



23rd Annual Institute
Healthy Workplace, Health Returns:
New Approaches to Mental Health and Wellness

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Depression Hurts:
 How one EAP makes a difference



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Learning objectives

At the end of this presentation, you will be able to:

- Discuss the value of assessing the presence & severity of **Major Depressive Disorder (MDD)**.
- Characterize the impact of MDD on clinical and work functioning variables in EAP clients.
- Describe strategies that enhance EAP management of clients with depression.



Depression is a medical condition

What is **Major Depressive Disorder (MDD)**?

- also known as **clinical depression**

- Depressed or irritable mood most of the day, nearly every day
- Loss of interest or pleasure
- Changes in weight or appetite
- Sleep problems
- Agitation
- Tiredness and loss of energy
- Feeling guilty or worthless
- Difficulty in concentrating or making decisions
- Thoughts of death or suicide.


-American Psychiatric Association, Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision. Washington, DC: American Psychiatric Association, 2000.

Depression is a common condition


Lifetime rates of up to 15% of the population

Up to 15 million Americans and 1.5 million Canadians currently depressed




7 out of 10 patients with Depression are in the workforce

Health Report, Statistics Canada Health Statistics Division, 2006;17(4):1-88.
 Gelenberg AJ. The prevalence and impact of depression. J of Clinical Psychiatry 2010; 71(3):e06.




Depression and employment

Why is MDD important in the **working population**?




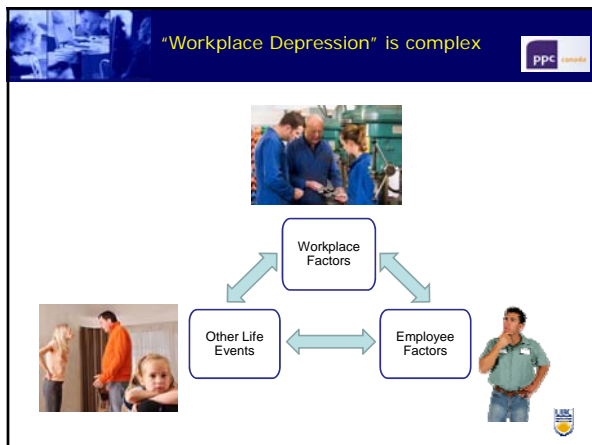
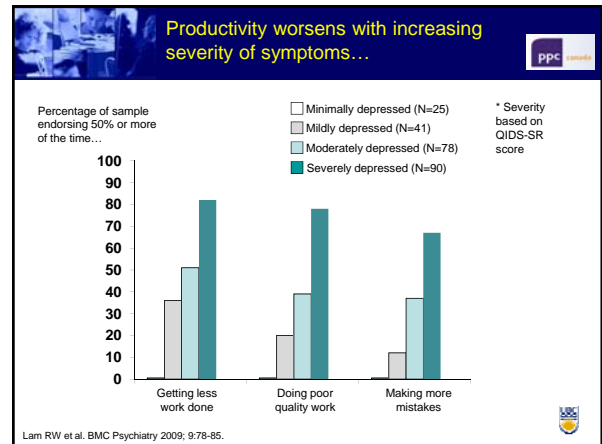
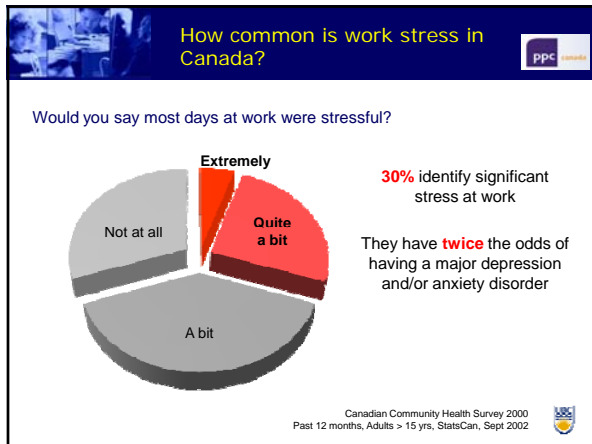
- MDD is currently the 3rd leading cause of work-related disability and is expected to become the 2nd leading cause by 2020.



