

ACTION BRIEF

Employer Strategies that Drive Health, Equity and Value



MAJOR DEPRESSIVE DISORDER

EARLY DETECTION AND ACCESS TO TREATMENT KEY TO RECOVERY



Major Depressive Disorder (MDD), commonly called depression, was already among the leading causes of disability pre-pandemic, affecting people in their prime working years, often lasting a lifetime, and worsening if left untreated.¹ During the pandemic, about 4 in 10 adults in the US have reported symptoms of anxiety or depression, up from 1 in 10 adults who reported symptoms from January to June 2019.²

Depression costs employers an estimated \$44B each year in lost productivity alone.³ But it is also a major cause of disability, absenteeism, and presenteeism, in part because about half of employees with depression do not receive treatment. With proper treatment, it is highly probable people will get better. In fact, a recent Mental Health America's study⁴ titled "Depression in America" estimates that more than 80% of people with clinical depression can be successfully treated.

The key for employers is to put the appropriate benefits and services in place to help employees easily access effective, affordable, individualized care and to remove barriers to that care. Employers and other purchasers can help achieve true mental health parity by collaborating closely and confirming that health plans remain compliant.

As with most health conditions, early detection and treatment lessen the impact and severity of depression. This Action Brief sets forth action steps employers can take to help employees and families get the care they need to thrive—and contribute to a thriving workplace.



ACTION STEPS FOR EMPLOYERS:

1. Learn the facts about depression.
2. Design benefits that remove barriers to mental health care.
3. Educate employees about, and advocate for, early detection and treatment.
4. Require plans to validate mental health parity compliance.
5. Promote mental health access through high-quality total person healthcare.

Clinical depression is one of the nation's costliest illnesses. According to Mental Health America:

- ▶ Depression ranks among the top three workplace problems for employee assistance professionals, following only family crisis and stress.⁵
- ▶ 3% of total short-term disability days are due to depressive disorders, and in 76% of those cases the employee was female.⁶
- ▶ Almost 15% of those suffering from recurrent depressive disorder will die by suicide.⁷

Yet with early recognition, intervention and support, most people can overcome and/or learn to manage MDD and live healthy, fulfilling lives.

EMPLOYER ACTION STEPS

1. Learn the facts about depression and its burden on your workforce and workplace.

MDD is much more than feeling sad or having a bad day; it is a serious mental illness (SMI) that requires understanding, compassion and medical care. Without proper education, employers and coworkers may perceive employees with MDD as incompetent, unreliable, unmotivated, unfriendly, reactive or indifferent. Symptoms vary for each patient, but may manifest as:

Mood

- Depressed, sad or very irritable; can't be cheered up
- Loss of interest and pleasure in daily activities

Physical

- Insomnia or sleeping too much
- Change in appetite or significant, unintentional change in weight
- Visibly slowed down or agitated
- Extreme fatigue or lack of energy
- Decreased sex drive
- Catatonia*

Behavioral

- Decreased motivation
- Decreased task performance
- Withdrawal and isolation
- Lack of attention to hygiene and appearance
- No desire to talk, interact, socialize
- Grossly disorganized*

Thinking

- Accusatory, self-blaming thoughts
- Feelings of worthlessness or excessive guilt
- Extremely low self-esteem
- Marked indecisiveness or the inability to think, remember or concentrate
- Recurrent thoughts of death, suicidal thoughts, suicidal plans
- Delusions*
- Disorganized, incoherent speech*

Senses

- Hypersensitive to noise, light, stress
- Hallucinations*

Employers can take steps to ensure employees have access to early intervention and treatment:

- ▶ Conduct a claims analysis to see if MDD occurrence and treatment reflect the fact that 7% of US adults experience this SMI. If not, work with your health plan, employee assistance program (EAP), and other vendors to conduct further assessments and develop an action plan to increase screenings and enhance communications.
- ▶ Include depression screening in health risk appraisals and EAP programs.
- ▶ Confirm that health plans are promoting and reporting on the use among providers of a validated screening tool such as the 9-item Patient Health Questionnaire (PHQ-9).
- ▶ Inform health plans that you want primary care clinicians to conduct routine depression screenings and to offer Collaborative Care (<https://bit.ly/3jLpMHR>). Require health plans to turn on the CPT billing codes for Collaborative Care that became available in 2017 and allow providers to bill for care.
- ▶ Ensure formulary flexibility so patients and their healthcare providers have a level of autonomy as they navigate variability in treatment response.
- ▶ Offer access to programs such as Mental Health First Aid at Work (<https://bit.ly/3GA17ju>) to equip employees at all levels to notice and support an employee who may be experiencing a mental health concern or crisis in the workplace and connect them to appropriate employee and community resources.

2. Design value-based benefits to remove mental health care barriers and silos in order to shift the focus to integrated, total person health.

Untreated depression makes it difficult or even impossible to work well. But with psychotherapy, medications, or a combination of both, most people will improve. That's why it's so important to ensure employees and their families have the clearest possible path to value-based benefits.

