

Corporate Heroes: A Blueprint for Equalizing Mental Health Benefits

A Manual for Corporate Change
Prepared by the Mental Health Association of Greater Houston

“Removing obstacles to good mental health care makes good sense for the company, the family and, certainly, the individual.”

--Stanford Alexander, Chairman,
Weingarten Realty Investors

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Manual for Corporate Change

It takes only one to be a hero and bring mental health and hope to the lives of thousands. An effort by the Mental Health Association of Greater Houston (MHA Houston) to end discrimination against mental illness by companies who provide medical health coverage for employees has broadened to a corporate outreach that continues to expand. A few caring, savvy Houston business leaders embraced the concept and began offering mental health parity within their company insurance plans. As a result, nearly 200,000 people in the Houston area have the same medical coverage for mental illness as they do for physical illnesses such as heart disease and diabetes.

In the current political climate, we can't wait for Congress to enact more effective parity legislation. With large numbers of employees who need and deserve this coverage, individual employers can be persuaded to voluntarily make the change. Armed with/using the strong business case presented in this packet, you can approach employers in your area and applaud the results.

In Houston, Stanford Alexander, Chairman of Weingarten Realty Investors, a Fortune 500 firm, was the first to take on this parity conversion. Mr. Alexander, a member of the board of directors of MHAGH, surveyed his employees and found they were not seeking professional help or were paying for it out of pocket because of the stigma associated with mental illness. By offering mental health parity in May 2001, Weingarten, which had 266 employees, took a brave step in acknowledging mental illness as a very real and treatable disease.

“Our family has been touched by this silent (debilitating) mental illness, just as one in five Americans will during their lifetime,” Mr. Alexander said. “These are not illnesses of choice, nor are they character defects. They are biologically based imbalances in the brain,” he said, adding, “The predominant health providers should not be our streets or our jails.”

Within months, Jim Hackett, CEO of Ocean Energy, and Jack Sweeney, President and Publisher of The Houston Chronicle, followed Weingarten's lead and announced they would offer full parity on January 1, 2002. In August 2002, Robert C. McNair and Philip Burguières, Owner and Vice-Chair respectively of the Houston Texans, announced the ball club would be the first National Football League franchise to voluntarily offer mental health parity. Conn's Appliances was next to join the growing group of businesses offering mental health parity. Devon Energy Corporation, after merging with Ocean Energy in 2003, adopted parity. Anadarko Petroleum Corporation voluntarily adopted parity in 2004. Currently, twelve companies are on the MHA Houston Corporate Honor Roll.

The business community listens to a cause that makes sound business sense. Employers can reduce disability cases, lost workdays and employee turnover by providing mental health parity. Employers are learning that this adjustment in health coverage can even improve their company's bottom line. By reaching out to corporations in this way, you can see the number of employers with mental health equality in your area begin to grow.

It takes only one--one small step, one heroic individual, one leading organization--to initiate this change. Is there a business leader in your community who can lead the charge?

Purpose of the Blueprint

The Mental Health Association of Greater Houston hopes the Blueprint will help other chapters around the country undertake a drive for voluntary equalization of mental health benefits. The Blueprint offers the experience and materials used by MHA Houston in its corporate campaign to educate human resource officers and CEOs about the feasibility and benefits of removing archaic and arbitrary limits to mental health coverage. The project incorporates a rationale, background information, materials and activities that might be replicated or used as a spur to design a locally relevant approach to the corporate community.

MHA Houston envisions multiple efforts throughout the country resulting in national visibility for the corporate leaders who embrace this much-needed change, lighting the way for others throughout the country to follow.

Using the Blueprint

The manual is tailored to other MHA chapters, most likely those in larger urban areas with a sizeable employment base. The outreach initiative makes most sense for larger, locally-based companies that are self-insured. These are usually the companies with the resources and the autonomy to make this change in their benefit design plans. Can small companies participate? It depends on the insurance market in the local area and the regulations that govern it. In Texas, for instance, it is difficult for small employers to equalize benefits because they are restricted to the products regulated by the state unless they self-insured. Each community will have somewhat different circumstances, but the overall concept of presenting corporate leaders with the business case and asking them to prioritize equalized benefits can be replicated anywhere, whether with one corporation or many.

Included in the Blueprint

The following topics are explored:

- Why a voluntary effort?
- Getting started
- Research
- The Business Case for Mental Health Parity
- Developing Target Companies
- Suggested activities
 1. CEO cultivation
 2. Corporate parity events
 3. Educating the HR professionals
 4. Media campaign
 5. Individual visits
- Materials
 1. Brochure: Mental Health Issues Are Costing Your Company More Than You Think
 2. PowerPoint presentation of the business case
 3. Side-by-Side Benefit Comparison
 4. Data report
 5. Sample letters
 6. Research handout: compilation of cost and cost offset information

Why a Voluntary Effort?

Legislative reform remains important to close the loopholes in the 1996 federal parity law. It is crucial to continue to work actively in the political arena to resist efforts to eliminate the protections that currently exist. And, most state laws, limited in their application and excluding self-insured companies, could be improved. However, in addition to advocacy efforts, it is important to consider the merits of seeking voluntary change from corporations willing to adopt more enlightened policy. In each company that makes this change, employees enjoy improved access to mental health coverage. This is immediate action you can take that directly benefits businesses and their employees. In addition, highlighting the benefits achieved by these businesses as a result of voluntarily implementing parity can strengthen advocacy efforts for legislative reform at both the state and federal levels.

Getting Started

This initiative differs from typical advocacy efforts geared to the public arena. Elected officials expect your input, but CEOs and human resource officers typically do not have time in their day set aside for appeals from advocates. Even though the goal of initiating mental health parity is the same, the audience is quite different. This initiative resembles a fundraising campaign and borrows from the techniques that are successful in this arena: personal contacts, solid case statement and prospect research.

Start with one corporate champion – a longtime supporter at the CEO level who understands why mental health treatment is important (sometimes you have to look no further than your own Board of Directors). Ask this individual to consider making the change in their own company and to stay involved with the initiative after doing so. Your champion can work with you to begin the process of opening doors at other firms.

There is no cookie-cutter formula that works in every case. Realize that this initiative takes time, patience and tact. The results are worth the effort.

Doing the Research

You will want to know if your state has a parity law and, if so, how it impacts employer-based mental health coverage. These laws vary widely in the 40 plus states that have them, and may or may not apply to your prospect company. Many state laws exclude small companies, and self-insured companies are exempt.

The impact of untreated mental illness on business is well-documented. The literature includes numerous studies on absenteeism, presenteeism, other health care costs and measures of productivity that are affected by mental illness. One simple resource that is valuable for businesses is the Depression Calculator at www.depression-primarycare.org/organizaitons/employers . It offers a business an easy way to learn how untreated mental illness affects the bottom line.

A third area of research is the cost of parity. Numerous national studies reveal the minimal incremental cost of a benefit plan that offers comprehensive mental health parity.

The Blueprint includes in the materials section an extensive summary of much of the research in this area.

The Business Case: Mental Health Issues Are Costing Your Company More Than You Think

Compelling research documents the cost of untreated mental health issues in the workplace and how this impacts the bottom line. Discerning corporate leaders will find these facts and figures hard to ignore, even in an era of rising health care costs. In companies in which employees have improved access to effective mental health care, research indicates that productivity increases and overall health care costs decrease. MHA Houston presents much of this information in a brochure it developed entitled, “Mental Health Issues Are Costing Your Company More Than You Think.”

Clinical depression is one of the most common mental illnesses, affecting one in 10 working-age adults. While this disorder can be treated cost-effectively, many employees fail to seek treatment because of lack of adequate insurance coverage and because of stigma. Employees with depression lose 4.1 more hours per week in productive time than those without depression. In a company of 1,000 employees, this equates to 19,300 hours of lost productivity annually. American workers lose 200 million work days to depression each year, at a cost of \$44 billion to employers for direct treatment, absenteeism, lost productivity and mortality.

Equalizing mental health benefits with benefits for other health care results in an incremental cost of about one percent of total medical plan expenses. This small cost can be offset by improved employee performance and reduced rates of illness, absenteeism, accidents and turnover. The brochure includes a hypothetical illustration. In a company with 1,000 employees, the cost of providing equal mental health benefits would be about 1.4 percent, or \$98,000 based on an average medical plan cost of \$7,000. This same company would save \$239,320 a year in increased productivity by treating employee depression alone. As many as 10% of senior executives have some symptoms of depression. Depression, though, is not the only treatable mental illness that affects employees. In any given year, some form of mental illness affects one out of five adults.

The low cost of implementing parity in the managed care era has been effectively documented, and a growing body of research reinforces the connection between mental health treatment and improved productivity. A recent report from the National Business Group on Health offers a roadmap and recommendations for employers who want to improve their benefit design for behavioral health care. Called *An Employer's Guide to Behavioral Health Services*, this report from an organization that exists to help employers cope with rising health care costs, strengthens what forward-thinking business leaders know already: the link between employee behavioral health issues and business productivity creates a strong business case for equalizing benefits for behavioral health.

Business leaders are beginning to accept the need to address mental health issues, and the benefits to the bottom line can be a powerful motivation for change. While this connection is obvious to mental health advocates, it may take your efforts to focus the attention of the corporate community on a win-win solution for employer and employee alike.

In the words of Jim Hackett, CEO of Anadarko Petroleum Corporation:

“We see mental health parity as a wise business productivity approach as well as a basic fairness issue. Medical advancements make these types of illnesses treatable, and coverage can be secured at a reasonable cost.”

