Wisconsin Women's Health Foundation
4th Annual Dialogue White Paper

"Crafting a Healthier Workforce: *The Impact of Mental Health And What We Can Do To Effect Change*"

September 15, 2009
Madison, Wisconsin

SUMMARY

Mental health problems are health conditions involving changes in thinking, mood, or behavior. Mental health and mental illness can be pictured as two points on a continuum with a range of conditions in between. When these conditions are more serious, they are referred to as mental illnesses and include depression, anxiety disorder, childhood and adult attention-deficit/ hyperactivity disorder, and other diagnosable illnesses that most often benefit from treatment. According to one study, nearly a quarter of the U.S. workforce (28 million workers ages 18-54) experiences a mental or substance abuse disorder. (Workplaces That Thrive: A Resource for Creating Mental Health-Friendly Work Environments, U.S. Department of Health and Human Services)

Over the past several decades, research and employer experience demonstrate again and again that improving the health and wellbeing of the workforce also improves the bottom line. Employers have invested in wellness and employee assistance programs with benefit packages that focus on preventive care, healthy lifestyle choices, early identification and treatment of chronic disease.

Although the World Health Organization has identified mental illness as the leading cause of disability worldwide, the impact of mental illness in the workplace is not well understood. Only in the past few years have forward-thinking employers and health systems begun to focus on mental health as an essential component in improving the overall health status of their employees and patients.

Addressing mental health, educating employees about behavioral wellness, fostering a mental health-friendly workplace, and improving access to behavioral healthcare is not only the right thing to do, it provides a high return on investment. A workforce that is both physically and mentally healthy increases productivity, attendance and retention. A healthy workforce also helps control healthcare and disability costs. Investing in workplace behavioral wellness is good for the employee, good for the company, and good for the economy.

With the nation currently embroiled in the healthcare reform debate, mental health and addiction parity and other behavioral health issues are taking a back seat. The Wisconsin Women's Health Foundation believes this is a crucial time to address this urgent issue. From both a humanistic and economic standpoint, there is no better time to raise awareness, advocate for new initiatives, and enact real changes like fostering mentally healthy workplaces, reducing the stigma associated with mental illnesses, integrating physical and mental health care, and offering mental health screenings.

DIALOGUE

The Wisconsin Women's Health Foundation's annual healthcare dialogues bring together a diverse group of nationally recognized experts in their fields to discuss timely health-related issues, brainstorm solutions, gain consensus and drive action.

On September 15, 2009, the Wisconsin Women's Health Foundation 4th Annual Healthcare Dialogue was convened to discuss the impact of mental health on the workplace. This interactive Dialogue brought together business owners, healthcare specialists, researchers, people living with mental illness, legislators and others. The Dialogue was followed by two concurrent workshops: *The Prevention of Depression in the Workplace* and *Employer Experience Offering Mental Health Parity*.

"75% of health care costs are associated with chronic illness. Mental health and substance use disorders are the most chronic illnesses due to their early onset and high prevalence. They also impact other chronic conditions. Therefore, we cannot address the cost of health care, and promote a productive workforce, without adequately addressing these disorders."
– David Shern, president and CEO, Mental Health America

Together we explored issues and challenges in workplace mental health, and identified action steps to create a healthier workplace, erase the stigma of mental illness, and improve conditions for people with mental disease. Each participant pledged to move this issue forward, challenge others, and work for real change in our workplaces, our homes and communities, and in the healthcare sector and the legislature.

This white paper is based on that Dialogue, on the two workshops, and on additional research provided by our panel, advisory council and other sources. It is not intended to be an exhaustive study of these complex issues, but rather serve as an overview and a resource for additional study. Our hope is that this white paper will foster further dialogue and serve as a call to action to address these urgent issues.

