
Depression in the Workplace: Detailed Analysis of TBGH's 2016 Survey of Texas Employers

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THE MEADOWS MENTAL HEALTH
POLICY INSTITUTE FOR TEXAS

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Introduction

The Depression in the Workplace Survey was conducted by the Texas Business Group on Health in the summer of 2016 in partnership with the Meadows Mental Health Policy Institute and with promotional assistance from the Dallas-Fort Worth Business Group on Health, Houston Business Coalition on Health, Mental Health America of Greater Houston, and Texas Association of Business.

This document serves as a report of the survey findings related to current policies, practices, and strategies of Texas employers to address untreated and inadequately treated depression in the workplace. The report includes a descriptive analysis summarizing the characteristics and perceptions of participating Texas employers.

Overview of Depression in the Texas Workplace

Depression is a common but serious illness experienced by one in five American adults in their lifetime.¹ About 7.5% of the U.S. workforce has depression in any year,² costing U.S. employers approximately \$187.8 billion a year.³ This total reflects both lost productivity due to absenteeism (missed days from work) and presenteeism (reduced productivity while at work), as well as increased health and mental health costs exacerbated by untreated depression.

Untreated depression can increase the likelihood of another health condition. Individuals with both depression *and* an additional medical condition experience greater distress, increased functional impairment, and are less able to follow medical treatment plans. For example, diabetic patients with symptoms of depression are less likely to adhere to dietary restrictions or medical regimens, and more likely to use the emergency room or inpatient settings.⁴

¹ Kessler, R.C., et al. (2005). Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the National Comorbidity Survey Replication. *Archives of General Psychiatry*, 62, 593-603. For major depression alone, the chance of having the diagnosis at some point in one's life is one in six.

² Kessler, RC, Merikangas, R., & Wang, P. (April 2008). The prevalence and correlates of workplace depression in the National Comorbidity Survey Replication. *Journal of Occupational and Environmental Medicine*, 50(4): 381-390.

³ Mrazek, D.A., Hornberger, J.C., Altar, C.A., & Degtiar, I. (2014). A review of the clinical, economic and societal burden of treatment-resistant depression 1996-2013. *Psychiatric Services*, 65(8). Mrazek et al's cost analysis included four employer/private payer claims databases and one Medicare claims database. Estimates were based on a 12-month prevalence of depression in 16,000,000 adults; the percentage of people with treatment resistant depression was 12% (conservatively); average direct health care costs for people with treatment resistant depression were \$13,196 annually; average direct health care costs for people with treatment responsive depression was \$7,715; average productivity-related costs were \$6,924 and \$2,876, respectively.

⁴ Ciechanowski, P.S., Katon, W.J., & Russo, J.E. (2000). Impact of depressive symptoms on adherence, function, and costs. *JAMA Internal Medicine*, 160(21). Retrieved from <http://archinte.jamanetwork.com/article.aspx?articleid=485556>.

Research indicates that less than 22% of people with depression receive adequate care, prolonging a person's suffering and unnecessarily raising employers' costs.⁵ The good news is that treatment works: more than 80% of people with depression improve significantly with timely and appropriate treatment.⁵

Key Survey Findings

Key findings from the Depression in the Workplace Survey conducted in the summer of 2016 include the following:

- More than 80% of surveyed Texas employers believe that depression is an important issue with a significant or moderate impact for employers.
- The three most frequently reported ways that untreated depression impacts the corporate organization are productivity, absenteeism, and morale.
- Nearly 90% the surveyed employers offer traditional depression benefits and an employee assistance program (EAP). Many Texas employers have either already adopted or would consider adopting one or more of the new, evidence-based strategies to improve early diagnosis and effective treatment of depression.
- Over one-third (36%) of the respondents believe that lack of awareness about depression symptoms and treatment is the most significant barrier that prevents timely and effective treatment for depression.
- Nearly all (90%) respondents who expressed an opinion think that their executive leadership team is likely to support steps to improve the availability, affordability, and quality of care for depression.

Benchmarking surveys like this provide valuable baseline information to employers as they recognize the devastating impact of untreated depression on both employees, who often suffer alone and silently, and on the organizations that employ them, where productivity and morale are adversely affected. The Texas Business Group on Health will continue to provide educational and actionable resources for employers pertaining to the incidence and impact of untreated depression.

