



An Owner's Guide to Creating and Implementing a Mental Health Program





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Background: The making of a mental health program

This guide has been developed as part of the efforts of the Great Lakes Bay Region Mental Health Partnership to improve the mental health culture and infrastructure of the Great Lakes Bay Region.

In 2018, a work group was formed to fully utilize an Employee Assistance Program (EAP) and create a Workplace Mental Health Program that could be piloted by the Fisher Contracting Company and – after refinement – made available to all companies in the Great Lakes Bay Region.

In April of 2019, Fisher Contracting's new Mental Health Program was rolled out to the 100 plus employees in the company's Northern Division. In April of 2020, the Mental Health Program was officially expanded to cover all ten of the Fisher Companies, their 325 Michigan employees and their families.

This guide is meant to be a working toolkit for others, as they look to implement mental health resources in their workplaces throughout the region.

We hope you use these tools to advance access to mental health resources, erase the stigma often associated with mental health and continue to be champions for getting help when it is needed.

A handwritten signature in black ink, appearing to read 'MS'.

DR. MATTHEW SAMOCKI

PORTFOLIO DIRECTOR, THRIVE
STEERING TEAM MEMBER, GREAT LAKES BAY
REGION MENTAL HEALTH PARTNERSHIP



AN OPEN LETTER TO COMPANIES IN THE GREAT LAKES BAY REGION

We know that our country is facing a mental health crisis. In fact, one in five adults in America experiences a mental illness in any given year. Companies and businesses are in a unique position to educate and support employees.

At the Fisher Companies, we had an Employee Assistance Program (EAP), but it was primarily used for drug and alcohol counseling. We did not promote the service for other mental health issues and stigma about mental illness kept people from seeking other types of help. Further, our health plan, while covering mental health services, did not pay anything toward the cost of service until the employee's deductible had been met. This was a significant barrier to our employees seeking and receiving mental health care.

In 2018, I attended a mental health workshop sponsored by the Great Lakes Bay Regional Alliance. It really opened my eyes to the mental health crisis. I knew that as a company, we could do something to help. As an early step, we began to reimburse employees for their mental health expenses on a dollar-for-dollar basis. I did not want the cost of services to keep anyone from seeking help.

In 2019, Fisher Contracting (one of the Fisher Companies) launched the EAP program that the work group developed (see Background section above), providing EAP services as part of its employee benefits package. The program covers five sessions for employees and their family members. At the same time, we worked with our health insurance provider to cover mental health services in the same way that other health services are covered (like a sore throat, with co-pays, etc.). For the first time, mental health benefits are managed the same as a medical visit.

In February 2020, the mental health program was rolled out to employees at all the Fisher Companies. Now, more than 500 individuals – employees and family members – can receive affordable, quality mental health care.

It is our hope that this guide provides a useful roadmap for any company wishing to create its own mental health program.

Sincerely,

A handwritten signature in black ink that reads "James W. Fisher". The signature is written in a cursive, flowing style.

J. W. Fisher, P.E.

President, Fisher Contracting Company

Steering Team Chair, Great Lakes Bay Regional Mental Health Partnership

FAST FACTS ABOUT MENTAL HEALTH

Depression is the leading cause of disability worldwide and a major contributor to the global disease burden.



43.8

million adults experience mental illness each year in the U.S.

90% of those that die by suicide have an underlying mental illness



10TH

suicide is the 10th leading cause of death in the U.S.



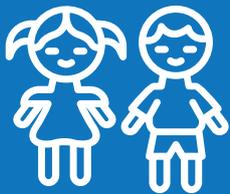
50% half of all chronic mental illness begins by age 14



75% three-quarters by age 24

1 IN 5

people report they or a family member did not receive mental health care when they needed it



1 in 5 children ages 13-18 have, or will have, a serious mental illness

20%

of adults experience mental illness each year in the U.S.



60% of adults with mental illness did not receive care in the last year

\$193B

serious mental illness costs the U.S. \$193.2 billion in lost earnings every year



more than half of American's report that COVID-19 had a negative impact on their mental health

38.4%

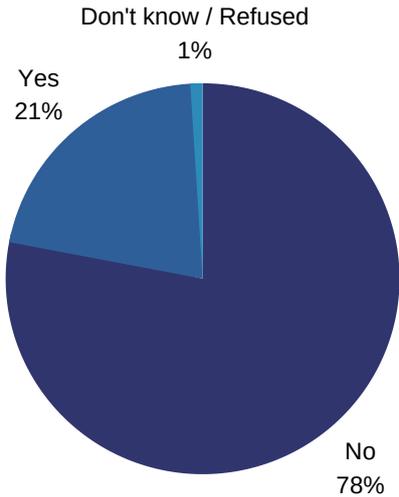
of the 421,000 adults in Michigan who did not receive needed mental health care, 38.4% did not because of cost

FAST FACTS ABOUT MENTAL HEALTH

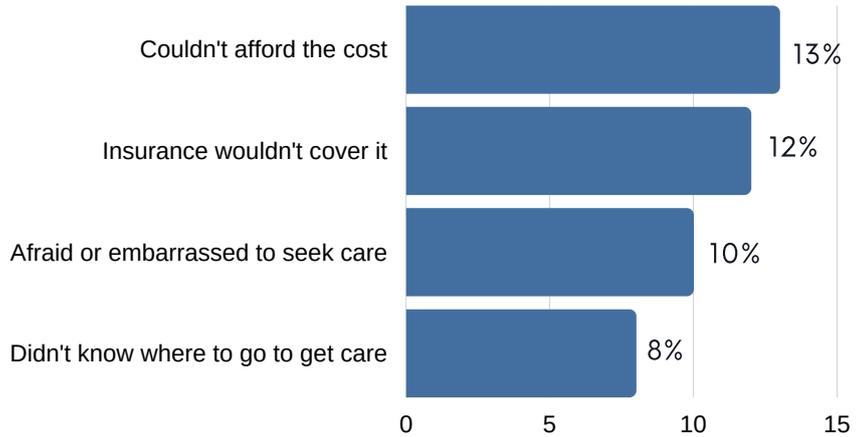
One in five Americans report they or a family member did not receive mental health services

Percentage of respondents with the following answers to questions asked in April 2016:

Was there ever a time where you or another family member in your household thought you might need mental health services but you did not get them?

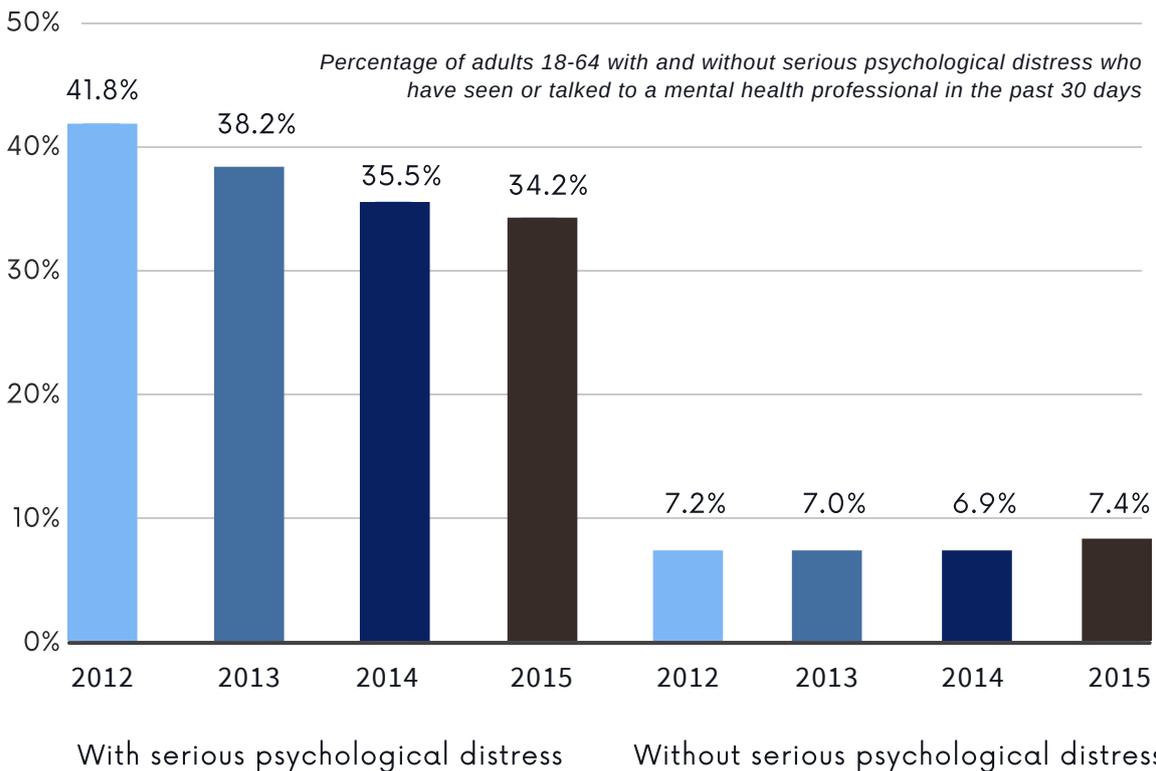


Of those who reported not receiving care, the following percentage reported the reason for foregoing care as:



Source: Kaiser Family Foundation Health Tracking Poll, April 2016

Fewer adults experiencing serious psychological distress are seeing or speaking with a mental health professional



Source: CDC National Health Interview Survey Early Release Program

*2015 data represents January - September

THE BUSINESS CASE

Mental illness costs employers and the American economy in two distinct ways: direct health care costs and indirect costs such as loss of productivity, absenteeism and disability costs. For instance, the National Network of Depression Centers reports that lost earnings due to serious mental illness tops \$210 billion per year.

