

# **Making the Business Case for Mental Health Treatment: New Research and Resources**

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Recent surveys show that there is a growing appreciation among employers for the importance of supporting workplace mental health.<sup>1</sup> There is good reason for this concern, as mental illness is common among working-age people. The most recent nationally representative study found that an estimated 26% of Americans ages 18 and older — about one in four adults — have a diagnosable mental disorder in a given year.<sup>2</sup>

This high prevalence rate for mental health disorders among workers - and their family members - puts pressure on employers to respond to this problem with effective and informed action. The good news for employers is that major review papers offering important insights into this complex area have recently become available. A key finding from these reviews is that the research results now provide a compelling case for why business should invest in mental health.

## **The Need for Workplace Mental Health Services**

Last year the World Health Organization (WHO) released a major literature review report that profiled the general nature of major mental disorders, their prevalence in society, their cost burden, the effectiveness of treatment, the cost-effectiveness of treatments and the social policy implications of these facts.<sup>3</sup> Similarly, Watson Wyatt Worldwide recently completed a comprehensive literature review of the research on workplace mental health in Canada and the US.<sup>4</sup> This paper covered findings from over 150 studies and summarized what is known today about mental health in the workplace and also identified the gaps in research that need more study.

There are a number of conclusions from these reviews that support the need for more employer attention to workplace mental health issues:

- mental health disorders are widely experienced among working-age populations
- many people with mental health disorders also suffer from chronic medical conditions (such as heart disease, diabetes, and hypertension)
- people with alcohol and drug addictions also have a high rate of mental disorders
- people with mental health disorders are often under-diagnosed and under-treated

- untreated mental disorders place a large cost burden on employers and society
- many factors contribute to the development and exacerbation of mental disorders, including biological, social and workplace conditions
- most mental health treatments are clinically effective
- most mental health treatments are cost-effective
- mental health treatment cost savings from workplace outcomes (improved employee productivity in particular) are typically far greater, and occur much sooner, than the savings obtained from reductions in overall health care costs
- enough evidence now exists to support a “business case” for providing workplace mental health prevention and treatment
- additional efforts are still needed, however, to increase the access to mental health services and overcome stigma and lack of awareness about mental health issues

This article focuses on two of these areas that are of keen interest to employers and the purchasers of workplace mental health services: Does it work and does it save money? To provide answers to these questions, the current research evidence is examined.

### **Mental Health Treatment is Clinically Effective**

According to a 1995 landmark study that examined over 300 meta-analysis papers (each paper itself a review of other many original studies), outpatient mental health treatment is largely effective at improving patient functioning.<sup>5</sup> National surveys of the consumers of mental health services have also found generally positive perceived outcomes from the perspective of clients who see therapists.<sup>6,7</sup> More recently, a 2005 WHO report concluded that: “Over the last two decades, numerous studies in mental health promotion and mental disorder prevention have proven that such programmes can be effective and lead to improved mental and physical health and social and economic development.”<sup>8</sup>

Treatment at Outpatient Settings. Mental health treatment is delivered most often in outpatient clinical settings by licensed psychologists, psychiatrists, social workers or other professionals. The success rates for this kind of treatment for some of the most common mental health disorders are quite high. People with major depression, bi-polar depression, anxiety, social phobias and panic disorders typically get relief from these problems and can work effectively again.<sup>9,10</sup>

Treatment at Workplace Settings. The majority of large and mid-size companies now provide mental health prevention, assessment and referral, and brief intervention treatment services through employee assistance programs (EAPs). Studies show that, when appropriately administered, these services produce positive clinical change,

improvements in employee absenteeism, productivity and turnover, and in a few studies, savings in medical, disability or workers' compensation claims.<sup>11, 12, 13</sup>

### **Mental Health Treatment is Cost-Effective**

Almost a decade ago, the *U.S. Surgeon General's Report on Mental Health* concluded that the clinical and cost-effectiveness evidence was both substantial and sufficient to recommend that future research should be directed more at understanding why more people are not using mental health services than at questions of whether such treatments are effective.<sup>14</sup> Indeed, given the immense cost burdens of these conditions, the relatively low cost per intervention, and the high success rate for most mental health care, the cost-benefit in terms of overall health care cost savings offset for providing these services is clear. This is especially true for employers, where the losses from workplace productivity and absence from workers with mental health disorders can be easily recouped by getting these workers into appropriate treatment.<sup>15</sup>

Thus, most researchers and industry experts now believe that there is enough solid evidence to "make the business case" for providing greater access to traditional and workplace-based mental health services. This trend has coincided with recent advances in the validity and reliability of self-report tools for measuring employee productivity, absence and health factors.<sup>16, 17, 18</sup> Review papers have also been published in peer-reviewed journals in the last few years that have summarized the scientific and industry evidence in this area and concluded that there *is* a financial return on investment (ROI) for providing workplace mental health services.<sup>19, 20, 21</sup>

There remain, of course, some aspects of these business value conclusions that require further replication and more thorough investigation but this does not take away from the preponderance of empirical evidence that supports the clinical and cost efficacy of mental health treatment.

