

Frequently Asked Questions

Q: As an employer, how do I know my employees are depressed?

A: National studies of American workers document that depression is far more common in the workforce than employers ever suspected. About one in 14 employees across the occupational spectrum experience a serious episode of depression each year. We can estimate the prevalence of depression in your workforce using established actuarial methods because the risk for depression varies by gender and age.

Q: Why don't I "see" the employees with depression in my workforce?

A: Most depressed employees try to hide the problem because they are afraid that their supervisor and co-workers will devalue them if they admit they are not 'playing at the top of their game'. Despite this front, depressed employees know their work is suffering. Doctors often help employees hide their disease by substituting a less stigmatizing diagnosis when they treat a patient for depression. One of the few markers employers have to monitor the prevalence of depression in their workforce is antidepressant medication costs. The dramatic increase of this marker over the last decade reflects the increasing use of antidepressants for 'off-label' conditions (conditions besides depression). The most recent studies show that 50% of depressed employees fail to get any treatment for the condition. More than 40% of depressed employees who start antidepressant medication discontinue it before they can realize any clinical benefit.

Q: What is depression care management?

A: Depression care management is a confidential program that provides professional and compassionate one-to-one education, monitoring and support to employees with depression. Besides improving clinical outcomes, experimental trials demonstrate that depression care management improves work outcomes sufficiently for selected employers to make a positive return on investment by offering the program. Your calculator results (contained in your notebook) will tell you if your organization is one of these selected employers.

Q: Don't the health plans our company subscribes to already provide depression care management?

A: The health plans and managed behavioral health organizations that offer depression care management programs are listed in the Depression Care Management Vendor Chart included in this notebook. Many health plans have difficulty offering this product because it requires restructuring the type, duration, and intensity of depression treatment that their clinicians routinely provide.

Q: How do you know that depression care management will improve productivity in my work force?

A: The highest level of scientific evidence emerges from testing a new treatment in a randomized clinical trial (RCT) with a representative population of patients. The research team tested depression care management in an RCT with workers employed by over 100 companies in 10 states across the country. The trial demonstrated that depression care management significantly improved absenteeism and productivity at work, with no differences across the occupational spectrum. Because employees who participated in the trial had many different jobs, the research team selected self-report measures strongly related to objective measures of absenteeism and productivity. The paper describing this experimental trial is included in your notebook.

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Q: What does depression care management cost?

A: Vendors who provide depression care management currently employ a wide range of strategies to price their product. The most expensive and variable component of depression care management appears to be the vendor costs associated with engaging employees in the program. Since a vendor has to successfully engage employees to produce a return on investment for the purchaser, employers should carefully evaluate this component of the price.

Q: Are all depression care management programs 'equally' effective?

A: Many vendors advertise their depression care management products as 'evidence based' whether or not their product delivers the critical components of the treatment shown to improve outcomes. Many vendors also advertise that depression care management products will reduce health premiums despite the lack of evidence. Buyer beware. The critical components of depression care management that a vendor must deliver to provide the treatment shown to provide positive return on investment to selected organizations are listed in your notebook. The Technical Assistant can help you identify the products most likely to deliver a positive return on investment to your organization.

Q: How do I find a vendor that will provide the type of depression care management that will result in a positive return on investment?

A: First, make sure your calculator results (copy included in this notebook) indicate your organization can expect a positive return on investment from purchasing a depression care management program. Second, choose a vendor from the Depression Care Management Vendor Chart (copy included in this notebook) that provides the four essential components of DMW care: (1) systematic identification of depressed employees, (2) care manager provision of patient education/monitoring over 24 months, (3) care manager supervision by mental health professional, and (4) PCP feedback if employee fails to improve or relapses.

Q: How can I measure whether I am getting a positive return on investment with depression care management?

A: Many companies do not have the databases they need to examine how employee absenteeism and productivity at work change over time. Several depression management vendors have conducted internal studies on their program's capacity to improve absenteeism and productivity at work. The most effective way for a company to assure that it will receive a positive return on investment is to review the annual reports the vendor provides on program retention and absenteeism/productivity change among participating employees. Organizations interested in these reports should contact the Technical Assistant for a copy of Performance Management Standards.