EMPLOYER GUIDEBOOK ON

Mental Health & Major Depressive Disorder

National Alliance
of Healthcare Purchaser Coalitions
Driving Health, Equity and Value

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Executive Summary

Purpose: This guidebook is a resource for employers seeking to learn more about mental health and major depressive disorder (MDD). It includes an introduction to MDD, followed by information on its prevalence, the impact of COVID-19, treatment practices, and how a whole person health strategy can enhance workforce care. This guidebook also offers key considerations for delivering appropriate care that addresses both mental health and health equity within the workforce population, and it presents several employer action strategies.

Recommendations and Roundtable Takeaways: This guidebook was developed through three interactive roundtable sessions that brought employers together to explore organizational approaches to mental health, post–COVID-emergency initiatives, and what enhances value in workforce mental health support. Many of the roundtable discussions highlighted key issues:

- Increasing adherence to mental health/MDD medications and other MDD treatment recommendations.
- Using data to diagnose MDD.
- Providing members with timely access to in-network, culturally diverse mental health providers.
- Holding vendors accountable and improving access to care for employees.
- Reducing barriers to medication and expanding support for employees, dependents and caregivers.
- Instituting customized communication strategies to help populations overcome stigma and barriers to care.

Conclusions: Employers want a deeper understanding of mental health and MDD so they can better address workforce needs.

ACTION STEPS FOR PURCHASERS

1. Learn the facts about mental health and MDD and how it affects the workforce and workplace.
2. Determine evidence-based treatments for specific employee communities.
3. Design value-based benefits that remove mental health care barriers and silos, shifting the focus to a whole person health approach.
4. Establish expectations for vendor partners to act and report on improvements in the mental health of the workforce, including specific MDD data.
5. Educate employees and their families about MDD, the importance of prevention and early detection, effective treatment options, and available benefits and/or community health options.

This guidebook was made possible with the guidance and participation of employers from Lehigh Valley Business Coalition, Midwest Business Group on Health, and Purchaser Business Group on Health.

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MBGH Midwest Business Group on Health Catalysts for Change in Health Care & Benefits

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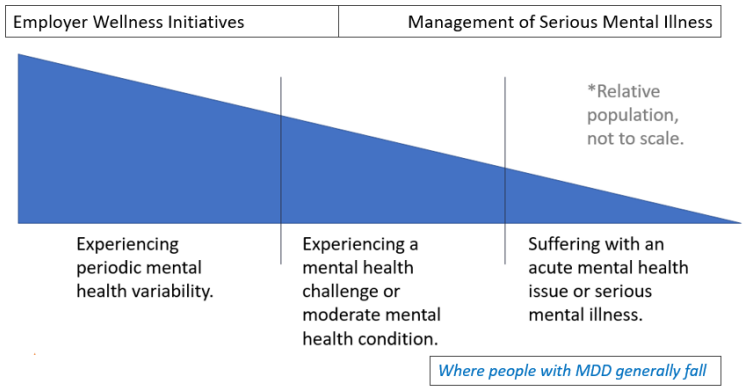
Introduction and Background

Mental health includes our emotional, psychological and social wellbeing. The World Health Organization (WHO) defines health as, "a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity." It further states, "There is no health without mental health." Although the mind and body are often viewed separately, mental and physical health are fundamentally connected. Good mental hygiene not only helps prevent serious health conditions, such as heart attack and stroke, but also contributes to a much higher quality of life.

When thinking about a workforce population, mental health can be viewed as a continuum. It is not uncommon for people to shift from a managed mental health state with variable periodic care to an acute mental health challenge or condition.

Mental Health Continuum Model



What is Major Depressive Disorder (MDD)?

Depression (also called major depressive disorder or clinical depression) is a common but serious mood disorder. MDD is the most common mental disorder in the US and is the leading cause of disability worldwide.

MDD causes ongoing depressed mood and diminished interest in most activities. Other symptoms include fatigue, reduced ability to think or concentrate, indecisiveness, suicidal thoughts, insomnia or hypersomnia, psychomotor agitation or slowing, changes in weight or appetite, and feelings of worthlessness or excessive/inappropriate guilt. These feelings usually constitute a noticeable change from the person's "normal" behavior and last for more than two weeks. In many cases, episodes average more than six months.

Depression can also result in reduced educational attainment, lower earning potential, increased chance of teenage childbearing, higher unemployment, and increased work disability. A study authored by experts in economics and psychiatric epidemiology provides a new look at the scope and scale of the financial burden of MDD on employers.

For patients with MDD, returning to their baseline is a primary goal for treatment, and studies have determined several important factors that define remission:

- Return to usual levels of functioning.
- Return to one's "normal self."
- Increased optimism and self-confidence.

There are different types of depression, some of which develop due to specific circumstances.

- **Major depression** includes symptoms of depression most of the time for at least two weeks, typically interfering with one's ability to work, sleep, study and eat.
- **Persistent depressive disorder** (also called dysthymia) often includes less severe symptoms of depression that last much longer, typically for at least two years.
- **Perinatal depression** occurs when a woman experiences major depression during pregnancy or after delivery (postpartum depression).
- **Seasonal affective disorder** comes and goes with the seasons, typically starting in late fall or early winter and lessening during spring and summer.
- **Depression with symptoms of psychosis** is a severe form of depression in which a person experiences symptoms such as delusions (disturbing, false fixed beliefs) or hallucinations (hearing or seeing things that others do not see or hear).

Living with MDD can be lonely. People may be so fearful or ashamed of being labeled with a serious mental illness that they suffer in silence rather than get help. In fact, most people with major depression never seek treatment, let alone the right kind. With early, continuous treatment, most people can gain control of their symptoms, feel better, and reclaim a satisfying life.

Prevalence

The National Alliance on Mental Health reports that about 20% of US adults experience mental illness each year. The prevalence of MDD in the US workforce is estimated at 7.6%. Notably, the prevalence of symptoms of depression in US adults increased from 6.5% in the first half of 2019 to 22.4% in June 2022.