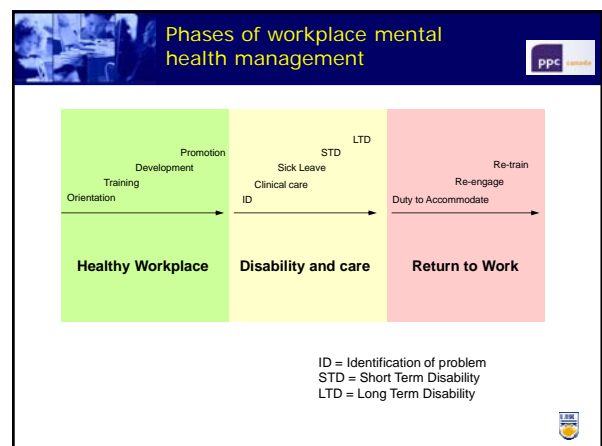
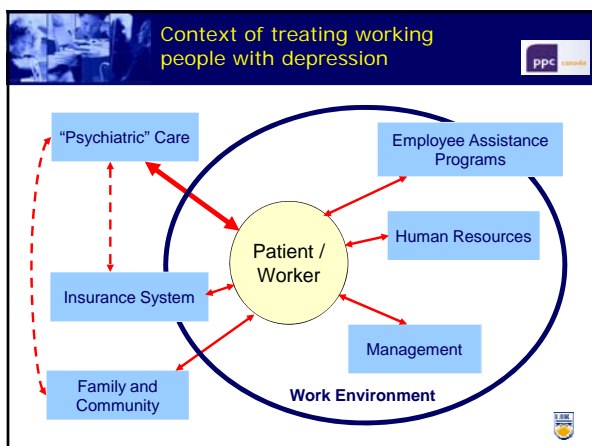
- Employees with MDD have higher rates of absenteeism and presenteeism.
- The annual cost of lost productivity from MDD is estimated at \$83 billion in the US and \$5 billion in Canada.

- Gelenberg AJ. The prevalence and impact of depression. J of Clinical Psychiatry 2010;71(3):e06.
 - Stephens T, Joubert N. The economic burden of mental health problems in Canada. Chronic Dis Can 2001;21:67-77.






- ### Depression and the Workplace
- Workplace stress can precipitate or exacerbate depression.
- HOWEVER**
- The workplace can also be supportive for people recovering from depression.
 - Management of depression should incorporate the workplace environment and workplace resources.
 - Employee Assistance Programs may be the "first line of defence" for depressed workers.





A Canadian EAP

Who is **PPC Canada**...
(www.ca.ppcworldwide.com)



- The Canadian division of **PPC Worldwide**, a leading global EAP and Wellness service provider that covers the lives of more than 3 million employee households around the world; over 350 organizations across Canada.

A Canadian EAP

Who is **PPC Canada**...
(www.ca.ppcworldwide.com)



- Services include: telephonic, in-person, and e-counselling; workplace consultations and interventions; work-life services; leadership, wellness & education training; online services.













PPC Canada and UBC

In 2004, PPC Canada (formerly Interlock EAP) started collaborative research projects with **Dr. Raymond W. Lam** at the **University of British Columbia (UBC)** and the **Mood Disorders Centre of Excellence at UBC Hospital**

UBC, Vancouver Campus



Collaborative Research on Depression in EAPs

Our research focuses on:

- What is the prevalence of clinically significant depression in EAP clients?
- Are depressed EAP clients different from others?
- Are there differences in clinical and work outcomes in depressed EAP clients?
- Can we provide novel services to optimize outcomes for depressed EAP clients?




