A Citizens League Research Report.
Prepared for the Minnesota Department of Health
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Mental Health in the Workplace:
An Issue for One in Five Employees

Final Report of the Citizens League
Committee on Mental Health and Employment

Mike Christenson and Jan Smaby,
co-chairs

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Executive Summary

In any given year, more than 40 million Americans, or one in five, have a diagnosable mental illness. In Minnesota alone, approximately 800,000 people have a diagnosable mental disorder, and 92,000 live with a serious and persistent mental illness.

While mental illness has long been recognized for its impact on individuals and families, society is just beginning to understand its impact on the workplace and our economy. Therefore, as part of its *Toward Better Mental Health* initiative, the Minnesota Department of Human Services and the Minnesota Department of Health contracted with the nonprofit, nonpartisan Citizens League to research the issues surrounding mental health and employment. A committee of engaged citizens was asked to examine how the mental health issues of employees impact the workplace and to identify successful strategies or models for addressing the mental health challenges of those working and for accommodating those with serious mental health problems who want to work.

Findings

Every individual's experience with mental illness is unique. In some cases an individual's mental health problem or illness has a significant impact on their work performance while in other cases it has very little impact.

By far the largest workplace impacts are reduced productivity and greater utilization of health care services. Individuals with mental illness have higher rates of absenteeism and greater utilization of short-term disability benefits. They also utilize general health care services at a much higher rate; often seeing their primary care physician with complaints of headaches, backaches, and stomach aches that are really the result of an untreated mental condition.

While mental health problems will always exist in the workplace, their incidence can be reduced and their impact minimized through the use of employee assistance programs (EAPs), strategically designed health care benefits, and a little common sense and understanding.

Hiring and retaining the smaller percentage of people who have more serious mental illnesses can present unique challenges. For example, it is not uncommon for individuals with serious mental illnesses to find it difficult to focus or concentrate, remember instructions, or communicate their thoughts and opinions to co-workers. They may also have difficulty coping with stress or conflict, and adapting to new situations or routines.

Customized accommodations are often necessary in order for these individuals to succeed at work. Examples include flexible scheduling, written instructions, a quiet workspace, and time-off to attend therapy sessions. The Americans with Disabilities Act (ADA) requires employers to provide these "reasonable" accommodations to help individuals who would otherwise be fully qualified overcome the challenges they face as the result of a mental disability. But they also make good business sense. Recent studies suggest the cost of most workplace accommodations is less than $500, which is well below the cost of recruiting and training a new employee, especially in today's tight labor market.

Research based on the experiences of several large employers has also shown the advantages of a quality mental health benefit in employee health insurance packages. Benefit packages that make it easy and inexpensive for individuals to seek mental health treatment early, and in an outpatient setting, have been found to save employers money by dramatically reducing inpatient mental health treatment costs and the overuse of general medical services.

Conclusions

While researchers and mental health advocates know that mental health problems and illnesses affect hundreds of thousands of Minnesotans, and they know that these conditions can have a negative impact on the workplace, the issue isn't even on the radar screen for most Minnesota employers. They don't see mental health and mental illness as relevant to their environment, they don't recognize the extreme likelihood that they already employ people with mental health problems and illnesses, and, if they do, they don't necessarily recognize the impact it can have on the company's bottom line.

Therefore, the number one priority for those wanting to create more mentally healthy workplaces and more workplace opportunities for those with mental illness is to educate employers. Employers have to start thinking about mental health policies and expenditures as investments in a stable and productive workforce and they have to move beyond the stereotypes to recognize the valuable skills and abilities of individuals who happen to have a mental illness. Overall, investing in mental health is both the right thing and the smart thing to do.

Recommendations

While the challenges of employing individuals with serious mental illness and creating mentally healthy environments for those already employed are not going to be conquered overnight, several current economic trends create a unique opportunity to motivate employers to address mental health in the workplace.

Today's employers are under extreme pressure to attract and retain qualified employees in a very tight labor market, increase the productivity of existing employees, and manage rapidly rising health care costs. Employers who are sensitive to the mental health challenges of those working and make room for those with serious mental health problems to work will see significant results in all three areas.

