

The National and Local Pictures for Behavioral Health Statistics



**Greater Philadelphia
Business Coalition
On Health**

"Building Bridges to Better Healthcare"

September 17, 2015

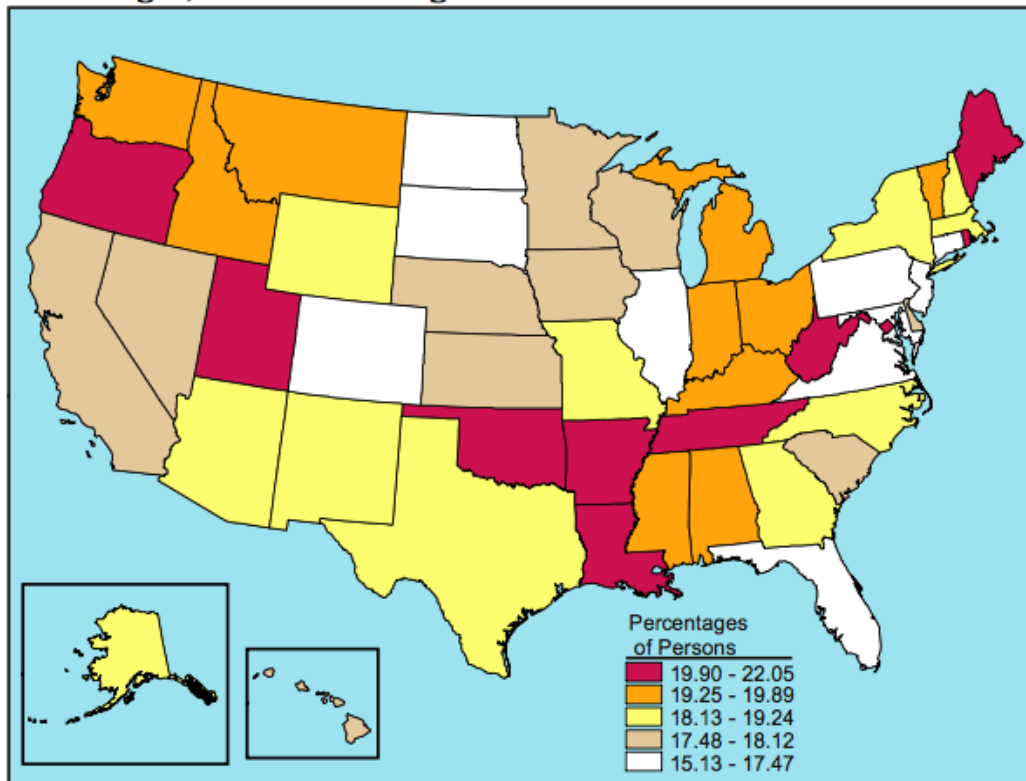
Overview

- National and Local Rates of Behavioral Health Conditions
- Impact on Employers and Employees
 - Health
 - Direct Costs
 - Indirect Costs/ Lost Productivity
- Why people avoid screening and seeking help
- Prevention and Treatment

National Perspective

Any Mental Illness in the Past Year

Figure 24c *Any Mental Illness in the Past Year among Adults Aged 26 or Older, by State: Percentages, Annual Averages Based on 2012 and 2013 NSDUHs*



US
 Age 18-25: 19.5
 Age 26+: 18.36

PA
 Age 18-25: 20.87
 Age 26+: 17.47

DE
 Age 18-25: 19.92
 Age 26+: 18.12

NJ
 Age 18-25: 18.85
 Age 26+: 15.13

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, NSDUH, 2012 and 2013.

Mental Health and Employment (SAMHSA)

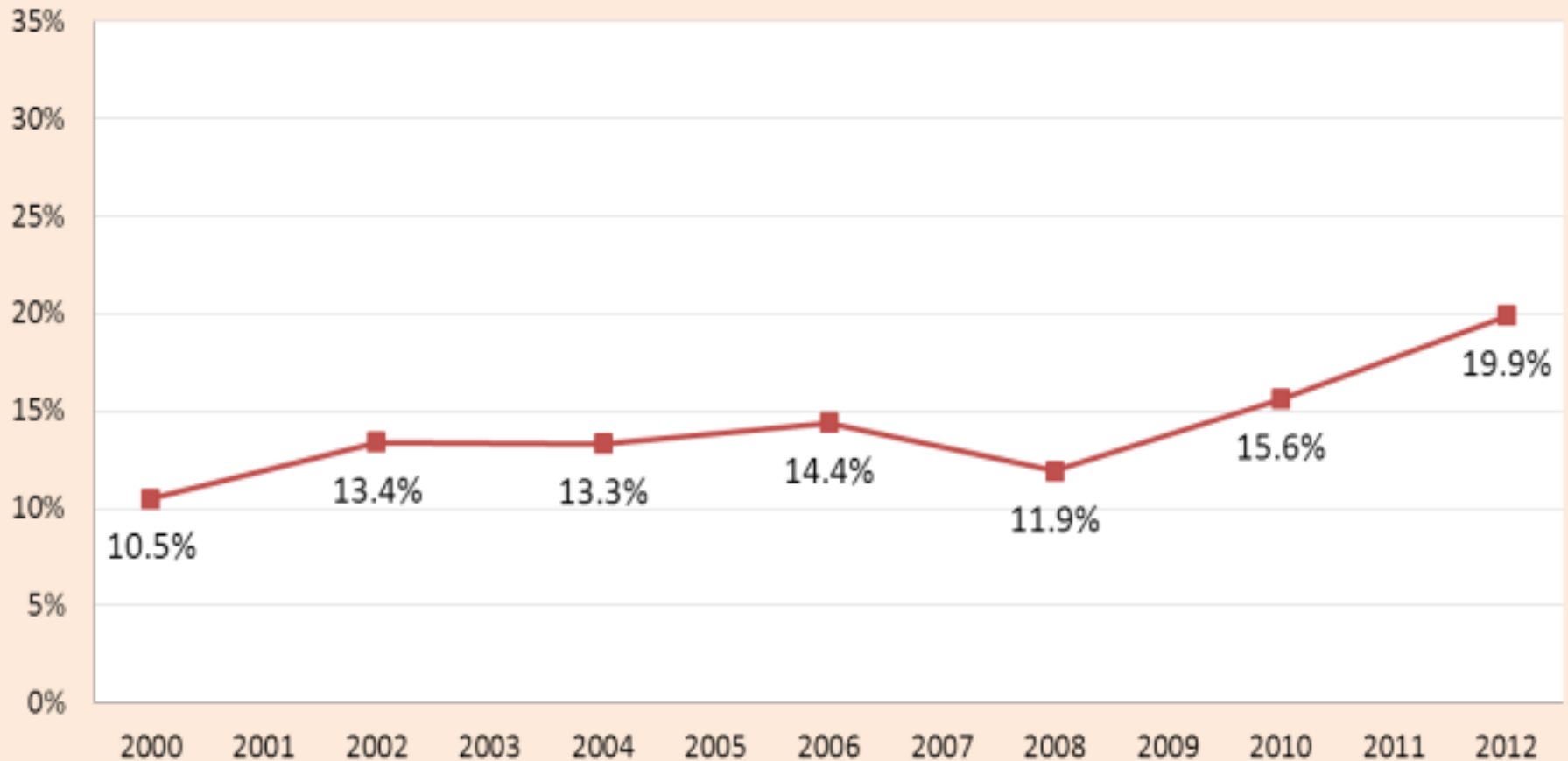
- Any Mental Illness in the Past Year (%) (2013)
 - Full-Time:
 - Age 18-25 – 17.0
 - Age 26-49 – 17.8
 - Age 50+ – 11.0
 - Part-Time:
 - Age 18-25 – 21.4
 - Age 26-49 – 26.4
 - Age 50+ – 13.2