Supported by the Canadian Institutes of Health Research






Clinician-identified mental health concerns in EAP clients

Mental Health Concern	Percentage
Depression	26%
Anxiety	20%
Alcohol	4%
Drugs	2%

N=1,625 clients

Preece M, Cayley P, Scheuchl U, Lam RW. J Workpl Behav Health, 2005

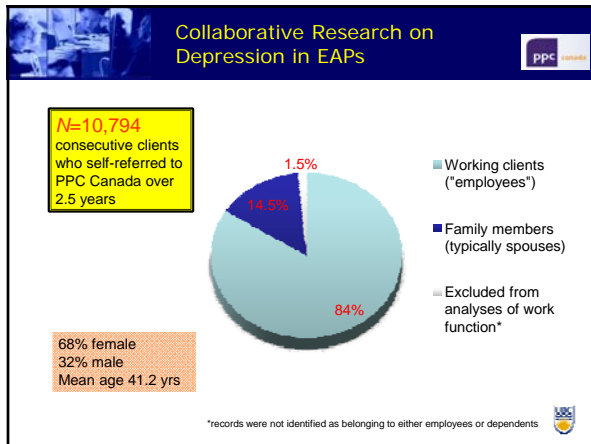
Collaborative Research on Depression in EAPs

Methods of the current study:

- Standardized scales were included in the PPC Canada clinical assessment record.
- Clinical data were extracted from the records of clients who self-referred to PPC Canada.
- All data were first anonymized by PPC Canada before transfer to researchers for independent analysis.
- Protocol was approved by the Behavioural Research Ethics Board at UBC.







EAP intake session

Initial Assessment by EAP counsellor using PPC Canada's standard assessment protocols that include:

- Clinician-rated:
 - assessment of Global Assessment of Functioning (GAF) score
- Self-rated by client:
 - completion of Patient Health Questionnaire-9 (PHQ-9)
 - ratings of occupational functioning
 - descriptions of substance use and medication use

Patient Health Questionnaire-9 (PHQ-9)

- brief, standardized, and well-validated depression rating scale
- designed for use in primary care settings

Category of severity	Range of scores on PHQ-9
Minimal	0 - 4
Mild	5 - 9
Moderate	10 - 14
Moderately severe	15 - 19
Severe	20 - 27

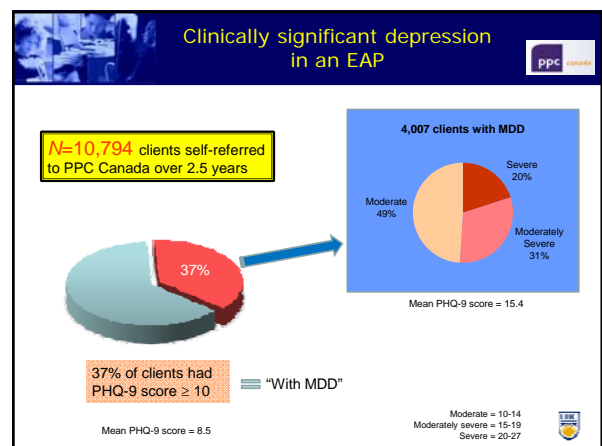
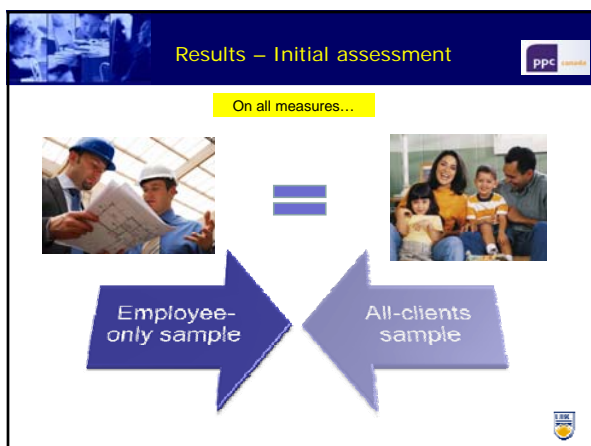
A score of 10 or above indicates "MDD" of at least moderate severity

Kroenke K, Spitzer RL, Williams JB. The PHQ-9: Validity of a brief depression severity measure. J Gen Intern Med 2001;16(9): 606-13.

Patient Health Questionnaire-9 (PHQ-9)

Over the last 2 weeks, how often have you been bothered by any of the following problems?