Not only is MDD estimated to affect approximately 16 million Americans, but according to the World Health Organization, MDD became the leading cause of disability around the globe in 2021. The 2019 data revealed that approximately 280 million people worldwide have depression, but it's important to note that since many people with depression don't seek treatment, the actual number of people affected is thought to be much higher.

Depression by the Numbers

16 million
Americans are affected by depression every year.

50%
of people with depression are untreated.

$44 billion
is the cost of workplace depression.

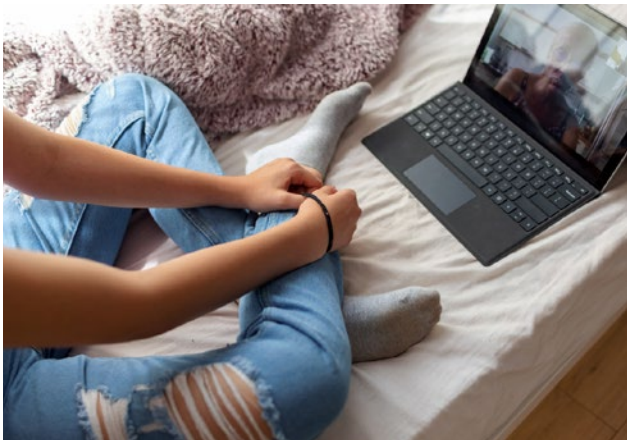
40%–60%
reduction in absenteeism and presenteeism with treatment.

1 in 4
Every dollar invested in treatment for depression and anxiety, results, on average, in a $4 return in better health and work performance

workplacementalhealth.org

Impact of COVID-19 on Mental Health

The pandemic brought unprecedented loneliness, fear, suffering, grief, and financial worries—all stressors known to increase anxiety and depression. In the first year of the pandemic, the global prevalence of anxiety and depression surged by 25%, according to a scientific brief released by the World Health Organization.



In a 2021 study, nearly half of Americans surveyed reported recent symptoms of an anxiety or depressive disorder, and 10% of respondents felt their mental health needs were not being met. The pandemic disproportionately affected the mental health of young adults aged 18–29, women, racial and ethnic minorities, and those with lower levels of education. In addition, the data suggests that people with pre-existing mental disorders are more likely to suffer hospitalization, severe illness, and death from COVID-19 infection.

The pandemic also created large economic impacts related to MDD. The period from 2010 to 2018 brought a 37.9% rise in costs associated with MDD. Since the pandemic, an enormous increase in mental health impairment and the related economic burden has resulted in potential costs to the US healthcare system of approximately $1.6 trillion.

The increase in the prevalence of mental health challenges during the pandemic coincided with severe disruptions to mental health services, leaving huge gaps in care. Many seeking care or services for mental illness were not provided access, and existing treatment regimens were disrupted. A 2020 Express Scripts claims analysis found that between 2015 and 2019, US antidepressant use among the commercially insured rose by 15% for adults and 38% for adolescents. Despite this pre-pandemic increase in antidepressant usage, the prevalence of MDD has outpaced treatment.

Diagnosing MDD

Unfortunately, diagnosing mental illness isn't straightforward. Each person has a unique set of presenting symptoms and life experiences. Though symptoms often overlap, providers can't test for MDD in the same way they test blood sugar levels for diabetes. And stigma prevents many people from seeking help or a diagnosis.

Many employers are now guiding employees and their families to resources that address situational issues before these become long-term problems. This can be done by providing mental health education and

View the video, "How the Advancement of Telehealth is Benefitting Mental Healthcare & Health Equity," by clicking on the image.

redefining the role of managers/supervisors. Some employers have found that engaging mental health coaches or "mentors" in place of counseling has helped reach people who need support. Communication is key. Effectively explaining mental health benefits to employees is the first step to increasing understanding, reducing stigma, and meeting the needs of ethnically and culturally diverse populations.

Employers suggest increasing access to appropriate care in multiple ways, such as having employee assistance program (EAP) counselors help employees understand how to get to the right level of care. Employers also cite the importance of having access to diverse mental health professionals to ensure representation, early and accurate MDD diagnosis, and treatment plans that suit individual needs.

Using data to diagnose MDD still presents multiple challenges. Employers seeking to determine who will benefit from MDD treatment struggle to get timely data from point solution and health plan partners, particularly when the data must adequately map diverse employee populations. For example, specific ethnic or cultural groups are mental health treatment-averse, making it difficult to address their needs. Other employers are looking at population stratification to better understand access issues, especially for vulnerable populations. Many employers who can't access needed data rely on anecdotal employee feedback to reveal what is and

isn't working. They use EAPs and health plan data to determine whether attempts to treat MDD are reducing the time it takes people to seek and receive care—and whether their symptoms are, in fact, reduced.

Employers need better metrics to measure program success and to determine whether early MDD/mental illness diagnosis and appropriate intervention and treatment (e.g., patient preference for virtual vs. in-person, culturally and ethnically appropriate care) are occurring. Just as finding and treating physical conditions such as cancer and heart disease at their earliest, most treatable stages often leads to better outcomes, the same is true for mental health conditions.

Getting to the Right Answer Faster

Many patients treated for MDD with standard-of-care antidepressants experience a trial-and-error treatment approach. Patients taking antidepressants often experience high rates of treatment changes such as switching, discontinuation, and combining different therapies.

