

Mental Illness within the Workplace

Mental illness and substance abuse disorders are serious, common, and expensive health problems (An Employer's Guide, 2005, p.3). Joseph F. Marlowe, a senior vice president of Aon Consulting states that "mental illness is the number one cause of disability for American business and industry today and is second only to cardiovascular disease in total disability costs" (Marlowe, 2002, p.17). Many studies point to the importance and recognition of mental illness within the workplace by looking at prevalence, direct and indirect costs, barriers to treatment, and solutions for a healthy workforce. Companies have come to recognize the importance of the relationship between sustaining business and a healthy workforce by changing the culture of their companies and shifting focus to the mental health of their employees.

Prevalence

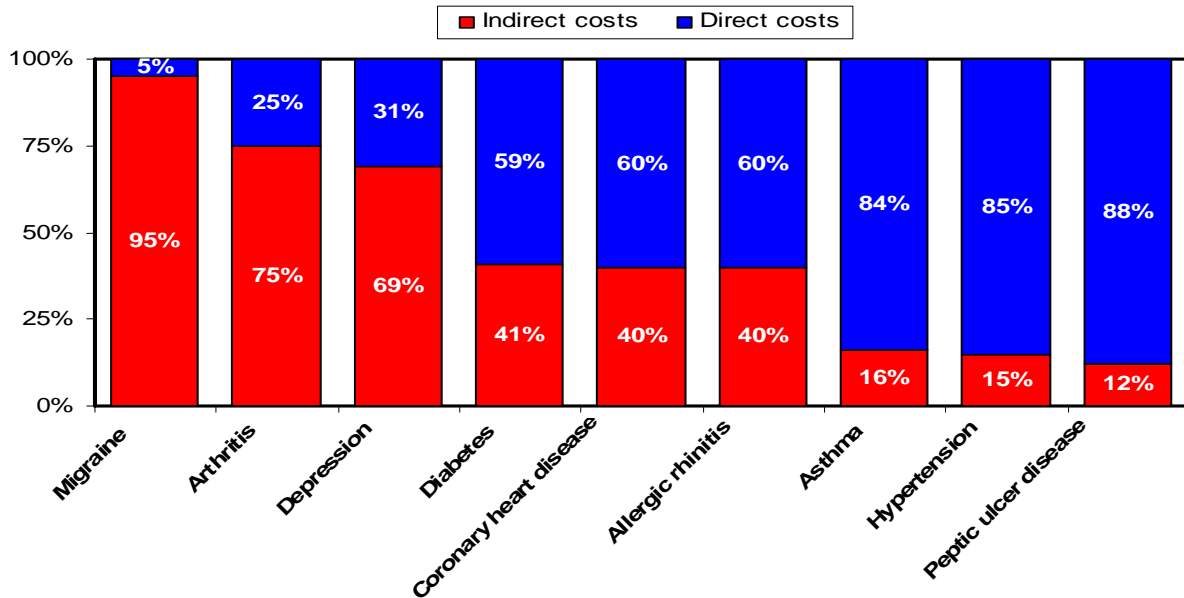
- Analysis of the results of the National Comorbidity survey Replication of more than 9000 people indicates that "***approximately half of Americans will meet the criteria for a DSM.IV disorder sometime in their lifetime***" (Kahn & Langlieb, 2005, p.1100).
- The National Institute of Mental Health reports that "an estimated 26.2 percent of Americans ages 18 and older, about **one in four adults**, suffer from a diagnosable mental disorder in a given year" (The Numbers Count, 2007). ↓
- When applied to the 2004 U.S. Census residential population estimate for ages 18 and older, this figure translates to **57.7 million people** (The Numbers Count, 2007).
- One of the most common health problems for adults within the United States workforce is depression. Dr. Keith Dixon, president of Cigna Behavioral Health, states that "**more than 70% of people diagnosed with depression are employed**" (Sipkoff, 2006, p.4).
- Evidence shows that one in every 20 Americans will be **depressed** in a given year and that **major depression will be the 2nd leading cause of disability in the year 2020** (Kahn & Langlieb, 2005, p.1100).
- Anxiety disorders will affect **29%** of Americans in their lifetime (Kahn & Langlieb, 2005, p.1100).
- Further, the University of Michigan Health System reports that at any given time, **1 in 10 employees experiences depression** (Forgarty, 2006, p.46).
- **Two-thirds** of individuals with depression go undiagnosed and untreated (Marlowe, 2002, p.16).