	Not at all (0)	Several days (1)	More than half the days (2)	Nearly every day (3)
a. Little interest or pleasure in doing things.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Feeling down, depressed, or hopeless.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Trouble falling/staying asleep, sleeping too much.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Feeling tired or having little energy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Poor appetite or overeating.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Feeling bad about yourself, or that you are a failure, or have let yourself or your family down.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Trouble concentrating on things, such as reading the newspaper or watching TV.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Moving or speaking so slowly that other people could have noticed. Or the opposite; being so fidgety or restless that you have been moving around more than usual.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Thoughts that you would be better off dead or of hurting yourself in some way.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If you checked off any problem on this questionnaire so far, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?	Not difficult at all <input type="checkbox"/>	Somewhat difficult <input type="checkbox"/>	Very difficult <input type="checkbox"/>	Extremely difficult <input type="checkbox"/>



Results – Initial assessment

Frequency of referral problems

	All employees (n=9,105)	Employees with MDD (n=3,393)
Most common reasons for self-referral	1. Marital/partner conflict (22%) 2. Family problems (11%) 3. Emotional difficulties (8%) 4. Work stress (7%) 5. Depression (7%)	1. Marital/partner conflict (15%) 2. Depression (13%) 3. Work stress (9%) 4. Emotional difficulties (8%) 5. Family problems (8%)

Results – Initial assessment

Percentage of MDD in clients presenting with emotional complaints

Client-reported emotional complaint	All clients (N=10,794)	
	% with complaint	% with MDD
• stress	37%	41%
• anxiety	36%	44%
• grief	20%	47%
• low self-confidence	19%	47%
• anger	11%	33%
• panic	6%	60%
• social isolation	6%	51%
• suicidality	1%	80%

Results – Initial assessment

Prescription medication use

Type of medication "for depression, anxiety, stress, or sleep problems"	Number of prescriptions reported by clients (N=9,105)
Antidepressants	20%
Anxiolytics (anti-anxiety)	4%
Sleeping pills	5%

• Employees with MDD (42%) reported greater use of medications than employees without MDD (19%).

Results – Initial assessment

Alcohol and substance use

	All clients	
	With MDD (n=4,007)	Without MDD (n=6,787)
Cut down on alcohol/drug use*	24%	15%
Annoyance at others' criticisms*	9%	5%
Guilt about alcohol or drug use*	18%	10%

* statistically significant (p<0.05)

- Ewing JA. Detecting alcoholism: The CAGE Questionnaire. JAMA 1984;252:1905-7.

Results – Initial assessment

Absenteeism measures in clients with and without MDD

	Employee-only sample	
	With MDD* (n=3,393)	Without MDD (n=5,712)
Days of work missed in the last month*	3.6	1.4
• 0-2 days absent	55%	70%
• 3-5 days	12%	6%
• ≥ 6 days	15%	5%
Long-term disability leave*	3%	1%

* statistically significant (p<0.001)

Results – Initial assessment

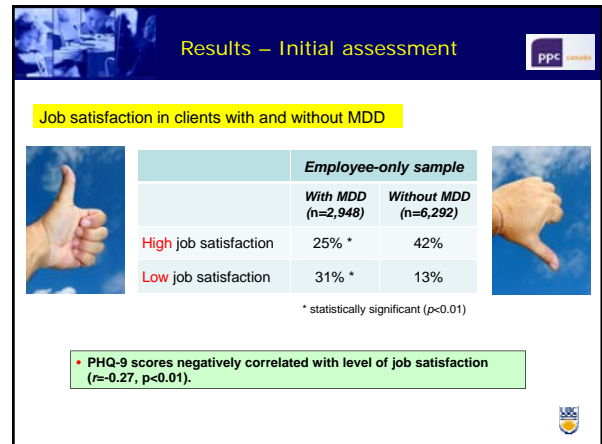
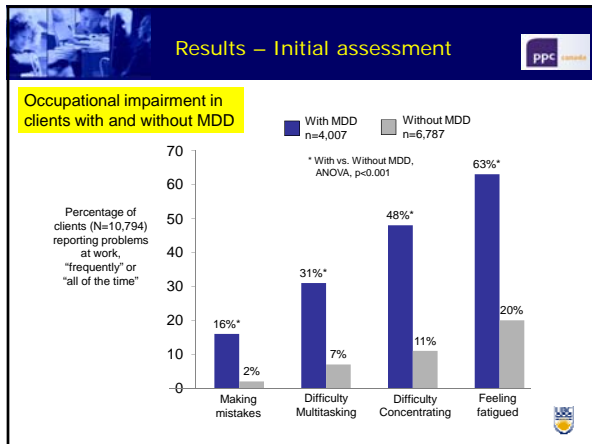
Presenteeism measures in clients with and without MDD

