

Characteristics and Needs of Persons Admitted to an Inpatient Psychiatric Hospital with Worker's Safety and Insurance Board Coverage



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INTRODUCTION

Before January 1st 2018, the Worker's Safety and Insurance Board (WSIB) of Ontario did not cover mental health injuries at work, with the exception of traumatic mental stress (Workplace Safety and Insurance Board, 2018).

However, the WSIB was listed as responsible for payment of the inpatient psychiatric hospital stays for over one thousand individuals since 2006. This study describes the characteristics and service needs of these individuals, and shows the proportion admitted over a 10-year period.

METHODS

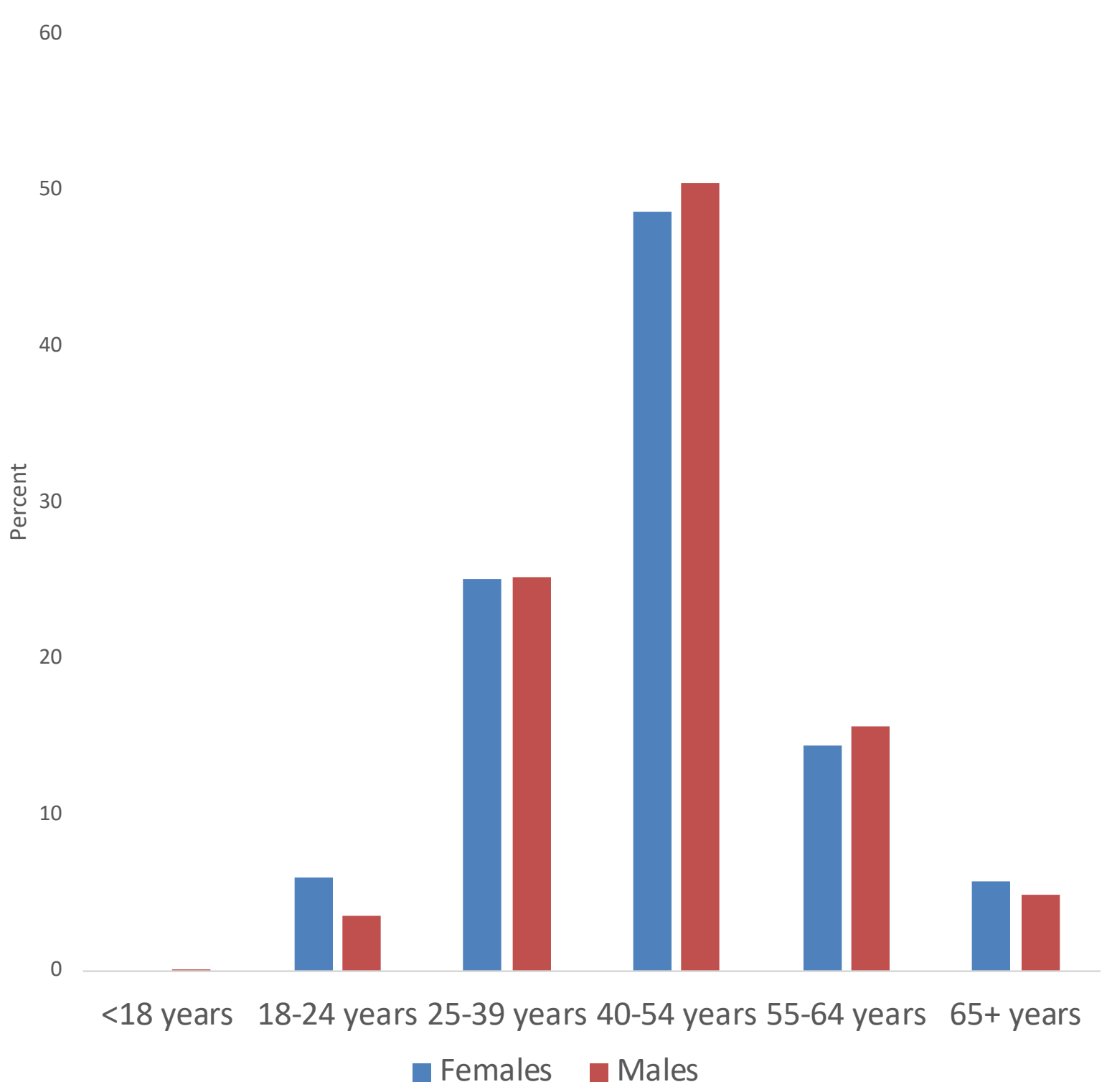
This study is based on secondary analysis of anonymized data in the Ontario Mental Health Reporting System collected between 2005 and 2017 using the RAI Mental Health instrument (Hirdes, 2003).

Descriptive statistics inform on:

- Demographic information (age, sex, marital status)
- Reason for admission
- Clinical characteristics (i.e., physical and mental health symptoms, behaviour, substance use)
- Services (i.e., focus of interventions).

