Business Case for Mental Health and Substance Use Disorder Treatment
A Literature Review

There is a compelling business case for effective treatment of mental health and substance use disorders. Access to quality mental health/addiction care - sometimes called behavioral health care - is essential because of the high prevalence of these conditions in the workplace and their impact on other health care costs and the corporate bottom line when left untreated. Thousands of clinical studies have shown a high degree of therapeutic effectiveness for mental health and substance use treatment and relapse prevention. There is solid evidence to support that businesses benefit from overall cost savings from medical and disability cost reduction and increased productivity when mental health/addiction treatment is provided.

Mental Health and Substance Use Disorders are Prevalent in the Workforce

In the United States, 30 to 40 percent of the population experience mental health and substance use disorders at some point in their lives, with about half of these people (15% to 20%) requiring professional care each year.[1,2] Close to ten percent of workers are classified as —heavy alcohol users who drink large amounts of alcohol on a regular basis.[3,4] The general prevalence of illicit drug use among U.S. workers is eight percent.[5] There is also significant co-occurrence of mental disorders and substance disorders (up to 25%) and significant co-occurrence of mental and substance use disorders with other chronic medical conditions.[4] Unlike most other costly health conditions, mental health and substance abuse disorders typically first take hold in adolescence or young adulthood and thus affect people in the prime of their working years.[6]

Most People Do Not Receive Adequate Treatment

According to national epidemiologic surveys in the U.S., the majority (about two-thirds) of people with symptoms of clinical criteria for having mental and substance use disorders do *not* receive any treatment at all for their condition.[7,8] This is related to many complex factors, including those related to the individual, physicians and the healthcare system. On the individual level, pervasive social stigma and lack of awareness of resources and their effectiveness often keeps those in need from seeking care. On the physician level, there is a lack of training and support for primary care physicians about these issues and a lack of education about the availability of workplace-based support systems. On the system level, there are inadequate funding mechanisms, a shortage of behavioral health care providers, and inadequate or absence of insurance to pay for the care that is needed.[9] This unmet need is not limited to the uninsured, as one study showed that almost half of individuals in need of substance abuse treatment had private insurance.[10] Furthermore, most people with mental health or addiction disorders delay seeking professional treatment for many years (10 years of more), during which time they are likely to develop additional problems.[11] Once they do seek treatment, the number of visits allowed each year under many current mental health benefit plans may not be sufficient for effective treatment of a chronic disorder. These kinds of limits do not exist for treating other chronic conditions, such as cancer, diabetes, or heart disease, under general medical plans.

Impact on Business

There is a clear business case to be made for improving early identification and intervention to increase care for those with mental health and substance disorders who need it.[12,13] Individuals who don't get treatment are costly to businesses because of their workplace productivity deficits and because of their increased use of medical services. Employers have long recognized the need for providing access to

quality mental health care. According to the Society of Human Resource Management's most recent benefits survey in 2009, 80 percent of employers in the U.S. sponsor mental health benefits coverage.[14] Employers provide these benefits in recognition of the tremendous impact that mental health and substance use disorders have on the workforce and on the company's bottom line. This impact extends well beyond the direct costs for mental health care treatment, which are often only a small fraction of total health care benefit costs (often between 3% to 5%). Instead, employers incur considerable costs from mental health conditions in other areas, including the medical and prescription portions of health benefits and in short and long term disability costs. However, the place where employers really feel the cost of mental illness tends to be in an area that is harder to measure: indirect costs. Indeed, a decade's worth of studies have carefully examined employer data for multiple kinds of costs and have found that the preponderance of expenditures (typically over 70%) associated with mental illness and substance abuse disorders are found not in medical and pharmacy claims costs but instead in the indirect costs of employee absenteeism, presenteeism (i.e., when people are at work but not fully productive), turnover, and training costs for replaced workers.[15,16,17,18,19]

