

ALLIANT INSIGHTS

# Lifting the Veil



Revelations on the mental health  
crisis in America's workforce.

September 2019



## OVERVIEW

According to the National Institutes of Health, the mental health problem in the United States is so deep that one of every five adults has a mental health disorder.<sup>1</sup> The root causes of this challenge conjure the image of a sizable spider web, with your employees, in one way or another, likely to get caught up in it.

Obesity, corporate burnout, financial pressures, a disjointed healthcare system, drug and alcohol abuse... the list of causation goes on. In addition, research says this problem does not discriminate based on employment status, gender, race, or age. It also clearly indicates the

significant financial burden of mental health disorders is **primarily carried by employers.**

With forty-four million people having mental health challenges, it's not surprising that the cost of depression on its own depletes the American economy by approximately \$210 billion each year. Employers carry 50 percent of those costs.<sup>2</sup> However, this number is likely low since roughly four in 10 adults with mental illness do not get treatment.<sup>3</sup> Workplace productivity is greatly impacted by depression<sup>4</sup>, and approximately half the annual cost of treating depression in the United States is paid by employers. That's more than \$100 billion.<sup>5</sup>

The invisible costs — absenteeism, presenteeism, and work disability — are there, but are often 'invisible' and more difficult to correctly quantify.

Through data and expert insight, this report details the multiple issues feeding this crisis which includes the country's challenges with personal debt and general poor physical health. There is a silver lining to this rather grim report because employers can take action to support their employees' mental health and protect the company from the visible, and invisible, costs of untreated mental health problems.

## A WAKE-UP CALL

Mounting deaths in this country due to suicide and the opioid crisis is not news, and many in the benefits community have thought problems related to mental health did not impact employers. However, Alliant recently began to notice bits of correlating information that indicated the assumption should be validated.

The first indicator was a client meeting where a 'cause of death report' was presented and a large portion of deaths were by:

- Suicide,
- Drug overdose, and
- Cirrhosis of the liver

Soon after, a cnn.com article was published and the first paragraph read:

*"There has been a significant rise in accidental deaths, homicides, and suicides among young people across the United States, and experts are calling it a wake-up call."*<sup>6</sup>

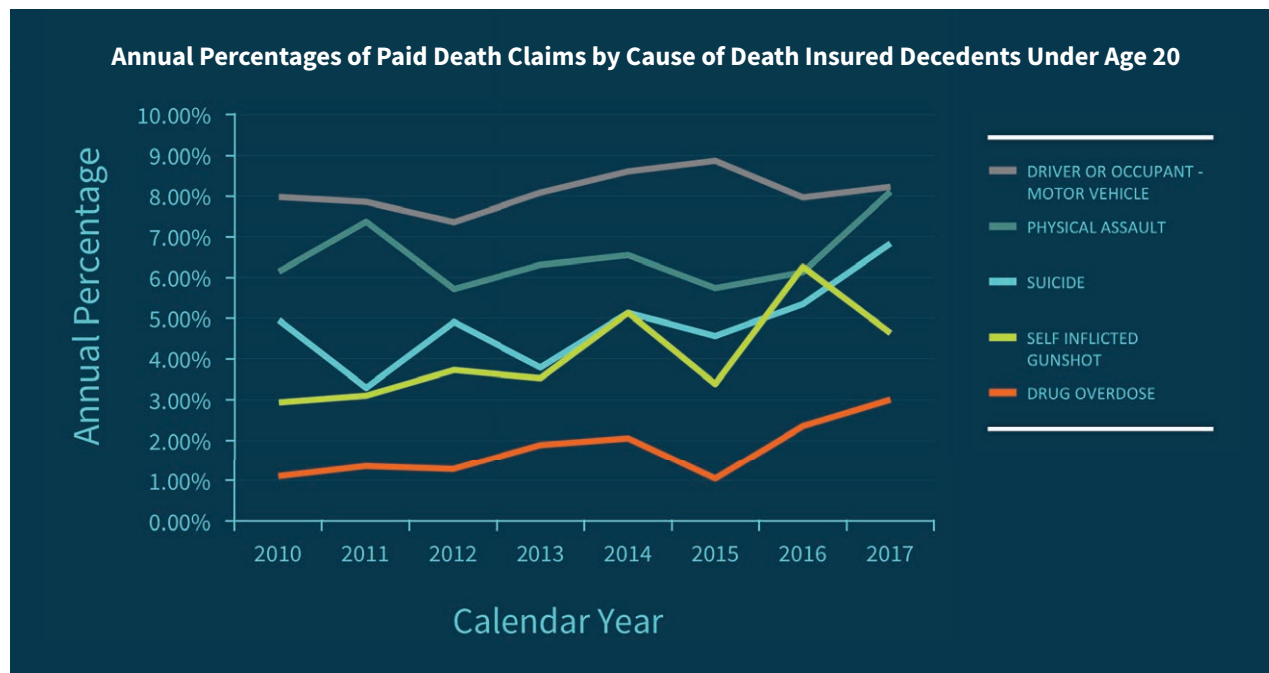
Alliant asked a leading group life insurance carrier to review the article, dig into their claims, and share what they found regarding cause of death over time for their group book of business.

