



# Mental Health Works

First Quarter 2012

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Partnership for  
Workplace  
Mental Health™

## Dear Reader:

What is a culture of health in a workplace? The term has been used frequently when describing employers who incorporate health as a core value of their organization. In this issue of *Mental Health Works*, we hear from managers at H-E-B, a privately-owned grocery chain based in San Antonio, Texas, that has established a culture of health uniquely its own.

H-E-B stands out because the way in which their efforts related to health are organized. Representatives from H-E-B's health, benefits, and communications teams work together strategically to build a culture of health within each of the company's locations for the benefit of employees, families, and communities — because it's the right thing to do. The company's corporate values, established generations ago, paved the way for the modern approach that thrives today at H-E-B.

We are also eager to tell you about the new Total Worker Health™ initiative, a program of the National Institute for Occupational Safety and Health, which outlines a plan to integrate occupational safety and health protection with health promotion to prevent worker injury and illness and to advance health and well-being. Although occupational safety and health is frequently administered independently of health promotion in the workplace, employers who integrate the two areas and other health-related benefits have enhanced opportunities to reduce administrative costs and improve employee health.

The Integrated Benefits Institute (IBI) also has news to share. Research published in the June 2011 *Journal of Occupational and Environmental Medicine* examines the impact of medication adherence, multiple chronic diseases, and health risks on productivity in the workplace. IBI highlights the study's findings related to depression and discusses effective employer strategies for improving workforce health and productivity among depressed employees.

Lastly, as a follow up to our last issue, we provide an update on mental health parity. The parity law required the U.S. Government Accountability Office (GAO) to examine trends in health insurance coverage for mental health and substance use disorders. In a recent report to Congress, the GAO provided information on the extent to which employers cover mental health and substance use disorders through private health insurance plans and how this coverage has changed since 2008.

As always, we encourage you to be in touch and to tell us what kinds of topics and resources you would like to see covered. Please let us know your feedback and story ideas by e-mailing us at [mhw@psych.org](mailto:mhw@psych.org) or calling us at 703-907-8561.

Sincerely,



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# GAO Reports on Post-Parity Employer Trends

BY CLARE MILLER

The last issue of *Mental Health Works* included an article encouraging employers to recognize the ways in which mental health parity is being implemented at their company. Although the Mental Health Parity and Addiction Equity Act was passed in 2008, the regulations that govern the law's implementation have been effective for calendar-year plans only since January 1, 2011. The regulations are complex, and employers should be mindful that the financial penalties for failure to comply are substantial. As plan sponsors, employers are the entities responsible for penalties associated with compliance violations. Please see the article [“Parity Compliance Problems and What Employers Can Do to Protect Themselves”](#) in the previous issue of *Mental Health Works* for a discussion of specific areas of concern.

The parity law required the U.S. Government Accountability Office (GAO) to examine trends in health insurance coverage for mental health and substance use disorders. In a November 30, 2011, report to Congress, the GAO provided information on the extent to which employers cover mental health and substance use disorders through private health insurance plans and how this coverage has changed since 2008. It also examined the effect of coverage for mental health and substance use disorders on (1) enrollees' health care expenditures; (2) access to, or use of, mental health/substance use services; and (3) health status.

The GAO's report derives its findings from a random sample of employers for the most current plan year and for 2008. Usable responses were obtained from 168 employers, representing a 24% response rate.

The GAO found that most employers continued to offer coverage for mental health and substance use disorders after passage of the parity law (96% offered mental health/substance use disorders coverage for the current plan year and for 2008). Only 2% of employers reported offering coverage only for mental health conditions but not for substance use disorders for the current plan year and for 2008. Further, only 2% of employers reported discontinuing coverage of mental health and/or substance use disorders in the current plan year.

The types of specific diagnoses covered (and excluded) remained about the same. The most common changes to benefits related to the removal of treatment limitations and lifetime dollar limits. The GAO noted that employers may continue to modify plans, once federal agencies issue final implementing regulations for the law.

## Mental Health Parity and Addiction Equity Act of 2008

The law requires that any group health plan that covers more than 50 employees and offers mental health and/or substance use disorders coverage must provide that coverage with no greater financial requirements or treatment limitations than the predominant requirements that it applies to substantially all medical/surgical benefits. Previous federal legislation in 1996 provided limited parity on lifetime and annual dollar limits and did not extend to substance use disorders.

For more information, visit the Partnership's [parity webpage](#).

Information about the legislation and the Parity Implementation Coalition is available [here](#).

The GAO report, “Mental Health and Substance Use: Employers' Insurance Coverage Maintained or Enhanced Since Parity Act, but Effect of Coverage on Enrollees Varied,” is available [here](#).

The GAO found that enrollee expenditures were reduced following the implementation of the parity requirements. Mixed results were reported for parity's effect on access and utilization of mental health and substance use services. There was little to report on how coverage affected health status. According to the GAO, "Little research has explored the relationship between health insurance coverage and health status. Of the studies we reviewed, two examined the effect of health insurance coverage for MH/SU on enrollee health status and found different effects."

## Implementation Resources

The Partnership for Workplace Mental Health is committed to helping employers as they implement the changes required by the parity law. The following resources may be helpful to companies as they adjust their benefits and management of mental health and substance use disorders in compliance with the law and its regulatory requirements:

### Business Case for Parity

For information on the business case for parity, check out [Research Works: Employer Implementation of Parity](#) from the Partnership for Workplace Mental Health.

**DOL FAQs:** The Department of Labor has issued additional [FAQs](#) in response to questions from stakeholders regarding nonquantitative treatment limitations.

