



Addressing the hidden driver of higher musculoskeletal costs for employers.

The Mental Health Index by TELUS Health recently found that more than one in ten (13%) Australian workers have a physical health issue which interferes with their work¹. Musculoskeletal (MSK) conditions in Australia are the leading cause of disability² and is one of the main causes of early retirement³.

MSK conditions are injuries or disorders which commonly include back/neck conditions, osteoarthritis, tendonitis and other issues. Notably, MSK conditions account for more health spending than any other group of health conditions, costing the Australian economy around \$14.6 billion every year⁴. While direct costs such as those related to the provision of health services (e.g., hospital visits, prescription drugs) are responsible for a substantial portion of the overall costs of MSK disease burden, the economic loss attributed to indirect costs (such as those associated with work absence or loss of earnings) can often far outweigh the direct healthcare costs. It is therefore important for organisations to establish effective programmes to support their employees suffering from MSK conditions.

MSK and co-occurring mental health conditions.

The co-occurrence of more than one health condition in the same person (i.e., comorbidity) is rising globally⁵. Research has shown that suffering from a MSK condition increases the risk of developing a co-occurring mental health condition.

- The self-reported mental health of Australian workers reporting a physical issue which interferes with their work is much lower than that of workers who do not report a physical health issue interfering with work, and that of the national average¹.
- One in four people with a MSK condition also suffer from a mental health condition⁶. For example, more than 20% of men and up to 33% of women with arthritis also experience depression⁷.
- Suffering from comorbidities often results in worse clinical outcomes, lower treatment adherence, greater complications, and delayed recovery⁸.

The physical pain and changes in daily functioning capacity associated with a MSK condition can be a source of stress, lower levels of overall wellbeing, and reduce quality of life, which often results in lasting consequences on one's mental health.

The impact on work absence.

MSK conditions are typically one of the top two drivers of work disability absence of several weeks to months. It is also a driver of frequent incidental (1-2 day) absences. This situation is only intensified when there is a co-occurring mental health condition. Indeed, the interaction between MSK conditions and co-occurring mental health conditions results in higher costs and predicts the risk of absence from work.

- People with a MSK condition and comorbid depression have 29% — 34% higher total healthcare costs as compared to people with only a MSK condition⁹.
- The interaction between greater symptoms of depression and MSK pain are associated with a higher likelihood of long-term sickness absence¹⁰.
- When back/neck pain is comorbid with psychological distress, the risk of absenteeism is 33% higher and the risk of presenteeism is 4.2 times higher¹¹.
- Workers suffering from both MSK and mental health conditions lose more than twice as much work hours than workers suffering from only a MSK condition¹².



with a MSK condition **also suffers from a mental health condition.**



work hours lost for workers with both MSK and mental health conditions compared to workers with MSK only.



working days: average reduction per case when people suffering from MSK have EAP counselling prior to disability.

Lost productivity is one of the key drivers of costs when suffering from only a MSK condition. However, the higher costs associated with MSK conditions and co-occurring with mental health conditions include higher health benefits use, sick pay, replacements costs and associated management time.

The importance of mental health support.

Mental health support positively influences work capacity for employees with co-occurring MSK and mental health conditions.

- People with a MSK condition who had EAP counselling prior to disability had an average reduction of 17 working days per case¹².
- Psychological support over the course of the return-to-work process can reduce the number of sickness absences for workers with a MSK condition¹³.

Psychological interventions can have a protective effect on workers with a MSK condition, and reduce the duration of disability claims. Mental health support is therefore an essential treatment component for physical-mental comorbidities and may significantly reduce long-term costs for employers.



What can leaders and organisations do to treat rising comorbidities?

- Recognise that the pain and life disruptions associated with MSK conditions increases the risk of mental distress and ensure that your disability management process includes a referral for counselling.
- Promote the use of [EAP](#) to employees dealing with any chronic health condition, as mental health comorbidity is not exclusive to MSK conditions.
- Consider integrating structured cognitive-behavioural therapy (CBT) and mindfulness-based interventions as part of stay-at-work and return-to-work programmes. These interventions are clinically effective psychological treatments ideal for mental health conditions and co-occurring MSK pain.

References

- 1 The Mental Health Index by TELUS Health (April, 2023 | Australia). Special report on physical health and wellbeing.
- 2 de Luca, K., Briggs, A. M., French, S. D., Ferreira, M. L., Cross, M., Blyth, F., & March, L. (2022). *Chiropractic & manual therapies*, 30(1), 22.
- 3 Schofield, D. J., Shrestha, R. N., Cunich, M., Tanton, R., Kelly, S., Passey, M. E., & Veerman, L. J. (2015). *The Medical Journal of Australia*, 203(6), 260.e1–260.e2606.
- 4 Australian Institute of Health and Welfare. (2022). Disease expenditure in Australia 2019–20. AIHW, Australian Government.
- 5 United Nations Population Division. (2011). World Population Prospects: The 2010 Revision.
- 6 Australian Institute of Health and Welfare. (2010). When musculoskeletal conditions and mental disorders occur together. Cat. no. AUS 129. Canberra: AIHW.
- 7 Theis, K. A., Helmick, C. G., & Hootman, J. M. (2007). *J Women's Health*, 16(4), 441–53.
- 8 Sartorius, N. (2013). *Shanghai Arch Psychiatry*, 25(2), 68–69.
- 9 Schousboe, J. T., Vo, T. N., Kats, A. M., Langsetmo, L., Diem, S. J., Taylor, B. C., et al. (2019). *J Am Geriatr Soc*, 67(8), 1596–1603.
- 10 Melkevik, O., Clausen, T., Pedersen, J., Garde, A. H., Holtermann, A., & Rugulies, R. (2018). *BMC public health*, 18(1), 981.
- 11 Holden, L., Scuffham, P. A., Hilton, M. F., Ware, R. S., Vecchio, N., & Whiteford, H. A. (2011). *BMC public health*, 11, 417.
- 12 TELUS Health (2020-2023 | Disability management practice). Book of business.
- 13 Finnes, A., Enebrink, P., Ghaderi, A., Dahl, J., Nager, A., & Öst, L. G. (2019). *Int Arch Occup Environ Health*, 92(3), 273–293.