



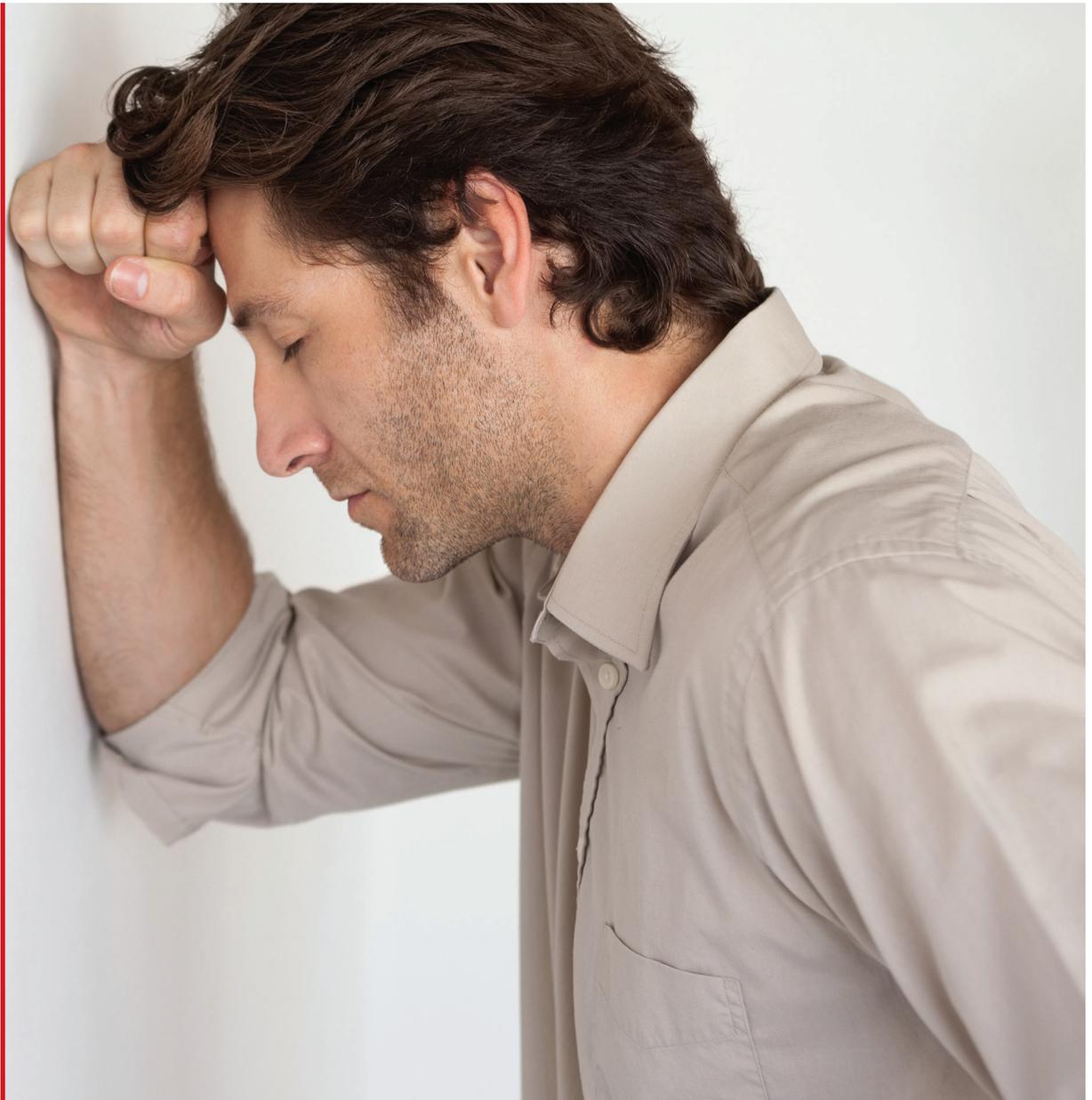
## **BAD FOR BUSINESS:**

*The Business Case for  
Overcoming Mental Illness  
Stigma in the Workplace*

**CEOs**  
AGAINST  
**STIGMA**

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A NAMI Mass campaign



**MENTAL DISORDERS,**

# **PARTICULARLY DEPRESSION,**

**HAVE A STAGGERING IMPACT ON BUSINESS**

**PRODUCTIVITY IN AMERICA, GREATER**

**THAN PHYSICAL DISORDERS.**

# Introduction

Research shows that mental disorders, particularly depression, have a staggering impact on business productivity in America, greater than physical disorders.<sup>1</sup> Studies further document that stigma — widely-shared negative stereotypes about the causes and effects of mental illness — is the single greatest barrier to treating mental illness and lowering costs.<sup>2</sup> **NAMI Massachusetts has begun working with business and organization heads to eliminate stigma in the workplace, improve productivity, and preserve the working lives of thousands of employees.** The name of our campaign is **CEOs Against Stigma**.

For people stricken by mental illness, preserving the ability to work is essential to an early and lasting recovery.<sup>3</sup> Unfortunately, when employees first realize things are not right, they are afraid to admit what is really going on, not only to their co-workers but even to themselves. Ignorance about mental illness creates a vicious cycle. For example, too many of us believe wrongly that people with depression just need to “suck it up” and keep on going. Then, when one of those same workers begins to falter, “self-stigma” takes hold. “I know I should suck it up, but I can’t seem to.” Rather than seek help, that employee isolates himself. But the longer any worker goes without treatment, the more likely it becomes that he will slow down, call in sick, and eventually declare disability. **It’s no surprise that mental illness is the single greatest cause of worker disability in America.**<sup>4</sup>

Our CEOs Against Stigma campaign is based on four principles, which have been documented as essential to eliminating stigma in any setting, but particularly the workplace:

- The CEO, the most influential person in the organization, is the sine qua non to change and must personally commit to a supportive workplace.<sup>5</sup>
