TAKING ON MENTAL HEALTH IN THE WORKPLACE: Programs that make a difference

Nancy Spangler, PhD| Partnership for Workplace Mental Health, American Psychiatric Association Foundation | May 20, 2016
1. Understand the business case for addressing mental health in the workplace

2. Learn about the Partnership for Workplace Mental Health’s free tools and resources for employers, specifically Right Direction and ICU

3. Know the steps to implement an employee education campaign to increase awareness and encourage employees to access treatment
Collaborate with employers to advance mental health.

1. Promote business case for early recognition, access & effective treatment.
2. Highlight employer case examples.
3. Provide tools to increase awareness and help-seeking.
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EMPLOYER RESOURCES

Network of 9,000 companies

Business case tools
calculators, literature reviews

*Mental Health Works* monthly publication
Employer profiles, key MH topics; distributed to 45,000+

Searchable database of case examples
Nearly 60 companies representing 2.7M employees

Issue briefs and guides
Emphasis on practical application, real-world utility
WORKSITE EDUCATION

ICU VIDEO & LEADER’S GUIDE

RIGHT DIRECTION
DEPRESSION INITIATIVE
COMMON INTERESTS:

Healthy individuals

Healthy workplaces

Healthy communities
COMMON CONCERNS ABOUT WORKPLACE MENTAL HEALTH?

It depends on the lens we look through:

Employer

Absence & Disability Manager

Employee
OUR EXPERIENCE SHAPES OUR THINKING . . .

MY EXPERIENCE:

**Occupational therapy** – pediatrics, rehabilitation, and psychiatry (pain & stress management)

**Workplace health promotion** – population health management (cardiovascular, cancer, diabetes risk reduction)


**Brain research** – what supports individual and organizational health?
THE SIX DIMENSIONS OF WELLNESS (1976) = WELLBEING:

- OCCUPATIONAL
- EMOTIONAL
- PHYSICAL
- SPIRITUAL
- SOCIAL
- INTELLECTUAL
43.6 million (18.1%) adults experience mental illness.

20.2 million (8.4%) adults had a substance use disorder.

7.9 million had both mental illness and substance use disorder.

ANXIETY, DEPRESSION AND SUBSTANCE USE DISORDER = MOST COMMON AMONG EMPLOYED POPULATIONS.

(SAMHSA, 2015)
1 in 5 experiences mental illness each year

(SAMHSA, 2015)
1 in 10 has a substance use disorder each year

(SAMHSA, 2015)
Percentages of Adults with Mental Disorders and/or Medical Conditions

(National Comorbidity Survey Replication, 2001-2003; used with permission)
Age-adjusted death rates for the 10 leading causes of death: United States, 2013 and 2014

- Heart disease: 169.8 (2013), 167.0 (2014)
- Chronic lower respiratory diseases: 42.1 (2013), 40.5 (2014)
- Influenza and pneumonia: 15.9 (2013), 15.1 (2014)
- Suicide: 12.6 (2013), 13.0 (2014)

Notes: A total of 2,626,418 resident deaths were registered in the United States in 2014. The 10 leading causes accounted for 73.8% of all deaths in the United States in 2014. Access data table for Figure 3 at: http://www.cdc.gov/nchs/data/databriefs/db229_table.pdf#1. Causes of death are ranked according to number of deaths.
U.S. DEATH RATES FOR HEART DISEASE AND CANCER --- 1999--2009

Source: CDC, 2011, http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6021a6.htm?s_cid=mm6021a6_e&source=govdelivery

NOTES: Suicide deaths are identified with codes U03, X60–X84, and Y87.0 from the International Statistical Classification of Diseases and Related Health Problems, Tenth Revision. Access data for Figure 1 at: http://www.cdc.gov/nchs/data/databriefs/db241_table.pdf#1.
Top 10 Leading Disease/Disorder Categories Contributing to U.S. DALYs (2010)

1. Neuropsychiatric Disorders
   Mental and Behavioral Disorders: 13.6
   Neurological Disorders: 5.1

2. Cardiovascular and Circulatory Diseases
   16.8

3. Neoplasms
   15.1

4. Musculoskeletal Disorders
   11.8

5. Diabetes, Urogenital, Blood, and Endocrine Diseases
   8.0

6. Chronic Respiratory Diseases
   6.5

7. Other Non-communicable Diseases
   5.1

8. Unintentional Injuries (Non-transport)
   3.6

9. Self-harm and Interpersonal Violence
   3.1

10. Transport Injuries
    3.0

Percent of Total U.S. DALYs

Data courtesy of WHO
IMPACT ON BOTTOM LINE
2 - 3 x MORE Medical Costs

(Milliman, 2014)
ABSENTEEISM AND LOST PRODUCTIVITY

- More workers are absent from work because of stress and anxiety than because of physical illness or injury.