Less than half of that is attributed to the direct cost of treatment (45-47 percent). About half (48-50 percent) is associated with costs to the workplace in terms of lost productivity, absenteeism and disability. Individuals with depression consume two to four times the healthcare resources compared to other enrollees. Mental illness is the number one cause of disability in the United States.

The good news is that treatment works. Mental health treatment for conditions such as depression works 80 percent of the time. Treatment has been shown to improve productivity and effectiveness on the job.¹



¹ Wendy Brennan Executive Director, National Alliance on Mental Illness-NYC Metro, et al.

ONE COMPANY'S EXPERIENCE



Fisher Contracting is a heavy civil contractor providing services to a variety of federal, state, municipal and private clients in Michigan, Kentucky and the surrounding states. It has an annual revenue of approximately \$70 million. That revenue is largely generated through firm price contracts for different projects. Those contracts range in size from a few thousand dollars to \$40 million.

Each of these projects is run by one of 15 highly intelligent and highly-skilled superintendents. They are managed by 10 project managers. These 25 people work long hours and carry extremely heavy responsibilities. If even one of them is not functioning to the best of his/her abilities due to a mental health issue, the cost to the company can easily be in the hundreds of thousands of dollars. In addition to job losses, untreated mental health problems can lead to serious and sometimes irreparable damage to customer relationships.

Fisher Contracting's clients almost all have high safety expectations. A safety performance that would be considered average for our industry will remove us from the bid lists of most these clients. We rely on our 200 craftworkers to not only work productively, but safely. Mental health issues such as anxiety and depression have been shown to increase the likelihood of a worker suffering an injury. The same is true of poor morale on the job site.

Fisher Contracting's President, J.W. Fisher, experienced this first-hand a few years back. He became aware there was a problem with one of these high-performing individuals when employees and customers started complaining. Suddenly (or so it seemed), a superintendent who everyone historically wanted to work for – and who every customer requested – became a pariah. J.W. responded by sending the employee to one of the two mental health professionals in Midland who had proven to help nearly everyone he had previously sent their way.

Then, in November of 2018, J. W. Fisher attended a mental health summit hosted by the Great Lakes Bay Regional Alliance. By early morning on the first day of the summit, he realized that:

- The mental health problem was much bigger than he imagined.
- Fisher Contracting needed to tackle the problem in a more intentional way.
- It was not just his high performers who needed help and were costing the company money. The mental health issues of any employee can impact the profit and safety of the company, its employees, its customers and the public.
- Employees needed education and access to affordable mental health care.
- A mental health program could easily be delivered as part of the company's safety program and could be tied to its wellness program.

ONE COMPANY'S EXPERIENCE

As a result of that summit, a work group was formed; members of the group utilized an Employee Assistance Program (EAP) model to include mental health coverage. These are the basics of the program:

- Five counseling sessions are covered for employees/family members through the EAP provider.
- In addition to the EAP, the Fisher Companies insurance plan has been upgraded so that mental health benefits are managed the same as other medical visits.
- Union employees have their mental health costs not covered by the EAP or their union insurance reimbursed.

The results have been an unquestionable improvement in morale and a surprising willingness to use the services provided by the EAP. It has become something that employees genuinely appreciate, and it separates us from our competitors who do not provide these services.

The cost to implement the program for the 10 Fisher Companies has been surprisingly small, especially when compared to the benefits. It needs to be noted that Fisher Contracting has collective bargaining agreements for the approximate 100 Northern Division craftworkers. They are covered under multi-employer benefit insurance plans and not by the Fisher Insurance Plan. They are covered by the EAP with Family & Children's Services and Fisher Contracting reimburses them for mental health costs not covered by their union plans or the EAP. This complicates the accounting a bit, as all 325 Fisher Companies' Michigan employees are covered by the EAP, while only the 213 employees not covered by collective bargaining agreements are covered by the Fisher Health Benefits Plan. That said, the costs for the 10 Fisher Companies to implement the mental health program for its 325 Michigan employees and their families in the plan year April 1, 2020 to March 31, 2021 were:

EAP Contract with Family & Children's Services/year:	\$ 12,000.00
In-house training costs:	7,500.00
Insurance self-paid by Fisher Companies for mental health services:	116,672.40
Absent from job to attend counseling sessions (estimated):	2,000.00
Total Annual Cost:	138,172.40

Additional Health Insurance Plan Costs

The average insurance self-paid for mental health services by the Fisher Companies in the plan years 2016, 2017 and 2018 was \$77,133.67. Therefore, the cost of upgrading our insurance mental health coverage was \$39,538.73. Note there was no premium increase. The Fisher Companies self-insure up to \$75,000 per contract, so this change did not increase the insurance company's risk.

Additional Cost to Implement the Entire Mental Health Program

The total cost for the entire mental health program including the EAP, self-paid insurance costs, training, and payroll costs for employees in counseling was \$137,172.40, for a total increase over the 3-year average of 2016, 2017 and 2018 of \$61,038.73.

ONE COMPANY'S EXPERIENCE

Benefits from the Employer Perspective



Qualitative

- Increased morale – Fisher is a company that cares
- Gives us a recruiting advantage in a tight labor market
- Increased understanding about mental illness and mental health
- Reduced risk of accidents
- Improved productivity
- Stronger relationships – employees are watching out for each other

Quantitative

Out of 325 employees and their families covered by the mental health program there were:

- 284 Mental Health office visits
- 13 Substance Abuse office visits
- 37 Inpatient days from 8 Mental Health Admissions
- 23 Visits to Family and Children Services

Total Cost for the first year was \$138,172.40, or \$425.15 per employee

- Increased cost for entire program versus 3-year average prior to launching program was \$61,038.73 or \$187.81 per employee
- Total Cost as a percentage of revenue was 0.01%
- 100% of employees have taken the Mental Health Safety Modules delivered through their safety program. All new employees receive it as part of their safety orientation.



ONE COMPANY'S EXPERIENCE



Benefits from the Employee Perspective

Fisher Transportation Truck Driver

As relayed by J.W. Fisher: On our US-10 emergency bridge repair in May of 2020 this gentleman stopped his truck, got out and ran after me. This is what he had to say:

"I can't believe that your company is providing mental health coverage like you are. My daughter suffers from chronic depression. Going through our deductible every year before the insurance kicks in was a terrible hardship. I just want to thank you. Lots of companies say they care about their employees, you guys put your money where your mouth is. Thank you, it has made a huge difference in our lives."

A Fisher Contracting Superintendent Speaking to Fisher Contracting Employees at the Mental Health Rollout in April of 2019

"Most of you know me and know the pride I have in being a good family man. When my marriage started to fail, I started to go to a dark place. I started drinking to help with my bad feelings. That only helped when I was drunk. When I sobered up, I found myself in a darker place yet. I repeated the cycle over and over until I could not escape the demons and the darkness even when drunk. It is impossible to describe the darkness and the emptiness I felt. When your mind is working right, you can't conceive of it. Finally, I nearly died of an overdose of sleeping pills.

When J. W. and Steve found out they came to my house and would not leave until one of my sons was there. They insisted that I see a mental health professional that they had confidence in and that they would pay the bills no questions asked. My message to all of you is that you cannot beat depression on your own. You may have moments when you feel better, but the next cycle of depression is worse than before. You must get professional help. I am here today as evidence that getting help works.

Take advantage of this program, do not hesitate to get help. The earlier you get it, the quicker you will feel better."

Wife of a Fisher Contracting Operator

"My husband and I had been having troubles with our marriage for several years. We went to counseling but didn't stick with it due to the cost and that the first few sessions didn't really seem to help. After we learned that the cost was being reimbursed by Fisher Contracting, we decided to give it six months and really give it a chance.

I am happy to report that while we still have work to do that the counseling has really made a difference. We both are happier with our marriage and we are better parents because of it. I am positive that we would be separated if not for this change."

HOW IT WORKS

General Guidelines

Here are a few good guidelines to keep in mind when setting up your program:

1. First do no harm, but do not let perfect be the enemy of good. No program is ever perfect. Once you have a coherent program, get it started. You can refine and expand over time.
2. Do not reinvent the wheel. Find an existing program and modify it to your needs.
3. Do not try to be a mental health professional. The goal of the program is to educate, remove stigma and provide access to affordable care.
4. Find a trusted professional to give you guidance.
5. Tie the program to your existing safety and wellness programs, if applicable.
6. Lead from the top.

Getting Started

In the Appendix you will find a simple Assessment Tool that will help you determine where you stand now. Then, by working toward identified gaps, it will serve as a road map for creating your company's mental health program. Each company is different and may choose to stop at different points.

The information above shows that effective EAP services are available for very reasonable costs. Depending on what health benefits your company currently provides, the cost of making mental health care as affordable as medical treatments may differ from the Fisher Companies experience. Decide what your company is going to do, set timelines and go to work!