### **The "Top 10" Resources**

An important next step in this education process is to share this information more widely with employers and health service providers. Toward this goal, the "Top 10" resources for making the business case for workplace mental health are provided in this article (see Table 1). These particular papers were selected by the author because they are the most recent, the most comprehensive, written for business readers, and – most importantly – are available at no cost online from the website listed for each report.

Most of the featured reports are supported by organizations that are devoted to promoting workplace mental health and thus there are many other resources also available at their websites. In addition, there are many other organizations that offer materials, training and support for addressing workplace mental health issues (see Appendix B in the Watson Wyatt Worldwide 2007 report, which profiles over 50 organizations, university centers, clinical providers and leading researchers in the US and Canada).

## Summary

The research results are clear that once people with mental health disorders can get to a provider, the treatments are generally effective at restoring better mental health and work functioning. In addition, the net financial cost savings from mental health treatment also has a strong evidence base. And there are now numerous sources for obtaining credible, high-quality, evidence-based summary reports and HR staff support materials that employers can use in efforts to increase the access to, and the quality of, mental health care available to employees.

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#	<b>The “Top 10” Resources for Making the Business Case for Workplace Mental Health Treatment</b>
1	<p><i>2006 Business and Economic Plan for Mental Health and Productivity</i>. Global Business and Economic Roundtable on Addiction and Mental Health. (2006). Canada. 154 pages.</p> <p>Free copy at <a href="http://www.mentalhealthroundtable.ca/">http://www.mentalhealthroundtable.ca/</a></p>
2	<p><i>A Business Case for the Management Standards for Stress</i>. Bond FW, Flaxman PE, Loivette S. (2006). Health and Safety Executive Special Report #RR431. HSE Books. United Kingdom. 46 pages.</p> <p>Free copy at <a href="http://www.hse.gov.uk/research/rrpdf/rr431.pdf">http://www.hse.gov.uk/research/rrpdf/rr431.pdf</a></p>
3	<p><i>A Mentally Healthy Workforce – It’s Good for Business</i>. (2006). The Partnership for Workplace Mental Health – American Psychiatric Association. Washington DC, USA. 28 pages.</p> <p>Free copy at <a href="http://www.workplacementalhealth.org/employer_resources/business_case.aspx">http://www.workplacementalhealth.org/employer_resources/business_case.aspx</a></p>
4	<p><i>An Employer’s Guide to Behavioral Health Services</i>. (2005). National Business Group on Health. Washington DC, USA. 100 pages.</p> <p>Free copy at <a href="http://www.businessgrouphealth.org/pdfs/fullreport_behavioralhealthservices.pdf">http://www.businessgrouphealth.org/pdfs/fullreport_behavioralhealthservices.pdf</a></p>
5	<p><i>Depression and Work Function: Bridging the Gap between Mental Health Care and the Workplace</i>. Bilsker D, Gilbert M, Myette TL, Stewart-Patterson C. (2004). Depression in the Workplace Collaborative. Canada. 128 pages.</p> <p>Free copy at <a href="http://www.carmha.ca/publications">http://www.carmha.ca/publications</a></p>
6	<p><i>Depression in the Workplace</i>. A Special Issue of Managed Care Magazine. (2006). Volume 1, Issue 1. 6 papers by various authors. 22 pages. USA.</p> <p>Free copy at <a href="http://www.managedcaremag.com/workplace">http://www.managedcaremag.com/workplace</a></p>
7	<p><i>How Much Does Quality Mental Health Care Profit Employers?</i> Langlieb AM, Kahn JP. (2005). Journal of Occupational and Environmental Medicine 47(11):1099-1109.</p> <p>Free copy at <a href="http://www.workplacementalhealth.org/Employerprofit.aspx">http://www.workplacementalhealth.org/Employerprofit.aspx</a></p>
8	<p><i>Mental Health at Work...From Defining to Solving the Problem. Booklet 1: Scope of the Problem: How Workplace Stress is Shown</i>. 20 pages. <i>Booklet 2: What Causes the Problem? The Sources of Workplace Stress</i>. 24 pages. <i>Booklet 3: Solving the Problem? Preventing Stress in the workplace</i>. 20 pages. (2005). Brun J-P. Université Laval Chair in Occupational Health and Safety Management. Canada.</p> <p>Free copy at <a href="http://www.cgsst.com/chaire/eng/monographies.asp">http://www.cgsst.com/chaire/eng/monographies.asp</a></p>
9	<p><i>Mental Health in the Labour Force: Literature Review and Research GAP Analysis</i>. (2007). Attridge M, et al. Watson Wyatt Worldwide. Canada. 128 pages.</p> <p>Free copy at <a href="http://www.mentalhealthroundtable.ca/documents.html">http://www.mentalhealthroundtable.ca/documents.html</a></p>
10	<p><i>Mental Health in the Workplace</i>. Special Issue of the journal HealthcarePapers (2004), Volume 5, Issue 2. (17 research and commentary papers commissioned by the Canadian Institutes of Health Research). Edited by Lesage A, Dewa CS, Savoie J-Y, Quirion R, Frank J.</p> <p>Free copy at <a href="http://www.longwoods.com/home.php?cat=350">http://www.longwoods.com/home.php?cat=350</a></p>