Therefore, the reports primary recommendations include:

- **Minnesota must take a public health approach to mental health and mental illness.**

A "public health approach" has numerous benefits, including an emphasis on prevention and early intervention, as well as a focus on the population as a whole. But in terms of mental health and the workplace, the benefit of a public health approach is its emphasis on public education and awareness. The biggest barrier to more mentally healthy work environments and more work

opportunities for those with mental disorders are the ongoing misperceptions surrounding the issues of mental health and mental illness.

- **The Department of Health should be given the responsibility and the resources to lead this public health approach.**

This committee strongly believes the Department of Health has the necessary expertise to lead a public health approach and the credibility to be taken seriously by the business community. Furthermore, the message of countless researchers and treatment providers is that mental illnesses are medical conditions – diseases of the brain, comparable to chronic diseases of any other organ. Mental illness is a health problem not a social service one, and the Department of Health should be given the resources and responsibility to lead the charge.

- **The public education component of this public health approach should include a very specific message for employers.**

The first step in motivating employers to act in the public interest is to draw attention to the corresponding business interest. Employers need a better understanding of the prevalence of mental illness and the likelihood that they currently employ individuals with mental health problems or illnesses. They need to recognize the high cost of untreated mental illness in terms of reduced productivity and increased health care utilization. They also need to recognize the potential of individuals with a variety of skills who want to work and happen to have a mental illness.

- **Mental health and rehabilitation service providers could also help by working with representatives of the employer community to design, build and maintain a website that serves as a portal to useful, accurate information, especially for small and medium sized employers.**

Once employers recognize the impact that poor mental health has on their workforce and their bottom line, they will need someplace to turn for information. This is especially true of smaller employers who don't have large human resource departments or in-house EAP professionals. In today's world, a well designed website is the best way to provide these employers with the information they need to address the mental health and mental illness challenges in their workplace. Furthermore, the information on a website is available when an employer needs it and at no cost.

- **For those with a disclosed mental illness, mental health and rehabilitation service providers could help by facilitating a better flow of appropriate information between employers and treatment providers.**

As it stands now, employers complain that psychiatrists and psychologists don't provide them with the information they need to arrange reasonable and useful accommodations for employees with disclosed psychiatric disabilities. But in many cases employers are not asking the right questions. Therefore, the Department of Human Services, in partnership with the Department of Economic Security -- Rehabilitation Services, should bring together a group of treatment

providers, insurance companies and both large and small employers for the specific purpose of designing a model work release form that asks the right questions, protects patient privacy and respects the time demands placed on mental health professionals.

Follow-up

Following the January, 2001 completion of this report, members of the Citizens League Committee on Mental Health and Employment hope to see a new approach to the issues surrounding mental health and the workplace – an approach anchored in the public health model, driven by public-private partnerships, and focused on the mental health of all employees. In order to achieve this, the committee will call for leaders in both the public and private sectors to come together by the end of the year to publicly review initial steps and outline plans for continued progress toward this vision.

I. Introduction

In any given year, more than 40 million Americans, or one in five, have a diagnosable mental illness. Of this group, almost 20 million experience "significant functional impairment" as a result of their illness. Clearly the prevalence of these conditions makes mental illness an important issue for the business community. After all, the vast majority of these 40 million people are coming to work everyday.

How employers address the mental health challenges of those working and make room for those with serious mental health problems to work has significant economic and social consequences for our state. Our society and our economy need everyone to participate in the workforce, earn a living wage and contribute to our continued economic growth. Equally important is the fact that the vast majority of individuals with mental illness report that they need to work for their own satisfaction and self-esteem.

Charge to the Committee

To gather citizen input on the issues surrounding mental health and the workplace, the Minnesota Department of Human Services and the Minnesota Department of Health contracted with the nonprofit, nonpartisan Citizens League.

The Citizens League Committee on Mental Health and Employment was given a charge to examine the following issues:

- What are the barriers/challenges to hiring and retaining persons who have mental health issues? What can be or has been done to convert these challenges to opportunities?

- How do the mental health issues of employees and their dependents impact the workplace? Are there successful strategies/models to assure good mental health for employees that result in improved productivity and efficiency?

- Is there a correlation between employee productivity and mental health benefits in employee health insurance plans?

