



Stress in the workplace

A policy synthesis on its dimensions and prevalence

In 2013, The Center for Employee Health Studies at the University of Illinois Chicago (UIC) conducted in-depth research into the implications and consequences of stress in the workplace. The results of this research were released in March of 2014. The following is Sedgwick's summary of the full research conducted by:

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Because of significant research projects such as this study and a commitment to sharing knowledge and information about emerging trends facing employers, Sedgwick is proud to provide financial support to the Center for Employee Health Studies at UIC. For a copy of the full research report visit www.sedgwick.com.



The size of the problem

What stress costs employers

While OSHA notes that workplace injuries cost a staggering \$310 billion annually, the CDC reports that the annual direct and indirect costs of treating mental health disorders is even higher, \$317.5 billion.

Stress, depression and anxiety are repeatedly ranked as three of the top five causes of absenteeism.

Employers spend an additional \$70 billion each year on lost productivity and increased absenteeism due to untreated or ineffectively treated mental health disorders.

Healthcare costs are nearly 50% greater for workers reporting high levels of stress due to substantial increases in health service utilization. The CDC reports costs can rise up to 150% when the source of stress is job related and depression is reported.

Why Sedgwick is concerned about stress in the workplace

- We recognize the high cost of stress and related conditions on employers
- Psychological distress has been shown to increase the risk of occupational injury by 34% - we can help our clients address these risks and costs by collaborating on education, benefit integration, intervention and more targeted programs
- We believe additional research must be conducted to better understand what leads to stress, how to identify those employees at risk and how to intervene and develop effective programs as a way to lower costs, improve productivity and better the lives of workers

Defining mental health and stress-related disorders

Mental health disorders are broadly described as conditions that affect your mood, thinking or behavior (i.e. depression, anxiety disorders, schizophrenia, eating disorders or addictive behaviors)

- The CDC reports that over 25% of all adults in the United States currently have a mental illness and nearly half will develop at least one mental illness during their lifetime

Depression | 21 million Americans have depression. Nearly 80% of people with depression report that their symptoms interfere with their ability to work, maintain a home and be socially active.

- Only 15.6% of those with mild depressive symptoms saw a mental health professional and only 24.3% of those with moderate symptoms received treatment

Anxiety disorders | Approximately 40 million Americans, or about 18% of adults, have one or more anxiety disorders in any given year. Examples of common anxiety disorders include:

- Generalized anxiety disorder, panic disorder, obsessive-compulsive disorder, post-traumatic disorder and phobias
- These disorders cost the U.S. more than \$42 billion a year, almost one-third of the country's \$148 billion total mental health bill

Post-Traumatic Stress Disorder (PTSD) | This is a debilitating condition that can occur after exposure to a single terrifying event or from repeated exposure to threatening or traumatic events. PTSD frequently co-exists with other disorders such as depression and substance abuse, and is shown to influence increased rates of marital conflict and divorce, job loss, unemployment, arrests and incarcerations.

- Women are twice as likely to be affected as men
- Research indicates that 7-22% of emergency personnel will develop PTSD and 70-80% of nurses who are physically assaulted will develop one or more symptom of PTSD
- In industrial occupations, 25-50% of those who suffer a hand injury will develop PTSD
- The prevalence of PTSD in the veteran population is much higher than in the civilian population, and is estimated to be 12-18% in post-deployment populations
 - Only one-half of veterans diagnosed with PTSD are currently receiving treatment; 42% of those are receiving only minimal care

Who is at highest risk for stress-related disorders?

The rates of stress, mental health disorders and occupational injury vary between demographic groups, whether by age, sex, ethnicity and even military service. However, blanket assumptions must not be made and other factors must be considered. Still, general observations can help employers:

- Overall, women report higher levels of stress than men
- Workers in the 45-54 age group consistently experience the highest incidence rates of occupational injury or illness that require days away from work and also experiences the highest rates of both depression and anxiety
- Whites report higher levels of stress than Hispanics or African Americans. Research indicates that depression is more common in non-Hispanic African Americans than non-Hispanic white persons, while anxiety is more prevalent in white, non-Hispanic populations

While more research needs to be done, it appears that length of employment could also play a role in mental health related claims.