The following tools are included with this guide to help you get started.

- Company Mental Health Assessment Tool and Road Map for Building a Mental Health Program
- Introduction to the Fisher Companies EAP and Slide Deck used at the Fisher Companies' employee rollout.
- Working Well Toolkit: Leading a Mentally Healthy Business. A concise guide to mental health challenges and to building a mental health program.



APPENDIX A: WORKPLACE ASSESSMENT TOOL

Use this workplace assessment tool to gauge some of the assets and gaps in your organization as it relates to mental health care coverage, availability and other tools. You can also download an editable spreadsheet version of the tool customizable to your needs here:

[Online Mental Health Assessment Tool and Strategy for Building a Mental Health Program](#)

DO WE CURRENTLY:	BASELINE ASSESSMENT (DATE)	TACTICS FOR IMPLEMENTATION	WHO IS RESPONSIBLE?	RESOURCES	NOTES	TIMELINE / GOAL ACHIEVED	POST ASSESSMENT (DATE)
Regularly provide information about mental health issues and employee benefits to reduce the stigma sometimes associated with seeking help for mental health problems?							
Provide access to valid mental health screening tools?							
Give employees easy access to mental health support and care?							
Provide high-quality outpatient and inpatient coverage for mental health treatment when needed?							
Make it easy to understand how to access care?							
Provide appropriate access to outpatient care and a broad continuum of services, settings, and providers?							
Cover effective prescription medications for mental health conditions at a level that encourages their appropriate regular use?							
Encourage mental health and stress reduction through a comprehensive wellness and health promotion program?							
Provide managers with management skills and training in conflict resolution to reduce excessive workplace stress?							
Track disability claims for mental health conditions and provide case management services to facilitate timely return to work?							
Tie to safety and/or wellness programs or other means of education and access?							
Follow up, review and refine our internal workplace mental health program?							

WORKING WELL

**Leading a Mentally Healthy
Business**

June 2016

OUR PLEDGE

Our company will foster a workplace that promotes, supports, and improves the mental health of employees and their families.

Executive Summary

The Working Well toolkit is a collaborative effort of the National Alliance on Mental Illness-NYC Metro (NAMI-NYC), Northeast Business Group on Health (NEBGH), Partnership for Workplace Mental Health/American Psychiatric Association Foundation, PricewaterhouseCoopers, and The Kennedy Forum to help employers foster a workplace that supports mental health and wellness. Sadly, the silence and stigma surrounding mental illness in the workplace threaten the well-being of employees and their families, the productivity of businesses, and the health and success of communities at large.

The Four Key Principles for Driving Change:

- 1. Know the Impact.**
- 2. Break the Silence.**
- 3. Deliver Affordable Access.**
- 4. Build a Culture of Well-Being.**

The Working Well toolkit comes directly from expertise shared by leading employers and active participants of six summits focused on workplace mental health, representing more than 60 participants and more than 40 organizations. It provides human resource professionals and business leaders with practical information and strategies, assessment tools, mental health programs, and case studies to educate employers about current best practices to create supportive workplace environments.

The goal of the Working Well toolkit is to build a strong team of working professionals who are cognizant of available support services for mental health and well-being. The toolkit is not an exhaustive list of strategies, but it can be a starting place for the journey toward eradicating mental health stigma in the workplace. Ultimately, the hope is that these strategies create a workplace environment of awareness, acceptance, prevention, and recovery.

1.

KNOW THE IMPACT

Mental illnesses are prevalent. One in five Americans lives with mental illness, conditions that affect people during their prime working years and have a tremendous effect on one's ability to fully participate in life – both at home and in the workplace¹. Treatment for the most common conditions is effective 80 percent of the time yet only 33 percent of the people who need help will get it, because of the societal stigma; the fear of repercussions at work; and the lack of access to quality, affordable treatment.^{2, 3, 4, 5, 6} The effect is not only immeasurable human costs, but quantifiable costs to business and the economy. Investing in mental health and wellness produces positive returns in increased productivity and decreased disability costs.

Mental illnesses cost employers and the American economy in two distinct ways: direct health care costs and indirect costs such as loss of productivity, absenteeism, and disability costs. Together, these costs are significant. Take depression, for

example, a highly prevalent condition that occurs in 1 in 10 adults at some point in their lives.⁵ The economic impact of depression was more than \$210 billion in 2010. Less than half is attributed to the direct costs of treatment (45-47 percent). About half (48-50 percent) is associated with costs to the workplace in terms of lost productivity, absenteeism, and disability. Another 5 percent is associated with suicide, which tragically occurs all too often from untreated (or poorly treated) depression. For every dollar spent on depression direct costs in 2010, an additional \$1.90 was spent on related costs (i.e. suicide-related or workplace costs). Depression also frequently occurs with and exacerbates other medical conditions resulting in another \$4.70 spent on those conditions.⁷

“The economic costs of mental illness will be more than cancer, diabetes, and respiratory ailments put together.”

**–Director, U.S. National Institute of Mental Health
at the World Economic Forum, January 2015**

Mental illnesses directly affect an employee’s ability to perform effectively at work and are associated with absenteeism and lost productivity; in fact, 80 percent of people with depression report some level of functional impairment.⁸ In a three-month period, patients with depression miss an average of 4.8 workdays and suffer 11.5 days of reduced productivity.⁹ And 217 million workdays are completely or partially lost each year due to mental illness.¹⁰

Another reason for the high cost associated with mental health conditions is that they frequently co-occur with other medical illnesses such as asthma, diabetes, and heart disease.¹¹ Individuals with depression consume two to four times the healthcare resources of other enrollees.¹² Individuals with depression are twice as likely to develop coronary artery disease, twice as likely to have a stroke, and more than four times as likely to die within six months from a myocardial infarction.¹³ In fact, effective

integration of medical and behavioral care could save \$26 billion to \$48 billion annually in healthcare costs.¹⁴ Mental illnesses, including depression, all too often result in disability, in part because people do not receive early intervention and quality care. Mental illness is the number one cause of disability in the United States.¹⁵

All too often, people avoid or delay reaching out for help. One in three people who need help get it.² This is due to stigma and shame, fear of impact on one's livelihood, financial barriers to care, and inadequate access to quality care and support. Employee Assistance Programs (EAP), commonly available through employers, offer free, confidential services but generally have extremely low use in the 3-5% range. These facts alone suggest that much more must be done to foster workplaces that encourage people to reach out for help when they need it and create environments where taking care of emotional and mental health is a priority.

The good news is that treatment works. Mental health treatment for conditions such as depression works 80 percent of the time.^{2,3,4} Many mental health conditions are treated with talk therapy and/or medication. And treatment has been shown to improve productivity and effectiveness on the job. One study found that antidepressant medication treatment for depression resulted in improved workplace productivity for more than 80 percent of cases.¹⁶ Similarly, Screening and Brief Intervention, Referral and Treatment (SBIRT), a technique combining the use of validated screening instruments and short-term intervention to reduce or eliminate harmful alcohol or drug use, has a positive return on investment.¹⁷

The bottom line is this: as an employer, you can't afford to ignore mental health. Investing in the mental health of your employees is central to taking care of your biggest asset — your workforce. There are measurable returns on that investment.

KNOW THE IMPACT AT YOUR COMPANY

The impact of mental illness at your company is likely tied directly to the effects of poor work quality and lost productivity. What is the business impact if workers are not at their best and

Case Study - PPG Industries¹⁸

To better assess the impact of stress and depression on its employees, PPG conducted its own studies. Having already added questions on their Health Risk Appraisal (HRA) process about depression and the stressors that may contribute to depression, the company integrated data from a variety of sources to determine how mental health affects not only healthcare costs but also such areas as worker productivity, absence, disability, and turnover.

Based on this comprehensive study, PPG concluded:

- General health, work attendance and work performance were all affected negatively as depression severity increased.
- Employees with mild depression had the greatest combined productivity loss due to greater overall prevalence of mild depression.
- Adverse effects of personal issues and financial concerns and having a high stress job were strongest predictors of higher severity.
- Employees in caregiver roles were more likely to neglect their own health.

the quality or quantity of work suffers (missed sales, poor negotiated deals, missed deadlines, increased liability and unnecessary risks, etc.)? Conversely, what can be gained when employees are performing at their peak levels, are fully engaged, and emotionally and physically healthy? Consider how to extrapolate and apply learnings from research to assess the impact of mental health to health and productivity (defined in the footnotes) to your specific population.

It may also be useful to examine key facts and relevant data concerning your current healthcare benefits and usage. In this case, you will want to gather information from your health

programs such as the employee assistance program and health, pharmacy and disability vendor partners. In addition to reviewing direct costs such as medical, mental health, and pharmacy, you will want to assess indirect costs including presenteeism; absenteeism; overtime and additional staffing to cover sick days, organizational risk; stress and disruption to teams and business units; disability; and recruitment, hiring, and retraining costs.

Some areas of focus might include the following strategies.

01 Measure the impact of health on productivity.

Measuring the effect of health on productivity can help identify problem areas that need increased attention. Consider implementing the [Work Limitations Questionnaire](#) or the [Health and Work Performance Questionnaire](#), which can be included in a Health Risk Appraisal.

02 Examine usage of mental health and substance use disorder benefits.

One in five Americans experiences a mental illness – does your usage reflect that? How do your usage rates compare to your plan’s book of business?