Philadelphia Region's Mental Health

Public Health Management Corporation Household Survey

Adults with diagnosed mental health condition



Source: Public Health Management Corporation (PHMC) Household Health Survey

Depression

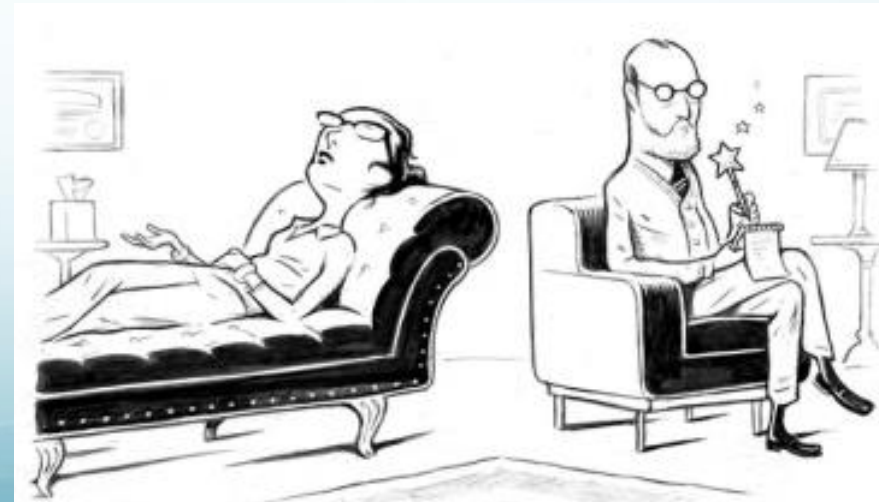
- Depression is the second leading cause of disability in the United States
- The “common cold” of mental illness



Depression in the U.S.

US Household Population 2009-2012

- 88% with severe depressive symptoms reported difficulties at work, home, social activities related to their symptoms
- 35% reported contact with mental health professional in the past year



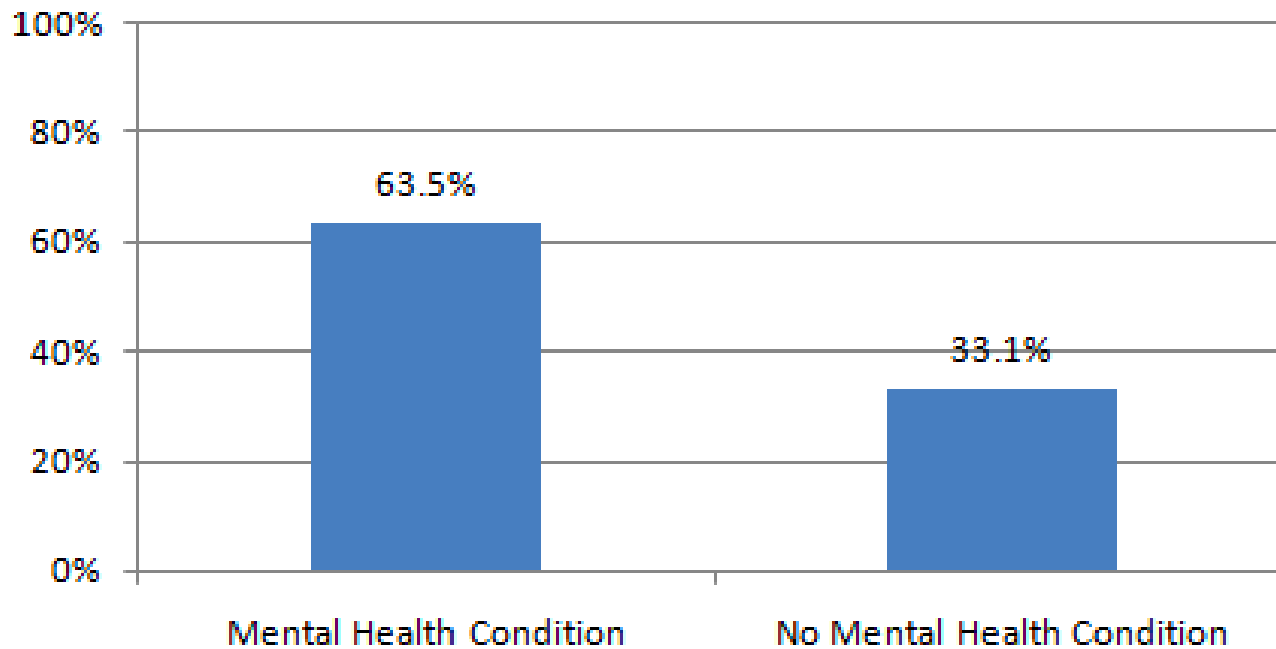
Anxiety and Stress

- CDC 2008
- The prevalence of lifetime diagnosis of anxiety disorders was slightly lower than depression, 12.3%



