

Beyond the Blues?

Access, Stigma, Treatment ‘Open Doors’ to Discuss Mental Health

More than 54 million Americans suffer from a mental disorder in any given year, but fewer than 8 million people seek treatment -- even though the majority believes that it works. How can this gap be closed?

According to the Harris Interactive poll “Therapy in America 2004”, in the last two years 27% of adults have either seen a mental health professional for therapy or taken a prescription medication for a personal, emotional or mental health problem. Of those people, 80% who received treatment have found it effective.

So why don’t more people suffering from depression seek help? The leading barriers to receiving care include cost, a belief that their problems aren’t serious enough for treatment, and lack of health insurance coverage. In fact, 37% of respondents said they didn’t know if their health insurance covers mental health.

Stigma also keeps some people from getting help. Basically, these people are either afraid that therapy would go on their “record” or they’re fearful that friends or family would find out they are seeking treatment. Also, some people aren’t sure where to go. More than half (52%) of Harris poll respondents believe that it is at least somewhat difficult to access mental health treatment.

Getting People the Help they Need

How can EA professionals help reluctant employees get the help they need? Jack O’Regan, psychology professor and dean at Argosy University in Minneapolis, advises that employers be strongly encouraged to view mental illness (such as depression) in the same way as physical health concerns. “Employees get physically ill, and they get treatment, they get better, and they return as productive employees. Employees with mental health concerns (need to, or should) follow the same path,” Dr. O’Regan states.

Discussing Seasonal Affective Disorder (SAD) is a possibility. An estimated 46% of workers feel less productive during winter months. Another 33% feel decreased energy due to less daylight. As well as being a timely wintertime topic and a depressive disorder in its own right, SAD may also be a springboard to distribute information and/or talk about other depression, its symptoms, and treatments.

Take advantage of technology. Ask patients to seek interactive self-help. For example, a self-guided tutorial may help someone assess their emotional health and suggest referrals to other resources or counseling. Online coaching, in which trained clinicians communicate with patients receptive to receiving counseling on a secure online site, is another possibility. Other strategies include:

- *Encourage compassion and understanding.* Explain to employees reluctant to seek help that they can’t just “snap out of it” but neither is there something “wrong” with him or her. Rather, they need help and support from friends, family, co-workers and his or her manager or supervisor.
- *Explain that seeking help doesn’t imply weakness.* Rather, tell him or her that it takes courage and strength to know when help is necessary. Encourage the person to “talk about it.” Explain that talking about depression makes things better, not worse.
- *Dispel myths.* Explain to employees and managers/supervisors that recovery from mental illness *is* possible, that mentally-ill employees are *not* second-rate workers; that people with mental illness *can* handle stress on the job; and that most mentally-ill individuals are *not* unpredictable and potentially violent or dangerous.
- *Work with medical doctors* to identify patients in need of behavioral therapy.

- *Encourage closer coordination* between medical, pharmaceutical, and behavioral organizations.

Early, Integrated Intervention

While treatment for depression is often effective, early and accurate diagnoses are critical because the services provided may not be enough to help the patient get well. In addition, partial treatment puts patients at a higher risk for relapse or reoccurrence. Ineffective treatment also tends to cost more. Up to one-half of all visits to primary care physicians are due to conditions caused or made worse by mental or emotional problems.

Also, since many people experience co-existing mental and substance abuse disorders, addictions treatment needs to be considered when determining mental health costs. For example, while addictions treatment represents just 1% of total healthcare costs it jumps to 15% when the individual is not treated for his or her addiction.

A new report issued by the Substance Abuse Mental Health Services Administration (SAMHSA) illustrates this gap. According to the SAMHSA report, *Serious Mental Illness and Its Co-Occurrence with Substance Use Disorders*, nearly 48% of adults with both serious mental illness and an alcohol addiction received some type of treatment. However, less than 12% of these adults received treatment for both mental health *and* addiction. SAMHSA Administrator Charles Curie says the report demonstrates the need for mental health professionals to promote integrated treatment and support. “Both disorders must be addressed as primary illnesses and treated as such,” Curie states.

More Treatment Not Necessarily Better

While substance abuse and mental health treatment *may* be necessary, more therapy isn’t necessarily better, a leading study charges. A recent study, conducted by PacifiCare Behavioral Health, challenges medical and mental health professionals’ recommendations advocating strict adherence to treatment protocols and longer lengths of treatment for better outcomes of severely

The study found that:

- Patients who improve rapidly yet continue in therapy tend to experience the worst treatment outcomes. Patients with more than 12 sessions did not progress as rapidly as compared with those who had fewer sessions.
- Some patients who respond more slowly improve with more therapy. Clinicians who are effective in keeping slower-responding patients engaged in treatment have a high probability for improvement.
- The combination of psychotherapy and medication is more effective than either intervention alone for those who are severely depressed.

“This is good news for employers and patients,” states Edward Jones, PBH vice president and chief clinical officer. “By measuring the patient’s status using statistically valid tools, we can determine who may need only a few sessions to recover and who may need more long-term therapy to get better. Patients get what they need, and resources are used most effectively. This approach relies on clinicians to make treatment decisions, providing more therapy to those who need it the most, and eliminating over-treatment for those who have improved.”

Summary

EA professionals have a variety of strategies to address the access gap – the void in which affected individuals are caught between what they don’t know and what they need to know about depression. Education, support, and online coaching are just some of the possibilities.

It's also imperative to remind company clients that overlooking mental health care or providing ineffective treatment will likely add to healthcare costs -- and it will drive other economic burdens by increasing absenteeism and decreasing productivity. In today's highly competitive global workplace, depression is an issue that employers can't afford to ignore.

Additional source: Healthyplace.com. PacifiCare Behavioral Health, www.pbhi.com Results are based on a two-year study by PBH representing over 6,000 patients in treatment for depression. PBH is a managed behavioral health care organization serving over 4 million members nationwide.