

# Moving Mountains for Mental Health and Well-Being

Today, for mental health, it is the best of times, and it is the worst of times. The barriers to achieving the mental health system we need are not just a chasm of a poorly organized system of care but a mountain range of issues that stop us from bringing mental health and well-being into the 21st century on a par with the rest of health care. This article reviews the progress that has been made, describes the continuing concerns and outlines a path forward toward holistic mental health and well-being in the workplace. We have been starting to move these mountains, but it is a heavy lift and will require unprecedented dialogue, engagement of diverse stakeholders and actions on many fronts to get us to the other side.

by **Michael Thompson** | *National Alliance of Healthcare Purchaser Coalitions*

The U.S. healthcare delivery system does not provide consistent, high quality medical care to all people. Americans should be able to count on receiving care that meets their needs and is based on best scientific knowledge. . . . Indeed between the health care we now have and the health care we could have lies not just a gap, but a chasm.

*Crossing the Quality Chasm: A New Health System for the 21st Century*  
Institute of Medicine, 2001

By publishing *Crossing the Quality Chasm* 15 years ago, the Institute of Medicine put a stake in the ground that the world's largest, most expensive, most complex health care system had major problems. It recognized the great technological advances of the prior 50 years and the disappointing failures of the system to consistently translate that knowledge into practice.

Today, for mental health, it is the best of times, and it is the worst of times, and the barriers to achieving the mental health system we need are not just a chasm of a poorly organized system of care but a mountain range of issues that stop us from bringing mental health and well-being into the 21st century on a par with the rest of health care. We have

been starting to move these mountains, but it is a heavy lift and will require unprecedented dialogue, engagement of diverse stakeholders and actions on many fronts to get us to the other side.

### **The Best of Times— Acknowledging the Progress**

Mental illness has been in my family for generations, and the progress that has been made, even in my lifetime, is to be applauded. My grandmother, whom I hardly knew, was institutionalized with her illness and rarely engaged with her own family, let alone participated actively in society. When my brother was sick as a young man, the treatments were not as sophisticated, and the culture was one of shame and guilt. There was little confidence in our ability to treat or for patients to manage their illness. Insurers feared limitless costs and potential abuse and, consequently, established severe limits on health insurance coverage. My brother ultimately took his life but quite possibly could have done better in today's world, with a wide range of better medications, greater acceptance by society of the legitimacy of brain disease, improved insurance coverage, and family and peer support programs through organizations such as the National Alliance for Mental Illness (NAMI).

There also is a growing body of science on how the interplay between genetics, behaviors and environment help to shape our mental health and well-being as well as a better understanding of the diverse impacts of mental illness on our overall health, our economy and our society. The available treatments for mental illness are now more efficacious than the treatments for many chronic diseases. We also must acknowledge the major and substantive impact of multiple pieces of legislation (e.g., the Mental Health Parity and Addiction Equity Act of 2008) that have had a major role in making insurance coverage for mental illness more on par with that of other diseases.

Also encouraging is the growing sense in society, in general, and in corporate America, specifically, that supporting the mental health and well-being of our populations is essential to overall well-being and business performance. As with much social change, this movement is being led by advocates, young adults (the Millennials) and scientists, who are changing the norm on what is expected or even possible. It is the gap between these greater expectations and the reality of

today's environment that is leading to a growing consensus of the huge cost of poor quality in mental health care today.

### **The Worst of Times— Understanding the Continuing Concerns**

While there is much greater knowledge and acknowledgment of the legitimacy of mental illness, the legacy of stigma and prejudice toward it lives on. We are living in a world of “don't ask, don't tell,” where most individuals living with a mental health issue or disorder are afraid (and appropriately so) to tell a family member or friend, let alone a co-worker or boss.

And the stigma is not just imposed externally; only one out of three people who need help will seek treatment and support of their mental health. This prejudice is also manifested by some employers that worry more about the implications of dealing with employees with mental illness than supporting their well-being, by some providers in not consistently diagnosing or treating patients for mental illness, and by some insurers in putting up barriers to coverage and accepting inadequate networks to support the mental health of the populations they serve. These acts of omission would not be tolerated for heart disease or cancer but are too easily tolerated in our current support systems for mental illnesses or addiction disorders.

