Managing rising mental health costs through cognitive work hardening: An effective claims tool

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Mental health related disability claims are among the greatest contributors to disability claims costs. Traditionally, disability has been under the purview of the medical model with its focus on a medical diagnosis and impaired functioning. Disability insurance carriers have relied heavily on the medical model for assessment and medical treatment of employees and determination of readiness to return to work. Such a focus is costly and typically decontextualized resulting in poor predictability of a person's ability to perform actual work tasks and meet job demands. Engagement in occupation has been found to positively impact mental health and to improve return-to-work treatment outcomes; notably, when interventions are purposeful and provide direct application to occupational performance. That said, the use of occupation as a main therapeutic tool to treat illness or disability has been lacking. This White Paper explores mental health through the lenses of the medical system and the insurance domain, as well as within an occupationally focused perspective. An argument is put forth regarding the importance and value of an occupational focus in mental health and rehabilitation. A particular treatment intervention, cognitive work hardening (CWH), is presented with its inherent occupationally-based orientation for return-to-work preparation. CWH is discussed as a valuable intervention for employees preparing to return to work after a mental health related disability. It is positioned as an effective claims tool that assists disability insurers with their management of mental health disability claims within the context of high costs of mental health claims.

Background

Mental health issues have been increasing globally with almost a billion people worldwide living with a mental health problem [1], and Canada is no exception [2, 3]. Annually, 1 in 5 Canadians experiences mental health problems or illness and the economic cost of mental illnesses to the Canadian healthcare and social support system was projected as $79.9 billion for 2021 [4]. Costs related to mental health care are one of the fastest growing categories of disability in Canada and account for approximately 70% of disability claim costs [5-7]. Consequently, it is in the area of mental health that most private insurers and employers need to become proficient.

Supporting employees to stay at work is frequently recommended to be a most beneficial strategy when it comes to employee health and well-being; however, these efforts are not always successful and struggling employees often stop working and are put on a medical disability leave [8]. While on leave, employees typically receive mental health treatment (e.g., psychotherapy, medication) deemed appropriate and effective support; however, treatment alone, without a vocational angle, is often incomplete [9, 10]. This is especially noted in employees who have been off work as a result of a depression since (clinical) depression symptom improvement does not establish an employee's occupational readiness. Indeed lags in occupational performance are often manifested in symptoms such as fatigue, reduced stamina, reduced cognitive abilities (e.g., reduced concentration, reduced attention to detail), and difficulty multitasking which are often reported following a depression and are undeniable barriers to work readiness [11, 12].

While the workplace can be a source of stress [13, 14] and may have indeed contributed to the disability leave for some employees, it can also be a source of support in terms of structure, routine and the opportunity to interact with colleagues [15]. Effort should therefore be focused on facilitating a return to the workplace and there are a number of different programs with this goal [16, 17]; however, the costs are high and their effectiveness is sometimes in question [10]. This points to the need for targeted and cost-

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effective treatment interventions that focus on work functioning with a view towards successful and sustainable return-to-work.

Medicalization of Workplace Mental Health

A challenge faced today is that much workplace disability is medicalized. A medical diagnosis confirmed by a physician based on a person's impaired functioning with the inability to meet job demands is the price of admission to disability benefits [18, 19]. Furthermore, employers are sensitized to consider a medical reason for problems in the workplace, encouraging employees to seek early treatment, engage in all aspects of rehabilitation, and actively participate in such [20]. Unfortunately, intervention factors have been more directed at the worker's ability to cope with the work environment as it is, as opposed to work-directed focus on the job itself, work environment and such modifiable risk factors [21].

Costly medical assessments and Independent Medical Evaluations (IMEs) are often sought [10]; however, they emphasize disability rather than provide information on ability and function which are indeed crucial markers of employability and wellness. While medical information has a role in a plan member's claim, relying on this information alone positions workplace mental health and disability solely in the medical realm rather than looking at other influencing factors that could be impacting this segment of the population. Information on ability and function, on the other hand, provide insight into a plan member's condition within a holistic framework with a view toward employability and well-being.

