The Role of Employers in Early Intervention of Mental Illness and Depression

Thomas Downing, MSB
MMC Lifeline Workplace Wellness Program
A Mentally Healthy Workforce: It’s Good for Business

• The facts are in!
• Investing in a mentally healthy workforce is a sound business investment that will produce measurable outcomes…..
  – Lower total medical costs
  – Lower absenteeism/presenteeism
  – Decrease disability costs
  – Healthier, more productive employees
Clarification!

Mental illnesses are medical illnesses.

• Misconceptions about mental illness are pervasive in our culture

• Lack of understanding contribute to cultural stigmas

• Misconceptions can do irreparable harm to individuals with a legitimate illness
Mental Illness Has Many Forms

• Depression
• Anxiety Disorders
• Substance Abuse
• Bipolar Disorder
• Eating, sleep and personality disorders
• Attention Deficit Hyperactivity Disorder (ADHD)
Mental health

A continuum

Mental illness
The Cost to Employers

• Untreated, undiagnosed and undertreated mental illness hits the bottom line hard!

• Direct cost impacts
  – Healthcare services
  – Pharmacy
  – EAP services
  – Short/long term disability
  – Laboratory/diagnostic procedures
Facts

• Medical and mental illnesses are tightly linked. Many heart disease patients develop depression.

• Individuals with depression who don’t receive treatment use 2 – 4 times more healthcare resources than other enrollees.

• 13% of the adults suffer from anxiety disorders. These individuals see a doctor three to five times more often than those without similar disorders.

Source: Partnership for Workplace Mental Health 2006
Indirect Costs

- As with other chronic diseases the indirect costs of mental illness exceed direct.

- Impacts
  - Absenteeism
  - Presenteeism
  - Increased Worker’s Comp claims
  - Employee turnover
Facts

• Employees with depression cost employers $44 billion per year in lost productivity.

• Employees with depression or anxiety disorders lose 2.2 hours of productivity per workday due to their illness.

• Due to negative influence on concentration, mental illness contributes significantly to productivity decline.

Source: Partnership for Workplace Mental Health  2006
Constant Reminder

• “This is not about numbers; it’s about people!”
  » Ronald E. Bachman - PriceWaterhouseCooper

Good News! For many, mental health treatments are effective. 80% of all treated for depression have positive outcomes, allowing them to return to satisfactory, functional lives.
The Maine Business Picture
Background

• PIER Program is a treatment research program for those between 12 and 25 in the Greater Portland area
• Community outreach is a major component
• Goals is to increase awareness of the early warning signs and increase referrals
• Focus on education and healthcare professionals
• Attempts made to engage business community but without focus
Employer Outreach Development

- Need to reach 18 – 25 year olds who were not in college
- Decided to re-visit employers as an outreach audience
- Collaborative effort with MMC’s Lifeline Workplace Wellness Program
- Capitalized on experience, success and trusted relationships with employers
Issues Identified

• Role of the employer
• Stigma and privacy
• Unclear about what benefits were offered and utilization rates
• Unclear if this was a topic on the radar for employers
Employer Outreach Plan

Phase I

• Employer survey
• Executive interviews

Phase II

• Employer cost analysis of utilization of mental health benefits and services

Phase III

• Employee survey

Phase IV

• Develop materials and messages/implement employer outreach
Employer Survey

- 118 employers
- Owners & HR directors
- Web-based
- Anonymous
- 4 counties

Employee Survey

- 355 full-time employees
- Web-based
- Anonymous
- 4 counties
Figure 2: Industries Represented

- Not-for-profit: Employee Survey (1), Employer Survey (6)
- Financial services: Employee Survey (1), Employer Survey (4)
- Mental health: Employee Survey (2), Employer Survey (5)
- Construction: Employee Survey (3), Employer Survey (7)
- Technology: Employee Survey (1), Employer Survey (4)
- Manufacturing: Employee Survey (4), Employer Survey (8)
- Hospitality: Employee Survey (5), Employer Survey (8)
- Professional services: Employee Survey (6), Employer Survey (12)
- Retail: Employee Survey (7), Employer Survey (7)
- Healthcare: Employee Survey (9), Employer Survey (14)
- Information services: Employee Survey (12), Employer Survey (12)
- Insurance: Employee Survey (2), Employer Survey (14)
- Other: Employee Survey (5), Employer Survey (16)
- Government: Employee Survey (3), Employer Survey (16)