**Parity Compliance Tool:** The Employee Benefits Security Administration offers a [Self-Compliance Tool](#) that may be useful to employers, although it does not offer substantive clarification of the nonquantitative treatment limitation issue. (See page 71 of the tool for the portion that relates to mental health parity.)

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## SOURCE

U. S. Government Accountability Office. (2011, November). Mental health and substance use: Employers' insurance coverage maintained or enhanced since parity act, but effect of coverage on enrollees varied. Retrieved from <http://www.gao.gov/products/GAO-12-63>

# H-E-B Emphasizes Health for Partners and Communities

BY NANCY SPANGLER, PHD, OTR/L

**H**-E-B is a large employer in Texas that offers a full spectrum of employee benefits, from health promotion to health care plans to disability coverage. Like many large employers, H-E-B has a benefit team that carefully evaluates and manages the company's health care and disability costs. What makes H-E-B stand out is how and why the company organizes its efforts. Representatives from H-E-B's team work together strategically to build a culture of health within each of the company's many locations for the benefit of employees (called Partners), families, and communities — because it's the right thing to do.

H-E-B emphasizes organizational effectiveness and involves employees in recognizing operational problems early and maximizing operational processes. When Partners see problems, leaders want to hear about them, and Partners are typically involved in fixing them. The continuity of this distinctive work culture involves carefully crafted communications, as well as programs, benefits, and training that emphasize total health and well-being. Cross-functional teams help ensure that the approach is coordinated.

## Training and Communication

Many of H-E-B's frontline and top leaders have attended a 2½-day leadership development course called "The Power of Full Engagement." The program, provided by the firm Corporate Athlete, emphasized overall fitness, health, energy, and engagement (see inset box) to help participants develop the high levels of physical and emotional health needed for the high productivity demands that retail companies face.

All H-E-B frontline and senior leaders were also involved in a training program called "Fit to Lead," where they learned about company-specific health risks, costs of chronic conditions, program feedback from Partners, and detailed information about their own health risks. The Cooper Institute facilitated the program, but members of H-E-B's Benefits Team and Partner Communications and Culture Team taught the H-E-B-specific sections. An important aspect of the meeting is "the big ask": "Are you fit to lead the organization, as well as ensure the physical health and mental well-being of your Partners?"



All photos provided by H-E-B

**H-E-B** was founded in Kerrville, Texas, in 1905 with a single grocery store. For more than 100 years, H-E-B has been an innovative retailer known for low prices, fresh food, and high-quality products. The company has grown to more than 335 stores in Texas and Mexico with more than 76,000 employees who are referred to as "Partners." H-E-B conducts a wide range of efforts geared toward helping the community and the environment. H-E-B is one of the largest food chains in the United States, with annual sales of more than \$18 billion, and it is the largest privately held company in Texas.

## H-E-B Emphasizes Health *Continues*

Engagement is a term with multiple meanings. Employee engagement typically refers to high levels of involvement with and commitment to work. For a discussion on this topic, please link to [Research Works, Volume 1, Issue 2.](#)



Partners at all levels are paid to attend “Because People Matter” meetings, which cover the company’s finances and other topics of interest to Partners. The Partner Communications and Culture Team has developed a facilitator’s guide for store managers to use in conducting local meetings. At one session this year, for example, EAP program brochures and magnets were distributed and discussed at meetings in all locations. The meetings help to reduce confusion and reinforce appropriate use of benefits.

### Wellness Program Growth Includes Communities

The company’s wellness program, *Healthy at H-E-B*, “is based on three pillars,” shares the program’s manager, Erica Strauss. “These include 1) food, 2) body, and 3) life.” When she was interviewing for the position, Strauss inquired about the goal of the program. Hearing that the goal was to improve the lives of H-E-B Partners and *all* Texans, she was pleased to be a part of the movement.

*Health challenges*, which encourage Partners to focus on health, are planned by the Benefits and Partner Communications and Culture Teams and communicated by senior leaders and store leaders. Two or three different health topics are covered each year. For example, the “Just Breathe” health challenge included a 6-week informational program that defined stress and described the physical symptoms and effects of excessive stress. Information was also provided on coping strategies, yoga, breathing techniques, and sleep strategies. More than 1,000 Partners joined in. Through the use of a comprehensive website and communication plan, H-E-B has been able to educate Partners and significantly increase program participation each year.

The continued growth is attributed to many things, yet one of the most powerful recruitment “tools” has been the network of nearly 600 volunteer *Wellness Champions*. Wellness Champions are the ambassadors for Healthy at H-E-B. They are Partners who are encouraged to:

- Create excitement about the wellness program
- Share information about health and wellness
- Announce key events.

The wellness program includes a health risk appraisal to assess employees’ lifestyles and risk factors, as well as follow-up education sent directly to Partners’ homes. H-E-B recently selected a new health promotion vendor, Live Healthier, to help the Benefits Team tailor their approach and better support healthy lifestyles. The team wanted a new strategy that goes beyond program participation to engage Partners and their families more actively in improving their health. H-E-B’s wellness program previously rewarded Partners with a reduction in health plan premiums for completing a health risk appraisal and participating in web-based seminars related to their health risks. Many people waited,

however, until the end of the year to squeeze in completion of the online educational requirements, and they were not necessarily making a concerted effort at behavioral change. In addition, Partners who were already practicing healthy habits and had low health risks were not feeling rewarded. Moving forward, H-E-B will continue to provide incentives to Partners through a premium reduction, but it will also reward Partners for taking action and achieving healthy outcomes.

“It’s a new age for health and wellness,” says Strauss. “We are doing things that are more engaging, more face-to-face, not just providing online information.” Next year H-E-B will launch a company-wide Well Worksite campaign and a Diabetes Management program, pilot a Partner-centered onsite wellness clinic, promote effective medication therapy management, and launch new online and mobile tools to help make wellness fun. The company will also continue to leverage the Wellness Champions, who are very effective at recruiting participation, and Healthy Heroes, Partners who have completed and sustained a major behavior change.

