

2007  
Report from the  
Blue Ribbon  
Committee  
on Mental Health



MENTAL  
WELLNESS  
IN THE  
WORKPLACE



Prepared by  
Mental Health Connection  
of Tarrant County  
with the assistance of  
MHMR of Tarrant County

## Blue Ribbon Committee: One Year Later...

A year ago, we created a Blue Ribbon Committee to look at the state of mental health in the Tarrant County workplace. We spent the past year in a learning process, determining the status and setting directions for filling identified gaps.

We have met with key leaders in mental health, including U.S. Representative Kay Granger, who discussed the federal perspective on mental health parity. Connie Turney, project director for the Texas Statewide Health Coordinating Council, told us how we compare to the rest of our state. And Don Snyder, Alcon global benefits manager, shared his company's wellness approach to its benefits package.

Based on these presentations and additional research conducted by committee members, the Blue Ribbon Committee presents this final report on its work during the past year. You will find guidelines to help business leaders in Tarrant County improve mental health in their workplaces. It's an important first step as we work to help our employees become healthier, while having a positive impact on the bottom line of all businesses in our area.

A year ago, we promised that the Blue Ribbon Committee would exist for only one year, and that year is now complete. We hope that business leaders in our community will continue moving forward with the Committee's recommendations. It's a good beginning. Now we call on each of you to continue the conversation and take this information to employees and their families.

The result will be a healthier workforce and a more efficient business community.

### Blue Ribbon Committee Chairs:

Tarrant County Judge  
Glen Whitley

Fort Worth  
Mayor Mike Moncrief

Arlington Mayor  
Robert Cluck

### Blue Ribbon Committee Members:

Matt Byars, Fort Worth Star-Telegram  
Brent Carr, Tarrant County Criminal Court 9  
Lida Coburn, City of Arlington  
Nancy Cychol, Cook Children's Medical Center  
Joseph DeLeon, Fort Worth Hispanic Chamber/ Harris Methodist Hospital  
Robert Earley, JPS Health Network  
Brenda Goodman-Vitemb, Lockheed Martin Aeronautics  
John Grigson, Cook Children's Health Care System

Brooke Hambrick, Senator Jane Nelson's Office  
Kevin Kaufman, BNSF Railway  
Don Lampe, Freese and Nichols, Inc.  
Lee LeGrice, Lena Pope Home  
Steven Lytle, The Arrow Project  
James McDermott, PhD, MHMR Tarrant County  
Judy McDonald, Workforce Commission  
Jeromy Mueller, The Arrow Project  
Ramona Osburn, Harris Methodist Springwood

Elizabeth Poster, PhD, University of Texas at Arlington  
Bayard Pratt, Martin United Methodist Church  
Beth Rivers, Pricewaterhouse Coopers LLP  
Lindy Rose, Harris Methodist Fort Worth  
Arthur Saucedo, Bell Helicopter  
Don Snyder, Alcon  
Julie Strittmatter, Baylor All Saints  
Mitch Weatherly, United Way of Tarrant County

# The Annual Cost of Mental Illnesses in the Workplace

A lack of mental health care in the workplace today costs billions every year:

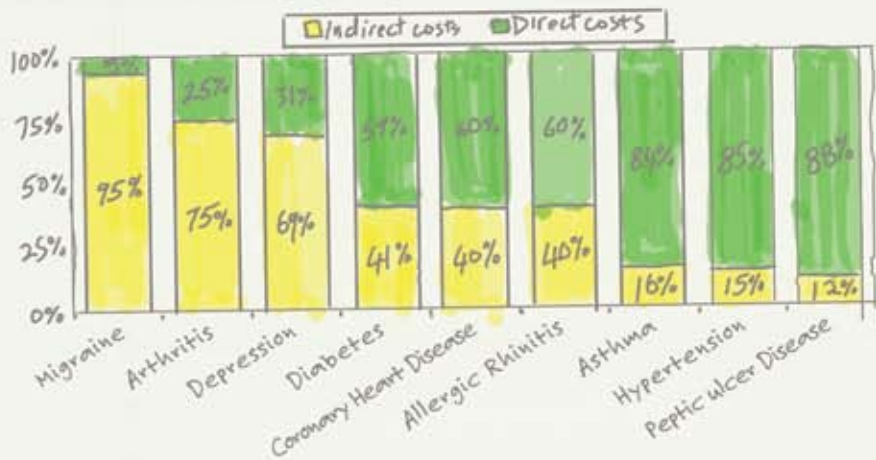
Disability	\$17 billion
Absenteeism and reduced productivity (depression only)	\$52 billion
Indirect costs	\$80-100 billion
Lost work days due to depression only	400 million

