

Sociodemographic Factors Associated with Work Disability for Patients Treated by Psychiatrists

Mental illness has been ranked second in terms of overall burden on health and productivity in the established market economies, such as the US (Surgeon General's Report, 1999). In fact, recent findings from the APIRE Practice Research Network (PRN) indicate that one-third of all patients treated by psychiatrists in the US are currently not working due to a mental or physical disability (i.e., work-disabled) as reported by the treating psychiatrist.

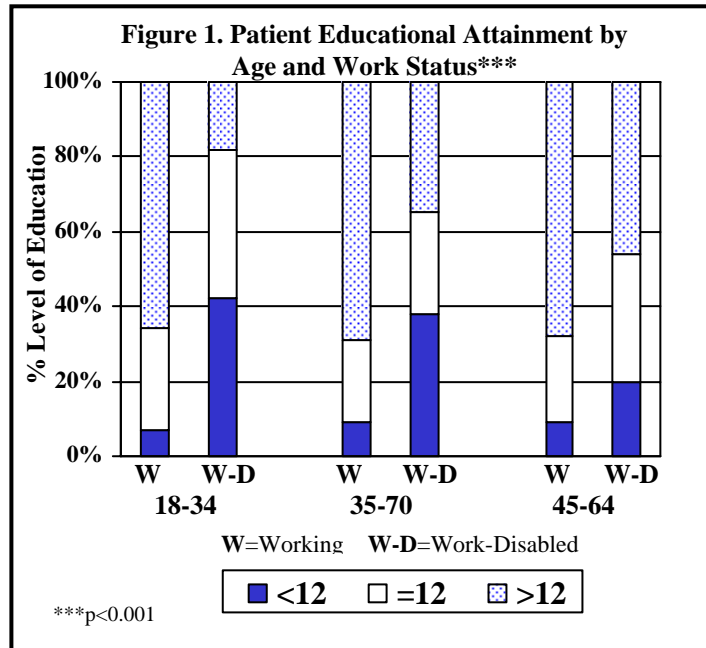
For this datagram, we have used the 1999 APIRE PRN Study of Psychiatric Patients and Treatments national data on 1,596 adult psychiatric patients, and focused on characterizing patient subgroups most vulnerable to work disability due to a mental or physical illness. Using multiple logistic

regression analysis, we have examined the association between work disability and patients' sociodemographic characteristics (including patients' age, race, sex, education and marital status), statistically adjusting for patients' diagnostic and clinical factors, setting and length of time in treatment and sources of funding for psychiatric services (including public or private sources of payment).

Work-Disability and Patient Sociodemographic Characteristics

Findings indicate that patients' age and education are significant predictors of work-disability. For example, adults age 45-64 (OR=2.3, 95% CI= 1.5-3.7, p<.001) and those age 35-44 (OR=1.6, 95% CI= 1.03-2.6, p<.05) were more likely to not work because of a physical or mental disability than their 18-34 younger counterparts, even when adjusting for other studied factors.

Patients with less than 12 years of education were about 2.7 times more likely to be reported as work-disabled than those with greater than 12 years of education (95% CI: 1.5-4.7; p<0.01); however, no statistically significant differences were found for patients with 12 years and those with greater than 12 years of education.



Data Source: The 1999 American Psychiatric Practice Research Network (PRN) Study of Psychiatric Patients and Treatments (SPPT). Results are preliminary and not for citation. In 1999, 615 of 784 (78%) PRN members completed the SPPT.

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In subsequent analyses, we examined the relationship between years of education and work-disability within each age cohort for study's sample of adult patients (Figure 2). Results suggest that within each age cohort, significantly higher percent of work-disabled patients had 12 years or less education, while higher percent of patients who worked or fulfilled other age-appropriate roles had greater than 12 years of education ($p < 0.001$).

Summary and Implications

This analysis has identified patient subgroups at increased risk for work-disability who could benefit from effective employment interventions; particularly since, according to PRN data, 85% of work-disabled patients treated by psychiatrists are currently not receiving any vocational rehabilitation, case management, or social skills training services.

Intuitively, with increase in age there is increase in probability of developing disabilities. The PRN finding corroborates this trend. The PRN findings are consistent with prior research with respect to the association between educational attainment (e.g., high school graduates versus non-graduates) and the risk of mental and medical maladies. The direction of this association, however, varies by diagnosis (Roth, et. al. 2001; Crum et. al., 2000; LaCroix 1994; Dohrenwend et. al., 1992). Given the cross-sectional nature of the PRN data we were unable to shed light on the direction for the observed relationship.

Finally, the PRN findings highlight the potential importance of supporting educational interventions among individuals with psychiatric disorders-- through the life-cycle, beyond high school, technical or secondary schools -- to enhance quality of life by increasing work functioning and the fulfillment of other age appropriate roles. One example could be educational programs that assist patients in moving from beginning employment to more satisfying employment at a later age, or to a next step in a work/career continuum.

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