Direct/Indirect Costs

- A survey of 492 primary corporate executives showed that "**mental illness came in first** and well ahead of all other **health issues**, with nearly **31%** saying they believe it has the greatest effect on **indirect costs**" (Innerworkings, 2007, p.7).

- Mental illness and substance abuse annually **cost** employers in indirect costs an estimated **\$80 to \$100 billion** (A Mentally Healthy Workforce, 2007).
- Depression costs companies ***\$52 billion in absenteeism and reduced productivity*** (Fogarty, 2006, p.46).

Cost of Different Illnesses

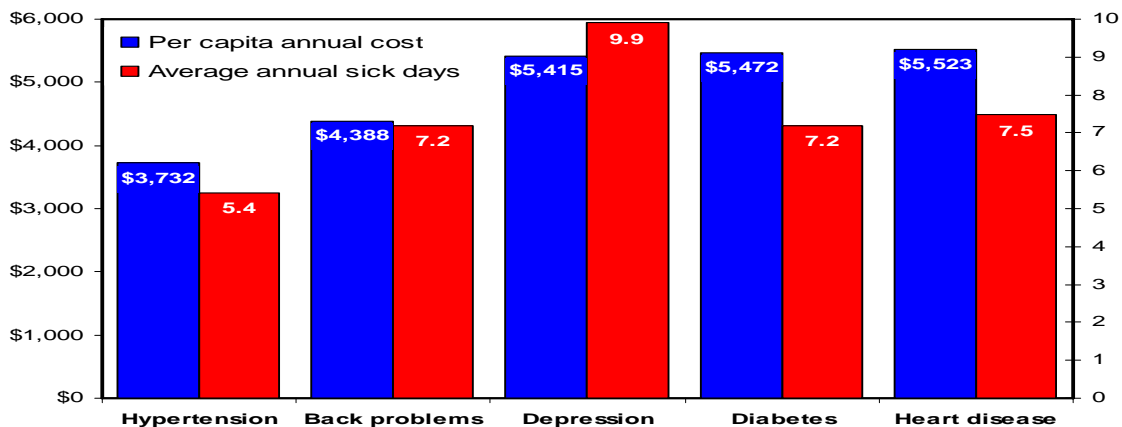


Adapted from: Sullivan, J. (2005). Promoting health and productivity for depressed patient in the workplace. *Journal of Managed Care Pharmacy*, 11(3)(suppl), S12-15.

Depression in the workplace: Employers take lead in fighting depression. *Managed Care Magazine*, 1, 2-20.

- Depression results in ***400 million lost work days*** a year (Sipkoff, 2006, p.4).

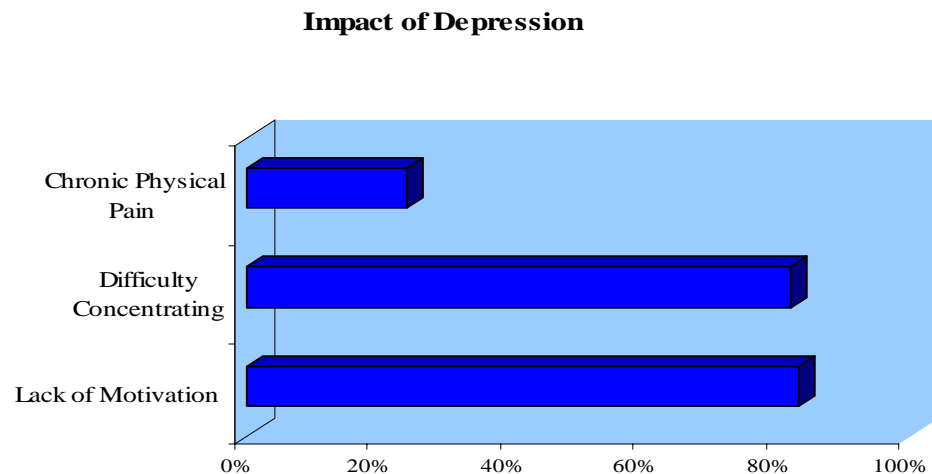
Health and Disability Costs



Adapted from: Benjamin G Druss, Robert A Rosenheck, William H Sledge. (2000). Health and disability costs of depressive illness in a major U.S. corporation. *The American Journal of Psychiatry*, 157(8), 1274-8. Retrieved September 26, 2007, from Research Library database