03 Examine your pharmacy spend.

Medications used to treat mental illnesses are often among those most frequently prescribed – but how are adherence rates? Are people complying with prescription therapies for recommended courses of treatment? Are prescribed dosages at therapeutic levels? Are you leveraging tools to encourage adherence, including pharmacy mail order, reminders, etc.?

04 Determine the impact on short and long-term disability.

How many cases are due to mental illnesses as the primary diagnosis? Are all cases routinely screened for mental health

issues? Is treatment intensity commensurate with the severity of the illness? If someone is unable to work, that signals a crisis that warrants focused interventions with the goal of restoring functional abilities that allow the employee to return to work.

RESULT OF KNOWING THE IMPACT

By understanding how mental illness affects your company, you will understand where your company is now on the path to foster a workplace that promotes, supports and improves the mental health and well-being of employees and their families. With a clear picture of the serious business effects of poorly treated mental health, you will be in a position to build support for change using the language that matters at your company.

2. BREAK THE SILENCE

**“If it’s mentionable
it’s manageable”** —Fred Rogers

Given the prevalence of mental illness and the historically low rate of help-seeking, it is essential to pair robust healthcare services with specific efforts to break the silence that surrounds the topic of mental illness. Strive to create a culture in which mention of depression, anxiety, post-trauma, and other common illnesses become as mentionable as diabetes, hypertension, and migraines. While there is no need for discussion of illness to become a centerpiece of workplace conversations, when people feel free to mention their concerns they are far more likely to be directed to sources of assistance. Stigma drives silence, and silence prevents those who suffer from seeking help. Breaking the silence on mental illness encourages those who will benefit to seek the help they need and deserve.

Case Study - DuPont¹⁹

DuPont prides itself on “fostering a sense of connectedness to the company values, goals and ethics in doing business in a global economy.” Recognizing the need to develop a comprehensive approach to increasing challenges of knowledge workers related to emotional well-being, DuPont launched a concept called “emotional ergonomics” in Europe. This was followed shortly thereafter in the U.S. with its “ICU” program (which stands for “Identify, Connect, Understand the way forward”).

DuPont’s ICU Program:

- Reminds staff that it is OK to care for one another and reach out for help reinforcing the values of “Safety and Health” and Respect for People.
- Is facilitated through a five-minute video rolled out globally through local teams in seven languages.
- Encourages employees to show concern and care for their colleagues and “gives a sense of normalcy around emotional distress.
- Receives a strong positive response from staff.

Here are suggestions from leading employers who have taken action to address stigma:

- Tailor programs/approaches to your company culture and existing strengths. Do what is right for your culture.
- Mention your commitment to leading a behaviorally healthy workplace every time you mention the company’s commitment to its overall culture of health, attracting and retaining the best talent, being an employer of choice, and valuing its employees and their family members as human beings.

- Train leaders to identify emotional distress and refer to EAP or other behavioral health resources.
- Provide adequate vacation time and consider making it policy that vacation time be taken.
- Offer EAP to family and household members as well as the employee. Connect your education and awareness efforts with specific information about how to access the EAP and reinforce confidentiality.
- Model work/life balance. Have leaders embody concepts and model behavior, paying attention to workload.
- Be welcoming of the need for accommodations. Train managers to respond appropriately and understand their role in supporting employees.
- Ensure that senior leaders routinely include language about emotional well-being when they talk about business issues.
- Consider emotional well-being when you have to make tough business decisions (head count reduction) and include EAP in the planning of such actions.
- Train leaders on responding promptly and constructively to behavioral performance issues.

MENTAL HEALTH PROGRAMS FOR THE WORKPLACE

The following programs can be implemented at your company to reduce stigma and end the silence that often surrounds mental illness. These specific programs were highlighted at mental health summits convened by the Northeast Business Group on Health (NEBGH) and the National Alliance on Mental Illness of New York City (NAMI-NYC Metro). They have all been developed for application specifically at the workplace and are available free of charge.

Be sure to confer with your current healthcare vendor partners including your mental health and medical plans, EAP, pharmacy and disability insurers. They may have resources and services already available to your company. You will want to tailor messages to employees and promote the specific ways in which they can access services and treatment through your company's health and wellness offerings.

ICU Program

The ICU Program is an anti-stigma campaign designed to foster a workplace culture that supports emotional health. Its core component is a five-minute video that uses the analogy of an Intensive Care Unit to explain how people with a psychological/emotional issue or illness may require help from one another. ICU teaches employees how to identify the signs of distress and appropriately connect with coworkers who may need support. ICU was developed by DuPont for their global workforce of 70,000 employees and has since donated it to the Partnership for Workplace Mental Health for other employers to use it at no cost.

<http://workplacementalhealth.org/>

#IWILLLISTEN

#IWILLLISTEN is an award-winning social media-based public service campaign designed to create awareness of the prevalence of mental illnesses and reduce the stigma associated with them. #IWILLLISTEN encourages people to listen to their friends, family members, and colleagues with an open mind and without judgment when it comes to mental health. The campaign is used by organizations to eliminate the barriers and stereotypes that so often prevent people from getting needed help. Employers can bring this campaign to their companies through #IWILLLISTEN days, which will help break the silence and connect employees to vital mental health resources. Companies that have hosted #IWILLLISTEN days include American Express, Deutsche Bank, Interactive Health, J. Walter Thompson, and PricewaterhouseCoopers.

<http://naminyc.iwilllisten.org/>

Right Direction

Right Direction is a creative educational initiative designed to reduce stigma, motivate employees and their families to seek help when needed, and provide employers with appropriate support tools and resources. The initiative offers employers a wealth of free, turnkey resources ranging from content for intranet sites to template PowerPoint presentations. These can be customized to communicate the importance of addressing depression with the C-suite and managers and can educate employees on the signs and symptoms of depression, including where to go for help. Right Direction is a collaboration between the Partnership for Workplace Mental Health and Employers Health.

<http://rightdirectionforme.com/>

Stamp Out Stigma

Stamp Out Stigma is an initiative spearheaded by the Association for Behavioral Health and Wellness (ABHW) to reduce the stigma surrounding mental illness and substance use disorders. Through wearing a visual symbol (wristbands) and sharing our own stories, the campaign will help remove the stigma of mental illness and addiction and those barriers to health-seeking behavior. Green, the campaign color, was chosen because it stands for health and well-being. Watch and share the films, wear a wristband, or spread the word on Facebook. It's time to talk about it.

<http://stampoutstigma.com/support.html>

ADDITIONAL PROGRAMS

In addition to the programs outlined above, there are a number of others available to employers. This list of resources is not an endorsement of these specific programs and is offered to be helpful in understanding the breadth and range of available options. In addition, Numerous commercial programs are available to employers. As you consider them, inquire about the program's evidence base and connect with companies using them to learn more about how they are working and being measured.

PROGRAMS (FREE)

#B4Stage4 Mental Health Screenings

Mental Health America's (MHA) screening program provides a collection of online, free, anonymous, confidential, and validated screening tools that can help individuals understand and learn about their mental health. MHA has online screening tools for depression, anxiety, bipolar disorder, post-traumatic stress disorder, psychosis, substance use, youth and parents, and workplace wellness. Screening results are given immediately to individuals who screen so that they can seek the follow-up help and resources they need. MHA is working towards our goal of getting every American screened and aware of their mental health—so they can address it #B4Stage4!

www.mhascreening.org

In Our Own Voice

National Alliance on Mental Illness' (NAMI) In Our Own Voice is a program that involves a 90-minute group interaction led by two group facilitators with serious mental illness, in recovery. Facilitators present a video and after each segment, share their experience and lead discussions.

<http://www.nami.org/Find-Support/NAMI-Programs/NAMI-In-Our-Own-Voice>

Live Your Life Well Campaign

Mental Health America (MHA) has created Live Your Life Well Campaign to promote mental health. This campaign provides users with 10 tools to achieve wellness. In addition, MHA offers workplace wellness/health surveys through their workplace wellness portal. Mental Health America offers assistance on operational issues as well, such as board development, fundraising plans, and program implementation. Affiliates also have access to a collection of online templates and resources on the Affiliate Only section of the Mental Health America website.

<http://www.mentalhealthamerica.net/living-well>

NAMI StigmaFree

The NAMI StigmaFree program promotes acceptance and actively challenges social stereotypes. Through powerful words and actions, the goal is to shift the social and systemic barriers for those living with mental health conditions and encourage acceptance and understanding. Individuals, companies, organizations, and others can all take the pledge to learn more about mental illness, to see a person for who they are, and to take action on mental health issues.

<http://www.nami.org/>

Working Minds

Working Minds offers culturally responsive comprehensive and sustained strategies to help workplaces make mental health promotion and suicide prevention health and safety priorities. Free resources include a “Manager’s Guide to Postvention: 10 Action Steps for Dealing with the Aftermath of Suicide,” workplace self-assessment tools, and industry strategy resources. Working Minds also provides eight-hour train-the-trainer workshops to help EAP, supervisors, and HR professionals build capacity for proactively addressing mental health challenges and suicide crises at work. Other services include workplace needs assessment, leadership engagement, communication development, and policy audits.

www.WorkingMinds.org

NON-US PROGRAMS

Beyondblue

Beyondblue (Australia) is a national initiative of the Australian government to raise awareness and reduce the stigma associated with depression and anxiety. In 2004, beyondblue launched its National Workplace Program which offers facilitator-led workshops that give employees and managers the knowledge and tools to recognize depression and intervene at an early stage to help affected colleagues. Beyondblue has also licensed its National Workplace Program to the Centre for Mental Health in the UK under the name Impact on Depression.