In the last 4 weeks at work, have you noticed ...

1. making mistakes?	8.0
2. difficulty multitasking?	7.5
3. difficulty concentrating?	5.5
4. feeling fatigued?	10.0

Responses:

"None of the time"	"Occasionally"	"Frequently"	"All of the time"
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Summary of initial assessment

Clients with MDD were more likely to report:

- Problems with anxiety and/or substance use
- Higher use of psychotropic medications
- More days absent from work
- Greater work impairment
- Lower levels of job satisfaction

Goal-setting and intervention

Collaborative and in context of assessed problem(s)

SMART goals established

- Specific
- Measurable
- Adaptable
- Realistic
- Time-targeted

Solution-oriented, brief-therapy counselling intervention

EAP Re-assessment (post-counselling)

At the end of counselling (closing), clients were reassessed as per PPC Canada's standard practice that includes:

- assignment of GAF score
- notation of two primary problems addressed during counselling
- counsellor ratings of client's levels of presenteeism and attendance

Global Assessment of Functioning (GAF)

DSM-IV-TR
AXIS V: Global Assessment of Functioning (GAF)

"Consider psychological, social, and occupational functioning on a hypothetical continuum of mental health illness. Do not include impairment in functioning due to physical (or environmental) limitations."

- continuum ranging from 100 (best psychosocial health possible) to 1 (most impairment possible)

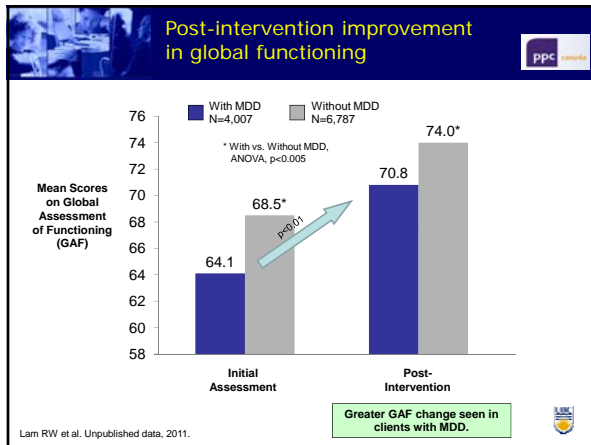
- Endicott J, Spitzer RL, Fleiss JL, Cohen J. The global assessment scale. A procedure for measuring overall severity of psychiatric disturbance. Arch Gen Psychiatry 1976; 33(6): 766-71.

Global Assessment of Function (GAF)

GAF range	Description
71 ⇔ 80	If symptoms are present, they are transient and expectable reactions to psychosocial stressors; no more than slight impairment in social, occupational, school functioning.
61 ⇔ 70	Some mild symptoms OR some difficulty in social, occupational, or school functioning, but generally functioning pretty well, has some meaningful interpersonal relationships.
51 ⇔ 60	Moderate symptoms OR moderate difficulty in social, occupational, or school functioning.