Various characteristics or details, such as body function, personal traits or environmental factors are often identified in medical assessments as underlying barriers to diminished occupational performance. However, these assessments are often decontextualized, taking an individual out of the environment where the ability to function in an occupation is expected. Further, there is evidence that decontextualized tests of these individual factors are poor predictors of a person's ability to perform required tasks [22]. In addition to medical assessments and evaluations often being used by disability insurers to establish function and claim eligibility, Fisher [22] stresses that occupationally based analyses can assist in determining the extent to which factors actually impact performance in daily life.

An Insurance View of Workplace Mental Health

The Canadian Life & Health Insurance Association (CLHIA) consists of 63 member companies and represents 99% of Canada's life and health insurance business [23]. From this association's perspective, mental health supports have grown 75% since the start of the 2020 Covid pandemic and insurers have paid nearly $600 million for counselling and therapy in 2021. Additionally, $8.8 billion was paid out in disability benefits and a further $13.4 billion in prescription drugs [23]. As such, as the principal provider of group and individual health benefits in Canada, the insurance industry plays a large role in wellness, disease prevention and recovery, and is thus well-positioned to influence the direction of mental health care.

According to the Geneva Association, founded in 1973 to study insurance economics, insurers are paying a high price for poor mental health, suggesting that "the current approach is losing its relevance"[24]. Battacharya-Craven [24] concludes that "While caution is justified, business as usual is not an option", and given the high costs borne by the industry due to the increasing cost of mental health claims and supports, this is not surprising.

It should be noted that insurers, through disability insurance benefits, provide coverage for employees or plan members who demonstrate an incapacity to work due to a mental health condition [1]. Furthermore, traditional approaches to this coverage have been to focus on the number of treatment episodes or on costly specialist cures as opposed to interventions that incorporate prevention and management. Currently, the most common mental health problems are depression and anxiety that are the result of daily living conditions, workplaces, financial worries and major life events [1]. Therefore, focus on clinical interventions alone, either through specialist care or hospitalization benefits, is unlikely to address the issues related to poor mental health.

"Signing off on a set number of sessions with a psychiatrist or psychotherapist for instance, would not necessarily result in recovery from a mental health problem if the root cause is loneliness, bullying, chronic sleep deprivation or financial worries" [1]. Furthermore, Canadians spend an estimated $950 million a year on psychologists in private practice [25], but as noted by Battacharya-Craven [24], this current approach is no longer effective.

The definition of mental health proposed by the World Health Organization (WHO) states that mental health is a "state of mental well-being that enables people to cope with the stresses of life, realize their abilities, learn well and work well, and contribute to their community" [26]. As such to be mentally well, individuals need to be engaged in some type of occupation. Based on this statement, it appears that what might have been lacking to date in the clinical interventions may have been the positive effects that being engaged in occupation adds to health and well-being.

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An Occupational View on Workplace Mental Health

Involvement in occupation has been found to positively impact mental health [27]. Indeed, the need to engage in occupation has far reaching effects on individuals' physical and mental health [27, 28]. Basich, Wickstrom and Driscoll [29] can be poignantly quoted in support of this "You don't have to get injured workers well in order to put them back to work, you put them back to work to get them well." In spite of this, the benefits of occupation to address the growing issue of mental health problems in the workplace has been under-examined.

A widespread treatment intervention for mental health conditions is Cognitive Behavior Therapy (CBT). While CBT has had much treatment success for psychological health, traditional CBT has been shown to have minimal effect on time lost from work due to mental health issues [30]. Additionally, return-to-work (RTW) interventions have been shown to reduce sick leave faster than CBT [31]. For depressed and anxious individuals, both CBT and work-focused interventions have been shown to reduce sick leave more than CBT alone [31]. Therefore, the consideration of engagement in work in some form is beneficial in the journey toward health.

Building on this is the use of occupation as the medium or therapeutic tool to treat illness or disability. This is precisely the approach that is used in an innovative occupational therapy treatment intervention called cognitive work hardening (CWH) which utilizes occupation as the main channel of treatment to prepare clients for RTW. CWH is occupationally-based and is aimed at employees, in receipt of disability benefits, achieving wellness and employability as part of their RTW preparation [32, 33].