<https://www.beyondblue.org.au/about-us/programs/workplace-and-workforce-program/programs-resources-and-tools/national-workplace-program>

Elephant in the Room

This anti-stigma campaign (Canada) is a program conducted through Mood Disorders Society of Canada that works to decrease stigma and promote awareness in the workplace. This campaign includes posters and educational resources.

<http://www.mooddisorderscanada.ca/page/elephant-in-the-room-campaign>

Opening Minds

Opening Minds is Canada's largest effort to reduce mental health stigma. Opening Minds was established by The Mental Health Commission of Canada in 2009 as a program that works to reduce the stigma facing people living with mental illness.

<http://www.mentalhealthcommission.ca/English/initiatives-and-projects/opening-minds>

R U OK?

R U OK? is a not-for-profit organization dedicated to encouraging all Australians to regularly and meaningfully ask anyone struggling with life, “Are you ok?” The program includes strategies and resources for the workplace.

<https://www.ruok.org.au/>

Time to Change

Time to Change (UK) is an anti-stigma campaign for people suffering mental illness in England.

<http://www.time-to-change.org.uk/>

OTHER RESOURCES/GUIDES

The Stability Network

The Stability Network is a coalition of successful professionals who live, or have lived, with mental health conditions. They share their stories and experiences in order to help other people with such conditions recover faster and stay well longer.

<http://www.thestabilitynetwork.org/>

RESULT OF BREAKING THE SILENCE

When employers take on the subject of mental illness, they send a powerful message to employees that it's okay to get help. Reactions from employees when companies have done so have universally been positive: employees report feeling that their companies value and care about them as people. Given the particular stigma that persists in the workplace and the concern that people have that they may lose their job or miss opportunities if they reach out for help, employers wield enormous influence and are in a position to foster a culture where getting help is a sign of strength and is as routine as getting medical care for any other health condition. From an economic standpoint, employees accessing treatment reaps rewards in increasing productivity.

3.

DELIVER AFFORDABLE ACCESS

Due to the complex nature of behavioral health conditions, regular access to behavioral health specialists and support services are required for successful treatment. Despite the federal and state parity laws, barriers—limited availability, affordability, lack of education about mental illness, and stigma—still remain for individuals seeking to access behavioral health services. Some of these barriers are unique to behavioral health, others are not; however, overcoming these obstacles may prove especially difficult for individuals struggling with behavioral health conditions, placing them at a distinct disadvantage. The specifics of barriers depend on the plan design, the level of coverage the purchasers choose to buy, and the policies of the insurance company; every situation is unique and individualized.

SUMMARY OF BARRIERS TO BEHAVIORAL HEALTH SERVICES

Provider Networks	Insurance Company Procedures	Consumer Perspectives
<ul style="list-style-type: none"> • Inadequate and “Phantom” Networks • Restrictive and Limited Network Criteria • Costs of Out-of-Network Care 	<ul style="list-style-type: none"> • Lack of Information Disclosure • Claim Denials • Behavioral Health Specialty Referrals • Pre-Authorizations • Low Reimbursement Rates • Out-of-Pocket Costs • Billing and Coding Restrictions 	<ul style="list-style-type: none"> • Stigma • Cultural Beliefs • Racial/Ethnic/ Sexual Orientation/ Gender Identity and Treatment Disparities • Trust and Mistrust • Privacy Concerns

Find out what your company’s mental health actually covers by evaluating your current mental health benefits and health services.

Assessment of your Company: Does your Company...

- Regularly provide information about mental health issues and employee benefits to reduce the stigma sometimes associated with seeking help for mental health problems?
- Provide access to valid mental health screening tools?
- Give employees easy access to mental health support and care (e.g. EAP)?

- Provide high quality outpatient and inpatient coverage for mental health treatment when needed? As well as easily- understood descriptions of how to access care?
- Provide appropriate access to outpatient care and a broad continuum of services, settings, and providers?
- Cover effective prescription medications for mental health conditions at a level that encourages their appropriate regular use?
- Encourage mental health and stress management through a comprehensive wellness and health promotions program?
- Provide training to managers in conflict resolution and management skills to reduce excessive workplace stress? Provide training in identifying job performance problems related to mental health issues?
- Track disability claims for mental health conditions and provide case management services to facilitate timely return to work?

Source: *Human Resource Executive*, 2004

BEST PRACTICES

The following practices have been identified as those that many employers are successfully using to remove obstacles to care and encourage early identification and intervention of mental illnesses.

Identify sources of data about the workplace that may provide insight about how the workplace environment supports mental health, including employee engagement, satisfaction surveys, etc. The answers to these inquiries will yield information that can drive your strategy. You will likely want to engage your vendor partners in robust discussions about the ways in which you can increase help-seeking and improve the quality of care once people access it. You may also wish to host regular vendor summits to encourage/require vendors to work together to reduce siloes and increase integration and collaboration to eliminate barriers to quality care and treatment.

Provide Health Risk Appraisals (HRA) to employees that include mental health questions and questions about management and supervisor support for team member health.

Include questions related to stress, depression, and substance use disorders in health risk appraisals. Provide information and EAP to those who screen positive. Consider having EAP reach out to positive screens rather than relying on the individual to follow up.

Promote EAP and understand current usage. Robust use of EAP services can encourage early intervention and avoid more costly interventions after care is delayed. Unfortunately, despite the fact that EAP is confidential and generally free, it typically has low rates of use. Pay special attention to how utilization is defined – sometimes utilization rates include telephone calls for information in addition to face-to-face appointments. It makes sense to measure utilization in terms of contacts with the program that result at least in a full assessment of the participant’s needs. How does it compare to your EAP’s book of business? Ask about the specific services available through your EAP; for example, does it offer management consultation, onsite manager training, telephone and face-to-face appointments?

<http://www.workplacementalhealth.org/Topics/Employee-Assistance-Programs.aspx>

Improve the Design of your Health Insurance Benefits

Structure. A 1996 review of the evidence for the efficacy of well-documented treatments suggested that covered services should include the following:

- 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).
- Medical management (e.g., monitoring psychotropic medications).
- Case management.
- Intensive psychosocial rehabilitation services.

- Other intensive outreach approaches to the care of individuals with severe disorders.²⁰

Since resources to provide such services are finite, insurance plans are responsible for allocating them to support treatment. Each type of insurance plan has a different model for matching treatment need with insurance support for receiving services.²

Examine the specifics of your plan(s) design and align incentives to encourage and facilitate engagement and adherence to treatment plans in mental health programs and services. Examine cost sharing (copayments, deductibles) in behavioral health, medical, and pharmacy benefits and ensure it facilitates early intervention and disease management adherence to evidenced-based treatment. How much does it cost employees to use outpatient mental health services? Do the out-of-pocket costs for mental health treatment, including those for therapy, encourage or discourage their use, consider providing incentives for participation in HRA and wellness activities. Ask all vendors about prior authorization requirements and other management techniques that may be barriers to care-seeking and adherence to treatment.

Case Study – Prudential²¹

Prudential believes that the health of its workforce is intrinsically linked to the health of the organization. Behavioral health is at the core of that philosophy and simply offering benefits is not the same as promoting health. However, they acknowledge that network information is often outdated and incorrect as well as the frustrations that some patients struggle with to find an in-network provider or schedule an appointment.

Recognizing the obstacles that stand between an employee and covered mental health services, Prudential has taken

steps to remove barriers by:

- Boosting provider networks near its largest sites.
- Offering employees an “on-ramp” to care via its Care Counselor program.
- Bringing behavioral health care to the workplace through eight on-site health clinics.
- Providing interim care through its employee assistance program.
- Emphasizing behavioral health in its overall culture of health communications.

Examine the adequacy of your behavioral health networks.

Review access standards for behavioral health providers and review utilization patterns for care provided in-network versus out-of-network. Where discrepancies arise, require health plans to improve contracting to ensure adequate and quality coverage in-network.

Provide information about benefits, accommodations, and community resources. Establish an easily accessible behavioral health system by providing assistance in navigating the healthcare system.

- Mental Health Benefits Summary: provide information to employees to help them understand the healthcare system and the benefits available to them for the treatment of mental illness.
- Create guidelines for job accommodations, including time to participate in therapy and other mental health programs.²²
- Provide information on community resources.

Be certain your plan complies with the Mental Health Parity and Addiction Equity Act, which requires employers that offer mental health and/or substance use disorders coverage to have

parity between mental health/substance use disorder benefits and medical/surgical benefits with respect to financial requirements and treatment limitations.

See the [Employer Guide for Compliance with the Mental Health Parity and Addiction Equity Act](#) to understand the requirements and find help when engaging your health plan and/or brokers.

MORE ON MENTAL HEALTH PARITY

It is critical to note that mental health parity does not mean that all plans must provide behavioral health coverage, nor does it mean that plans that provide such coverage must cover all behavioral health services in all instances. Parity simply implies that behavioral health services need to be covered at par with those services covered on the medical/surgical side. For example, if a plan does not cover a particular aspect of medical/surgical services, such as out-of-network benefits, it is not responsible for providing those benefits for behavioral health.