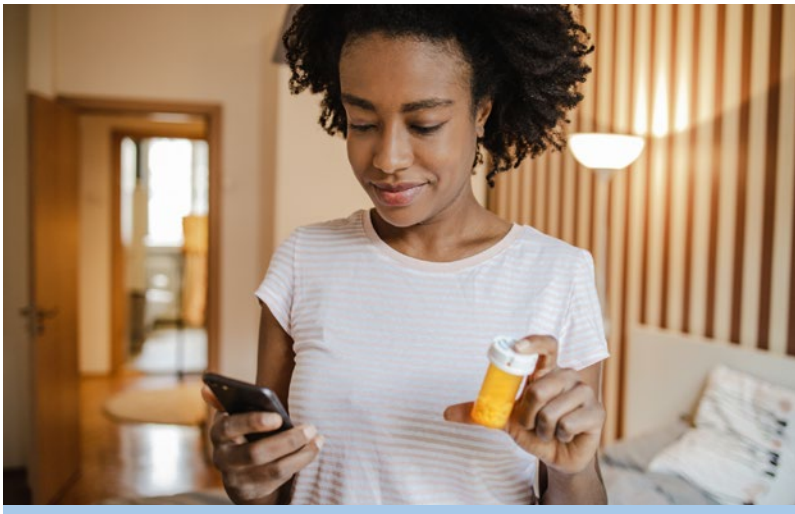
Repeated lines of ineffective therapy that do not lead to MDD remission may put patients at risk for relapse and have been associated with potentially increased symptom severity including:

- Panic/phobia
- Anxious mood
- Agitation
- Increased rates of suicidal ideation

DID YOU KNOW?

Mental health conditions cost employers more than $100 billion and 217 million lost work days each year.

Source: *NAMI Pierce County: Why Employers Need to Talk About Mental Illness in the Workplace*



More than 75% of patients who experienced early response achieved remission in the first six months of treatment. Learn more about how treatment patterns in MDD have led to trends of trial-and-error in the Addendum on page 15.

Studies have shown that long-term outcomes are highly dependent on the duration of major depressive episodes and the treatment approach—but today's approach to MDD treatment may result in months to years lost before response and remission. The average delay between the onset of mental illness symptoms and treatment is 11 years.

- ~2/3 of MDD patients fail first-line therapy.
- MDD patients who switch from first-line therapy cycle through an average of four medications, each with response time as long as 4–8 weeks.
- 83% of patients with MDD underwent a treatment change over a 12-month period.
- Lower remission and higher relapse rates were seen with each successive step of therapy.

Conversely, more than 75% of patients who experienced early response achieved remission in the first six months of treatment. **Early improvement in depressive symptoms, within the first two weeks of onset, was the most discriminative predictor for achieving MDD response and remission, and those who experience early improvement have a six-fold greater likelihood of remission.**

In some cases, results of genetic tests (i.e., blood test or cheek swab), if available, may offer clues about how a patient may respond to a particular antidepressant and more accurately determine the correct intervention upon diagnosis. However, genetic variables can affect a patient's response to, and motivation to, adhere to prescribed medications.

Adherence and Barriers to Care

Due to this fail-first, trial-and-error approach, patients seeking help are routinely and justifiably frustrated. Their long wait for effective treatment, while navigating potentially debilitating side effects and a complex healthcare system, can result in poor outcomes. Employers agree they need to create a work environment that makes it easier for patients to get the care they need. In addition to the challenges of determining an effective course of treatment, other drivers of low adherence and persistence rates in antidepressant use include:

- **Demographic influences:** Patients with lower socioeconomic status and those who lack health insurance may be less likely to adhere to antidepressant medication and treatment recommendations.
- **Lack of patient-provider relationship:** More than 100 million Americans lack access to primary care. Primary care is not only important for routine health needs but also helps patients manage and prevent chronic illnesses such as MDD. Many people without primary care providers experience inadequate education and poor communication about their condition and inadequate follow-up care.
- **Care logistics:** Rural patients identify long distances to hospitals and clinics as a barrier to care, contributing to poor medication and treatment adherence.
- **Societal stigma:** Negative attitudes and social stigma related to mental health may impede treatment. Research suggests that almost 60% of people who have depression don't seek professional support.
- **Health equity:** Within certain ethnic and cultural communities, skepticism and lack of information about MDD and other mental health conditions create barriers to care and adherence.

Current Classes of Treatment

Since 1959, the FDA has approved only four classes of treatment for adult MDD. Depression treatment typically involves medication, psychotherapy, or both. Early screening for depression can result in psychotherapy—typically conducted face-to-face with a licensed mental health professional—accompanied by other wellness activities to improve symptoms. Advancements in telehealth have greatly broadened the reach of licensed mental health professionals and increased access for patients. However, many employers note challenges remain for patients who prefer in-person visits. Some effective forms of psychotherapy include:

- Cognitive behavioral therapy (CBT)
- Interpersonal psychotherapy (IPT)

For moderate or severe depression, many mental health professionals recommend a combination of medication and therapy at the start of treatment. Currently, depression medications focus on brain networks, the

large-scale interconnected pathways that transmit information across different brain regions by way of neurotransmitters. This connectivity may be altered in MDD. MDD treatments include:

- **Selective serotonin reuptake inhibitors (SSRIs):** SSRIs are the most widely prescribed type of antidepressant because they generally have fewer side effects than many other antidepressants. However, the therapeutic effect of SSRIs can take as long as 4–8 weeks, a hardship for patients seeking an immediate response. SSRIs work by targeting serotonin, a neurotransmitter that carries signals between nerve cells in the brain. After carrying a message, serotonin is usually reabsorbed by the nerve cells (known as "reuptake"). SSRIs block ("inhibit") reuptake, making more serotonin available to pass subsequent messages between nearby nerve cells.

  This treatment method, based on the theory that a rise in serotonin levels can improve MDD symptoms, has led to treating depression as a chronic condition, much like long-term treatments for conditions such as diabetes or hypertension.

- **Serotonin-noradrenaline reuptake inhibitors (SNRIs):** SNRIs are similar to SSRIs but were designed to be more effective. However, the evidence of their enhanced effectiveness is uncertain, and the response time is similar to that of SSRIs. Some people respond better to SSRIs, others to SNRIs.

- **Noradrenaline and specific serotonergic antidepressants (NASSAs):** NASSAs may be effective for some people who are unable to take SSRIs. The side effects of NASSAs are similar to those of SSRIs.

- **Tricyclic antidepressants (TCAs):** TCAs are an older type of antidepressant. They're no longer usually recommended as the first treatment because an overdose can be dangerous. They also cause more unpleasant side effects than SSRIs and SNRIs. Exceptions are sometimes made for people with severe depression who fail to respond to other treatments.