- Given the availability of persons who have serious mental disorders, who have a variety of job skills and who want to be gainfully employed, how can mental health and rehabilitation service providers develop/strengthen partnerships with the business community?

  o Is the business community aware of the range of supports/services that are available in the state to assist persons who have a serious mental disorder obtain and retain employment?

  o Are the current approaches effective?

o   Are ongoing supports available and adequate to address employees' and employers' needs?

o   Are reasonable, cost-effective accommodations available to employees? Are employers aware of the best practices in this area?

A committee of engaged citizens, working over the course of several months, researched these issues and produced the following findings, conclusions and recommendations, in response to the Departments' charge.

Background

According to the U.S. Surgeon General, mental illnesses are "health conditions characterized by alterations in thinking, mood or behavior (or some combination thereof) associated with distress and/or impaired functioning." On the other hand, mental health is "a state of successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and to cope with adversity." [1]

But as Commissioner O'Keefe of the Minnesota Department of Human Services noted in presenting the charge to this committee, mental health is really a continuum, not a switch that is on or off.

> *"One is not 'healthy' or 'unhealthy.' We are all somewhere on a continuum of mental health and at different places on that continuum at different times in our lives under differing conditions of stress or challenge. For every one of us there are days when our functioning is highly effective and other days when we're a little off our game, or maybe a lot off ... When being "off our game" is noticeable and perhaps even handicapping, but of insufficient intensity or duration to meet the criteria for any defined mental disorders, the Surgeon General would describe us as having "mental health problems."*

These mental health problems, often characterized by stress, anxiety or mild depression, occupy the vast middle of the continuum between mental health and mental illness. They afflict countless individuals and have a major impact on their lives at home and at work.

The Numbers

We know that in any given year approximately 20 percent of adults in the United States have a mental illness. Nine percent experience "significant functional impairment," as a result of their mental disorder, and seven percent have a disorder that persists for at least one year. About one quarter of those with a mental disorder, or 5.4 percent of all adults, have a "serious mental illness" (SMI) where their disorder interferes with some area of social functioning, and half of those individuals, or 2.6 percent of the adult population, are classified as having "serious and persistent" mental illness (SPMI). [2]

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[1] *Mental Health: A Report of the Surgeon General.* Department of Health and Human Services, 1999.
[2] *Mental Health: A Report of the Surgeon General.* Department of Health and Human Services, 1999.

In Minnesota this amounts to approximately 822,000 people with some type of mental health disorder, and 92,000 people living with SPMI, according to the Department of Human Services.

When the countless number of individuals with mental health problems are added to the numbers with diagnosed mental disorders, several very challenging issues arise for our families, our communities and our places of work.

A Dual Challenge

When it comes to mental health and the workplace there are two distinct challenges. The first is to help individuals with serious mental illness find and retain employment. Current estimates suggest that only 15 or 20 percent of individuals with SPMI are employed. Yet 70 percent of those with SPMI report the desire to work at least part time.[3]

The second challenge is to create healthy work environments for those already in the workforce who might be struggling with a mental health problem or illness. Since as many as one in five workers are affected each year, this constitutes a major challenge for employers.

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[3] *The Facts About Mental Illness and Work.* Matrix Research Institute, University of Pennsylvanie

II. Findings & Conclusions

1) How do the mental health issues of employees and their dependents impact the workplace? What are the barriers/challenges to hiring and retaining persons who have mental health issues? What can be or has been done to convert these challenges to opportunities?

Every individual's experience with mental illness is unique. In some cases an individual's mental health problem or illness has a significant impact on their work performance while in other cases it has very little impact. Unlike most physical disabilities, which are generally visible to both employers and co-workers, mental health problems and illnesses are often invisible. But that doesn't mean they don't affect work performance or the employer's bottom line.

By far the largest workplace impacts of untreated mental health problems are reduced productivity as the result of increased absenteeism and disability, and greater utilization of health care services.