Descriptive Analyses

Summary

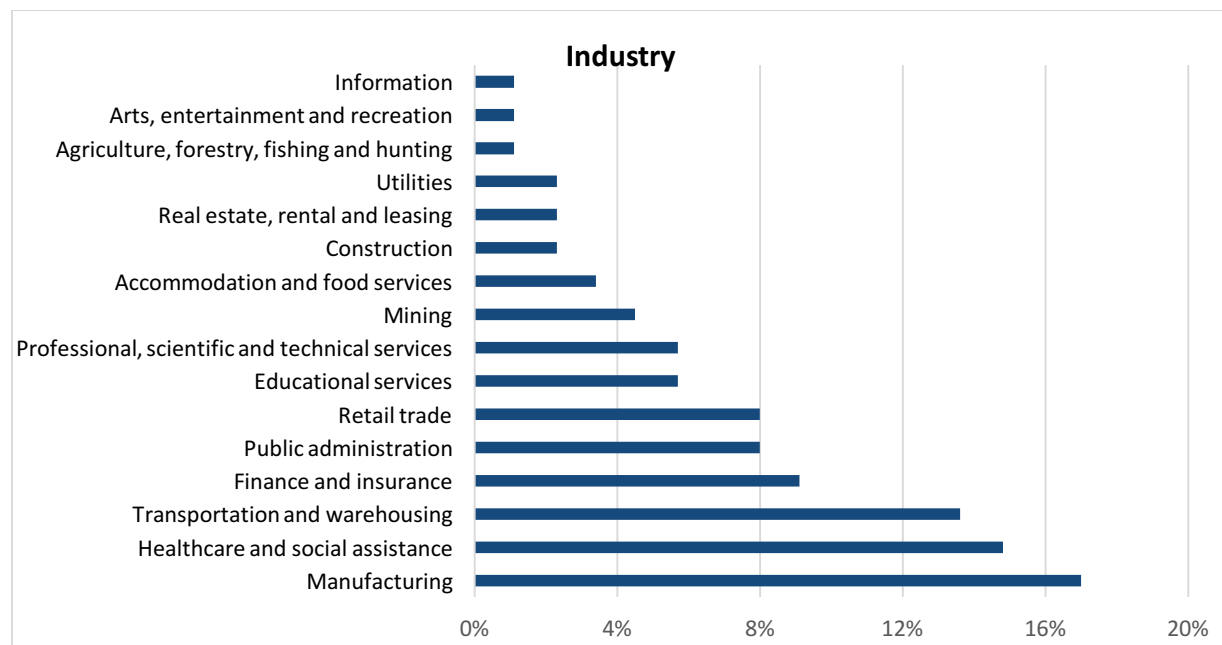
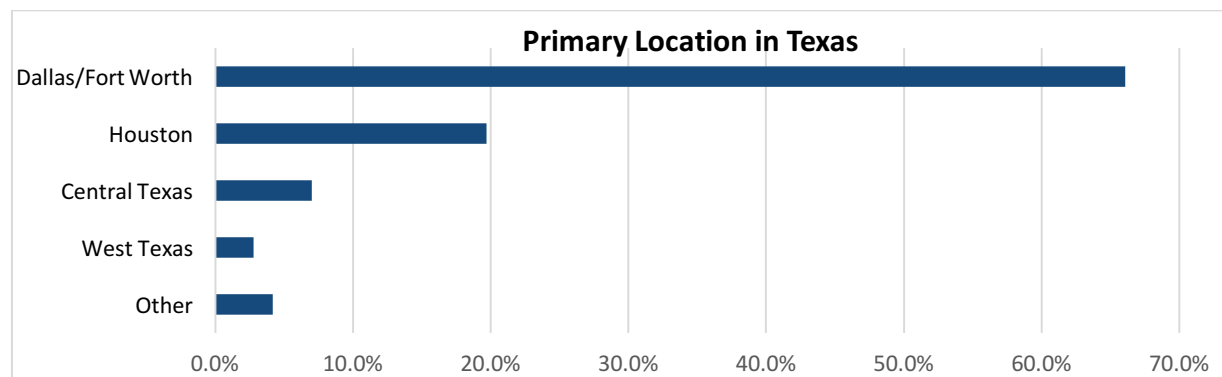
In August 2016, the Texas Business Group on Health invited Texas benefits and human resources managers to participate in an online survey of depression in the workplace, which was developed in partnership with Meadows Mental Health Policy Institute. Descriptive findings from this report provide a summary of the demographics, characteristics, and perceptions of 135 benefits and human resource managers in Texas.

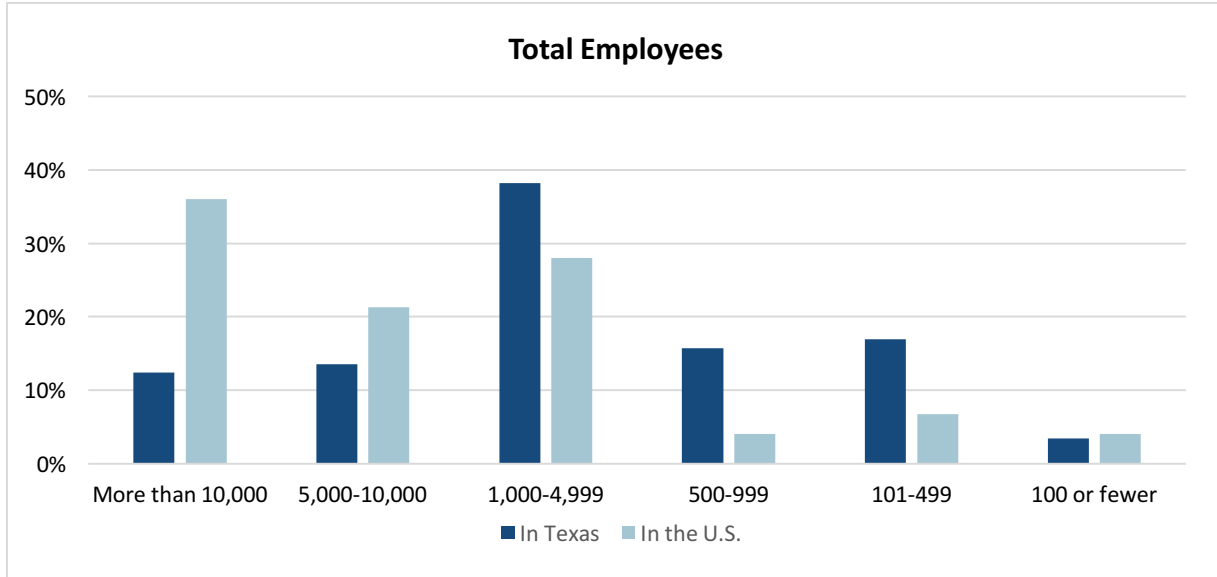
⁵ Kessler, R. et al. (2003). The epidemiology of major depressive disorder: Results from the National Comorbidity Study Replication (NCS-R). *Journal of the American Medical Association*, 289(23), 3095-3105.