To plan and promote the wellness strategy, the Health and Benefits Team works closely with the Partner Communications and Culture Team to drive healthy workplace cultures and increase the visibility of senior leaders who are involved. These cross-functional teams meet regularly, from weekly to monthly, to design strategies and work with their vendors to execute and coordinate activities. A recently revised program logo was used in a brand launch to emphasize both Partner and customer well-being. Activities in H-E-B stores complement the good-health message and may include new product development, labeling systems, and food tastings that promote healthy eating, as well as pharmacy screenings and flu shots. One store leader sponsored a jumping jack contest to highlight physical activity.

An exercise-related health challenge, called “Ready, Set, Go!,” included information for setting up running and walking groups. Wellness Champions organized more than 160 groups across Texas, and regional human resources teams worked with the Champions to organize 5K walks in 26 locations across the state so that Partners could walk together. More than 10,000 Partners participated in this challenge. Increasing evidence suggests exercise is an effective treatment for depression, as well as an adjunct to enhance effectiveness of antidepressant treatment (Blumenthal, 2008; Toups et al., 2011). In addition, combining health risk appraisals with education and healthy cultural and managerial support is reported to be more effective than health risk appraisals or educational programs alone (Goetzel & Pronk, 2010).

### **Healthy at H-E-B Program Components:**

- Health risk appraisal
- Individual follow-up education and referral
- Broad-based *Health Challenges* to engage participation in health behavior changes
- Healthy Points — incentive rewards for healthy actions
- Wellness Champions — ambassador/communicators at each location
- Healthy Heroes — positive peer role models who inspire and mentor other Partners
- Regional dietitians who assist Partners and customers in improving overall nutritional knowledge, including how to cook balanced meals
- Corporate Wellness Coach who visits worksites across the company to teach exercise and strategies for eating healthy at work and home

## H-E-B Emphasizes Health *Continues*



### **Behavioral Health Treatment and Disability Management**

H-E-B recognizes that despite their best efforts in prevention and health promotion, some Partners will need behavioral health treatment and support in managing disabilities. Tammy Schoenert, H-E-B's benefits manager, says the company moved to full parity of mental health benefits prior to the 2008 legislation requiring it because providing mental health care at a level equivalent to medical care fit well with the H-E-B corporate culture of "the right thing to do." Costs and access to treatment have not been affected by the move. H-E-B's total health care costs remained favorable, compared to companies against whom H-E-B benchmarks, with the company's 2011 fiscal year trend being far below the typical trend.

The Benefits Team modified H-E-B's disability management approach in recent years to encourage appropriate treatment and prompt return to work. EAP/behavioral health now initiates active outreach, typically within three days, for all disability claims regardless of diagnosis. Disability claims for medical issues where mental illness is the primary diagnosis are paid only if care is accessed through an appropriate EAP/behavioral health specialist. Otherwise, the disability plan will pay claims only for the first two weeks.



Results are favorable in short-term disability and long-term disability benchmarking, with duration decreasing significantly in 2011 due to the employee assistance program's outreach. For example:

- Overall average duration for all diagnoses was 33.1 days for those who utilized EAP (versus 41.2 days for those who did not)
- Average duration for all mental health disability claims declined 37% since implementation of the program

These outcomes suggest to Shoener that “. . . Partners are getting back to being productive in their lives sooner — and they have a better chance of increasing their overall health and resiliency — with a little help from EAP and behavioral health services.”

H-E-B also recently piloted providing onsite EAP services to Partners and managers at three of their grocery stores. The store directors and assistant store directors report they are spending less time trying to help Partners with personal issues and have more time to focus on their own work. In one store, a Partner who was previously very disruptive and caused problems in the store received help from EAP, and showed marked improvement in job performance. This Partner is now receiving positive praise and recognition for effective work. Partners report that having an onsite specialist available to them shows that H-E-B cares for their wellbeing, and Partners appreciate the company's effort to help them.

## Making Changes for the Long Term

H-E-B is addressing health improvement by building supportive workplace cultures and by offering a wide variety of programs and benefits to its employee Partners. Bringing health enhancements to the local communities where their Partners live and work is a good fit with the company's goal of making lives better.

*Nancy Spangler, PhD, OTR/L, president of Spangler Associates, Inc., and consultant to the Partnership for Workplace Mental Health, is a prevention and health management specialist in the Kansas City, Missouri area.*

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## NIOSH Moves Toward Total Worker Health

BY NANCY SPANGLER, PHD, OTR/L

Since 2004, the National Institute for Occupational Safety and Health (NIOSH) has been progressing toward a more comprehensive strategy to help protect, improve, and promote the health of workers in the United States. This broader, multi-disciplinary approach emerged from increased awareness of the collective influence of workplace factors, worker behaviors, and forces beyond the workplace in shaping health.

The Total Worker Health™ strategy announced in 2011 outlines how NIOSH is promoting the integration of occupational safety and health (OSH) protection with health promotion (HP) to prevent worker injury and illness and to advance health and well-being. While OSH and HP are frequently administered independently in workplaces, employers who integrate these areas and other health-related benefits have enhanced opportunities to reduce administrative costs and improve employee health. Several papers discussing the value of and strategies for integrating OSH and HP are available on the [Total Worker Health website](#).