Perspective on Stress: Southeastern Pennsylvania Region

**Figure 1. High Stress in Past Year by Mental Health Status
among Adults (18+), SEPA, 2010**



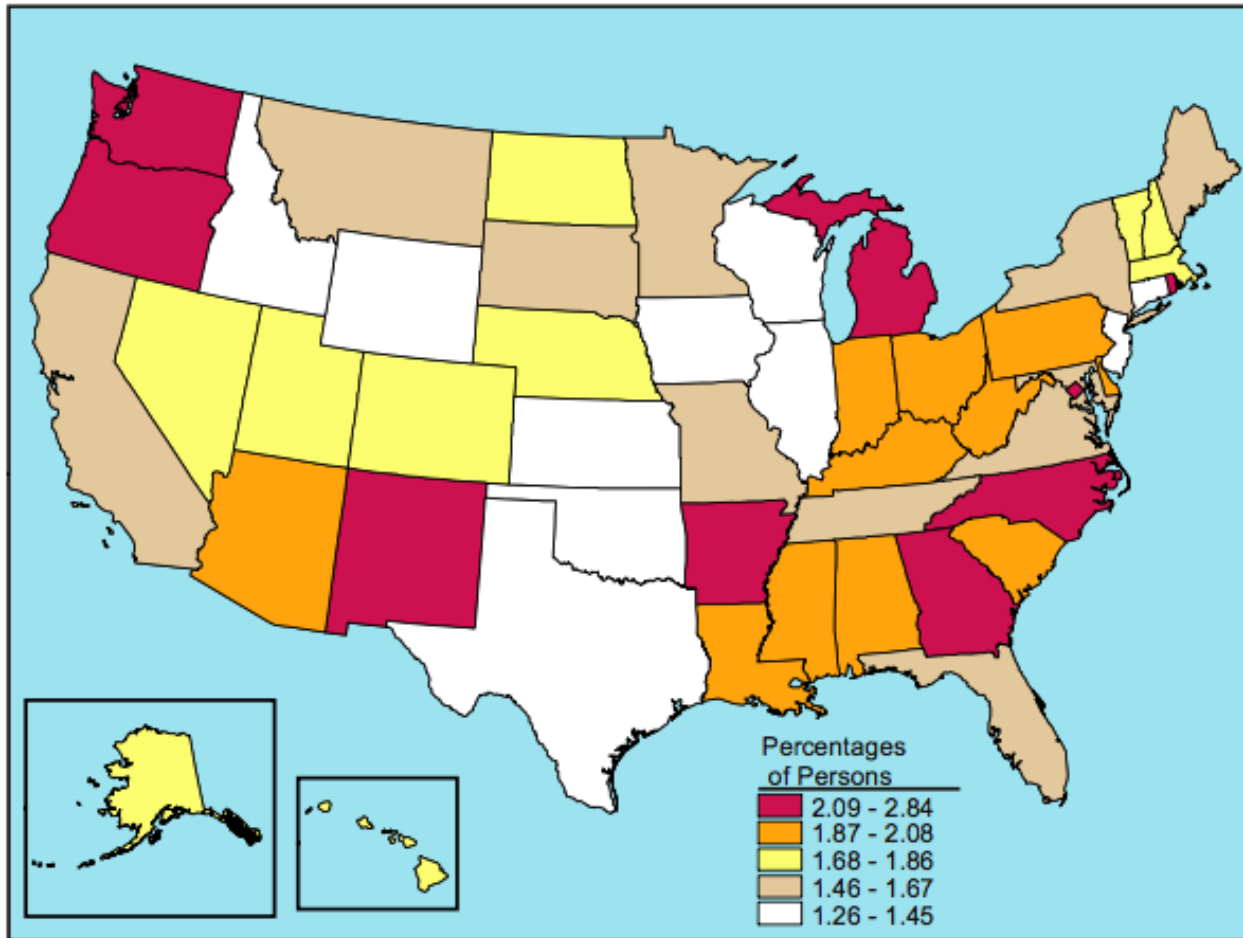
Source: PHMC's 2010 Southeastern Pennsylvania Household Health Survey.

Obesity is Linked to Depression

- Journal of American Medical Association 2012 - 34.9% of adults (age-adjusted) aged 20 years or older were obese. <http://jama.jamanetwork.com/article.aspx?articleid=1832542>
- **Data from the National Health and Nutrition Examination Surveys, 2005–2010**
 - Forty-three (43%) percent of adults with depression were obese, and adults with depression were more likely to be obese than adults without depression.
 - Both obesity and depression are associated with many health risks, including **cardiovascular disease, diabetes, and functional limitations.**

Substance Abuse Prevalence (SAMHSA)

Illicit Drug Dependence or Abuse in the Past Year among Adults Aged 26 or Older, by State: Percentages, Annual Averages Based on 2012 and 2013 NSDUHs



US

Age 26+: 1.74

Age 18-25: 7.6

PA

Age 26+: 1.96

Age 18-25: 7.7

DE

Age 26+: 2.03

Age 18-25: 8.8

NJ

Age 26+: 1.26

Age 18-25: 7.9

Alcohol Abuse Prevalence (SAMHSA)