It is important to distinguish between work-focused and work-based treatment. In work-focused interventions, occupation is the immediate focus of assessment and intervention and discussion revolves around attaining a better work/life balance or making plans to return to work, for example [34]. This is different from work-based interventions that use engagement in occupation as the tool for assessment and treatment. In the latter, the concept of 'doing' as an agent of change distinguishes it as a more targeted RTW intervention. Indeed this is a core element of occupational therapy and of a CWH treatment intervention [32, 35, 36].

When an employee who is unable to work and is receiving disability benefits is referred to CWH, the mode of intervention is engagement in occupation. This intervention uses a contextually appropriate environment with an occupationally-based intervention which has been discussed in the literature as an ideal backdrop for occupational re-engagement [37]. Using engagement in occupation as the means of assessment and treatment compared to a decontextualized assessment, means that no assumption must be made whether the individual will actually function once put into the work environment – the individual is observed engaging in actual (or simulated) work tasks/activities. Gillen et al. [38] provide strong support for this approach in their argument regarding interventions needing to be relevant to the client's occupation in order to maximize client treatment outcomes. Consistent with occupational therapy principles, they advocate for purposeful activity and warn against providing cognitive-based interventions without direct application to occupational performance.

Occupational identity is "a composite sense of who one is and wishes to become as an occupational being generated from one's history of occupational participation" [39]. Occupational identity emphasizes the individual self as having control over one's identity [40]. Given the social value attributed to work [41], and society's role in shaping what occupations are accepted [40], engagement in occupation can be seen as an important part of an individual's self-worth and self-efficacy [42-45]. The value of engagement in occupation can therefore be a worthy tool to help address the growing issue of mental illness in the workplace.

Cognitive Work Hardening

Engagement in meaningful occupation is intrinsic in occupational therapy practice [46-49] and indeed sets it apart from other health service fields. The American Occupational Therapy Association (AOTA) posits that occupational therapists have the capacity to assist individuals to improve their cognitive functioning and occupational performance through involvement in occupation [50]. The Association asserts that occupational therapists use engagement in clients' desired occupations and activities to enhance function-based outcomes. Occupations are everyday activities that are important to a person. They help define a person, support a person's life roles, structure everyday life and contribute to health and well-being.

In the case of a CWH intervention, the focus is on the client's work role. Such a work-based intervention is indicated to address reported occupational performance issues which can negatively impact work performance. The structure of the CWH intervention and its multi-element nature provide clients with the opportunity to prepare for RTW through adopting a work routine and rebuilding cognitive abilities and stamina consistent with competitive employment [35, 36]. Participation in CWH provides

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objective data regarding work ability and readiness for RTW. A determination can then be made regarding occupational functioning, limitations that may impact job performance, and any needed accommodations to facilitate return to competitive employment.

Through participation in this multi-element program, clients are exposed to a simulated work environment where they (i) rebuild cognitive abilities through customized work simulations, (ii) restore mental stamina consistent with competitive employment, and (iii) develop coping skills through education and strategy training. Markers of work performance uncover functional abilities and work potential illustrating employability with a view toward a successful reintegration to the workplace and termination of a disability claim [32, 51].

Key Elements of CWH

- The *structure* of the CWH program includes a progressive increase in work hours which helps with routine and consistency, facilitates adherence to a work schedule, and addresses fatigue issues. Through the CWH process, clients transition to the 'worker' role with improvement in work stamina consistent with competitive employment and enhancing RTW readiness.

- *Work simulations* provide an objective lens through which to assess functioning and work ability. Simulated work tasks are graded and customized to assist with rebuilding cognitive abilities (e.g. concentration). Markers of work performance provide insight into work ability, potential to meet job demands, and any needed job accommodations.

- *Coping skill development* is offered to increase the resilience needed to withstand the pressures and stresses of a competitive workplace.

- *Successful completion* of CWH typically results in enhanced self-efficacy and increased self-confidence in the RTW process and improved likelihood of RTW success.