- The most effective antidote to stigma is direct in-person contact between employees and peers, i.e., people in recovery from severe mental illness who are willing and able to talk about their journey from sickness to health.<sup>6</sup>
- Employee education about what mental illness is, combined with practical advice about how to break the silence and offer help, is essential.
- The education must be continuous, over years, not weeks or months.

The premise of the CEOs Against Stigma campaign is that, given the facts about the impact of mental illness, CEOs who care about productivity will recognize they can’t afford **not** to seek an end to stigma. Certainly, empathy for the suffering of fellow workers is in itself a strong motivator for most CEOs. But quite apart from empathy, **the numbers make the case that ignoring stigma is bad for business.**

Recognizing that something must be done is step one. Using resources wisely and efficiently is something else again. This country lags behind other industrialized nations in attacking workplace stigma, most notably Australia, Canada and the United Kingdom.<sup>7</sup> NAMI Massachusetts has sought not to reinvent the wheel, and particularly with the help of the Australia program, “Heads Up,” has built its campaign on the experience of others.

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## Business Losses From Mental Illness

The need for a campaign aimed at mental illness in the workplace shouts out from the numbers. Business losses from mental disorders include absenteeism, presenteeism, and turnover.<sup>8</sup> We are familiar with absenteeism and turnover, less so presenteeism, which is a term of art for losses associated with “working while hurt.” **For example, a survey of 34,622 employees at 10 companies revealed all costly health conditions (as a sum of medical costs and self-reported presenteeism and absenteeism). Among these, depression ranked first and anxiety ranked fifth.**<sup>9</sup>

Moreover, individuals with any mental disorder experienced more absenteeism days per year than individuals with no conditions, at a ratio of 31 to 1. Among all reasons for absenteeism, mental health conditions accounted for 62.2% of all days “out of role.”<sup>10</sup> Workplace absenteeism related to mental disorders accounts for an estimated 7% of global payroll across all organizations, more than any other disorder.<sup>11</sup>