Employer Demographics

A total of 135 individuals responded to the Depression in the Workplace Survey. Most respondents work for employers reported to have more than 1,000 employees. Well over half (66%) of the organizations identified the Dallas/Fort Worth area as their primary location in Texas. The sample represented a cross-section of industries; manufacturing, healthcare/social assistance, transportation/warehousing, and finance/insurance were the most common.

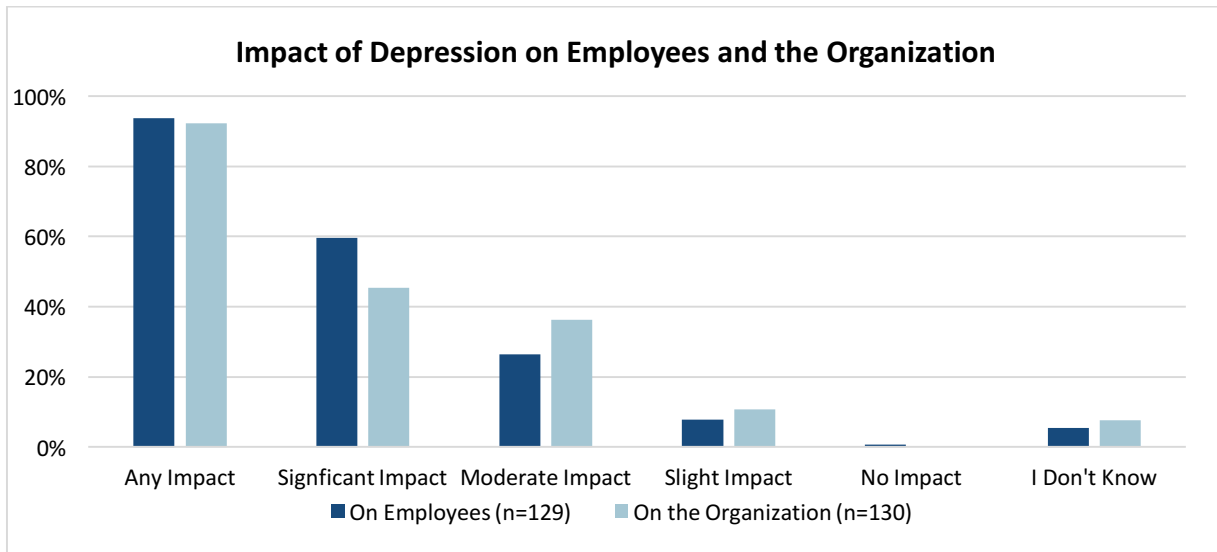
Total Respondents
n=135

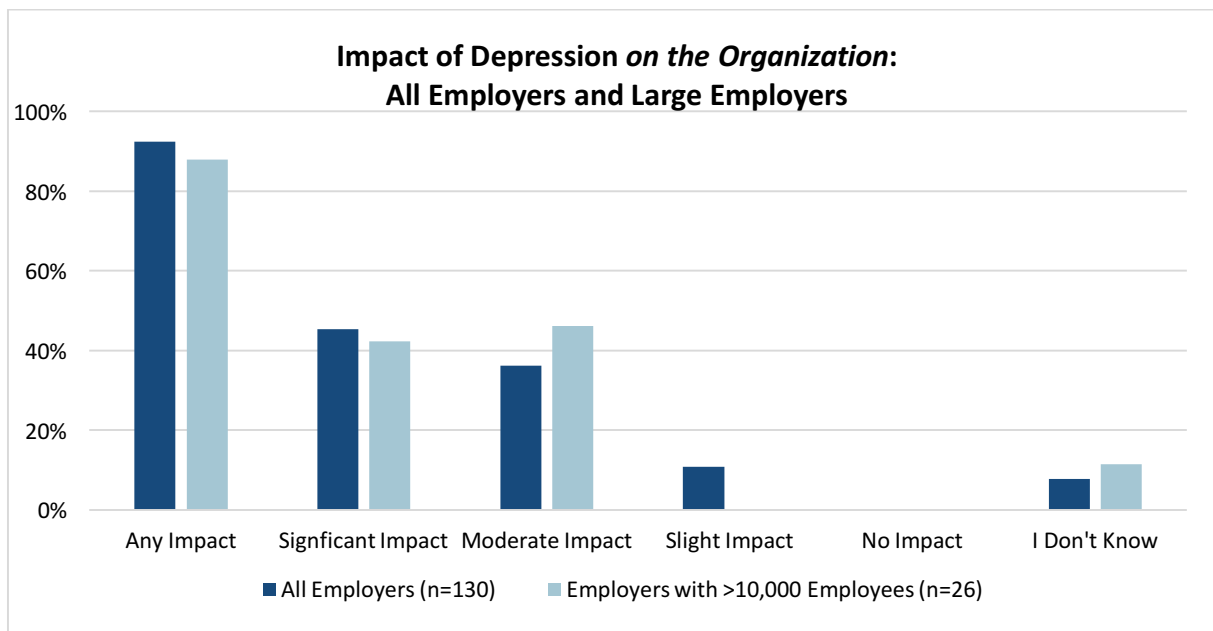
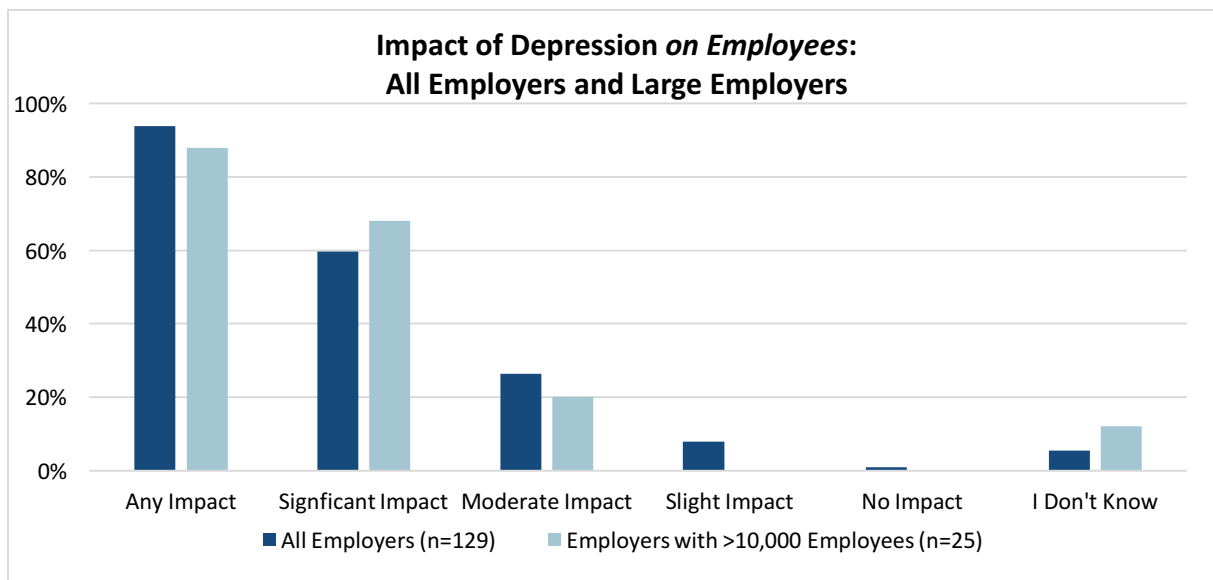