The Impact on Employee Work Productivity and Performance. Mental illness and substance abuse annually cost employers an estimated $80 to $100 billion in indirect costs alone.[20] More days of work loss and work impairment are caused by mental illness than by other chronic health conditions, including arthritis, asthma, back pain, diabetes, hypertension and heart disease.[21,22,23] In particular, employees with depression cost employers an estimated $44 billion per year in lost productive time.24 Even employees with light to moderate alcohol use (e.g., binge drinking or hazardous drinking) can have high rates of absenteeism, tardiness, and poor work quality.[5] Studies have shown that substance-abusing employees function at about two thirds of their capability and that employees who use drugs are three times more likely to be late for work.[25] An estimated 500 million workdays are lost annually due to alcohol abuse.[25] Employees who use drugs are twice as likely to request early dismissal or time off and are two and a half times more likely to have absences of eight days or more.[25]

Impact on Disability. People with chronic medical illnesses with co-occurring mental health conditions make up a considerable portion of disability caseloads and mental health diagnoses are the fastest growing area of short-term disability claims.[26,27] Mental illness short-term disability claims are growing by 10 percent annually and can account for 30 percent or more of the disability burden for the typical employer.[24] Fifty-three percent of employers surveyed by Watson Wyatt found that return to work is more difficult for employees following an absence for a psychiatric disability than after an absence for a general medical disability.[28] Frequently employees have exhausted their mental health benefits making return to work all the more difficult. Fortunately, research indicates that disability costs related to mental health and substance problems can be reduced substantially when appropriate access to early intervention and treatment is provided.[29]

Impact on Overall Health care Costs. People with substance use disorders have overall health care costs that are more than twice as high per year than people without these disorders, and those with both substance abuse and mental disorders have costs that are even higher.[21,30] Driving this high cost scenario are a general lack of clinical recognition, frequent medical misdiagnosis, and profound under treatment of mental health and substance abuse disorders.[1] Less than half of all patients who see a medical doctor at a health clinic or in a primary care setting are screened for mental health problems of for alcohol/drug use, even though validated and inexpensive brief screening tools are available.[31, 32] Due to the fragmented health care system in the U.S. that separates psychological care from medical care, the largest portion of services for patients with psychiatric diagnoses is actually delivered not through the mental health portion of health benefits, but rather through medical care providers and prescription

drug coverage.[1,8] Primary care physicians, not mental health professionals, thus treat the vast majority of patients with symptoms of mental illnesses and substance abuse.[33]

Unfortunately, the quality of the care delivered by primary care physicians often is simply inadequate or inappropriate and usually does not conform to evidence-based clinical practice guidelines for mental health treatment.[34] Indeed, one study found that only 1 in every 8 patients with depression who were treated in primary care settings received even —minimally adequate care.[33] A lack of appropriate treatment is also found among the more complicated cases that suffer from both a mental disorder and from substance abuse (which is about a third of all people with a mental disorder). For example, among those with dual disorders, less than 1 in 10 cases receive treatment for both kinds of problems at the same time and this undertreatment can greatly extend the time until recovery is achieved.[4]

One of the most common examples of inadequate treatment for people with mental health problems is that when seeking care in medical settings, patients all too often receive medication alone, rather than medication in combination with evidence-based psychological treatment.[35] Analysis of prescription drug utilization data indicates that most antidepressant prescriptions are written by general practitioners.[36] Fewer than half of all patients who receive an antidepressant prescription ever refill their prescription. Further, more than two-thirds of patients discontinue treatment within three months of starting medication therapy.[37] This is highly problematic because most episodes of depression last 16 weeks and antidepressant medications generally take between four to six weeks to reach a therapeutic level.