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- A study by Druss et al. found that “employees with depressive illness took a mean of 9.9 annual sick days compared to 7.47 among those with heart disease, 7.17 for diabetes mellitus, 5.39 for hypertension and 7.21 for back problems” (Donohue & Pincus, 2007, p.11)
- A survey on the wide-ranging impact of depression on employee’s ability to function by University of Michigan Depression Center showed that:



Note: “**Half of the respondents reported missing one to three days of work a month as a result of their illness.**”
 Source: (Depression: A roadblock, 2004, para. VII)

- Annual **indirect costs per employee** equal **\$4426** for someone with major depressive disorder and **\$9619** for bipolar disorder (Innerworkings, 2007, p.8)
- The Health Enhancement Research Organization (HERO) study “analyzed medical claims and health risk data for 46,000 employed persons to determine the relative impact of ten modifiable health risk factors on employee medical costs over a 3-year period. The study found that of the risk factors studied (smoking, sedentary lifestyle, high cholesterol levels, hypertension, poor diet, being over weight, excessive alcohol consumption, high blood glucose levels, high stress and depression) **depression predicted the largest increase in medical costs, a 70 increase compared with 46% for the condition associated with the next largest increase in costs**” (Donohue & Pincus, 2007, p.10, para. II)
- **Half** of all visits to primary care doctors are a result of symptoms associated with anxiety disorder (chest pain, dyspnea, dizziness, etc.). As a result of such symptoms these individual undergo unnecessary and expensive testing for heart disease, asthma, and other chronic illnesses, only to find that tests return without significant findings (Kahn & Langlieb, 2005, p.1101)
- **20 to 30%** of patients who undergo coronary arteriography for chest pain are found to have normal coronary arteries; **33 to 43%** of these patients later prove to have panic disorder not heart disease (Kahn & Langlieb, 2005, p.1101)

Barriers to Treatment

- When looking at reasons for behavioral healthcare underutilization, the following is indicated in a report by the Center for Prevention and Health Services:
 - Thinking the problem could be handled without treatment at the time (46.0%)
 - Cost of treatment or insurance problems (45.1%)
 - Not knowing where to go for services (22.9%)
 - Stigma (22.8)
 - Not having the time (18.1%)
 - Feeling that treatment would not help the problem (10.3%)
 - Fear of being committed or forced to take medicine (7.2%)
 - Problems with access other than cost (3.7%)

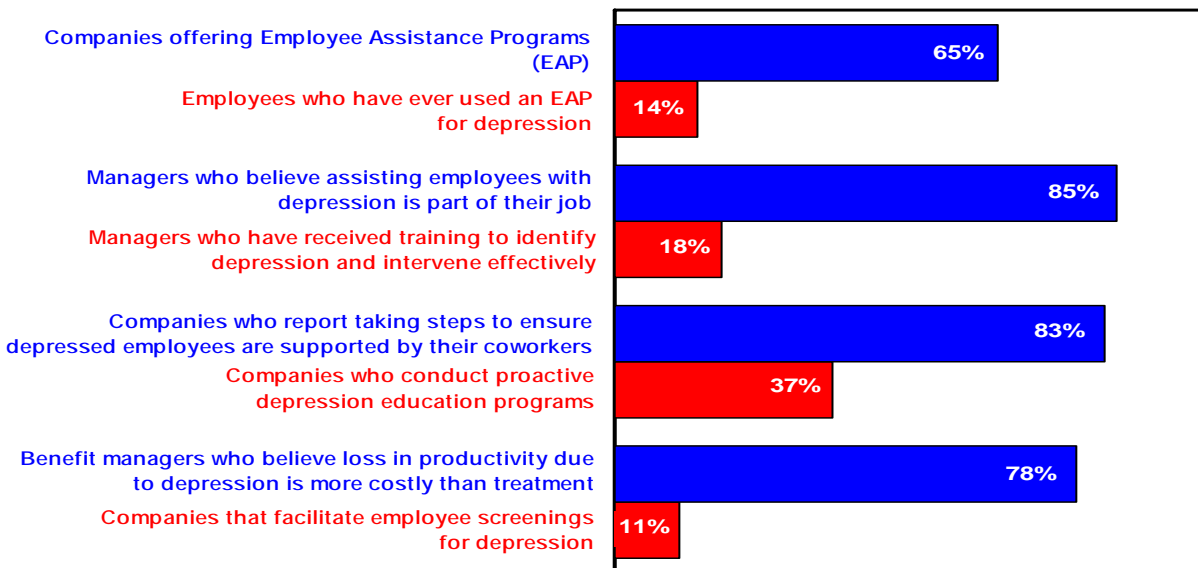
“To get to the point where mental illness is treated and accepted in the workplace in the same way as a physical disability – that is, without stigma or blame” Rob MacLellan, EVP and CIO of TD Bank Financial Group