Mental disorders contribute to workplace accidents. For example, drivers with severe depressive symptoms were 4.5 times more likely than others to experience an accident or a near miss in the 28 days preceding. **Driving with severe depression has been likened to impaired driving with a blood alcohol content of 0.8.**<sup>12</sup>

The burden associated with mental disorders is consistently found to be greater than that of physical disorders, comparing the direct (medical/pharmaceutical) costs and indirect (absenteeism/presenteeism) costs of each disorder.<sup>13</sup> The highest total cost per worker per year is for mental disorders (\$18,864 in 2002), which is \$5,000 greater than the costs associated with the next most costly medical condition — breathing disorders.<sup>14</sup>

**Disability episodes for mental disorders are longer than those for other types of disorders (67 days vs. 33.8 days).**<sup>15</sup> And finally, mental and physical conditions are not mutually exclusive and the two often co-occur. Considerable evidence suggests that psychological distress is comorbid with other health conditions and can worsen health outcomes.<sup>16</sup>

## More On Presenteeism

Again, presenteeism is an indirect cost that refers to an illness-related reduction in work productivity — disorders of the working wounded.<sup>17</sup> The total costs of presenteeism — principally productivity and medical costs — are almost double the costs of absenteeism.<sup>18</sup> Among all productivity losses, **81 per cent of lost productivity time (LPT) is due to presenteeism.**<sup>19</sup>

Similarly, a study of employee assistance programs (EAPs) showed that 80 percent of the costs of lost productivity are associated with presenteeism while only 20 percent are associated with absenteeism.<sup>20</sup> A completely separate study in 2004 examined “depression and other mental illnesses” as one of 10 broad groups of conditions and found that the productivity losses of presenteeism associated with mental health problems are 5.1 times as large as the equivalent losses resulting from absenteeism.<sup>21</sup>

**Presenteeism... illness-related reduction in work productivity... working wounded**

## Losses From Depression

It bears emphasis that mental and physical conditions are not mutually exclusive and the two often co-occur. **Considerable evidence suggests that psychological distress is comorbid with other health conditions and can worsen health outcomes.**<sup>22</sup> The most prevalent mental illness inside and outside the workforce is depression. **The average major depressive disorder lasts for 26 weeks in duration.**<sup>23</sup> This makes depression the single leading cause of disability in the workplace.<sup>24</sup>

**26**  
WEEKS  
**...average duration of a depressive disorder**

Moreover, depressed employees have higher job turnover rates than non-depressed employees. Depressed employees are 20-40% more likely to become unemployed due to their condition.<sup>25</sup> **Research showed that a sample of depressed employees had a 15% job loss rate relative to the 3.5% job loss rate found in non-depressed controls.**<sup>26</sup>

Fifty to eighty-five percent of employees considered as suffering from mild to severe forms of depression still participate in the workforce. The very fact of employment heightens self-esteem, compared to unemployed depressed individuals, which highlights the importance of employee benefits as an investment in a company’s social capital.<sup>27</sup>

However, depressed affect drains workers’ energy reserves, leaving them feeling



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lethargic and unmotivated to work and resulting in a substantial increase in workplace absences. With absenteeism related to depression at around 2.5 days a month, the work absence cost is estimated at \$3,540 per year for the employed man and \$4,600 for the employed woman.<sup>28</sup> **Data suggests that as severity of depression goes from mild to severe, the cost of workplace absenteeism increased three-fold. Severe forms of major depressive disorder cost employers an estimated \$12,000 per employee per year.**<sup>29</sup>

### Presenteeism Losses From Depression

Presenteeism is likely the greatest cost accrued on account of workplace depression. A recent study suggests that presenteeism is a more costly workplace component than medical care, absenteeism, and disability combined.<sup>30</sup>

Research has shown also that depression is the condition having the greatest negative impact on work performance, followed by chronic fatigue and then anxiety. In fact, migraine was the only medical condition among the top five which served as a significant predictor of lost work productivity.<sup>31</sup>