Welcome
Sue Ann Thompson, founder and president, Wisconsin Women's Health Foundation

Opening Comments
Jim Haney, president and CEO, Wisconsin Manufacturers and Commerce
Karen Timberlake, secretary, Wisconsin Department of Health Services

Moderator
Zorba Paster, MD, public radio show host and clinical professor, University of Wisconsin School of Medicine and Public Health

Panelists

- Charles Curie, MA, ACSW, principal and founder, The Curie Group; former administrator, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services
- David Katzelnick, MD, distinguished senior scientist, Madison Institute of Medicine, Inc.; clinical professor of psychiatry, University of Wisconsin School of Medicine and Public Health; director, Healthcare Technology Systems, Inc.
- Dianne Kiehl, RN, CLT, executive director, Business Health Care Group
- Joy Rice, PhD, clinical professor in psychiatry, University of Wisconsin School of Medicine and Public Health; co-chair, Lt. Governor's Task Force on Women and Depression
- Luann Simpson, MSW, CAPSW, consumer advocacy team program coordinator; mental health consumer in recovery

Advisory Committee

- Rebecca Cohen, Wisconsin Department of Health Services
- Kathleen Connelly, Aurora Health Care
- Shel Gross, Mental Health America of Wisconsin
- Jerry Halverson, MD, University of Wisconsin, department of Psychiatry
- Jennie Lowenberg, National Alliance on Mental Illness (NAMI) Wisconsin
- R.J. Pirlot, Wisconsin Manufacturers & Commerce
- John Weaver, PsyD, Psychology for Business

Mental illnesses are real medical conditions

Mental illnesses are treatable medical conditions that impact one's mood, feelings, thinking, relationships and daily functioning. Serious mental illness includes major depression, bipolar disorder, schizophrenia, anxiety disorders and other conditions, and can range in severity and persistence. Many mental illnesses are caused by biochemical disturbances in the brain. There is a genetic component to some mental illnesses, while others may be triggered by trauma or crisis. Nearly half of all Americans will meet criteria for a diagnosable mental disorder in their lifetime.

Mental illness is *not* a passing phase or a bad mood, nor is it caused by poor character or a personal weakness. Mental illnesses affect individuals of any age, gender, ethnicity and socioeconomic background. Women are affected more by certain conditions, including depression, anxiety disorders, and eating disorders.

Untreated mental illness can lead to impaired functioning, increased duration and severity, disability and accidents, substance abuse and addiction, unemployment, shattered relationships, homelessness, incarceration and suicide.

Charles Curie, a member of the Dialogue panel, emphasized that mental health is essential to overall health. As a true medical condition that can be effectively treated, mental illness should be viewed the same way as diabetes, heart disease and other medical conditions.

Mental illness is prevalent

Mental disorders are common; there is virtually no workplace that is not impacted. Approximately 90 percent of people with a substance abuse or dependence disorder and 76.7 percent of adults with a mental illness are employed, according to the National Business Group on Health.

- One in four American adults experiences a mental health disorder in a given year. One in 17 lives with a serious mental illness, such as schizophrenia, major depression or bipolar disorder. (National Institute of Mental Health)
- Anxiety disorders, including panic disorder, obsessive-compulsive disorder, post-traumatic stress disorder, generalized anxiety disorder and phobias, affect about 18.1 percent of adults, an estimated 40 million people. Anxiety disorders frequently co-occur with depression or addiction disorders. (National Institute of Mental Health)
- Major depressive disorder affects 6.7 percent of adults, about 14.8 million Americans. According to the World Health Organization, it is the leading cause of disability. In fact, four of the 10 leading causes of disability worldwide are mental illnesses.
- Bipolar disorder affects 5.7 million American adults, approximately 2.6 percent of the adult population per year. (National Institute of Mental Health)
- About 2.4 million Americans, or 1.1 percent of the adult population, live with schizophrenia. (National Alliance on Mental Illness)
- Suicide is the leading cause of violent death worldwide. The majority of people who attempt and complete suicide have from one or more mental illness or substance abuse disorders. In the U.S., one person dies by suicide every 16 minutes. Untreated depression is the leading cause of suicide. (National Center for Suicide Statistics)

Mental illness often occurs in conjunction with other illness or disease

Many chronic physical health conditions are more likely to co-occur with a mental health condition. For example, patients with type 2 diabetes are at nearly twice the risk for depression. A co-morbid mental illness can lead to poor self-management, reduced compliance with a treatment plan, additional health complications and worse outcomes.