Source: (An Employer’s Guide to Behavioral Health Services, 2005, p.47)

- Other Barriers
 - Lack of motivation to seek care because of shame about needing care
 - Deficiencies in primary care physician training related to mental health problems
 - Health care system shortcomings

Source: (Cross & Sipkoff, 2006)

Company Perception, Employee Reality



Source: Depression: A roadblock on the path to success. (2004). Retrieved September 14, 2007, from http://www.med.umich.edu/health-e_news/apr2004/mentalhealth.html

Model: Elements of a Good System

Awareness

“Business must have a mental health agenda” Paul Godfrey,
President and CEO.

Find out what your company’s mental health actually covers by evaluating your current mental health benefits and health services.

Assessment of your Company: Does your Company....

1. Regularly provide information about mental health issues and employee benefits to reduce the stigma sometimes associated with seeking help for mental health problems?
2. Provide access to valid mental health screening tools?
3. Give employees easy access to mental health support and care (e.g. EAP)
4. Provide high quality outpatient and inpatient coverage for mental health treatment when needed? As well as easily-understood descriptions of how to access care?
5. Provide appropriate access to outpatient care and a broad continuum of services, settings, and providers?
6. Cover effective prescription medications for mental health conditions at a level that encourages their appropriate regular use?
7. Encourage mental health and stress management through a comprehensive wellness and health promotions program?
8. Provide training to managers in conflict resolution and management skills to reduce excessive workplace stress? Provide training in identifying job performance problems related to mental issues?
9. Track disability claims for mental health conditions and provide case management services to facilitate timely return-to-work?

Source: (Human Resource Executive, 2004)

Other question you should ask yourself

- How many employees in the company suffer from depression?
- How can our company ensure that employees are working in an optimal work environment?
- What is the impact of anxiety and depressive disorder on other physical illnesses?
- How can our company ensure that employees are receiving the best treatment?
- How much does quality mental health treatment cost, and how can we measure success?

Source: (Kahn & Langlieb, 2005, p.1099)

Develop a business case for management

- Calculate the cost of depression and alcoholism in your workplace
<http://www.depressioncalculator.com/Welcome.asp>
- Add up direct costs
- Estimate indirect costs
- Identify desired performance outcomes
- Write up a report emphasizing the total economic impact on the company

Source: (A Mentally Healthy Workforce: It’s good for Business, 2006)

Send out an employee survey

Surveys can be useful for:

- Understanding employees attitudes toward and depth of knowledge about mental health (e.g. Sprint)

CEO Briefing

- On impact of depression and other mental illnesses at work

Planning: Shape your program

Identify target audience

- Employees
- Supervisors
- Management
- Healthcare providers

Sprint Alive! “Happier, Healthier employees are more productive and reduce healthcare costs”

Identify goals and objectives

Examples:

***IBM-The Care Advocacy Model
“We expect to achieve or exceed savings of \$500,000 each year”***

IBM-The Care Advocacy Model

- Improve patient outcomes,
- Reduce time away from work, and
- Minimize the cost and impact of behavioral health conditions on the workplace and health costs.

Pittsburgh Plate Glass Industries-Depression Primary Care: Work-Site Interventions

Coordination of care

- To help improve the diagnosis and management of depression for its employees and their families, and
- To increase the productivity of employees who have depression

Abbott Laboratories-Depression Disease Management program

- To provide an enhanced benefit, to increase the health and productivity of employees and their families, and
- To reduce overall healthcare costs.