Results – After EAP intervention

The majority of clients appeared to benefit from PPC Canada services, regardless of the presenting complaint(s)



Results – After EAP intervention

Achievement of counselling goals

	Employee-only sample		
	With MDD (n=3393)	Without MDD (n=5712)	With severe MDD (n=671)
"Yes"	48%	52%	47%
• GAF change	8.4 *	6.7	9.5 *
"Partly"	47%	45%	47%
• GAF change	5.2 *	4.3	6.0 *

* statistically significant (p<0.001)

Results – After EAP intervention

Problems addressed during counselling

	All employees (n=9105)	Employees with MDD (n=3393)
Most common problems addressed during counselling	<ol style="list-style-type: none"> 1. Marital/partner conflict (20%) 2. Stress management (18%) 3. Anxiety (15%) 4. Separation/divorce (14%) 5. Depression (13%) 	<ol style="list-style-type: none"> 1. Depression (26%) 2. Stress management (18%) 3. Marital/partner conflict (17%) 4. Anxiety (15%) 5. Separation/divorce (14%)

- Many clients had depression addressed during counselling, even though they had self-referred for other problems initially.
- Depression was a problem addressed in 56% of employees who had self-referred for depression.

Significance of results


Strengths of our study:

- large sample size (>10 000 records)
- completeness of client record data
- use of standardized, validated assessment tool (PHQ-9) at intake


Significance of results

Limitations of our study:

- Limited outcome data
- No PHQ-9 data at closing
- No workplace absence and work impairment data at closing
- Ratings completed by clinicians



Significance of results

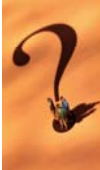


- Few significant differences
 - between employee and non-employee samples
- Consistent with results in community studies of MDD
 - gender ratio: 68% women, 32% men
 - rates of absenteeism for workers with MDD
- Comorbidity of MDD
 - co-occurs with a number of other conditions/factors

Issues to explore

Q: What accounts for low rate of depression as presenting problem?

- Clients did not recognize that depression was a problem?
- Depression may have caused or exacerbated other issues that led to EAP assistance?
- Clients did not believe that EAP could help with depression?
- Clients were receiving depression treatment elsewhere, and did not address their depressive symptoms with EAP and/or used EAP for other issues?



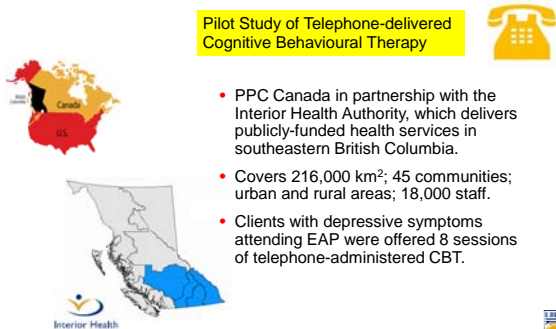
Effectiveness of PPC Canada Intervention

- ✓ Clients showed benefit from short-term EAP counselling, with significant improvement in GAF scores.
- ✓ Clients with MDD showed more improvement in GAF scores than those without.
- ✓ Other outcome data did not show differences between clients with and without MDD.

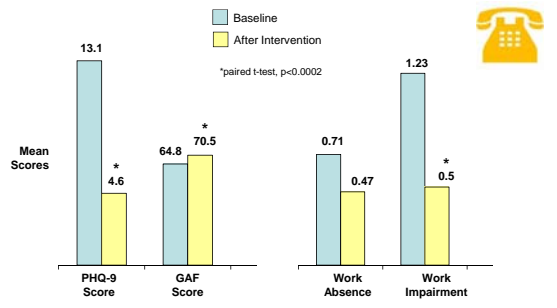
Additional services for depressed EAP clients?

Pilot Study of Telephone-delivered Cognitive Behavioural Therapy

- PPC Canada in partnership with the Interior Health Authority, which delivers publicly-funded health services in southeastern British Columbia.
- Covers 216,000 km²; 45 communities; urban and rural areas; 18,000 staff.
- Clients with depressive symptoms attending EAP were offered 8 sessions of telephone-administered CBT.



Telephone-CBT improves outcomes in an EAP



Metric	Baseline	After Intervention
PHQ-9 Score	13.1	4.6*
GAF Score	64.8	70.5*
Work Absence	0.71	0.47
Work Impairment	1.23	0.5*

*paired t-test, p<0.0002

Sample = 31 clients

Telephone-CBT improves outcomes in an EAP

Number of clients in each PHQ-9 severity category, before and after intervention

	Minimal (0-4)	Mild (5-9)	Moderate (10-14)	Severe (>14)
Intake	0	7	13	8
After Tel-CBT	15	10	2	1

Lam RW et al. Ann Clin Psychiatry 2011; 23:11-16.

