appropriate medical professionals been consulted and treatments recommended/provided? (Psychiatry and Psychology)
 - If no, consider an IME to determine what is required to support functioning upon return to work



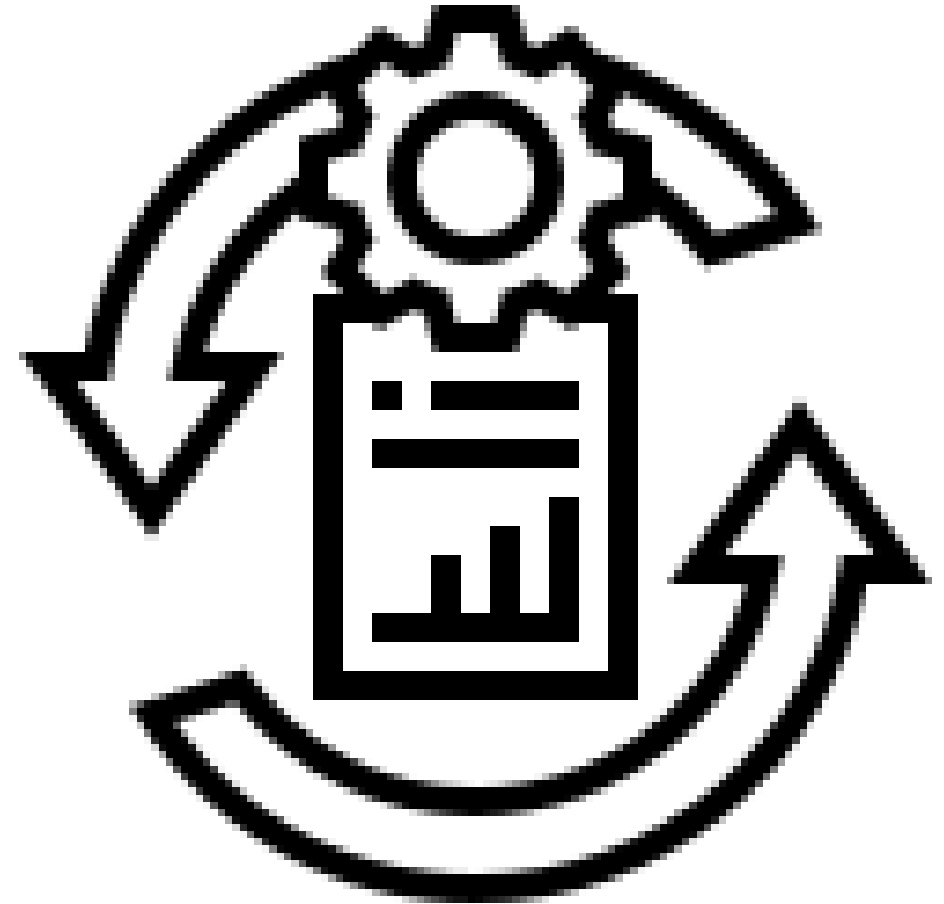
Case Management – Supporting Return to work

- Obtain necessary medical documentation or clearance – community providers vs IME
- Ascertain motivation to return – what does the worker see as benefits and risks of return to work?
 - If clear benefit – continue to reinforce benefit and strength
 - If risk identified – is there a way to help mitigate risk
 - Health supports for relapse in place (identified by worker/IME)
 - Restrictions or accommodations by medical professional provided (IME)
- Have work opportunities and claim/return to work trajectory been defined?
Uncertainty = mental stress



Maximum Recovery

- **Poorly defined in mental health and often a source of difficulty for clinicians**
- **Workplace - Risk vs benefit**
 - stress as trigger for mental health symptoms
 - Population vs personal
- **Prognosis**
 - Time in claim
 - Pre-existing factors
 - Co-existing factors
 - Response to or engagement in treatment



Take Home Messages

- The relationship between mental health and the workplace is complex with mental health issues arising directly from work or being exacerbated by workplace dynamics
- Mental illness is a functional illness
- Understanding context of illness is particularly important in mental health to understand support and recovery

Resources

International Classification of Functioning, Disability and Health (ICF)

<https://www.who.int/standards/classifications/international-classification-of-functioning-disability-and-health>

Disability and Insurance: Facilitating the Patient's Return to Work

<https://www.camh.ca/en/professionals/treating-conditions-and-disorders/disability-and-insurance-claims-in-primary-care/disability-and-insurance---facilitating-the-patients-return-to-work>

Ontario Medical Association. Physician's Guide to Third Party and Other Uninsured Services

<https://content.oma.org/wp-content/wp-private.php?filename=PhysiciansGuideToUninsuredServices.pdf>

Franché, R.L. & Krause, N. (2002). Readiness for return to work following injury or illness: Conceptualizing the interpersonal impact of health care, workplace, and insurance factors. *Journal of Occupational Rehabilitation*, 12, 233–256.