- **Serotonin antagonists and reuptake inhibitors (SARIs):** SARIs are not usually the first choice of antidepressant, but they may be prescribed if other antidepressants have not worked or have caused side effects.

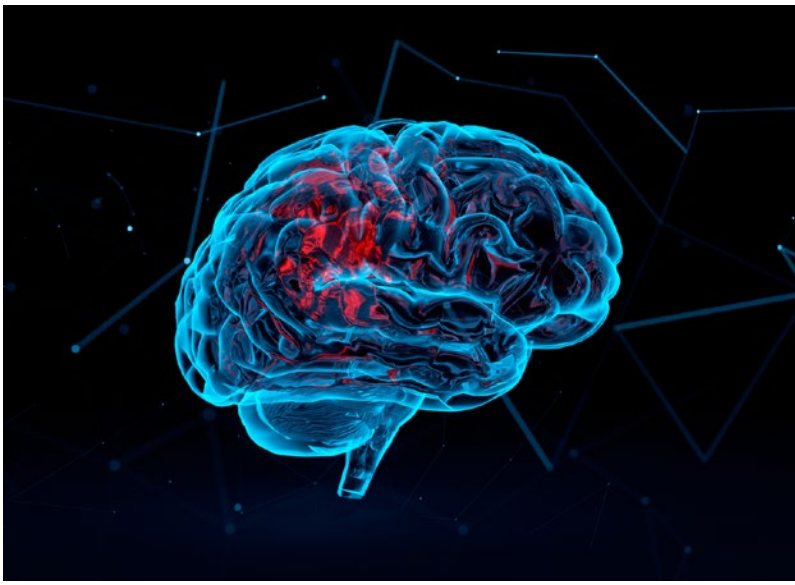
While SSRIs and SNRIs have remained a reliable treatment for years, unmet patient needs highlight the vast necessity for innovation.

Opportunities for Innovation

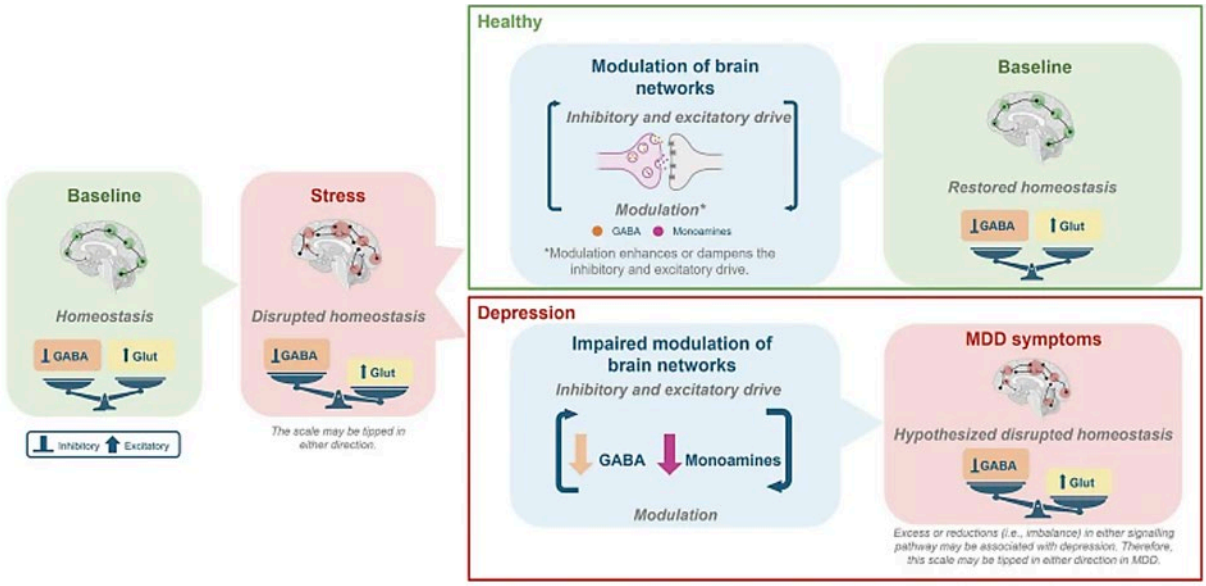
A GABA Overview

One promising avenue for potential new MDD treatment is GABA. Much the way evidence links a lack of serotonin to MDD, another substance in the brain called GABA has been identified for its role in a variety of cognitive and behavioral functions. Researchers have found an impairment of the GABA signal can result in an altered stress response and elicit symptoms of depression such as despair and anxiety.

The GABA pathway and that of another receptor called the NMDA glutamate receptor contribute significantly to regulating central nervous system function.



Overview of GABA Function in MDD



Source: https://www.nature.com/articles/d42473-022-00310-y

- GABA is the primary inhibitory neurotransmitter and glutamate is the primary excitatory neurotransmitter.
- GABA receptors, when bound by inhibitory neurotransmitters, act as a brake on nerve activity and calm the brain. When out of balance, this pathway potentially contributes to multiple depressive, neurological and neuropsychiatric disorders.
- NMDA receptors, when activated, increase signaling between nerve cells and play a critical role in stabilizing neural networks. When out of balance, this excitatory receptor system contributes to numerous cognitive dysfunction disorders.

For patients with serious mental health issues, GABA is one of the first breakthroughs in mental health science in a long time.

Episodic Treatment

Another recent innovation is the treatment of depression in an episodic fashion—with a short course of therapy, rather than a daily chronic treatment regimen. New data supports the premise that episodic treatment "as needed" for people with MDD could be beneficial. This approach might help minimize medication side effects and improve adherence. Advancements in episodic treatment could soon have a major beneficial impact on patients suffering from MDD, as well as on the cost of treatment.

How a Whole Person Health Approach Can Better Support the Workforce

As highlighted by the National Institutes of Health, health and disease are not separate, disconnected states; they occur on a single path that can move in two directions. One in three people with a chronic condition also has a mental health diagnosis like depression or anxiety. Whole person health takes an integrated approach to addressing mental and physical health, improving condition management and overall wellbeing.