Creating a Targeted List of Companies

Who should you approach? First, look at those companies with whom you already enjoy a strong relationship. A connection with the company goes a long way toward ensuring success. Direct mailing or other broad-stroke approaches may seem more efficient, though our experience with this has not been fruitful. Ask your board members about their companies or others where they can open doors for you.

The company's insurance plan is proprietary information so a diplomatic approach is crucial, and even so, encountering lack of interest or enthusiasm is not uncommon. Patience and persistence pay off.

As you expand the project, you may want to look at the top employers in your area and cultivate a contact who can arrange an introduction.

Self-insured companies are the best target for this initiative. Smaller companies may be interested, but depending on your state's insurance regulations, may find that a fully-insured product that offers comprehensive mental parity is unavailable to them. You might consider a separate role for these companies, such as an advocacy group to lobby for inclusion of small businesses in the state parity law.

Strategies for Success

- CEO cultivation. The primary goal is expansion of the number of companies that offer comprehensive mental health parity. The most direct way to accomplish this is through cultivation of CEOs of major area employers. Using an enlightened, influential CEO to encourage other CEO's to make this change can be a useful strategy.
- Parity-related events. Try inviting business leaders to a presentation of your business case. You might sponsor a downtown breakfast or luncheon to draw busy executives to hear your message.

- Educate the Human Resources community. HR officers belong to a number of professional organizations that sponsor conferences, luncheons and symposiums. Get on the program with your speaker and your PowerPoint. In some companies, the HR officer can initiate changes in the benefit design plan.
- Media campaign. Both mainstream media and trade publications are receptive to covering what they perceive as an important policy issue that is being addressed in an innovative manner. You can easily garner initial attention and ask again with new milestones.
- Individual visits. Presenting the business case one-on-one to CEO's or HR officers provides an intimate setting for you to become better acquainted with the company's unique healthcare needs and concerns and answer any questions they may have.

Helpful Materials

- MHA Houston's business case in brochure format. "Mental Health Issues Are Costing Your Company More Than You Think". The copyrighted brochure is available for your use, with proper credit to MHA of Greater Houston.
- PowerPoint presentation of the business case. Ideal for presentations to the business community or human resource officers.
- Side-by-side benefit comparison. This one-pager is ideal to use in talking with human resource officers to determine whether the company in question has differences between mental health and other health care coverage.
- Data request letter: You will want to know that implementing equal benefits is not cost-prohibitive to the company. You might request raw cost data, but companies may be more willing to share their cost experience in a more general way. A sample follow-up letter is included.
- Peer-to-peer sample letter. Your corporate champions may wish to reach out to their peers. Enclosed is a letter for this purpose that you can modify.
- Research. A great deal of data from national studies on productivity and mental health is summarized in the enclosed table.

Appendix

Helpful Materials

Equalizing Mental Health Benefits

Mental Health Association of Greater Houston

This brochure contains compelling information to confront the facts about the cost of mental illness in the workplace and counters a faulty design feature in many group medical insurance plans. This feature places arbitrary limits on mental health coverage and may take the form of limits on the number of days that a patient with a mental illness may receive treatment, or the imposition of higher than usual deductibles or co-pays.

The flawed premise underlying these limits is the belief they are necessary to hold down costs. In fact, these limits to accessing needed care for employees and their families poses a significant cost to employers in the form of higher medical claims for the consequences of untreated mental illness, lost productivity, absenteeism, and mortality.

Data from a number of Houston corporations that have equalized mental health benefits with those of other medical and surgical benefits strongly suggests that the cost for doing so is minimal and the benefits in increased productivity are significant.

More and more companies are challenging the conventional wisdom that mental health benefits must be capped. Their leaders are secure in the knowledge that managed care can prevent abuse, that insurance equality for mental health is affordable and that it is good for business since treatment for mental illness is more effective than ever before, enabling the majority of its victims to lead normal, productive lives. We hope that you have or will do the same. It is a win-win for your company and your employees.

Corporate Honor Roll for Equal Mental Health Benefits

The Houston Chronicle ConocoPhillips CenterPoint Energy Weingarten Realty Investors
Gallery Furniture Devon Energy Corporation St. Luke's Episcopal Hospital
Conn's Appliances Anadarko Petroleum Corporation El Paso Energy The Houston Texans
FMC Technologies Plains Exploration & Production Company Halliburton KBR

For more information on how your corporation could benefit from equal mental health coverage,

Betsy Schwartz
Director
Andrea Hinckson
Director of Public Policy
Peggy D'Hemecourt
Vice President, Board of Directors

Mental Health Association of Greater Houston
2211 Norfolk, Suite 810
Houston, Texas 77098
713-523-8963



Equal Benefits PowerPoint

MENTAL HEALTH ISSUES ARE COSTING



YOUR COMPANY MORE THAN YOU THINK

Rethink Mental Health Coverage

- Mental illness affects 1 out of 5 adults
- Mental illness affects 1 out of 4 families
- 10% of working age adults are affected by clinical depression annually
- 10% of senior executives have at least some symptoms of depression
- 5% of employees experience depression at any one time

No organization is immune

Rethink Mental Health Coverage

- Employees with depression lose 4.1 more hours/week in productive time
- Employees with untreated mental disorders incur medical expenses that are 4.5 times higher than for other employees

Impacts an organization's bottom line

Business Case for Equalizing Mental Health Coverage

If employees with depression receive treatment,

Productivity Improvement Gains
exceed

Incremental Medical Plan Cost

Get Smart About Mental Health Issues

- Mental illnesses are biologically based, like diabetes and cardiovascular disease
- Why do many group insurance plans limit access to mental health care?
 - Day limits on treatment
 - Higher deductibles
 - Higher co-insurance

Get Smart About Mental Health Issues

- Mental health insurance equality in managed care environment raises insurance costs approximately 1%
- Offsetting savings result from improved employee performance, lower illness rates, absenteeism and turnover, and fewer accidents

Successes in Houston

- 2 years of insurance plan data for Weingarten Realty Investors, the *Houston Chronicle* and Devon Energy Corporation
 - Average annual increase in mental health benefits was less than 1% of total medical plan expense
 - The highest annual increase in mental health benefits for any single company was 1.6% of total medical plan expense

Successes in Houston

- Weingarten Realty Investors
- Anadarko Petroleum Corporation
- The *Houston Chronicle*
- Devon Energy Corporation
- The Houston Texans
- Conn's Appliances
- Halliburton
- El Paso Corporation

Over 150,000 lives affected

Improve Lives and Productivity

- Providing equal insurance coverage
 - Encourages employees and family members to seek treatment
 - Helps lift the stigma of mental illness
 - Is the fair and responsible thing to do

Hypothetical Company Illustration

- Potential savings based on depression diagnosis, alone
- One-year period
- 1,000 employees
- 100 employees with depression
- 4.1 hours/week lost productivity for employees with depression

Hypothetical Company Illustration

Estimated Cost of Insurance Equality		Potential Savings Realized	
Medical Plan Cost Per Employee Per Year	\$7,000	Lost Productivity Per Year by Employees With Depression	19,300 hrs.
Cost of Equalizing Mental Health Benefits (% of Total Medical Plan Expense)	1.4%	Productivity Gain (Assuming 89% Treatment Success Rate)	15,440 hrs.
Incremental Cost Per Employee Per Year	\$98	Average Rate of Pay	\$15.50/hr.
Incremental Cost	\$98,000	Productivity Savings	\$239,320
SAVINGS PER 1,000 EMPLOYEES PER YEAR		\$141,320	

Act Now

- Discuss the rationale for equal mental health coverage with human resources manager
- Discuss desired changes with benefits consultant or insurance company
- Obtain cost estimates for equalizing coverage
- Communicate plan improvements to employees

Act Now

- While employees might press for other benefits, many keep the need for mental health coverage to themselves
- Be in vanguard of employers lifting the lingering stigma of mental illness to improve bottom line results

"We see mental health parity as a wise business productivity approach as well as a basic fairness issue. Medical advancements make these types of illnesses much more treatable, and coverage can be secured at a reasonable cost."

— Jim Hackett, CEO
Anadarko Petroleum Corporation

"Removing obstacles to good mental health care makes good sense for the company, the family and, certainly, the individual."

— Stanford Alexander, Chairman,
Weingarten Realty Investors



The mission of the Mental Health Association of Greater Houston is to promote mental health and to improve the care and treatment of persons living with mental illness through education and advocacy. The Mental Health Association of Greater Houston is an affiliate of the Mental Health Association in Texas and the National Mental Health Association. Its programs serve all residents of the Greater Houston area.

MENTAL HEALTH ASSOCIATION OF GREATER HOUSTON
2211 Norfolk, Suite 810 • Houston, TX 77098
www.mhahouston.org
A United Way Agency
Copyright Pending

Sample CEO Outreach Letter

We are writing to you on behalf of the Mental Health Association of Greater Houston. One of MHA's strategic goals is to increase the prevalence of employee medical plans that provide coverage for mental health services that is equivalent to coverage for other medical services. To that end, MHA wishes to identify and showcase Houston companies that have already achieved this equality in insurance coverage and to engage those which haven't in a dialogue concerning the merits of making such a change.

Many medical plans place limits on participants' access to mental health services that they do not place on other healthcare services. Our belief is that these limits have their origins in decades-old cost containment efforts that are no longer necessary, given the advances in treatments for mental illness and the efficacy of modern healthcare delivery models involving managed care and case management. Yet good business professionals, including ourselves until just a few years ago, frequently overlook this dinosaur in their benefit plan designs.