There are three major federal parity laws: Mental Health Parity Act of 1996 (MHPA), Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA), and the Patient Protection & Affordable Care Act and the Health Care & Education Reconciliation Act of 2010 (known collectively as the Affordable Care Act, or ACA).

The intention of parity is to break down the discriminatory limits insurance companies have imposed on particular populations through the proper implementation of state and federal parity laws. To do this necessitates a sound understanding of those laws.

EMPLOYER GUIDES/MANUALS

Engaging Large Employers Regarding Evidence-Based Behavioral Health Treatment is a guide created by the National Business Group on Health. It includes a toolkit containing an employer assessment tool, a benefit design tool, an RFPs tool, a vendor and program evaluation tool, and an employer interviews/ implementation presentation.

https://www.businessgrouphealth.org/toolkits/et_mentalhealth.cfm

The World Health Organization's (WHO) **The Mental Health Policy Service Guidance Package** is a document that gives information on mental health policies, government roles, and mental health's impact on the workplace. In addition, this package provides a step-by-step plan for creating and implementing a mental health policy in your workplace.

http://www.who.int/mental_health/policy/workplace_policy_programmes.pdf

RESULT OF DELIVERING AFFORDABLE ACCESS

Dealing with mental health issues is difficult for your employees to understand and accept, and lack of affordable access can be a huge barrier to employees and their families getting the help they need. These issues are challenged by an insurance environment that has a history of discouraging use of mental health services. By ensuring your EAP, behavioral health vendors and health plans provide affordable access to care, and make communication of these resources a priority, you remove a key barrier to helping your employees and their loved ones address behavioral health issues and return to a more highly productive and effective state at work.

4. BUILD A CULTURE OF WELL-BEING

When an employer fosters a culture of well-being, it moves away from relying on traditional wellness programs like biometric screenings and embraces a holistic approach that includes emotional and mental health. It focuses on elements that give it its essential culture, such as leadership, values, communication and environment. Research examining stress and resiliency programs among large employers found that the areas that had the biggest influence on reducing stress and increasing resiliency had less to do on specific stress reduction programs or resiliency training and more to do with the ways in which the company demonstrated a commitment to their core values, the ways in which employees treated one another, and whether leaders modeled healthy behaviors and habits. Trust and communication were essential ingredients for work environments judged to be emotionally healthy.²³

Case Study – Barry-Wehmiller²⁴

Barry-Wehmiller practices a leadership approach that enables people’s work to be in harmony with people-centric values – encouraging associates to “live out Truly Human Leadership, fostering and celebrating personal growth through meaningful work, thereby changing people’s lives.” While developing this framework, the company looked to align with a sense of stewardship for people’s lives.

The company most recently applied its people-centric principles to the area of well-being:

- Their whole-person approach to well-being supports balance in the key areas that contribute to a thriving life – financial, social, career/purpose, physical, and community.
- It has influenced how the company has reacted to downturns, working toward shared sacrifice that results in higher levels of loyalty and gratitude.
- Since the people-centric transformation, they have seen even higher levels of engagement by us and systemic improvements in profits and shareholder value.

According to PwC, companies are increasingly active in identifying practices that improve emotional well-being such as educating employees on mindfulness.²⁵ This approach is focused on the entire person and not confined to application in one’s personal lives. Rather, it can be used in business environments, and according to PwC, can support increased creativity, decrease burnout, and promote teamwork. New technologies are being leveraged to activate the five pillars of change, which PwC defines as enablement, education, guidance, support, and motivation.

Fostering a culture of health—a culture that supports physical, mental, social, spiritual, and financial health—not only benefits your employees and their family members in countless ways, it

also benefits your business similarly. When employees work for leaders who encourage them to eat well, move more, maintain work/life harmony, use the resources the company offers to secure optimum health, find joy at work and outside work; experience a work environment in which people of all backgrounds find fairness and appreciation, understand how their efforts contribute to the larger mission of the organization, and use company resources to save for their family's financial security, the results extend well beyond better individual health.

Employees respond by giving more of themselves. They share their creativity and best thoughts; show discretionary effort; and raise questions, challenges, and concerns, knowing these will be treated with care and respect. In short, employees who work within a culture of health produce extraordinary business results.

EMPLOYER RESOURCES

PwC's HR innovation published in the fall of 2014 features the role of well-being in changing the face of wellness approaches and trends in employee engagement, cultivating talent, and bridging the wellness-performance chasm.

<https://www.pwc.com/us/en/hr-management/publications/assets/pwc-hr-innovation-fall-2014.pdf>

How to create a culture of organizational well-being by Jennifer Robinson.

<http://www.gallup.com/businessjournal/159080/create-culture-organizational-wellbeing.aspx>

The World Health Organization's (WHO) **Mental health: a state of well-being** defines mental health in the context of well-being and offers the Top 10 facts on mental health. This definition of mental health reflects the WHO's definition of health as found in its constitution: "Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity."

http://www.who.int/features/factfiles/mental_health/en/

Employee well-being support: a workplace resource Edited by Andrew Kinder, Rick Hughes, and Cary L. Cooper. Published by John Wiley & Sons Ltd, 2008. ISBN 978-0-470-05900-5. Price: £29.99. 339 pp.

RESULT OF BUILDING A CULTURE OF WELL-BEING

Companies that support the well-being of their employees will find higher employee engagement and loyalty which correlates with improved productivity, effectiveness and business results. Employee well-being has been shown to be associated with higher sales, more innovation, lower turnover, less sick leave and reduced burnout. A culture of well-being can also help to prevent the onset or seriousness of mental illness that might otherwise arise.

REFERENCES

¹Substance Abuse and Mental Health Services Administration, Results from the 2013 National Survey on Drug Use and Health: Mental Health Findings, NSDUH Series H-49, HHS Publication No. (SMA) 14-4887. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014.

²U.S. Department of Health and Human Services. Mental Health: A Report of the Surgeon General. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, National Institutes of Health, National Institute of Mental Health, 1999. Available from: www.surgeongeneral.gov/library/mentalhealth/toc.html

³Lipsey, M. W., & Wilson, D. B. The Efficacy of Psychological, Educational, and Behavioral Treatment Confirmation from Meta-analysis. *American Psychologist*, 48.12 (1993), 1181-1209.

⁴The World Health Organization. Promoting Mental Health, 169-188, Edited by Helen Herrman, Shekhar Saxena, Rob Moodie. Geneva, Switzerland. Available from: www.who.org/publications

⁵Kessler, R. C., Chiu, W. T., Demler, O., Merikangas, K. R., & Walters, E. E. Prevalence, Severity, and Comorbidity of Twelve-month DSM-IV Disorders in the National Comorbidity Survey Replication. *Archives of General Psychiatry*, 62.6 (2005): 617-627.

⁶Wang, P. S., Lane, M., Olfson, M., Pincus, H. A, Wells, K. B., & Kessler, R. C. Twelve-month Use of Mental Health Services in the United States: Results from the National Comorbidity Survey Replication. *Archives of General Psychiatry*, 62(2005): 629-640.

⁷Greenberg et al. The Economic Burden of Adults with Major Depressive Disorder in the U.S. (2005 and 2j010). *Journal of Clinical Psychiatry* 2015, 76.2 (2015): 155-162.

⁸Pratt LA, Brody DJ. Depression in the United States Household Population, 2005-2006. National Center for Health Statistics: NCHS Data Brief No. 7; 2008. Available from: www.cdc.gov/nchs/data/databriefs/db07.htm#ref08

⁹Valenstein M, Vijan S, Zeber JE, Boehm K, Buttar A. The Cost-utility of Screening for Depression in Primary Care. *Annals of Internal Medicine*. 2001; 134(5): 345-360.

¹⁰Hertz R. & Baker C. The impact of mental disorders on work. Pfizer Outcomes Research. Publication No P0002981. Pfizer; 2002.

¹¹Kessler, R. C., Berglund, P., Chiu, W. T., Demler, O., Heeringa, S., Hiripi, E., Jin, R., Pennell, B., Walters, E. E., Zaslavsky, A., & Zheng, H. The US National Comorbidity Survey Replication (NCS-R): Design and Field Procedures. *International Journal of Methods in Psychiatric Research*, 2004; 13:69–92. Available from: www.hcp.med.harvard.edu/wmh/publishedpaper_kessler_design.pdf

¹²Goldman, H., Frank, R., Burnam, A., Huskamp, H., Ridgely, S., Normand, S., Young, A...Blansinsky, M. Behavioral Health Insurance Parity for Federal Employees. *New England Journal of Medicine*. 2006; 354:1378-86. Available from: www.researchgate.net/profile/Richard_Frank2/publication/7207321_Behavioral_health_insurance_parity_for_federal_employees/links/09e4150650055d5d46000000.pdf

¹³McVeigh, K.H., Sederer, L.I., Silver, L., & Levy, J. Integrating Care for Medical and Mental Illnesses. *Preventing Chronic Disease*, 3.2 (2006), A33.

¹⁴Milliman. Economic Impact of Integrated Medical-Behavioral Healthcare: Implications for Psychiatry. April 2014.

