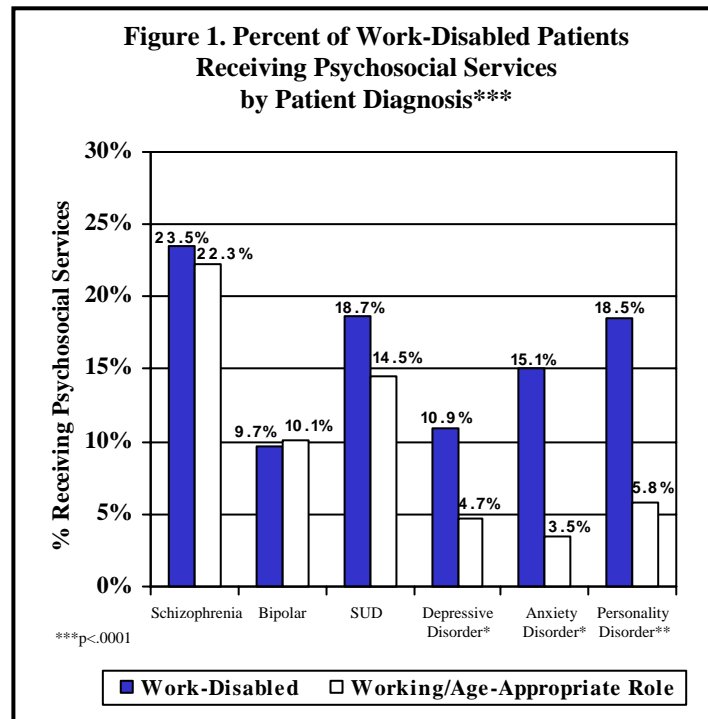


## Rates and Correlates of Receiving Psychosocial Services Among Work-Disabled Patients

Evidence suggests supported employment, skills training and models of service delivery which aim to improve the coordination and integration of mental health and psychosocial services have shown promising results in improving quality of life and successful employment experiences among adults with mental disorders (Surgeon General's Report 1999, PORT 2002, Bond et al. 2001). We have used the 1999 APIRE PRN Study of Psychiatric Patients and Treatments national data on 1,596 adult psychiatric patients, to assess rates of vocational rehabilitation, social skills training and case management (i.e., psychosocial services) within a 30 day period among its work-disabled patient population, and to characterize patient factors associated with receiving psychosocial services among the work-disabled adults. This population is of particular interest as recent findings from the APIRE Practice Research Network (PRN) indicate that one-third (n=530) of the 1596 adult patients treated by psychiatrists are currently not working due to a mental or physical disability (i.e., work-disabled).



### Rates of Psychosocial Services for Work-disabled Patients

Strikingly low rates were found for any vocational rehabilitation (1.1%), social skills training (4.9%), case management (12.4%), or any combination of these services (15%) being provided during the 30 days of the patients' most recent visit with the psychiatrist. The highest rates of such services were observed among the work-disabled patients with schizophrenia (24%), SUD (19%), and personality disorder (18.5%). Fifteen percent of patients with anxiety disorders, 11% with depressive disorders, and 10% with bipolar disorder also received these services (Figure 1).

Among the work disabled, patients' education and marital status was significantly associated with receiving psychosocial services. Higher rates of psychosocial services were observed for patients with fewer than 12 years of education (21%) in contrast to those with 12 (10%) or more (11%) years of education ( $p < 0.05$ ), and higher rates among the "not married" (18%), than those who were married or lived with a partner (8%;  $p < 0.001$ ).

**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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Rates of psychosocial services were comparable for the following demographic and clinical factors: sex, race-ethnicity, presence of any Axis II, III or IV conditions, treatment setting, and length of time in treatment.

### ***Supplementary Analysis***

Given the overall low rates of psychosocial services among the work-disabled within diagnostic categories, we explored whether there were differences in rates of psychosocial services for patients who were working in contrast to those who were work disabled. In other words, within each diagnostic strata were the work-disabled patients deemed too ill by their treating psychiatrists, and therefore would have lower rates of psychosocial services than their “working” counterparts? Surprisingly, we found comparable rates of psychosocial services for the two -- “working” and work-disabled patient groups for the following diagnoses: schizophrenia (22.3% and 23.6% respectively), bipolar (10.1% and 9.7% respectively), and SUD (14.5% and 18.7% respectively). Also, contrary to our assumption, rates of services for the work-disabled patients were considerably higher compared to working or functioning patients for the following diagnostic groups: depressive disorders (10.9% and 4.7% respectively;  $p < 0.05$ ), anxiety disorder (15.1% and 3.5% respectively;  $p < 0.05$ ), and personality disorder (18.5% and 5.8% respectively;  $p < 0.01$ ). Similarly, higher rates of psychosocial services were observed among the work-disabled patients in contrast to the “working” patients, when stratified by patients’ other clinical characteristics such as presence or absence of Axis II, III, or IV, and GAF rating. Therefore, findings suggest that although rates of psychosocial services were very low on the whole, when such services were provided, they were more likely to be provided to patients with chronic and clinically complex conditions, particularly those with a diagnosis of schizophrenia.