Total Worker Health is co-managed by L. Casey Chosewood, MD, who previously directed health and safety for the Centers for Disease Control and Prevention in Atlanta, and Anita Schill, PhD, who is also a senior science advisor for NIOSH and the former associate director for science. “NIOSH has a strong legacy of dedication to worker protection, yet we are increasingly aware of the effects that chronic disease risks and family and individual health behaviors have on workers’ well-being and ability to do their jobs,” says Chosewood. “By promoting programs that optimize health *wherever* employees are, whether at work or at home, both employees and employers benefit.”

To advance the Total Worker Health concept, NIOSH will provide leadership and guidance in promoting scientific research, policy, and practices that recognize the full range of factors affecting employee health. Four centers of excellence provide employers support in merging efforts to reduce personal risk factors with the safety and psychosocial stress reduction approaches that

NIOSH has traditionally addressed. These centers include:

- [Center for the Promotion of Health in the New England Workforce](#) (at the [University of Massachusetts](#) and [University of Connecticut](#))
- [Harvard School of Public Health Center for Work, Health, and Well-being](#)
- [Oregon Healthy WorkForce Center](#)
- [University of Iowa Healthier Workforce Center for Excellence](#)

The National Institute for Occupational Safety and Health (NIOSH) is the federal agency responsible for research, information, education, and training in the field of occupational safety and health. The Occupational Safety and Health Act of 1970 created both NIOSH and the Occupational Safety and Health Administration (OSHA). OSHA is in the U.S. Department of Labor and is responsible for developing and enforcing workplace safety and health regulations. NIOSH is part of the Centers for Disease Control and Prevention in the Department of Health and Human Services.

**NIOSH's Total Worker Health program recommends that comprehensive worksite health protection and promotion programs include the following elements:**

- Strong leadership and line management commitment
- Worker protection and respect as the primary cornerstone
- High-quality occupational health and safety programming
- A variety of opportunities for health enhancement for persons of all ages, interests, abilities, and health and fitness levels
- Adequate social, technical, and programmatic support
- Frequent, clear communication, marketing, and branding
- A strong evaluation and process improvement process
- Assurance of confidentiality

See all 20 Essential Elements for Effective Workplace Programs and Policies [here](#).

The centers are addressing issues directly related to mental health (including development and application of physiological and biological markers of stress), sleep, and depression. They are also assessing programs that address co-occurring musculoskeletal, cardiovascular, and mental health conditions. More broadly, however, the centers are looking at strategies for overcoming barriers to organizational acceptance and adoption of comprehensive, coordinated work-based health protection/health promotion interventions. In addition, they are investigating costs and benefits associated with integrating health- and safety-related programs and benefits. The centers will be developing a variety of toolkits and educational opportunities for employers.

For more information or to request periodic updates, see the [Total Worker Health website](#).

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## DVD and Guidebook Available for Latino Employee Education

BY ANNELLE PRIMM, MD, MPH AND CLARE MILLER

The American Psychiatric Association (APA) is making an educational resource available to employers to raise awareness about mental health at the workplace. *Mental Health: A Guide for Latinos and their Families* is a DVD and companion guidebook to inform the general Latino public about mental health, dispel common misperceptions, and reduce the stigma of mental illness among Latinos.

The educational materials acknowledge the uniqueness and strengths of the Latino culture in the United States and address the challenges to getting help for mental illness that face many Latinos today. Developed by APA in collaboration with the League of United Latin American Citizens and the National Hispanic Medical Association, the DVD features discussions with Latino individuals and families talking about their experiences with mental illness. Psychiatrists Andres J. Pumariega, M.D., and Ana E. Campo, M.D., discuss common mental illnesses, treatments, and special issues among Latinos. The DVD also features Dr. Antonia Novello, former (and first woman and first Hispanic) U.S. Surgeon General.

The 30-minute DVD and guidebook covers the following topics:

- Types of mental illness (anxiety, depression, schizophrenia, eating disorders, substance-related disorders, and attention-deficit/hyperactivity disorder)
- Mental health and Latino culture
- Treating mental illness
- Finding help
- Tips to help maintain mental health and increase resilience.



### Mental Health: A Guide for Latinos and their Families

Mental Health: A Guide for Latinos and Their Families is available in English and Spanish (DVD in [English](#) or [Spanish](#) and [Guidebook](#)). Free copies of the DVD and the guidebook may be requested by sending email to [apa@psych.org](mailto:apa@psych.org).

*Mental Health: A Guide for Latinos and Their Families* is available in English and Spanish (DVD in [English](#) or [Spanish](#) and [Guidebook](#)). Free copies of the DVD and the guidebook may be requested by sending email to [apa@psych.org](mailto:apa@psych.org).

Only 36% of Hispanics with depression receive care, compared to 60% of whites (Alegria et al., 2008).

### Why Tailor Health Education to Latino Employees?

Latinos are the fastest growing minority, making up approximately 15% of the U.S. population, and are expected to make up nearly one fourth of the population by 2050. According to the Hispanic Association on Corporate Responsibility, Latinos represents the fastest-growing group of Americans in several categories: consumers, employees,

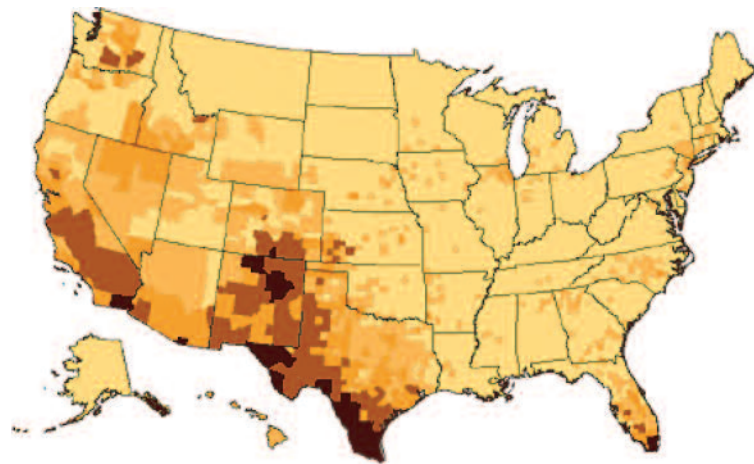
business owners, taxpayers, and voters. Latinos also have the highest employment rate of any U.S. nonwhite group, and their purchasing power nears \$1 trillion. (Hispanic Association on Corporate Responsibility, 2011)