Just as concerning is our lack of an integrated, affordable and accountable system to support people with mental illness. There is a significant shortage of mental health providers and, in many areas, a high percentage have chosen to operate out of network to avoid the constraints and financial limitations of insurance networks. So while much has been done to equalize coverage of in-network services for mental health, a much higher percentage of mental health care services are performed “out of network”—effectively defeating the purpose of mental health parity.

In addition, most mental health treatment today is being performed by primary care physicians, but the quality of that treatment is uneven, at best, when performed without formalized mental health protocols or consult. In fact, while our ability to better diagnose, personalize and measure outcomes of mental health treatment has never been better, our systems of care to support and integrate people with mental health issues generally lack structure, process and accountability to help them perform at a high-quality and consistent level.

## FIGURE

### Moving the Mountain on Mental Health



Finally, our society and our organizations, in general, often are evolving in a way that does not always support the mental health and well-being of our workforces and communities. As technology and businesses have evolved, we have sometimes become both more engaged 24/7 and, at times, more isolated. This has led to concerns about both chronic stress and loneliness as two key risk factors that are dramatically impacting our health, well-being and (indirectly) our satisfaction with and performance at work and life. These environmental factors are central to mitigating the risk and impact of mental illness and maximizing our potential to thrive at work and in life.

#### The Path Forward to Holistic Mental Health and Well-Being in the Workplace

Recognizing the concerns and opportunities presented by this environment, leading advocates and advocacy

organizations have come together to define a framework to improve workplace mental health. These organizations include the Northeast Business Group on Health, NAMI—New York City, the Partnership for Workplace Mental Health (affiliated with the American Psychiatric Association Foundation) and the Kennedy Forum. After a series of seven workplace mental health summits and two related chief executive officer (CEO) summits, we have defined a path forward in a publication called *Working Well*.<sup>1</sup>

That path is based on four guiding principles (see the figure).

1. Know the impact.
2. Break the silence.
3. Ensure affordable, quality and integrated support.
4. Move toward a culture of well-being.

#### Know the Impact

To mobilize an organization, engage

leaders, sustain resources and measure outcomes, we need to start with the basic premise that this is an endeavor worth pursuing. With one in five people impacted by mental illness, the prevalence is significant in every one of our populations. And while only one out of three needing support will get support, 80% of those who get support for the treatment of conditions such as depression will be helped.

From a societal perspective, we should point out the manifestation of our concerns:

- Suicide rates in the United States were up 25% from 1999 to 2014, with the largest percentage increase being among men and women ages 45 to 64.
- The opioid epidemic is contributing to overdose as the leading cause of accidental death in the U.S. The overdose death rate in 2008 was nearly four times the overdose death rate in 1999.
- There is a growing body of evidence that loneliness and social isolation are risk factors for health on a par with smoking, and there are growing concerns that trends in our society and workforces may be increasing these risk factors.

The impact is not only external to the workforce. The annual economic costs of brain disease have been estimated at close to \$1 trillion per year, mostly in indirect costs related to productivity and the higher costs associated with other medical conditions. In fact, it has been said that the economic costs of mental illness will be more than cancer, diabetes and respiratory disease put together. Depression alone has an estimated economic cost of over

\$200 billion, with most of the cost related to persons not able to perform as effectively at work. In addition, mental illness is the leading cause of disability in the workforce.

The case for businesses to take these issues seriously is strong, broad and current. But from our experience in the CEO forums, what motivates senior business leaders to take on these issues is more fundamental—to do right by their people, to “have their back” while helping people to be at their best in order to “have their A game.”

### Break the Silence

While there has been great progress in the treatment of mental illness, the stigma associated with mental illness persists. With such a high percentage of people and organizations ignoring the issue, the likelihood of significant improvement is small. Yet a few organizations have found a path toward normalizing mental health difficulties.

Major companies have tried a number of programs. DuPont launched the “ICU program” globally with the goal of every employee being encouraged to be aware of and interact with employees who aren’t feeling and acting as they usually do and to use the support resources the company offers. A number of companies, domestically and globally, have used the “I Will Listen” campaign to focus not just on those with a mental illness but on encouraging everyone to listen without judgment to others who may have mental health issues.