After crunching the numbers, an actuary for the insurance carrier noted that he was, "... surprised by the suicide numbers." He went on to state that he would not have thought an insured population would have seen this increase.

**Exhibit 1** reflects the data from that carrier prompting the response.

The sharp increase in the red line (drug overdose) indicated a potential trend that needed studying. The graph indicates how small suicides and overdoses are as a percent of total claims. For this reason, it could be possible that large group life carriers and their clients had not noticed this trend.

**Exhibit 1**



The submitted data included a count of claims by the combination of:

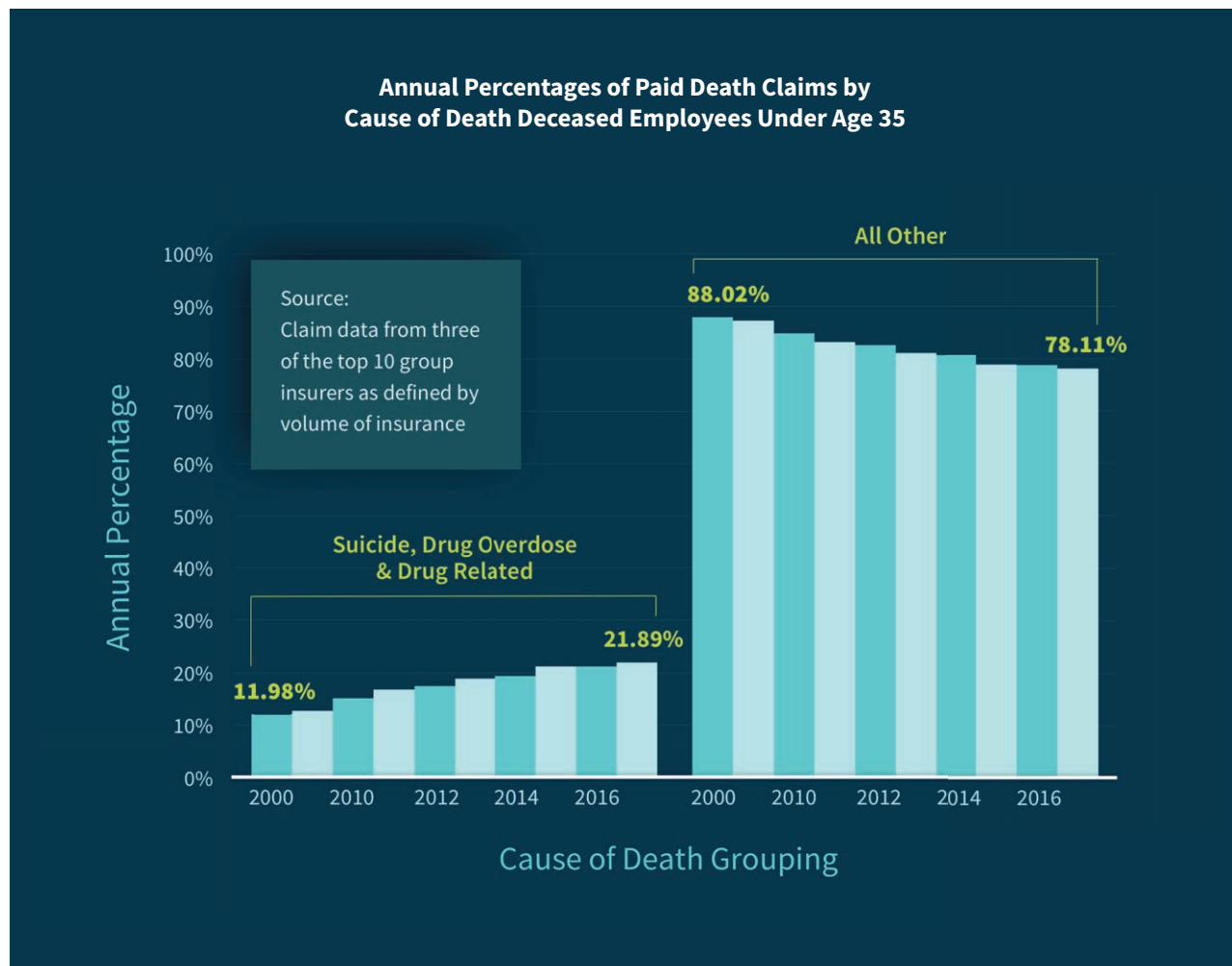
- Year of Payment (2008-2017)
- Age at death in 5-year age brackets (0-19, 20-24, 25-29, etc.)
- Coverage Code (Basic Life, Employee Supplemental Life, Dependent Life, AD&D)
- Cause of death (code or description)
- Gender

