

# at work

Information on workplace research from the **Institute for Work & Health**

## This Issue

### For Clinicians

Study looks at how workers with arthritis cope

### For Workplaces

Systematic review efforts to focus on evidence on injury prevention

### For Policy-Makers

Workers' mental health focus of increased attention

## Workers' mental health focus of increased attention

There's no doubt that musculoskeletal ailments—sore backs, aching wrists, stiff necks—place a tremendous burden on workers, on the workplace and on society in general. But attention is now starting to focus on mental health problems in the workplace, which one expert has called “a serious threat to the nation's productivity.”

This spring the Institute participated in the sponsorship of a two-day workshop on “Mental Health and the Workplace” under the leadership of the Canadian Institutes of Health Research.

More than 100 participants, including researchers, clinicians, policy-makers, health economists, labour representatives and occupational health experts attended the workshop, which was the first of its kind in Canada. The goal was to discuss priorities for workplace mental health research for the next decade.

“Everyone around the table agreed that mental disorders exact a considerable toll on workplaces in terms of absences and lost productivity,” says Dr. William Gnam, an IWH Scientist.

- Each year, about 12 per cent of Canadians aged 15 to 64 are affected by mental health problems such as anxiety, depression and substance abuse, according to a recent Canadian Community Health Survey. Most are full- or part-time workers.
- Data from Ontario suggest that, at any given time, about eight per cent of



the province's working population has a diagnosable mental illness.

- Compared with disability claims for chronic physical disorders (including musculoskeletal disorders) the average duration of a depression-related, short-term disability claim is longer—between 33 and 95 days, according to some North American studies.
- The burden of mental health and addiction problems on the Canadian economy in productivity costs alone exceeds \$11 billion. If indirect costs are added, this figure could triple.

Musculoskeletal problems (such as a strained back) and psychiatric disorders (such as depression) are similar in that they may lead to periods of absenteeism, where the person can't work at all, says Gnam, who is also a psychiatrist and economist at the Centre for Addiction & Mental Health in Toronto. “However, psychiatric problems are more likely to lead to what we call ‘presenteeism,’

(Continued on page 3)

### Infocus

#### This Issue's Supplement:

Systematic reviews help users “keep up” with expanding volume of research evidence

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Advancing Employee Health**

The Institute for Work & Health is an independent, not-for-profit organization whose mission is to conduct and share research with workers, labour, employers, clinicians and policy-makers to promote, protect and improve the health of working people.

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## Workplaces

### SYSTEMATIC REVIEW EFFORTS TO FOCUS ON EVIDENCE ON INJURY PREVENTION

When it comes to preventing workplace injury and illness, what strategies, programs and workplace interventions are most effective?

Each year many studies are published about the usefulness of such interventions. But those who need this information—workplace parties, government bodies and compensation insurance authorities—say the research findings are often confusing. They also say that the information is difficult to access and is not usually provided in a user-friendly format.

Over the next four years, the Institute will play a key role in addressing the need for summaries of research evidence. The IWH has received funding from the Workplace Safety & Insurance Board of Ontario (WSIB) to conduct multidisciplinary systematic reviews on important topics in workplace injury prevention.

Researchers will review the existing literature to determine the “best evidence” on each topic. They will also try to identify the potential costs of changing or implementing injury prevention-oriented strategies in the workplace. The results will then be summarized and shared so workplaces and policy-makers can use this knowledge to inform their own decision-making.

“There is a tremendous appetite for this kind of evidence-based information, especially if it is supplied in a format which is accessible and useful for decision-making,” says Jill Hutcheon, Interim Chair of the WSIB. “We look forward to the result of these reviews.”

A systematic review uses a standardized process to locate and distill large amounts of research, often reconciling conflicting results and findings. Because the reviews rely on clear rules for assessing

the quality of research evidence, the results of the review are “evidence-based”—that is, they are not guided by individual researchers’ preferences and values. (Learn more about systematic reviews in the current edition of *Infocus*.)

“The WSIB’s commitment is exciting,” says Institute President Dr. Cameron Mustard. “While many prominent public institutions have discussed the importance of investment in this area, the Ontario WSIB is one of the first to make a substantial funding commitment to the production of systematic reviews to support evidence-based policy development in Ontario. We will work closely with the WSIB and other health and safety partners to identify relevant topics and provide information that is accessible and helpful.”

As the home base of the Cochrane Collaboration’s Back Review Group, IWH already possesses substantial expertise in doing systematic reviews. “The Institute is well-positioned to significantly expand its systematic review activities,” adds Mustard.

The systematic reviews of prevention research will involve collaborations with scientists outside the Institute, adds Chief Scientist Dr. Tony Culyer. “We will be partnering with other research organizations and educational institutions—both national and international—whose expertise would contribute to a network of collaborators, similar to the model of the international Cochrane Collaboration,” he says.

During its final year, the systematic review initiative will be evaluated to determine what contribution it has made to the implementation of effective injury prevention policies and practices in Ontario. ▲



## Clinicians

### STUDY LOOKS AT HOW WORKERS WITH ARTHRITIS COPE

How do people with chronic, sometimes disabling health problems cope in the workplace? Dr. Monique Gignac, who recently joined the Institute as an Adjunct Scientist, thinks it's important to find out.

"There's a definite lack of research about work and chronic illness—even though studies show chronically ill workers are more likely to leave the workforce than those without such problems," says Gignac, a social psychologist with an interest in stress and coping.