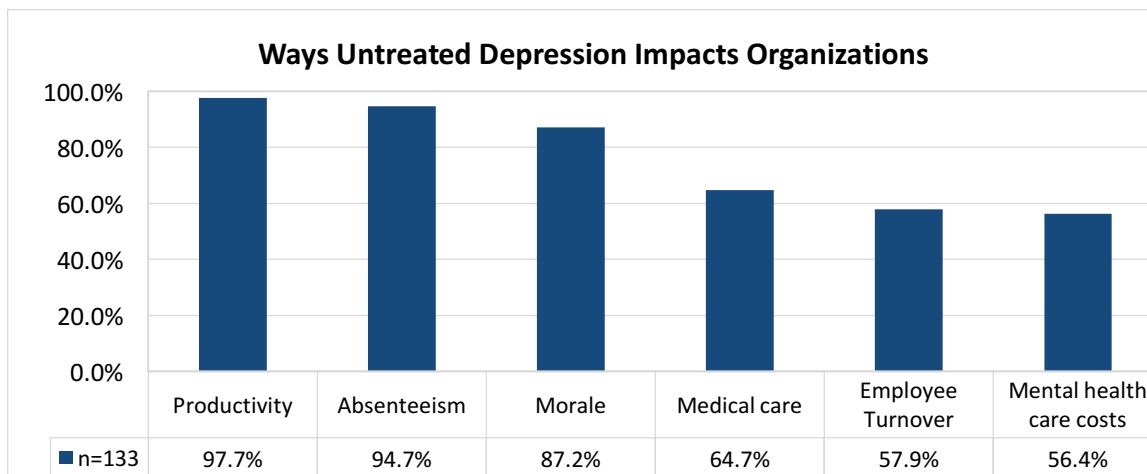
Impact of Untreated Depression on Employees and the Organization

Nearly all employers acknowledged that untreated depression has an impact on employees (94%) and the organization (92%). Over half (60%) of the total sample and 68% of large employers (defined as employers with more than 10,000 employees) indicated that untreated depression has a *significant* impact on employees. Regardless of size, over 80% of employers felt that untreated depression has a moderate to significant impact on their organizations and on their employees.