Individuals with major depression average twice as many visits to primary care physicians as non-depressed patients.

Half of all visits to primary care doctors are a result of symptoms associated with anxiety disorders, such as chest pain, shortness of breath and dizziness. Individuals undergo unnecessary and expensive testing for heart disease, asthma and other chronic illnesses, only to have their tests returned without significant findings.

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.

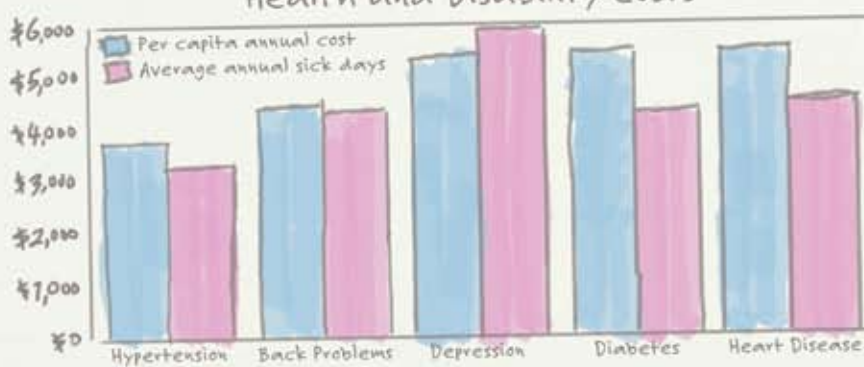
Cost of Different Illnesses



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.

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.

Depression in the Workplace: Employers Take Lead in Fighting Depression. *Managed Care Magazine*, 1, 2-20.

## Why Don't Employees Get the Help They Need?

With early intervention, businesses can reduce these costs significantly.

However, employees are often slow to receive the help they need because:

- They (and those around them) think the problem can be handled without treatment.
- They believe treatment will not help.
- They feel they cannot afford treatment.
- They do not know where to go for services.
- They are concerned about stigma - losing status because they admit they have a mental illness.
- They are ashamed that they need help.
- They do not have the time.
- They fear they will be forced to take medication.
- They fear they will be committed to a psychiatric facility.
- They do not have or cannot find access to mental health care.
- Their primary care physicians lack enough training in mental health problems.

## Tarrant County Mental Health

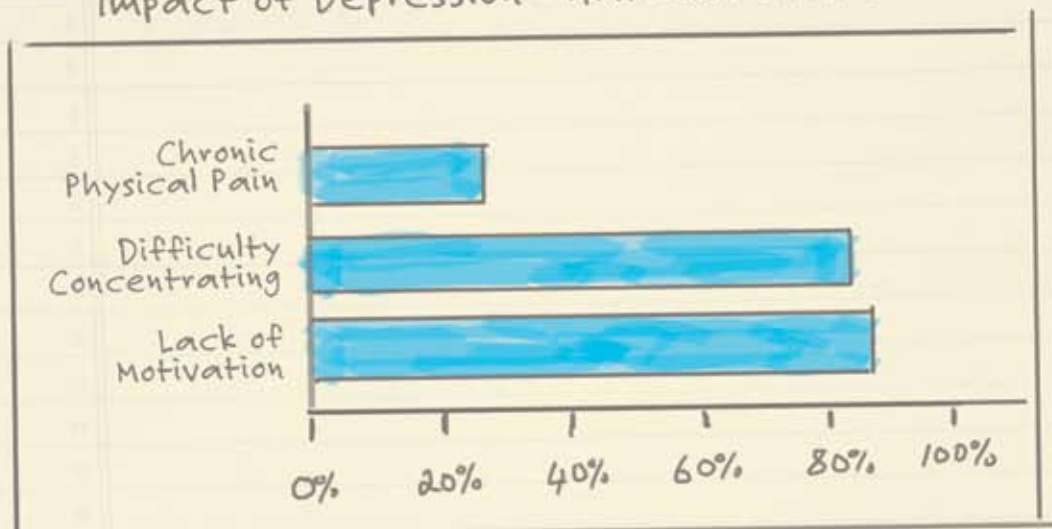
The Blue Ribbon Committee conducted a survey of local employers in 2007 to determine the status of mental health and insurance coverage in Tarrant County.