US

Age 26+: 5.95

Age 18-25: 13.7

PA

Age 26+: 5.47

Age 18-25: 14.7

DE

Age 26+: 6.07

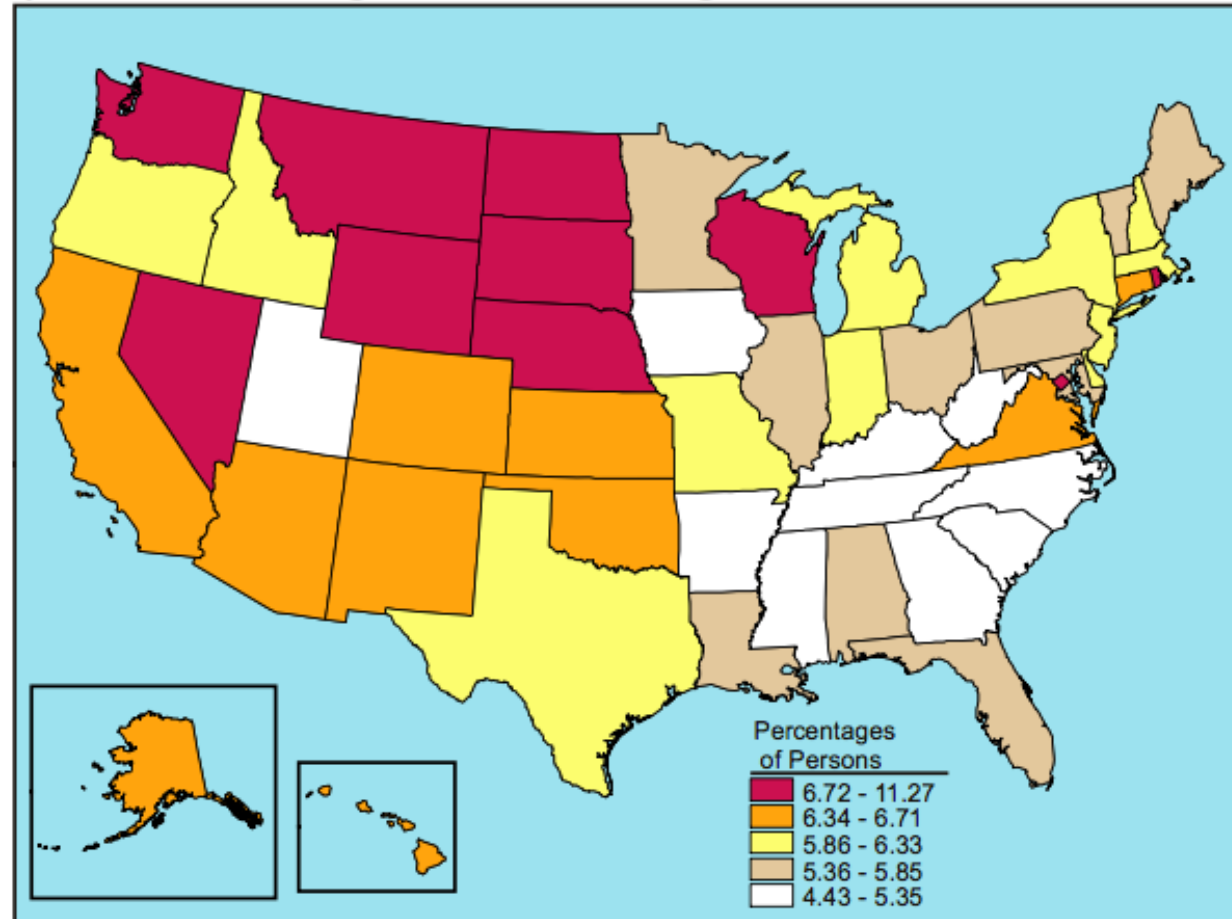
Age 18-25: 15.6

NJ

Age 26+: 5.92



Age 18-25: 14.2

Alcohol Dependence or Abuse in the Past Year among Adults Aged 26 or Older, by State: Percentages, Annual Averages Based on 2012 and 2013 NSDUHs



ISA, Center for Behavioral Health Statistics and Quality, NSDUH, 2012 and 2013.

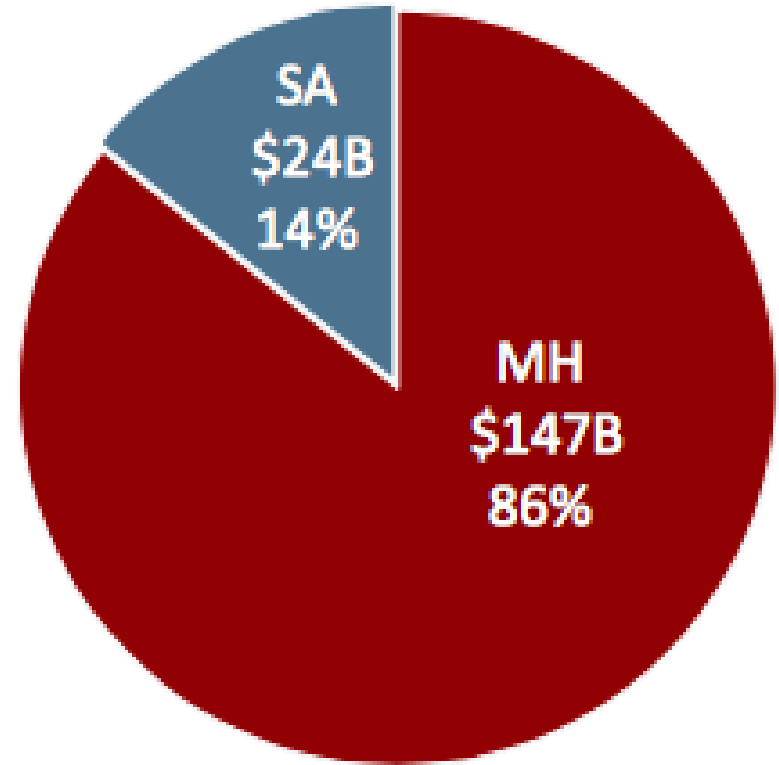
2007 Survey of Human Resources Professionals

- 67% of the HR professionals surveyed believe that substance abuse/addiction is one of the most serious issues they face in their company.
- The most significant problems that companies experienced due to employee substance abuse and addiction are as follows:
 - Absenteeism (62%); 
 - Reduced productivity (49%); 
 - Lack of trustworthiness (39%);
 - Negative impact on the company's external reputation (32%);
 - Missed deadlines (31%);
 - Increased health care costs (29%); and
 - Unpredictable, defensive interpersonal relations (29%).
- 22% of HR professionals say their companies openly and proactively deal with employee substance abuse and addiction issues.

Direct Costs (SAMHSA)

Mental health and substance abuse spending totaled \$171 billion in 2009.