Recommendations

- Ensure all relevant data are entered into databases to allow for fuller analyses; capture narrative clinical data in a quantitative fashion
- Refer to PPC Canada specialized service for depression management (ETCD)
- Use a standardized, validated outcome measure (e.g. LEAPS) at initial assessment and closing
- Complete outcome assessments at closing including the PHQ-9

The LEAPS (Lam Employment Absence and Productivity Scale)

- 10-item, self-rated scale assessing symptoms and function at work.
- Was designed specifically for depressed patients in primary care settings.
- Takes only 5 minutes to complete.
- Can be used to track progress and to help in work/off work decisions.

Lam RW et al. BMC Psychiatry 2009; 9:78-85.

Summary

- Depression is a serious economic burden to employees and employers.
- Early intervention will likely improve productivity and prevent short- and long-term disability.
- EAPs can be an effective "first line of defence" for workers experiencing depression and other mental health issues

Thanks to our collaborators and funders

Collaborators:

- > Paula M. Cayley
- > Anne Bowen Walker
- > Debra Wolinsky
- > Ulrike Scheuchl
- > Melady Preece
- > Cindy Woo
- > Erin E. Michalak
- > Kevin Lutz

Funding partners:

- > Mathematics of Information Technology and Advanced Computing Systems
- > Canadian Institutes of Health Research

Patient Health Questionnaire – PHQ-9 (www.primary-care.org)

1. Over the last 2 weeks, how often have you been bothered by any of the following problems?

	Not at all (0)	Several days (1)	More than half the days (2)	Nearly every day (3)
a. Little interest or pleasure in doing things.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Feeling down, depressed, or hopeless.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Trouble falling/staying asleep, sleeping too much.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Feeling tired or having little energy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Poor appetite or overeating.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Feeling bad about yourself, or that you are a failure, or have let yourself or your family down.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Trouble concentrating on things, such as reading the newspaper or watching TV.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Moving or speaking so slowly that other people could have noticed. Or the opposite; being so fidgety or restless that you have been moving around more than usual.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Thoughts that you would be better off dead or of hurting yourself in some way.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. If you checked off any problem on this questionnaire so far, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

- Not difficult at all
 Somewhat difficult
 Very difficult
 Extremely difficult

TOTAL SCORE _____

PHQ-9 score	Severity
0 - 4	Minimal
5 - 9	Mild
10 - 14	Moderate
15 - 19	Moderately severe
20 - 27	Severe

Lam Employment Absence and Productivity Scale (LEAPS)

Name: _____

Date: _____

Although all forms of work including house work, child care, and others are important, the next questions are about the employed or self-employed paid work that you may do. Please do not include house work, volunteer work, or school work.

1. What kind of paid work do you do? _____
2. **Over the past 2 weeks**, how many hours were you _____
scheduled or expected to work?
3. **Over the past 2 weeks**, how many hours of work _____
did you miss because of the way you were feeling?
4. **Over the past 2 weeks**, how often at work were you bothered by any of the following problems?
Please limit your answers to the time when you were at work. Please circle your ratings.

	None of the time (0%)	Some of the time (25%)	Half the time (50%)	Most of the time (75%)	All of the time (100%)
a) Low energy or motivation.	0	1	2	3	4
b) Poor concentration or memory.	0	1	2	3	4
c) Anxiety or irritability.	0	1	2	3	4
d) Getting less work done.	0	1	2	3	4
e) Doing poor quality work.	0	1	2	3	4
f) Making more mistakes.	0	1	2	3	4
g) Having trouble getting along with people, or avoiding them.	0	1	2	3	4
Add up score in each column:					

Total Score (0-28) = _____

Score	Work Impairment
0-5	None to minimal
6-10	Mild
11-16	Moderate
17-22	Severe
23-28	Very severe