Employees with depression report on average 5.6 hours per week of lost time, representing a serious erosion of productive capacity.<sup>32</sup> A 2003 study assessed the costs of lost productive time among US workers with depression and found that presenteeism accounts for 4.6 times as many hours lost as absenteeism.<sup>33</sup> It is estimated that in a two-week-period, among US workers, average presenteeism productivity loss due to depression is about four hours per week.<sup>34</sup>

**Most employees with depressive disorder are not being treated. In fact, for every single employee being treated, 2.3 (70 percent) are receiving no treatment.**<sup>35</sup>

### Losses From Anxiety

Data analysis using a subset of approximately 2,000 individuals with anxiety disorder showed an average loss of 4.6 work days due to disability in the past month.<sup>36</sup> A different study showed US adults suffering from anxiety disorder experience an average 5.5 work days a month where they were unable to work or had to cut back their work due to their illness.<sup>37</sup>

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AREN'T.**



Another study showed patients with anxiety disorder reported an average of 18.1 days in which they could not work due to disability in the past three months compared to 5.7 disability days reported by non-psychiatric control patients.<sup>38</sup>

Considering presenteeism, a national survey indicated that a greater portion of working-age adults with anxiety disorder (30%) reported that they accomplished less work than usual in the preceding four weeks than did their non-psychiatric counterparts (0.45%). Further, more employed adults with anxiety disorders reported taking less care of their work over the past four weeks (18.9%) than controls (0.4%).<sup>39</sup>

**30% of workers with anxiety disorder reported productivity losses in the preceding 4 weeks compared with less than 1% of workers without mental illness.**

**More than one-half the costs associated with anxiety disorders were spent on non-psychiatric medical treatment.**

This means that lots of people with anxiety disorders showed up in emergency rooms with panic attacks mimicking heart attacks and in the offices of specialists with back pain, headaches, and many other symptoms — a desperate effort to relieve the symptoms of unrecognized or untreated anxiety.<sup>40</sup>

## **Stigma As A Factor In Workplace Mental Illness**

Mental illness ranks at the top when it comes to “discreditable identities.”<sup>41</sup> Individuals with mental disorders are often viewed in a more negative manner than other individuals and this negative view can restrict opportunities. All else being equal, employers will often not hire or advance individuals with mental disorders.<sup>42</sup> **Also, there is a strong tendency in the workplace to use mental illness to describe an employee’s behavior at work — i.e., an individual with a mental illness has his or her actions defined by the illness and cannot simply be having a bad day.**<sup>43</sup>

Persons with mental illness who return to work have experienced harassment, intimidation, and teasing to the point of having to resign or be dismissed from their job. Even the fear of the prospect of these behaviors happening prevents individuals with mental illness from returning, or applying for a job.<sup>44</sup>

Reasons for resisting change in the workplace include common barriers such as organizational inertia, difficulties surrounding mobilization of people around a new vision for the workplace, and the tendency to substitute words for action.<sup>45</sup> Another barrier of note is viewing the movement as more of a novelty in the workplace instead of truly implementing it as an organizational value.<sup>46</sup>

## Stigma Leads To Undertreatment Of Mental Illness, With Severe Financial Consequences

Employees “with untreated mental health problems... are far more likely to show up for work... The most common explanation for why differences occur between how mental and physical illnesses are addressed is stigma. Workers may be concerned about being labelled as mentally ill by their employers and co-workers for fear of the ramifications.”<sup>47</sup>

**Less than a third of employees coping with mental illness receive treatment.**<sup>48</sup> In a 2007 survey of HR managers by the Partnership for Workplace Mental Health in the United States, eight in 10 respondents said they felt employees suffering from mental illness might refrain from seeking treatment due to “shame and stigma.” This attitude does not seem to have changed significantly over the years: More recent polls by the Disability Management Employer Coalition suggest the degree of stigma associated with mental illness has not waned.<sup>49</sup>

**Individuals, particularly workers, wait too long to seek treatment, usually several years.**<sup>50</sup> 47% of employees with 5 or more issues or symptoms of psychological difficulties did not tell their immediate superior.<sup>51</sup> And 43% of employees with symptoms of major depressive disorder said they had received no mental health treatment in the previous 12 months.<sup>52</sup>