Source: (Successful Corporate Strategies, 2005)

Identify Program Components

1. Health Plan Benefits
2. Employee Assistance Program
3. Disability Management
4. Prevention and Health Promotion

Source: (An Employer’s Guide, 2005)

“Implementing proactive, relatively inexpensive initiatives, such as screening, disease education and manager training, can have a tremendous impact on worker productivity and overall employee well-being”, Dr. Carli of U-M Depression Center

Examples:

IBM-The Care Advocacy Model

- Care coordination with medical vendors, especially between the behavioral health vendor and major medical vendor
- Coordination with primary care physicians
- Analysis of pharmacy data
- Work/life support
- Short-term disability (outreach to employees on or at risk of disability)
- Outreach services (telephonic assessment, education, strategies to improve outcomes, and referrals to appropriate resources for at-risk patients)

Pittsburgh Plate Glass Industries- Depression Primary Care: Work-Site Interventions
Coordination of care

- Education
- Awareness
- Early recognition

Abbott Laboratories-Depression Disease Management program

- Education
- Screening and referral tools
- Case management services

Source: (Successful Corporate Strategies, 2005)

Implementation

Improve the Design of your Health Insurance Benefits Structure

A 1996 review of the evidence for the efficacy of well-documented treatments by Frank et al. (1996), suggested that covered services should include the following:

- Hospital and other 24-hour services (e.g., crisis residential services);
 - Intensive community services (e.g., partial hospitalization);
 - Ambulatory or outpatient services (e.g., focused forms of psychotherapy);
 - Medical management (e.g., monitoring psychotropic medications);
 - Case management;
 - Intensive psychosocial rehabilitation services; and
 - Other intensive outreach approaches to the care of individuals with severe disorders.
- Since resources to provide such services are finite, insurance plans are responsible for allocating resources to support treatment. Each type of insurance plan has a different model for matching treatment need with insurance support for receiving services.

Source: (Mental Health: A Report of the Surgeon General, n.d.)

Education

- Educate managers and supervisors about mental disorders

- Training to help them identify, manage, and assist employees with depression
- JPMorgan Chase: “the goal is to teach them how to intervene appropriately and effectively and how to get the employee to the right workplace resource before problems reach the threshold of disability” (Mental HealthWorks, 2007)
- Implement an informational intervention campaign
 - Access local and national mental health organizations for educational materials
 - Information dissemination
 - Send brochures to employees
 - Send a postcard to employees with a message (e.g. “mental health matters”)
 - Employee newsletter articles
 - Employee emails
 - Mental illness specific section on company website
 - Internally developed custom video on mental health
- On-site educational opportunities
 - Lunch-N-Learn
 - Awareness forums

Source: (Mid-American Coalition on Health, 2006)

Early Recognition

*“Before employees can be treated, they need to first understand that they have an illness”,
Dr. Carli of U-M
Depression Center*

- Identify employees in need of behavioral healthcare

Example: IBM’s Member Identification and Outreach

- Health risk assessment
- Medical claims analysis, followed by outreach
- Medical Department or EAP referral
- Screening by disability personnel
- Screening by Workers’ Compensation carriers, followed by outreach calls
- Telephonic screening by medical plan nurses using behavioral health risk appraisal tools
- Referrals from primary care physicians and medical specialist

Source: (Successful Corporate Strategies, 2005)

- Offer mental health screening
 - Have employee screening or early detection mechanisms for depression
 - **WorkplaceResponse Program** “is easily integrated with existing employee assistance resources and technology, or as a special initiative of wellness programs, human resource departments, and occupational health departments”
 - Online Screening
 - <https://www.mentalhealthscreening.org/screening/welcome.asp>
 - Telephone Screening

- Screening Instruments
 - HANDS™ – Depression/Bipolar Disorder screening
 - Mood Disorder Questionnaire (MDQ)
 - Alcohol use Disorder Identifications Test (AUDIT)

Source: (Screening for Mental Health, n.d.)

- Establish an easily accessible behavioral health system
 - Provide assistance in navigating the healthcare system
 - Mental Health Benefits Summary: Provide information to employees to help them understand the health care system and the benefits available to them for the treatment of mental illness.
 - Create guidelines for job accommodations, including time to participate in therapy and other mental health programs (Cross, 2006)
 - Information on community resources
- Integrate all healthcare services
 - Example: IBM's Care Advocacy Model
 - **Holistic strategy** of care – employee assistance, wellness, and disease management
 - Integrates physical and mental health treatments, and voluntary screening
 - Program focus areas include behavioral health, other medical illnesses, pharmacy, disability, disease management, and EAPs
 - How does IBM do this?
 - Early identification and intervention for individuals who may have behavioral health problems co-occurring with other medical conditions.
 - Promotes care coordination across carriers
 - Proactive outreach
 - Integration of medical, behavioral, and pharmacy data

“*Person centric rather than benefits centric*”
 (Fogarty, 2006, p.49)

Source: (Successful Corporate Strategies, 2005)

- ***Link up with mental health clinicians in your community***
 - As part of their plan for employees to getting well and back to work, JPMorgan Chase has established dialogue with all treating professionals and medical plans (Mental HealthWorks, 2007).
 - **IMPORTANCE:** A Study found that “50% of primary care physicians reported, over a 2-week period, that they deliberately gave a misdiagnosis to one or more patients when they had recognized criteria for major depression” (Kahn & Langlieb, 2005, p. 1105, para.VII). **Reasons:**
 - Uncertainty about the diagnosis
 - Reimbursement problems for mental health services

* This is important for collaborative work between the company, primary care physicians, and mental health clinicians for effective communication, diagnosis, and treatment.