> **"Many people think of depression as a mental illness, but depression actually impacts physical health more than chronic diseases such as diabetes."**
> — *David Katzelnick, MD*

Likewise, a mental illness such as depression is linked to physical conditions such as stroke or heart attack (co morbidity). According to the World Journal of Biological Psychiatry, new findings confirm the presence of elevated levels of two inflammatory markers in physically healthy patients with depression, and an identification of another marker not previously strongly associated with inflammation may further explain the robust link between depression and cardiovascular disease and stroke. Also, people with severe depression are four times more likely to report neck or lower back pain, incurring twice as many sick days. (Carroll LJ, Cassidy JD, Cote P., Depression as a risk factor for onset of an episode of troublesome neck and low back pain, *Pain,* 2004, 107 (1-2); 134-139)

An estimated 5.2 million adults have co-occurring mental health and addiction disorders. (Substance Abuse and Mental Health Services Administration: *National Outcomes Measures for*

Co-Occurring Disorders, February 2007) Secretary Timberlake noted that a substance abuse disorder can contribute to the development of a mental illness, just as having a mental illness can lead to a substance abuse disorder because the person tries to "self-medicate."

Medications used to treat medical conditions also can cause psychiatric symptoms such as behavioral changes or cognitive impairment. Similarly, medications taken for mental illnesses can trigger physical symptoms. "The medications used to treat mental illness can cause a barrage of other physical ailments, including weight gain or diabetes," panelist Luann Simpson told Dialogue participants. "We call it 'the second wave of recovery.'" "We may have gotten our mental health issues under control but still can be left with some severe physical symptoms that might make us want to go off the medication."

A RAND Corporation study found that 43 percent of all adults suffer adverse health effects from stress. Stress is linked to the six leading causes of death: heart disease, cancer, lung ailments, accidents, cirrhosis of the liver and suicide. In fact, chronic stress may double the risk of heart attack.

Employer-sponsored health plans often promote care management programs for specific chronic illness. Close monitoring encourages compliance with the treatment plan and catches problems before they become severe. But few such care management programs address the significant likelihood of co-morbid mental illness. Panelists observed that even healthcare professionals, particularly in the primary care setting, too often overlook the link between chronic disease and mental illness. Disease management for chronic physical conditions such as heart disease and diabetes must include access to behavioral health care, several panelists said.

"Physical" health and "mental" health are not separate entities. They are the two fundamental components of overall health and wellbeing. Dialogue panelists emphasized that healthcare must focus on the "whole person" – mind, body and spirit – and that the general medical setting must be well coordinated with the behavioral health system. An interdisciplinary approach is essential, said Dr. Rice. The current stratification leads to inadequate treatment, fragmented services and further stigmatization.

Mental illness is costly to employers and the economy

Mental illness is extremely costly to employers, both through lost productivity and increased healthcare and disability expenses. Mr. Curie cited a recent Deloitte study that found the top three costliest healthcare issues for employers are heart disease, pulmonary conditions, and mental health.

Untreated mental health disorders affect mood, behavior, thinking and physical health. Problem solving, judgment, concentration, relationships, coping with stress, organization and ability to meet deadlines are just some of the essential workplace skills that can be impacted.

Mental Health America reports that mental health conditions are the second leading cause of workplace absenteeism. About one million employees miss work each day due to stress and mental illness. The National Business Group on Health estimates that untreated and mistreated mental illness costs the U.S. $150 billion in lost productivity annually. U.S. employers absorb more than $44 billion of this bill. Unlike other medical conditions, indirect costs typically meet or

exceed the direct treatment costs.

The Employer's Guide to Behavioral Health Services (The Center for Prevention and Health Services and The National Business Group on Health, 2005) gathered these statistics:

- In 2001, mental health and substance abuse treatment costs totaled $104 billion, representing 7.6 percent of total healthcare spending in the U.S. ($1.4 trillion.)
- Mental illness causes more days of work loss and work impairment than many other chronic conditions such as diabetes, asthma and arthritis.
- Approximately 217 million days of work are lost annually due to productivity decline related to mental illness and substance abuse disorders, costing U.S. employers $17 billion each year.
- In total, estimates of the indirect costs associated with mental illness and substance abuse range from $79 billion per year to $105 billion per year (based on 1990 dollars).