¹⁵The World Health Organization. The World Health Report 2004: Changing history. Estimates for 2002; A126-A127. Geneva, Switzerland. Available from: www.who.int/whr/2004/en/report04_en.pdf?ua=1

¹⁶Finkelstein, S., Berndt, E., Greenberg, P., Parsley, R., Russell, J., & Keller, M. Improvement in Subjective Work Performance After Treatment of Chronic Depression: Some preliminary results. *Psychopharmacology Bulletin*, 32 (1996), 33-40.

¹⁷Barbosa, C., Cowell, A., Bray, J., & Aldridge, A. The Cost-effectiveness of Alcohol Screening, Brief Intervention, and Referral to Treatment (SBIRT) in Emergency and Outpatient Medical Settings. *Journal of Substance Abuse Treatment*. 2015 Jun ;53:1-8.

¹⁸ Partnership for Workplace Mental Health, American Psychiatric Association Foundation. Mental Health Works 4th Qtr 2010. Available from <http://www.workplacementalhealth.org/mhwfourthqtr2010>

¹⁹ Partnership for Workplace Mental Health, American Psychiatric Association Foundation. Mental Health Works 3rd Qtr 2014. Available from <http://www.workplacementalhealth.org/q3mhw2014>

²⁰ Frank R.G., T.G. McGuire, & H.H. Goldman. Buying in the Public Interest: A Primer for Purchasers of Managed Care in the Public Sector. Washington, DC: Bazelon Center for Mental Health Law, 1996.

²¹ Dolan-DelVecchio, K. Care For Your Mind. Available from <http://careforyourmind.org/what-should-employers-do-to-increase-access-to-mental-health-care/>

²² “Disability Law and Mental Health.” University of Michigan Depression Center Available from: www.depressioncenter.org/work/information-for-employers/disability-law/

²³ Spangler, N. W., Koesten, J., Fox, M. H., Radel, J. Employer perceptions of stress and resilience intervention. *Journal of Occupational & Environmental Medicine*. 54.11 (2012), 1421-1429.

²⁴ Partnership for Workplace Mental Health, American Psychiatric Association Foundation. Mental Health Works 1st Qtr 2015. Available from http://www.workplacementalhealth.org/mhwq1_2015

²⁵ Thompson, M. and Whitaker, P. (2014). People, profitability, and pursuit— of happiness, engagement, and business results. Available from: www.pwc.com/us/en/hr-management/publications/assets/pwc-hr-innovation-fall-2014.pdf

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Mental Health Program



United States: Framing the Mental Health Crisis



Mental Health Facts in America

Fact: 43.8 million adults experience mental illness in a given year.



1 in 5 adults in America experience a mental illness.



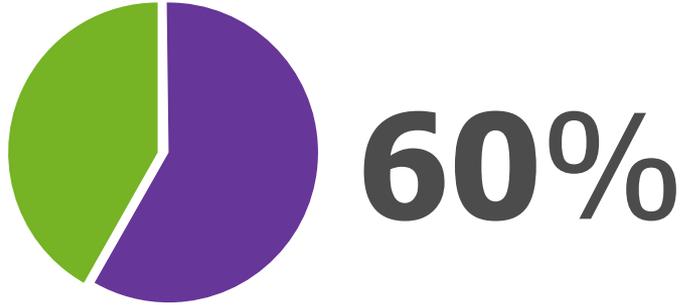
Nearly 1 in 25 (10 million) adults in America live with a serious mental illness



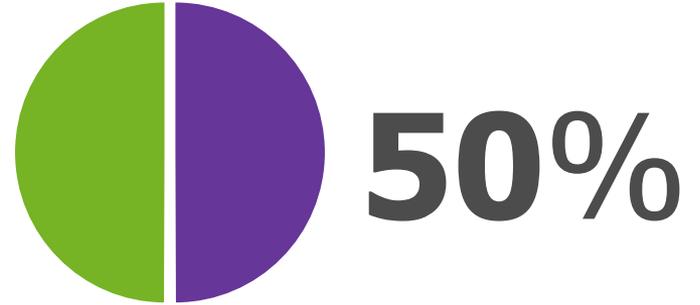
One-half of all chronic mental illness begins by the age of 14; three-quarters by the age of 24.



Treatment in America



Nearly 60% of adults with a mental illness didn't receive mental health services in the previous year.²



Nearly 50% of youth aged 8-15 didn't receive mental health services in the previous year.¹

1. This document cites statistics provided by the National Institute of Mental Health. www.nimh.nih.gov

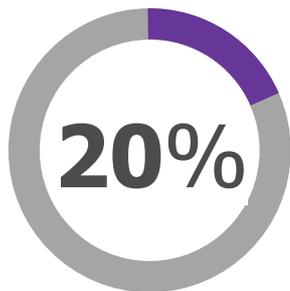
2. Substance Abuse and Mental Health Services Administration

NAMI. (2015). Mental Health by the Numbers. Retrieved from <https://www.nami.org/Learn-More/Mental-Health-By-the-Numbers>

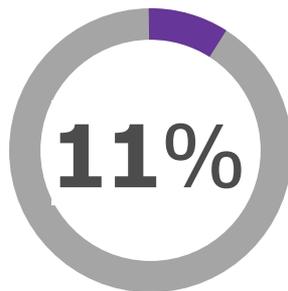


Mental Health Facts: Children & Teens

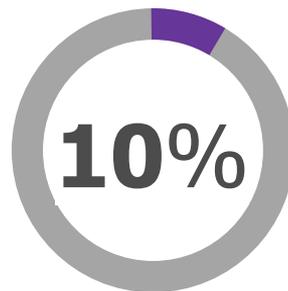
Fact: 1 in 5 children ages 13-18 have, or will have, a serious mental illness¹



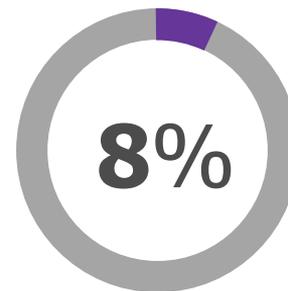
20% of youth ages 13-18 live with a mental health condition¹



11% of youth have a mood disorder¹



10% of youth have a behavior or conduct disorder¹



8% of youth have an anxiety disorder¹

1. This document cites statistics provided by the National Institute of Mental Health. www.nimh.nih.gov

NAMI. (2015). Mental Health by the Numbers. Retrieved from <https://www.nami.org/Learn-More/Mental-Health-By-the-Numbers>



United States: The Impact of the Mental Health Crisis



Depression



1st

Depression is the leading cause of disability worldwide, and is a major contributor to the global burden of disease.¹

1. This document cites statistics provided by the National Institute of Mental Health. www.nimh.nih.gov

NAMI. (2015). Mental Health by the Numbers. Retrieved from <https://www.nami.org/Learn-More/Mental-Health-By-the-Numbers>



Impact on Earnings



-\$193B

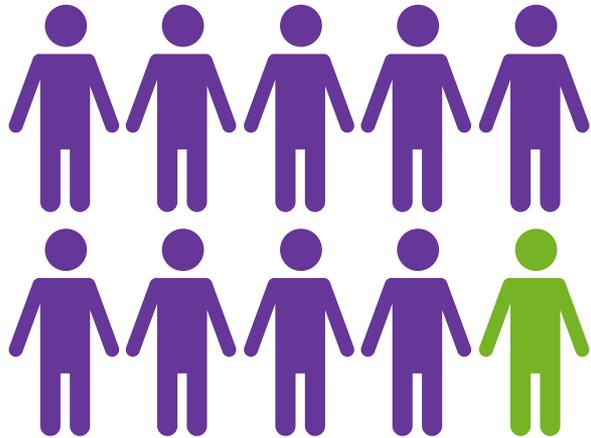
Serious mental illness costs America \$193.2 billion in lost earnings every year.¹

1. American Journal of Psychiatry and U.S. Surgeon General's Report, 1999

NAMI. (2015). Mental Health by the Numbers. Retrieved from <https://www.nami.org/Learn-More/Mental-Health-By-the-Numbers>



Victims of Suicide



90%

90% of those who die by suicide have an underlying mental illness. Suicide is the 10th leading cause of death in the U.S.¹

1. American Journal of Psychiatry and U.S. Surgeon General's Report, 1999

NAMI. (2015). Mental Health by the Numbers. Retrieved from <https://www.nami.org/Learn-More/Mental-Health-By-the-Numbers>