The study revealed that for those 20-34 years old, suicide and drug overdose deaths **have**

**risen over 9 percentage points in 9 years,** while all other causes of death have declined by about 10% over the same timeframe.

To be exact, the percentage of young employees' deaths caused by suicide and drug overdose increased from 11.98% in 2008 to 21.89% in 2017 as demonstrated in **Exhibit 2**. That is an increase of 83% in the percentage of claims caused by suicide and drug overdose. This represents a compound annual increase of 6.9% per year.

**Exhibit 2**



Count / \$T In Force

## RAW NUMBERS CONFIRM THE TREND

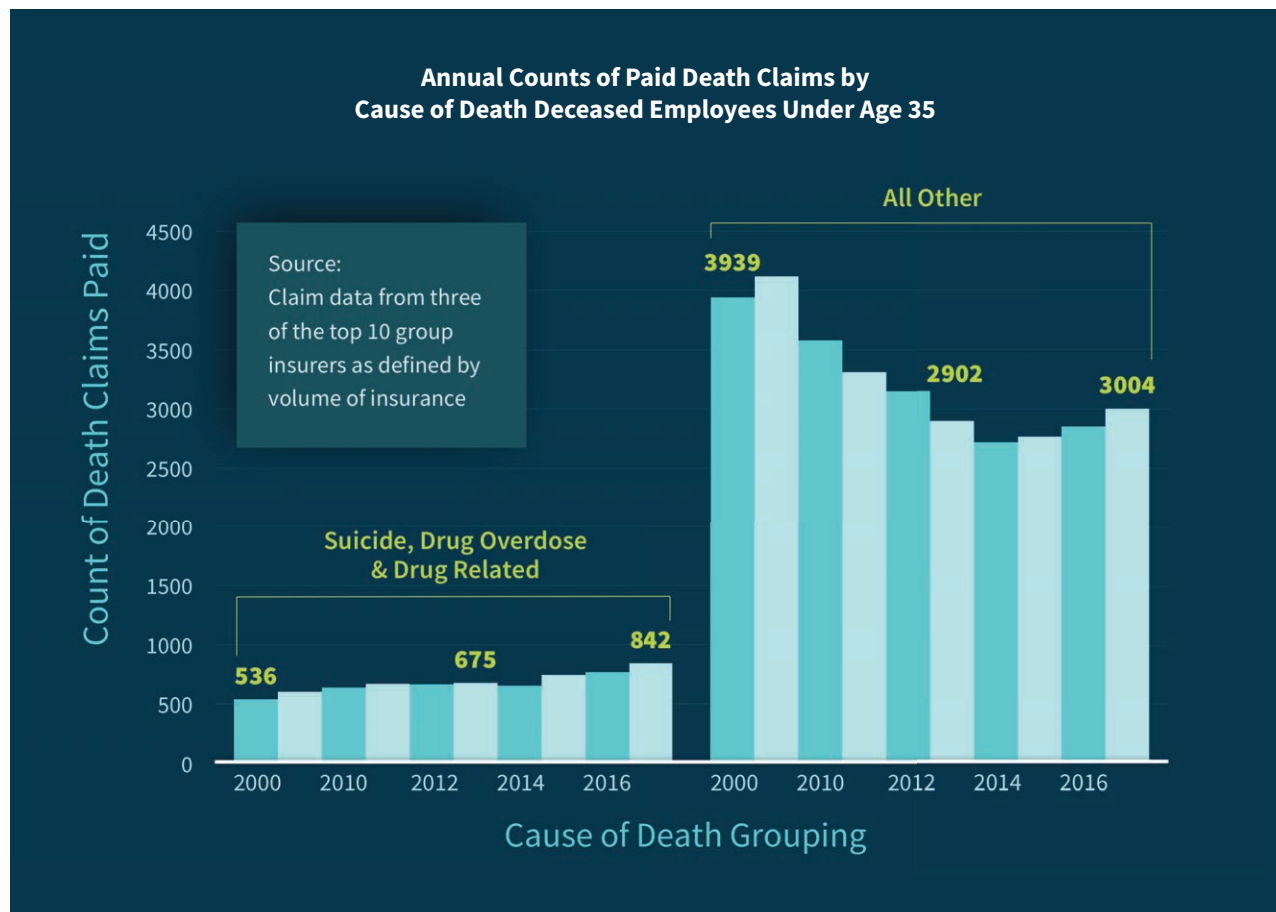
To test the validity of what we were seeing in **Exhibit 1**, we looked at the data in **Exhibit 2** through another method, which was through raw claim counts. Again, the trend was validated as shown in **Exhibit 3**.