- \$147 billion for mental health treatment
- \$24 billion for substance abuse treatment



MHA Spending in 2009
\$172 Billion

Direct Costs



- 50% of visits to primary care physicians result from symptoms unexplained by physical illness but often associated with depression or anxiety disorders
- Individuals with depression are twice as likely to develop coronary artery disease, twice as likely to have a stroke, and more than 4 times as likely to die within 6 months from heart attack
- More than 13% of adult population suffers from **anxiety disorder**, see a doctor 3-5 times more often than those without anxiety disorders



Indirect Costs Lost Productivity

Mental illness and substance abuse cost employers in indirect costs, an estimated \$80-100 billion annually

Projected to the entire US workforce, **monthly** MDD-related losses in worker productivity have a human capital cost of nearly \$2 billion, severely depressed accounting for 55% of that cost

Indirect Costs

Cost per Year of Lost Productive Time Due to Depressive Disorders in the U.S. Workforce: Absenteeism versus Presenteeism

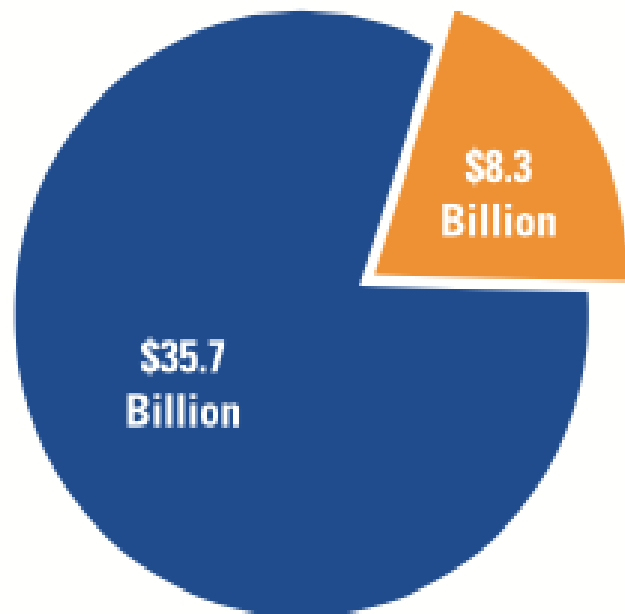


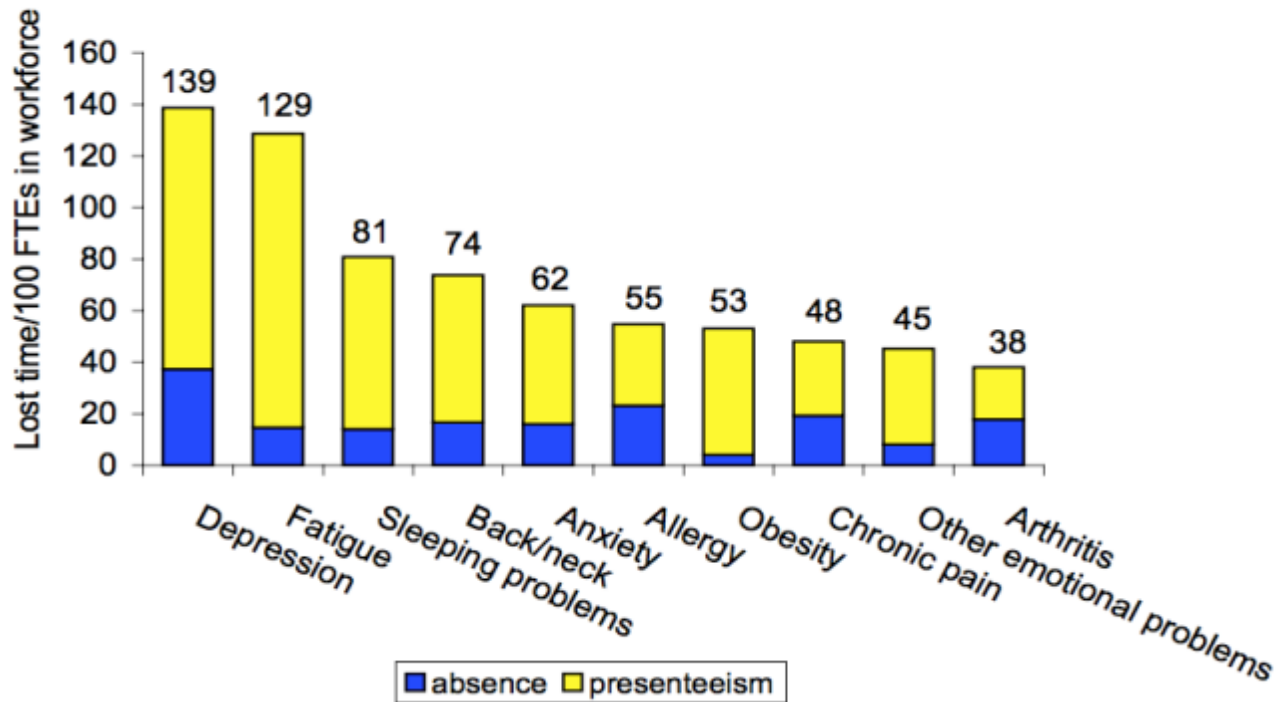
Figure 5

Reprinted with permission from Caremark, a pharmaceutical services company headquartered in Nashville Tenn.