Benefits of CWH

There are multiple benefits of CWH. Firstly, CWH assists employees who have been off work on a disability leave to successfully return to work activities through its supportive environment prior to actual entry into the workplace. Secondly, upon successful completion of the CWH intervention, employees will have demonstrated the functional abilities required to perform their occupations, or conversely, work performance measures may demonstrate a plan member's functional abilities not consistent with remunerative work. Thirdly, based on performance markers during the CWH intervention, objective information on employee work ability is obtained including the need for any job accommodations that might be indicated to facilitate RTW and sustain work performance.

Either intervention outcome provides fact-based information enabling a solid claims decision for the private insurer, adjudicator or case manager regarding employability. This positions the CWH intervention as a useful claims tool for managing rising mental health claims.

There are several possible scenarios where CWH can be of benefit. These include:

1. The plan member is job-attached and has a job to return to

A CWH intervention can be provided to rebuild a plan member's cognitive abilities, increase work stamina, regain confidence, and address relevant coping skills to equip the claimant with the necessary skills and abilities to be successful in work re-integration. Typically, upon completion of a CWH intervention, a gradual RTW (GRTW) schedule is recommended and available for this employee.

2. The plan member is job-attached, has a job to return to, and the GRTW period is longer than can be accommodated by the employer

The plan member can participate in a somewhat protracted CWH intervention designed to prepare the plan member for transition to the workplace with a shorter GRTW that can be accommodated by the employer.

3. The plan member is job-attached, has a job to return to, but the employer cannot accommodate any length of GRTW

The plan member can participate in an extended CWH intervention (with associated increased hours and 'demands') before returning to work with the employer on a full-time basis.

4. The plan member does not have a job to return to

Through participation in the CWH intervention, the plan member can reach a point of employability where this is well-documented and meets the needs of the insurer, enabling them to make a claims decision regarding ongoing eligibility for insurance benefits.

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5. The plan member does not wish to return to work, or would like to explore other job/career options

Through participation in the CWH intervention, the plan member can receive assistance to improve cognitive abilities and vocational function that will render them employable and therefore free to seek other employment on their own.

6. The insurer requires solid information about the plan member's employability status

Through participation in the CWH intervention, objective information is obtained regarding the plan member's work ability and work potential which is summarized in a comprehensive report detailing the plan member's employability including vocational and cognitive function.

Established CWH Intervention with Proven Track Record

A particular CWH intervention in Ottawa, Ontario (*bridge2work*™) has been preparing plan members to return to work since 2000. This CWH intervention has been rigorously researched with findings supporting its role in RTW for people following an episode of depression [35, 36]. Quantitatively, self-reported measures of work ability, fatigue, and depression severity significantly improved post-intervention [35]. Qualitative data included (i) key intervention elements that were found valuable for RTW preparation (e.g., structure of intervention, customized work simulations, realistic simulated work environment, support from occupational therapist, and education) and (ii) main gains as a result of the CWH intervention (e.g., adoption of a routine, work stamina, cognitive abilities, and self-confidence). Personal agency, empowerment, and coping skill development emerged as important consequences of the intervention [36].

These research findings build on years of positive feedback from plan members and disability insurers attesting to the value of CWH and the important role it plays in RTW preparation. Given the success that this CWH intervention has achieved for plan members, it is anticipated that more plan members can benefit and embark on roads to wellness and successful RTW trajectories. This can be achieved through disability insurers keeping abreast of treatment approaches and best practices, such as CWH, which can augment their role in supporting mental health while implementing effective claims management. Narrowing the functional gap between being home on disability and returning to competitive employment is critical in order to improve RTW outcomes and reduce the number of disability claims. CWH provides this bridge back to work.

Summary

Insurers and disability case managers face many challenges dealing with the increased rates of mental health disability claims. There are treatment interventions available that are directed at helping individuals psychologically cope and develop strategies to deal with their work environments, but despite the time, efforts and cost of these interventions, the problem of mental health issues in the workplace is growing.

Research has shown that engagement in occupation can bring positive results to help shorten absence from work and facilitate the RTW process. Along these lines, CWH is a treatment intervention that is occupationally based and offers an effective tool for claim management to assist in combatting the high costs of mental health claims.

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