Mental Health in the Workplace: A Call to Action

Second International Symposium to Advance Total Worker Health
May 11, 2018
Public Mental Health

• Public health is best known for addressing communicable diseases, but in every nation and income bracket, many people endure debilitating mental disorders and dependency on drugs and alcohol that destroy quality of life—and sometimes life itself.

• **1 in 4 adults** in the US suffer from a behavioral disorder in a given year
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• Brain and behavior disorders are the **leading cause of disability worldwide**:  
  – **4 of the top 10 causes of disability in the developed world**  
  – In developing countries, **only respiratory infections and AIDS rank higher** than depression as sources of disability
Mental Health is a Primary Cause of Disability Worldwide
Mental and Behavioral Health among the most common reasons for disability

A Shifting Toll

Note: DALYs = Disability-Adjusted Life Years.
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  – In developing countries, **only respiratory infections and AIDS rank higher** than depression as sources of disability

• **Problems of physical health can be exacerbated** by poor mental health and thus attention to mental health and wellness is a critical aspect to prevention and treatment of physical health as well.
Physical and Mental Health are Syndemic

A Troubled Mind Affects the Body
People who suffer from depression have more than double the lifetime risk for serious health problems.
Working years are critical
Department at a Glance

Founded: 1963

Current Chair: M. Daniele Fallin, PhD

Students: 53 doctoral students; 27 masters students

Faculty: 51 full-time; 99 affiliated

Alumni: 950

Degree Programs: PhD and MHS

Highlights: We are the only department dedicated to mental health, in a school of public health, in the world.

Research on cause
Research on prevention
Research on treatment
Implementation and scalability of prevention/treatment
Department of Mental Health

Mental Health Core Curriculum

Descriptive (what, who, where)

Cause (Why, how; mechanisms)

Promotion, Prevention, Treatment, Recovery

Services, Policy

Epidemiological methods

Biopsychosocial framework

Lifecourse perspective
Why is the Dept. of Mental Health at Bloomberg interested in this topic?

Life Course: Social Field Concept
We have collaborated with schools to achieve public health goals.
Why is the Dept. of Mental Health at Bloomberg interested in this topic?
How to make most public health impact on mental health in adulthood?

Partner with Employers and empower employees!

➢ Decrease prevalence of mental illness
➢ Decrease absenteeism
➢ Increase employee wellness
➢ Decrease employer costs
➢ Increase awareness and utilization of prevention or treatment services
➢ Decrease stigma and consequences of disclosing mental illness
Business Case

Cost Burden of Mental Illness to Employers

• Mental health disorders are costly for business, totaling $186 billion in 2014\(^1\)

• Often comorbid with physical health conditions\(^2,3,4,5\)

• Projected savings of $38-68 billion/year by integrating medical and behavioral health services\(^6\)
Business Case

The Health and Productivity Burden of Mental Illness

- Poor mental health, stress at work associated with\textsuperscript{7,8}
  - Reduced job performance
  - Reduced engagement in work
  - Disrupted communication with co-workers
  - Impaired day-to-day functioning
  - Higher rates of disability, unemployment

- Major depression associated with \textasciitilde{}11% decrease in productivity\textsuperscript{9}
The Big Picture: Overall Burden of Illness by Condition

Using Average Impairment and Prevalence Rates for Presenteeism
($23.15/hour wage estimate)

Mental Health in the Workplace: A Public Health Summit

**Sectors**
- Academia
- Industry
- Government

**Professional Disciplines**
- Mental and occupational health
- Corporate medicine
- Workplace wellness
- Human resources
- Health promotion
- Clinical practice
- Journalism
- Community health
- Insurance
- Policy making
Mental Health in the Workplace: A Public Health Summit

Goals

• Examine state-of-the-art and science for workplace mental health initiatives – from individual and organizational perspectives

• Brainstorm on what we now know – and what we need to know to put in place evidence-based, practical, and cost-effective solutions

• Inspire a “call to action” directed at the business community and its partners
Our “Product”

Mental Health in the Workplace: A Call to Action Proceedings
From the Mental Health in the Workplace—Public Health Summit