### Prevalence

- Depression was identified as the most prevalent mental/behavioral health issue by 95% of the respondents.
- Substance abuse is also a frequent problem, according to 24% of respondents.

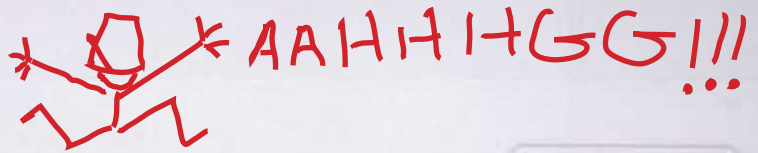
### Impact of Depression - National Statistics



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 on the path to success. (2004). Retrieved September 14, 2007,

from [http://www.med.umich.edu/health\\_e\\_news/apr2004/mentalhealth.html](http://www.med.umich.edu/health_e_news/apr2004/mentalhealth.html)



## Insurance Coverage

- All of the organizations surveyed offer health benefits, with mental health and substance abuse treatment coverage automatically included in all employee plans.
- Both inpatient and outpatient mental health and substance abuse services are covered.
- Nearly 60% of the employers surveyed offer only one health plan type, while about a quarter offer two and approximately 15% offer three plan types.
- 30% offer innovation-driven health benefits plans, such as Exclusive Provider Organizations (EPOs), Open Access Plans (OAPs), Health Reimbursement Accounts (HRAs) or Consumer-Directed Health Care Plans (CDH).
- 7% offer a combination of high-deductible insurance plans coupled with a safe tax-free savings account used to pay for qualified health care expenses. Nationally, 8% of large companies offer this HRA/CDH combination.
- Most organizations have an Employee Assistance Program (EAP), which is typically linked to the mental health/behavioral plan.

## Insurance Limits in Tarrant County

- Most employers offer insurance plans with annual limits of 30 or fewer visits for outpatient mental health care and an additional 30 days for inpatient mental health care.
- Most insurance plans offered by area businesses have lifetime caps on mental/behavioral benefits of \$1 to \$2 million.

## Access to Care

- More than 60% of the organizations offer two or more routes to access mental health benefits - usually direct and through an EAP.
- 61% of the organizations reported their employees use an EAP for mental health referrals.
- More than 80% said their biggest challenge in making referrals is access to care.

## Importance of Mental Health Care Coverage

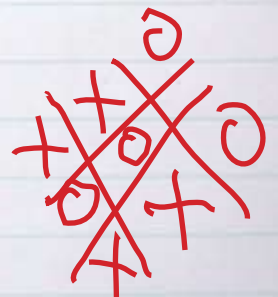
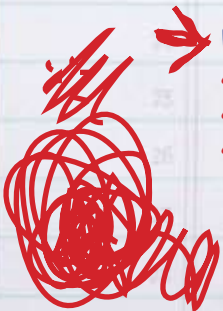
- Two-thirds reported mental health coverage is just as important to their employees as physical health coverage.
- One-quarter said mental health coverage is more important than physical health coverage to their employees.

## Cost Sharing

- Almost 90% of the organizations report that mental health coverage is part of the medical costs rated to the employer.
- Approximately one-third reported that mental health coverage is employer-paid.
- Mental health coverage is employee-paid in only 11% of the organizations.
- Employee contributions ranged from 15% to 25% of the premium.