Clinical depression has become one of America's most costly illnesses. Left untreated, depression is as costly to the US economy as heart disease or AIDS, costing over \$51B in absenteeism and lost productivity and \$26B in direct treatment costs.⁸ In addition to removing financial and other barriers to full-spectrum care, recommendations for covered mental health services include:

- ▶ Collaborative Care
- ▶ Tele-behavioral health (including online CBT)
- ▶ 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)



DID YOU KNOW?

About 20% of individuals with MDD will have only one episode. But in more than half of all cases, symptoms return within two years. In these recurrent cases, the average number of episodes in a lifetime is about seven. An episode may last a few months to several years but having a regular source for routine medical and mental health care and treatment can **identify episodes early and shorten their duration.**

* Possible psychotic stage

- ▶ Medical drug management (e.g., monitoring psychotropic medications)
- ▶ Case management, with a special focus on social determinants of health
- ▶ Intensive psychosocial rehabilitation services⁹
- ▶ Pharmacogenomics testing (an inexpensive, non-invasive test that allows health care providers to make better decisions regarding the selection and dosing of medication for mental illness and other health conditions)

Employer-sponsored health plans can also can effectively support appropriate treatment for depression and other mental health issues by ensuring:

- ▶ Plans offer broad access to in-network mental health providers and treatments.
- ▶ Patients and providers have autonomy to make care decisions.
- ▶ Co-pays for mental health counseling and medical drugs are reduced.
- ▶ Pressure for reimbursements is in the right place (e.g., mental health professionals are practicing at the top of their license).
- ▶ Individualized treatment is prioritized.
- ▶ The EAP and other employee support services are integrated into care plans.

3. Educate and involve employees, addressing stigma and advocating for early detection and treatment.

Because depression comes with stigma and people experience a variety of symptoms, many employees either are

unaware they have MDD or go to great lengths to conceal it. Efforts to eliminate stigma and support employees experiencing MDD tend to be most effective when senior management makes total person health—including mental health—a top priority.

Employee communications and education and workplace accommodations lessen the worries of people with mental illness and help everyone recognize and understand the symptoms:

- ▶ Include mental health topics and actionable resources across all employee communication channels to continuously raise awareness.
- ▶ Use open enrollment, lunch-and-learns, town halls, employee resource groups, and other opportunities to reinforce the organization's commitment to inclusivity and to open conversations about mental health.
- ▶ Promote practical resources designed to eliminate mental health stigma such as Stamp Out Stigma (<https://bit.ly/3nKvjrr>) and Make It OK (<https://bit.ly/3pTutmW>).
- ▶ Work toward eliminating psychosocial hazards (<https://bit.ly/3pTuFTc>) such as excessive hours/workloads, bullying and harassment, poor support, low recognition and reward, and hazards unique



DID YOU KNOW?

Because there is wide variability in patient response to treatment, it's important to design benefits that enable each patient and their healthcare provider autonomy to choose the best customized therapy.

to particular organizations and industries.

- ▶ Ensure that supervisors and managers have the training to recognize and address mental health and workplace stress-related issues.

4. Take action to ensure mental health parity compliance by your health plan and other vendor partners to fulfill fiduciary responsibility.

The Consolidated Appropriations Act, 2021 (Section 203 of Title II of Division BB), titled Strengthening Parity in Mental Health and Substance Use Disorder Benefits, was signed into law on December 27, 2020. It amended the Mental Health Parity and Addiction Equity Act of 2008 (Parity Law) to provide greater requirements for Parity Law compliance and enforcement. On April 2, 2021, the Departments of Labor (DOL) and Health and Human Services (HHS) issued additional regulatory guidance clarifying the impact of this statutory amendment.

“The mental health movement has increasingly used the word ‘stigma’ to describe the negative public attitudes toward people with mental illnesses. It’s short and easy to say. By definition, it’s a mark of disgrace, a negative stereotype...It’s time to start using the word ‘discrimination’ more often than ‘stigma’ to change the very laws and policies that have those with mental illness and their families without access to treatment and services. To end the discrimination, we need to call it what it is.”

—Sue Abderholden, MPH, Director of NAMI Minnesota

The new statutory language and regulatory guidance make it clear that, as of February 2021, group health plans and insurance issuers must perform and document the comparative analyses of the design and application of nonquantitative treatment limitations (NQTLs) on benefits and make these analyses available to state or federal authorities upon request.

DID YOU KNOW?

An NQTL is any limitation placed on benefits such as reimbursement rates, provider network admission standards, medical management tools such as pre-authorization and concurrent review, exclusions of levels of care or provider types, etc.

Employers/plan sponsors may not easily be able to perform the required comparative analyses and will likely be heavily reliant on their vendors to do this on their behalf. This may be particularly burdensome if plan sponsors are relying on multiple or different vendors for behavioral health and medical services. This burden can be mitigated if health plans have chosen qualified third parties to review and certify parity compliance with NQTLs.¹⁰

And in late summer 2021, the Department of Labor initiated litigation against an insurer to make certain health plans offering mental health and substance use disorder benefits are covering treatments at the same level as physical or surgical benefits. This signaled a significant shift in the policing of parity, with legal experts saying this does not mean employers are off the hook. DOL may go after employers/plan sponsors to get to insurers, which serve as third-party health plan administrators.