**Workplace employees with untreated mental health issues use non-psychiatric inpatient and outpatient services three times more than those receiving treatment.**<sup>53</sup>

## Essential Elements Of A Stigma-Free Environment

- 1 The role of the CEO is critical.** Studies show employees may be reluctant to utilize benefits provided by the organization unless they perceive that their supervisor or the organization as a whole is supporting the use of the benefits.<sup>54</sup> When mental health is valued by leaders, and appropriate resources are available in the workplace, there are real benefits to business: In workplaces that employees consider mentally healthy, self-reported absenteeism as a result of experiencing mental ill-health almost halves.<sup>55</sup>
- 2 Education and awareness among managers are also key ingredients.** “Many times managers have risen to their position out of expertise in their area, not necessarily because they have people skills.”<sup>56</sup> Only 15% of respondents to a recent survey said that managers in their companies are trained in recognizing a mental health problem.<sup>57</sup>
- 3 Exposure to the personal dimension is key to fighting workplace stigma.** Education only or a lecturing approach against stigmatizing is not effective. “The idea is to shift associations from “mental illness/unknown/frightening” to “mental illness/experienced by the daughter of Mark Lewis who runs our United Way Drive.” Presentations and conversations with people in recovery who have first-hand experience is the proven method for reducing stigma.<sup>58</sup>

## Treatment Works

Evidence-based treatments are effective in reducing symptoms of common workplace mental disorders (depression, anxiety) in up to 75% of individuals.<sup>59</sup> “[M]any psychological treatments are highly effective at treating mental health concerns. The problem appears to be linking patients with [those] treatments. [Further],... evidence suggests treating mental disorders can result in cost savings to employers.”<sup>60</sup>

**In a 2004 study, employees who received high quality depression care management over two years realized a 28% improvement in absenteeism and a 91% improvement in presenteeism.**<sup>61</sup> At 24 months following treatment, the intervention improved productivity by 8.2% at an estimated annual savings of \$1,982 per full time equivalent. Additionally, absenteeism was reduced by 28.4% or 12.3 days over the 24-month period, putting an estimated \$619 back into employers’ pockets.<sup>62</sup>

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**Research shows that the cost of depression treatment is fully offset by the savings due to absenteeism alone.**

One study examined 230 employees seeking psychotherapy to treat their depression and found that psychotherapy was associated with a 26.1% improvement in absenteeism over one year.<sup>63</sup> Employees undergoing treatment reduced absenteeism from 24.3 lost work hours per month at baseline down to 2.5 lost work hours per month reported 12 months later.<sup>64</sup>

Finally, early intervention with antidepressant medication has been shown to shorten disability by three weeks and to improve work performance in 86% of employees treated with these drugs.<sup>65</sup>

## **Workplace Support Makes A Difference**

Social support has been consistently shown to ameliorate the negative effects of depression.<sup>66</sup> A key component is supervisor and co-worker support.<sup>67</sup> Studies have shown that the little things matter when dealing with depressed individuals and that benefits may be gained simply by increasing the number of weekly reminders, developing daily schedules and routines, and having an increased number of follow-ups regarding work performed.<sup>68</sup>

Moving employees from a high stress level to a moderate stress level resulted in a 7.4% drop in absenteeism. Moving employees from a high stress level to a low stress level resulted in a 9.4% improvement in presenteeism.<sup>69</sup>

**Employees whose mental disorders are being attended to provide better customer service, and experience more favorable co-worker interactions, higher productivity, and less healthcare-related expense.<sup>70</sup>**

### **Key Factors For Stay-At-Work And Return-To-Work Success:**

- Solid partnerships
- Communication with co-workers and supervisor
- Positive co-worker and supervisor relationships
- Resources and supports at the individual level
- Long-term investment from healthcare providers
- Workplace structures to prevent mental illness<sup>71</sup>
- Involvement of EAPs in stay-at-work interventions<sup>72</sup>
- Employee education on behavioral health issues
- Job modifications: Duties, Work location, Hours of work
- Behavioral Health screenings
- Choice of carrier with a proven record for managing absence and disability.<sup>73</sup>

