



# A Primer On Behavioral Health Care In Workers' Compensation

Alaska Workers' Compensation Board Meeting  
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# About WCRI

- Independent, not-for-profit research organization providing high-quality, objective information about public policy issues involving workers' compensation systems
- Serve as a resource for public officials and stakeholders, but we do not make recommendations or take positions
- Studies are peer-reviewed with a focus on benefit delivery
- Diverse membership support, including gov't agencies, employers, insurers, labor unions, service providers, etc.

# Mental Health Of Working Adults

- Nearly one in five adults experienced a mental illness in 2019 and 2020 (SAMHSA)
- Anxiety, depression, and substance use disorders are the three most frequently occurring mental health problems in working adults (SAMHSA)
- The COVID-19 pandemic, subsequent stay-at-home orders, and economic downturn resulted in a major increase in the prevalence of these conditions (Panchal et al., 2021)

# Scope Of The Study

- Define behavioral health in the context of workers' compensation (WC);
- Provide information about interventions currently in use; and
- Discuss data needs

# Behavioral Health In General

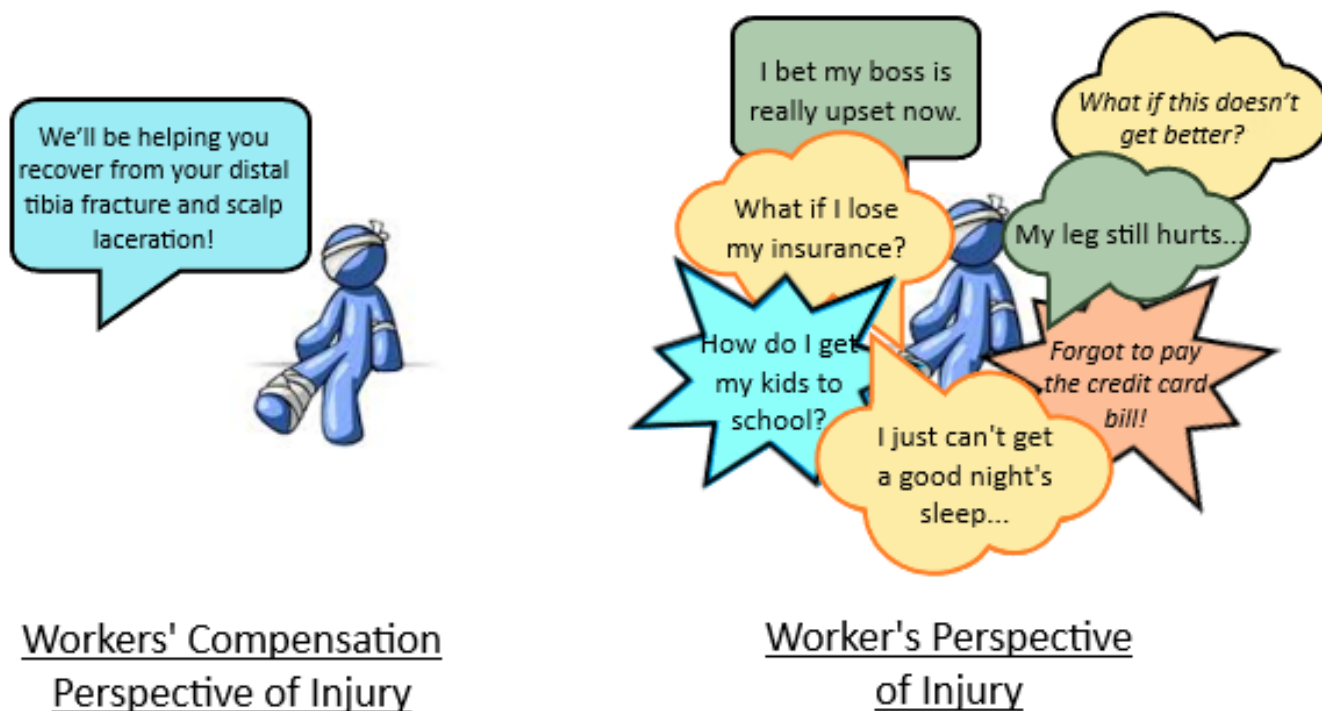
- “A state of mental (or emotional) being or choices and actions that affect wellness. Behavioral health problems include a range of problems from unhealthy stress to diagnosable and treatable diseases like serious mental illness and substance use disorders, which are chronic in nature, but from which people can recover.” - SAMHSA
- A continuum spanning from behavioral health issues to mental health diagnoses...medical and non-medical approaches to address them