## Prescription Drug Benefits

- All employee plans include prescription drug benefits.
- Only 46% place restrictions on the supply of medications.
- The most common restriction is a 30-day supply limit on prescription drugs.





## Success Stories

Several businesses have developed model mental health care programs, and have seen the following results:

- McDonnell Douglas found that, for every dollar invested in employee mental health, the company realized a \$4 return from lower absenteeism, fewer medical claims and sharply reduced turnover.
- Johnson & Johnson saved an average \$8.5 million annually after it integrated health and wellness programs.
- Chrysler saw psychiatric hospital admissions drop 12% after implementing a mental health program. Those admitted to hospitals saw their lengths of stay drop 22%. The Chrysler program included:
  - Mental health promotion
  - Earlier detection through:
    - Better psychiatric health benefits programs.
    - Greater success in matching diagnosis and treatment methods.

One study has shown that, across a variety of businesses, the savings in lost workdays fully offset the cost of depression treatment.

## A Blueprint for Action

With the facts in hand, the Blue Ribbon Committee developed a model that provides a guide to creating a good mental health system within a business. The Committee recommends that this model be implemented throughout the business community.

**There are three major elements: awareness, planning and implementation.**

### Awareness

As shown on the chart, many companies have the right services or attitudes, but they may not implement them or use them properly. For example, 85% of all managers believe helping employees with depression is a part of their job. However, only 18% of all managers have received training to help them identify depression and intervene appropriately.

It is therefore important for businesses to understand their employees' needs, as well as the effectiveness of the services they already offer. To gain this understanding, businesses should:

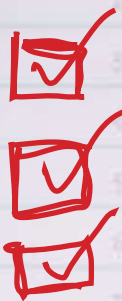
- Evaluate their current mental health benefits and health services.
- Calculate the cost of depression and alcoholism in their work setting.
- Conduct a survey of employee attitudes and understanding related to mental health issues.



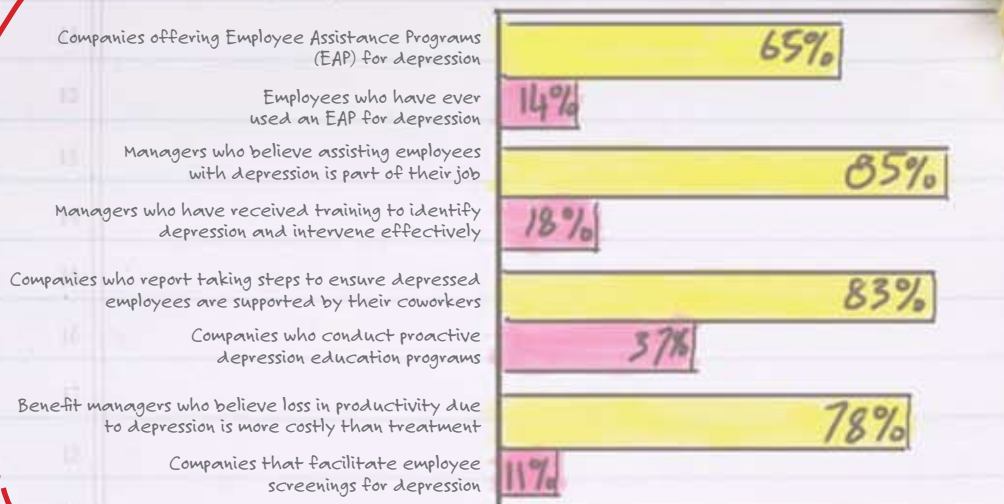
## Planning

Once the knowledge is in hand, the next step is to shape a program that fits each business's unique needs. Again, there are three steps:

- Identify the right target audiences, possibly including employees, supervisors, management and health care providers.
- Set goals and objectives that will increase and maintain employee health status, manage employee productivity, control the cost of health care and disability, and provide quality behavioral health care services to employees and dependents.
- Determine the program components needed to enhance health plan benefits, Employee Assistance Programs, disability management, health promotion and prevention.