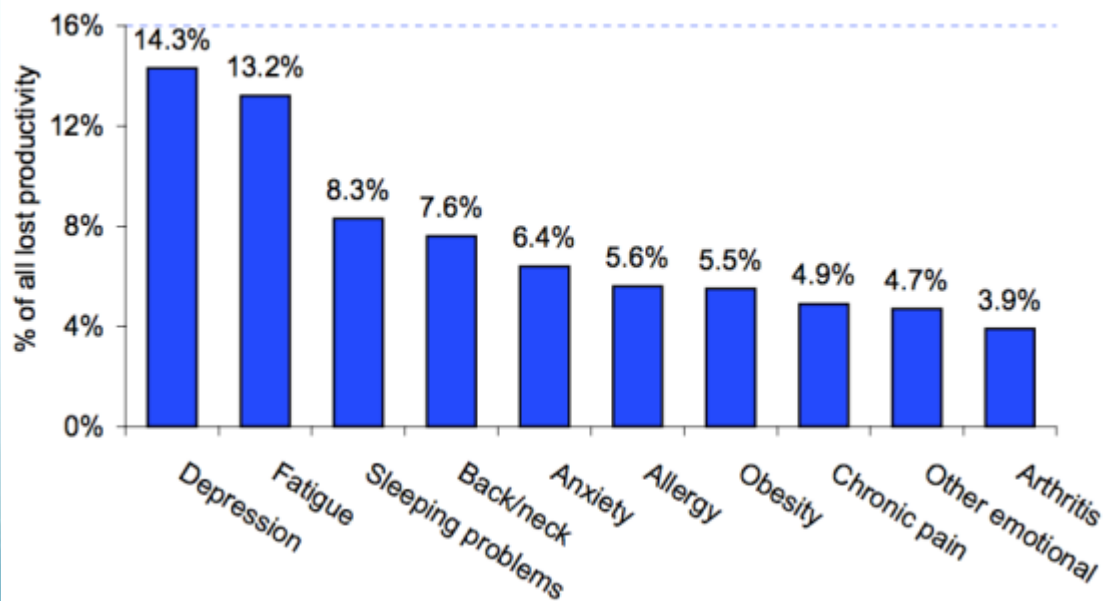
Over 80% of the lost productive time costs are explained by reduced performance while at work, not work absence.

■ Absenteeism
■ Presenteeism

Total Lost Time for Top 10 Health Conditions



Contribution to Lost Productivity by Condition



Comparing Lost Time and Lost Productivity According to Diagnosis



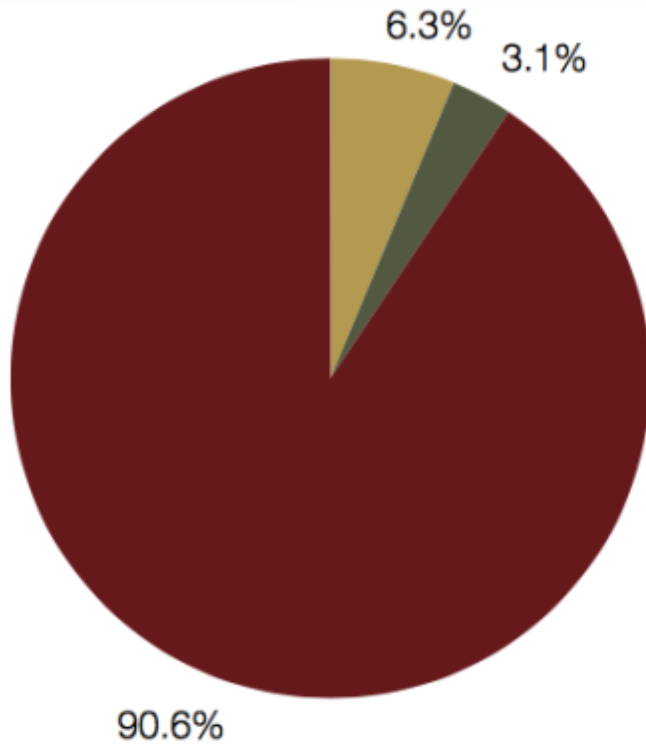
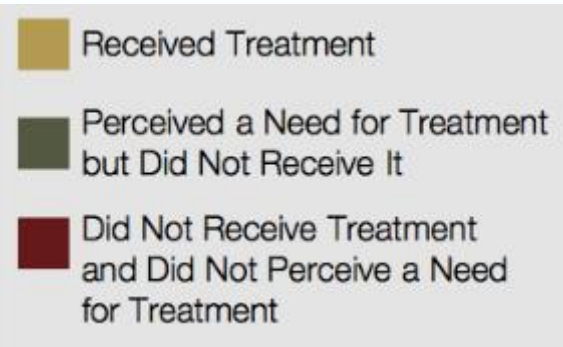
Health Status			Lost Time			Lost Productivity	
Health Condition	Prevalence % in workforce	% w/ condition treated by professionals	Absence lost workdays/100 FTEs	Presenteeism lost workdays/100 FTEs	Total lost workdays/100 FTEs	Lost productivity/100 FTEs	% of all lost productivity
1. Depression	27.9%	29.6%	37.26	101.45	138.71	\$45,991	14.3%
5. Anxiety	14.8%	35.3%	16.04	46.06	62.10	\$20,591	6.4%
7. Obesity	22.4%	11.0%	4.01	49.08	53.08	\$17,601	5.5%
21. Coronary Heart Disease	1.7%	70.5%	3.86	3.09	6.95	\$2,304	0.7%
24. Diabetes	4.5%	83.1%	0.50	3.60	4.10	\$1,359	0.4%



