Executive Summary - Workplace Mental Health Summit, Monday, Nov. 3, 2014
Credit Suisse Headquarters – 11 Madison Ave, New York, NY 10010

The Nov. 3 Workplace Mental Health Summit at Credit Suisse brought together over 40 corporate and workplace mental health leaders, key stakeholders, health plans, and providers to determine action steps for addressing barriers to access and defining standards of quality, as well as Mental Health First Aid.

Stigma

Mike Thompson reiterated to the group how stigma around mental health in the world means that the health care industry is less concerned about people’s abilities to access mental health services. If it were, access would be less of an issue – for example, these issues do not exist as extensively in medical care.

- “Without awareness, there’s not acceptance; without acceptance, there’s little accountability; without accountability, there’s little access.”

Moving Toward Action: Improving Access to Quality MH Care

Mike began the meeting discussing the group’s status as a pioneering entity, capable of shaping the direction of workplace mental health nationally, leading to both opportunity and responsibility.

Alan Youngblood, of JPMorgan, followed with a call to action. While the group is inspirational, more could be done to move forward. Those in the EAP field have more of a pulse on what employees are experiencing and, from his perspective, consumer-driven health plans are discriminatory and regressive. People don’t have the money to pay deductibles for out-of-network physicians, who are usually more highly qualified to treat them. This is an issue of access. Furthermore, although much has been said about cost reduction, there is still a gap between cost and people’s ability to access long-term, quality care. Youngblood stated that the focus in shaping these discussions should be less on saving money for companies and more on what’s happening to employees.

Ken Dolan-Del Vecchio of Prudential, continued with his concerns on employee access to care, stating that employees are too embarrassed to accept hospitalization during a mental health emergency and often do not or cannot access long term care after hospitalization. Furthermore, it is difficult to access quality care in an adequate time frame that is affordable. Charles Lattarulo of American Express and Mark Siegert of Mark Siegert & Associates seconded these ideas, reiterating that when people can’t access care, they give up, which can result in drastic consequences.

The key concerns in summary:

1) Access is the number one question
2) What are insurers doing about it?

Lattarulo offered a possible solution, which was to create formal employer networks beyond personal connections. (EAPs currently subvert formal access barriers by, when possible, tapping personal connections to connect employees with affordable and quality care.)

The group reiterated the issues of affordability, quality, and availability – there is a lack of practitioners in-network who can be accessed during reasonable times and have the desired level of expertise. This is because the insurance process is considered overly complicated, and practitioners, as they gain skills and knowledge, do not feel that they are paid enough by insurers to stay in network over time.
A question posed to the group at large:

- “What is your company willing to pay for?”

**Telepsychiatry and Internet Databases**

Attendees suggested that telepsychiatry might be a good low-cost solution, particularly as a crisis line, though others suggested that people still prefer in-person care. Some people suggested moving EAP processes online to make them more automated, but others contended that it won’t replace the need for formal EAPs, who are more knowledgeable and able to walk individuals through the process of finding a mental health practitioner. However, it’s important that online databases still be kept clean and up-to-date.

**Workplace Mental Health Standard**

Drew Train, #IWillListen Campaign Co-Chair, put together a draft framework for a Workplace Mental Health Standard. The Standard is considered a baseline, as opposed to a “best in class” program, like one the APA employs. There are questions about measuring and defining quality, but attendees noted that this was not a discussion for the group, but a discussion that should be had by the healthcare industry. The group can serve as an entity that demands accountability and puts pressure on the industry to define, measure, and ensure quality.

People were wary about initiating a “best practices” agenda, which might require legal evidence, although others stated that evidence-practices were already existent.

Clare Miller, of Partnership for Workplace Mental Health, reiterated that the standard is itself an awareness of stigma and that by adopting it, companies would be recognizing that mental illness is something that is a part of everyone’s life.

Attendees noted that incorporating the Standard may be more difficult in smaller companies because everyone knows each other, while starting with larger corporations may allow employees to feel more comfortable speaking up. Wendy Brennan, of NAMI-NYC Metro, noted that the Standard can be flexible at different companies. Others suggested that the Standard can be considered on a sliding scale that is adjusted through the years, allowing the Standard to meet companies where they’re at and encourage growth, which then decreases empty commitments and recognizes a desire for improvement. Studies on the effectiveness of the program can be conducted throughout.

**Next Steps:**

1. Creating a pilot group to address access concerns
   a. Include employers, plans, providers, hospitals
      i. Laurie suggested reaching out to tech companies such as Google and Facebook, who have a strong culture around work flexibility and ensuring mental health
   b. Ask “what should we be considering that isn’t already on the table?”
   c. Discuss integrative care

2. Mental Health Workplace Standard subgroup
   a. Consider as a tool, not as an evaluation
   b. Begin considering potential stakeholders

Laurel Pickering will reach out to members about which groups they’d like to be in.

**Mental Health First Aid**
Betsy Schwartz, Vice President of Public Education and Strategic Initiatives at the National Council for Behavioral Health, came to speak to the group about Mental Health First Aid (MHFA), which she oversees.

It is an 8-hour course that teaches people how to understand, identify, and respond to mental health issues. **It can be customized for each workplace.** In the previous meeting, it was suggested that Human Resources staff train with MHFA. Ernst & Young found the program particularly useful in the workplace, having trained all managers using MHFA.

The program has been recognized as helpful in stigma reduction and increasing comfort levels with mental health crises. It’s been used for veterans, school districts, and internally for businesses. It’s reached 23 countries and over 300,000 people and has trained 6,000 individuals as instructors so far.

There are 2 core versions: Adult & Child (for people who work with children, such as teachers and administrators). There is a major pilot program with Progressive Insurance and core Aetna employees have already been trained. It has become mandatory for all NYPD veterans. The program is in the process of creating an online component so that some of the training can be accessed remotely.

More info can be found here: [http://www.mentalhealthfirstaid.org/cs/](http://www.mentalhealthfirstaid.org/cs/)