



Behavioral Health

How mental health benefits can both help your employees and add to your bottom line

Most consumers don't think of mental health as separate from physical health; when they don't feel well, they simply want to take steps to feel better.

Now, due to ongoing legislation and changes in thinking, more providers and employers are beginning to view mental health as being on a continuum of medical care, not as something separate, says Peter Ambrose Jr., Ph.D., M.B.A., regional vice president — Behavioral Health Operations at HealthLink®.

“When the behavioral health care benefit is integrated with the medical benefit, it benefits the consumer,” says Ambrose. “They are two sides of the same coin, and integrating them allows health care consumers to see the appropriate providers and do everything they can to improve their health both physically and mentally.”

How does a behavioral health component of health care coverage benefit both members and the employer?

For an employer, the advantage to having an integrated benefit is that, if employees don't receive the appropriate treatment for mental health or substance abuse issues, they are likely to experience higher medical claims, poor productivity, increased absenteeism, short- and long-term disability claims and FMLA claims. All of a sudden, you are facing myriad productivity and financial ramifications due to poor access to specialized providers.

If you own a business in which, for example, you have someone on a ladder every day and that person has a substance abuse issue, and is not getting treated properly because the benefit isn't good enough, the odds are good that that person is going to fall off the ladder eventually. That is a worksite liability for you as an employer, as well as a health care issue.

What would you say to an employer who says the company can't afford to cover behavioral health issues?

Practically speaking, you can't exclude behavioral health conditions, because the cost is going to show up somewhere in the total medical cost of care. Depressed employees will go to a primary care physician and say they are upset, are depressed or are anxious. Even if your plan excludes adequate behavioral health benefits, the employee will be treated for anxiety or depression but may not necessarily be treated correctly.

Mental health patients don't just go away; they still show up elsewhere in the medical system. If employees have substance abuse problems, they'll show up in neurology, in primary care or in emergency rooms. The result is that people with specific conditions are being forced to see professionals who are not specialists in the area in which they need help. As an employer, you're still paying for it, but it's not being addressed correctly.

Think of depression as an 'emotional flu.' If you have diabetes and you have to watch your diet, take insulin and exercise three times a week, but you feel like you have the flu, you're not going to exercise as much as you should. Depression saps your energy and mitigates thinking patterns, which, as a result, can have an adverse impact on the physical problem.

Mental health represents 3 to 5 percent of premium coverage in terms of cost to the employer. The bang for your buck, however, far exceeds that. Studies show that if someone has a medical condition that costs them \$1 over the course of a year, if the exact same person also has bipolar illness, that person will spend \$1.25 to \$1.30 per year on the exact same illness excluding psychiatric care costs. The bipolar illness impacts compliance that results in poor health and increased costs.

As an employer, if you don't help employees take care of behavioral health issues, it's going to impact everything else that goes on with that person. When the employee really needs it, you're not giving that person the expertise he or she requires and you're going to pay dearly covering other issues that result.

How can employers encourage employees to overcome the stigma of behavioral health issues and get the help they need?

Although the stigma is not what it used to be, it still exists. You have to educate people that regardless of their health condition, if they are in pain, it makes sense to treat it and, more important, if you are going to go out of your way to get it treated, go to the right professional to get it treated correctly.

The majority of all anti-depressants are prescribed by primary care doctors. A large portion of those are given inappropriately, either for too short a period of time or in too low a dosage. If that's the case, the patient is taking a drug but not getting the benefit he or she needs. You wouldn't go to a podiatrist if you have a toothache, so if someone has a mental illness or a substance abuse problem, you want that person to go to a psychiatrist, psychologist, social worker or other mental health professional.

How can an employer get started implementing a plan that integrates behavioral health with medical health?

Oftentimes, employers have concerns but don't know who to talk to. When it comes to behavioral health, call your account representative and say, 'I don't even know the right question to ask, but I want to talk about how to improve our medical benefits.'

Under health care reform, the rules are not clear, and many employers don't understand what they can and can't do. They are worried about liability, both financial and legal. And sometimes they suffer from paralysis, either from too much or too little information.

But you have to treat it like any other business decision. Health care costs are eating at the bottom line and you have to address them. You can no longer ignore them because doing so will affect your ability to add employees and diversify your company.