We are writing to ask that you take a few minutes to review your company's medical plan's mental health coverage. Please ask your human resources manager to complete the enclosed form and review the result with you. You will easily be able to determine whether or not your plan provides equal coverage for mental health, as compared to other physical health conditions.

An MHA representative will be contacting you in the next few weeks. If your company has equality in coverage for mental health, we applaud you and ask that you give MHA permission to include your company's name in marketing campaigns showcasing the companies that provide equitable mental health insurance coverage. If your company is not yet providing equitable coverage, we ask that you give it serious consideration. MHA representatives are available to talk with you or your designate about the change process, and can provide data on the companies that have already equalized their mental health coverage, to ease your cost concerns.

Thank you in advance for taking the time to look at your mental health insurance coverage. Research indicates that mental illness, especially depression, carries a high cost for employers in the form of higher than normal absenteeism, higher general medical expenses and lost productivity. Yet there are effective, cost-effective treatments for mental illness. Most if not all of the additional treatment costs that result from enhancing your benefit plan may be offset by reductions in absenteeism and general medical expenses and improvements in productivity. It's good for your employees and your business.

Sincerely,

James T. Hackett
President & CEO
Anadarko Petroleum Corporation

Stanford Alexander
Chairman
Weingarten Realty Investors



Companies that have achieved Equality in Mental Health Insurance Coverage

Anadarko Petroleum Corporation

Conn's Appliances

Devon Energy Corporation

Halliburton, U.S.

KBR, U.S.

The Houston Chronicle

The Houston Texans

Weingarten Realty Investors

Sample Cover Letter For Side By Side

Thank you for your interest in insurance parity for mental health. MHA actively supports mental health parity legislation at the state and national level. We also reach out individually to Houston-area employers to share our research on the many benefits to employers who equalize coverage for mental health in their health insurance plan design.

In order to clarify what is meant by mental health parity, please refer to the side-by-side comparison chart included for your use in determining if your coverage offers comprehensive mental health parity.

If your coverage is, in fact, equal, that puts your company in the vanguard in this regard, and we would very much like to include you on our corporate honor roll of companies.

If it appears there may be improvements that could be made, we encourage you to consider the costs and benefits described in the enclosed brochure and to consult with your human resource officer to explore making changes to the plan.

The experience of the companies that have been working with us on this project lead us to believe that implementing mental health parity is both manageable and beneficial. Thank you again for considering this issue, and I would be pleased to answer any questions you may have or to connect you with other corporations that have made this change.

Benefit Side By Side Comparison

Your Company's Healthcare Coverage

Compare the medical plan design features for general medical/surgical services to those for mental health services.

Benefit Coverage	Medical/Surgical Services	Mental Health Services
Office Visit Copay		
Co-Insurance		
Annual Deductible		
Annual Out of Pocket Maximum		
Maximum # of outpatient office visits allowed per year		
Maximum # of inpatient days allowed per year		

GOAL

End discrimination in insurance coverage for mental health services by equalizing copays, co-insurance, deductibles, and out of pocket maximums with those for medical/surgical services and by eliminating office visit limits and hospital day limits for treatment of mental health problems.

Sample Event Invitation

You are invited to join a select group of Houston's corporate leaders for a breakfast briefing at (insert details). The presentation, ***The Business Case for Equitable Mental Health Coverage: Improving the Bottom Line without Breaking the Bank***, will provide some thought-provoking facts about group insurance mental health coverage that you can use to evaluate improvements to your company's health plan.

Five Houston corporations have experience with voluntarily providing mental health benefits that have no more restrictions than their medical/surgical benefits. Executives at the following corporations urge you to learn more about their experience – including cost data, in providing a benefit that can make a critical difference in the lives of employees who need it:

- Weingarten Realty Investors
- Devon Energy Corporation
- *The Houston Chronicle*
- The Houston Texans
- Conn's

As a business leader, you are very aware of rising health care costs and some of the measures that attempt to contain them. You may not, though, have made a connection between restricting mental health benefits in your benefit design package and a corresponding increase in costs for other medical conditions.

This is just one of several facts about mental health coverage that might not be readily apparent unless your organization has made a thorough investigation of the costs and benefits of equitable mental health coverage.

Our presenters have much good news to share.

Signed by CEO and Board President

Research Studies on Mental Health Benefits

Category		Statistics/Information	Source
1. Prevalence of Mental Illness in Workplace	a.	Depression ranks among the top three workplace problems.	National Mental Health Association and Employee Assistance Professionals Association: "Depression: Its Effects on the Workforce," <i>Exchange</i> , 26:5 (1996).
	b.	Of the 11 million individuals who suffer from depression in any given year, approximately 7.8 million are found in the workplace. The annual cost per employee is \$4,200.	Journal of the American Medical Association; 1997; 277:333-340 - Coalition for Fairness in Mental Illness Coverage, "Employers Should Support Mental Health Parity"
	c.	At any one time, one out of every 20 employees experiences depression.	National Institute of Mental Health: "What To do When an Employee is Depressed," Accessed July 6, 1999. Netscape: http://www.nimn.nih.gov/depression/employee/emp.htm .
	d.	As many as 10% of senior executives have at least some symptoms of depression.	<i>Mental HealthWorks</i> - "Executive Distress and Organizational Consequences," First Quarter 2003
	e.	Clinical depression alone affects 1 in 10 working-age adults annually.	<i>International Labor Organization/World Health Organization Report on Mental Health and the Workplace</i>
	f.	Mental illness affects 1 out of 5 adults and 1 out of 4 families.	International Labor Organization/World Health Organization Report on Mental Health and the Workplace
	g.	In a study conducted at First Chicago Corporation, depressive disorders accounted for more than one-half of all mental health problems. The amount for treatment of these claims was close to the amount spent on treatment for heart disease.	Conti, D.J., Burton, W.N."The Economic Impact of Depression in a Workplace," <i>Journal of Occupational Environmental Medicine</i> , 1994; 36:987.

Category		Statistics/Information	Source
	h.	Study assessed 46,026 employees who completed a common health risk appraisal. These employees represented six large employer : Chevron Corporation, Health Trust, Inc., Hoffman-LaRoche, Marriott Corporation, and the states of Michigan and Tennessee. Of all factors - including such things as smoking, high cholesterol, and high blood pressure - depression proved to be the most costly. Those with depression had overall medical claims 70.2 % higher than the average (thus reinforcing the notion that you can either treat the problem or treat its numerous medical consequences).	The HERO Study on Risks and Costs: Research Findings, by William Whitmer, Ron Goetzel and David Anderson, 1999
		Depression isn't the only mental illness permeating the office. Anxiety, stress, posttraumatic stress disorder, and panic disorders affect more than 40 million American adults annually, according to the National Institute of Mental Health.	Widmer, Lori. "A not-so-hidden workplace cost: employers bear the costs of depression, stree, and other mental illnesses in the form of lost productivity, absenteeism, and higher disability costs. Here's why you shouldn't ignore these conditions - Disability." <u>Risk & Insurance</u> . 2002 Axon Group. 2002 Gale Group. < http://www.findarticles.com/p/articles/mi_mOBJK/is_8_13/ai_89018208/print >.
		Almost 14 percent of the U.S. population suffers from a major mental illness or from substance abuse	Widmer, Lori. "A not-so-hidden workplace cost: employers bear the costs of depression, stree, and other mental illnesses in the form of lost productivity, absenteeism, and higher disability costs. Here's why you shouldn't ignore these conditions - Disability." <u>Risk & Insurance</u> . 2002 Axon Group. 2002 Gale Group. < http://www.findarticles.com/p/articles/mi_mOBJK/is_8_13/ai_89018208/print >.

Category		Statistics/Information	Source
		About 1 in 4 Americans will suffer a serious mental disorder in their lifetime.	Widmer, Lori. "A not-so-hidden workplace cost: employers bear the costs of depression, stree, and other mental illnesses in the form of lost productivity, absenteeism, and higher disability costs. Here's why you shouldn't ignore these conditions - Disability." <u>Risk & Insurance</u> . 2002 Axon Group. 2002 Gale Group. < http://www.findarticles.com/p/articles/mi_mOBJK/is_8_13/ai_89018208/print >.
		Depression has out-stripped cardiovascular disease as the fastest growing category of work days lost to disability in Canada while mental health issues overall are causing increased use of group benefit plans, including increased use of short-term disability claims in workplaces, indicates a survey by Mercer Human Resource Consulting on behalf of Mental Health Works. (A Canadian Mental Health Association, Ontario) project.	"Depression passes heart ills as cause for work absence." <u>Community Action</u> . 16 August 2004 Gale Group. < http://www.findarticles.com/p/articles/mi_mOLVZ/is_1_20/ai_n6213055/print >.
		Mental health is present in many disability cases, according to a recent study by Cigna. The study found that in almost half the disability cases, depression is a secondary factor. "Behavioral health conditions, when associated with a medically related disability, result in poorer outcomes," says Barton Margoshes, chief medical officer, Philadelphia-based Cigna Group Insurance. Chronic pain, heart disease, diabetes, asthma and low back pain are often associated with higher rate of depression, he says.	Toran, Mindy W. "Making mental connections: behavioral health issues are often overlooked in disability claims, yet they can have a big impact on return-to-work rates. Early diagnosis and treatment of mental health issues are now recognized as critical steps in managing disability." <u>Risk & Insurance</u> . May 2005 Axon Group. Gale Group. < http://www.findarticles.com/p/articles/mi_mOBJK/is_6_16/ai_n13726609/print >.
		Mental health disorders represent one of the most common Problems facing adults in the labor force.	Lindrooth, Richard C. "The effect of expanded mental health benefits on treatment initiation and specialist utilization." August 2005 <u>Health Services Research</u> . American College of Healthcare Executives. Gale Group. < http://www.findarticles.com/p/articles/mi_m4149/is_4_40/ai_n15338158/print >.