### ***Factors Associated with Receiving Psychosocial Services***

A multiple logistic regression model was used to identify patient factors (i.e., sociodemographics, diagnostic and clinical characteristics, setting, and time in treatment) associated with increased likelihood of receiving any psychosocial services (i.e., study’s outcome of interest). Additionally, we statistically adjusted for patients’ health plan characteristics in order to account for potential differences in patients’ selection into public or private plan types; thus allowing us to assess the independent association of each of the aforementioned patient factors with study’s outcome (i.e., receiving psychosocial services). Results indicate that patients diagnosed with schizophrenia and those with one or more co-occurring Axis II disorders were more likely to receive psychosocial services in contrast to those without the aforementioned diagnoses ( $OR_{\text{schizophrenia}} = 4.5$ , 95% CI= 1.5-13.3,  $p < 0.05$ ;  $OR_{\text{Axis II comorbidity}} = 2.3$ , 95% CI= 1.1-4.9,  $p < 0.05$ ). Also, patients unable to work who were in treatment between 7 to 12 months were 4.3 times more likely to receive psychosocial services than those receiving treatment for greater than 36 months (95% CI= 1.2-15.9;  $p < 0.05$ ).

### ***Summary and Implications***

Our findings suggest that only a small minority of work-disabled patients received any vocational rehabilitation, social skills training, or case management, or any combination of the aforementioned services (15%). The 30-day rates of vocational rehabilitation among the study's adult population (1.1%) are considerably lower than what has been reported by the National Health Interview Survey-Disability Supplement (NHIS-D, Willis et al. 1998), which provided data on lifetime rates of vocational rehabilitation for a sample of civilian non-institutionalized population with mental/emotional problems (7.2%) and/or substance abuse problems (9.8%). In addition, this study found the 30-day rates of case management among the adult patients (7.8%; 12.4% for adults with work disability) to be lower than the 12-month rates of case management for persons with mental/emotional problems (9.5%) and individuals with substance abuse disorder (9.7%), reported by Willis and colleagues (1998). Lower rates of vocational rehabilitation and case management reported in this study are expected when comparing point prevalence (30-days) to life-time or 12-month prevalence for services. In addition, Willis and colleagues' study (1998) relies on self-report, while PRN data is based on psychiatrists' report. Therefore, under-reporting of services may be expected if the patient's psychiatrist is not aware of the full-range of services provided by others.

Despite evidence in support of psychosocial services for persons with serious mental illness (Surgeon General's Report 1999, PORT 2002, Bond et al. 2001), our findings indicate only a small minority of work-disabled patients received any vocational rehabilitation, social skills training, or case management services (15%). Although not every work-disabled individual would require, seek, or benefit from psychosocial interventions (depending on duration and severity of the person's disability), models of service delivery which aim to improve the coordination and integration of services and strive toward the provision of individually-tailored treatment programs are critical to meet the needs of persons with work-disability. Examples of evidence-based approaches to integrated care include: case management, Assertive Community Treatment, psychosocial services (Surgeon General's Report, 1999), and supported employment programs such as the recent Employment Intervention Demonstration Program (EIDP), (Cook, 2003).

#### References:

- 1- United States Department of Health and Human Services. Mental Health: A Report of the Surgeon General. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, National Institute of Health, National Institute of Mental Health, 1999.
- 2- Willis A.G., Willis G.B., Male A., Henderson M.J., Manderscheid R.W.; Mental Illness and Disability in the U.S. Adult Household Population. Center for Mental Health Services, Mental Health United States, 1998. Manderscheid, R.W., and Henderson, M.J., eds. DHHS Pub. No. (SMA)99-3285. Washington, D.C.: Supt. of Docs., U.S. Govt. Print. Off. 1998.
- 3- Cook J.A., <http://www.psych.uic.edu/eidp>; 2003