- **Increased absenteeism and disability = reduced productivity.** A recent study by the International Labor Organization found that clinical depression alone causes a loss of 200 million working days per year in the U.S. Another three-year study of one large corporation found that psychological disorders accounted for 60 percent of employee absences from work. To put a dollar figure on the issue, major depression was found to cost an estimated $23 billion in lost workdays alone in 1990.[4]

  An in-depth study conducted by First Chicago corporation found the average length of short-term disability leave for depression was 40 days, which is longer than that for low back pain, heart disease, high blood pressure and diabetes. Individuals on short-term disability as a result of depression were also found to be more likely to relapse after returning to work, than any of these other conditions.[5]

- **Utilization of general medical care.** According to the American Psychological Association, 50 to 70 percent of visits to primary care physicians are for medical complaints that originate from psychological factors.[6] Overall, individuals with psychological disorders visit their primary care physician twice as often as individuals without psychological disorders.[7]

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[4] *The Costs of Failing to Provide Appropriate Mental Health Care.* Practice Directorate, American Psychological Association, www.apa.org.
[5] *The Economic Impact of Depression in a Workplace.* Journal of Occupational Medicine, Sept. 1994.
[6] *The Costs of Failing to Provide Appropriate Mental Health Care.* Practice Directorate, American Psychological Association, www.apa.org.
[7] *Medical-Surgical Costs and Mental Health Benefits.* Michigan Psychological Association. www.michpsych.org.

Overcoming these Challenges

While mental health problems will always exist in the workplace, their incidence can be reduced and their impact minimized through the use of employee assistance programs, strategically designed health care benefits, and a little common sense and understanding.

- **Employee Assistance Programs (EAPs).** Most EAPs were originally created to address substance abuse issues, but many have expanded in recent years to include a variety of behavioral health and work-life issues. The scope and depth of services provided varies widely from one EAP to another, but the core services present in most programs include initial assessment of an individual's problem, referral to appropriate treatment or services, and some post-treatment monitoring and return-to-work assistance. While many large employers have in-house EAP programs, smaller employers can contract out for EAP services.

  There are several advantages to providing EAP services as part of a comprehensive employee benefit package. For starters, EAP services are often available at the worksite and at little or no cost to the employee. This can encourage employees to seek treatment earlier than they otherwise might, thus allowing them to benefit from lower-cost, lower-intensity treatment and minimizing the number of days of reduced productivity. A second major benefit of EAPs, is that they ensure employee's needs are being met while relieving managers and supervisors from having to become intricately involved in their subordinates personal and medical problems.

- **Mental Health Care Benefits.** Too often employers view mental health benefits as an expense, rather than an investment. Well-designed mental health benefits, which encourage people to seek treatment early, can actually save employers money by reducing the need for expensive inpatient treatment and diminishing the inappropriate use of general medical care.

  A well-designed mental health benefit makes initial assessment and diagnostic services available at a low-cost and without a lot of pre-authorizations or referral requirements. It recognizes the chronic nature of mental illness and the fact that each individual case is unique, and therefore foregoes arbitrary limitations on therapy visits or hospital stays. And it is integrated with the overall health care benefit in order to more effectively address cases with a secondary mental health diagnosis.

Finally, a little common sense and understanding goes a long way towards creating a mentally healthy work environment. Employers that provide paid-time off and allow flexible scheduling reduce the strain on their employees trying to find a work-life balance.

Serious Mental Illness in the Workplace

Hiring and retaining the smaller percentage of people who have more serious mental illnesses can bring unique challenges. For example, it is not uncommon for individuals with mental disorders to find it difficult to focus or concentrate, remember instructions, or communicate their

thoughts and opinions to co-workers. They may also have difficulty coping with stress or conflict, and adapting to new situations or routines. Medication side effects can also cause people to be excessively groggy or thirsty during the workday.

Customized accommodations are often necessary in order for these individuals to succeed at work. Examples include flexible scheduling, written instructions, a quiet workspace, and time-off to attend therapy sessions.

The Americans with Disabilities Act (ADA) requires employers to provide these "reasonable" accommodations to help individuals who would otherwise be fully qualified overcome the challenges they face as the result of a mental disability. But they also make good business sense. Recent studies suggest the cost of most workplace accommodations is less than $500, which is well below the cost of recruiting and training a new employee, especially in today's tight labor market.

Unfortunately, providing these accommodations can often result in broader workplace disruptions. For example, if an employee seeks accommodations from their employer, but chooses not to disclose their mental illness to co-workers, those co-workers might view the accommodations as unwarranted favoritism. On the other hand, when an employee does disclose their mental illness to co-workers they risk being feared or shunned as the result of the continued stigma and negative stereotypes that surround mental illness. Co-workers might become apprehensive or overly cautious around them or supervisors might underestimate their potential for strong work performance.