Dr. Katzelnick noted that clinical depression is one of America's most costly illnesses. According to the Journal of Clinical Psychiatry, when left untreated, depression is as costly as heart disease or AIDS to the U.S. economy. The economic burden of depression in 2000 – a decade ago – was $83.1 billion. Less than a third of this cost was in direct medical costs; almost two-thirds were in workplace costs. Dr. Katzelnick estimates that the cost is probably more than $100 billion today.

"The burden of mental illness on health and productivity in the United States and throughout the world has long been profoundly underestimated."

— U.S. Surgeon General's Report on Mental Health

More than 90 percent of employees agree that their mental health and personal problems spill over into their professional lives, and have a direct impact on their job performance. The workplace is also affected when employees have a close family member with a mental health condition.

Mental illness can be successfully treated

"What employers may not know is that studies show that treatment for mental illness is effective and, when compared to treatment for other chronic illnesses, yields improved health outcomes, improved productivity and a positive return on investment," Secretary Timberlake told Dialogue participants.

Mr. Curie cited two landmark studies: The Surgeon General's Report on Mental Health (U.S. Department of Health and Human Services; 1999) and the President's New Freedom Commission Report on Mental Health*: Achieving the Promise — Transforming Mental Health Care in America* (U.S. Department of Health and Human Services; July 2003). "The major message from these studies is that treatment works. And recovery is real," Mr. Curie said.

Evidence-based treatment for mental illness and substance abuse disorders is well established and effective. Treatment typically combines medication and psychosocial methods such as intensive inpatient or outpatient treatment and psychotherapy. Treatment not only improves quality of life, it reduces the direct and indirect costs of mental illness such as absenteeism, presenteeism, and lost productivity.

Three out of four employees who seek care for workplace issues or mental health problems see substantial improvement in work performance after treatment. With early recognition, intervention, and support, most employees can recover and return successfully to work. A study of depression found that the total healthcare costs for workers who received treatment are 2/3 less than medical costs of those who went untreated for depression. (Journal of Occupational and Environmental Medicine 2005)

“Early screening, identification and intervention are crucial in reducing human suffering and reducing cost in the workplace,” Dr. Rice told Dialogue attendees.

Mental illness goes undiagnosed and untreated because of stigma and other barriers

Despite the very high success rate of treatment for mental illness, research shows that mental health conditions still go largely unidentified and untreated. The Dialogue panelists and advisory council members discussed barriers to accessing care, which include the lack of or inadequate insurance coverage. They agreed that the most significant barrier is the stigma associated with mental illness.

“Mental health parity in insurance is just the first step,” Dr. Paster said. “Parity in social understanding is essential. There should be no more stigmas associated with mental illness than with seeking treatment for asthma or heart disease. Once society understands that mental illness is a real medical condition, that evidence-based treatment works, and that recovery is possible, we will begin to erase that stigma.”

Other barriers include:

- Cost barriers caused by lack of insurance coverage or benefit design that limits behavioral health treatment
- A fragmented behavioral health delivery system; people do not know how or where to access appropriate care
- Lack of access and inadequate supply of behavioral health specialists, particularly in rural areas
- Primary care providers have inadequate training in screening, treating and monitoring mental illness and prescribing psychotropic and anti-depressant drugs
- Lack of knowledge about mental health conditions; a belief that people with mental illness can handle the problem themselves or lack of hope that treatment can help
- Ethnic or cultural barriers to seeking help for mental health conditions

There is a disparity of mental illness in women

Dr. Katzelnick and Dr. Rice noted that women experience some forms of mental illness far more than men. The rate of depression, for example, is twice as common in women as men. Dr. Katzelnick cited recent research that indicates women with few social connections have a much higher rate of depression. For men, the rate of depression has no connection to social networks.

In 2002, a biannual state-by-state comparison compiled by the Institute for Women’s Policy and Research gave Wisconsin a poor rating on women’s health. Specifically, Wisconsin women experienced a greater risk of depression based on the large gender gap in income, the high poverty rate in urban areas, and substance abuse, particularly binge drinking. Alcohol abuse is

commonly linked to depression. WI women lead the nation in binge drinking with 16% reporting they binge drink compared to the national average at 9.8%. (WWHF Report on Women's Health in WI 2008, p.107)

Wisconsin Lieutenant Governor Barbara Lawton convened a task force on women and depression in 2005, co-chaired by Dr. Rice. The task force Report released in 2006 identified biological factors such as genetics and hormones influence risk factors for depression. Women are at higher risk during pregnancy and in the post-partum period. Violence, rape, and physical abuse are stressors that strongly contribute to women's higher risk for depression.

