Executive Summary - Workplace Mental Health Summit, Thursday, July 31, 2014
CBS Headquarters – 51 W. 52nd Street, New York, NY

The July 31st Workplace Mental Health Summit at CBS brought together over 40 corporate and workplace mental health leaders, key stakeholders, health plans, and providers to engage in an open and dynamic discussion about how businesses manage and support mental health in the workplace.

The Gold Standard

The summit began with William Emmet from the Kennedy Forum discussing the CEO Cancer Gold Standard, created by One Mind as the framework for a potential Mental Health Gold Standard for employers. The draft Gold Standard is an accreditation program split into 5 tiers: Prevention, Screening, Cancer Clinical Trials, Quality Treatment and Survivorship, and Health Education and Health Promotion.

Many people wanted there to be more clarity between existing legal requirements and the standard’s intention to affect cultural change within the workplace. There were also concerns regarding the legality of certain phrasing (such as the use of the word “benefits” and providing “equal opportunities to all employees,” specifically focusing on the point of difference between full-time and part-time employees.)

Attendees also voiced concerns over the proposed standard decrying discrimination, but not discussing the tangible ways in which employers will promote mental well-being, such as creating reasonable accommodations for individuals functioning with mental illness.

There were also concerns regarding whether the Standard would be too difficult for employers to implement as a separate document. Michelle Martin of CBS suggested that some corporations actually enjoy rankings programs, due to the competitive nature of corporate industries. Michelle cited other workplace ranking systems that help drive leadership interest, such as those by Working Mothers and the Human Rights Campaign (HRC).

The biggest question was over what the Standard would achieve and how it would be implemented:

- should it be an accreditation program
- should it be a ranking program
- is it simply a statement that employers sign and disseminate to employees

Charles Lattarulo of American Express gave the UK-based Time to Change mental health campaign, which AmEx has now implemented, as another example of standard whose framework we could adapt. He suggested that its appeal came from its global applicability and the ease with which the language could be adapted to fit American Express specifically.

Next Steps:

- visit Time to Change website for guidance
- Review basic principles upon which to build the Standard
- Convene a committee call

Improving Access to Quality MH Care

Continuing the conversation on access to quality care, the group focused on how to achieve value-based contracting using quality metrics that result in shared savings among providers and employers.
Members of the psychiatry professions expressed the lack of incentive they have for joining an in-network program. The oversight is too high while the pay out is comparably lower than remaining out of network.

Meanwhile, employers expressed frustration at cobbling together plans, because those that currently exist do not work for their employees, in terms of price and availability. There are few psychiatrists that have openings outside of the work day, such as after 5:00pm or on the weekends. Some employers are concerned about quality while others are more concerned about access to clinicians within their network.

Bridges to Excellence was recognized as potential example for mental health care; it is an incentive-based program that recognizes and rewards clinicians who offer superior care, based on the program’s outlined principles.

Anthem/Blue Cross Blue Shield provided an update, saying that they were in the midst of cleaning up their databases. Currently, contract programs automatically renew; providers do not usually inform plans that they are no longer in their networks. For that reason, databases are often very out of date. In the past 18 months, over 12,109 locations across all provider types for Anthem had not submitted a claim; they were subsequently removed from the system.

According to Larry Grab at Anthem Blue Cross Blue Shield, 48% of mental health providers are out of network. He expressed that there is a perception of too much oversight. Moreover, there aren’t enough psychiatrists to cover the need for their services. (Mike Thomas stressed the importance of considering the needs of low-income employees who cannot afford costs such as high premiums or deductibles.)

Joseph Hullett of Optum suggested that the biggest issue in assuring access to care is that there is no mechanism in place to triage mental health issues. With our current services delivery system, there is little collaboration among physicians and psychiatrists to assess those most seriously in need of health services and connect them with immediate quality treatment.

Employers suggested looking at tele-health options, to alleviate the pressure of taking time off during work to see a therapist. Some attendees voiced opposition because, they felt face-to-face interaction was necessary for proper treatment. However, it is considered more cost-effective most employees prefer a telepsychiatric appoint to a doctor’s visit. There is a licensure issue in New York specifically, but it could be an advocacy issue for employers.

Facilitator Mike Thompson summed up the issues as follows:

1. improving and encouraging collaborative care
2. exploring tele-health options
3. getting more people in-network

**Mental Health First Aid**

Mental Health First Aid is an 8-hour course that teaches people how to understand, identify, and respond to mental health issues. It has been recognized as helpful in stigma reduction. It’s been used for veterans, school districts, and internally for businesses. Some suggested training Human Resources with it. It can also be customized. Ernst & Young found the program particularly useful in the workplace, having trained all managers using MHFA. One next step is figuring out how to approach families with MHFA.