5. Support employer and industry efforts to improve access to high-quality total person healthcare.

Historically, the US healthcare system has not addressed mental health and physical health with an integrative approach.

As a leading voice on future directions in mental health, the National Alliance is actively developing a path forward to promote systemic improvements in mental health. This includes brokering solutions for serious conditions prevalent among the US workforce, including depression, anxiety, and substance use disorders.

Along with multiple partners, the National Alliance launched The Path Forward for Mental Health and Substance Use Disorder to execute a disciplined, private sector approach to systematically and measurably improve five established best practices of mental health and substance use care:

► **Improve in-network access to behavioral health specialists:**

Inadequate networks lead to a false sense of access for lower-paid workers and a two-tiered system.

► **Expand screening and testing for behavioral conditions:** Evidence clearly shows consistent use of mental health/substance use symptom measurement tools (quantitative assessments) improves outcomes by a remarkable 20%–60%.



► **Expand behavioral health integration in primary care:**

Steps can be taken to remove barriers to full-spectrum care. Reimbursement codes are available for the specific integration model Collaborative Care, which is a proven and scalable solution to improve clinical outcomes and reduce costs. The model integrates the support of psychiatrists and behavioral care managers into primary care settings, where the majority of people receive behavioral care.

DID YOU KNOW?

- 29% of adults with chronic or serious medical conditions also have mental health conditions.
- 68% of adults with mental health conditions also have chronic or serious medical conditions.
- About 43 million Americans experience mental illness in a given year, with MDD accounting for about 16.1 million (that's 6.7% of the US population).

“Total Person Health” and Mental Health

“Employers care about the holistic support of the health and wellbeing of employees and their families. Expansion of the Collaborative Care Model nationwide is foundational to a healthcare system that treats mental illness on a par with other illnesses. Improving access and quality in primary care is key to early diagnosis and evidence-based treatment. To achieve this, behavioral health must be effectively integrated into primary care.”

—Michael Thompson, National Alliance, President & CEO

► **Improve tele-behavioral health:**

Tele-behavioral health has grown dramatically since the onset of COVID-19. These gains must be “locked in” while standards are established to support populations with disparate needs and access to technology.

► **Resolve legacy mental health**

parity issues: Implementation of the recommendations, above, will resolve most coverage disparities by improving access to, and quality of, behavioral care in both specialty behavioral health and primary care settings.

As the pandemic, mental health, and equity agendas have taken center stage, so has the need for a refocus and broader coordination of the employer/purchaser voice to ensure MDD and other mental illnesses and substance use disorders are effectively diagnosed, treated and managed.

MINI CASE STUDY

Garmin International: A 10% Impact in One Year

As part of an initiative to create a resilient workplace, Garmin, makers of tracking devices, sought open discussions about mental health. Getting mostly male engineer employees to talk about feelings was daunting, but Haley Akin, senior wellness specialist, also had data showing stress, depression and anxiety were rising among associates, hurting productivity and adding to health costs.

The mental health resiliency program included weekly sessions led by mental health experts, videos, educational

emails on mindfulness, social support and family support, along with new quiet rooms. For the first time, employees held open discussions about suicide, Alzheimer's and depression. They started tapping mental health benefits.

An assessment showed the employee depression scale on the Patient Health Questionnaire improved 10%, yoga attendance tripled, and EAP use increased. Said Akin, “Organizations planning mental health programs can anticipate high participation and positive outcomes.”

ENDNOTES

1. <https://adaa.org/understanding-anxiety/facts-statistics>
2. <https://www.kff.org/coronavirus-covid-19/issue-brief/the-implications-of-covid-19-for-mental-health-and-substance-use/>
3. <https://www.cdc.gov/workplacehealthpromotion/health-strategies/depression/evaluation-measures/index.html>
4. <https://mhanational.org/issues/state-mental-health-america>
5. <https://www.mhnational.org/depression-workplace>
6. <https://www.mhnational.org/depression-workplace>
7. https://smiadviser.org/wp-content/uploads/2020/08/SML_NAMI_MajorDepressiveDisorder.pdf
8. mhanational.org/depression-workplace
9. [Insights and Actions to Help Minnesota Employers Advance Mental Health in the Workplace](#)
10. <https://connect.nationalalliancehealth.org/viewdocument/health-policy-in-transit-april-20>

RESOURCES

- [The Path Forward for Mental Health and Substance Use](#)
- [American Psychiatric Association Foundation Center for Workplace Mental Health](#)
- [American Psychiatric Association Collaborative Care Model](#)
- [FAQs About Mental Health and Substance Use Disorder Parity Implementation and the Consolidated Appropriations Action, 2021, Part 45](#)
- [If Only Major Depressive Disorder were Simple](#)
- [Mental Health America: Depression in the Workplace](#)
- [National Alliance Mental Health Action Brief: Integrating Mental Health Services and Primary Care](#)
- [National Alliance Mental Health Action Brief: Accelerating Action for Parity and Peak Performance](#)
- [Harvard Business Review: How to Manage an Employee with Depression](#)
- [KFF: The Implications of COVID-19 for Mental Health and Substance Use](#)

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