## Company Perception, Employee Reality



Source: Depression: A roadblock on the path to success. (2004). Retrieved September 14, 2007, from [http://www.med.umich.edu/healthre\\_news/apr2004/mentalhealth.html](http://www.med.umich.edu/healthre_news/apr2004/mentalhealth.html)

## Implementation

After completing the assessment and planning, it is time for businesses to begin implementing improvements and changes that will lower their costs while improving their employees' mental health.

- Improve the design of health insurance benefits to ensure they include:
  - Hospitalization and other 24-hour services
  - Intensive community services, such as partial hospitalization
  - Ambulatory or outpatient rehabilitation services
  - Medical management of medications
  - Case management
  - Intensive psychosocial rehabilitation services
  - Other intensive approaches

### Implementation continued ...

- Educate managers and supervisors about mental disorders, teaching them how to identify, manage and assist employees with depression. Education can occur in a number of ways:
  - Brochures for employees
  - Postcard for employees with a message such as "mental health matters"
  - Employee newsletter articles
  - Employee e-mails
  - Mental illness section on company intranet site
  - Internally developed video on mental health specific to each business
  - On-site educational opportunities, including:
    - Lunch-N-Learn
    - Awareness forums
- Establish and implement methods to identify employees in need of mental health care, possibly including:
  - Mental health screenings
  - Health risk assessments
  - Medical claims analyses, followed by outreach
  - Medical department or Employee Assistance Program (EAP) referrals
  - Screening by disability personnel
  - Screening by Workers' Compensation carriers, followed by outreach calls
  - Telephone screening by medical plan nurses using behavioral health risk appraisal tools
  - Referrals from primary care physicians and medical specialists
- Provide an easily accessible behavioral health system, along with assistance in navigating that system. Ways to accomplish this goal include:
  - Provide a mental health benefits summary to employees
  - Create guidelines for job accommodations, including time to participate in therapy and other mental health programs
  - Establish a dialog with all treating professionals and medical plan providers to develop effective communication between the company, primary care physicians and mental health clinicians
  - Provide information on community resources to employees
- Integrate physical and mental health treatments, along with voluntary screenings, including:
  - Behavioral health
  - Other medical illnesses
  - Pharmacy
  - Disability
  - Disease management
  - Employee Assistance Programs

## Recommendations:

Conduct educational campaigns to counter the social stigma of behavioral health conditions.

Enhance early detection by offering mental health screenings.

- Workplace
- Primary care (first-line contact)

Ensure 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.
- Ensure behavioral health services are available to patients with a variety of public and private insurance coverage.

Enhance access to appropriate mental health services/mental health workforce development

Mental Health Connection should form a task force to create an innovative plan on ways to recruit and retain a qualified mental health workforce. Explore:

- Different ways 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 the shortage of mental health professionals, including:

- 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 the University of Pittsburgh and RAND Corporation for "mental health care providers to assume greater responsibility for their patients' general health, including screening for prevalent general health problems and helping patients develop self-management skills for chronic illness."

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On November 27, 2006, a group of elected officials, business and community leaders, and mental health professionals held a meeting to discuss the economic impact of mental health on Tarrant County.

Following that meeting, Tarrant County Judge Glen Whitley, Fort Worth Mayor Mike Moncrief and Arlington Mayor Robert Cluck convened a Blue Ribbon Committee to study the issues and make recommendations.

Mental Health Connection of Tarrant County is a collaboration of public and private agencies, mental health care providers, patients and caregivers working together to improve the mental health system for all residents of Tarrant County.

Mental Health Connection of Tarrant County thanks MHR of Tarrant County for its extensive assistance in the preparation of this report.

### The Blue Ribbon Committee's goals were:

- To educate companies about the cost of mental illnesses to them in their workplace.
- To determine strategies for cutting those costs resulting directly or indirectly from mental illness.
- To ensure inclusion of mental health benefits in company insurance programs.
- To continue to work to develop positive relationships with insurance companies to include more Tarrant County providers on their panels and to negotiate new contracts to increase reimbursement rates.
- To create strategies for recruiting and sustaining a qualified mental health care workforce.

The Blue Ribbon Committee chairs asked Mental Health Connection of Tarrant County to coordinate the work of the Committee.

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