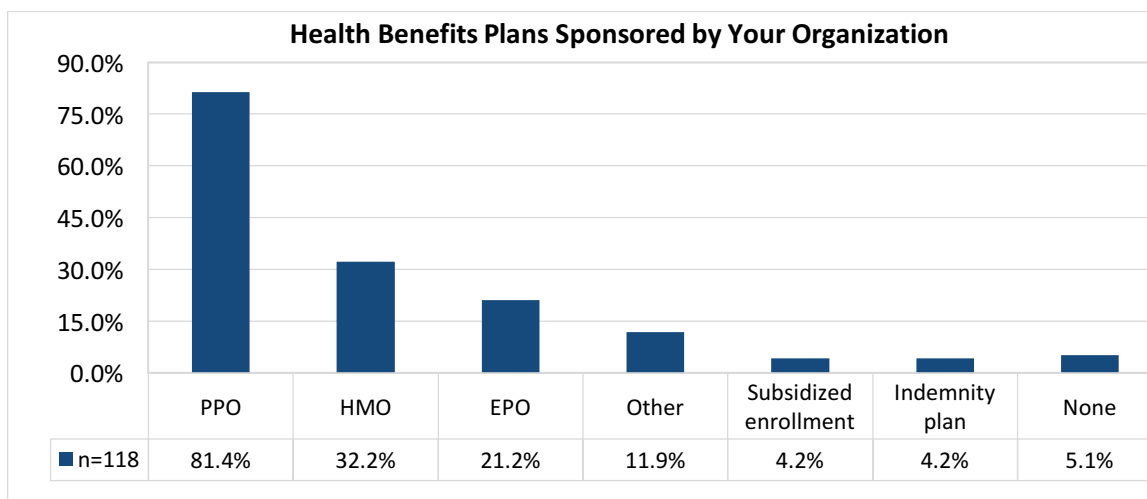


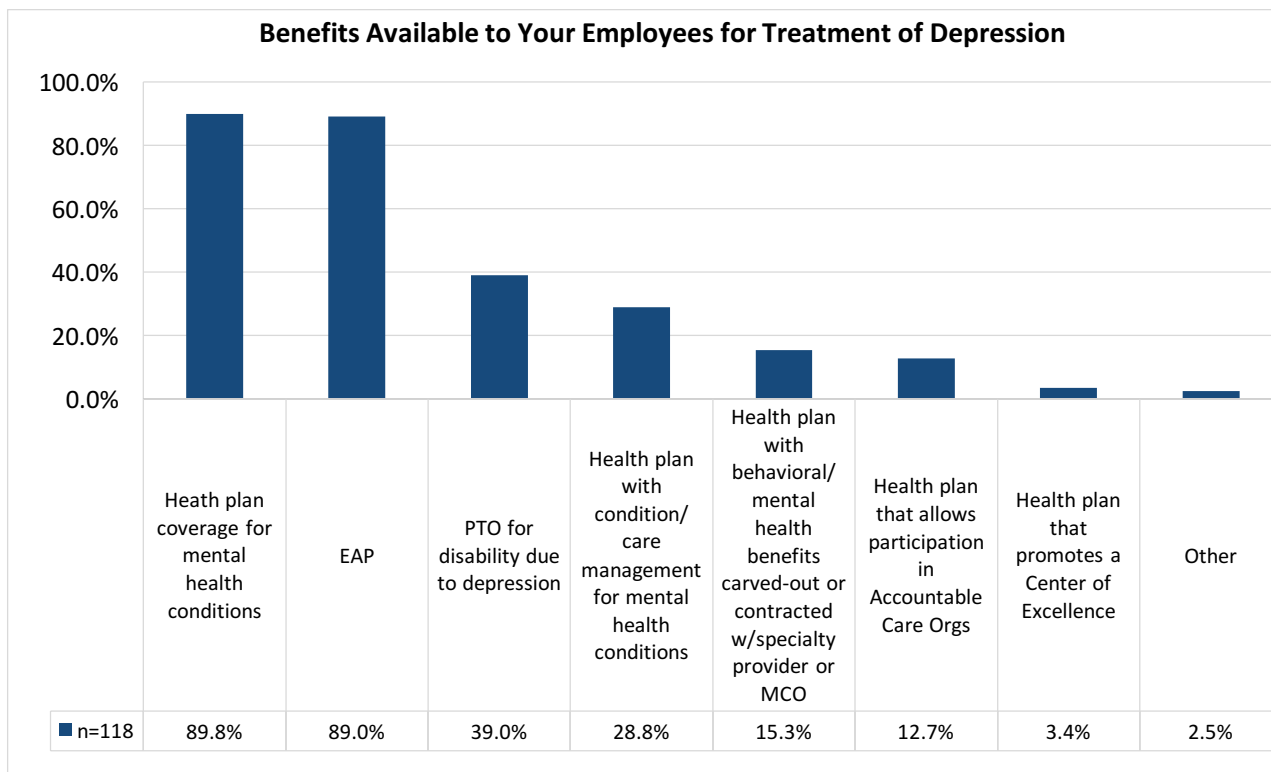
Employers indicated that untreated depression is primarily impacting their organizations in the areas of productivity (98%), absenteeism (95%), and morale (87%), while 65% and 56% (respectively) indicated a medical or mental health care cost impact.