Not only is the percentage of claims from suicide and drug overdose increasing, but the raw number of claims from suicide and drug overdose is also increasing (see **Exhibit 3**).

While the increase in percentage of suicide and drug overdose claims in the 2008-2014 period is

partially explained by consistent decreases in claims from other causes, in 2015-2017 deaths from all causes increased, both suicide and drug overdose and others. In fact, **in the 2014 to 2017 period, the percentage of suicide and drug overdose claims increased at a compound rate of 4.2%**, while other causes were also increasing in number. In other words, the increase in the percentage of claims from suicide and drug overdose is not caused solely by decreasing deaths from other causes.

**Exhibit 3**



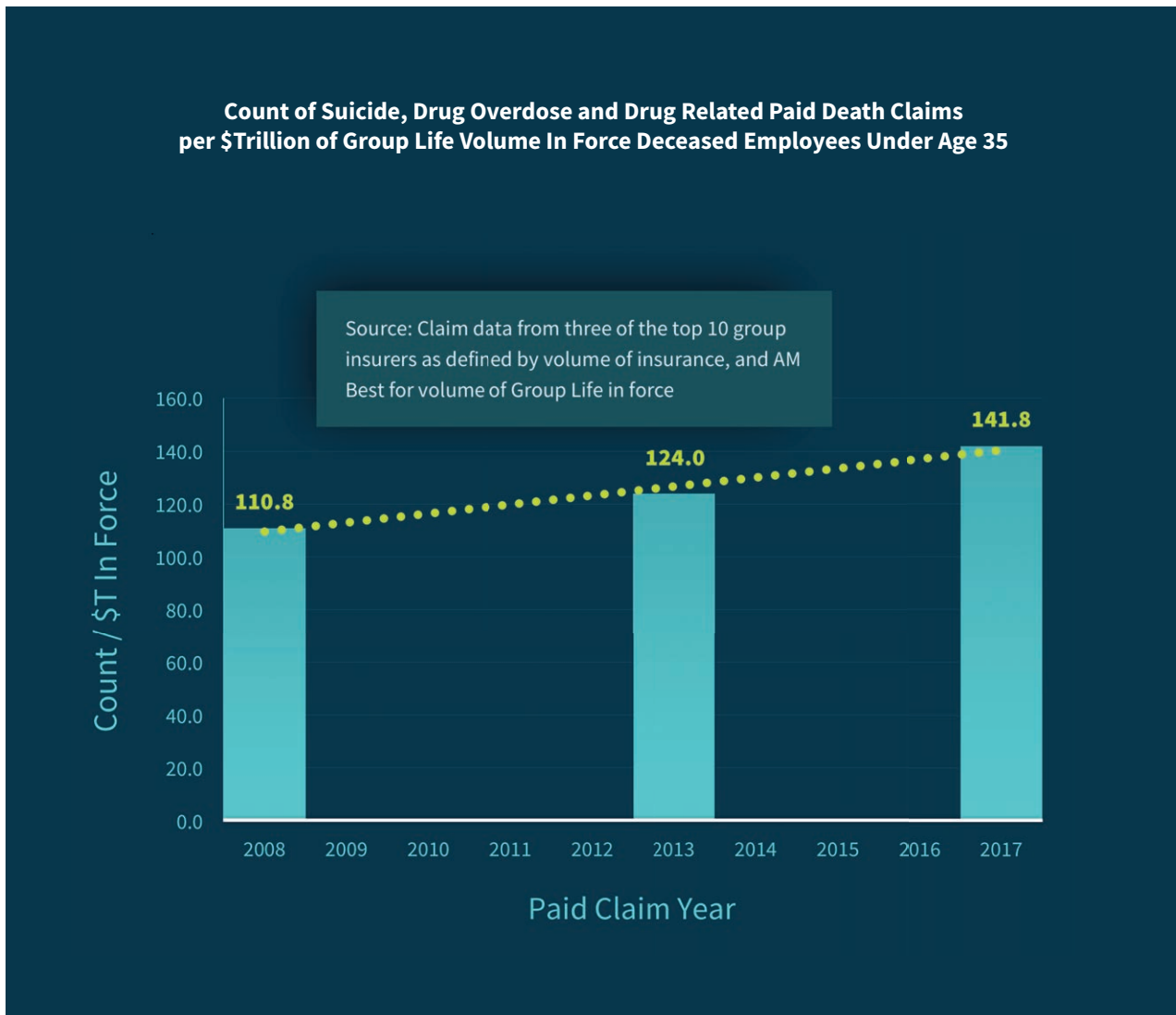
To stress test the theory once more, the data (claim counts) was in relation to a measure of exposure (\$ trillions of Group Life insurance in-force). Again, the trend was validated and is durable, as shown in **Exhibit 4**.

