

COLLABORATIVE CARE:

by | Ewuria Darley

Working Together to Address Mental Health

By promoting collaborative care in the treatment of mental health issues, employers can help their employees receive better care, reducing the negative impact of mental illness on the workplace and health care costs.



Amid growing recognition of the impact of mental health and substance use on the workplace, employers are looking for effective strategies to help employees struggling with these issues. Collaborative care is one solution that delivers evidence-based improved care for employees. As a result, employers find a boost in productivity, improved work culture and reduced impact on health care costs.

Understanding the Needs

One in five people in the United States has a mental health condition, making mental health disorders some of the most prevalent diagnoses in the nation.¹ In addition, those with mental health conditions are among the most commonly undertreated, since nearly two-thirds of those who suffer do not seek the help they need.² The undertreatment of mental health conditions is not attributed to one specific reason,

nor can it be explained from one perspective. Reasons those who need help don't seek it include fear of stigma, shame, financial barriers, not knowing where to go for help, time constraints and belief that the problem will go away.³

The approach of health care providers and educators and the systematic and cultural mechanisms in our society all contribute to effective mental health treatment. Training and support for physicians about these issues and education about the availability of workplace-based support systems are scarce. On the system level, a shortage of behavioral health care providers, inadequate funding mechanisms and inadequate insurance to pay for the care make it difficult to effectively address mental health issues.⁴ The Mental Health Parity and Addiction Equity Act prevents group health plans and health insurance issuers that provide mental health or substance use disorder (MH/SUD) benefits from imposing less favorable benefit limitations on those benefits than on medical/surgical benefits. However, the law does not require all health plans to provide mental health coverage, nor does it require plans to cover all mental health services.

Culturally, attitudes about mental illness have improved, but there's still progress to be made. According to a study published in the *American Journal of Psychiatry*, the level of understanding among the general population about mental illness and support for treatment increased during a ten-year period of 1996-2006.⁵ However, the same study revealed that while attitudes are improving in some aspects, this isn't translating to commensurate reductions in stigma. People are still unwilling to work closely with someone with a mental illness. Surprisingly, acceptance of cause of illness and support for professional treatment did little to change prejudice and discrimination.

There appears to be a clear business case for early recognition and early intervention of mental illness.^{6,7} Employers that ignore the need see negative impacts, such as decreased productivity, that ultimately affect their cost to do business. Conversely, employers that choose to act see much greater returns. An International Foundation of Employee Benefit Plans survey found that 93.4% of responding U.S. organizations offer mental health/substance abuse benefits.⁸ A majority of employers in the survey said mental health and substance abuse are very or somewhat impactful on work performance, including overall job performance, absenteeism/tardiness, inability to focus on work/productivity, morale, physical health and relationships with co-workers.

The direct costs for mental health care treatment and short- and long-term disability are just some considerations of the mental illness impact. Other considerations, which are harder to quantify, are indirect costs. Mental illness creates substantial indirect costs related to absenteeism, presenteeism, lost productivity, turnover and training costs for replaced workers.^{9, 10, 11, 12, 13}

Impact on Employee Performance

Mental illness causes more lost work days and work impairment than any other chronic health condition. By comparison, mental illness is more costly than arthritis, heart disease, back pain, asthma, diabetes and hypertension.^{14, 15, 16} More specifically, employers lose an estimated \$44 billion per year in lost productivity due to depression.¹⁷

Mental health conditions cost employers \$101.9 billion in absenteeism and presenteeism alone.¹⁸ In addition, lost productivity, disability and absenteeism cost employers four times as much as direct health care spending, making well-being programs that include mental health and encourage health care engagement a smart cost-saving strategy.¹⁹

Impact on Health Care Costs

Because of a fragmented health care system in the U.S., the costs for treating people with chronic medical problems and mental disorders are two to three times higher than those for treating people with just physical health conditions. Most patients with mental health conditions are seen by their primary doctor and are not properly screened or treated. For example, most people seeking care for mental health problems receive only medication. Unfortunately, they do not receive evidence-based psychological treatment and medication.²⁰ Often, this

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type of care does not conform with evidence-based clinical guidelines for treating mental health conditions.

One in eight patients with depression who is treated by his or her primary care physician receives minimally adequate care at best.²¹ Among those with complicated cases of both a mental disorder and substance misuse disorder, fewer than one in ten receive treatment for both issues at the same time.²² This delays recovery time and demonstrates yet another example of lack of adequate treatment.