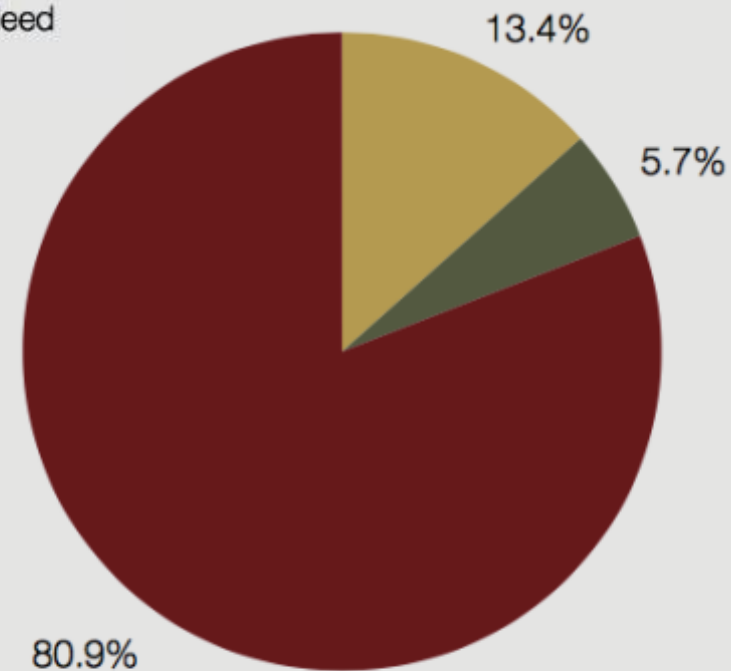
Treatment Received

Type of Mental Health Treatment/Counseling ¹	Total (2012)	Total (2013)	Any Mental Illness (2012)	Any Mental Illness (2013)
DID NOT RECEIVE TREATMENT	85.5	85.4	59.0 ^b	55.3
RECEIVED ONLY ONE TREATMENT TYPE				
Inpatient	0.2	0.3	0.5	0.4
Outpatient	1.9	1.8	5.0	5.1
Prescription Medication	7.6	7.6	17.5	19.4
RECEIVED TWO TREATMENT TYPES				
Inpatient and Outpatient	0.0	0.1	0.2	0.2
Inpatient and Prescription Medication	0.1	0.1	0.4	0.4
Outpatient and Prescription Medication	4.3	4.3	15.4	16.9
RECEIVED ALL THREE TREATMENT TYPES				
Inpatient, Outpatient, and Prescription Medication	0.4	0.5	1.8	2.2

Past Year Treatment for Alcohol and Illicit Drug Dependence/Abuse



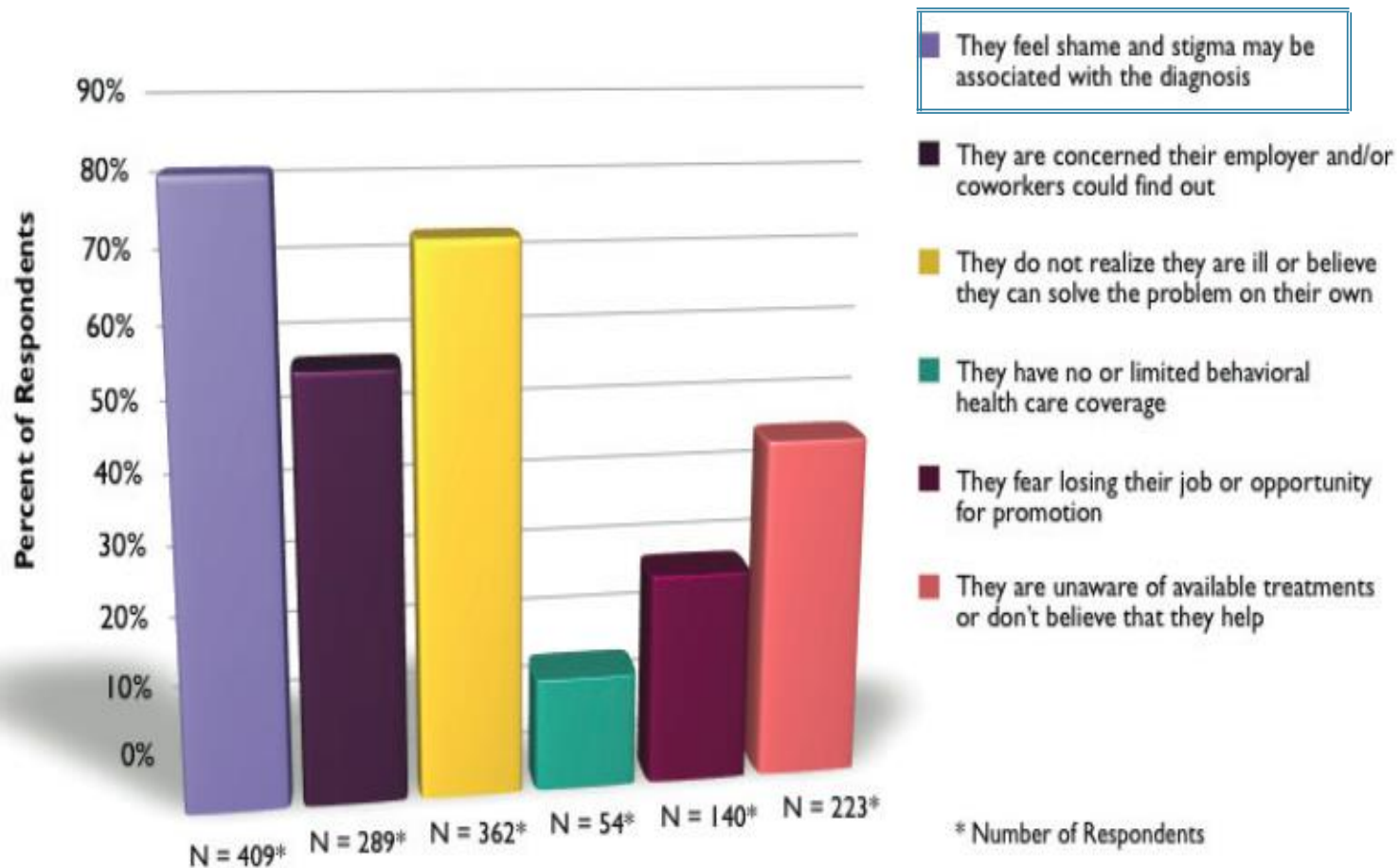
17.3 Million People Aged 12 or Older With Past-Year Alcohol Dependence or Abuse