General Design of Employee Benefits for Treatment of Depression

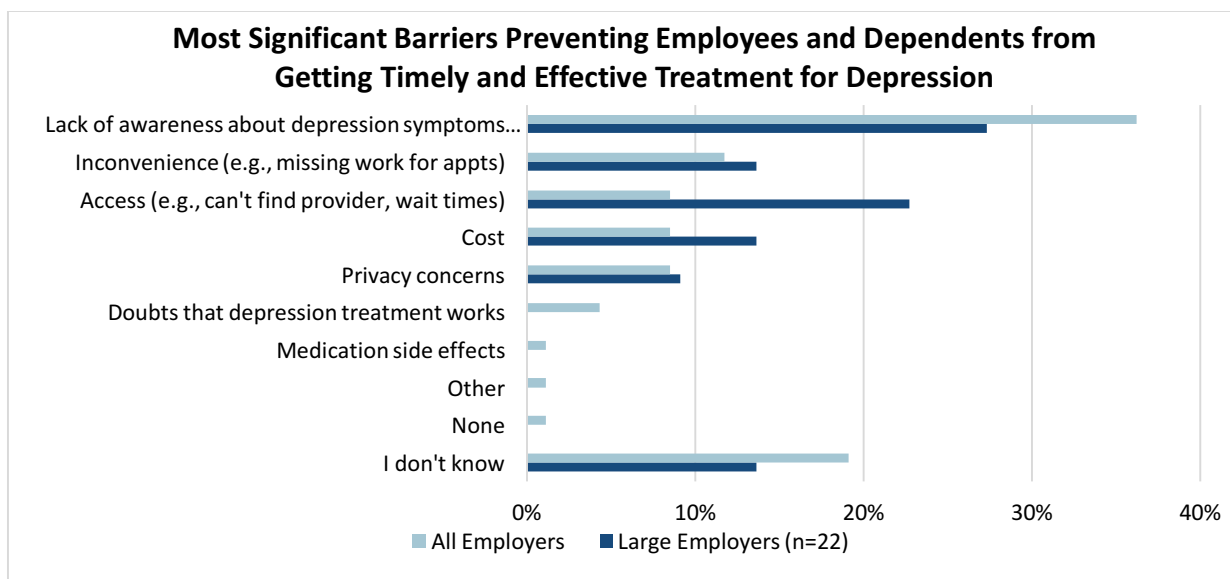
Most organizations offer employees access to preferred provider organizations (PPOs), health maintenance organizations (HMOs), or exclusive provider organizations (EPOs) for their health benefits plans. The most common benefits for depression treatment included outpatient and inpatient coverage for mental health conditions (90%), employee assistance programs (EAPs; 89%), and paid time off (PTO) for disability due to depression (39%).