Category		Statistics/Information	Source
2. Cost of Mental Illness in Workplace	a.	200 million work days are lost each year to depression.	"The Economic Burden of Depression in 1990", Journal of Clinical Psychiatry 1993; 2:32-35
	b.	Annual cost of untreated mental illnesses exceeds \$300 billion, primarily due to productivity losses (missed days of work and premature death).	National Institute of Mental Health - Coalition for Fairness in Mental Illness Coverage - "Employers Should Support Mental Health Parity"
	c.	Each year, depression costs the U.S. economy \$43.7 billion dollars, including \$31.3 billion for indirect costs, such as decreased productivity and lost work days, and \$12.4 billion in direct costs, such as medication and physician time.	Greenberg, P.E. Stiglin, L.E., Finkelstein, S.N., Berndt, E.R.: "The Economic Burden of Depression in 1990," <i>Journal of Clinical Psychiatry</i> 1993; 2:32-35.
	d.	Cost of untreated and mistreated mental illness to American businesses, government and families has grown to \$113 billion annually.	Rice, P. Dorothy, and Leonard, S. Miller. (1998). Health economics and cost implications of anxiety and other mental disorders in the United States. <i>British Journal of Psychiatry</i> , 173(34): 4-9.
	e.	The combined indirect and related costs of mental illness, including costs of lost productivity, lost earnings due to illness, and social costs are estimated to total \$48 billion	NAMHC 1993 - NMHA - "Why Mental Health Parity Makes Economic Sense"
	f.	A 30% cost reduction in mental health services at a large Connecticut corporation triggered a 37% increase in medical care use and sick leave by employees using mental health services, thus costing the corporation more money rather than less.	<i>Yale Bulletin & Calendar</i> , September 20-27, 1999 - National Mental Health Association "Why Mental Health Parity Makes Economic Sense."
			Depression can be one of the most devastating illnesses to a company's bottom line.

Category		Statistics/Information	Source
		<p>"But as the insurance industry and business groups fight against 'mental health parity,' the costs of such illnesses are borne by employers in other ways." A U.S. Surgeon General's report in 1999 found that lost productivity and absenteeism due to untreated mental health disorders cost American businesses \$70 billion annually.</p>	<p>Widmer, Lori. "A not-so-hidden workplace cost: employers bear the costs of depression, stree, and other mental illnesses in the form of lost productivity, absenteeism, and higher disability costs. Here's why you shouldn't ignore these conditions - Disability." <u>Risk & Insurance</u>. 2002 Axon Group. 2002 Gale Group. <http://www.findarticles.com/p/articles/mi_mOJBK/is_8_13/ai_89018208/print>.</p>
		<p>According to statistics from The Center for Reintegration Inc., North Bergen, N.J., five out of the 10 causes of disability are related to mental illnesses.</p>	<p>Widmer, Lori. "A not-so-hidden workplace cost: employers bear the costs of depression, stree, and other mental illnesses in the form of lost productivity, absenteeism, and higher disability costs. Here's why you shouldn't ignore these conditions - Disability." <u>Risk & Insurance</u>. 2002 Axon Group. 2002 Gale Group. <http://www.findarticles.com/p/articles/mi_mOJBK/is_8_13/ai_89018208/print>.</p>
		<p>Says Dr. Ron Leopold, national director, MetLife Disability, 10 percent of long-term disability and six percent of short-term disability claims are due to psychiatric disorders. "For an employer of 1,000 employees, it will be about 100 short-term disability claims, seven of which will be for psychiatric causes," he says. "Relative to the other types of short-term disability claims, the psychiatric claims tend to result in much longer duration or days missed from work. They're the most difficult to manage. In short-term disability, 50 percent of our claims for mental disability are for depression," Leopold says.</p>	<p>Widmer, Lori. "A not-so-hidden workplace cost: employers bear the costs of depression, stree, and other mental illnesses in the form of lost productivity, absenteeism, and higher disability costs. Here's why you shouldn't ignore these conditions - Disability." <u>Risk & Insurance</u>. 2002 Axon Group. 2002 Gale Group. <http://www.findarticles.com/p/articles/mi_mOJBK/is_8_13/ai_89018208/print>.</p>
		<p>According to Business Wire magazine, lost productivity and absenteeism resulting from mental illness cost businesses almost \$312 billion each year.</p>	<p>"Magellan's Employee Assistance and Managed Behavioral Health Programs Improve Workplace Productivity; Employees Report Fewer Problems with Productivity, Absenteeism and Tardiness." <u>Business Wire</u>. 14 July 2003 <http://www.findarticles.com/p/articles/mi_OEIN/is_2003_July_14/ai_105400633/print>.</p>

Category		Statistics/Information	Source
		A study by the president's New Freedom Commission on Mental Health estimated that \$63 billion vanished last year from American businesses because of lost productivity and absenteeism in the workplace brought on by mental illness.	Kissinger, Meg. "Employers must deal with mental health issues: Forum to examine depression, other illnesses in workplace." <u>The Milwaukee Journal Sentinel</u> 31 October 2004 ProQuest Information and Learning Company. < http://www.findarticles.com/P/articles/mi_qn4196/is_20041031/ai_n10999653/print >.
		Employed adults with major depression come to work but can't concentrate, losing about eight hours of productivity a week.	"Depression cost: one day per week." <u>USA Today</u> . July 2003 Work & Family Connection, Inc. Gale Group. < http://www.findarticles.com/p/articles/mi_mOIJN/is_2003_July/ai_105408423/print >.
		AdvancePCS Center for Work & Health studied 9,000 Americans. Study leader Ron Kessler of Harvard Medical School said the average person with depression can't work or do normal activities for five weeks out of the year. That makes depression the leading cause of lost work days, compared with an average of 15 days out of commission for people with diabetes or hypertension.	"Depression cost: one day per week." <u>USA Today</u> . July 2003 Work & Family Connection, Inc. Gale Group. < http://www.findarticles.com/p/articles/mi_mOIJN/is_2003_July/ai_105408423/print >.
		Depressed workers lose about 5.6 hours of productive time on the job each week, compared with an average of 1.5 hours for workers who are not depressed, according to an article in the June 2003 issue of the Journal of the American Medical Association.	Toran, Mindy W. "Making mental connections: behavioral health issues are often overlooked in disability claims, yet they can have a big impact on return-to-work rates. Early diagnosis and treatment of mental health issues are now recognized as critical steps in managing disability." <u>Risk & Insurance</u> . May 2005 Axon Group. Gale Group. < http://www.findarticles.com/p/articles/mi_mOBJK/is_6_16/ai_n13726609/print >.

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		In 2003, psychiatric claims made up 7 percent of all of MetLife's short-term disability claims. The majority of them (55 percent) were related to depression. Another 30 percent were related to stress and anxiety. Taken together, these conditions may cost U.S. employers an estimated \$344 billion annually in lost productivity and medical fees, according to MetLife.	Toran, Mindy W. "Making mental connections: behavioral health issues are often overlooked in disability claims, yet they can have a big impact on return-to-work rates. Early diagnosis and treatment of mental health issues are now recognized as critical steps in managing disability." <i>Risk & Insurance</i> . May 2005 Axon Group. Gale Group. < http://www.findarticles.com/p/articles/mi_mOJBK/is_6_16/ai_n13726609/print >.
3. Impact of Absenteeism due to Mental Illness	a.	In 1995 clinical depression cost American businesses \$28.8 billion a year in lost productivity and worker absenteeism.	MIT Sloan School of Management report - Coalition for Fairness in Mental Illness - "Pass Mental Health Parity Now! End Discriminatory Mental Health Coverage"
	b.	The annual economic cost of depression is \$600 per depressed worker, with only one-third of these costs for treatment, while two-thirds are costs related to absenteeism and lost productivity.	Greenberg, P.E., Stiglin, L.E., Finkelstein, S.N., Berndt, E.R.: "The Economic Burden of Depression in 1990," <i>Journal of Clinical Psychiatry</i> 1993; 2:32-35.
	c.	An estimated 200 million work days are lost each year due to employee depression.	Greenberg, P.E., Stiglin, L.E., Finkelstein, S.N., Berndt, E.R.: "The Economic Burden of Depression in 1990," <i>Journal of Clinical Psychiatry</i> 1993; 2:32-35.
	d.	Depression costs \$11.7 billion due to excess absenteeism - 1993 study.	Business & Health Institute - "Depression in the Workforce" - by Emil Vernarec, Managing Editor
	e.	The annual cost to employers for absenteeism ranged from \$10,000 for small organization to over \$3 million for large organizations.	CCH Incorporated 1998 Unscheduled Absence Study
4. Impact of Presenteeism due to Mental Illness	a.	The loss of productivity includes the costs of absenteeism and the phenomenon of showing up sick but working through it, called presenteeism - such performance accounted for 80 percent of the lost productivity.	The Atlanta Journal-Constitution "Depression costs firms \$31 billion every year" by Patricia Guthrie
	b.	Presenteeism on the average costs 4 hours of lost work time a week because employees are not performing at a level they would without depression.	<i>The Atlanta Journal-Constitution</i> "Depression costs firms \$31 billion every year" by Patricia Guthrie