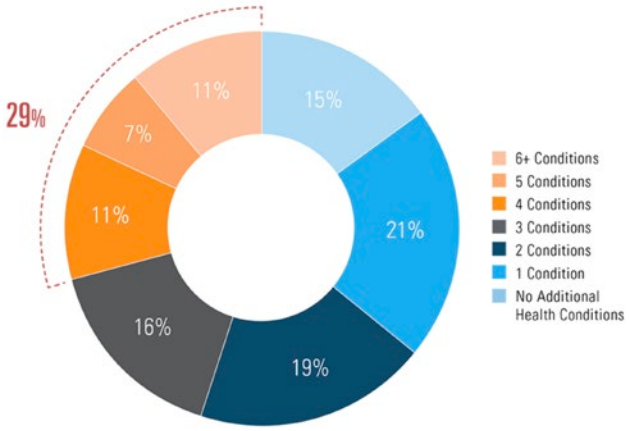
Comorbidities and Those with Higher Risk

Mental and physical health are equally important to overall health. Depression increases the risk of many physical health problems, particularly chronic diseases like high cholesterol, hypertension, diabetes, coronary artery disease, obesity, and COPD, as well as pain-related disorders such as those in the spine, neck, and back, and migraines and headaches. In turn, the presence of chronic conditions can increase the risk of mental illness.

In a retrospective analysis of US commercial claims from 2016, 29% of MDD patients had four or more additional health conditions, while 85% of commercially insured US patients diagnosed with MDD had at least one other health condition.

Those diagnosed with major depression are also twice as likely to suffer from one or more other chronic diseases, three times as likely to suffer from pain-related disorders and injuries, and seven times as likely to suffer from alcohol or substance use disorders than people without MDD. Patients with poorly controlled MDD may experience worse outcomes for existing physical comorbidities and may be at significantly greater risk of developing new comorbidities than their peers. Those with MDD are also at increased risk of new or worsening alcohol and opioid misuse; an estimated one in four patients reports using alcohol and/or drugs to relieve symptoms of anxiety or a mood disorder.

Diagnosis of Additional Health Conditions Among People with MDD (2016)

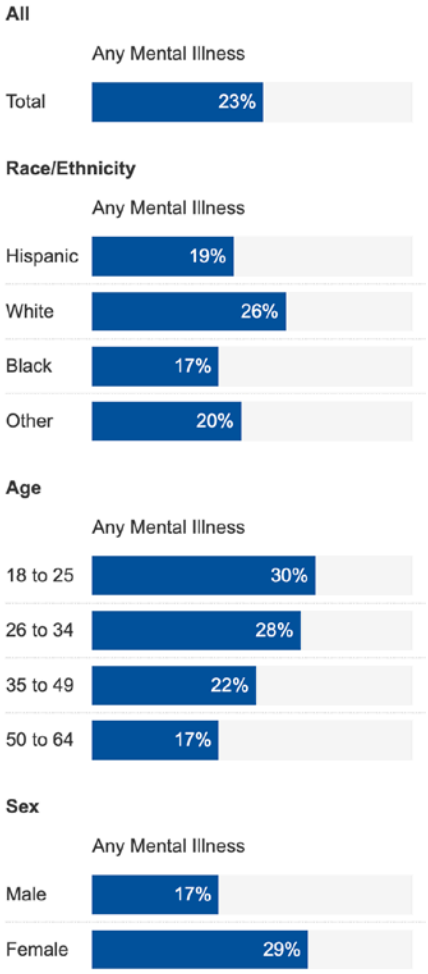


Source: https://www.bcbs.com/the-health-of-america/reports/major-depression-the-impact-overall-health#ten

Health Equity

Up to 80% of an individual's health status is determined by their physical environment and other social and economic indicators, not by the healthcare they receive. Although mental health conditions do not affect everyone equally, all of society benefits when people from every historically marginalized community have access to comprehensive healthcare services. The World Health Organization (WHO) notes that more than 75% of people living in low- or middle-income countries never get treatment for depression due to treatment barriers.

Prevalence of Mental Illness and Substance Use Disorder in Nonelderly Adults by Demographic Characteristics, 2020

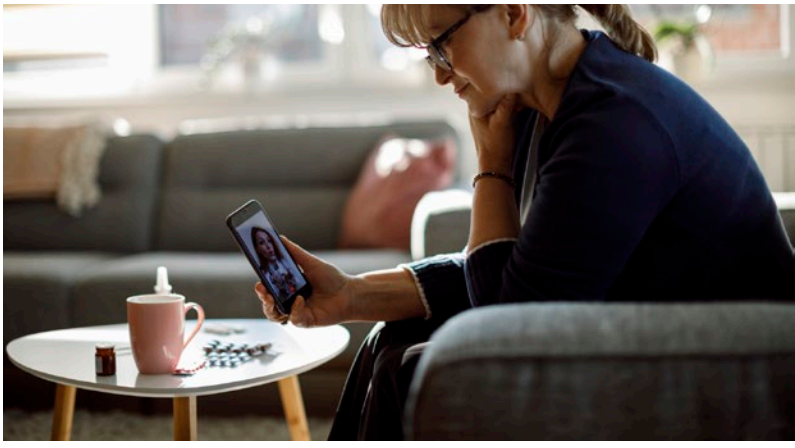


Source: *Kaiser Family Foundation analysis of National Survey on Drug Use and Health (NSDUH), 2020*

Several socioeconomic risk factors may contribute to MDD, including low social support, low income, low education status, major life events, and chronic stress. Much of the recent rise in MDD cases and suicide is attributable to pandemic fallout. For example, in December 2020, adults with household job loss reported elevated rates of symptoms of anxiety and depression. Other factors such as race, gender and age can increase the likelihood of a mental health condition.

A dearth of mental health professionals in under-resourced neighborhoods, rural regions, and community health centers also impedes care. The prevalence of mental illness is similar in rural and urban dwellers, and both populations have limited access to specialty mental care. This shortage is driven in part by the need for mental health care in the US outpacing the number of practicing mental health professionals. Fortunately, recent and rapid advancements in telehealth necessitated by the pandemic are increasing access to mental health care for many.