The task force recommended:

- Legislation providing mental health parity in insurance coverage, and in addressing gaps in federal legislation at the state level
- A statewide multicultural campaign to educate women, adolescent girls and healthcare providers about depression and stigma
- Training programs for depression that are sensitive to gender and age differences
- Screening for depression, especially during pregnancy and post-partum
- Increased access to qualified mental health providers
- Leveraging the purchasing power of the state to increase access to behavioral health care
- Addressing insurance coverage issues with regard to mental illness
- Increasing and promoting public and private collaboration to effectively address depression in women

The task force recognized that women function in close relationships with family and emphasized a biopsychosocial model as key to assessment and treatment of depression in women. "Effective strategies and treatments must be women-centered, holistic, comprehensive, and emphasize a recovery and wellness model rather than a disease model," said Dr. Rice.

Employers can ensure access, save costs through expanded mental health benefits

Most working-age adults and their dependents are insured through their employer's health plan. Employers thus are an integral part of the solution to expanding access to behavioral health services.

Over the past several decades, employers have focused on preventive healthcare and wellness programs as an effective method to create a healthier work force and manage healthcare quality and costs. Behavioral health benefits, if any, typically have been a hodgepodge of employee assistance programs (EAP), disability management, health promotion programs and narrowly restricted benefits for mental health and substance abuse services.

Benefit design has traditionally been the primary way employers controlled costs for mental health coverage, Dianne Kiehl told Dialogue attendees. "A diabetic wouldn't go to the doctor and be told, 'Sorry, you've used up all your visits this year.' When you put benefit limits on mental health or substance abuse, you end up with increased medical costs."

Research shows that limiting services and the number of outpatient visits, closely managing inpatient treatment, and requiring higher co pays and deductibles for behavioral health care than for general health, also increase absenteeism.

Ms. Kiehl said that restrictive behavioral health benefits have other consequences: it drives people to the primary care setting for identification and treatment of mental health issues. Primary care physicians typically lack the expertise to provide high quality care for this very specialized area of medicine. Treatment is usually limited only to medication and patients go without psychosocial treatment.

Only recently have employers begun to understand that behavioral health care must be an essential component of the overall health plan, coordinated and well integrated with all other health benefits.

With the mental health parity law going into effect in January 2010, employers are reviewing their benefit plans to be sure they are in compliance with the new legislation. Many worry that parity will increase costs. Yet research indicates that when employees have access to appropriate screening and treatment for mental health conditions, employers experience higher productivity, reduced absenteeism and presenteeism, improved workplace safety, and reduced disability claims.

Research also shows that EAPs are an important component of a company's overall health and productivity strategy. As a first-line response in prevention, triage and short-term intervention, an EAP has a vital role in identifying and managing risk factors that can impact individual and organizational performance. Study after study shows that an EAP provides a good return on investment. (*An Employer's Guide to Employee Assistance Programs,* Center for Prevention and Health Services, National Business Group on Health, 2008)

The Dialogue panel and advisory committee discussed the importance of routine screening for mental health conditions. Because most mental health conditions go undiagnosed and untreated, the human and economic costs are tremendous.

Dialogue participants recommended use of the PHQ-9 patient assessment questionnaire. It is an especially helpful depression screening tool in the primary care setting, where providers may not have behavioral health expertise or may feel uncomfortable talking about mental health conditions with patients.

Recognizing the high cost of undiagnosed and inadequately treated depression, the state of Minnesota launched the DIAMOND initiative statewide in 2008. (DIAMOND stands for Depression Improvement Across Minnesota, Offering a New Direction.) This model changes how treatment for patients with depression is delivered and paid for in the primary health setting. DIAMOND is based on routine use of the PHQ-9 for patient assessment and ongoing management, systematic follow-up, tracking and monitoring, use of evidence-based guidelines and a relapse prevention plan. The primary care team is augmented with a specially trained care manager to work with the patient on self-management and provide monitoring, and a consulting psychiatrist to review the care management caseload and make treatment recommendations. The program will be evaluated for five years.

