Scaling Breakthrough Mental Health Benefits to Reduce Disability Claims

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Today’s Agenda

- What’s not working with disability management
- Overview of breakthrough treatments
- Disability case insights
- Implementation Considerations

Disability & Mental Health at Work: *The Crisis*

- MH= leading cause of disability globally (1/3 of claims)
- MH = 70% of workplace disability costs
- 76% of workers report experiencing at least one MH symptom
- Untreated MH costs US employers 3.7 T / year
- 1 in 5 workers experiences serious MH struggles

The Absence Ripple Effect

- Depression leads to an average of 27 lost workdays per year
- 62% of missed workdays can be attributed to mental health conditions
- Presenteeism = 10x more costly than absenteeism
- Mental health-related leaves last longer and recur more often
- 70% of employees on disability for mental health do not return to work within 6 months vs 6–8 weeks for physical conditions
- Two-thirds of workers with mental health-related temporary disability pensions remained unable to work after 3 years

What's Broken

- 7 out of 10 employers invested in mental health since COVID….

  6 out of 10 employees are unhappy with the offering

- 60% of therapy doesn't result in measurable outcomes
- Average dropout rate: 54% before completing 3 sessions
- Traditional antidepressants: 30% effectiveness with 50% relapse within 6 months (and 58% are on a second medication due to side effects)
- Up to 60% of people are treatment resistant

Hidden in Plain Sight

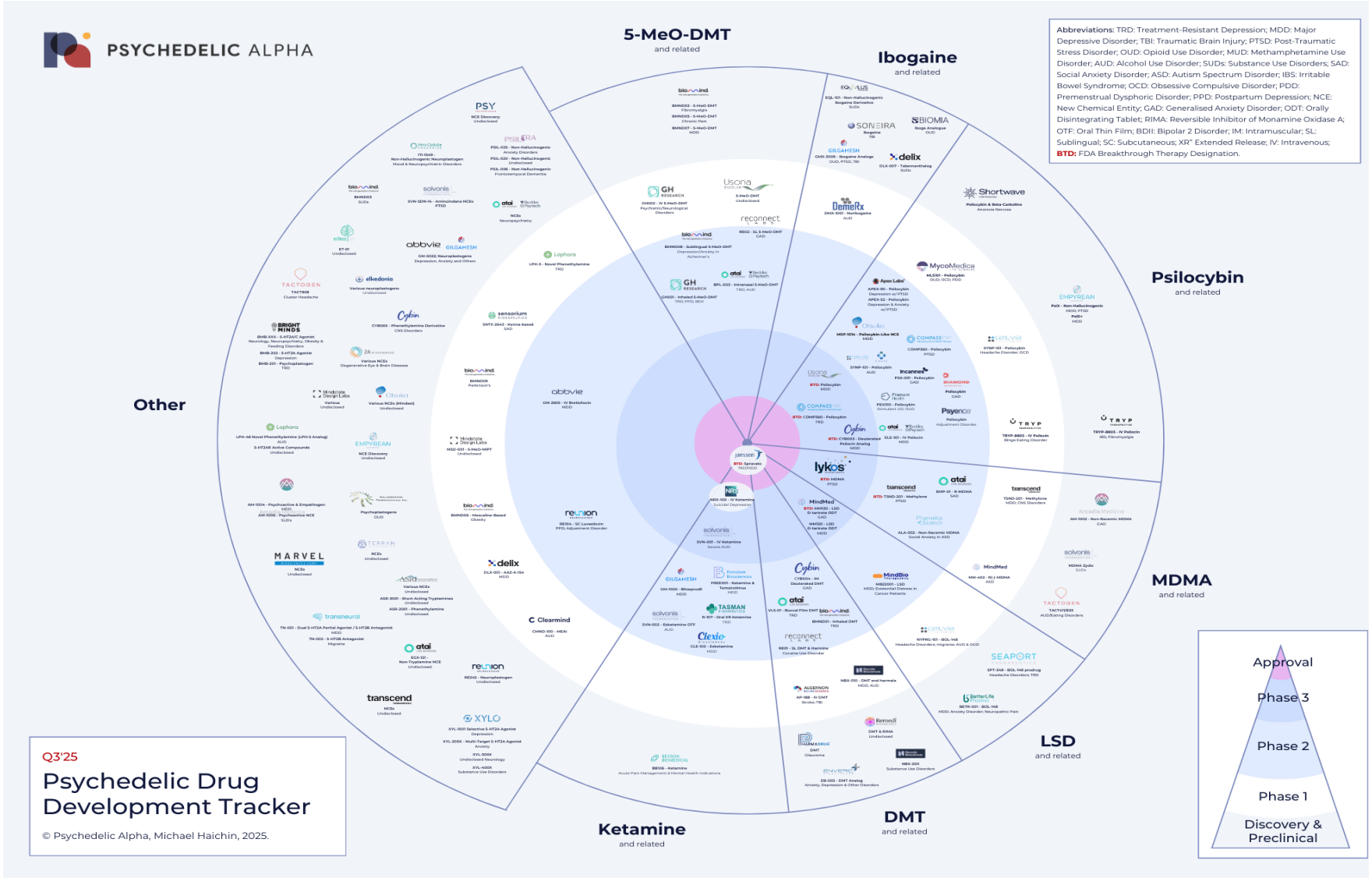
- The costliest 10% drive 70% of healthcare expenses
- 57% of these high-cost patients have mental health conditions
- That group (5.7% of the total population) accounts for 44% of the annual total healthcare costs
- Mental health issues increase medical costs by 2.8-6.2x

