

The problem of addiction

Depression and drugs raising issues for businesses

If you think it's 'their problem,' you might want to take another look. Depression and addiction are 'family' diseases and often that family is the employer

BY DEBORAH NASON

Is the person in the office next to you suffering from substance addiction or a mental disorder? In the Blue Ridge Region, as in the rest of America, the problems are growing at plague-like rates and are threatening the very underpinnings of business structure.

At least one in four of us is afflicted with one or the other, or both. According to the National Institute of Mental Health, one in five adults (22 percent) suffers from a diagnosable mental disorder every year. Furthermore, one in seven (5.6 percent) Virginians over age 17 is "substance dependent" as estimated in a 2000 study conducted by the Substance Abuse and Mental Health Services Administration (SAMHSA).

What does this mean to the business community? The economic impact is startling. For example, a 2002 study by AdvancePCS, a healthcare management company, found that that "U.S. workers with depressive disorders cost employers \$44 billion in lost productive time. On average, these employees lose 5.6 productive hours per week in work absences and reduced performance time." Another eye-opening insight: "Most of the lost productive time, 81 percent, occurs while employees are at work." A new term has even been created to describe this



Pathways' Brent McCraw: 'Traditionally, there has been a rift between mental health practitioners and substance abuse treatment professionals'

unproductive time – "presenteeism."

Similarly, the American Council on Alcoholism says, "The direct and indirect costs of alcoholism – lost productivity, absenteeism, medical claims, and accidents – is in excess of \$140 billion each year.

But here is perhaps the most important point, according to Blue Ridge Region experts: alcoholism is a primary and fatal illness – if left untreated, the need will grow greater, and the physical damage will grow greater.

If depression and alcoholism are so prevalent in the workplace, why

don't we notice them more? "A lot of employers miss the signs," says Raphael Quinn, "because they love their workaholic employees."

Quinn (whose identity here is disguised for obvious reasons) is a corporate executive who suffered from untreated alcoholism and depression for nearly 20 years. Through ongoing treatment that includes Alcoholics Anonymous and psychotherapy, he is now leading a normal, healthy life. "Alcoholics are often compulsive in all aspects of their lives, including work," he says. "Instead of celebrating their workaholics, employers need to be on the lookout for addictive behaviors."

When asked why it took 20 years for him to seek treatment, Quinn says, "The denial component and the voices in your head will continually tell you that you don't

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have a problem. In hindsight, I was spending a tremendous amount of time and energy hiding it.”

He advises employers to look for emotional symptoms in employees, such as:

- Struggles with self-esteem;
- Sensitivity to criticism;
- Egotistical behavior;
- Trouble with group planning;
- Getting along with people;
- Over-reactions to failure or

success.

Treatment Alternatives

Quinn’s personal situation of alcoholism co-occurring with depression illustrates a problem which is starting to be considered the norm rather than the exception. A 1999 report from the Surgeon General reported, “Forty-one to 65 percent of individuals with a lifetime substance abuse disorder also have a lifetime history of at least one mental disorder. About 51 percent of those with one or more lifetime mental disorders also have a lifetime history of at least one substance abuse disorder.”

The term “behavioral health disorder” is now being used to encompass alcoholic and mental health diseases, due to the prevalence of co-occurring conditions.

Recognition of co-occurring disorders brings some treatment challenges. Brent McCraw is director of the CentraHealth Pathways Treatment Center, a chemical dependency treatment program in Lynchburg. He says, “Traditionally, there has been a rift between mental health practitioners and substance abuse treatment professionals . . . The first group sees the depression [for example] as the cause of the drinking. The second group sees the drinking as the cause of the depression.”

Furthermore, the SAMHSA report notes, “Clinicians in the two different systems frequently have different credentials, training, and treatment philosophies.” McCraw is optimistic, saying, “Over the last 5 to 10 years, there has been a push in the research, and a change in the practice, towards recognizing and treating co-occurring diseases at the same time.”

Another challenge toward treatment is physician recognition of behavioral disorders. This is a point of concern for the American Psychiatric Association (APA). Dr. Norman Clemens, chairman of the Committee on APA/Business Relationships, told the Business Journal, “There is a lot of variation between medical schools in terms of training primary care physicians in diagnosis and treatment of mental health disorders, including alcoholism.” Indeed, a Columbia University home medical guide states, “50 percent of persons with alcoholism seen by doctors are incorrectly diagnosed.”