The goal of her four-year study, funded by the Canadian Arthritis Network and the Canadian Institutes of Health Research, is to learn how people adapt to work limitations caused by arthritis.

The study involves 492 people with a diagnosis of osteoarthritis and/or rheumatoid arthritis. They were all employed at the time of the first interview and worked in various fields including business, health services and transportation.

"Each person was interviewed three times at 18-month intervals," explains

*(Continued on page 4)*



## Policy-makers

*Workers' mental health focus of increased attention  
— continued from page 1*

where the person comes to work but is unable to function fully," he adds.

### A more coordinated research agenda needed

Until now, research about how to prevent and manage mental health problems at work has been done largely on an ad hoc basis. "Most of us attending the workshop agreed that a more coordinated effort to develop and carry out quality studies on mental health in the workplace is the next step," says Gnam.

Mental health in the workplace has emerged as an important factor in several current research projects, says IWH President Dr. Cameron Mustard. Institute scientists are already looking at whether depression is a risk factor for the onset of neck and back pain, and at how unemployment affects the mental health of younger versus older workers. Another project, involving researchers in Ontario and British Columbia, will track the health-care use for the treatment of

mental health disorders.

Experts say research is needed in several areas. These include:

- studies to measure the incidence and patterns of disability caused by mental health problems, including data on gender, age, occupation, economic sector and geographical region
- research to develop and evaluate disability management interventions specific to mental health disorders, possibly adapted from approaches used to help workers recover from physical ailments
- follow-up studies to see what happens to workers—their so-called "labour market trajectory"—who are temporarily or permanently affected by mental and emotional problems

Understanding long-term labour market trajectories may be particularly important in workers with moderate to severe depression, which tends to be chronic and episodic—it occurs, gets better, then reoccurs. "If we don't understand the risk of repeated disability episodes over time, interventions may become too

focused on short-term objectives and outcomes," Gnam explains.

Researchers agree there are special challenges in doing workplace mental health research. "Right now, most disability insurance claims for workplace absence due to mental health problems are paid by private insurers, which makes access to data more difficult," Gnam explains. "There is also the problem of stigma—workers are often more reluctant to disclose depression, anxiety or substance abuse than to complain about a sore back."

Gnam and colleagues at the Global Business and Economic Roundtable on Addiction and Mental Health recently issued a report to raise awareness among Canadian business leaders that mental illness seriously affects strategic planning and may reduce profit. Earlier this year, the report was shared with the boards of all publicly-traded companies in Canada. ▲

*(see [www.mentalhealthroundtable.ca](http://www.mentalhealthroundtable.ca)).*

## Grant Round-up

In addition to the Institute's core funding from the WSIB, Institute scientists receive grants and awards from funding agencies. These funds help to support research on work and health issues and the transfer of research messages. The following grants were awarded to IWH researchers from January 1, 2004 to May 31, 2004.

### Operating Grants

PRINCIPAL INVESTIGATOR	TITLE	GRANTING AGENCY	AMOUNT
Claire Bombardier	Disability while at work: A comparison of different measures in persons with arthritis	Canadian Arthritis Network	\$76,487/1 year
Curtis Breslin	Work injury and young people: A prospective survey	National Institute for Occupational Safety and Health (NIOSH)	US\$100,000/2 years
Pierre Côté	The relationship between impairment, activity limitations, participation restriction and markers of recovery in individuals with musculoskeletal disorders: A validation study of two conceptual frameworks	Canadian Institutes of Health Research	\$74,580/2 years
Agnieszka (Iggy) Kosny	Are non-profit organizations healthy workplaces? Examining working conditions and occupational health and safety of volunteers and paid workers	National Network on Environments and Women's Health	\$17,900/1 year
Emile Tompa	Post-accident earnings and benefits adequacy and equity	NIOSH	US\$150,000/3 years

### Career Award

(awarded to an individual)

Ellen MacEachen	Manager commitment in new economy organizations	Social Sciences and Humanities Research Council	2 year post-doctoral fellowship
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*Study looks at how workers with arthritis cope – continued from page 3*

Gignac, who is also a Scientist with the Toronto Western Research Institute and an Assistant Professor at the University of Toronto. “We asked a wide range of questions about their health and how they were doing at work.”

According to preliminary data, 40 per cent of workers said their arthritis had caused occasional work absences. One in five had switched from full- to part-time employment or had changed jobs. For example, one nurse became a community care access centre case manager and a construction worker became a truck driver.

Many workers reported making physical changes to their environment while others changed what they did (i.e. moving files from bottom to top drawers; carrying boxes on a trolley). Some gave up “extra” leisure activities

to preserve their energy for work. Others reported asking for help from co-workers.

Disclosure to managers and co-workers is another troublesome issue, she adds. About one-third of those surveyed had not told people at work about their arthritis, fearing it might affect their employment or how others saw them.

Gignac believes the current “graying” of the Canadian workplace has major implications for workers, employers, policy-makers and others. According to a recent Health Canada report, arthritis and related conditions are the leading cause of long-term disability in Canadian adults. By the year 2026, it's estimated that six million Canadians will have arthritis, many of them will still be in their prime earning years.

“We want to share our findings about successful coping strategies with

workers and also let employers know that making certain efforts—ergonomic changes, greater job flexibility—may reduce time and productivity losses caused by worker absence and turnover,” says Gignac. ▲



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