Ron Z. Goetzel, PhD, Enid Chung Roemer, PhD, Calliope Holingue, MPH, M. Daniele Fallin, PhD,
Katherine McCleary, MS, CHES, William Eaton, PhD, Jacqueline Agnew, PhD, Francisca Azocar, PhD,
David Ballard, PsyD, John Bartlett, MD, Michael Braga, MA, Heidi Conway, MS, K. Andrew Crighton, MD,
Richard Frank, PhD, Kim Jinnett, PhD, Debra Keller-Greene, Sara Martin Rauch, MS, Richard Safeer, MD,
Dick Saporito, MBA, Anita Schill, PhD, David Shern, PhD, Victor Strecher, PhD, Peter Wald, MD, MPH,
Philip Wang, MD, DrPH, and C. Richard Mattingly, BA

Objective: The aim of the study was to declare a call to action to improve mental health in the workplace. Methods: We convened a public health summit and assembled an Advisory Council consisting of experts in the field of occupational health and safety, workplace wellness, and public policy to offer recommendations for action steps to improve health and well-being of workers. Results: The Advisory Council narrowed the list of ideas to four priority projects. Conclusions: The recommendations for action include developing a mental health in the workplace (1) “how to” guide, (2) scorecard, (3) recognition program, and (4) executive training.

Keywords: culture of health, mental health, well-being, workplace health promotion, workplace mental health, workplace wellness

On September 30, 2014, an employee of the Cystic Fibrosis Foundation based in Bethesda, Maryland, brutally murdered Carolyn Mattingly at her home in Potomac, Maryland, after being confronted by organization officials regarding his theft of Foundation property. The Foundation’s Executive Vice President and Chief Operating Officer, C. Richard Mattingly, was Carolyn’s husband. Instead of descending into lifelong grief and despair, Mattingly and his daughter Christin and her husband Alex formed The Luv u Project, named after Carolyn’s iconic signature “luv u,” which she regularly included on her notes to family members and friends.
The mission of The Luv u Project is to turn an unacceptable tragedy into a quantifiable agenda and responsible actions that advance the understanding of, and treatments for, mental health issues.

C. Richard Mattingly
Founder & President
The Luv u Project
Ten Modifiable Health Risk Factors Are Linked To More Than One-Fifth Of Employer-Employee Health Care Spending

ABSTRACT
An underlying premise of the Affordable Care Act provisions that encourage employers to adopt health promotion programs is an association between workers' modifiable health risks and increased health care costs. Employers, consultants, and vendors have cited risk-cost estimates developed in the 1990s and wondered whether they still hold true. Examining ten of these common health risk factors in a working population, we found that similar relationships between such risks and total medical costs documented in a widely cited study published in 1998 still hold. Based on our sample of 92,486 employees at seven organizations over an average of three years, $82,073.85, or 22.4 percent, of the $366,773,301 spent annually by the seven employers and their employees in the study was attributed to the ten risk factors studied. This amount was similar to almost a quarter of spending linked to risk factors (21.9 percent) in the 1998 study. High risk for depression remained most strongly associated with increased per capita annual medical spending ($48 per year, or $2,184, higher). High blood glucose, high blood pressure, and obesity were strongly related to increased health care costs ($31.8 percent, 31.6 percent, and 21.4 percent, respectively), as were tobacco use, physical inactivity, and high stress. These findings indicate ongoing opportunities for well-designed and properly targeted employer-sponsored health promotion programs to produce substantial savings.
**HERO II Study: Risk-Cost Impacts**