# Behavioral Health Conditions In Workers' Compensation

- Behavioral health issues observed in WC system:
  - **Psychosocial barriers to recovery**
  - Chronic pain
  - Depressive disorders
  - Anxiety disorders
  - Substance use disorders
  - Post-traumatic stress disorder (PTSD) and acute stress disorders
  - Post-COVID condition

# Biopsychosocial Perspective Of Work Injuries

*Adapted with permission from Michael Harris, PhD*



Washington State Department of Labor and Industries. 2019. *Reducing disability: Psychosocial determinants influencing recovery (PDIR)*.

# Psychosocial Barriers To Recovery

- Psychosocial issues are the most important obstacle to timely recovery & controlling claim costs

- *Rousmaniere and Fikes, 2017*

## Psychological Factors

- Poor recovery expectations after an injury
- Fear of pain due to activity
- Catastrophizing
- Low self-esteem
- Pessimism

## Workplace Factors

- Job dissatisfaction
- Perceived injustice
- Stressful or monotonous work
- Low supervisor support

## Other Factors

- Family or support system issues
- Preexisting psychological symptoms and conditions
- System or contextual factor



# Frameworks For Behavioral Health In WC

- Behavioral health: on a spectrum from psychosocial factors to MH issues
  - More complex models offer a framework for treatments and future research (“integrated model” by Costa-Black et al., 2013)
- Framework to classify mental and occupational stress claims:
  - (a) *physical-mental*—a physical injury leads to MH issues
  - (b) *mental-mental*—a mental stimulus produces MH conditions
  - (c) *mental-physical*—a mental stimulus produces a physical consequence



# How Prevalent Are Psychosocial Risk Factors Among Workers With Injuries?

# Psychosocial Factors Tend To Be Frequent And Negatively Affect Recovery

- Shaw et al. (2005): a survey of 568 workers with recent onset of work-related low back pain
  - 18% reported depressed mood
  - 30% felt stressed
  - 29% were unsure about recovery in 4 weeks (3% said it was unlikely)
  - Many worried that physical activity will increase pain or cause re-injury
  - Many had low job satisfaction
- Negative job circumstances, low pain coping strategies, and poor expectations of recovery, were found to delay return to work and reduce functional improvement