While the rates of mental illness among Latinos are similar to the rates in the overall population, the rate at which healthcare is accessed and received is dramatically lower for Latinos. One national study found that only 36% of Hispanics with depression received care, compared to 60% of whites (Alegria et al., 2008). Further, fewer than 1 in 11 Hispanics contact a mental health specialist, and fewer than 1 in 5 contact general healthcare providers. In the Latino immigrant population, even fewer seek mental health services (U.S. Department of Health and Human Services, 2001).

According to Andres J. Pumariega, M.D., former Chair of the APA Committee of Hispanic Psychiatrists who were integrally involved in the production of the educational DVD and guidebook,

“employers are in a unique position to help reduce stigma among Latino employees.” Dr. Pumariega, Chair of Psychiatry at Cooper Medical School of Rowan University and Chief of the Department of Psychiatry at the Cooper University Hospital and Health System, said “getting information on mental health from their company can increase the likelihood that employees struggling with mental illnesses will seek treatment if needed. Employers should link culturally relevant health education with information about how employees and family members can access available services, including employee assistance programs.”

The prevalence of mental illness varies among Latino subgroups. Research suggests that Puerto Ricans may have the highest overall prevalence of mental illness among Latino ethnic groups (Alegria et al., 2007). Studies have shown that older Hispanic adults and Hispanic youth are especially vulnerable to the stresses of immigration and acculturation (Rios-Ellis, 2005). In addition, specific mental health symptoms appear more frequently in Latino populations, as compared to whites. Among youth, more Latinos have pervasive feelings of sadness and hopelessness than whites (36% versus 26%), and more attempt suicide (10% versus 6% of whites) (Centers for Disease Control and Prevention, 2007).



**Percent Hispanic/Latino Population**

Source: US Census 2000 from CDC

- 0.00-5.01
- 5.02-14.59
- 14.60-30.61
- 30.62-58.71
- 58.72-97.23

Additional information about Latino mental health is available at [APA website: Healthy Minds. Healthy Lives.](#)

For mental health on mental health disparities in the Latino population, check out the APA Fact Sheet, [Mental Health Disparities: Hispanics/Latinos.](#)

## Strategies for Using the Educational Materials

The DVD and guidebook available from the APA can be used to help employers tailor health education messages specifically to Latino employees and their families. Making health messages culturally relevant to Latinos is crucial. According to the APA, “attitudes about mental illness and mental health services can affect the use of services. For example, among some Latinos, depression may be mistaken for nervousness, tiredness, or a physical ailment, and may be viewed as something temporary” (American Psychiatric Association, 2010).



Ana E. Campo, MD. explains the symptoms of depression. [Click to play](#)

Employers are encouraged to consider the following strategies for using the DVD and guidebook to educate employees about mental illness and mental health:

- Create links to the DVD and guidebook on your company intranet, benefits portals, and anywhere employees access health and benefits information.
  - Incorporate the educational content into your company’s wellness and health education offerings. Integrating messages can help normalize mental health problems and combat stigma.
  - Promote the DVD and guidebook among employee Latino affinity groups and in locations with high numbers of Latino employees.
- Use the DVD and guidebook to train managers and supervisors about Latino mental health and appropriate steps they can take to help employees in need.
  - Bring employees together for a lunch-and-learn session. Use the guidebook to help facilitate a conversation about mental health.
  - Play the DVD on televisions placed in common areas such as employee break rooms. Make collateral material about how to access employee health benefits and services, including employee assistance programs (EAPs).
  - Promote the availability of the DVD and guidebook at employee health fairs and in occupational health settings.
  - Celebrate National Minority Health Month (April) and National Hispanic Heritage Month (September 15 – October 15) and shine a spotlight on Latino mental health through activities and educational offerings.

- Connect educational information with reminders about the benefits and services available to employees and their family members. In particular, promote the company's EAP and other services for employees and family members independent of whether they receive health coverage through corporate health benefits.

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## Workforce Depression and Job Performance

BY KIMBERLY JINNETT, PHD

New research published in the June 2011 *Journal of Occupational and Environmental Medicine* examines the impacts of medication adherence, multiple chronic diseases, and health risks on productivity in the workplace (Loeppke et al., 2011).

This article highlights the study's depression-related findings and discusses effective employer strategies for improving workforce health and productivity among depressed employees. Depression, particularly in combination with other chronic health conditions, can have significant effects on absence, disability, medical costs, and employee productivity (Simon et al., 2001). The new study examined how comorbid depression

affects job performance among individuals who are being treated for a variety of chronic conditions and also looked at the effects of health risk status on job performance for a subsample of employees with depression.

The study used retrospective observational data, including medical and pharmacy administrative claims and self-reported health risk appraisal (HRA) survey data, and covered the 29-month period from January 1, 2007, to May 31, 2009. The medication adherence of employees was measured for a minimum of 183 days and a maximum of 365 days preceding the completion of an HRA survey. The HRA survey used in this study contains a standard set of medical, lifestyle, and health risk indicators, along with items from IBI's [HPQ-Select survey](#) to capture self-reported data on chronic health conditions, absence, and job performance. The HPQ-Select survey is an updated, employer-focused version of the Health and Work Performance

The next generation of the HPQ, [HPQ-Select](#), is now managed by IBI in partnership with Ronald Kessler, PhD, of Harvard Medical School, who developed the original HPQ with the World Health Organization. The database includes information on 27 self-reported chronic health conditions, including depression, together with data on prevalence, treatment by a healthcare professional, and related lost time from absence and presenteeism.