**EXHIBIT 1** Average Unadjusted And Adjusted Medical Expenditures, In 2009 Dollars, By Risk Levels

<table>
<thead>
<tr>
<th>Risk measure</th>
<th>Risk level</th>
<th>Unadjusted means ($)</th>
<th>Adjusted means ($)</th>
<th>Unadjusted difference (%)</th>
<th>Adjusted difference (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depression</td>
<td>High</td>
<td>6,207</td>
<td>6,738</td>
<td>59.1</td>
<td>48.0</td>
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<tr>
<td></td>
<td>Lower</td>
<td>3,902</td>
<td>4,553</td>
<td></td>
<td></td>
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<tr>
<td>Blood glucose</td>
<td>High</td>
<td>6,532</td>
<td>6,849</td>
<td>70.0</td>
<td>31.8</td>
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<tr>
<td></td>
<td>Lower</td>
<td>3,842</td>
<td>5,196</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Blood pressure</td>
<td>High</td>
<td>5,264</td>
<td>5,734</td>
<td>27.4</td>
<td>31.6</td>
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<tr>
<td></td>
<td>Lower</td>
<td>4,132</td>
<td>4,356</td>
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<tr>
<td>Body weight</td>
<td>High</td>
<td>4,956</td>
<td>5,078</td>
<td>41.7</td>
<td>27.4</td>
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<tr>
<td></td>
<td>Lower</td>
<td>3,498</td>
<td>3,988</td>
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<td></td>
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<tr>
<td>Tobacco use</td>
<td>High</td>
<td>4,192</td>
<td>4,184</td>
<td>10.8</td>
<td>16.3</td>
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<tr>
<td></td>
<td>Lower</td>
<td>3,784</td>
<td>3,597</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical inactivity</td>
<td>High</td>
<td>4,477</td>
<td>4,582</td>
<td>26.6</td>
<td>15.3</td>
</tr>
<tr>
<td></td>
<td>Lower</td>
<td>3,537</td>
<td>3,976</td>
<td></td>
<td></td>
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<tr>
<td>Stress</td>
<td>High</td>
<td>5,024</td>
<td>5,249</td>
<td>13.0</td>
<td>8.6</td>
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<tr>
<td></td>
<td>Lower</td>
<td>4,444</td>
<td>4,836</td>
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<tr>
<td>Cholesterol</td>
<td>High</td>
<td>4,780</td>
<td>4,913</td>
<td>2.0</td>
<td>-2.5</td>
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<tr>
<td></td>
<td>Lower</td>
<td>4,688</td>
<td>5,037</td>
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<tr>
<td>Nutrition and eating habits</td>
<td>High</td>
<td>3,245</td>
<td>3,261</td>
<td>-23.2</td>
<td>-5.2</td>
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<tr>
<td></td>
<td>Lower</td>
<td>4,226</td>
<td>3,440</td>
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<tr>
<td>Alcohol consumption</td>
<td>High</td>
<td>3,857</td>
<td>3,843</td>
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<tr>
<td></td>
<td>Lower</td>
<td>4,015</td>
<td>4,246</td>
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</tbody>
</table>
Prudential Financial: A Case Study

K. Andrew Crighton, M.D.
VP Global Health Organization/Chief Medical Officer
Prudential Financial
Moving to a Holistic Model of Health
Call to Action: Three Levels of Intervention

• Individual

• Organizational

• Policy / Societal
Individual

• Provide access to evidence-based medical and psychotherapeutic treatments

• Offer cognitive behavioral therapy -- computerized, telephonic, face-to-face

• Facilitate access to multicomponent programs that integrate mental and physical health interventions
Organizational

- Provide free/subsidized/insurance-covered depression care, lifestyle coaching/counseling, self-management

- Distribute educational materials that address depression and stress management

- Offer training to managers to improve ability to recognize depression and signs of stress

- Create opportunities for employees to participate in organizational decisions that affect job stress
Policy / Societal

• Fund national organizations, community centers, facilities that deliver mental health and stress management services

• Collect HIPAA protected, confidential data on workers’ well-being for research and guide public health innovations

• Promote policies that address people in underserved communities, e.g. supporting community health workers
Summit Recommendations

– Develop mental health in the workplace ‘how to’ guide

– Create a mental health in the workplace scorecard

– Develop a workplace mental health recognition program

– Establish executive leadership training programs focused on building healthy company cultures
Our Vision: An Academic Center for Excellence (COE) in Workplace Mental Health

1. Academic research

2. Development of implementation tools and resources

3. Dissemination of best practices, through public health and business schools, social media, public relations firms, and journalists

4. Consulting on best practices related to “real world” measurement and evaluation of workplace mental health programs
References