Category		Statistics/Information	Source
	c.	Depression-related presenteeism can generate up to 30 times more lost productivity than absenteeism.	<i>Mental HealthWorks</i> - "Lost Productive Time and Pain; Pain and Depression" Third Quarter 2003
	d.	Depression costs \$12.1 billion due to reduced capacity on the job - 1993 study.	Business & Health Institute - "Depression in the Workforce" - by Emil Vernarec, Managing Editor
	e.	American workers with depression cost employers an estimated \$44 billion per year in lost production time compared with \$13 billion per year among workers without depression.	"Widespread Depression Costs Employers Billions" by Krisha McCoy, MS - http://www.caromont.org/14947.cfm/InFrame
	f.	Bank One study - total productivity losses resulting from mental health disorders - of which depression was the most common - ranked second, accounting for an average total work time loss of around 13 hours per week.	Business & Health Institute - "Depression in the Workforce" - by Emil Vernarec, Managing Editor
	g.	Workers with depressive disorders reported 5.6 hours per week of health-related lost production time, compared to 1.5 hours per week for workers without depression.	"Widespread Depression Costs Employers Billions" by Krisha McCoy, MS - http://www.caromont.org/14947.cfm?InFrame
	h.	82.1 % of the lost production time among depressed participants occurred at the workplace.	"Widespread Depression Costs Employers Billions" by Krisha McCoy, MS - http://www.caromont.org/14947.cfm?InFrame
	i.	Many Americans with major clinical depression don't take sick days. They show up and work through the fog of inattentiveness, irritability and sadness, said Walter Stewart, lead researcher of a new study of the depressive disorder.	<i>The Atlanta Journal-Constitution</i> "Depression costs firms \$31 billion every year" by Patricia Guthrie
		The Harvard Business Review estimates that presenteeism costs American businesses \$150 billion annually in direct and indirect costs.	Dixon, Keith. "Weighing the costs of presenteeism: CEOs may be burning out their workforces." <i>The Chief Executive</i> June 2005 < http://www.findarticles.com/p/articles/mi_m4070/is_209/ai_n14814054/print >.
		If presenteeism isn't prevented, minimized or managed, it can give rise to depression or substance abuse, increased disability claims and higher overall medical costs. In other words, it can undermine a company as much - or more - than better-known workplace challenges such as absenteeism.	Dixon, Keith. "Weighing the costs of presenteeism: CEOs may be burning out their workforces." <i>The Chief Executive</i> June 2005 < http://www.findarticles.com/p/articles/mi_m4070/is_209/ai_n14814054/print >.

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		Presenteeism is much more difficult than absenteeism to measure, but researchers have found that lost productivity due to presenteeism is, on average, 7.5 times greater than that lost to absenteeism.	Dixon, Keith. "Weighing the costs of presenteeism: CEOs may be burning out their workforces." <u>The Chief Executive</u> June 2005 < http://www.findarticles.com/p/articles/mi_m4070/is_209/ai_n14814054/print >.
		Psychosocial issues, including financial troubles, addiction, divorce or family problems, can also have a significant impact on employee productivity. Further, employee problems can affect entire work groups, hurting morale, shifting the burden of work onto others, and distracting co-workers. Helping employees address these issues will pay off in productivity gains.	Dixon, Keith. "Weighing the costs of presenteeism: CEOs may be burning out their workforces." <u>The Chief Executive</u> June 2005 < http://www.findarticles.com/p/articles/mi_m4070/is_209/ai_n14814054/print >.
		No company can compete for long on a global scale, when behavioral-related productivity drains are impeding its efforts to maximize worker performance and minimize expense.	Dixon, Keith. "Weighing the costs of presenteeism: CEOs may be burning out their workforces." <u>The Chief Executive</u> June 2005 < http://www.findarticles.com/p/articles/mi_m4070/is_209/ai_n14814054/print >.
5. Short- and Long- term Disability Costs due to Mental Illness	a.	Depressed workers have between 1.5 and 3.2 more short-term work disability days in a given thirty-day period than other workers. The average salary equivalent disability costs of these days range between \$182 and \$395 per depressed worker.	Health Affairs; Volume 18, Number 5; 1999 - NMHA - Coalition for Fairness in Mental Illness Coverage - "Employers should Support Mental Health Parity"
	b.	Half of Bank One's short-term disability costs for behavioral health were related to depression - Wayne N. Burton, MD, senior vice president/corporate medical director and EAP director Daniel J. Conti, Ph.D.	Business & Health Institute - "Depression in the Workforce" - by Emil Vernarec, Managing Editor
	c.	Bank One study showed - employees with depression were among the most likely to go back on disability (26 percent).	Business & Health Institute - "Depression in the Workforce" - by Emil Vernarec, Managing Editor
	d.	Bank One study - most of the work loss linked to mental health was due to short-term disability.	Business & Health Institute - "Depression in the Workforce" - by Emil Vernarec, Managing Editor
	e.	Mental Illness is the leading cause of disability in the U.S. It outranks cardiovascular disease, cancer, diabetes and injuries.	World Health Organization (WHO), 2001.

Category		Statistics/Information	Source
	f.	Depression often has the longest average disability period and the highest probability of a subsequent disability leave within one year when compared to other common conditions, including diabetes, back pain and heart disease.	England, Mary Jane (1999). Capturing mental health cost offsets. <i>Health Affairs</i> : 18 (2), 91-93
	g.	When compared with all other diseases (including cancer and heart disease), mental illness ranks first in terms of causing disability in the United States. A groundbreaking study found that mental illness (including depression, bipolar disorder, and schizophrenia) accounts for 25% of all disability across major industrialized countries.	World Health Organization (WHO), 2001. <i>The World Health Report 2001 - Mental Health: New Understanding, New Hope</i> . Geneva, World Health Organization.
	h.	Two recent national surveys found an association between short-term work disability episodes - one to 30 work days - and major depression that lasted at least 30 days. In these studies, 17-21% of the total samples had taken short-term disability leave; however, the disability rates among workers with depression jumped to 37-48%.	Kessler RC, Barber C, Birnbaum HG, et al: Depression in the workplace: effects on short-term disability. <i>Health Affairs</i> 18(5), 163-171, 1999.
6. Impact of Mental Illness on other Healthcare Costs	a.	Lost earnings and social costs due to mental illness total \$113 billion annually.	Rice, D.P., & Miller, L.S. "Health economics and cost implications of anxiety and other mental disorders in the United States." <i>British Journal of Psychiatry</i> , 173(34), 1998: 4-9
	b.	Employees with untreated mental disorders incur higher medical expenses - 4.5 times higher than employees without mental disorders	National Health Care Purchasing Institute
	c.	Depression-induced suicides cost \$75.5 billion annually.	Greenburg, P.E. (1993) The economic burden of depression in 1990. <i>Journal of Clinical Psychiatry</i> . November Issue.
	d.	Cutting dollars for mental health care can increase overall medical costs. A 30 percent cost reduction in mental health services at a large Connecticut corporation triggered a 37 percent increase in medical care use and sick leave by employees using mental health services, thus costing the corporation more money.	Rosenheck, Robert et al. (September 1999). Effect Of Declining Mental Health Service Use On Employees Of a Large Corporation: General health costs and sick days went up when mental health spending was cut back at one large self-insured company. <i>Journal of Health Affairs</i> : 18(5).

Category		Statistics/Information	Source
	e.	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.	Final Report of the Citizens League Committee on Mental Health and Employment - "Mental Health in the Workplace: An Issue for One in Five Employees" by Mike Christenson and Jan Smaby, co-chairs.
	f.	American Psychological Association, 50 to 70 percent of visits to primary care physicians are for medical complaints that originate from psychological factors. Individuals with psychological disorders visit their primary care physician twice as often as individuals without psychological disorders.	Final Report of the Citizens League Committee on Mental Health and Employment - "Mental Health in the Workplace: An Issue for One in Five Employees" by Mike Christenson and Jan Smaby, co-chairs.
		Untreated mental illness can worsen the course of a patient's heart disease, diabetes, or other chronic medical condition.	"Magellan Behavioral Health Research: Intensive Case Management Program Improves Patients' Physical Health, Mental Health and Productivity." <u>Business Wire</u> . 16 December 2003 Gale Group. < http://www.findarticles.com/p/articles/mi_mOEIN/is_2003_Dec_16/ai_111314772/print >
7. Cost of Providing Parity	a.	Actuarial firms estimate that insurance equality for mental health will cost less than 1.4 percent of total medical plan expenses.	Kirschstein, R.L., MD (June 2000). Insurance Parity for Mental Health: Cost Access, and Quality, Final Report to Congress by the National Advisory Mental Health Council. Rockville, MD: Department of Health and Human Services
	b.	Premium increases were estimated at .16% and .12% by CBO and Coopers & Lybrand.	Compliance with the Mental Health Parity Act of 1996: Effects/Costs of Implementation - U.S. General Accounting Office, May 2000 - NMHA
	c.	Mental health parity raises insurance costs between 1 and 4 %.	Several studies in states with parity - NMHA Winter 2003 flier
	d.	In Maryland, comprehensive parity resulted in an increase of less than one percent in total insurance premiums.	Pricewaterhouse Coopers study - NMHA Winter 2003 flier
	e.	Adding children to parity legislation would result in cost increase of .8 percent in managed care settings.	1998 Substance Abuse and Mental Health Services Administration (SAMHSA) study - NMHA Winter 2003 flier