### Integrated Benefits Institute

The Integrated Benefits Institute (IBI) is a nonprofit organization that provides employers and their supplier partners with resources for demonstrating the business value of health. IBI's programs, tools, and expert member networks advance understanding about the link between, and the impact of, health-related productivity on corporate America's bottom line.

IBI partnered with the American College of Occupational and Environmental Medicine and Alere Health on the research described here. Funding was provided by the National Pharmaceutical Council. Additional [IBI Research Briefs](#) and [Insights](#) are available based on this research (may require membership or subscription).

Learn more about IBI at [www.ibiweb.org](http://www.ibiweb.org).



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Questionnaire (HPQ) that was initially developed by Dr. Ronald Kessler of Harvard Medical School and the World Health Organization.

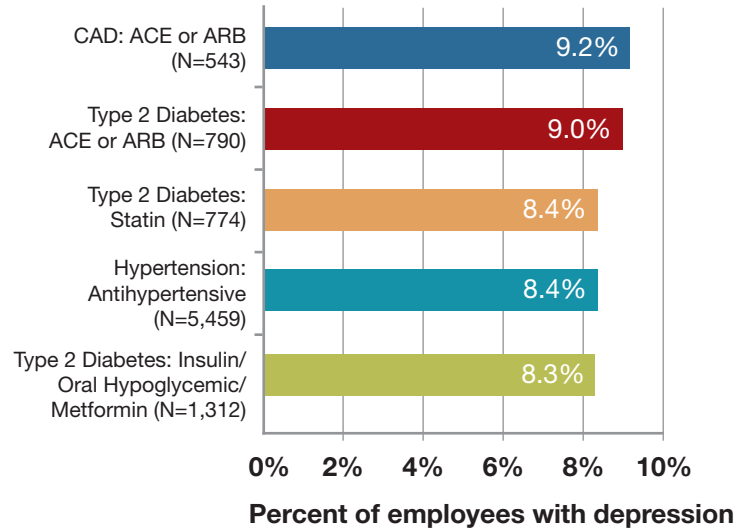
### Depression Comorbidity

The comparison included results for employees with the following diseases (defined by *ICD-9-CM* diagnosis) who also have comorbid depression: coronary artery disease (CAD), hypertension, and type 2 diabetes. Individuals with these chronic conditions had received at least one condition-related pharmacy prescription fill within the 18 months preceding the completion of the HRA survey.

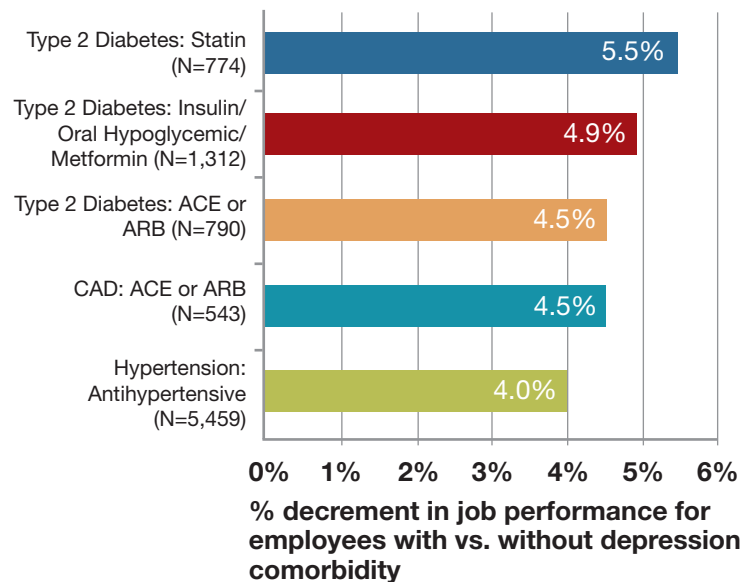
As Figure 1 shows, about 8% to 9% of employees in the condition-medication subgroups had depression comorbidity. For example, among the 543 individuals with CAD treated by angiotensin-converting enzyme (ACE) inhibitors or angiotensin receptor blocking agents (ARB) (see CAD: ACE or ARB in Figure 1), 9.2% had depression comorbidity. For those with type 2 diabetes, the prevalence of depression ranged between 8.3% and 9%, depending on the medication subgroup.

The next analysis explored the impact of depression comorbidity on job performance in models that also controlled for the impact of age, gender, race/ethnicity, marital status, occupational class, number of chronic comorbidities, average paid medical and pharmacy claims per month, and health risk status. Job performance was measured through the HPQ-Select on a 0-to-10 scale, where 0 is worst job performance and 10 is top job performance. Job performance decrements are calculated by converting the raw scale to a percentage scale (0 to 100%) to determine the number of work days lost due to presenteeism. Employees with depression comorbidity had lower job performance than their matched counterparts without depression. Job performance decrements due to comorbid depression ranged between 4% and 5.5% (see Figure 2).

**Figure 1: Prevalence of Depression Comorbidity among Disease Groups**



**Figure 2: Depression Comorbidity and Job Performance**



Considering that individuals are typically at work for more time than they are absent, these performance decrements could translate into considerable lost productivity over time. For example, assuming an individual comes to work for 240 days annually (after accounting for vacation and a modest level of absence), a 5.5% decrement in performance would translate into 13.2 fewer workdays over the course of a year. These data support screening for depression comorbidity and recommending that individuals with depression access available treatment for depression as an effective first step in ameliorating the impact of depression in the workplace.