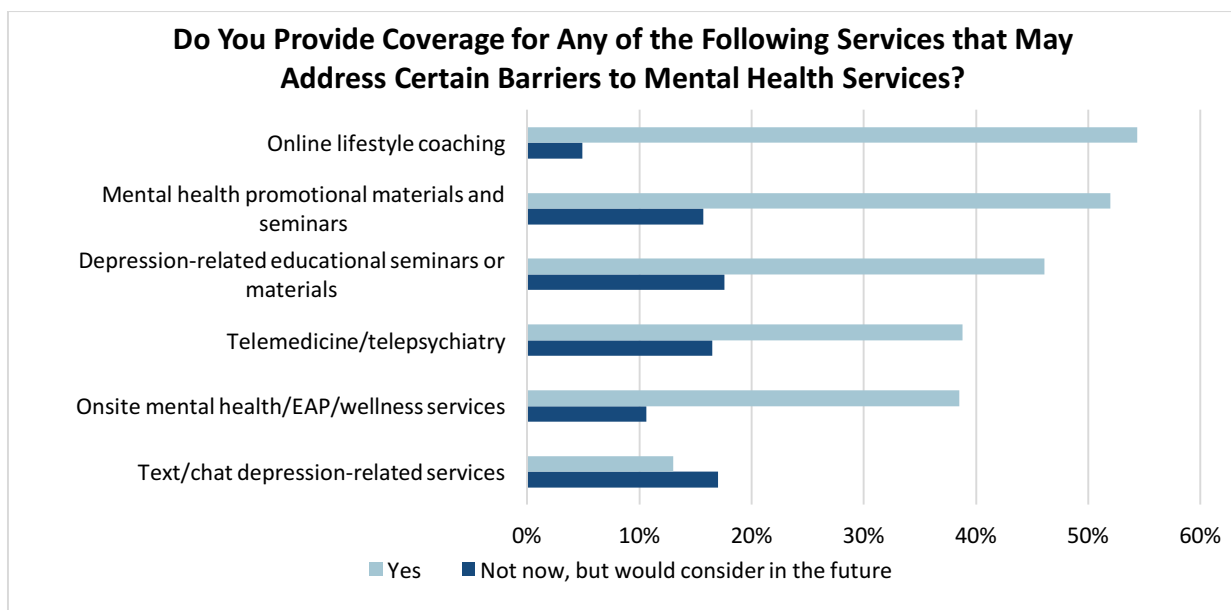


Barriers to Timely Treatment of Depression

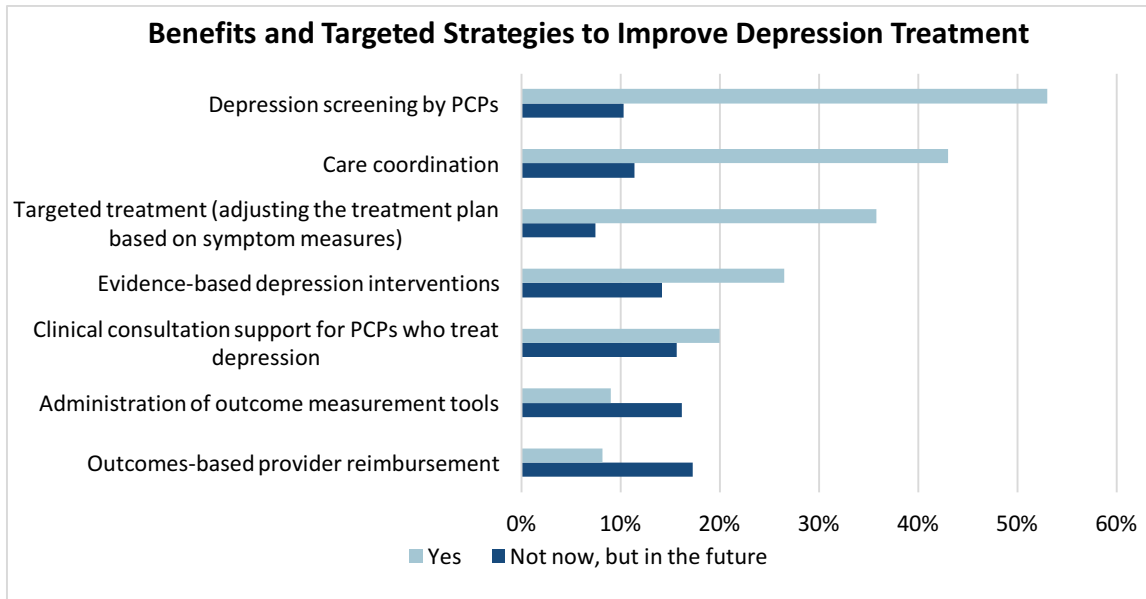
Texas employers overwhelmingly identified lack of awareness about depression symptoms and treatment as the most significant barrier preventing employees and their dependents from receiving treatment. Large employers were more than twice as likely than all other employers to identify access (e.g., being unable to find a provider, or having to wait too long to be seen) as the most significant barrier to treatment.



Over half of employers reported providing online lifestyle coaching and mental health promotional materials or seminars to address barriers to treatment. While only 13% of employers are currently providing depression-related text or chat services, 17% would consider doing so in the future. In addition, 17-18% of employers would consider adding telemedicine or telepsychiatry and depression-related educational seminars or materials.



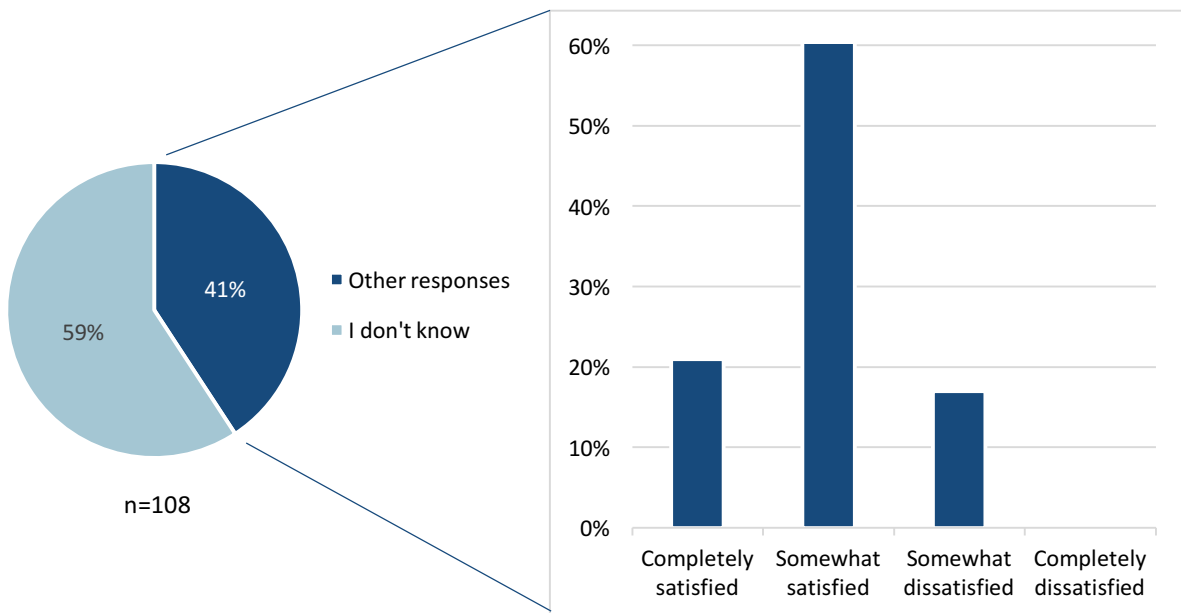
There are research-based strategies that can improve the cost-effectiveness of depression treatment, and Texas employers are incorporating such strategies into their benefits to various degrees. Survey results also suggested a willingness of Texas employers to consider adopting additional evidence-based, cost-effective strategies in the future. Over half of Texas employers (53%) indicated that their organization currently covers depression screening by primary care providers (PCPs), while 43% provide care coordination and 36% provide targeted treatment (i.e., adjusting the treatment plan based on symptom measures). While less than ten percent of employers currently provide coverage for administration of outcome measurement tools or outcome-based provider reimbursement, over 16% said they would consider covering such services in the future.



