



Promoting Mental Health and Combating Substance Use

Nation Coordinating Committee of Multiemployer Plans Annual Conference

September 20, 2022 / Elena Lynett, VP, Senior Health Consultant, National Health Compliance

Agenda

Introduction on Mental Health (MH) and Substance Use Disorder (SUD) Benefit Considerations

Insights on how employers can support those with MH/SUD

Panel discussion: Advancing MH/SUD resource engagement

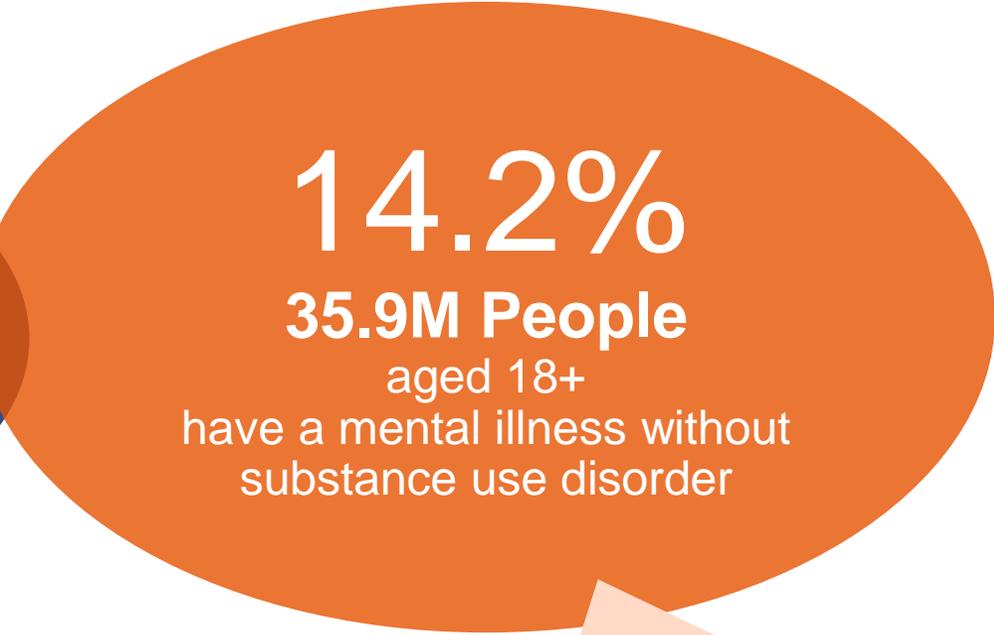
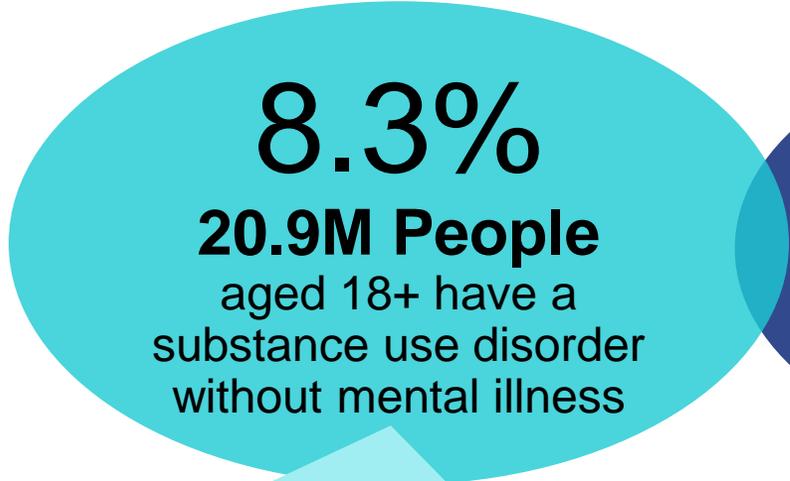
Perceived Barriers to Engagement

Some people may not be able to articulate the connection between mental health related to physical health.

There are challenges with data, for example trying to quantify undiagnosed issues or lack of ability to obtain claims data in capitative arrangements.

In certain populations there is shame and stigma associated with mental health and substance use disorder issues.

Mental Health and Substance Use Disorder (SUD) by the Numbers



Among those 12+ with SUD:
46% (18.4M) struggled with illicit drugs
70% (28.3M) struggled with alcohol use
5.7% (2.3M) struggled with pain reliever use disorder

14.2M (5.6% of all U.S. adults) have a serious mental illness

In 2020, 73.8M Americans (29%) had a mental and/or substance use disorder.