Many employers cite provider access as their number one challenge, reporting limited or no availability, long wait times, and a lack of face-to-face options. Some employers have responded by adding mental health professionals to worksite clinics and/or making apps available to close care gaps until appointments are available. Employers are committed to providing more employee resources to increase engagement, limit access barriers, increase usage, and instill higher employee satisfaction.



Family and Caregiver Concerns

Caregivers

While MDD patients experience health, wellbeing, and financial challenges, loved ones and other caregivers experience significant stressors, too. Unpaid caregivers play an invaluable role in the healthcare system, with at least 8.4 million people in the US providing care to an adult with a mental health issue. About 40% of these caregivers will develop depression themselves.

Employers questioned whether using data to identify who has MDD is sufficient or whether they should also consider offering caregiver support. This raises questions about how to help caregivers who can't legally access information on the diagnosis and care of their adult child or parent. Employers cited the need to develop strategies to provide support structures and counseling services that would mitigate caregiving challenges.

Adolescent Mental Health

Adolescence is a unique and formative time. Physical, emotional and social changes—worsened further for those exposed to poverty, abuse or violence—can put adolescents at risk for mental health conditions and substance use.

Globally, an estimated 14% of 10–19 year-olds experience mental health conditions, yet these remain largely undiagnosed and untreated. COVID-19 has had a large impact on the adolescent population: Mental health-related emergency department visits increased after COVID-19 surges, with disproportionately greater visits by young adults and certain racial and ethnic groups.

The onset of MDD in childhood and adolescence can have lifelong consequences, including impaired school performance, interpersonal difficulties, early parenthood, and increased risk of other mental health and substance use disorders. Adolescents with a mental health condition can be set back in comparison to peers; students aged 6–17 with mental, emotional or behavioral concerns are three times more likely to repeat a grade. High school students with significant symptoms of depression are more than twice as likely to drop out.

Intervention is essential. Without treatment, symptoms can worsen and lead to suicidal thoughts or attempts. As many as 8% of adolescents diagnosed with MDD have completed suicide by young adulthood, making suicide the second leading cause of death among adolescents 12–17 years of age.

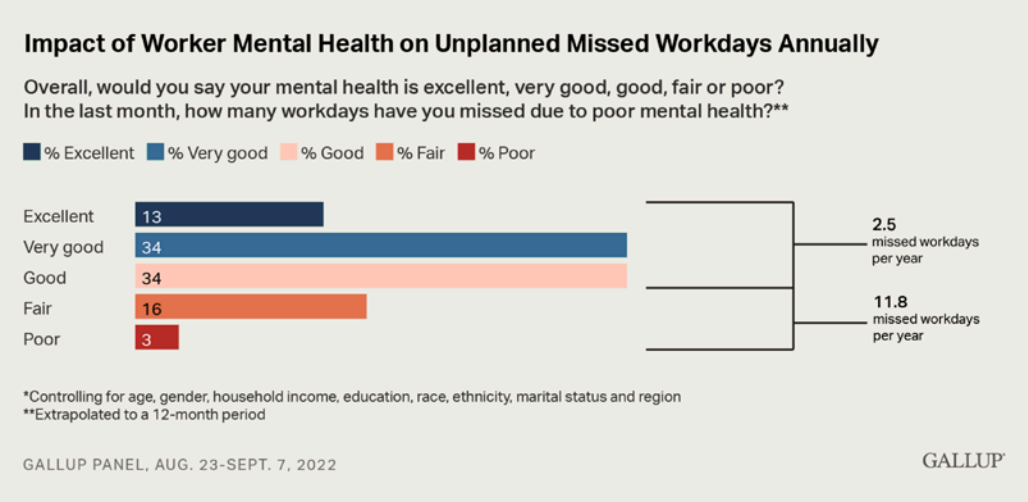
Early intervention is the key to treatment of depressed youths, as the rate of depression increases from childhood through adolescence and into adulthood.

Mental Health in the Workplace

Mental health and mental health disorders often affect a person's productivity. According to World Mental Health Surveys, 57% of patients with MDD reported severe or very severe impairment in at least one of these settings: home, work, relationships, or social situations.

MDD patients experience:

- Twice the rate of presenteeism (the lost productivity that occurs when employees are not fully functioning in the workplace) and overall work impairment as those without MDD.
- Increased rates of long- and short-term disability.



major depression together with another health condition, the cost of treating the other condition rises. For example, the cost of treating substance use or alcohol use disorder is nearly twice as high when the person also has major depression.

- Increased risk of impaired educational attainment.
- Increased physical limitations due to illness, poor health self-ratings, and financial strain.
- Impaired ability to fulfill family and social responsibilities.
- Difficulty accomplishing activities of daily living.

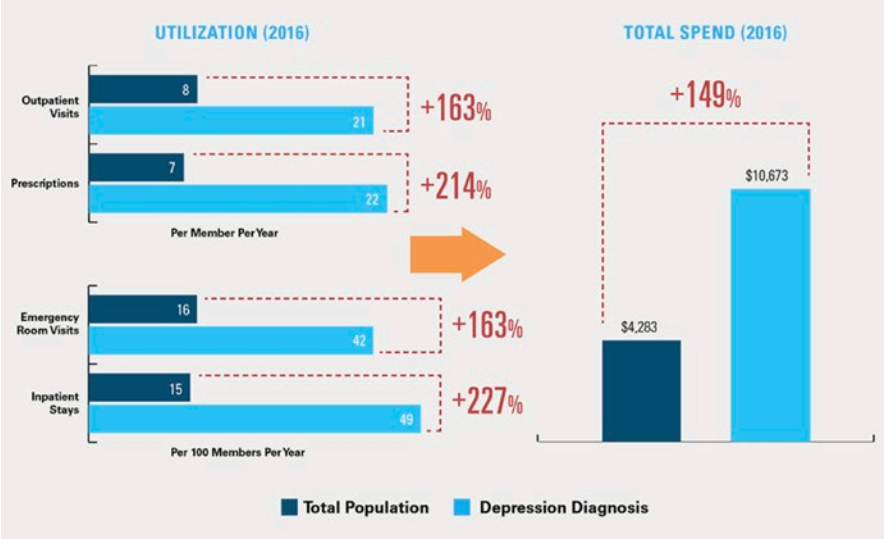
The increased treatment cost, as well as the debilitating effects of MDD symptoms, illustrate why investing in mental health is good for the health of both employees and businesses. Analysis by NSC and NORC at the University of Chicago reveals organizations that support mental health see a return of $4 for every dollar invested.