Employee Perception of Depression Benefits

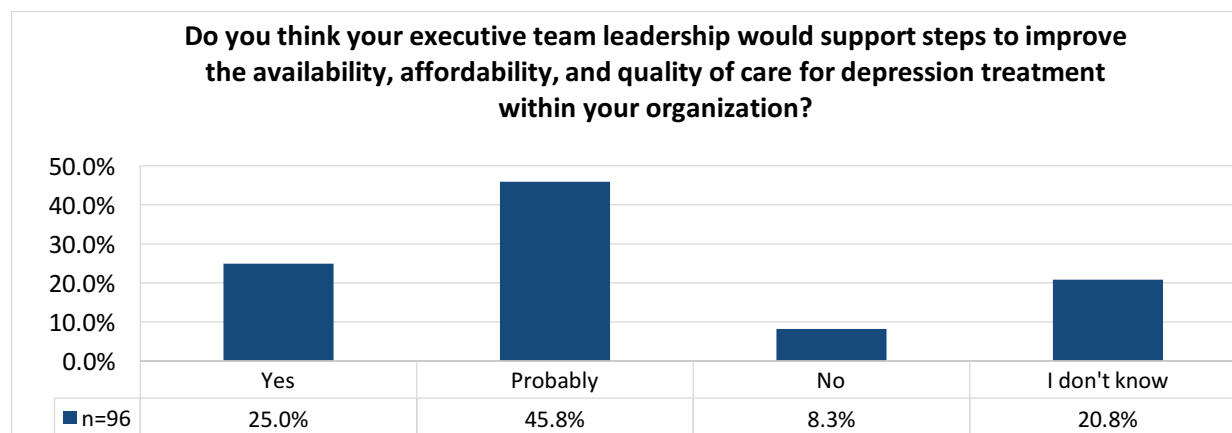
Nearly 60% of employers reported being unaware of how satisfied employees are with the quality of care and level of benefits they receive for depression treatment. Among the 40% who were aware of employee satisfaction, 62% indicated their employees are somewhat satisfied and another 21% indicated their employees are completely satisfied. No employers perceived employees to be completely dissatisfied with their depression benefits.

Employer Perception: Employee Satisfaction with the Quality of Care and Level of Benefits They Receive for the Treatment of Depression



Leadership Role for Mental Health Issues

An impressive quarter of respondents believed that their executive leadership would support steps to improve the availability, affordability, and quality of care for depression treatment within their organization. Additionally, over two-thirds (71%) of Texas employers believed that their executive leadership would likely support such efforts. As the impact of untreated depression gains more attention, employers will be making important decisions about their role in mitigating the costs to business and organizational productivity, improving employee well-being, and supporting community health.



Summary

The survey results demonstrate that Texas employers recognize the significant impact that untreated depression can have on both their employees and organization. Decreased productivity, increased absenteeism, and lower morale are the most common concerns, followed by increased medical claims costs. Most employers identified employee lack of awareness of symptoms and treatment as the primary barrier to effective treatment for depression, but less than half knew whether employees were satisfied with their treatment options or the quality of care received.

The majority of employers surveyed offer traditional depression benefits and an EAP, but less than a third reported covering evidenced-based treatments for depression. About half of employers reported coverage for primary care physicians’ (PCPs) depression screening, but only a fifth covered clinical consultation for PCPs to effectively treat depression. Even so, over 70% of respondents indicated that their executive leadership would likely support taking steps to improve the availability, affordability, and quality of care for depression treatment.

In summary, Texas employers understand the significant impact depression can have on workplace productivity, healthcare costs, and employee morale. Employers want proven benefit strategies that reduce healthcare costs; improve healthcare outcomes; decrease

business costs related to productivity, absenteeism, and turnover; and improve quality of life for employees and their families who are affected by depression. In addition, executive leadership is supportive of taking steps to improve the availability, affordability, and quality of care for depression treatment to address these concerns.

In light of these findings, the Texas Business Group on Health and the Meadows Mental Health Policy Institute are exploring opportunities to collaborate with Texas employers to share timely and useful information, including best practices for designing and communicating benefit plans and programs that improve overall productivity, general health, and quality of life for employees and their families.