Comorbidity with Other Chronic Medical Conditions. Also of importance is the frequent comorbidity of mental health and substance use disorders with other chronic illnesses. For example, 45 percent of people with asthma and 27 percent of people with diabetes have co-occurring depression.[38] Individuals with depression are also about twice as likely to develop coronary artery disease, twice as likely to have a stroke, and more than four times as likely to die within six months following a heart attack.[39] Many chronic medical conditions are adversely affected by mental health and substance abuse conditions. This comorbidity increases impairment in functioning and decreases adherence to prescribed regimens for treatment of medical conditions. For example, depressed patients are three times more likely to be non-compliant with their medical care treatment plan.[40]

Comorbidity can also drive up unnecessary utilization of health care services and overall health care treatment costs. People who have both chronic medical conditions and psychiatric conditions are far more likely to visit primary care physicians and emergency departments and to be hospitalized than people with medical conditions who do not also have mental disorders.[41] Indeed, 40 percent or more of hospitalized patients have some form of mental health of substance problem.[42] People with diabetes and depression have four times the health care expenditures as those with diabetes alone.[43] One study showed that depression and stress were actually more strongly linked to higher medical expenditures than were smoking and lack of exercise.[44] Authors of an article in *Psychiatric Clinics of North America* stated: “Illness in no other discipline is as prevalent as or has more impact on outcomes than psychiatric illness in the general medical setting.”[45]

Treatment Works

Thousands of clinical studies have shown a high degree of therapeutic effectiveness for mental health and substance use treatment and relapse prevention.

Mental Health Treatment. The majority (65% to 80%) of individuals with mental disorders will improve with appropriate diagnosis, treatment, and ongoing monitoring.[1,46,47] This success rate exceeds that

found for many current common medical treatments for non-psychiatric illnesses. Cognitive behavior therapy (CBT) and interpersonal therapy are consistently helpful in treating patients with the most commonly experienced mental health problems of anxiety, mild depression, and panic disorders. For more severe or chronic disorders (e.g., major depression, bipolar mood disorder, schizophrenia) the use of prescription medication treatments also can be successful, particularly when delivered in combination with counseling. National surveys of the users of mental health care services in the U.S. also have found that treatment is helpful from the patient perspective for the vast majority (over 80%) of people with mental disorders.[48]

Substance Abuse Treatment. Scientific reviews from around the world have found evidence that there are many effective approaches to alcohol and drug addiction treatment, such as self-help and support groups, counseling, residential programs, and use of medications.[49,50,51,52] National surveys from 2006 and 2007 in the U.S. found that 46 percent of self-help group participants for alcohol use were able to stop drinking, 33 percent of those in groups for illicit drug use were able to stop using, and 53 percent of participants in groups for using both alcohol and drug use were able to quit using.[53] The long-term success of treatments for those with severe forms of substance abuse, however, varies widely, with only a third to half of those receiving treatment being able to quit or substantially reduce their problematic use for more than a few years.[54] Some studies show that up to 70 percent of patients who are treated for substance dependence eventually recover.[55] However, the pattern of frequent relapse associated with serious alcohol and drug abuse once it progressed to an addiction is so common that it has led to the view among most treatment professionals that substance abuse should be considered a *chronic medical condition*.[49,50,56] The implication of this evidence-based view includes shifting the focus from treatment toward a more preventive strategy that encourages early identification and interventions with problem drinkers and substance users before more serious addiction can develop.[57,58] In addition, there are also some promising new developments in the area of pharmacological treatment for addictions.

Cost-Benefit of Treatment

There is a clear cost benefit for the treatment of mental and addiction disorders, due in part to the their high prevalence and cost enormous impact to business, but also because of the effectiveness of treatment. Over a dozen critical reviews and meta-analyses have been conducted in the last 25 years to examine the cost-benefit question. This body of knowledge provides substantial evidence that providing mental health treatment offsets or reduces the subsequent use of medical care services and their associated health care and disability costs.[59,60,61,62,63,64,65,66,67,68]

Research also documents even greater savings from providing appropriate treatment of mental disorders and addictions can come in the areas of indirect costs: Employee productivity, absenteeism, speed and quality of return to work after disability, and reduced turnover. [69,70,71,72,73,74,75] One study found that antidepressant medication treatment for depression resulted in improved workplace productivity for over 80 percent of cases.[76] Similarly, Screening and Brief Intervention, Referral and Treatment (SBIRT), which is a technique combining the use of validated screening instruments and short-term intervention to reduce or eliminate harmful alcohol use, has been shown in initial tests to have a positive return on investment.[77]

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