

Relationships between mood and employment over time among depressed VA primary care patients

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Abstract

Objective: Associations between depression, productivity and work loss have been reported, yet few studies have examined relationships between longitudinal depression status and employment continuity. We assessed these relationships among Veterans of conventional working ages.

Methods: We used longitudinal survey data from Veterans receiving primary care in 1 of 10 Veterans Health Administration primary care practices in five states. Our sample included 516 participants with nine-item Patient Health Questionnaire (PHQ-9) scores indicating probable major depression (PHQ-9 ≥ 10) at baseline and who completed either the 7-month follow-up survey or follow-up surveys at both 7 and 18 months postbaseline. We examined relationships between depression persistence and employment status using multinomial logistic regression models.

Results: Although general employment rates remained stable (21%–23%), improved depression status was associated with an increased likelihood of becoming employed over 7 months among those who were both depressed and nonemployed at baseline. Improvements in depression status starting at 7 months and continuing through 18 months were associated with remaining employed over the 18-month period, relative to those who were depressed throughout the same time frame.

Conclusions: Given the pressing need to prevent socioeconomic deterioration in the increasing population of conventional working-aged Operation Enduring Freedom and Operation Iraqi Freedom Veterans, further attention to the depression/employment relationship is urgently needed.

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Keywords: Employment; Veterans; Depression

1. Introduction

Previous research has documented low rates of employment among Veterans Affairs (VA) patients. VA patients have lower rates of employment than Veterans who have not been treated in the VA, and they also have lower rates of

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employment than the general non-Veteran US population [1]. Many studies have shown that mental illness is associated with poorer employment outcomes among the general population including obtaining and retaining employment [2–6]. Whereas evidence suggests that mental disorders including depression have a negative impact on employment among returning Veterans, most of these studies have examined this relationship cross-sectionally [7,8]. A meta-analysis of longitudinal studies examining the relationship between unemployment and mental health suggests that there is a clear mental health benefit associated with moving from unemployment to employment, whereas the decline in mental health status associated with moving from employment to unemployment may be more nuanced and situation specific [9].

Improved understanding of the longitudinal relationship between depression and employment status has potential to inform policy initiatives for supported employment programs and to inform depression care quality improvement efforts. While there are a number of studies that examine the impact of depression on workplace productivity [10–12], there are few studies that examine employment status over time among depressed patients in primary care [13,14] and fewer still that aim to assess the determinants of entry into and out of the workforce among depressed individuals. Furthermore, cross-sectional studies can only report the frequency and characteristics of those employed compared to those nonemployed, rather than the characteristics that may relate to recovery or loss of employment.

In the analyses presented here, we aim to examine the relationship between changes in depression and changes in employment over time among individuals initially identified with depression. We sought to examine cumulative experiences of employment and depression over 18 months among Veterans of conventional working ages receiving health care in VA primary care settings. We hypothesized that VA patients with improvements in depression over time would be more likely to acquire and/or maintain employment.

2. Methods

We analyzed results from a longitudinal survey of Veterans receiving primary care in 1 of 10 Veterans Health Administration (VHA) primary care practices in five states. Participants were recruited if they had attended at least one primary care appointment in the preceding 12 months in a participating practice and had one pending appointment scheduled within the 3 months postselection. Trained interviewers screened eligible patients for depression or dysthymia symptoms between June 2003 and June 2004 using the first two questions of the Patient Health Questionnaire nine-item version (PHQ-9) [15] by telephone interview. The PHQ-9 is a validated measure of depressive symptoms, with higher scores indicating greater symptom severity [15,16]. Interviewers administered the remaining

PHQ-9 questions to screen positive patients, and enrolled those with probable major depression based on a PHQ-9 score ≥ 10 . Patients identified with acute suicidality were excluded. Additional details about the study are provided elsewhere [17].

The present analysis was limited to individuals of conventional working ages (18–65). Participants completed measures at baseline as well as 7 months and 18 months postbaseline. Our primary outcome of employment was assessed at each time point, as was depression status. Covariates were assessed using baseline data only.

2.1. Employment outcomes assessed

This study assessed employment status at the three occasions of measurement. At each time point, participants were asked to indicate whether they were currently employed, unemployed, disabled, retired or “other employed” (typically homemaker or student). For the purposes of this study, we categorized responses as employed or nonemployed (which includes disabled, retired and other employed) at each time point. Next, we created longitudinal indicators of employment status over two follow-up time periods: baseline and 7 months, and baseline, 7 months and 18 months, including all respondents who completed the full set of indicated follow-up surveys for each indicator.

For the baseline and 7-month indicator, we classified employment status over the 7-month period as *consistently employed* (employed at both baseline and 7 months), *newly nonemployed* (employed at baseline but not at 7 months), *newly employed* (nonemployed at baseline but employed at 7 months) and *consistently nonemployed* (nonemployed at both baseline and 7 months).

For the baseline, 7-month and 18-month indicator, we classified employment as *consistently employed* (employed at all three time points), *consistently nonemployed* (nonemployed at all three time points) or *mixed employment status* (a combination employed and nonemployed over the three time points).

2.2. Baseline depression and depression persistence

Depression assessments were conducted at three time points (baseline and 7 and 18 months postbaseline) using the PHQ-9. As mentioned above, PHQ-9 scores of ≥ 10 were part of the study entry criteria; mean PHQ-9 scores for the sample at baseline are therefore means among patients with probable major depression (i.e., mean scores ≥ 10), rather than across all primary care patients.

For the 7-month analyses, depression persistence was categorized as *improved depression* (PHQ-9 ≥ 10 at baseline, < 10 at 7 months) or *continued depression* (PHQ-9 ≥ 10 at both baseline and 7 months). Specifically, improved depression was defined in this study as a change from a PHQ-9 score of ≥ 10 to < 10 .

For the 18-month analyses, depression persistence was categorized as *early depression improvement* (PHQ-9 ≥ 10

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