Dr. Katzelnick discussed a study that found enrolling employees diagnosed with depression in an inexpensive program of screening, monitoring and care management saved 2.6 hours of work per week per employee, a savings of approximately $1,800 per year per employee. “If a health insurer says it can’t afford to pay for this treatment, the employer can say, ‘This program actually saves X amount per year and raises my productivity,’” Dr. Katzelnick said.

The Dialogue panel and advisory committee made these recommendations for employers in designing their employee health care benefits:

- Create full parity between behavioral and physical health coverage and benefits and closely integrate these benefits
- Ensure access to evidence-based behavioral health services by reducing out-of-pocket costs, eliminating outpatient visit restrictions, and offering a broad network of qualified, specialized behavioral health providers
- Include coverage for a behavioral health assessment as part of every physical exam
- Provide coverage for care/condition management in assessment, treatment and monitoring of behavioral health conditions
- Provide an EAP that offers behavioral health education and resources, brief intervention, and triage for those with more severe mental health conditions to the most appropriate level of care

Mental health parity: The Journal Communications company experience

Journal Communications Inc. created a strategic plan for health and welfare to improve the overall health status of its health plan members. Like other employers, the company was struggling to provide high quality, affordable benefits, control the impact of medical inflation on the company budget, and improve participant accountability.

Historically, Journal Communications, with 4,000 employees, used various tactics to control mental health costs, namely: capitation, narrow provider networks, higher coinsurance as well as limited inpatient days, limited outpatient visits, and maximum dollar benefits.

Both the company and plan participants had concerns about the effectiveness of the existing system. The company experienced high direct and indirect costs for mental health conditions and recognized a high incidence of co-morbidity, particularly associated with depression. Employees found it difficult and cost-prohibitive to access care.

Journal Communications began working closely with Humana to develop proactive and integrated strategies for behavioral health patients. Armed with the belief that early intervention and appropriate treatment also can improve outcomes for persons with mental health conditions, Journal Communications sought to apply a new strategy.

In 2008, Journal Communications implemented mental health parity in their medical insurance benefits. Employees are now allowed the same coverage for mental health care as they are for other health care needs. While Journal Communication’s plan reduces barriers for patients accessing mental health care, the impact to the plan was reduced expense. By encouraging pharmacy compliance and outpatient care, co-morbid conditions are effectively treated. The end result is a reduction in plan spending.

This new strategy also emphasizes preventive care; engages and rewards plan participants for improving their health status, self-managing chronic illness, and making healthcare choices based on quality outcomes; and removes barriers to accessing care. In addition to mental health parity, here are other changes which will improve the quality outcome for patients:

1. Barriers to primary self-care were removed. Mental health screening and early diagnosis were emphasized.
2. Segmented managed patient care was eliminated.
3. Complexity was reduced and the EAP for medical and mental health was integrated.
4. The PHQ-9 mental health screening tool was routinely implemented by health coaches, and participants with chronic illness were referred to a nurse or care manager.

Journal Communications contracted with HealthMapRX (http://healthmaprx.com) which uses pharmacists trained as one-on-one 'health coaches' to coordinate care for plan participants with diabetes and cardiovascular disease. This has improved employee understanding of their health status and treatment compliance. Reduced deductibles and co-pays for preventive medications also have improved compliance. This program will be expanded in 2010 to include depression and asthma.

"Mental illness is prevalent in working populations, and is frequently co-morbid with other health conditions," said Jeffrey Kluever, Journal Communications risk manager. "Our experience with mental health parity is positive. Treatment works. There is a clear business case for including behavioral health in value-based health strategies."

Workplace changes can create a culture of mental health wellness

Employers can do much in the workplace itself to promote both physical and behavioral wellness.

Early identification of mental health conditions is crucial. A company can provide and encourage screening tools, but employees have to want to use them. Often it is the stigma about mental illness that holds them back. Panelists agreed that stigma comes from lack of awareness. Employers and employees alike need to understand that mental illness is a true medical illness, it is treatable, and recovery is possible. Education, employee communication vehicles and wellness programs help create a culture of understanding, acceptance and inclusion.

"People need to understand that mental health conditions are common," Dr. Rice told the Dialogue attendees. "When we were working toward mental health parity, many of our country's leaders in Congress spoke openly and powerfully about their personal struggle with mental illness, or that of a family member. They didn't hide it; they took on the stigma directly and suddenly it was OK to talk about."