### Depressed Subsample

An additional investigation examined whether information may be available to employers and their health plan partners to help identify employees with health-related performance problems so that early, appropriate treatment could be applied. IBI was particularly interested in the level of health risks as a potential indicator for additional

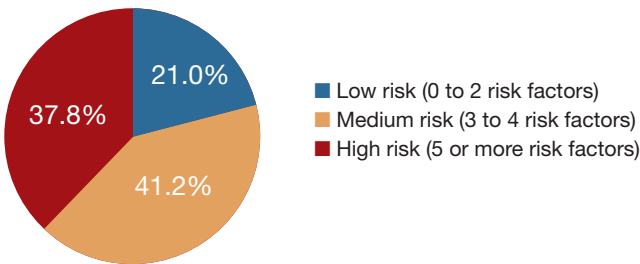
intervention, since such information tends to be widely available in HRA surveys. Health risk status was defined in terms of how many of 12 modifiable medical and lifestyle risk indicators the employee identified, based on the “at risk” thresholds in the box on page 19.

Low health risk status was defined as zero to two risks, medium was three to four risks, and high was five or more risks. Almost 80% of the sample of employees with depression were in either the medium or the high health risk group. Only 21% were in the low risk health group as depicted in Figure 3.

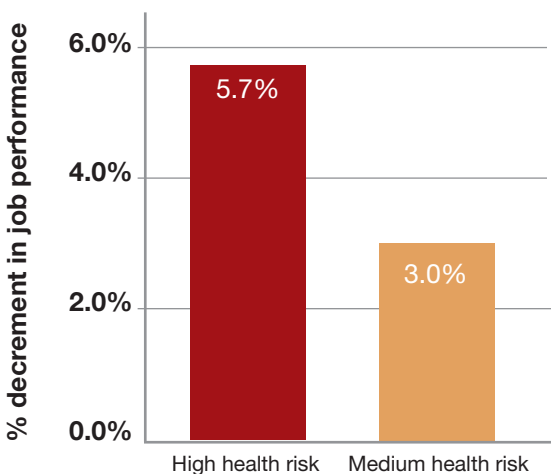
Further analysis looked at whether level of health risk impacted job performance among those with depression. As demonstrated in Figure 4, both high and medium health risk exhibited significant influence on job performance: a 5.7% decrement in job performance in the case of the high health risk group and a 3% decrement for the medium health risk group (see at-risk threshold definitions on page 19).

These findings are notable because the analysis already removed the influence of many important health-related factors (such as the presence of multiple chronic illnesses, medication adherence levels, and overall claims costs), as well as the effects of several sociodemographic variables (age, marital status, etc.), yet the health risk levels matter for job performance in predictable ways for this depressed population. For example, using the assumed average of 240 annual workdays mentioned earlier and applying a

**Figure 3: Distribution of Risk Groups among Sample with Depression**



**Figure 4: Health Risks and Job Performance**



5.7% performance decrement to this assumption, employees with depression in the high health risk group can be expected to lose about 14 days to underperformance over the course of a year. Those in the medium health risk group, with a 3% performance decrement, will lose about 7 days annually, compared to their coworkers who also have depression but are in the low health risk group.

## Toward Holistic Health Management

These findings suggest that screening information on the level and type of modifiable health risks could be used to identify depressed employees in need of targeted intervention. Of course, employees with depression should be provided appropriate mental health treatment, as warranted, including counseling and medication therapy.

**IBI's prior research** indicates that early screening for mental health treatment needs (before a work disability occurs and early on after initiation of a work disability) is important in order to devise the most appropriate treatment plan, to possibly prevent a work disability from occurring, and to support employees in a healthy return to work should a disability occur (Gifford, Parry, & Jinnett, 2009).

The new findings suggest that with the simple addition of a set of modifiable medical and lifestyle indicators, employers can better identify employees in need of intervention beyond, but including, mental health treatment and can improve job performance in the process. Employers should adopt a holistic approach to health management — viewing every individual as presenting a unique combination of health risks and comorbidities — and they should be wary of focusing on single diseases or one-dimensional approaches as they assess and make efforts to improve worker health and productivity. Holistic depression management and treatment in the workplace, however, is not just about finding employees with depression and getting them into treatment. It should also include prevention efforts, with a focus on addressing work stressors and other factors that might contribute to the onset of depression and anxiety, and efforts to support healthy lifestyle habits.

## Prevention and Treatment — the Employer's Role

A range of successful employer-based programs exist along a continuum from prevention efforts to healthy return-to-work should a work-disabling depression episode occur, starting with employee assistance programs for early intervention and continuing through to enhanced disease management and disability management programs targeting high-quality treatment for depression (Neumeyer-Gromen, Lampert, Stark, & Kallschnigg, 2004; Lo Sasso, Rost, & Beck, 2006). Some effective strategies to prevent depression in the workplace include resilience training, screening for depression risk with treatment follow-up, improving manager and other workers' understanding of

### Health Risk Status — “At Risk” Threshold Definition

1. Weight: BMI  $\geq$  25.0 or BMI  $<$  18.5
2. Blood pressure:  $\geq$  120/80 mm Hg
3. Total and HDL cholesterol: TC  $\geq$  200 mg/dL
4. Triglycerides (fasting):  $\geq$  150 mg/dL
5. Blood glucose:  $\geq$  100 mg/dL or  $\geq$  130 mg/dL (with diagnosis of diabetes)
6. Tobacco: Smokes cigarettes or uses any alternative form of tobacco
7. Alcohol:  $\geq$  8 drinks per week (females),  $\geq$  15 drinks per week (males)
8. Physical activity: Estimated physical activity calories,  $<$  999 per week
9. Dietary fat: Takes steps to reduce fat intake — some of the time, rarely, or never
10. Fruits/vegetables:  $<$  5 servings per day
11. Stress/coping: Completely overwhelmed with pressure or stress — a moderate amount or more of the time
12. Seat belt use: Sometimes, rarely, or never

**STRESS...at Work**, published by the U.S., Department of Health and Human Services (1999) is a good source of information for employers on managing workforce stress among employees. The document reviews sources of stress in the workplace, identifies conditions that may lead to stress, provides strategies to improve workforce stress management, and identifies additional sources on stress management for employers.