Such workplace disruptions are best addressed through employee education. All employers can provide some form of broad-based employee education that focuses on the prevalence of mental illness and the signs and symptoms of common conditions such as depression and anxiety disorders. This lets employees know that individuals with mental illness are welcome and valued by the company, and that the company will support such individuals as they seek treatment and find the best way to perform their job duties.

More specific employee education can help when an employee of a specific department or division chooses to disclose their mental illness to co-workers. In this case, with the individual employee's permission, it is often helpful for a human resource professional or EAP staff member to meet with the affected department or division to discuss what they can and cannot expect from their co-worker given their specific diagnosis and what they can do to ensure the continued productivity of the group.

Best Practices

For those looking for a clearly identified set of best practices, the Mental Health Association of Minnesota has published a set of best mental health practices for the workplace and a companion resource guide for employers. The best practices recommended by the Association include:

- **Providing mental health training and education for all employees,** but especially supervisors and managers, in order to create a corporate culture that understands, accommodates and values employees with mental illness.

- **Providing quality mental health and disability benefits,** which recognize the chronic nature of mental illness and do not limit treatment sessions or require frequent re-authorizations.

- **Providing reasonable accommodations;** such as flexible scheduling, reduced work hours, or reassignment to another open position within the company.

- **Coordinating disability management efforts,** through a disability manager, ADA coordinator or disability committee, when possible.

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2) Are there successful strategies/models to assure good mental health for employees that result in improved productivity and efficiency? Is there a correlation between employee productivity and mental health benefits in employee health insurance plans?

While research based on the experiences of several large employers have quantified the advantages of a quality mental health benefit in employee health insurance packages, most are measured in terms of a reduction in overall health care costs rather than improved productivity or efficiency.

For example, in order to better address the mental health issues of its 18,000 employees, a major banking services company based in Chicago implemented major components of the National Worksite Program designed by the Washington Business Group on Health (WBGH) and the National Institute of Mental Health (NIMH). The model includes ...

- Educating managers and employees regarding depression and other behavioral disorders,
- Redesigning benefits to maximize early recognition and appropriate treatment,
- Broadening use of Employee Assistance Programs, (particularly regarding accommodations and back-to-work strategies),
- Encouraging coordination among corporate human resource programs,
- Improving data collection,
- Monitoring health plans to ensure access to and proper treatment for mental and behavioral health problems.

Prior to implementing these strategies in the early 1990's, employees experiencing depression were likely to be out on short-term disability for a longer length of time and have a higher rate of relapse than employees with other common chronic medical conditions. Furthermore, the company's medical claims for depression were approaching those for heart disease.

After implementing strategies from the WBGH/NIHM worksite model, direct treatment costs for depression dropped from just under $1,000,000 to a little over $400,000. While there were

modest increases in outpatient and pharmacy costs, large reductions in inpatient costs yielded a significant net savings for the company.[8]

In another example, Bell South, an international telecommunications company with 125,000 employees, also achieved significant health care savings by realigning their mental health benefits, with the help of the American Psychological Association.[9]

Prior to the realignment, employees of Bell South could get 100 percent coverage for inpatient mental health treatment, but only 50 percent coverage for outpatient treatment. In an attempt to encourage employees to seek mental health care earlier and in a more cost-effective setting, Bell South significantly increased its outpatient benefit so that employees were entitled to 90 percent reimbursement for up to 52 visits of outpatient therapy. Utilization review was required for those needing more than 52 visits, but only five percent of the cases required this length of care. The company continued to cover 90 percent of the costs of authorized inpatient care and 80 percent of the costs of authorized partial hospitalization.

Over the course of five years, Bell South saw a 20 percent reduction in its mental health costs, saving the company a total of $10 million. Hospital days due to mental illness dropped from 23 percent to 14 percent of all hospitalizations and payments for mental health care dropped from 17 percent to 8 percent of total health care costs. This is despite a 13 percent increase in the utilization of outpatient mental health care. In essence, the company was able to better meet the mental health needs of its employees and spend less money by designing a benefit package that encouraged employees to seek treatment early and in the more cost-effective setting of outpatient care.

Finally, in a study of 21,000 employees of an anonymous private corporation, researchers at Yale University School of Medicine found a reduction in the company's mental health benefits led to increased use of non-mental health medical services and a 22 percent increase in sick days for employees that used those mental health benefits.[10] In an attempt to reduce costs, the company had switched to offering a series of health care plans with lower monthly premiums, but significantly higher deductibles and co-payments, which discouraged service use. The end result was that the decline in mental health costs was fully offset by the increase in other health care costs.