## **Return On Investment**

**A 2014 report stated that for every dollar invested in creating a mentally healthy workplace, \$2.30 is generated in benefits to the company.<sup>74</sup>**

Many studies have concluded that the indirect costs of mental health disorders – particularly lost productivity – exceed companies' spending on direct costs, such as health insurance contributions and pharmacy expenses. Given the generally low rates of treatment the researchers suggest that companies should invest in the mental health of workers – not only for the sake of employees but to improve their bottom line.<sup>75</sup>



**SOCIAL SUPPORT HAS BEEN CONSISTENTLY SHOWN TO AMELIORATE THE NEGATIVE EFFECTS OF DEPRESSION. A KEY COMPONENT IS**

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CO-WORKER  
SUPPORT.**

## ENDNOTES

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- 2 Employee Benefit News, "Innerworkings Survey: A Look at Mental Health in Today's Workplace" (2007).
- 3 Employment not only provides a paycheck, but also a sense of purpose, opportunities to learn and a chance to work with others. Most importantly, work offers hope, which is vital to recovery from mental illness." "Road to Recovery: Employment and mental illness", NAMI, July 2014
- 4 "Depression is the leading cause of disability worldwide, and is a major contributor to the global burden of disease." World Health Organization website. Fact sheet N°369, October 2012
- 5 "Business owners and organisational leaders play a critical role in driving policies and practices that promote mental health in the workplace" Headsup.org Australian initiative <http://www.headsup.org.au/creating-a-mentally-healthy-workplace/taking-action/roles-of-different-individuals>
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- 7 "Countries such as Australia, Canada, New Zealand, and the United Kingdom are leading the way in the development and implementation of anti-stigma programs that are aimed at reducing stereotypes, prejudice, and discrimination against those with mental disorders in the general public" *Reducing the stigma of mental disorders at work: A review of current workplace anti-stigma intervention programs* Andrew C.H. Szetoa, Keith S. Dobson, *Applied and Preventive Psychology* 14 (2010) 41-56
- 8 MIW at 20.
- 9 Harvard Mental Health letter, 8, February 2010: "In one study examining the financial impact of 25 chronic physical and mental health problems, researchers polled 34,622 employees at 10 companies. The researchers tabulated the amount of money the companies spent on medical and pharmacy costs for employees, as well as employees' self-reported absenteeism and lost productivity, using the [World Health Organization] questionnaire. When researchers ranked the most costly health conditions (including direct and indirect costs), depression ranked first, and anxiety ranked fifth — with obesity, arthritis, and back and neck pain in between."
- 10 MIW at 17.
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MIW at 5; *Behavioral Health and the workplace: Productivity Costs and Solutions, Workplace Possibilities*, by The Standard, April 2013, p2  
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- 23 MIW at 55.
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- 27 MIW at 69.
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- 29 Id.
- 30 Id.
- 31 MIW at 72.
- 32 MIW at 2; *Depression in the Workplace in Europe: A report featuring new insights from business leaders*, p.3  
"Employees with depression report on average 5.6 hours per week of lost time, representing a serious erosion of productive capacity"  
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"Stewart et al. (2003) assessed the costs of lost productive time among US workers with depression and found that presenteeism accounts for 4.6 times as many hours lost as absenteeism."  
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"Chronic physical conditions are associated with total disability days, while the predominant effect of psychiatric disorders is on partial disability; in fact, psychiatric disorders were responsible for 23 times as many partial disability days as total disability days. In addition, disability days are different in the presence of a combination of psychiatric and physical disorders (Dewa and Lin 2000).  
It is estimated that in a two-week period, among US workers, average presenteeism productivity loss due to depression is about four hours per week; that translates into \$36 billion (US) (Stewart et al. 2003). In contrast, the average depression-related absenteeism productivity loss is about 1.0 hour per week; that is equivalent to \$8.3 billion (US) (Stewart et al. 2003)."  
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- 35 *The full costs of Depression in the Workplace*, Integrated Benefits Institute, 2009, p.11  