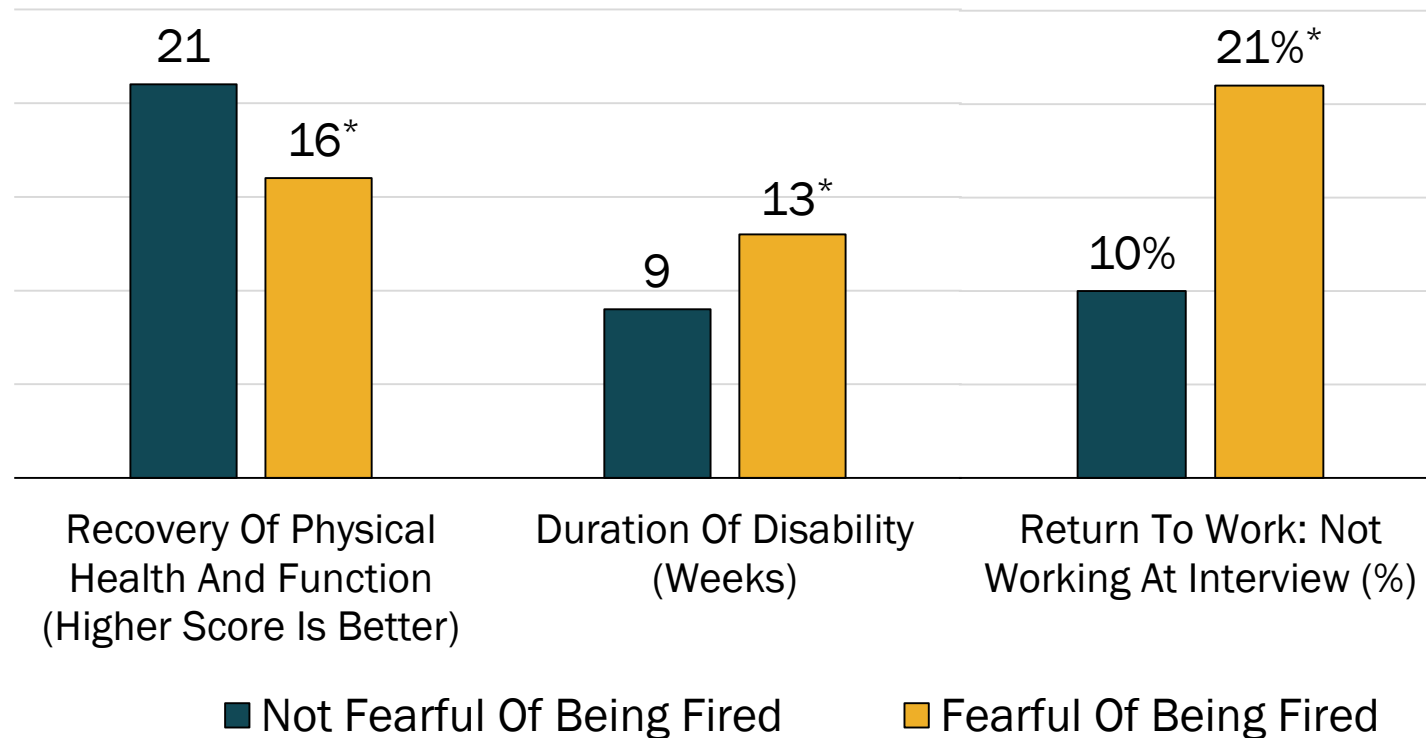
Shaw, W., G. Pransky, W. Patterson, and T. Winters. 2005. Early disability risk factors for low back pain assessed at outpatient occupational health clinics. *Spine (Phila Pa 1976)* 30 (5): 572–580.

# WCRI Studies Also Point To Prevalence Of Psychosocial Factors And Slower Recoveries

- WCRI Worker Outcome Surveys: evidence that workplace risk factors could be prevalent
  - Job dissatisfaction (25% were “somewhat” or “not at all” satisfied)
  - Supervisor: worker faking injury (25% “somewhat” or “strongly” agree)
  - Fear of being fired (27% “strongly” agree)

Based on surveys of 11,334 workers from 15 states with more than 7 days of lost time, injured from 2010 through 2016 and interviewed 3 years postinjury.

# Fear Of Being Fired Was A Strong Predictor Of Worker Outcomes



2010–2011 Injuries, 2013–2014 Interviews In 12 States; Workers With More Than 7 Days Of Lost Time; Case-Mix Adjusted Predictions. \* Statistically Significant



# Identification Of Behavioral Health Issues And Interventions

# Guidelines Recommend Early Identification Of Psychosocial Risk Factors

Guideline	Recommendation Of Psychosocial Screening
WA State Department of Labor & Industry's guide on psychosocial determinants influencing recovery (2019)	Recommends screening for psychosocial risk factors at two to six weeks of time lost due to injury
The Colorado Low Back Pain Guideline (2022)	Psychological screening is recommended as a routine part of care and when barriers to recovery are seen during initial evaluations
American College of Occupational and Environmental Medicine (ACOEM) Work Disability Prevention and Management Guideline	Emphasizes the usefulness of psychological screening tools in initial assessments for psychological risk factors