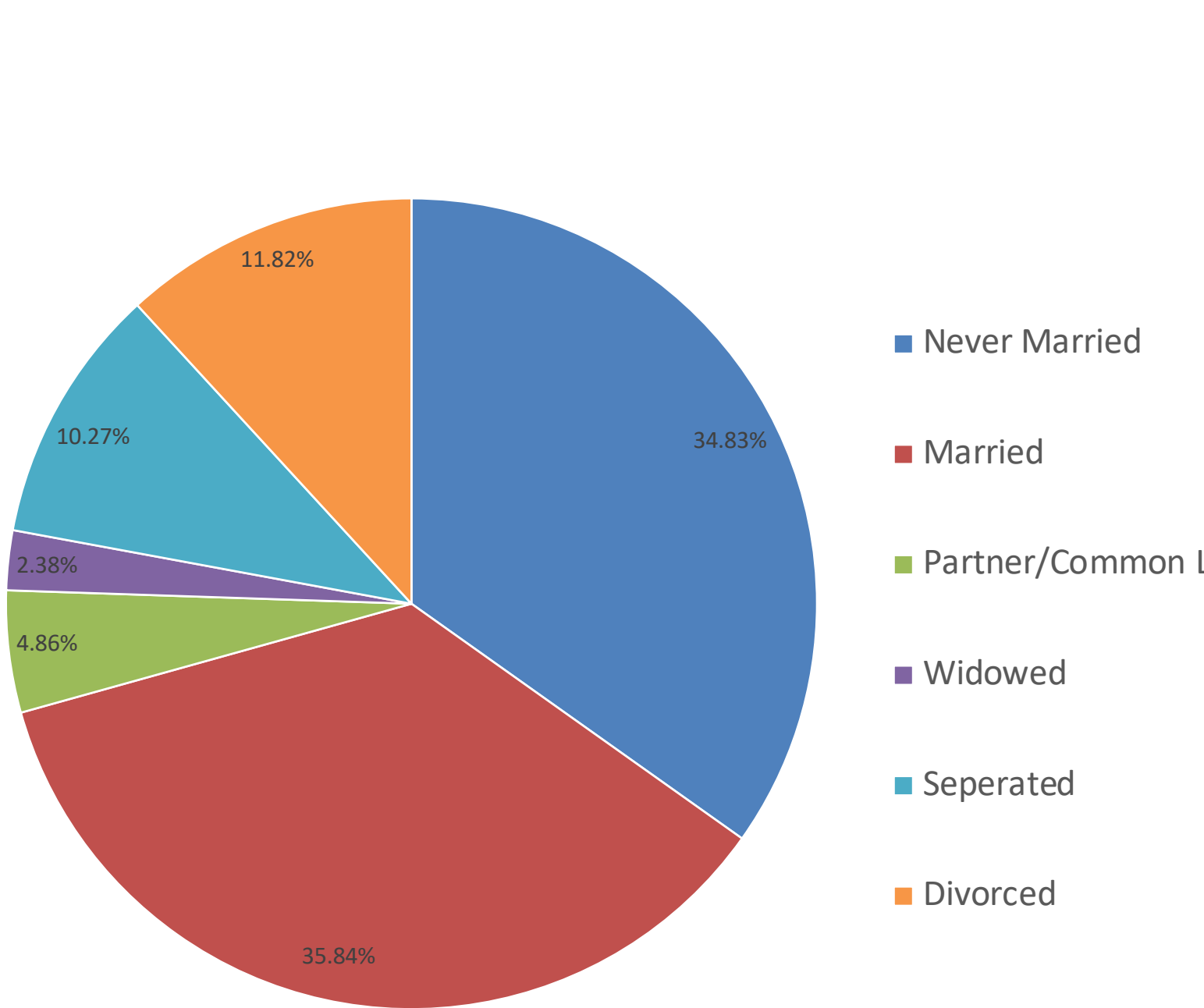
RESULTS

Figure 1. Age and sex of individuals whose stay was paid by WCB/WSIB



The majority in the WSIB group were males (64.67%) whereas the non-WSIB group had an equal distribution of males (51.0%) and females (49.0%).

Figure 2. Marital Status



Over 1/3 of WSIB group were never married. This is higher than the national average; 28.96% of Canadians aged 15+ were never married or common-law in 2019 (Statistics Canada, 2020).

RESULTS

Table 1. Reasons for admission

Reasons For Admission	WSIB	Others
1. Threat or danger to self	44.18%	48.36%
2. Threat or danger to others	13.66%	20.17%
3. Inability to care for self due to mental illness	23.92%	40.26%
4. Problems with addiction/dependency	38.86%	25.27%
5. Specific psychiatric symptoms	69.94%	73.14%
6. Involvement with criminal justice system, forensic admission	3.67%	6.36%
7. Other	5.59%	3.98%

The WSIB group differed from the others for reasons for admissions; they were lower in inability to care for self due to mental illness and higher in problems with addiction/dependency.