Category		Statistics/Information	Source
	f.	Substance abuse parity increase health care costs .7 percent.	2000 study by RAND Corporation - NMHA Winter 2003 flier
	g.	The low cost of adopting parity allows employers to keep employee health care contributions at the same level they were before parity.	Varmus, H.E. (April 1998). Parity in Financing Mental Health Services: Managed Care's Effects on Cost, Access, and Quality, An Interim Report to Congress, 1998 by the National Advisory Mental Health Council. Rockville, MD: Department of Health and Human Services.
	h.	Of the employers aware of how compliance affects their claims costs, more than 90% report no increases.	Compliance with the Mental Health Parity Act of 1996: Effects/Costs of Implementation - U.S. General Accounting Office, May 2000 - National Mental Health Association
8. Cost Offsets of Providing Parity and Access to Treatment	a.	Treating mental illness reduces an employer's costs - poor employee performance, illness rates, absenteeism, accidents, turnover.	Society for Human Resource Management "Workplace Visions" No. 2 - 2003
	b.	The estimated annual cost to the nation of providing mental health coverage commensurate to physical health coverage is \$6.5 billion. It is estimated this mental health coverage would result in savings for general medical services and indirect costs in the amount of \$8.7 billion - a net annual savings of \$2.2 billion.	Report of the National Advisory Mental Health Council, October 1993 - National Mental Health Association, "Why Mental Health Parity Makes Economic Sense."
	c.	The cost of depression to employers is nearly \$44 billion annually, with an estimated 200 million days of missed work. Treatment costs (\$12.5 billion) are significantly less than costs associated with absenteeism and decreased productivity (\$23.8 billion).	Gabriel, P. & Liimatainen, M. (2000). <i>Mental health in the workplace</i> . Geneva: International Labor Office.
	d.	As Bank One increased mental health intervention (EAP) - time missed from work due to depression leveled off and treatment costs decreased.	Business & Health Institute - "Depression in the Workforce" - by Emil Vernarec, Managing Editor
	e.	When Kennecott Copper Corporation provided mental health counseling for employees, its hospital, medical, and surgical costs decreased 48.9 percent.	Greater Washington Coalition of Mental Health Professionals & Consumers, Inc. 2000 - Coalition for Fairness in Mental Illness Coverage "Employers Should Support Mental Health Parity"

Category		Statistics/Information	Source
	f.	When workers with depression were treated with prescription medicines, medical costs declined by \$882 per employee per year and absenteeism dropped by 9 days.	<u>Health Economics</u> - Coalition for Fairness in Mental Illness Coverage "Employers Should Support Mental Health Parity."
	g.	Bell South increased outpatient mental health coverage for their employees from 50 percent to 90 percent, in an attempt to encourage employees to seek mental health care earlier and in a more cost-effective setting. The 90 percent coverage was good for up to 52 visits, after which, employees would need review. Over a five-year period, 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 hospitalization and payment for mental health care dropped from 17 percent to 8 percent of total health care costs.	Final Report of the Citizens League Committee on Mental Health and Employment - "Mental Health in the Workplace: An Issue for One in Five Employees" by Mike Christenson and Jan Smaby, co-chairs.
	h.	"A four-year study of (mental health parity) program effectiveness at McDonnell Douglas yielded a four-to-one return on investment after considering medical claims, absenteeism and turnover.	Wall Street Journal; June 11, 1999) - Coalition for Fairness in Mental Illness Coverage "Employers Should Support Mental Health Parity."
	i.	In a two-year study, Cuffel <i>et al</i> found that medical care costs decreased for those using behavioral healthcare services, when such costs were generally increasing.	Two-year study, Cuffel et al (1999) - National Mental Health Association "Why Mental Health Parity Makes Economic Sense."
	j.	Employers save \$2,600 per year by improving treatment of depressed workers - Maine Depression Quality Improvement Initiative.	<i>Mental HealthWorks</i> - "Maine Employers Initiate Better Depression Care and Reap Positive Return" - First Quarter 2003
	k.	In Minnesota, Blue Cross/Blue Shield reduced its insurance premiums by five to six percent after one year's experience under the state's comprehensive parity law.	The Louis de la Parte Florida Mental Health Institute, 1998 - National Mental Health Association "Why Mental Health Parity Makes Economic Sense"

Category		Statistics/Information	Source
	i.	In North Carolina, mental health expenses have decreased every year since comprehensive parity for state and local employees was passed in 1992. Mental health costs, as a percentage of total health benefits, have decrease from 6.4 percent in 1992 to 3.1 percent in 1998. Since 1992, hospital days paid by the plan have been reduced by 70 percent.	<i>Just the Facts</i> , 2000 - National Mental Health Association, "Why Mental Health Parity Makes Economic Sense."
	m.	Minimal cost increases are more than offset by increased productivity of workers - 2000 RAND Corporation study.	National Mental Health Association - "Mental Health and Substance Abuse Parity Fact Sheet: Introducing or Amending Parity Laws in 2001 - www.nmha.org/state/parity/parity_fact_sheet.cfm
	n.	An Arkansas study concluded when employers paid for employee depression treatment, those costs were offset by a reduction of lost work days. This study did not take into account other benefits such as reduced pain and suffering that would increase employee productivity while at work.	" <i>A Community Study of Depression Treatment and Employment Earnings</i> " by Mingliang Zhang, PhD, Kathryn M. Rost, PhD, G.Richard Smith, MD - www.psychservices.psychiatryonline.org/cgi/content/full/50/9/1209
	o.	Economy could cut its losses by half-or by \$56.5 billion-with an increased investment in the prevention and treatment of mental illness - NMHA's Labor Day Report.	NMHA News Release: Billions Could Be Saved Through Increased Investment in Mental Health - www.nmha.org
	p.	Ronald C. Kessler, PhD, a professor at Harvard Medical School - in a 30-day period, the salary-equivalent productivity losses from depression amount to \$182 to \$395 per depressed employee. Reducing absences and cut-back days could offset 45 to 98 percent of the cost of drug therapy for depression.	Business & Health Institute - "Depression in the Workforce" - by Emil Vernarec, Managing Editor
	q.	1993 study estimated that depression's indirect costs are three times as high as the treatment costs.	Business & Health Institute - "Depression in the Workforce" - by Emil Vernarec, Managing Editor
	r.	Introducing mental health parity with managed care results in a 30 to 50 percent decrease in total mental health costs.	Varmus, H.E. (April 1998). Parity in Financing Mental Health Services: Managed Care's Effects on Cost, Access, and Quality, An Interim Report to Congress, 1998 by the National Advisory Mental Health Council. Rockville, MD: Department of Health and Human Services.

Category		Statistics/Information	Source
	s.	After the implementation of parity, there was a 47.9 percent decrease in the cost of mental health and substance abuse care for Texas state employees covered under a Blue Cross/Blue Shield insurance plan.	Substance Abuse and Mental Health Services Administration Report on Insurance Benefits, 1998 - National Mental Health Association "Why Mental Health Parity Makes Economic Sense."
	t.	Employer plans with good access to outpatient mental health services have lower psychiatric disability claims costs than plans with more restrictive arrangements.	1998 study by UNUM Life Insurance Company and John Hopkins University - Coalition for Fairness in Mental Illness Coverage - "Employers should Support Mental Health Parity."
	u.	Health plans with the highest financial barriers to mental health services have higher rates of psychiatric Long Term Disability claims, and companies with easier access to mental health services see reduced LTD claims.	Salkever D.S.; Goldman H.; Purushothaman M.; Shinogle J. (April 2000.) Disability Management, Employee Health and Fringe Benefits, and Long-Term Disability Claims for Mental Disorders: An Empirical Exploration. <i>The Milbank Quarterly</i> . Vol. 78, no. 1, pp. 79-114 (35.)
		Approximately three months after contacting their employee assistance program (EAP) or behavioral health plan, employees who had given prior permission to be contacted were asked a series of questions about their work performance prior to treatment and whether or not there had been an improvement after three months. Those who initially reported a problem with productivity, absenteeism, or tardiness reported improvement in these key indicators or workplace performance. Of those who responded: 1) 39 percent reported a problem with completing their work prior to seeking assistance. 2) 77 percent reported an improvement after treatment 3) 26 percent reported a problem with days missed from work prior to seeking assistance. 4) 94 percent reported an improvement after treatment 5) 18 percent reported a problem with late arrivals/early departures prior to seeking assistance 6) 76 percent reported an improvement after treatment. Members who had sought assistance for depression or substance abuse were contacted again six months after calling Magellan's EAP. Their answers revealed substantial improvements when compared to the initial responses. Of those who responded: 1) 19 percent reported a problem completing their work after six months of treatment - a	"Magellan's Employee Assistance and Managed Behavioral Health Programs Improve Workplace Productivity; Employees Report Fewer Problems with Productivity, Absenteeism and Tardiness." <i>Business Wire</i> . 14 July 2003 < http://www.findarticles.com/p/articles/mi_OEIN/is_2003_July_14/ai_105400633/print >.