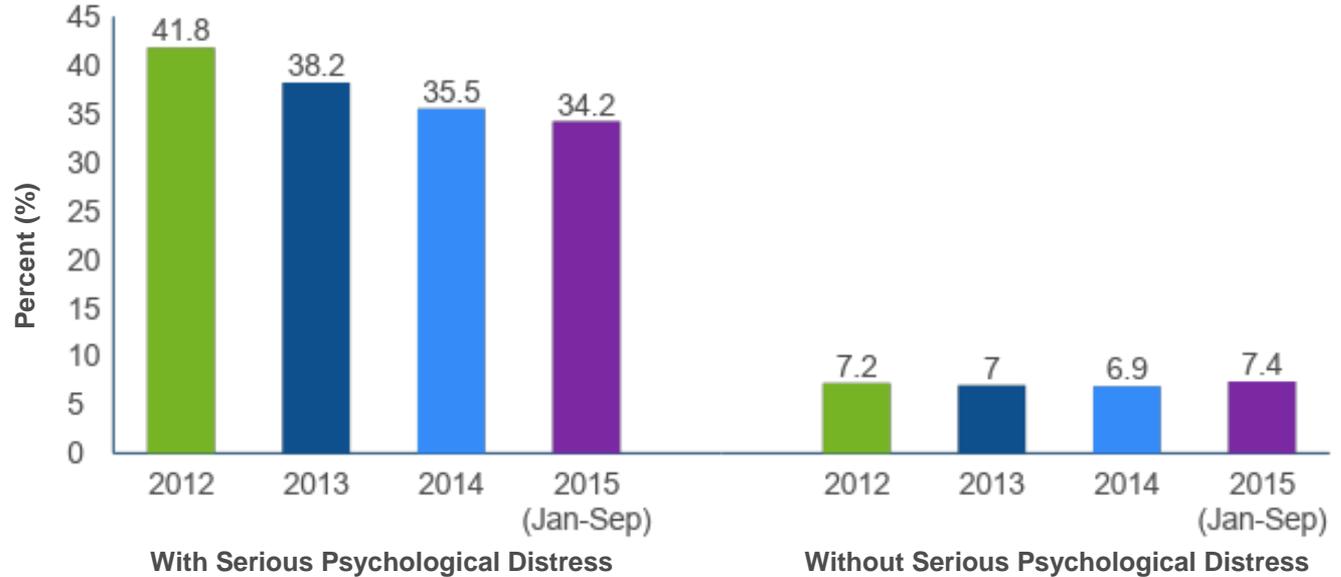


United States: The Causes of the Mental Health Crisis



Fewer Adults Experiencing Serious Psychological Distress are Seeing or Speaking with a Mental Health Professional

Percentage of adults aged 18-64 with and without serious psychological distress who have seen or talked to a mental health professional in the past 30 days, 2012–September 2015



Peterson-Kaiser Health System Tracker

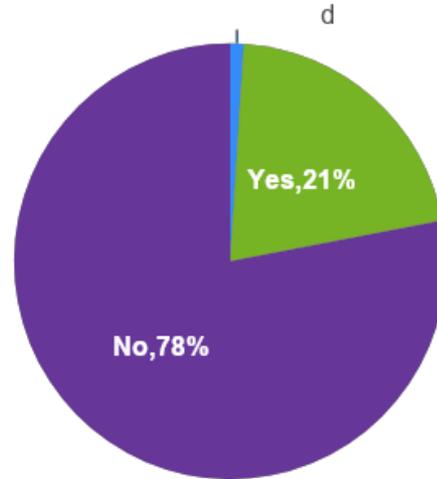
Source: CDC National Health Interview Survey Early Release Program. http://www.cdc.gov/nchs/data/nhis/earlyrelease/er_spd_access_2015_f_aer.pdf



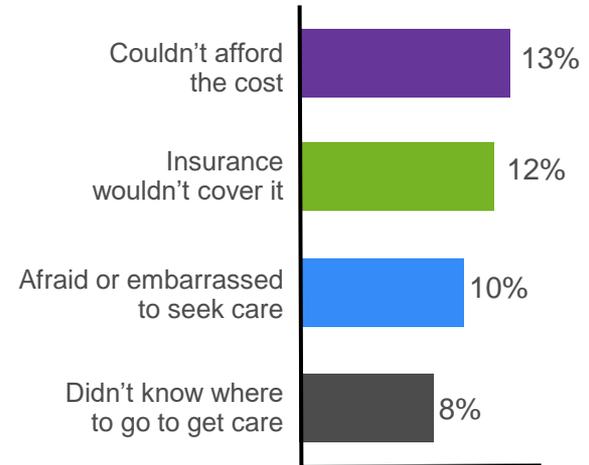
One in Five Americans Report They or a Family Member Did Not Receive Mental Health Services

Was there ever a time when you or another family member in your household thought you might need mental health services but did not get them?

Percentage of participants responding to questions asked in April 2016



Of those who reported not receiving care, the following percentage reported the reason for foregoing care as:



Peterson-Kaiser Health System Tracker

Source: Kaiser Family Foundation Health Tracking Poll: April 2016.

Available at: <http://kff.org/report-section/kaiser-health-tracking-poll-april-2016-substance-abuse-and-mental-health/>



Fisher Contracting Mental Health Assessment

Do we...	Answer
Regularly provide information about mental health issues and employee benefits to reduce the stigma sometimes associated with seeking help for mental health problems?	No
Provide access to valid mental health screening tools?	No
Give employees easy access to mental health support and care (e.g., EAP)?	Yes, but we haven't told anybody about it.
Provide high quality outpatient and inpatient coverage for mental health treatment when needed?	Yes, I think so, but not until deductible is met.
Make it easy to understand how to access care?	No
Provide appropriate access to outpatient care and a broad continuum of services, settings and providers?	No



Fisher Contracting Mental Health Assessment

(continued)

Do we...	Answer
Cover effective prescription medications for mental health conditions at a level that encourages their appropriate regular use?	Yes, I think so.
Encourage mental health and stress reduction through a comprehensive wellness and health promotion program?	No
Provide managers with management skills and training in conflict resolution to reduce excessive workplace stress?	No
Provide training to help identify job performance problems related to mental health issues?	No
Track disability claims for mental health conditions and provide case management services to facilitate timely return to work?	No



What is Going to Change?

Immediately:

- Educate employees about the scope of the problem.
- Work to eliminate the stigma/embarrassment/fear associated with admitting to a mental health problem.
- Remove, as much as possible, the roadblock of having to meet the deductible before insurance pays a dime toward mental health services.
 - Fisher Contracting is instituting a reimbursement program up to the point where an employee's deductible is met.
 - There will be “skin in the game” for the employee, a \$30 co-pay.
 - Family members are included.



What is Going to Change?

(continued)

Immediately:

- Put in place an Employee Assistance Program (EAP) that is affordable, accessible and effective.
- Introduce you to our EAP provider and two practitioners we trust to deliver excellent mental health treatments and services.
- Offer the Financial Peace University program focused on managing finances. Fisher Contracting will pay for this service, which will be delivered through Steve O'Mara.
 - Debt and financial stress are large contributors to mental health issues.



What is Going to Change?

(continued)

Over the Next Year:

- For non-bargained-for employees, we will investigate making the reimbursement plan part of the Fisher Companies Employee Benefit plan.
 - Tie program to our Wellness Program, if that is practical and effective.
- Train Supervisors and Safety Techs to recognize signs of mental health issues.
- Embed this program in our Safety Program and deliver information at New Hire Orientation and in Tool Box Talk modules throughout the year.
- Make valid mental health screening tools available for use by employees and their families.
- Continually evaluate and improve.



Employee Experience

Thank you for sharing your stories with us.

- Dave Kruskcamp
- John Fisher



Mental Health Providers

Family and Children's Services

Denise M. Berry, MBA, MA, MSA

Chief Executive Officer

1714 Eastman Ave., Midland, MI

989-631-5390

dberry@fcs-midland.org

www.fcs-midland.org



Mental Health Providers

(continued)

Partners in Change

Dr. Ann Date, Psy.D., LP

Co-Owner

Midland Office: 720 W. Wackerly Rd., Suite 11

Mt. Pleasant Office: 4912 E. Pickard Rd.

Phone for both offices:

989-832-2165 or 866-832-2165

Contact form is on website:

www.psychologistsmidland.com



Partners in Change:
Psychological & Community Services, PLC



Mental Health Providers

(continued)

Perspectives Psychological Associates of Mid-Michigan

Dr. Jennifer A. Lombardo, Ph.D.

Midland Office: 104 W. Wackerly St.

Mt. Pleasant Office: 201 S. University Ave.

Phone for both offices: 989-486-3021

info@perspectivespsych.com

www.perspectivespsych.com



Financial Peace University

Steve O'Mara, P.E.



Why is this part of a Mental Health program?

- Financial stress is a major contributor to depression and anxiety issues, and it is one thing we are set up to address now.
- Steve is a Financial Peace University coordinator and is volunteering his time to lead this class. Fisher Contracting will cover the cost.
- I wish I had taken this class 40 years ago!



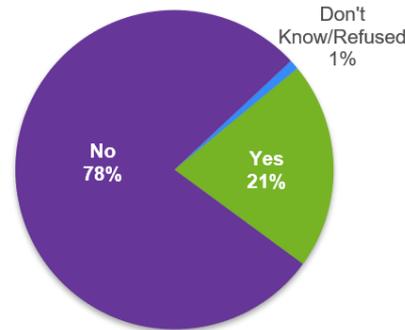
Remember this Slide?

If we accomplished one thing today, I hope it is that we have eliminated these reasons for not getting mental health care.

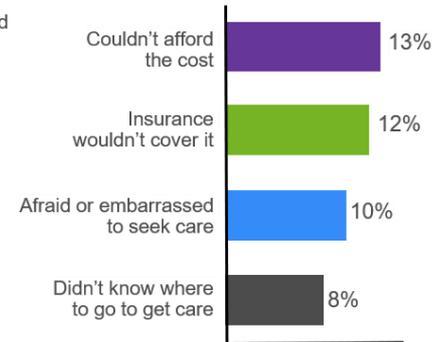
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Closing