Research shows that employees with an uncontrolled mental health condition miss four times more work than healthy employees.

From 2010 to 2018, MDD-related workplace costs increased by 46%. People with major depression also use healthcare services at significantly higher rates, which results in more than twice the average healthcare costs—$10,673 for those with MDD compared to $4,283 for those without.

One reason for the increased cost is that when someone has

Utilization and Cost Per Person Per Year of MDD Diagnosis (2016)



Source: https://www.bcbs.com/the-health-of-america/reports/major-depression-the-impact-overall-health#ten

Employer Action Strategies

Employers can take steps to ensure employees have access to early intervention and treatment. It is important to first understand the prevalence of MDD in the workforce. Below are suggested strategies to support better screening and involve health plans and vendor partners in an improved action plan:

- Conduct a claims analysis to determine the prevalence of MDD.
- Confirm with vendor partners that depression screenings are included in health risk assessments and EAP programs.
- Work with health plans, EAPs, and vendor partners to develop a coordinated action plan for mental health, MDD diagnosis, and treatment—one that includes regular screenings, consistent outreach to vulnerable populations, and personalized communications.
- Confirm that health plans are promoting and reporting on the use by providers of a validated screening tool such as the nine-item Patient Health Questionnaire (PHQ-9).
- Require health plans to have primary care clinicians conduct routine depression screenings and offer Access to Collaborative Care.

Determine the right treatments for specific patient populations. Because MDD symptoms and severity vary, it's important to ensure employees and their families have access to, and coverage for, a variety of treatment options.

- When determining a strategic mental health plan, consider the full mental health continuum from prevention through early diagnosis to short- and long-term treatment. Ensure that access, services and communications are meeting the needs of all health plan members.
- Improve health equity by ensuring networks include ethnically and culturally diverse mental health professionals.
- Communicate often about mental health benefits, available resources, prevention, and treatment. To overcome stigma and barriers to care, normalize the fact that nearly everyone experiences stress and mental health challenges at some time in their life. Integrate benefits and initiatives, embedding them in an organizational culture of health.

Design value-based benefits that remove mental health care barriers and silos, shifting the focus to a more integrated, whole person health approach.

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

- Require health plans to turn on the CPT billing codes for Collaborative Care, allowing providers to bill more consistently for testing and care.
- Ensure formulary flexibility, so patients and their healthcare providers have a level of autonomy as they navigate variability in treatment response.
- Expand behavioral health integration in primary care, and remove barriers to full-spectrum care.
- Improve in-network access to behavioral health specialists, ensuring access across vulnerable populations.
- Offer access to programs such as Mental Health First Aid at Work to equip employees at all levels to notice and support a colleague who may be experiencing a mental health concern or crisis in the workplace and to help connect them to appropriate employee and community resources.
- Recommend health plans adopt a value-based approach that includes Collaborative Care, tele-behavioral health (including online CBT), crisis residential services, and intensive community services, including partial hospitalization, as well as outpatient services focusing on forms of psychotherapy.
- Have health plans conduct regular medical drug assessments to ensure appropriate drugs (including appropriate psychotropic medications), medical devices, and specific MDD treatments are covered.
- Ensure proper case management is in place that includes attention to social determinants of health.
- Consider incorporating pharmacogenomics testing (non-invasive testing that allows healthcare providers to make better decisions regarding the selection and dosing of medication).
- Ensure plans offer broad access to in-network mental health providers and treatments, and that patients and providers have autonomy to make care decisions.
- Ensure that co-pays for mental health counseling and medical drugs are reduced or eliminated; prioritize individualized treatment.
- Confirm that EAPs, along with appropriate psycho-social support services, are integrated into care plans.
- Address stigma at the workplace through policies, programs, and a comprehensive communication strategy that creates an inclusive, supportive culture.
    - Include mental health topics and actionable resources across all employee communication channels to continuously raise awareness of mental health conditions and the availability of effective treatment and support.
    - 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 or Make It OK.
    - Ensure that supervisors and managers have the training to recognize and address mental health, MDD, and workplace stress issues.

Addendum

The following charts complement the guidebook content on page 5, "Getting to the Right Answer Faster."

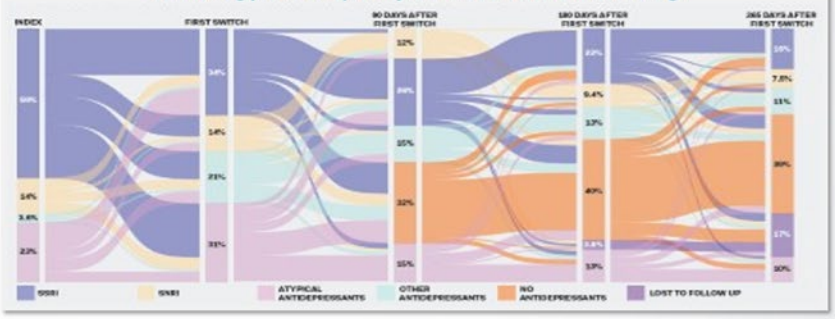
Treatment patterns in MDD have led to trends of trial-and-error

In a retrospective study of over 38,000 patients with MDD at Geisinger Health* [1]:

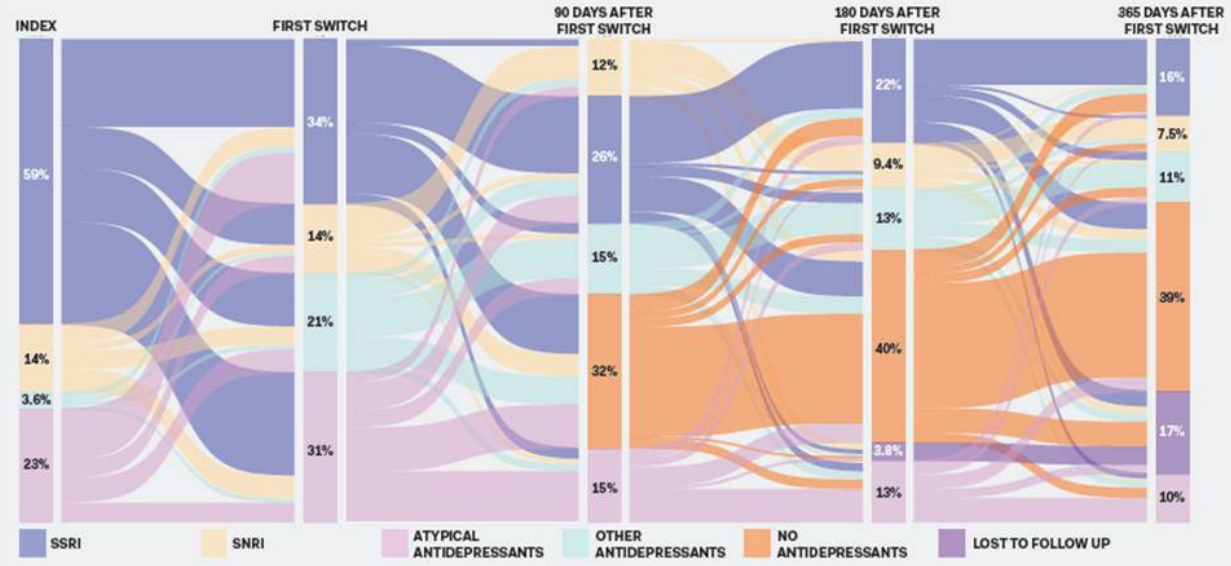
- 34.9% switched SOC ADT at least once during the study period*
- 18.8% switched SOC ADT 3 or more times during the study period*
- ≥75% of patients discontinued their first antidepressant within the first 6 months of treatment, regardless of drug class

In a separate US claims analysis, 83% of patients with MDD experienced a treatment change within the first year of treatment, with a median time to first medication switch of 48 days†

Switching patterns up to 1 year after first treatment change



ADT = antidepressant; ED = emergency department; MDD = major depressive disorder; SOC = standard of care; US = United States.
*Based on a retrospective chart review of 38,321 patients at Geisinger Health, an integrated delivery network. Patients in the analysis were adult patients (aged ≥18 years) seen within the Geisinger system who had a new diagnosis of MDD between January 1, 2012, and June 30, 2017. Patients had to be enrolled in the Geisinger system for at least 2 years prior to diagnosis of MDD and have completed an outpatient, ED to inpatient, ED only, or inpatient encounter.
†Based on a retrospective analysis of Truven MarketScan® US claims database among patients diagnosed with MDD from 2013 to 2017 with ≥1 pharmacy claim after their first MDD diagnosis
1. Larson S, et al. *J Affect Disord* 2022;300:377-384 . 2. Arnaud A, et al. Frequent treatment changes in the course of antidepressant therapy: real-world evidence of unmet needs in the pharmacotherapy of major depressive disorder. Poster presented at: AMCP Nexus 2019; National Harbor, MD; October 29-November 1, 2019.



About the National Alliance and Participating Coalitions

National Alliance of Healthcare Purchaser Coalitions

Contacts: Margaret Rehayem, Vice President & Michael Thompson, President & CEO

As a nonprofit 501(c)(6), the National Alliance of Healthcare Purchaser Coalitions (National Alliance) is a membership organization of purchaser-aligned healthcare coalitions that seek to accelerate the nation's progress toward safe, efficient, equitable, high-quality healthcare. The National Alliance is developing activities to enhance education and improve healthcare delivery through several initiatives focused on key issues in the areas of delivery and payment reform, health policy, and total person health. For almost 30 years, the National Alliance has provided expertise and resources to its member coalitions, which represent private and public sector, nonprofit, and Taft-Hartley and union organizations that provide benefits for more than 45 million Americans spending over $400 billion annually. National Alliance member coalitions are committed to community health reform, including improvement in the value of healthcare provided through employer-sponsored health plans.

Participating Coalitions

Lehigh Valley Business Coalition (LVBCH)

Contact: Amanda Greene, Director of Operations

For more than three decades, LVBCH has been serving the needs of employers by leading the way in developing and deploying strategies to improve access to high-quality, cost-effective healthcare through collective employer action, purchasing programs, educational resources, networking, and partnerships.

Midwest Business Group on Health (MBGH)

Contact: Dawn Weddle, Vice President

MBGH is a 501(c)(3) nonprofit supporting employers seeking solutions to better manage the high cost of healthcare and the health and productivity of their covered populations. Founded in 1980, MBGH offers members leading educational programs, employer-directed research projects, purchasing opportunities, and community-based activities that increase the value of healthcare services and the health benefits they offer to members. MBGH serves over 150 companies who provide benefits to over 4 million lives, with employer members spending more than $15 billion on health care each year.

Purchaser Business Group on Health (PBGH)

Contact: Emma Hoo, Director, Value-Based Purchasing

PBGH is a nonprofit coalition representing nearly 40 private employers and public entities across the US that collectively spend $350 billion annually purchasing healthcare services for more than 21 million Americans and their families. PBGH has a 30-year track record of incubating and scaling new, disruptive operational programs that lower healthcare costs and increase quality across the US.

Acknowledgment

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Resources for Employers

- The Path Forward for Mental Health and Substance Use
- How the Advancement of Telehealth is Benefitting Mental Healthcare and Health Equity
- Action Brief: Major Depressive Disorder
- Webinar: Major Depressive Disorder
- Act on the Facts: Care After Mental Health Hospitalizations
- NAMI Infographics and Fact Sheets
- CDC Resources: Mental Health Conditions – Depression and Anxiety

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