6.9 Million People Aged 12 or Older With Past-Year Illicit Drug Dependence or Abuse

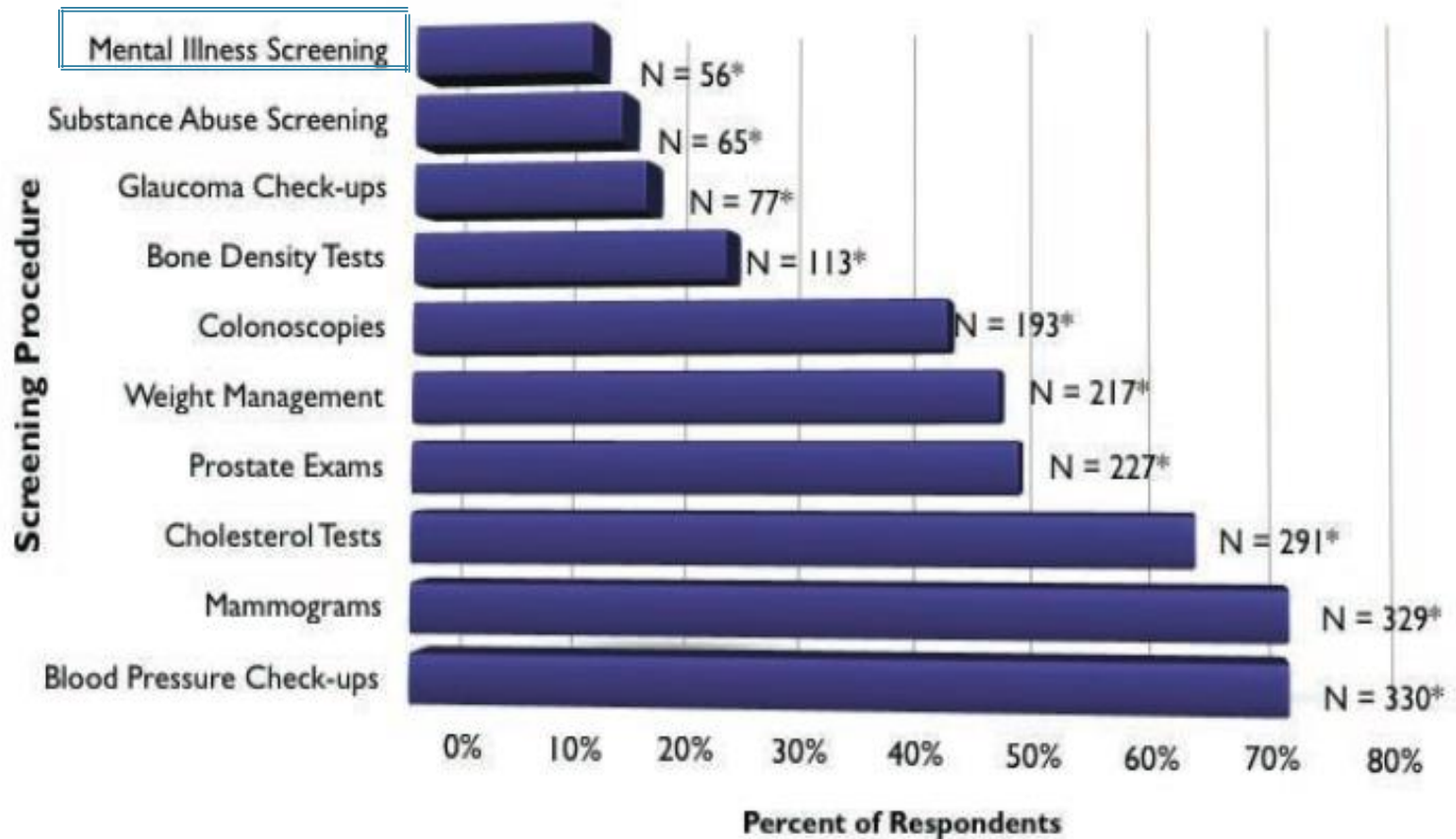
Stigma of Mental Illness (IBI)

Why do you think employees refrain from seeking treatment?



Screening

Which screening procedures does your company actively recommend?



* Number of Respondents

Early Intervention and Treatment

Percentage of Employees Work-Impaired Before and After Treatment

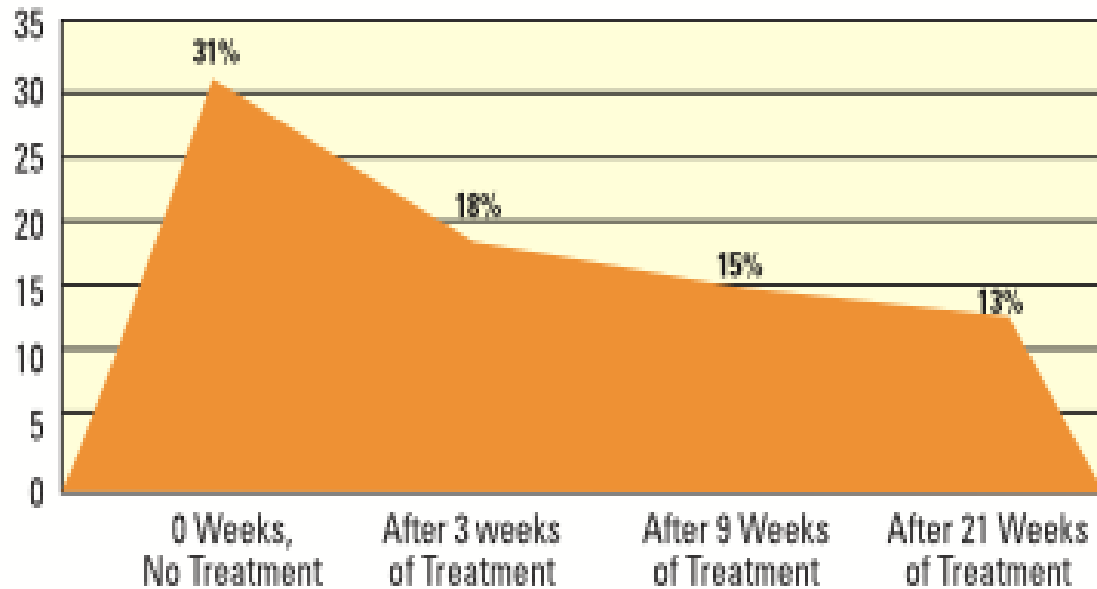


Figure 1

Reprinted with permission from the American Psychiatric Association and its publication *Mental HealthWorks*, 3rd qtr 2003.

Source: Behavioral Health Care: A Worthwhile Investment?, by ER Jones, GS Brown. *Employee Benefit Plan Review*, August 2003, pp 13-14

Partnership for Workplace Mental Health – A Mentally Healthy Workforce – It’s Good for Business (2006)

Conclusion

- Behavioral health issues are prevalent in the workforce
- Behavioral health issues have significant impact on direct and indirect costs
- Barriers to treatment includes stigma
- Early diagnosis and treatment can improve health and economic outcomes