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[8] *Investing in Workplace Productivity: Innovations in Managing Indirect Mental Health Costs.* Washington Business Group on Health and the National Institute of Mental Health, 1999.
[9] *The Bell South Experience.* Michigan Psychological Association. www.michpsych.org.
[10] *Effect of Declining Mental Health Service Use on Employees of a Large Corporation.* Health Affairs, Sept./Oct. 1999.

3) Is the business community aware of the range of supports/services that are available in the state to assist persons who have a serious mental disorder obtain and retain employment? Are the current approaches effective? Are ongoing supports available and adequate to address employees' and employers' needs? Are reasonable, cost-effective accommodations available to employees? Are employers aware of the best practices in this area?

Supports/Services for Employers

In contacting Minnesota employers to inquire about their awareness of and experiences with existing supports and services, this committee uncovered a much more fundamental problem – employers don't see mental health and mental illness issues as directly relevant to their organization. Furthermore, many fail to recognize the likelihood that they currently employ individuals with mental illness.

Yes, there are some large companies with progressive approaches to benefits management. And there are undoubtedly some smaller employers out there that have "seen the light," in terms of the prevalence and impact of mental illness in the workplace, either through their own personal experience or that of individual employees.

Nonetheless, mental health issues aren't appearing on the radar screen of Minnesota's employer community – especially those in the private sector. Employers seem to be clinging to the notion that "we don't have any of 'those people' here." This makes a conversation about the adequacy or effectiveness of existing supports and services impossible and presents a major challenge for anyone trying to reach out to employers on behalf of the 800,000 Minnesotans with mental illness.

Supports/Services for Employees

A variety of nonprofit organizations are working to provide individuals with serious mental illness with the support services they need to find employment. However the resources to continue these services once an individual has found employment are severely limited and depend largely on a single grant program operated by the state.

For more than 15 years, the Mental Health Division of the Minnesota Department of Human Services and the Rehabilitation Services Division of the Minnesota Department of Economic Security have worked together through a unique interagency agreement to provide ongoing employment support services specifically for individuals with serious mental illness. At the center of this interagency effort are 13 Coordinated Employability Projects, which provide ongoing employment support services to individuals with mental illness who are working in competitive employment positions in their communities. When compared to other employment programs, the Coordinated Employability Projects have produced state-of-the-art results with very limited resources. By providing roughly an hour and a half of employment support, counseling and/or job coaching per week, this program allows participants to work at least part time at an average wage of $6.98 per hour. Combined earnings of program participants exceed $2.5 million.

However, while proven effective, a new report shows that the size of this program is nowhere near adequate to meet the existing needs of individual employees who require ongoing supports in order to retain their jobs. While it is estimated that there are more than 56,000 Minnesotans with serious mental illness who could work if ongoing employment and job retention services were available, current funding levels only support 13 Coordinated Employability Projects serving 625 individuals or 1.1 percent of the total number that could benefit from these services.[11]

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4) How can mental health and rehabilitation service providers develop/strengthen partnerships with the business community?

There are numerous ways that mental health and rehabilitation service providers can reach out to the business community. These include speaking to meetings of the local Chamber of Commerce or Lions Club, conducting brown-bag lunches at local job sites, and providing information packets to local business owners. Many Minnesota service providers are already doing this type of outreach – both because it is part of their mission and because their contracts with the state vocational rehabilitation program require them to do employer outreach.

While this type of locally based community outreach is important and should continue, it doesn't address the much larger problem identified above – **employers don't see this as an issue that applies to them. Until employers start to recognize the relevance of mental health issues for their workplace and their bottom-line, service providers are not going to find a very receptive audience for their outreach efforts.**

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[11] *Status and Evaluation of Employment and Support Services for Persons with Mental Illness.* Minnesota Department of Economic Security and Minnesota Department of Human Services, Dec. 2000.

III. Recommendations

The challenges of employing individuals with serious mental illness and creating mentally healthy environments for those already employed are not going to be conquered overnight. Nor will they be resolved by either the public sector or the private sector acting alone.