For more on depression's impact on productivity — and insights on how employers can leverage information to manage depression in the workforce — see IBI's "**What Are You Doing About Workforce Depression?**" in *Mental Health Works*. **(PDF)**

signs of depression and anxiety and follow-up options, and integrating workplace interventions with provider-based services to foster higher-quality results with better outcomes for both employees and employers (Couser, 2008).

Finally, research has found a strong link between workers' difficulty in coping with work stress and the onset of depression and anxiety (Melchior et al., 2007). We also know from our **own research** that work stress is highly related to lower job performance (Integrated Benefits Institute, 2011). To the extent that employers are able to modify work stressors and support improved coping skills among workers, we would expect both a decline in the prevalence of depression and a reduction in the work-related impact of depression among those who have a diagnosis of depression.

*Kimberly Jinnett, PhD, is research director for the Integrated Benefits Institute, a nonprofit research and measurement organization founded in 1995. Learn more about IBI by visiting [www.ibiweb.org](http://www.ibiweb.org). To request a copy of the research, contact [info@ibiweb.org](mailto:info@ibiweb.org).*

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# Resources for Employee Education

The American Psychiatric Association *Let's Talk Facts* brochures provide factual information based on scientific research about psychiatric disorders and their treatments.

Bulk purchasing and customization options are available (minimum quantity of 5,000 for customization). To learn more, email [mhw@psych.org](mailto:mhw@psych.org). Mention "Mental Health Works" for special pricing!



***Let's Talk Facts* brochures are available on a wide variety of topics including:**

- Anxiety
- Bipolar Disorder
- Common Childhood Disorders
- Domestic Violence
- Eating Disorders
- Obsessive-Compulsive Disorder (OCD)
- Panic Disorder
- Posttraumatic Stress Disorder
- Psychotherapy
- Schizophrenia
- Seasonal Affective Disorder (SAD)
- Sexual Orientation
- Teen Suicide
- Warning Signs of Major Mental Illness

Check out the entire line of available *Let's Talk Facts* brochures.

# Save the Dates

## **2012 IBI/NBCH Health & Productivity Forum**

*February 13-15, 2012, The Fairmont Hotel, San Francisco*

The [Integrated Benefits Institute](#) (IBI) and the [National Business Coalition on Health](#) (NBCH) — two nationally-recognized nonprofit organizations focused on workforce health and its broad impact on worker productivity and quality of life — are partnering to host the 2012 IBI/NBCH Health and Productivity Forum. The program will provide employers, their supplier-partners and other health and productivity stakeholders a unique learning environment. The goal is to foster objective discussion and evaluation of the latest practical approaches to investing in and promoting workforce health and productivity.

For more information, visit the [conference website](#).

## **2012 International AOOD Conference**

*April 14–15, 2012, University Club, Chicago*

The Academy of Organizational and Occupational Psychiatry (AOOP) has pursued the understanding of the interface between psychiatry and work for over 20 years. The focus of its 2012 international conference is “Managing Employees at Risk: A Partnership Between Business and Psychiatry.”

The conference provides psychiatrists an opportunity to discuss challenges and solutions with senior executives from small and large employer organizations.

This year, AOOP will have senior executives from a global management consulting firm, a multinational manufacturing and services organization, and an oil and gas discovery corporation. Targeted presentations will explore:

- The role of leadership styles in the overall safety of an organization
- The challenge of managing threats from an increasingly complex work environment (internet access, multiple international offices, complex intellectual property, etc.)
- The mind of the CEO
- Assessing the violent individual

For more on the conference, visit the [AOOP website](#).

## **First Annual DMEC Employer FMLA/ADAAA Compliance Conference**

*April 25–27, 2012, The Hyatt Regency, Minneapolis*

Employers are seeking more support with complex FMLA and ADAAA questions, and the Disability Management Employer Coalition (DMEC) has rebuilt its spring conference to provide answers. Join DMEC for invigorating discussion, speakers and interactive sessions. A pre-conference session “Nuts and Bolts of FMLA/ADAAA” will kick off this employer-focused, one-of-a-kind learning experience. Other topics on the conference agenda:

- FMLA and ADAAA Interplay—Legal and Practical Implications
- Top Mistakes Employers Make and How To Avoid Them
- Aggressive Management of Intermittent Leave and Occasional Absence
- Model Interactive Process for Accommodation Requests

This conference is targeted at front-line leave management supervisors and managers and is taught by industry thought leaders and legal experts. As a sell-out is expected, register as soon as possible to secure your participation.

Visit the [DMEC website](#) for more information.

## **17th Annual International Absence and Disability Management Conference**

*August 12-15, 2012, Sheraton Denver Downtown*

- Great location on the 16th Street Pedestrian Mall
- Room rates are only \$169 (includes internet)
- Conference registration rates start at \$625
- Employer Group Rates available!

The full preliminary program will be available in spring 2012.

Visit the [DMEC website](#) for more information.

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