Controlling the work environment to reduce stress is more important than ever in this difficult economy. Jim Haney commented that employers see an increase in mental health disorders as a result of the economy, layoffs and uncertain employment status. The U.S. Labor Department reported that workplace suicides surged 28 percent in 2008, the highest rate since reporting began in 1992.

Following the Dialogue, John Weaver, PsyD, presented a workshop on the prevention of depression in the workplace. Dr. Weaver observed that a productive workforce not only means the absence of sickness – it means the presence of wellness, of feeling good. But emotional health is rarely addressed in the workplace. Employers say they can't get "so personal" with staff, worry about HIPAA privacy regulations, or believe there is too much stigma attached to mental health; and employees would not want to participate in mental health wellness programs. Yet when employees are asked what kind of health information they want, the second most requested topic is stress reduction. Employees want to know how to prevent depression and be happier in their lives.

Research shows that depressed people have practiced patterns of thinking. Depression prevention programs can teach new ways of thinking, using mindfulness, optimism and resilience as intellectual capital. These strategies not only can reduce incidence of depression; they boost creativity, stress hardiness and decision-making.

Dialogue panelists and advisory council members made these recommendations for employers to create a more mental health-friendly workplace:

- Assess your workplace using standard guidelines to determine areas for improvement. Your assessment should include three main components:
    1. An assessment of the current worksite environment and policies
    2. An employee survey and/or other means for employee input to identify interests and the types of programming that will be used.
    3. Gathering of existing data that might be helpful in your decision-making.
- The WI Department of Health Services (DHS) provides a Workplace Wellness Resource Kit, assisting workplaces with a process to develop a worksite wellness program that starts with an initial assessment, implementation strategies, and evaluation
- Reduce and eliminate stigma.
- Eliminate other barriers to accessing behavioral health care.
- Offer and promote behavioral wellness programs. They should be as active and visible as wellness programs for other chronic conditions such as heart disease or diabetes.
- Encourage and promote routine, confidential behavioral health assessment.
- Control workplace stress, address employee concerns regarding "down-sizing" issues, pay-cuts or furloughs, workload, time demands and make the workplace family-friendly.
- Use your EAP to train management and supervisors how to manage workplace stress and develop competency in managing employees with mental health and co-morbid physical health conditions.
- Provide resources and technology for mental health education, referral and support.
- Plan for and review policies and procedures regarding how your company will support and accommodate workers with mental illness, and create an individualized performance improvement plan and work re-entry plan as needed.

What the healthcare sector must do

The Dialogue panel discussed at length the problems of inadequate screening and diagnosis. They believe it is essential to ensure access to qualified mental health specialists. They acknowledge, however, that the primary care/general medical setting is playing an increasingly important role in treatment of mental health conditions. While the panelists do not believe the

primary care setting should be the sole source of treatment for most mental health conditions – nor that pharmacology be the sole treatment provided – they emphasized that primary care providers must have the training and resources to best provide evidence-based, condition-specific care for these patients.

Dialogue panel recommendations for healthcare professionals include:

- Education and training for primary care/general medicine providers to provide integrated physical health and mental health care that more effectively screens, treats and monitors patients with mental health disorders and other co-morbid physical health conditions or substance use disorders
- Co-location of behavioral health or onsite assistance from mental health providers within a primary/general medical setting and real-time video/teleconferencing with behavioral specialists
- A collaborative and integrated medical-behavioral team, that includes a trained care manager, within the primary care/general medicine setting to provide routine care management, patient education, monitoring, follow-up treatment and psychiatric consultation
- Effective screening and triage of patients with mental illness and a step-care system so those with more complex cases are referred to a specialist
- Routine use of behavioral health screening tools as part of a general health exam for every patient in all areas
- Early and frequent screening specifically for depression, assessment and referral must be standard practice, with policies and procedures to support it
- Use of evidence-based treatment modalities
- Educate and engage the patient and family to be active participants in their own health care by increasing awareness that the mind and body work together to avoid negative outcomes through health and wellness promotion
- All providers emphasize preventive care, lifestyle management, proactive identification, accept complimentary medicine modalities, and patient centered care/choice
- Close attention to the high risk of comorbidity; routine screening for depression and other behavioral health conditions among patients with chronic physical health conditions
- Use of electronic medical records so all providers working with a patient have access to the same information and can work together to manage and coordinate integrated care