Suicide and drug overdose claims increased 28% over the nine years from 2008 to 2017. This is a compound average increase of 2.8%. Looking

at 2013 to 2017, roughly the same period in **Exhibit 2** in which both suicide, drug overdose, and other claims were increasing in number, the compound average increase is 3.4%.

In summary, the increase in deaths due to suicide and drug overdose as shown in death claims alone reflect compound annual increases from 2.8 – 15.7% depending on the category, as shown in **Exhibit 5**.

**Exhibit 4**



**Exhibit 5****Summary of Suicide and Drug Overdose Death Claims Statistics for Employees, Spouses and Children**

Category Description	Group Life Insurance Product(s)	Age Range	Gender	2008 Suicide, Drug Overdose & Drug Related Claims as % of Total	2017 Suicide, Drug Overdose & Drug Related Claims as % of Total	Compound Annual Increase	2008 Suicide, Drug Overdose & Drug Related Claims per \$T in Force	2017 Suicide, Drug Overdose & Drug Related Claims per \$T in Force	Compound Annual Increase
Young Employees	Basic Life	20-34	All	11.98%	21.89%	<b>6.9%</b>	110.8	141.8	<b>2.8%</b>
Young Female Employees	Basic Life	20-34	F	8.66%	15.35%	<b>6.6%</b>	15.5	20.9	<b>3.4%</b>
Young Male Employees	Basic Life	20-34	M	12.78%	23.67%	<b>7.1%</b>	95.3	120.9	<b>2.7%</b>
Young Spouses	Dependent Life	20-34	All	10.15%	23.60%	<b>9.8%</b>	24.0	71.1	<b>12.8%</b>
Young Female Spouses	Dependent Life	20-34	F	10.27%	21.41%	<b>8.5%</b>	12.0	26.6	<b>9.3%</b>
Young Male Spouses	Dependent Life	20-34	M	10.03%	25.14%	<b>10.7%</b>	12.0	44.5	<b>15.7%</b>
Children	Dependent Life	0-19	All	4.30%	8.98%	<b>8.5%</b>	28.9	40.4	<b>3.8%</b>
Female Children	Dependent Life	0-19	F	2.68%	6.02%	<b>9.4%</b>	7.2	11.4	<b>5.2%</b>
Male Children	Dependent Life	0-19	M	5.39%	11.14%	<b>8.4%</b>	21.7	29.0	<b>3.3%</b>
Young Employees & Dependents	Basic and Dependent Life	0-34	All	8.85%	17.97%	<b>8.2%</b>	168.9	257.6	<b>4.8%</b>
Young Female Employees & Dependents	Basic and Dependent Life	0-34	F	6.00%	12.93%	<b>8.9%</b>	34.9	59.3	<b>6.0%</b>
Young Male Employees & Dependents	Basic and Dependent Life	0-34	M	10.10%	20.36%	<b>8.1%</b>	134.0	198.3	<b>4.5%</b>