- More days of work loss and work impairment are caused by mental illness than many other chronic conditions such as diabetes, asthma, and arthritis.

- Employees with depression report productivity levels at 70% of their peak performance.

(Marlowe, 2002; Stewart et al, 2003; Finch & Phillips, 2005)
A CLOSER LOOK AT PRODUCTIVITY LOSS

Depression is estimated to cause **400 MILLION** lost workdays each year

In a 3-month period, employees with depression miss an average of **4.8 WORKDAYS** and have **11.5 days of REDUCED PRODUCTIVITY**

(Merikangas et al, 2007; Valenstein, 2001)
DEPRESSION IN THE WORKPLACE

<table>
<thead>
<tr>
<th>What depression feels like</th>
<th>How it looks to co-workers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deep feelings of sadness</td>
<td>Withdrawal from team, isolates oneself</td>
</tr>
<tr>
<td>Loss of interest in work or social activities</td>
<td>Indifference</td>
</tr>
<tr>
<td>Difficulty concentrating, slowed thoughts</td>
<td>Putting things off, missed deadlines, accidents on the job</td>
</tr>
<tr>
<td>Forgetfulness and trouble remembering</td>
<td>Seem &quot;scattered&quot; or absentminded</td>
</tr>
<tr>
<td>Trouble making decisions</td>
<td>Procrastination, indecisiveness, slowed productivity</td>
</tr>
<tr>
<td>Trouble sleeping or sleeping too much</td>
<td>Late to work, afternoon fatigue, accidents on the job</td>
</tr>
<tr>
<td>Feelings of worthlessness or inappropriate guilt</td>
<td>Unsure of abilities, lack of confidence</td>
</tr>
<tr>
<td>Energy loss or increased fatigue</td>
<td>Low motivation, detached</td>
</tr>
<tr>
<td>Irritability, anger or tearfulness</td>
<td>Inappropriate reactions, strained relationships with co-workers</td>
</tr>
<tr>
<td>Weight or appetite changes</td>
<td>Change in appearance</td>
</tr>
</tbody>
</table>
• Depression is the leading cause of disability for people 15-44 in the US.

• Approximately 80% of persons with depression reported some level of functional impairment because of their depression.

• 27% reported serious difficulties in work and home life.

(WHO, 2008; Merikangas et al, 2007; Pratt & Brody, 2008)
ECONOMIC IMPACT OF DEPRESSION

$210.5B in 2010

Absence $23.3B
Presenteeism $78.6B
Direct medical costs $100B
Suicide-related costs $8.6B

$210.5B

(Greenberg et al, 2015)
LOOK BENEATH THE SURFACE

Medical
Mental health/substance use disorders
Pharmacy

Disability
Presenteeism and lost productivity
Absenteeism
Unrealized output
Stress on team members
Overtime to cover sick-day absences
Overstaffing
Temporary workers
Recruitment
Hiring costs
Retraining
EEOC CLAIMS:

• 56% increase in depression-related EEOC workplace discrimination claims from 2003 to 2013
There is a connection between mental health and productivity.

For employers:
Doing nothing = Ever-increasing costs
TREATMENT HELPS
EFFECTIVE TREATMENTS:

• Psychotherapy
• Pharmacotherapy
• Exercise
• Sleep
• Nutrition
• Stress interventions
• Intensive outpatient for SUDs
• Work focused intervention
• Mindfulness (meditation and mindfulness-based cognitive therapy)
Nearly 86% of employees treated for depression report improved work performance.

Treatment of depression results in about a 40-60% reduction in absenteeism/presenteeism.  

(Finkelstein et al, 1996; Dunlop et al, 2004)
MANY DON’T GET HELP

• 60% of adults with mental illness didn’t receive mental health services in previous year.

• People often suffer for years before getting treated; typically a decade or more of delays – during which time additional problems develop.

(SAMHSA, 2014)
REASONS FOR NOT GETTING TREATMENT

- **Inability to afford** the cost of care (51%)
- **Not knowing where to go** for services (26%)
- **Thought problem could be handled without treatment** (26%)
- **Not having the time** to go for care (16%)
- **Might have negative effect on job** (11%)
- **Concerned about confidentiality** (9%)

(SAMHSA, 2015)
TALKING HELPS ENCOURAGING ACCESS TO RESOURCES AND INTERVENTION...
Study of EAP use by Cerner employees following...