The common thread of many paths and programs appears to be as simple as “breaking the silence.” When we talk about mental health as a natural extension of overall health, we create the opportunity for people to speak up about the issues that matter in their lives and for others to offer support before the need for support is apparent. Just as important, it reinforces an organizational culture that cares about its people and works to be supportive and inclusive.

In the past few decades, organizations have striven to be “smoke-free” environments. Similarly, when environments are recognized as “stigma-free,” we make it easier for people to accept and deal with the issues they are confronted with and, importantly, support them in their recovery and progress back to full and more effective engagement.

### Ensure Affordable, Quality, Integrated Support

It would seem that it goes without saying that we need to ensure affordable access to quality support for mental

health issues. However, it is increasingly hard to take this for granted. While many companies offer an employee assistance program to support employees with mental health and other issues, utilization of these services usually is very low compared with the estimated need for them.

The provider networks offered within health plans often reflect low participation rates by mental health professionals, as they have increasingly abandoned insurance networks because of reimbursement and administrative burdens. This is exacerbated by provider shortages and network provider listings that may be misleading because of long waiting times for appointments and a limited willingness to take on new patients. And when treatment is provided, there is little accountability for its quality.

As benefit plans have implemented high deductibles in network and even higher cost sharing out of network, affordability becomes even more of a barrier to mental health services. While better medications are available today than years ago, they can be expensive, and their efficacy can vary from individual to individual.

In the face of these issues, employers need to review and potentially supplement access to quality mental health support. They can:

- Assess out-of-network usage as a potential indicator of inadequate network support and evaluate and push health plans to secure adequate resources in network
- Ensure that health plans have reimbursement policies that reward and reimburse for collaborative care in the primary care setting (a model where primary care providers are supported in a coordinated fashion by mental health professionals)
- Support community initiatives to measure and improve the quality of mental health services being provided
- Consider telehealth services that increasingly support a supplemental access point to mental health professionals. This may be beneficial to those who have a hard time engaging with a more structured system of care.
- Deploy emerging technology that provides an innovative, less expensive approach to cognitive behavioral therapy
- Reimburse for pharmacogenetic testing that can cut down on the emotional and financial costs of poor

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quality by better matching treatment options with the patient

- Provide information and connections to free community resources for both consumers and their families to help them be more informed advocates for the care they or their family members need.

All of these are worthy of consideration. The issues of access and quality are complex, but there are numerous opportunities for organizations to improve their approach to supporting people in their mental health needs as well as requiring service providers to move the needle on access to affordable, quality mental health support.


## Move to a Culture of Well-Being

We have long recognized that our home and work environments can impact our health and well-being. By focusing on prevention, we can mitigate the onset and severity of disease while having a positive impact on the productivity of our workforces. That is particularly true in the area of mental health; our mental health is intertwined with our overall health and well-being.

The business case for moving to a culture of well-being is overwhelming. Employees with a higher sense of well-being are more productive, generate higher sales, are more innovative and generally lead to more profitable companies. They also have lower health care costs, lower turnover, less sick leave and less burnout.

Companies can support people to build up life skills such as resiliency and mindfulness that help them better adapt and perform in their environments at and outside of work. Just like our muscles, our brains have the ability to adapt and improve with the right training.

## Continuing Our Journey

We have come a long way, but there still are mountains to move to reach our potential to support the mental health and well-being of our people. Together, we can create a new era where the historical prejudice and ignorance around mental health is behind us. A more comprehensive, engaging and holistic approach will move mental health and well-being into the 21st century. 

## Endnote

1. The Kennedy Forum, Partnership for Workplace Mental Health/American Psychiatric Association, Northeast Business Group on Health; National Alliance on Mental Illness-NYC Metro, and PricewaterhouseCoopers (October 2015) “Working Well: Leading a Mentally Healthy Business” at [http://naminyc.iwilllisten.org/wp-content/uploads/2015/10/workingwell\\_toolkit\\_FINAL.pdf](http://naminyc.iwilllisten.org/wp-content/uploads/2015/10/workingwell_toolkit_FINAL.pdf).

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