Percent of Respondents
Figure 3: Systems and Resources Offered for Mental Health Issues

- Health Plan: 91%
- EAP: 39%
- HR office or elsewhere at work: 33%
- Worksite liaison: 6%
Figure 8: Comparative Perceptions About the Impact of Mental Health Issues (% Who "Strongly Agree" or "Agree" with the Statements)

- Employee/dependent mental health issues have an impact on my company’s overall work environment. Employee Survey: 74%, Employer Survey: 56%
- Mental health issues affect only a small percentage of my coworkers. Employee Survey: 34%, Employer Survey: 53%
- Addressing employee mental health issues is high on the list of my organization’s priority list. Employee Survey: 19%, Employer Survey: 13%
- My company reviews its policies and programs associated with employee mental health needs with me... Employee Survey: 18%, Employer Survey: 38%
Figure 10: Looking to Employers for Support
(% Who "Strongly Agree" or "Agree" with the Statement)

If I had a mental health issue, I would look to my employer to provide support and be a resource for more information.

If I had a family member affected by a mental health issue, I would look to my employer to provide support and be a resource.
Figure 12: General Perceptions of Employer Support for Mental Health Issues (% Who "Agree" or "Strongly Agree")

I generally feel that my employer provides enough benefits and support for family members with mental health issues.

I generally feel that my employer provides enough benefits and support for employees with mental health issues.

Percent of Respondents
Figure 13: Overall Support of Employees Affected by Mental Health Issues

<table>
<thead>
<tr>
<th></th>
<th>Percent of Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very well</td>
<td>7</td>
</tr>
<tr>
<td>Well</td>
<td>25</td>
</tr>
<tr>
<td>Somewhat well</td>
<td>31</td>
</tr>
<tr>
<td>Not well at all</td>
<td>23</td>
</tr>
</tbody>
</table>

- **Employee Survey**
- **Employer Survey**
Executive Interviews

• Conducted with seven employers
  – Hannaford Brothers
  – Holden Agency
  – Dunkin Donuts franchise holder
  – MEMIC
  – Baker, Newman and Noyes
  – Spring Harbor Hospital
  – Risbara Construction
EAPs and Wellness Programs

• Information source but not major solution to mental health issues

• Wellness programs primarily at larger companies

• Mental health usually not part of wellness program
Employers’ Roles

• Mental health benefits in health plan
• Balance between privacy and assistance
• Skill building opportunity for managers
• Not a service provider but an information resources
• Flexibility and resources are needed for employees
Priorities and Programs

• Mental health is a high priority but difficult to become involved

• Support for inclusion with wellness but with focus on resiliency, not stress reductions

• Because it’s difficult, mental health issues are lower priority

• Would welcome information or training
The Maine Business Picture

- Recent PIER survey of 5 Maine employers
- Ranged from 7-5,000 employees
- Profit/non-profit sectors
- Aggregated/deidentified data
- Attempted data collection:
  - Mental health claims
  - EAP utilization
  - Prescription drug claims
  - Absenteeism
  - Worker’s compensation
  - Short and long disability
Outcomes

• The ability to gather quality data was challenging.

• Insurance carriers vary in how they report information. Trended reports were difficult to produce and analyze.

• Little data on mental health impact on EAP services, worker’s comp and STD/LTD.

• Where available, health care and pharmacy costs represented roughly 5% of annual costs.

Ex. One employer spent $13,000 on pharmacy, out of a total of $130,000.
Conclusions

• Significant variance in data availability

• Consistent patterns of pharmacy utilization for mental health related drugs

• Larger, self funded employers have greater capacity to gather and analyze data

• Little information available to analyze the impact of mental illness on indirect cost

• Clear need to elevate the priority of mental health related cost information to the same plane as other chronic diseases
Strategies/Resources

• PIER materials and resources

• Websites
  – www.preventmentalillness.org
  – www.changemymind.org
• Partnership for Workplace Mental Health
  – A Mentally Healthy Workforce - It’s Good for Business
• Web: www.workplacementalhealth.org/pdf/popartnershipbrochure05.pdf
• Workplaces That Thrive - A Resource for Creating Mental Health Friendly Work Environments

• Web:  www.samhsa.org
• Mental Health Association of Minnesota
  – Mental Illness in the Workplace: A Resource Guide for Minnesota Employers

• Web: www.mentalhealthmn.org
Questions