This startling data proves the mental health crisis is wide-spread — it can be an employee, an employee's spouse, or even a dependent.

**As an employer, it is critical to recognize poor mental health as an escalating and costly issue.**

After this research was completed, Alliant's Health & Productivity team took a closer look at the myriad of ways mental health challenges present themselves, what is exacerbating the problem, and what an employer can do to stem the tide. The rest of this paper outlines their findings and recommendations.

## THE FACE OF MENTAL HEALTH DISORDERS

**For a movement to take place, sometimes we have to endure a tragedy. We have experienced some of our clients having to cope with a leader or executive committing suicide and several instances where clients needed support services for their employees due to the loss of a co-worker. While the data speaks for itself, the real-life stuff becomes the real call to action. For this reason, Alliant has made the topic of creating a mentally and emotionally well workplace an important part of every strategic conversation.**

*Jennifer Spence, VP  
Alliant Health & Productivity Practice Leader*

Anxiety surfaces as the most prevalent emotional disorder in the United States' adult population, with 30 to 44 year-old women suffering the most. Women in the age range of 18-29 are more likely to have mood disorders including major depressive disorder (MDD). While men in this 18-29 age range are the most likely to have substance abuse problems and impulse control disorders.<sup>7</sup>

According to a national poll conducted in 2018 by the American Psychiatric Association, millennials (identified as those born in the mid-1980s to mid-to-late 1990s) are more anxious than Gen Xers (those born in the years ranging from the mid-1960s to early 1980s) or baby boomers (those born mid-1940s to mid-1960s), but baby boomer's anxiety increased the most with a seven point jump between 2017 and 2018.<sup>8</sup>

Alliant has seen an uptick in suicides among baby boomer and Gen X executives in some high-pressure industries. Over the last several years, we have

experienced a growing number of requests from our clients asking for onsite services and resources to help their workforce navigate and cope with an employee suicide, tragedy, or violence in the workplace.

Unfortunately, these requests are becoming increasingly common and are not always an employee-only situation. Sometimes, it's an employee that loses a child to drug abuse or suicide or it's a death within the workforce that impacts an entire department. In some cases, a community tragedy has implications for employers in the area and we are asked to help identify support resources and coordinate a crisis intervention strategy to help employees recover from the incident.

Today's work culture and expectation is predominantly one of 'more is better' and being 'on' all of the time. With this hard-driving technology culture, health is suffering. Employees are less and less likely to care for their own emotional, physical, and social well-being as a result. When well-being decreases, so does health status and resiliency to cope in difficult times. Organizations are being forced to look at ways to provide support to their workforce and cater to the demographics of their employees.

For millennials, Alliant sees an increase of mental health issues caused by jobs with long hours and sometimes a lack of social connectiveness. Social media can attribute to this and its name is FOMO, also known as 'Fear of Missing Out', and Google's definition of it is, "*Anxiety that an exciting or interesting event may currently be happening elsewhere, often aroused by posts seen on a social media website.*"

When seeking help, the generational trend Alliant can report is that millennials are willing to address their mental health challenges more than baby boomers because they likely feel less stigma about mental illness.