It's time for NEW approaches to address mental health

A Paradigm Shift

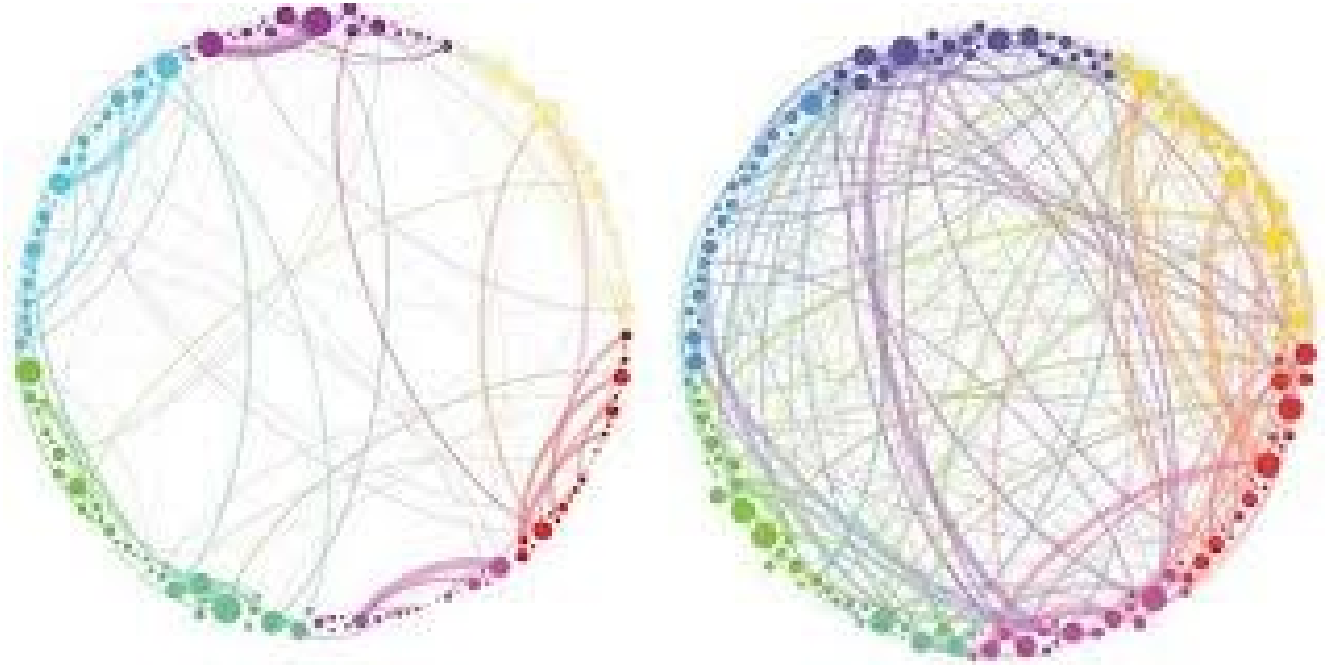
- From symptom management to ***healing***
- From lifelong medication to ***targeted protocols***
- From incremental improvement ***to transformational change***

Psychedelic Medicine Landscape



How They Work

- Neuroplasticity: rewiring neural pathways
- Default Mode Network disruption
- BDNF protein release



Effectiveness Comparison

- Traditional antidepressants: 30-40% effectiveness with 50% relapse within 6 months (Kato et al, 2020)
- Psilocybin: Depression: 75% response and 58% remission at 12-month follow-up (Davis et al., 2021)
- Psilocybin: Cancer-related anxiety: A single dose led to sustained reductions in depression/anxiety in over 50% of patients (Griffiths et al., 2016)
- MDMA: PTSD: 71% no longer met PTSD criteria ; 88% had significant symptom reduction (MAPS Phase 3 Trial, 2021)
- LSD: 48% achieved remission in anxiety (Gasser et al., 2014)
- Ayahuasca: Depression: 82% reduction in symptoms 3 weeks after a single dose (Palhano-Fontes et al., 2019)
- Ibogaine: 50% abstinence at 1-month vs. 18% with buprenorphine (Davis et al., 2022)

About Ketamine-Assisted Therapy (KAT)

Ketamine-Assisted Therapy uniquely combines a low dose of ketamine with psychotherapy for enhanced and sustained outcomes

About Ketamine:

- FDA approved anesthetic / Approved by VA and Medicaid for mental health
- 60 years of proven safety / 25 years of supporting evidence for the treatment of mental health

A Different Approach:

- Ketamine used to enhance the outcomes & effectiveness of therapy
- Sustained outcomes by enhancing neuroplasticity
- Addresses the root cause rather than masking symptoms like SSRIs
- Effective for treatment resistant conditions

Clinical Research & Supporting Evidence

- Depression, Anxiety, & PTSD: Significant reductions in depression, anxiety, and PTSD with sustained effects at 6-month follow-up (Journal of Affective Disorders, 2022)
- PTSD: 86% screened negative for PTSD after a 12-week ketamine-assisted therapy program (Dames et al., 2022)
- Anxiety: 91% reported clinically significant reductions in anxiety at 3-month follow-up (Dames et al., 2022)
- Suicidality: Only medication shown to rapidly reduce suicidal ideation within 2–4 hours (National Institute of Mental Health, 2019)
- Life & Work Functioning: 92% reported significant improvements in life and work functioning after 12 weeks of ketamine-assisted therapy
  (Real-world ketamine-assisted psychotherapy outcomes)
- Alcohol Use Disorder: 86% abstinence at 6-month follow-up (University of Exeter)
- Substance Use Disorder: Ketamine facilitates abstinence across alcohol, cocaine, and opioid use disorders (Jones et al., 2018; Ezquerra-Romano et al., 2022)

About Stellate Ganglion Block

- A stellate ganglion block (SGB) is an injection of an FDA-approved local anesthetic into a collection of nerves in the neck.
- Alleviates PTSD symptoms by reducing amygdala (“fear center”) overactivity.
- Researchers have also studied SGBs for other conditions, including depression, anxiety & psychosis.
- The Department of Veterans Affairs declared SGB a "safe and "ethical" treatment option for addressing trauma.
- 15-20 minutes procedure, <24 hours of downtime, No drug test risk

Clinical Research & Supporting Evidence

- **PTSD**: 70–80% of patients achieved a ≥50% symptom reduction post-SGB
- **Onset:** Symptom improvement observed in 5–30 minutes post-procedure
- **Durability:** Clinical benefits sustained for 30+ days after one treatment
- **Anxiety:** ~50% reduction in symptom severity across 285 patients
- **Depression (TRD):** Significant MADRS score reduction by Day 42
- **Suicidality:** 61% of patients reported clinically meaningful improvement
- **Repeatability:** Symptom relief reproduced in 70%+ of patients with follow-up or bilateral SGB treatments
- **Generalizability:** Clinical response observed across all adult age groups (18–75+) with no demographic outcome differences

About Transcranial Magnetic Stimulation (TMS)

Standard TMS

- FDA-approved, non-invasive brain stimulation for major depressive disorder
- Uses magnetic pulses to activate underactive mood-regulating brain circuits
- Typically delivered 5 days/week for 4–6 weeks
- Session length: ~20 minutes

SAINT TMS (Accelerated TMS Protocol) - JUST APPROVED

- Delivers 50 sessions in 5 days using intermittent theta-burst stimulation (iTBS)
- 10 sessions per day, spaced for optimal neuroplasticity
- Targets individualized brain circuits using functional connectivity guidance
- Produces clinical response in days instead of weeks
- Designed for treatment-resistant depression, including patients who failed meds, ECT, or standard TMS

Clinical Research & Supporting Evidence (SAINT)

- **Depression (TRD):** 79–90% response rate after 5 days of SAINT TMS
- **Remission:** 60–78% achieved full remission in treatment-resistant depression
- **Speed:** Most responders improved within 1–3 days of treatment initiation
- **Durability:** ~60% remained in remission at 1 month without additional treatment
- **Severity:** Effective in patients with failed antidepressants, ECT, and standard TMS
- **Suicidality:** 100% of participants showed elimination of suicidal ideation post-treatment
- **Protocol Intensity:** 10 sessions/day for 5 days (50 total sessions; accelerated iTBS)
- **Safety:** No serious adverse events; mild headache or scalp discomfort only[1]

Why This Matters for Disability

- Addresses treatment-resistant conditions (depression, PTSD, anxiety) and substance abuse (alcohol, cigarettes, opiates, cocaine)
- Enables faster functional recovery
- Potential to reduce recurrence and shorten disability durations
- In one recent trial, 67% of participants with severe PTSD no longer met diagnostic criteria after MDMA-assisted therapy

Real World Results: Outcomes from KAT

- 30% fewer mental health-related disability claims
- Faster return-to-work (from 12 weeks → 4 weeks)
- Increased employee satisfaction
- 86% Reduction in PTSD
- 67% reduction in anxiety
- 65% reduction in depression
- 80% went off (and stayed off) anti-depressants

Long-Term Potential

- Could prevent transition from short- to long-term disability
- Supports return-to-work plans, reduces burnout
- Only 10–15% of employees receiving traditional treatment for TRD reach full functional recovery
- Early intervention with effective therapies reduces chronicity and long-term costs for employers

Business Case for Innovation

- Faster return-to-work
- Lower cost per claim
- Increased retention
- Culture of care = competitive advantage

Takeaways

- Mental health disability claims are rising
- Psychedelic-assisted therapies show strong promise
- Ketamine is already changing outcomes
- Employers have a role to play in responsible access

Questions?

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