There are certain job classifications at higher risk for stress. These include: protective services, transportation and material moving, building grounds cleaning and maintenance, and healthcare.

Why employers should be concerned about stress in the workforce

- Stress often emerges as a primary and contributing factor in occupational injury and illness
- The CDC reports that injury rates are two to six times higher among individuals with a mental illness than in the overall population
- Stress is known to increase perception of pain in an injury, delay return to work and increase rates of recurrence
- If untreated, consistently high stress can become a chronic condition, which can result in or exacerbate mental health conditions as well as chronic physical conditions like cardiovascular disease, cancer, diabetes, obesity, hypertension, asthma, muscle pain, or a weakened immune system

- One key driver of stress rates is the use of psychotropic drugs, which multiple studies have linked to occupational injury
- Common medications to treat depression, anxiety and PTSD include, but are not limited to, antidepressants (Paxil, Zoloft) and anti-anxiety medications called benzodiazepines (Xanax, Valium, Klonopin, Ativan, Ambien). Benzodiazepines (BZs) and opioids (Hydrocodone, Oxycodone) are among the top 30 most frequently prescribed medications
 - *The likelihood of accidents and emergency outpatient care were significantly greater in the six months following initiation of anti-depressant and anxiety therapy, rising to 3.7 times as likely with use beyond six months. Another study found users were four times more likely than non-users to be in a traffic accident within a month after initial prescription and twice as likely in the first week*

How stress affects the workplace

- Stress is repeatedly identified as one of the many factors that can influence occupational injury
- The American Psychological Association reports that approximately 36% of workers typically feel stressed out during the workday
- In a study of light/short haul truckers, a group that experiences high rates of injury and mental health issues, frequent stress increased the odds of occupational injury by 350%
 - *The American Psychological Association rates the top five workplace stressors as low salary, lack of opportunity, too heavy a workload, unrealistic job expectations, and long hours*

What can employers do to help manage stress in the workplace?

- Based on the study, we believe there are three primary areas to address – 1) organizational change; 2) screening and outreach; and 3) managing the risk of prescription drugs
- Develop managers who support their employees; maximize employee autonomy; promote engagement in the value of employees' work as it relates to the organization's mission; and improve the work environment

- Conduct screening and outreach for high-risk individuals, particularly following a major traumatic event (e.g., return from active duty, workplace violence) or cumulative exposure
- Manage the risk of prescription drugs that impair performance by providing outreach and assessments to individuals who are manifesting sustained dependence of certain categories of legal prescription drugs and steer at-risk employees to less impairing prescriptions
- When legal drug testing is conducted, it should test for legal prescription drugs within potentially impairing therapeutic categories
- Provide alternative work situations for a short period for employees who self-identify as using or initiating prescription medications of certain classes

Challenges and issues to address

- As a nation, as healthcare providers and as employers, we must begin to address the implications of mental health disorders in the workplace
- Since screening, testing and even the provision of workplace programs could bring up issues related to privacy, employers need to establish open communication with employees about the need for dialogue to ensure their organization's as well as their employees' privacy rights are protected

- We believe that stress in the workplace is a public health issue and its costs are huge, with incidence and prevalence rates that are shockingly high
- Because stress-related disorders are less visible, employers, risk managers, clinicians, public health advocates, ethicists, elected officials and policymakers should engage on how to attack the problem

Sedgwick stands ready to support its clients in further research and development of solutions in this critical, yet complex area. For more information on the research study, or on how Sedgwick can help employers develop more effective mental health and stress management solutions, contact us today.

Dopkeen, J.C. (March 2014). Stress in the workplace. A policy synthesis on its dimensions and prevalence. The Center for Employee Health Studies at the University of Illinois Chicago.



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