		decrease of 50 percent for this group 2) 10 percent reported a problem with days missed from work after six months of treatment - a decrease of 67 percent for this group 3) 8 percent reported a problem with late arrivals/early departures after six months of treatment - a decrease of 58 percent for this group.	
Category		Statistics/Information	Source
		A 2002 study of the PacificCare Behavioral Health's managed care plan called Assertive Care Management (ACM) revealed a 36% reduction in inpatient/residential care for enrollees and an 18% reduction in inpatient days for members who received that level of care.	Strazewski, Len. "Interest in Mental Health Treatment Grows." <i>Rough Notes Co., Inc.</i> July 2004 ProQuest Information and Learning Company. < http://www.findarticles.com/p/articles/mi_qa3615/is_200407/ai_n9410390/print >.
		For four years, Delta has offered mental health benefits that are identical to the company's primary health care coverage, says Dr. Miles Snowden, director of health services for Delta Air Lines in Atlanta. "But we are confident, because of the frequency of days out of work due to behavioral health conditions, that we must be getting a significant ROI," he says.	Tyler, Kathryn. "Mind matters: reducing mental health care coverage today may cost you more tomorrow - Benefits Special Report." <i>HR Magazine</i> . August 2003 Society for Human Resource Management. Gale Group. < http://www.findarticles.com/p/articles/mi_m3495/i >
9. Pro-Active Corporate Initiatives	a.	Employee Assistance Programs (EAPs) have proven to be cost-effective. Chevron Corp. saved seven dollars for every dollar it spent on their EAP; Campbell Soup Company had a 28 percent reduction in mental healthcare costs; and Virginia Power realized a 23 percent drop in medical claims over a four-year period for individuals who accessed the EAP compared with those who accessed behavioral health benefits on their own.	"EAPs: Saving Money, Saving Employees" <i>Magellan Behavioral Health</i> - National Mental Health Association, "Why Mental Health Parity Makes Economic Sense."

Category		Statistics/Information	Source
	b.	Thirty businesses in Maine joined together - through their participation in the Maine Health Management Coalition to improve the care of depressed patients being treated by their primary care physicians. The study, titled the Depression Quality Improvement Initiative, was designed to help employees and their family members recognize the signs and symptoms of depression, improve physician diagnosis and treatment, and measure the results on medication management. Results were successful - The increase in work functioning equaled \$2,600 a year in savings per successfully treated patient.	<i>Mental HealthWorks - First Quarter 2003 - "Maine Employers Initiate Better Depression Care and Reap Positive Return"</i>
	c.	A nonprofit group called Screening for Mental Health initiated a program called the Workplace Response to identify mental disorders early so employers can cut costs. - Of the 250,000 individuals screened, 54% screened positive for a mental illness. Of those who screened positive, 87.3% were not currently in treatment. Of those, 73 % said they plan to seek treatment.	<i>Mental HealthWorks - "Mental Health Screening Can Cut Costs, Save Lives" - Second Quarter 2003</i>
	d.	Large employers like Delta have introduced and implemented generous mental health and substance abuse benefits for their employees and their families, not in response to legislative mandate, but because it improves "our corporate bottom line."	Delta Airlines Testimony May 18, 2000 - Coalition for Fairness in Mental Illness Coverage "Employers Should Support Mental Health Parity."
	e.	Abbott Laboratories, after examining healthcare and disability data for its 42,000 employees, found depression had the second highest incidence after cardiovascular disease. So, Abbott started a comprehensive Depression Disease Management program in May 2002 to provide enhanced benefit, to increase the health and productivity of employees and to reduce overall healthcare costs. The program included: Depression education - toolkit and treatment option information were distributed, screening and referral tools through a confidential phone and web-based sources, and case management services with biweekly follow-up calls from care managers. Results - from May 2002 through December 2003, more than 6,000 mental health screening were completed. Estimated savings - Annual program costs were \$23,000, estimated cost savings were \$38,950, yielding a 1.7 :1 return on investment.	<i>Mental HealthWorks - "Abbott Targets Depression Among Employees; Reduces Total Medical Costs" - Fourth Quarter 2003</i>

Category		Statistics/Information	Source
	f.	<p>Pitney Bowes Disability Management Program - which integrates behavioral and physical health, wellness, and disability activities - resulted in reductions in the number of disability cases and lost workdays and the duration of disabilities. Goals: 1. Educating employees about wellness, prevention and disease management 2. Offering benefit plans, flex-time and part-time work, EAP, Work/Life, safety and ombudsman 3. On-site medical families and fitness centers, ergonomic workspaces, nonsmoking work sites, healthy food options, lactation rooms and stretch breaks. Results - Disability cases reduced by 25%, duration of disability cases decreased by 66%, lost workdays were reduced by 19%.</p>	<p><i>Mental HealthWorks</i> - "Pitney Bowes Integrates Disability and Services Data - and Saves Money" - Fourth Quarter 2003.</p>
Misc. Category		<p>According to the Bureau of Labor Statistics, 79 percent of employees in large and medium sized firms offering mental health benefits had more restrictive hospital coverage for mental illness than for other illnesses. Ninety-five percent of health insurance plans surveyed limited outpatient coverage.</p>	<p>Widmer, Lori. "A not-so-hidden workplace cost: employers bear the costs of depression, stree, and other mental illnesses in the form of lost productivity, absenteeism, and higher disability costs. Here's why you shouldn't ignore these conditions - Disability." <u>Risk & Insurance</u>. 2002 Axon Group. 2002 Gale Group. <http://www.findarticles.com/p/articles/mi_mOBJK/is_8_13/ai_89018208/print>.</p>
		<p>Unfortunately, it often takes a personal crisis at the executive level for the organization to wake up and recognize the toll a psychological crisis takes on the ability for an employee to do his or her job. CEOs need to understand and address the impact of behavioral issues on a company's overall performance. When company leadership commits to understanding, measuring and addressing presenteeism, chances for success improve dramatically.</p>	<p>Widmer, Lori. "A not-so-hidden workplace cost: employers bear the costs of depression, stree, and other mental illnesses in the form of lost productivity, absenteeism, and higher disability costs. Here's why you shouldn't ignore these conditions - Disability." <u>Risk & Insurance</u>. 2002 Axon Group. 2002 Gale Group. <http://www.findarticles.com/p/articles/mi_mOBJK/is_8_13/ai_89018208/print>.</p>

Category	Statistics/Information	Source
	Like other behavioral health issues, presenteeism requires an integrated approach to care delivery that addresses behavioral, medical and pharmaceutical issues in one fell swoop.	Widmer, Lori. "A not-so-hidden workplace cost: employers bear the costs of depression, stree, and other mental illnesses in the form of lost productivity, absenteeism, and higher disability costs. Here's why you shouldn't ignore these conditions - Disability." <u>Risk & Insurance</u> . 2002 Axon Group. 2002 Gale Group. < http://www.findarticles.com/p/articles/mi_mOBJK/is_8_13/ai_89018208/print >.
	Of the companies surveyed nationally for a June 2004 report on human resource policies, 72% offered mental health benefits, according to the Society for Human Resource Management, an Alexandria, Va., trade group.	Kissinger, Meg. "Employers must deal with mental health issues: Forum to examine depression, other illnesses in workplace." <u>The Milwaukee Journal Sentinel</u> 31 October 2004 ProQuest Information and Learning Company. < http://www.findarticles.com/P/articles/mi_qn4196/is_20041031/ai_n10999653/print >.
Employer attitude now	A study released this year by the University of Michigan's Depression Center found that only 41% of employees feel they can acknowledge an illness and still get ahead in their careers. In addition, 45% of benefits managers and middle managers reported knowing little or nothing about depression as an illness. Nearly 40% of middle managers believe they have supervised someone with depression.	Kissinger, Meg. "Employers must deal with mental health issues: Forum to examine depression, other illnesses in workplace." <u>The Milwaukee Journal Sentinel</u> 31 October 2004 ProQuest Information and Learning Company. < http://www.findarticles.com/P/articles/mi_qn4196/is_20041031/ai_n10999653/print >.
Employer attitude now	Nearly all managers surveyed --85%--reported feeling that it is part of their job to provide assistance and support to employees experiencing a mental health problem, but only 18% felt they have received the training and education they need to feel confident they have the skills to do so.	Kissinger, Meg. "Employers must deal with mental health issues: Forum to examine depression, other illnesses in workplace." <u>The Milwaukee Journal Sentinel</u> 31 October 2004 ProQuest Information and Learning Company. < http://www.findarticles.com/P/articles/mi_qn4196/is_20041031/ai_n10999653/print >.