"Based on IBI's analysis of the HPQ data, 28% of employees in the workforce report depression, but 70% of these currently are not under professional care for depression.17 Thus for every employee for whom we observe depression treatments in the Ingenix data (more than 39,000 employees), there are approximately 2.3 employees with depression symptoms who are not being treated."  
Additionally: "Between 2001 and 2003, the National Comorbidity Survey Replication found that half of depressed adults did not receive treatment until at least eight years after the onset of their disorder." (p.3)
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- 37 Id.
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- 41 MIW at 244.
- 42 MIW at 16.
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- 52 “Of those in treatment, fewer than half—about 42%—were receiving treatment considered adequate, on the basis of how consistent it was with published guidelines about minimal standards of care” From Harvard Mental Health letter, 8, February 2010; “Even in Canada, where universal health coverage has existed for a long time, it was found that 44% of Canadian women who had experienced a major depressive episode did not seek help for their symptoms.” MIW at 243.
- 53 A Mentally Healthy Workforce - It’s Good for Business. The Partnership for Workplace Mental Health. A program of the American Psychiatric Foundation. P.9.  
 “People with untreated mental illness cost more. They use non-psychiatric inpatient and outpatient services three times more than those who are treated.16 Why? Because 50% of visits to primary care practitioners (PCPs) result from patient symptoms unexplained by a physical illness but often associated with depression or an anxiety disorder - such as fatigue, sleep disorders, chronic pain, chest pain, dizziness, abdominal discomfort, etc. — that often lead to unnecessary and expensive testing. This also results in the underreporting of mental health claims, leading employers to mistakenly think that mental health problems in their workforce are much less than they actually are.”  
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- 55 State of Workplace Mental Health in Australia, Report, TNS, 2014, p3
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 “Many times managers have risen to their position out of expertise in their area, not necessarily because they have people skills.”
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- 58 “How managers can lower mental illness costs by reducing stigma” Betsy D. Gelb, Patrick W. Corrigan, *Business Horizons*, 2008, vol. 51, issue 4, pages 293-300.
- 59 MIW at 24.
- 60 MIW at 25.
- 61 “Open Minds”, Dori Meinert, HR magazine, October 2014, p.30.  
 “In a 2004 study, employees who received high-quality depression care management over two years realized a 28 percent improvement in absenteeism and a 91 percent improvement in presenteeism (when employees are present at work but not productive). That translates to an annual savings of \$3,476 per employee (in 2013 dollars), according to Kathryn Rost, a research professor at the University of South Florida.”
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- 63 Id.
- 64 Id.
- 65 A Mentally Healthy Workforce - It’s Good for Business. The Partnership for Workplace Mental Health. A program of the American Psychiatric Foundation. p.7
- 66 MIW at 80.
- 67 Id.
- 68 Id.
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- 70 MIW at 25.
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- 74 “Creating a mentally healthy workplace - Return on investment analysis”, The Mentally Healthy Workplace alliance, beyondblue, PwC, Final report, March 2014, p.4.
- 75 Harvard Mental Health letter, 8, February ,2010, p.3.  
 “The literature on mental health problems in the workplace suggests that the personal toll on employees—and the financial cost to companies—could be eased if a greater proportion of workers who need treatment were able to receive it. The authors of such studies advise employees and employers to think of mental health care as an investment—one that’s worth the up-front time and cost. Most of the research on the costs and benefits of treatment has been done on employees with depression. The studies have found that when depression is adequately treated, companies reduce job-related accidents, sick days, and employee turnover, as well as improve the number of hours worked and employee productivity. But the research also suggests that treatment for depression is not a quick fix. Although adequate treatment alleviates symptoms and improves productivity, one study found that in the short term, employees may need to take time off to attend clinical appointments or reduce their hours in order to recover.”

# CEOs AGAINST STIGMA

A **NAMI Mass** campaign

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National Alliance on Mental Illness

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