Additional Component

- Create a health index to monitor the status of organizational health and use it regularly (Dorrell, 2000, p.6).
- Leverage your purchasing power to obtain quality
 - Join business coalitions to ensure health plans are following “best practices” and delivering the services you want (A Mentally Healthy Workforce, 2006)
- Collaborate with other employers and stakeholders

Key Resources

1. Mid-America Coalition on Health Care <http://www.machc.org/>
2. Partnership for Workplace Mental Health <http://www.workplacementalhealth.org/>

Benefits of Wellness Programs

- **IBM:** In 2003 generated saving of \$500,000 (Successful Corporate Strategies, 2005).
- **Johnson & Johnson:** Saved on average \$8.5 million annually from 1995 to 1999 after it integrated the health and wellness programs (Successful Corporate Strategies, 2005).
- **Pittsburgh Plate Glass Industries (PPG):** 62% of employees said that their work was much improved or improved as a result of receiving counseling (Successful Corporate Strategies, 2005).
- **McDonnell Douglas** found that for every \$1 invested in employee mental health, the company realized a \$4 return through improved absenteeism rates, fewer medical claims, and sharply reduced turn-over (An Agenda for Progress, 2006).
- One study has shown that “the cost of depression treatment was fully offset by just the saving from reduction in workdays” (Kahn & Langlieb, 2005, p.1104, para. III).
- Another study looked at the costs and benefits of an intervention program, and the study “concluded that it was feasible for savings to fully offset costs of an intervention program” (Kahn & Langlieb, 2005, p.1104, para. V).
- A Quasi-experimental study showed that “the level of psychological distress decreased among employees in departments in which at least one-third of the supervisors attended mental health educational sessions” (Kawakami et al., 2005).
- As a result of mental health promotion and company effort to achieve higher rates of earlier detection through better psychiatric health benefits programs and greater success in matching diagnosis and treatment methods,
 - Psychiatric hospital admissions of Chrysler employees actually went down 12 % one year over another, and
 - their length of stay in mental hospitals dropped 22 %

Source: (Why Mental Health, n.d.)

Recommendations:

- ❖ Educational campaign to counter social stigma of behavioral health conditions.
- ❖ Early detection by offering mental health screening.
 - Workplace
 - Primary Care (first-line contact)
- ❖ Locally available Care
 - Expand the number of behavioral health professionals in insurance networks.
 - Ensure that insurance panels provide for access to a sufficient number of Tarrant County providers.
 - Behavioral health services should be available to patients with a variety of public and private insurance coverage.
- ❖ Access to appropriate Mental Health Services
 - Mental Health Connection to create a taskforce inclusive of representatives from the provider community to explore ways in dealing with the issue of Access to Mental Health Services in Tarrant County. Explore:
 - Different ways in which to recruit psychiatrists
 - Insurance limitations on Behavioral Health Services
 - Insurance compensation for Behavioral Health Services
 - Coordination among service providers
 - Use of telemedicine (telepsychiatry)
 - New educational opportunities for healthcare professionals to better recognize mental illness and mental health problems
- ❖ Provide incentives for nursing students to pursue further education at the UTA School of Nursing Psychiatric Nurse Practitioner Program.
- ❖ Expand the role of Nurse Practitioners and Psychologists (with appropriate training) to counter shortage of mental health professionals:
 - Consideration of opportunities for independent practice
 - Prescribing Privileges
- ❖ Integrate Services
 - Primary Care services within Mental Health settings
 - Mental Health services within Primary Care settings
 - e.g. Psychiatric Nurse Practitioner within a Primary Care setting
 - Explore the recommendation by University of Pittsburgh and RAND Corporation for “mental health care providers to assume greater responsibility for their patient’s general health, including screening for prevalent general health problems and helping patients develop self-management skills for chronic illness”.

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