

U.S. Behavioral Health and the Workplace *(Missouri Edition)*



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Introduction

The behavioral health of the American workforce can no longer be overlooked. This educational report has been prepared for informational purposes and includes data specific to the state of Missouri.

This report is intended to raise awareness of the current state of mental health in the American workplace. The sources of data used in the production of this report are cited within. This report is free to download, print, or share as is.

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THE ARDENT AXIOM

U.S. Behavioral Health and the Workplace

According to the American Psychiatric Association Foundation, employees with depression miss on average 31.4 days per year and an additional 27.9 days of unproductivity when they report for work but are unable to focus due to the symptoms of depression.

Various studies show that 30% - 50% of all adults in the U.S. will experience mental health issues at some point in their lifetime. It's estimated that 20 million Americans currently have a substance use disorder and that 7.9 million have mental health issues and a substance use disorder such as alcohol and drug addiction.

The Missouri Consolidated Health Care Plan revealed in its 2017 Annual Report (ending June 30, 2017) that more than 11,800 Missouri state employees were aged 20 – 30, which makes up about 16 – 17% of the total workforce. Missouri's 2015 Behavioral Health Barometer revealed that about 230,000 Missouri adults aged 18 and older who were surveyed from 2013 to 2014, claimed to have serious mental illness.

From 2010 – 2014, about 389,000 Missouri adults claimed to have various mental illnesses and sought treatment or counseling. 320,000 Missourians aged 12 and older, reported having an alcohol abuse problem during 2013 – 2014. Some 129,000 Missourians of that same age group reported having a drug dependence or abuse issue during the same period.

According to the World Health Organization, depression and anxiety alone, globally costs one trillion per year in lost productivity. This number is expected to reach six trillion by 2036. Globally, more than 300 million people (18% of which are in the U.S.) suffer from depression, many of which have some form of anxiety.

Negative work environments can lead to physical and mental health issues, substance abuse, absenteeism, and financial losses due to lost productivity.

The World Economic Forum proposed five responses to these issues:

- ❖ **Implementation and enforcement of health and safety policies and practices, including identification of distress, harmful use of psychoactive substances, and physical and mental illness. These policies should include resources to manage such issues.**
- ❖ **The dissemination of information to employees regarding available support.**
- ❖ **Involve employees in decision-making to convey a feeling of control and participation, and involving them in organizational practices that support a healthy work-life balance.**
- ❖ **Programs for career development of employees.**
- ❖ **Recognizing and rewarding the contributions of employees.**

Cost-benefit analysis research on strategies to address mental health, concludes net benefits. Every dollar put into enhanced treatment for common mental disorders such as anxiety, results in a return of four dollars.

The Anxiety and Depression Association of America reports that only 36.9% of those who suffer from anxiety ever seek treatment.

The Substance Abuse and Mental Health Services Administration (SAMHSA) conducted a national U.S. survey that was published in 2014, revealing that anxiety, depression, and substance use disorders are the most common mental health issues.

In an August 2013 article published in the Journal of the American Medical Association by the Institute for Health Metrics and Evaluation and 125 other contributors, titled *The State of U.S. Health, 1990-2010: Burden of Disease, Injuries, and Risk Factors*, neuropsychiatric disorders are the leading cause of disability in the United States.

The World Health Organization has declared depression the leading single cause of disability globally, and the National Institute of Mental Health has declared this single disorder the leading cause of disability in Americans aged 15 – 44 years.

According to a study published in February 2015 in the Journal of Clinical Psychiatry, employees with major depressive disorder costs the U.S. economy more than \$200 billion each year, and 50% of those costs are incurred on the employer. That exceeds the total economic costs of heart disease, stroke, cancer, and obesity.

The Depression and Anxiety Journal of the Anxiety and Depression Association of America (DAJ/ADAA) reported in 2010 that 1/3 of the costs incurred by employers from employees with these types of mental health issues are a direct result of lost productivity. In 2010, the DAJ of the ADAA published another study showing that reduced productivity of depressed employees had capital costs of \$2 billion per month in the U.S.

More than 50% of those suffering from moderate depression and 40% of those suffering from severe depression, never seek treatment.

According to three separate studies, there is a direct connection between suffering from physical illness and mental illness, in that one often leads to the other, what is known as comorbidity or multi-morbidity (British Medical Journal BMJ Sept. 2012; Journal of American Medical Association – Psychiatry Oct. 2007; The King's Fund Think Tank 2012).

This comorbidity doubles or even triples the costs of treatment according to a 2014 report by the American Psychiatric Association in conjunction with Milliman Inc.

A study published in the Dialogues in Clinical Neuroscience (2007), those suffering from depression were twice as likely to develop coronary artery disease or experience a stroke, and were four times more likely to die within six months after a heart attack.

Former U.S. Surgeon General, Vivek Murthy M.D., M.Sc., wrote in the Harvard Business Review (Sept. 2017), "Our understanding of Biology, psychology, and the workplace calls for companies to make fostering social connections a strategic priority."

Dr. Murthy laid out the case for addressing workplace loneliness, an often overlooked but equally important factor in workplace mental health, by making these three points:

- 1. Lonely workers are unhealthy – greater risk of cardiovascular disease, compromised immunity, increased risk of depression, shortened lifespan.**
- 2. Isolation in the workplace is costly – mental sluggishness from a lack of social supports leads to impaired productivity, loss of creativity, and interferes with decision-making. This impacts an organization's revenue, spending, and performance through increased "sick leave" and health insurance claims.**
- 3. Modern workplace contributes to the challenge – with a focus on productivity and task completion, little time is spent on building social connections (team building).**

Dr. Murthy recommends the following strategies to create workplace social connections:

- ❖ **Evaluate the organization's current state of social connection by asking employees whether they feel valued and whether the corporate culture supports connectedness.**
- ❖ **Build understanding at all levels about high-quality relationships at work.**
- ❖ **Make strengthening social connections an organization-wide strategic priority.**
- ❖ **Encourage employees to seek help when needed and to help each other.**
- ❖ **Create opportunities for employees to learn more about each other, including personal experiences and interest outside of work.**

ILLUMINATING THE FACTS ABOUT BEHAVIORAL HEALTH



RISING ABOVE THE STIGMA

If you or someone you know needs help:

National Suicide Prevention Lifeline (1-800-273-8255)



Provides 24/7, free and confidential support for people in distress, prevention and crisis resources, and best practices for professionals. Spanish and hearing impaired communication available.

Substance Abuse and Mental Health Services Administration's (SAMHSA) National Helpline (1-800-662-4357)



Free, confidential, 24/7 (even holidays), treatment referral and information service (English and Spanish), for individuals and families facing mental and/or substance use issues.

SAMHSA's Disaster Distress Helpline (1-800-985-5990)



Provides 24/7 (even holidays) assistance with crisis counseling and support for people experiencing emotional distress related to natural or human-caused disasters. Call or text options available.

Crisis Text Line (text the word Hello to 741741)



Trained Crisis Counselors who volunteer their time to provide 24/7, free and confidential support for people in crisis, utilizing active listening and collaborative problem solving.

The Trevor Project (1-866-488-7386)



A 24/7 resource for LGBTQ youth struggling with a crisis or suicidal thoughts. The line is staffed by trained counselors.