Table 2. Mental & Physical Health Symptoms

Mental Health Scale	All WSIB (n=1091)	Reason for Admission			
		Threat or danger to self (n=482)	Threat or danger to others (n=149)	Inability to care for self (n=261)	Addiction or dependency (n=424)
Depression Rating Scale 3+	57.88% (279)	57.88% (279)	56.38% (84)	52.87% (138)	44.10% (187)
Positive Ratings Scale 1+	25.76% (281)	29.46% (142)	54.36% (81)	50.19% (131)	16.27% (69)
Mania Scale 1+	49.40% (539)	50.62% (244)	71.81% (107)	59.39% (155)	43.40% (184)
Pain Daily	38.31% (418)	31.74% (153)	26.17% (39)	26.05% (68)	47.88% (203)
Severe or sometimes horrible or excruciating (those with daily pain)	33.97% (142)	30.72% (47)	23.08% (9)	23.53% (16)	37.93% (77)

The mental health of these individuals is of concern; over half of this population exhibited a depression rating scale of over 3 which indicates major or minor depressive disorders (interRAI, 2020). Many of the individuals experienced daily pain. The percentage varied by reason for admission and almost half of those with addiction/dependency experienced daily pain.

Table 3. Substance Use

Substance use in the last 7 days	All WSIB	Threat or danger to self	Threat or danger to others	Inability to care for others	Addiction or dependency
Cocaine and Crack	4.12% (45)	3.94% (19)	3.35% (5)	1.92% (5)	8.73% (37)
Opiates	13.84% (151)	5.39% (26)	4.03% (6)	2.68% (7)	28.30% (120)
CAGE score +1	25.30% (276)	21.38% (103)	18.78% (28)	12.26% (32)	52.13% (221)

Substance use varied by reason for admission with those with addiction or dependency reporting the highest frequency of substance use across all substances. A CAGE score greater than 1 indicated potential problem with alcohol and/or substance addiction (interRAI, 2020)

Table 4. Focus of Interventions

Services in last 7 days	All WSIB (n=1091)	Reasons for Admission			
		Threat or danger to self (n=482)	Threat or danger to others (n=149)	Inability to care for self (n=261)	Addiction or dependency (n=424)
Community Reintegration	43.26% (472)	42.74% (206)	39.60% (59)	41.00% (107)	40.57% (172)
Social/Family Functioning	40.24% (439)	40.66% (196)	37.58% (56)	37.93% (99)	36.32% (154)
Psychosocial Rehabilitation	41.80% (456)	40.87% (197)	36.91% (55)	37.93% (99)	38.21% (162)
Detoxification	18.70% (204)	7.47% (36)	3.36% (5)	4.60% (12)	42.92% (182)
Alcohol/Drug/Smoking treatment	25.57% (279)	15.56% (75)	13.42% (20)	11.11% (29)	51.89% (220)
Vocational Counselling	2.02% (22)	2.07% (10)	1.34% (2)	2.30% (6)	2.38% (10)
Anger Management	9.99% (109)	9.75% (47)	18.79% (28)	10.34% (27)	9.43% (40)
Behaviour Management	27.86% (304)	21.99% (106)	30.20% (45)	22.61% (59)	27.59% (117)
Post-Traumatic Stress	15.67% (171)	7.05% (34)	2.68% (4)	5.75% (15)	16.27% (69)
Pain Management	30.71% (335)	21.37% (103)	15.44% (23)	21.84% (57)	39.39% (167)
Alternative/Non-Traditional Therapy	12.83% (140)	4.77% (23)	0.67% (1)	2.68% (7)	22.64% (96)

The most common types of the services received were focused on community reintegration, social/family functioning and psychosocial rehabilitation, however the frequency of the intervention focus differed by reason for admission.

RESULTS

With the exception of 2010, there was a steady increase of individuals admitted in the WSIB group between 2006-2016. The proportion of those in the non-WSIB admitted per year remained consistent. It is likely that this population will continue to increase with the change in policy.

NEXT STEPS

Future studies should examine impacts of the policy introduced in January 2018 to determine whether changes are observed in the characteristics and needs of individuals admitted to inpatient psychiatry for (or related to) work-related mental health injuries.

Future studies could use data linkage to investigate the timeline between the work related injury that resulted in WSIB payment and the mental health illness in these individuals. The current study does not have the ability to examine the order of occurrence of events. It would also be interesting to look into how long people were on WSIB before their inpatient stay.

These preliminary results suggest that individuals using WSIB were a unique group. Future studies should go into more depth on the differences between those who had WSIB as payment and those who did not. This could help highlight areas that need attention to help this group of people, as it is likely this population will grow.

Another area that could be further examined is the reason for admission. For example, the WSIB group cited addiction or dependency much more frequently than the rest of the people admitted. Almost half of those admitted for addiction/dependency reported daily pain and for 38% of those people, the daily pain was severe or sometimes horrible or excruciating. The same group of people indicated more opiate use than the rest of the WSIB group and it would be interesting to find out if the work-related injury, pain and opiate use could be related.

ACKNOWLEDGEMENTS



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