Comorbidity With Chronic Medical Conditions

Comorbidity, or the presence of more than one chronic disease, often is linked to those with mental health and substance use disorders. For example, 45% of people with asthma and 27% of people with diabetes have co-occurring depression.^{23, 24} Those with depression also are about twice as likely to have a stroke and four times as likely to die within six months following a heart attack.²⁵ Comorbidity also can drive up utilization of health care services and overall health care treatment costs. Overall, people who have both chronic medical conditions and psychiatric conditions are far more likely to need emergency care, visit primary care physicians and be admitted to the hospital than people with medical conditions who do not also have mental disorders.²⁶

Impact on Disability

Mental health conditions account for four of the ten leading causes of disability in the U.S. Depression is ranked highest, with anxiety arousal, avoidance behavior and depressive mood also

takeaways

- One in five people in the United States has a mental health condition.
- Mental illness causes more lost work days and work impairment than any other chronic condition, including arthritis, heart disease, back pain, asthma, diabetes and hypertension.
- Many people seeking treatment for mental health conditions are not properly screened or treated.
- By implementing a collaborative care model, employer-sponsored health plans can improve access to psychological treatment and medication.
- Employers can promote collaborative care through measures including improvements in health plan design and reviewing access standards for mental health providers.

listed as top reasons for long-term work disability and absenteeism among working adults. In addition to mental health diagnoses being the fastest growing area of short-term disability, they account for more than 30% of the disability burden on the typical employer.^{27, 28}

A Solution

With so many factors to consider and barriers to overcome, addressing the needs associated with mental health in the workplace seems daunting. Untangling the large-scale issues will undoubtedly take time; however, there are ways that the problem can be addressed and measures that employers can take to shift the paradigm.

One effective solution is collaborative care. *Collaborative care* is a systematic approach to integrated care that improves access to psychological treatment and medication for patients. The primary care physician leads a team that also includes a mental health care provider (usually a psychiatrist or psychologist) and care manager (usually a nurse or social worker). The team works together to implement a care plan based on evidence-based

guidelines. The model increases mental health providers' capacity to treat patients effectively, improves patient outcomes, saves money and reduces stigma related to mental illness.

To date, collaborative care has the strongest research evidence in response to access to mental health care. Primary health care providers have input on their patients' behavioral health problems within days versus months.²⁹ Collaborative care also focuses on in-person visits when the psychiatrist does need to be involved with the most challenging patients or with patients who haven't been able to be served by indirect consultation.

This model emphasizes a formal structure and practice change that allows for regular communication between the providers. Typically, the psychiatric consultant will have regular weekly meetings with the mental health care provider. The mental health care provider reviews all patients who are not improving and makes treatment recommendations on the caseload of patients. In general, this ability to leverage the mental health care provider by the use of a whole team of providers

allows more patients to be covered by one psychiatrist. Most importantly for patient care and improved patient outcomes, this kind of formal program using a team allows the psychiatrist to help shape care over time, allowing for multiple brief consultations and more opportunity to correct the course if patients are not improving in order to achieve the ultimate goal of improved patient outcomes.

Effective integration of medical and behavioral care could save \$26 billion to \$48 billion annually in health care costs. This data provides employers with greater reason why they should work with health plans to deliver more effective responses, since doing so relates to care and cost.³⁰

Promoting Collaborative Care

To promote collaborative care, employers should:

- **Understand data about the workplace.** Employers should make inquiries about how the workplace environment can support mental health and help with strategy development. Employers should involve vendor partners, have in-depth discussions about collaborative care and ask about ways to improve quality care.
- **Examine plan specifics.** Employers can ask questions that help create a deeper understanding of their plan design: How much does it cost employees to use outpatient mental health services? Do the out-of-pocket costs encourage use? They should examine copayments and deductibles in mental health benefits and explore incentives to encourage and facilitate engagement with treatment plans. Employers should examine copayments and deductibles that would encourage patients to seek early intervention and adhere to treatment. Many companies provide incentives for participation in health risk appraisals (HRAs) to encourage and facilitate engagement with treatment plans.
- **Improve plan design.** Employers can require specific services under their plans. Evidence for well-documented treatments suggests that plans should include coverage for:
 - Outpatient services (e.g., focused forms of psychotherapy)
 - Medical management (e.g., monitoring psychotropic medications)
 - Case management
 - Intensive psychosocial rehabilitation services

- Intensive outreach approaches to care of individuals with severe disorders
- Hospital and other 24-hour services.³¹

- **Examine the adequacy of mental health networks.** Employers should review access standards (wait time to be scheduled, location, in-office wait time) for mental health providers. They should ask questions to determine differences in utilization patterns for in-network care versus out-of-network care. If there are delineations, they can require health plans to improve contracting for quality coverage in-network.
- **Encourage employee assistance program (EAP) usage.** EAPs create an opportunity for early intervention and can help employees avoid more costly care. Services can include management consultation, on-site management training, and telephone and face-to-face appointments. Employers should pay attention to utilization and how well it is defined.
- **Implement HRAs that include mental health questions.** Employers should consider providing incentives for employee participation in HRAs and include questions related to stress, depression and substance use disorders. Mental health and EAP information should be provided to those who screen positive for those issues.
- **Provide information about benefits and resources.** Mental health benefits and resources should be easy for employees to access. Information about mental health benefits, collaborative care, job accommodations when employees participate in therapy programs and available community resources should be provided to employees.

Employers have an incredible amount of influence in advancing the quality of life and care for their employees. Along with creating a supportive work environment, solutions like collaborative care, which is used in the treatment of mental health and substance use disorders, can help employers tear down barriers to care and create a healthier, happier workforce. 6

Endnotes

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