## DEPRESSION AND COMORBIDITIES

If left untreated, people with mental health disorders can struggle with physical and emotional impairments that can worsen over time and lead to other health issues.<sup>9</sup>

Roughly 60 percent of the total cost of depression is spent treating comorbidities (more than one disease at a time) like obesity, type 2 diabetes, and heart disease.<sup>10</sup> If an employee's mental health is not strong, it becomes harder for them to take care of their body. This is one of the reasons there is such a strong connection between comorbidities like metabolic disorders and the mental health crisis in this country. Let's examine a few:

**Heart disease and depression** – One in five people with heart disease is challenged by depression<sup>11</sup>, and the severity of cardiac events runs parallel with the severity of the depression.<sup>12</sup> After a heart attack, depression is three times more likely to occur.<sup>13</sup>

**Diabetes and depression** – Diabetes in the United States runs at about 4.6%<sup>14</sup>, and of those people, 12 percent have depression.<sup>15,16</sup> However, roughly two-thirds do not seek treatment for depression<sup>17</sup> and their average healthcare costs per year are at least \$3,000 higher than those who seek treatment.<sup>18</sup>

**Obesity and depression** – Obesity puts adults at risk for serious chronic diseases and co-morbidities including type 2 diabetes, cardiovascular disease, stroke, liver disease, sleep apnea, certain cancers, poorer mental health, infertility, and problems with pregnancy. It also accounts for nearly 13% of total private medical spending.<sup>19</sup>

People with depression are more likely to become obese, and those with obesity are more likely to become depressed.<sup>20</sup> In dollars and cents, the mean net healthcare expenditures for obesity was \$1,907 per patient per visit. However, claims for obesity and heart failure were \$5,275, or 1.7 times higher.<sup>21</sup>

## MENTAL HEALTH AND FINANCIAL STRESS

Although stress is not considered a clinical mental disorder, it is a risk factor for developing a mental disorder<sup>22</sup> and, surprisingly, money is the second leading cause of stress in this country.<sup>23</sup> Personal debt ranks as a significant stressor for more than two in five adults.<sup>24</sup>

**Stress is a risk factor for the development of a mental disorder.**

Student loan debt falls under the personal debt category and impacts roughly 44 million people in the U.S. Of this number, women represent the majority of borrowers because 56 percent of college students are now women. The American Association of University Women (AAUW) released a report, *Women's Student Debt Crisis in the United States*, revealing that not only do women take on more student loan debt than men, but they are often paid less after college, 26 percent less on average, than their male counterparts.<sup>25</sup>

Value Penguin, whose mission is to provide clarity on the financial decisions facing consumers every day, found that the greater the household income, the higher the credit card debt.<sup>26</sup> Surprisingly, individuals in the

highest annual income percentile held nearly four times more credit card debt than households in the lowest annual income percentiles.

An Alliant survey for a professional services industry with a large population of highly educated employees analyzed the well-being programs of participating organizations. Components examined included emotional, physical, financial security, social, and job satisfaction. Surprisingly, only fifty percent of the participating organizations offered a complete well-being program that addressed all components. This example showcases the need for employers to expand their support in well-being by concurrently addressing the psychological, financial, and physical health of their workforces.

Another take-away is that personal debt is a wide-spread problem and it's likely impacting your workforce at all employee levels. As a leading cause of stress that can contribute to the development of a mental disorder, employers need to pay attention to this.

## RECOMMENDATION: A HOLISTIC APPROACH WORKS BEST

### The Psychological

#### *Specialty mental health programs*

A growing number of employers are deploying specialty vendor solutions such as health advocacy services, specialty behavioral health options, and meditation and resiliency apps to provide better support and remove barriers to treatment for employees and their family members. There are entirely digital solutions

offering well-being training to help employees reduce stress, increase resiliency and improve performance, relationships, and sleep. These also offer assessment and activity-based personalized trainings and create tailored programs based on an employee's mental health status. Here are a few examples:

- **Digital Therapy Programs** – These programs offer onboarding and recommendations, resiliency tools, and crisis support via both digital and face-to-face options. Digital therapy programs can consist of multi-week sessions customized for each individual with specific activities unlocked each week based on participant engagement.
- **Concierge Services** – These services can work with an existing healthcare network that aligns with an employee's needs, and works in partnership with the employer's EAP (Employee Assistance Program).
- **Meditation or Resiliency Training** – If this fits with an employer's corporate culture, these services offer deep breathing, mindfulness training, and even meditation classes in both virtual and in-person settings.

### The Role of the Manager

With the latest announcement from the World Health Organization (WHO) officially classifying burnout as a diagnosis, managers and leaders will be asked to take an active role in mental well-being in the workplace. Burnout is a syndrome resulting from workplace stress that has not been successfully managed with these three contributing factors:

- Feelings of energy depletion or exhaustion;
- Increased mental distance from one's job, or feelings of negativism or cynicism related to one's job; and
- Reduced professional efficacy.