The public sector has been working on the employment issues of those with serious mental illness for years now and must continue to partner with Minnesota's nonprofit community to provide ongoing job support services to those with the greatest employment challenges. The public sector also has the responsibility to enforce existing human rights, anti-discrimination and parity laws. And it must lead by example. After all, state and local governments are major employers themselves.

But there really isn't a vast array of government policies, programs or regulations that can create more mentally healthy work environments.

The private sector, on the other hand, has come to the issue more recently. And it has a ways to go in terms of acknowledging the prevalence of mental illness and moving beyond the stigma. Private sector employers have to start seeing mental health expenditures as investments in a productive and stable workforce.

The good news is that today's economic realities create a unique opportunity for the two sectors to work together to make significant strides on these issues. After all, employers are under extreme pressure to attract and retain qualified employees in an extremely tight labor market, increase the productivity of existing employees, and manage rapidly increasing health care costs. Employers who are sensitive to the mental health challenges of those working and make room for those with serious mental health problems to work will see significant results in all three areas.

Recommendation #1: **Minnesota must take a public health approach to mental health and mental illness.**

A "public health approach" has numerous benefits, including an emphasis on prevention and early intervention, as well as a focus on the population as a whole. With 20 percent of Minnesotans having diagnosable mental illnesses, and clear evidence that mental illness is one of the largest causes of disability in the country, a public health approach is clearly warranted.

But in terms of mental health and the workplace, the benefit of a public health approach is its emphasis on public education and awareness. The biggest barrier to more mentally healthy work environments and more work opportunities for those with mental disorders are the ongoing misperceptions surrounding the issues of mental health and mental illness. In order to correct these misperceptions, we need a public health campaign that includes aggressive public education efforts.

Recommendation #2: The Department of Health should be given the responsibility and the resources to lead this public health approach.

This committee strongly believes the Department of Health has the necessary expertise to lead a public health approach and the credibility to be taken seriously by the business community. Furthermore, the message of countless researchers and treatment providers is that mental illnesses are medical conditions – diseases of the brain, comparable to chronic diseases of any other organ. Mental illness is a health problem not a social service one, and the Department of Health should be given the resources and responsibility to lead the charge.

Recommendation #3: The public education component of this public health approach should include a very specific message for employers.

The first step in motivating employers to act in the public interest is to draw attention to the corresponding business interest. Employers need a better understanding of the prevalence of mental illness and the likelihood that they currently employ individuals with mental health problems or illnesses. They need to recognize the high cost of untreated mental illness in terms of reduced productivity and increased health care utilization. They also need to recognize the potential of individuals with a variety of skills who want to work and happen to have a mental illness.

A public education campaign can highlight the business interest, with a message such as …

> *One out of every five Minnesotans has a mental illness. This means you employ people with mental illness, whether you know it or not. Mental illnesses require treatment – you can't expect people to "just get over it," or "shake it off." And yes, mental illnesses are often chronic, but they are treatable. With advances in medical science, mental health treatment is not a black hole for your healthcare dollar. With the right treatment and appropriate accommodations, individuals with mental illness can remain productive at work. With the wrong treatment – or no treatment at all – their mental illness will cost you money -- in reduced productivity, increased absenteeism, higher health care costs and employee turnover.*

Recommendation #4: Mental health and rehabilitation service providers could also help by working with representatives of the employer community to design, build and maintain a website that serves as a portal to useful, accurate information, especially for small and medium sized employers.

Once employers recognize the impact that poor mental health has on their workforce and their bottom line, they will need someplace to turn for information. This is especially true of smaller employers who don't have large human resource departments or in-house EAP professionals.

In today's world, a well designed website is the best way to provide these employers with the information they need to address the mental health and mental illness challenges in their workplace. The information on a website is available when an employer needs it and at no cost.

The committee envisions a site with information about best practices, community resources, legal requirements, and basic accommodations. It might provide information about common mental illnesses, as well as contact information for other employers that have addressed similar issues. The site could also include links to existing websites, such as the U.S. Department of Justice's ADA information page or the EEOC's homepage, and even provide customized feedback based on an employer's particular situation, as OSHA's website currently does.

Recommendation #5: For those with a disclosed mental illness, mental health and rehabilitation service providers could help by facilitating a better flow of appropriate information between employers and treatment providers.