Category		Statistics/Information	Source
Treatment Works		After two months in Magellan Behavioral Health's psychiatric Intensive Case Management (ICM) program for high-risk members --nine out of 10 participants' mental and physical health improved significantly. -- Participants' productivity improved by 60 percent. -- Participants attended an average of four more days of work or school. -- Four out of five participants rated the services as helpful.	"Magellan Behavioral Health Research: Intensive Case Management Program Improves Patients' Physical Health, Mental Health and Productivity." <u>Business Wire</u> . 16 December 2003 Gale Group. < http://www.findarticles.com/p/articles/mi_mOE1N/is_2003_Dec_16/ai_111314772/print >
		Magellan's study found that high-risk patients who met the Intensive Case Management (ICM) program criteria, but chose not to participate, spent more time in the hospital. Other studies have compared patients enrolled in behavioral health ICM programs with those receiving traditional care or no care at all and have consistently found that ICM programs reduce the length and frequency of inpatient hospitalizations.	"Magellan Behavioral Health Research: Intensive Case Management Program Improves Patients' Physical Health, Mental Health and Productivity." <u>Business Wire</u> . 16 December 2003 Gale Group. < http://www.findarticles.com/p/articles/mi_mOE1N/is_2003_Dec_16/ai_111314772/print >
		The stigma of mental health treatment, however, may be disappearing and with it, employers' reluctance to add mental health benefits to their insurance programs and counseling services to their workplace benefits, according to a new poll conducted by PacifiCare Behavioral Healthcare (PBHI) in Laguna Hills, California and Harris Interactive. PBHI is a mental health and EAP services provider that works with health plans and self-insured employers around the country. Harris Interactive is the international polling company known for the Harris Poll on American lifestyles.	Strazewski, Len. "Interest in Mental Health Treatment Grows." <u>Rough Notes Co., Inc.</u> July 2004 ProQuest Information and Learning Company. < http://www.findarticles.com/p/articles/mi_qa3615/is_200407/ai_n9410390/print >.
Treatment Works		The Harris poll on mental health issues revealed that statistically, one in four American adults (27%) or an estimated 59 million people have received mental health treatment in the past two years. Within that group, about 80% said the treatment was effective and about 85% said they were satisfied or very satisfied with the treatment. However, the poll also revealed that one in three respondents who said they believed they needed treatment (37%), did not get it, primarily because of cost issues (30%), lack of health insurance that covered mental health treatment (26%), or a lack of confidence with the treatments or their providers (32%). Of those who received treatment, 81% said their treatment involved prescription medication.	Strazewski, Len. "Interest in Mental Health Treatment Grows." <u>Rough Notes Co., Inc.</u> July 2004 ProQuest Information and Learning Company. < http://www.findarticles.com/p/articles/mi_qa3615/is_200407/ai_n9410390/print >.

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Treatment Works	PacificCare Behavioral Health surveyed 20,000 patients by giving them a 30-item questionnaire before their first therapy visit, then every five sessions thereafter. When a patient's score exceeded a certain threshold, they were classified as "work-impaired". After only three weeks of treatment, patient's answers showed that their percentage of work-impairment--and their level of lost productivity--fell from 31% to 18%. After nine weeks of treatment, fewer than half of those who originally felt work-impaired were still impaired. The study was conducted over a four-year period.	"Study finds big payoff for mental health benefits: PacificCare Behavioral Health surveyed 20,000 patients who reported stress and lower productivity at work, to find out what the results would be if they offered them treatment and counseling - Mental Health Care." <u>Work & Family Connection, Inc.</u> December 2003 Gale Group < http://www.findarticles.com/p/articles/mi_mOIJN/is_2003_Dec/ai_111509220/print >.
Employer Attitude Future	When it comes to disability management, "you need to treat both the physical and mental components of a disability," says David Whitehouse, corporate medical director of Cigna Behavioral Health, Eden Prairie, Minn.	Toran, Mindy W. "Making mental connections: behavioral health issues are often overlooked in disability claims, yet they can have a big impact on return-to-work rates. Early diagnosis and treatment of mental health issues are now recognized as critical steps in managing disability." <u>Risk & Insurance</u> . May 2005 Axon Group. Gale Group. < http://www.findarticles.com/p/articles/mi_mOBJK/is_6_16/ai_n13726609/print >.
Treatment Works	Companies with EAPs in place have a 21 percent lower absenteeism rate and a 14 percent higher productivity rate, according to the Substance Abuse and Mental Health Services Administration of the U.S. Dept. of Health and Human Services.	Toran, Mindy W. "Making mental connections: behavioral health issues are often overlooked in disability claims, yet they can have a big impact on return-to-work rates. Early diagnosis and treatment of mental health issues are now recognized as critical steps in managing disability." <u>Risk & Insurance</u> . May 2005 Axon Group. Gale Group. < http://www.findarticles.com/p/articles/mi_mOBJK/is_6_16/ai_n13726609/print >.

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Treatment Works	A 4 percent to 6 percent employee assistance program utilization rate could "significantly reduce" unscheduled absences, says Carol Harnett, national practice leader with Hartford's Group Disability and Life Practices. In one instance, she also says a client found that a 1 percent to 2 percent employees assistance utilization rate translated into "close to the majority" of employees returning to work, even after experiencing a disability.	Toran, Mindy W. "Making mental connections: behavioral health issues are often overlooked in disability claims, yet they can have a big impact on return-to-work rates. Early diagnosis and treatment of mental health issues are now recognized as critical steps in managing disability." <u>Risk & Insurance</u> . May 2005 Axon Group. Gale Group. < http://www.findarticles.com/p/articles/mi_mOBJK/is_6_16/ai_n13726609/print >.
	In a 2004 survey conducted by Ceridian, the provider of UnumProvident's employee assistance program services, 74 percent of the respondents reported missing less work and 70 percent said it improved their productivity.	Toran, Mindy W. "Making mental connections: behavioral health issues are often overlooked in disability claims, yet they can have a big impact on return-to-work rates. Early diagnosis and treatment of mental health issues are now recognized as critical steps in managing disability." <u>Risk & Insurance</u> . May 2005 Axon Group. Gale Group. < http://www.findarticles.com/p/articles/mi_mOBJK/is_6_16/ai_n13726609/print >.
Employer attitude now	Over the past five years, the percentage of employers offering mental health benefits has tapered off--from 84 percent to 76 percent--according to the annual benefits surveys conducted by the Society for Human Resource Management.	Tyler, Kathryn. "Mind matters: reducing mental health care coverage today may cost you more tomorrow - Benefits Special Report." <u>HR Magazine</u> . August 2003 Society for Human Resource Management. Gale Group. < http://www.findarticles.com/p/articles/mi_m3495/is_8_48/ai_107526616/print >.
Employer attitude now	With health insurance premiums expected to rise by as much as 15 percent this year, employers who currently provide mental health coverage may be tempted to reduce or eliminate these benefits. But that would be a shortsighted response, experts say.	Tyler, Kathryn. "Mind matters: reducing mental health care coverage today may cost you more tomorrow - Benefits Special Report." <u>HR Magazine</u> . August 2003 Society for Human Resource Management. Gale Group. < http://www.findarticles.com/p/articles/mi_m3495/i >

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Types of Limits	1. Limiting the number of therapy sessions. 2. Limiting the choice of psychotherapy providers to those in a network. 3. Making it difficult to access mental health care benefits. 4. Covering medication only. 5. Relying on diagnoses from nonpsychiatric professionals.	Tyler, Kathryn. "Mind matters: reducing mental health care coverage today may cost you more tomorrow - Benefits Special Report." HR Magazine. August 2003 Society for Human Resource Management. Gale Group. < http://www.findarticles.com/p/articles/mi_m3495/i >
Treatment Works	Early initiation into treatment is frequently mentioned as an important means of controlling the severity of an episode of mental illness and associated costs such as absenteeism and impaired productivity.	Lindrooth, Richard C. "The effect of expanded mental health benefits on treatment initiation and specialist utilization." August 2005 <u>Health Services Research</u> . American College of Healthcare Executives. Gale Group. < http://www.findarticles.com/p/articles/mi_m4149/is_4_40/ai_n15338158/print >.
Effect of expanded mental health benefits on treatment initiation and specialist utilization.	Using data from a large U.S. manufacturing firm. Rosenbeck et al. (1999) demonstrated the consequences of employer cost containment efforts affecting mental health treatment coverage. The restrictions on mental health coverage came in the form of increased deductibles, prior authorization for inpatient mental health care and utilization review for both inpatient and outpatient care. Findings indicated that over a 3-year period the restrictions resulted in decreased mental health treatment costs that were completely offset by increased nonmental health costs. In addition, sick-days increased disproportionately among users of mental health services over time. Altogether, the results suggested that restrictions on mental health treatment might in fact lead to an overall cost increase when factoring in other aspects of the employers' bottom line.	Lindrooth, Richard C. "The effect of expanded mental health benefits on treatment initiation and specialist utilization." August 2005 Health Services Research. American College of Healthcare Executives. Gale Group. < http://www.findarticles.com/p/articles/ >

Category		Statistics/Information	Source
Effect of expanded mental health benefits on treatment initiation and specialist utilization.		The results of the manufacturing firm, Rosenbeck et al., study revealed that the combination of destigmatization and lower co-payments appeared to be associated with a statistically significant and clinically meaningful increase in the probability of initiating mental health treatment. The probability of initiating with nonphysician mental health specialist increased dramatically, controlling for distance to provider. The provider network set up by the company intentionally included a large number of nonphysician specialists, as indicated on the provider lists made available. Because we are focusing on initiation, we believe that the provider choice effect is not likely because of the selectivity of the network. Rather, because the company publicized the list of network providers they helped induce individuals to use mental health specialist rather than generalists, for the treatment of their disorders.	Lindrooth, Richard C. "The effect of expanded mental health benefits on treatment initiation and specialist utilization." August 2005 Health Services Research. American College of Healthcare Executives. Gale Group. < http://www.findarticles.com/p/articles/
Effect of expanded mental health benefits on treatment initiation and specialist utilization.		Additional work is needed to examine whether this change in company benefits was successful in reducing the manufacturing company's mental health care costs and in increasing quality of care for persons with mental illness disorders (which were also the goals of their benefit change). However, our results do show that a combination of destigmatization and lowered co-payments significantly increased the likelihood of treatment initiation. Furthermore, by including a large number of nonphysician specialists in the provider network, the company dramatically increased the probability of initiation at nonphysician specialists.	Lindrooth, Richard C. "The effect of expanded mental health benefits on treatment initiation and specialist utilization." August 2005 Health Services Research. American College of Healthcare Executives. Gale Group. < http://www.findarticles.com/p/articles/
Notes:			
States that have comprehensive parity: Connecticut 1999, Maryland 1994, Minnesota 1995, Vermont 1997			