Sources: <https://www.nami.org/About-Mental-Illness/Common-with-Mental-Illness/Substance-Use-Disorders#:~:text=Substance%20use%20disorders%20%E2%80%94%20the%20repeated,%2C%20or%20co%2Doccurring%20disorders>
Results from the 2020 National Survey on Drug Use and Health: Graphics from the Key Findings Report
<https://www.nimh.nih.gov/health/statistics/mental-illness>

Importance of Behavioral Health

According to the CDC, suicide rates have increased 33% in the past 20 years, and affects all ages:

- Individuals **10 – 34 years old**: suicide is the **2nd** leading cause of death
- Individuals **34 – 54 years old**: suicide is the **5th** leading cause of death

Nearly **60%** of adults with mental illness **did not receive mental health services** in the previous year

17 million adults experienced at least one depressive episode in 2019. **Depression ranks #1** among the most common causes of disability.

“Construction occupations had the highest Proportional Mortality Rate PMR for drug overdose deaths and for both heroin-related and prescription opioid-related overdose deaths.”

—*Occupational Patterns in Unintentional and Undetermined Drug-Involved and Opioid-Involved Overdose Deaths—United States, 2007–2012* CDC, August 24, 2018

Importance of Behavioral Health

On average, there is **1 death** by suicide every **11 minutes** — an average of 130 deaths per day

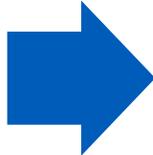
40 million people have anxiety disorders, the most prevalent mental condition

The CDC reports that over the 12-month period from June 2019 to July 2020, **opioid-related deaths** experienced a near **30% increase** from the prior 12 months.

The **construction** industry has the **2nd highest suicide rate** among all industries (45.3 deaths per 100,000 workers)

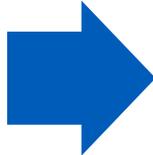
12 Million

Had Thoughts Of Suicide



3.5 Million

Made A Suicide Plan



1.4 Million

Attempted Suicide

Sources: Time Special Edition 9/11/20 citing Anxiety and Depression Association of America; National Institute of Mental Health; World Economic Forum; National Alliance on Mental Illness; www.cdc.gov/suicide/facts

Why MH/SUD Benefits Have Long Term Impact

\$6 Trillion is the projected annual global cost of mental health disorders in 2030 — **more than the combined cost of diabetes and cancer.**

Key impacts include:

- Higher health care costs associated with increased utilization and poor medication adherence
- Impact on workforce morale and productivity
- Lost earnings
- Higher costs associated with premature death and disability



Considerations in Mental Health and SUD Benefit Design

Designing benefits that meet the needs of the workforce

Mental health utilization is on the rise among 18 to 25 year olds. By 2030 MH/SUD services will be in higher demand and increasingly valued as an employee benefit.

Meeting the covered populations' needs

Data can be reviewed to find the areas for target efforts (For example, frequent ER users may be a hint to poorly managed opioid use or other disorders that can be addressed.)

Advancing effective communication strategies related to MH/SUD resources and benefits.

MH/SUD Benefit Consulting **Top 12**

Getting the Right Benefits to the People Who Need Them

1. Have benefits and utilization been reviewed to determine where additional benefits or services may be needed?
2. Are Employee Assistance Program offerings being maximized?
3. Are telehealth and digital health benefits being offered?
4. How are benefits and resources being communicated?

MH/SUD Benefit Consulting **Top 12**

Taking a Closer Look

5. Does the plan have restrictions to benefits that are unnecessary and can be removed?
6. Is case management being implemented in a manner that helps detect and promote interventions without creating barriers to care?

Top 12: When It Comes to Taking Care of MH/SUD, 10 Just Isn't Enough.

MH/SUD Benefit Consulting **Top 12**

Taking a Closer Look

7. What social barriers may prevent access to care for individuals and what can the plan do to help address those barriers?
8. Has the plan evaluated its vendors and ensured the best quality care and services are being provided?
9. Are clinically recognized standards of care, such as the ASAM guidelines driving coverage?

MH/SUD Benefit Consulting **Top 12**

Compliance

10. Are group health plan benefits in compliance with the Mental Health Parity and Addiction Equity Act?
11. Have complaints or appeals rates been reviewed to detect potential problems?

MH/SUD Benefit Consulting **Top 12**

#12 Education

- Educate clients
- Educate about influence of cognitive health on overall health, daily habits, workforce productivity and morale.
- Educate on changes in Federal and State laws.
- Educate clients on the benefits of and inspire clients to develop **comprehensive MH/SUD strategies** for their organizations



Panel Discussion

Questions?