- Two month communication campaign
- Electronic and face-to-face communications with managers and employees about depression symptoms and EAP (employee assistance program) resources

Results:
- 78% increase in EAP website log-ins
- 32% increase in new counseling appointments

(Spangler & Hennessey, 2006, unpublished data)
Priming Effect of Communication:

- Brain seeks automaticity
- Words create images; priming increased likelihood of action
- Drives adaptive behaviors
- Alters brain circuits
- Talking matters!
COLLABORATIVE RESEARCH ON STRESS AND RESILIENCE

- 46 multidisciplinary employer representatives
- Interviews and discussion groups
- Multiple industry sectors

For copies, link to:
Employer Practices:

Intensive . . . . . . Reduce disability

Targeted . . . . . . Reduce risks

Universal . . . . . Keep people healthy and high performing
Employer Practices:

- **Active, outbound intervention**
  *(Intensive)*
  - Disease management/Case management
  - Disability management (Return-to-work)

- **Screenings, information, resources, & benefits**
  *(Targeted)*
  - HRAs/Screenings & coaching
  - Information, webinars, education
  - Medical benefits
  - Employee Assistance Program (EAP) & behavioral health benefits

- **Organizational culture, leadership, & management practices**
  *(Universal)*
  - Values, ethics, & mission/role alignment
  - Communication (face-to-face, at multiple levels, conflict resolution, predictable structure)
  - Career & life development/balance
  - Training (Manager/supervisor & employee)
  - Health champions
  - Connectedness, meaning, belonging
Moving from disparate program silos. . .

. . . to integrated work performance, total health management, well-being, and thriving
ICU INITIATIVE

• Developed by DuPont, donated to Partnership to make it available to others.

• Video-based program teaches employees to identify warning signs of emotional distress, respond and refer.

• [http://www.workplacementalhealth.org/Spotlights/ICU.aspx](http://www.workplacementalhealth.org/Spotlights/ICU.aspx)

RIGHT DIRECTION DEPRESSION INITIATIVE

• Website and turnkey materials raise awareness and increase help-seeking behaviors.

• Ready to use posters, articles, PPT decks

• [http://www.workplacementalhealth.org/Spotlights/Right-Direction.aspx](http://www.workplacementalhealth.org/Spotlights/Right-Direction.aspx)
ICU PROGRAM

- The ICU Program is an awareness campaign to improve emotional health.
- ICU was originally developed by DuPont and delivered to their 70,000 employees worldwide to support an emotionally safe workplace.
- Allows employers to point employees to their existing benefits to access help should they need it.

<table>
<thead>
<tr>
<th>Physical Health</th>
<th>“I See You”</th>
<th>ICU Steps to Improve Emotional Health</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intensive</td>
<td>I</td>
<td>Identify the signs</td>
</tr>
<tr>
<td>Care</td>
<td>C</td>
<td>Connect with the person</td>
</tr>
<tr>
<td>Unit</td>
<td>U</td>
<td>Understand the way forward together</td>
</tr>
</tbody>
</table>
ICU PROGRAM

• Being used in companies large and small, across several industries.
• Over 109,000 employees in 7 states have been exposed to the program.
• Plans for 2016: Data collection, wide-spread implementation.
Depression awareness initiative for the workplace.

Collaboration with Employers Health.

**Goal:** increase awareness about depression, reduce stigma and encourage people who need help to seek it.

**How:** provide employers turnkey materials for worksite education to increase employee help-seeking behaviors.
Depression can make you feel alone and lost in the woods.

There are many paths toward help.

The key is to take a step in the right direction – toward information and help.

Rightdirectionforme.com
EMPLOYER-FACING MATERIALS

- “Field Guide” with business case and FAQs
- Guidance on how to plan, implement and measure the initiative
- Documents to guide discussions with EAPs and other vendors
- PPT decks to secure alignment with C-suite & managers
EMPLOYEE AWARENESS POSTERS

Maybe it's more than the blues?

If life feels like a broken record, you might need help to change your tune.

Everyone has a bad day from time to time, but if you regularly experience a deep feeling of sadness and a loss of interest in activities, it might be depression.

Depression can make you feel lost in the woods alone.

There's help. Visit RightDirectionForMe.com and get started on the path to wellness.

Just going through the motions?

It shouldn't be this hard to get excited about your job.

Do you feel like you're in a fog? Stewed thoughts, difficulty making decisions, lack of concentration and forgetfulness are all signs of workplace depression.

One-in-ten people will deal with depression at some time in their lives. You're not alone.

There's help. Visit RightDirectionForMe.com and get started on the path to wellness.

Can't bear to get out of bed?

To pull the covers off depression.

A week of rough nights, days that are prolonged by light onset depression – whether it's sleeping too much or too little.

Are you sleeping at your work station? Waking up more than normal?

If your symptoms include any of the following:

-Avoidance of daily activities
-Loss of interest in things you used to enjoy
-Mood changes that make you feel lost in the woods alone.

Visit RightDirectionForMe.com and get started on the path to wellness.
EMPLOYEE-FACING MATERIALS

Website: RightDirectionforMe.com
- PHQ-9 depression screening tool
- Signs and symptoms, getting help
- How depression feels & how it looks to coworkers

Materials Library
- 12 different Posters, 3 Intranet articles, 4 Logos, 2 Pocket cards

Promotional items
- “Tips to manage stress” pocket cards
- Bear-shaped stress balls
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REFERENCES