The Department of Human Services, in partnership with the Department of Economic Security -- Rehabilitation Services, should bring together a group of treatment providers, insurance companies and both large and small employers for the specific purpose of designing a model work release form that asks the right questions, protects patient privacy and respects the time demands placed on mental health professionals.

As it stands now, employers complain that psychiatrists and psychologists don't provide them with the information they need to arrange reasonable and useful accommodations for employees with disclosed psychiatric disabilities. But in many cases employers are not asking the right questions.

Employers need to know the functional limitations that an employee is experiencing which will impact that employee's performance at work. Employers do not need details from their employee's health records or information about how the employee's mental illness will impact their personal or social lives. Psychiatrists and psychologists need to understand the realities of an average workplace and speak in a language employers can understand.

Convening representatives of the two sides to discuss these issues and create a model form for conveying information between them is a small step that would fill a currently unmet need.

Appendix: Work of the Committee

Background for the Study

Recent studies indicate that the American workforce is spending more hours at work than any other industrialized nation, taking less vacation time and experiencing significant stress juggling the multiple demands of the workplace and home. When surveyed about the qualities of the workplace that employees most value, a work environment that is sensitive to and responsive of employees' needs ranks higher than pay or benefits.

Although many companies have begun to address the physical health and well-being of their employees, less attention has been given to employees' mental health. The cost in lost productivity, as a result of this inattention, is significant. For example, recent data indicate that the economy loses over $10 billion annually because of the estimated 156 million days of work missed due to clinical depression. Employers are paying a large portion of this cost in the form of lost productivity and increasing health costs.

Of equal importance is the dwindling labor supply that is projected to continue well into the future. Meanwhile, persons who have a mental disorder remain a largely untapped resource. Many individuals with a mental disorder want to work and have a wide range of skills and qualifications that make them attractive job candidates. Yet 85 percent of persons with serious mental disorders are under or unemployed. This is, in part, a result of misperceptions about and stigma associated with mental illness.

Charge to the Committee

The Department of Human Services and the Department of Health charge the task force to study the following four questions:

1. What are the barriers/challenges to hiring and retaining persons who have mental health issues? What can be or has been done to covert these challenges to opportunities?

2. How do the mental health issues of employees and their dependents impact the workplace? Are there successful strategies/models to assure good mental health for employees that result in improved productivity and efficiency?

3. Is there a correlation between employee productivity and mental health benefits in employee health insurance plans?

4. Given the availability of persons who have serious mental disorders, who have a variety of job skills and who want to be gainfully employed, how can mental health and rehabilitation service providers develop/strengthen partnerships with the business community?

- Is the business community aware of the range of supports/services that are available in the state to assist persons who have a serious mental disorder obtain and retain employment?

- Are the current approaches effective?

- Are ongoing supports available and adequate to address employees' and employers' needs?

- Are reasonable, cost-effective accommodations available to employees? Are employers aware of the best practices in this area?

Committee Membership

The Adult Mental Health and Employment Study Committee was co-chaired by Mike Christenson and Jan Smaby. A total of 19 individuals took an active part in the work of the committee. In addition to the chairs, they were:

Doug Berg	Fred Knox	Nancy Schouweiler
Linda Ewen	Kelly Matter	David Sommer
Karen Ferrara	Mary McLeod	Terry VanderEyk
Sharon Foss	Hillary Mercer	Shane Weinand
Mary Ruth Harsha	Steve Miles	Jonette Zuercher
Carolyn Jones	Allan "Pat" Mulligan	

Meetings and Resource Testimony

The committee met for the first time on October 11, 2000 and concluded its deliberations on December 20, 2000. The committee met nine times, studied a large and varied amount of printed materials and heard from the following resource speakers:

Chris Bell - Attorney, Jackson Lewis Schnitzler & Krupman
Sandi Brown – MN Department of Human Services
Julie Brunner – MN Department of Health
Clair Courtney – MN Department of Economic Security
Sheila Hanschen – Mental health services consumer
John Le Breche – Mental health services consumer
Jan Malcolm – Commissioner, MN Department of Health
Sandra Meicher – Executive Director, Mental Health Assoc. of MN
Jim Ramnaraine – Hennepin County Human Resources Dept.
Susan Segal – Attorney, Jackson Lewis Schnitzler & Krupman

Staffing

This report was prepared by Kristine Lyndon Wilson. Administrative support was provided by Trudy Koroschetz and Gayle Ruther.

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