Dialogue panel recommendations for health insurers include:

- Ensure unrestricted access to qualified behavioral health clinicians with the same or equal coverage as for physical health conditions. Expand network of qualified behavioral health specialists inside own plans; credential down to disease state and mental health conditions so patients can access the right specialist.
- Integrate mental and physical care in a comprehensive way so that treatment addresses the "whole person or whole health" to continue cost reduction and improve health outcomes.
- Reimbursement of primary care/ob-gyn/pediatric/general medical practitioners for screening, assessment and diagnosis of mental health and co-morbid substance use conditions.

- Reimbursement and incentives for primary care/ob-gyn/pediatric/general medical practitioners who refer patients to providers using evidence-based mental health treatment modalities.
- Reimbursement of care management and patient follow-up with patients diagnosed with a mental illness and other co-morbid physical health or substance abuse conditions.

RESOURCES

Addressing the Economic Burden of Workplace Depression, An employer's guide to improve the design, delivery, purchase and implementation of employer-sponsored behavioral health care benefits; www.pdvfoundation.org

Business Health Care Group; www.businesshealthcaregroup.org

Center For Disease Control (CDC), Disease Control and Prevention, National Institute for Occupational Safety (NIOSH) information and resources on workplace stress; www.cdc.gov/niosh/topics/stress

The Charles E. Kubly Foundation, www.charlesekublyfoundation.org

The DIAMOND Initiative: A First Year Report: See Institute for Clinical Systems Improvement web site; www.icsi.org, click on health care redesign tab, click on DIAMOND

Global Burden of Disease and Risk Factors; World Health Organization; www.who.int

Healthcare Best Practices, Wisconsin Manufacturers & Commerce, Healthcare Resources for Employers; www.healthcare.wmc.org, click Best Practices Stories

The Impact of Mental Disorders on Work, Herz, Rob P. and Baker, Christine L., Pfizer Facts Series, June 2002

Improving the Quality of Healthcare for Mental and Substance Abuse Conditions, The Institute of Medicine, November 2005, Quality Chasm Series; http://www.iom.edu/Reports/2005/Improving-the-Quality-of-Health-Care-for-Mental-and-Substance-Use-Conditions-Quality-Chasm-Series.aspx

Job Accommodation Network (JAN); www.jan.wvu.edu or for accommodations for people/students with psychiatric disabilities; http://www.bu.edu/cpr/reasaccom/indes.html

Lieutenant Governor's Task Force on Women and Depression in Wisconsin Report, May 2006; www.ltgov.wisconsin.gov, click on Initiatives tab, click on Mental health

Mental Health America; www.nmha.org

Mental Health America of Wisconsin; www.mhawisconsin.org

National Alliance on Mental Illness (NAMI); 1-800-950-6264; www.nami.org

NAMI Wisconsin; 1-800-236-2988; www.namiwisconsin.org

National Business Group on Health; www.businessgrouphealth.org

National Institute of Mental Health; www.nimh.nih.gov

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Wisconsin Women's Health Foundation

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The Wisconsin Women's Health Foundation mission is to help Wisconsin women and families reach their healthiest potential.

"Since more than 80% of the health decisions are made by women; a healthy and informed woman makes healthy decisions; a healthy woman makes a healthy family; a healthy family makes a healthy community, and a healthy community makes a healthy state."

— *Sue Ann Thompson, founder & president, Wisconsin Women's Health Foundation*

The goals of the foundation are to reach all Wisconsin women with the information, opportunity, and support they need to be healthy; encourage women to become advocates for their own health; and improve the overall quality of life for women and their families.

The focus areas of the foundation are cardiovascular disease, cancer, mental illness, domestic abuse, osteoporosis and alcohol and tobacco use.

We carry out our mission by:

- Providing programs and conducting forums that focus on education, prevention, and early detection
- Connecting individuals to resources that directly address the greatest threats to women's health;
- Producing and distributing the most up-to-date educational and resource materials about women's health
- Awarding grants and scholarships to women's health researchers and related community non-profits.

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