While many large employers have already taken steps to reduce stigma around mental health disorders in the workplace, more work needs to be done. In the workplace, the direct manager of an employee is often the one to spot emotional troubles, but often doesn't have the tools or policies to navigate the situation and effectively communicate with their employee. Alliant is recommending that organizations assemble Mental Well-Being Response Teams that are trained in **Mental Health First Aid**<sup>27</sup> and able to recognize situations to refer co-workers to appropriate resources. Members of this team, in addition to managers, would also be trained to assist in the event of a mental health crisis. Many organizations are approaching this like a Safety Response Team that might handle a fire in the building or a severe weather threat such as a tornado or hurricane. To support this effort, it's also important to utilize communication tools that support mental well-being at both the employee and employer level.

## Creating a Culture that Supports Mental Health

According to the World Health Organization, cultural remedies employers can use to improve the mental health of their workforce include increasing schedule flexibility, fostering a positive work environment, and offering on-site meditation and yoga classes. Employees also encounter fewer mental health challenges when they are rewarded for performance, have clearly defined roles and responsibilities, have compassionate supervision for positive work relationships, have a safe physical environment, supportive leadership and clarity of goals, and have a high perception of equity and fairness.<sup>28</sup> Alliant also recommends offering education and support for millennials who

may be troubled by fear of missing out (FOMO) and feel a lack of social connectedness.

In certain industries like tech, where organizations need to compete aggressively for talent, onsite alcohol is offered as a perk. The perk is viewed as a way to connect with colleagues and soften the impact of longer working hours. However, there is added pressure that comes with working longer hours which results in added stress. While added workforce stress impacts all workers, it particularly impacts women who experience higher levels of anxiety and psychological distress at work than their male counterparts do.<sup>29</sup>

**Women experience higher levels of anxiety and psychological distress at work than their male counterparts.**

It's important for employers to also consider if work perks like on-site alcohol are a good fit for their organizational culture in the goal of supporting mental health. They must view the use of alcohol in a broader light of tying together the health, safety, and risk management objectives of both the direct and indirect costs associated. A report by the Centers for Disease Control, Alcohol Screening and Brief Intervention for People Who Consume Alcohol and Use Opioids<sup>30</sup>, found that alcohol was involved in 22% of deaths caused by prescription opioids and 18% of emergency room visits. The report also indicated that excessive drinkers who use opioid pain relievers were at a much greater risk of not only overdose, but also death.

## The Physical Connection

The connection between mental and physical health is indisputable. Industry research continues to identify associations between mental and physical health and demonstrate how each one impacts the other. Poor mental health is a risk factor for chronic physical conditions such as diabetes and obesity. Similarly, low physical well-being can increase the risk of developing mental health problems such as anxiety and depression.<sup>31</sup> The connection between mental and physical well-being is particularly important when providing support for individuals with chronic conditions. Evidence has demonstrated that even shorter, less intense bouts of activity releases feel good hormones in the brain called endorphins. Exercise has been shown to help

individuals with mild to moderate depression and has been used as a first step to treatment.

The most effective programs address the whole person and combine innovative technology with personalized and individualized counseling for physical activity, nutrition, and stress. With the myriad of solutions in the market, we recommend starting with programs that target the most prevalent and costly conditions such as obesity and diabetes. Per the CDC's statistical data on obesity among adults and youth<sup>32</sup>, the prevalence of obesity in U.S. adults alone was 39.8% and likely impacting every employer. Any program designed to build employee health and total well-being, including mental health, should have a strong physical activity component.

## THE BOTTOM LINE

With the deep issues stemming from the mental health problem in the U.S., impacting more than forty-four million people, employers must recognize they are not only carrying a significant financial burden through medical costs, but they can also play a major role in managing the issue. The challenge goes beyond a simple fix or adding a program. The changes must be sewn within the bones of their organizational culture. It requires diving in at every possible angle — from analyzing related trends using your population claims data or predictive data modeling, ensuring worksite policies align or address the issue, implementing the perks and benefits that support this goal and align to your organizational culture, and training people managers how to spot the signs. However, these are just a few of the areas that can be touched on.

**Alliant's bottom line message to all employers is that it's critical to support and protect your employees from the mental health crisis in America's workforce.**

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