# Brief Screening Tools To Identify Psychosocial Factors

- Examples of brief screening tools used for identifying psychosocial factors:
  - Orebro Musculoskeletal Pain Screening Questionnaire (OMPSQ, OMPSQ-10)
    - Self-perceived function, pain experience, fear-avoidance beliefs, distress, return-to-work expectancy, and pain coping
  - Keele STarT Back Screening Tool (SBST)
  - Functional Recovery Questionnaire (FRQ)
- Conversational interviews eliciting information on psychosocial risk factors



# Questions Used To Identify Psychosocial Factors

- Examples of the questions addressing the psychosocial factors include the following:
  - *Distress*: How tense or anxious have you felt in the past week?
  - *Fear avoidance beliefs*: An increase in pain is an indication that I should stop what I'm doing until the pain decreases.
  - *Return-to-work expectancy*: In your estimation, what are the chances you will be working your normal duties in 3 months?
  - *Self-perceived function*: What best describes your current ability to do light work for an hour?
  - *Pain experience*: How would you rate the pain you have had during the past week?

Linton, Nicholas, and MacDonald (2011).

# Directed Interventions To Address Psychosocial Risk Factors

Psychosocial Factor	Examples Of interventions
Poor recovery expectations after an injury, pain catastrophizing, or avoidance behaviors	Physical interventions incorporating behavioral components
High emotional distress	Psycho-education to improve problem solving and coping skills Stress management Cognitive therapy
Workplace risk factors	Workplace contact and evaluation Job modifications Increased supervisor support

Shaw, W., S. Linton, and G. Pransky. 2006. Reducing sickness absence from work due to low back pain: How well do intervention strategies match modifiable risk factors? *J Occup Rehabil* 16 (4): 591–605

# Work-Focused Cognitive Behavioral Therapy (W-CBT)

- W-CBT delivered by mental health professionals was effective in preventing delayed recovery due to psychosocial risk factors in workers with work-related physical illness and injury
  - Brief and time-limited
  - Goals are: return to work, return to function, and psychological symptom reduction
- Use of CBT techniques is growing beyond the mental health care provider setting

# Comprehensive Psychological & Psychiatric Assessments

- Used to accurately determine whether a mental health condition is present, identify the specific diagnoses, and recommend treatments where indicated
- Generally conducted by providers with a specialty in psychological and psychiatric services
- Recommended by treatment guidelines for workers with
  - chronic pain
  - delayed recovery
  - mental health conditions
  - before initiating treatments such as chronic opioid therapy

# Brief Overview Of Behavioral Health Treatments Provided For Other Conditions

	Commonly Provided Behavioral Health Treatments
Chronic Pain	Cognitive behavioral therapy (CBT) Acceptance and commitment therapy (ACT) Biofeedback
PTSD	Trauma-focused CBT Eye movement desensitization and reprocessing (EMDR) Selective serotonin reuptake inhibitors (SSRIs) and serotonin and norepinephrine reuptake inhibitors (SNRIs)
Depressive Disorders	ACT, CBT, and mindfulness therapy Antidepressants
Substance Use Disorders	Detoxification followed by maintenance Medication-assisted treatment (MAT)



# Data Limitations

# Identification Of Behavioral Health Services In Workers' Compensation Payment Data

- ✓ Assessments and treatments provided by mental health care professionals
  - Billed using Health and Behavior Assessment and Intervention (HBAI) and psychiatric services Current Procedural Terminology (CPT®) codes
  
- ✗ Services provided by other medical treating providers
  - Billed using codes that are not specific to behavioral health services
  
- ✗ Some services are not billed
  - Services that are a routine part of claims management
  - Services provided through ancillary support programs such as employee assistance program (EAPs)

# Thank You!

- Questions about the findings, e-mail us at [snegrusa@wcrinet.org](mailto:snegrusa@wcrinet.org); [vthumula@wcrinet.org](mailto:vthumula@wcrinet.org)
- The study discussed today is available for download on our website at [www.wcrinet.org](http://www.wcrinet.org)