Another example of commonly co-occurring disorders is depression and pain. A 2002 study from Stanford University found that “people who have major depression are more than twice as likely to have chronic pain when compared to people who have no symptoms of depression.”

Access to Care

The APA is also concerned about employee access to mental health care. Clemens says two major barriers are the benefits structure and attitudes in the workplace that discourage seeking help. “Many employers do not pay on an equal basis for mental health care as for other diseases.” He adds, “behavioral managed care can be restricted because the treatment providers are trying to protect their own risk pool.”

Clemens says a possible unintended impediment to accessing

care is the Americans with Disabilities Act. “Some employers may be reluctant to diagnose disabilities,” he says, “because of the resulting ADA responsibilities.”

Dr. Alan Katz is a licensed clinical psychologist in Roanoke who sees individuals who suffer from occupational stress conditions, occupational trauma, pain and depressive conditions. Katz believes companies need to exert pressure on insurance companies and their own supervisors to improve employee access to mental health treatment. He says, “The patient is the most disenfranchised – he has no clout.”

Katz adds, “Benefits managers can influence insurance companies and their own supervisors to consider not only the up-front costs [of coverage], but also the downtime costs [if behavioral disorders are not treated].” He advises employers to ask insurance companies:

- How easy will it be for our employee to access care?
- Is it your practice to limit access?
- How much choice in providers is available?
- How long can the employee continue his care? With the same provider?
- Does the provider have to jump through hoops to get reimbursed?

Reaching Out

Most employees in need of mental health assistance can start with their companies’ employee assistance program (EAP). But will their employers find out? Mark Derbyshire, director of outpatient services for Carilion Behavioral Health, says there are several forces working to protect employee privacy. Besides being motivated by professionalism, “EAP personnel know they can lose their licenses, the EAP can lose its contract, and they do not want to be sued.”

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Derbyshire suggests several questions for employers to ask a potential EAP with respect to behavioral healthcare for employees:

- Can the EAP do assessments and referral through brief counseling?
- Who does your assessments? Are they licensed or certified?
- How long have you been in this business? Ask to speak with client companies for references.
- Are you a “gatekeeper” contracting out to local providers? Does the employee have to call someone in a remote location for a referral, or is he calling a locally based EAP? Derbyshire says a relationship with a local EAP is helpful when managers call regularly for advice on how to help employees or how to intervene with performance issues.

VZ-LIFE is the EAP for Verizon. Charlie Bowman, manager of the program, says that a troubled employee, or family member, has only to call one centralized toll-free number. “A masters-level clinician will answer the call and seek to identify the problem,” he says. “Then he or she may refer the employee to the appropriate resource, whether counseling, medical treatment, self-help groups or face-to-face meetings to administer assessments.”

Says Bowman, “I want to stress that the person can always call the EAP anonymously.”

John Turner, owner of Miscellaneous Concrete in Roanoke, has been intimately involved in the problems of substance abuse for years as an employer and a recovering alcoholic. He also lost a daughter to substance abuse and has a son who is in recovery. His advice for other employers? “Don’t ignore

[a problem] if you see it. Be prepared to deal with it with compassion. Realize you are dealing with a disease and there is something you can do about it. If an employee had diabetes, for example, you would insist he get treatment. It’s the same idea for substance abuse.”

Aggressive Program

Norfolk Southern has an aggressive outreach program in place called Drug and Alcohol Rehabilitation Services (DARS). Jon McNally is one of ten company-employed counselors throughout the eastern seaboard, who assists employees and their families with addiction problems. “We work aggressively to remove any stigma or barriers to receiving treatment,” he says. “Rehabilitated employees are good business.” He does 60 to 80 presentations per year in his region. “I go to all the social events, rules classes, mechanical safety classes.”

Moreover, McNally is on call 24 hours a day, 7 days a week. When he receives a call for help, he goes to the employee’s home, determines where to refer him, transports him to the facility, helps the employee’s family with benefits, visits the employee during treatment, and then brings him home.

Why does Norfolk Southern go to so much trouble? “Safety is of the utmost importance,” says McNally. But there are other considerations: “Our employees are valuable assets. A railroader with 20 years of experience – you just don’t find that on the street.” Company culture also influences the depth of this outreach program. Says McNally, “We’re a close-knit family. Employees often travel together and get to know each other. There’s not much 9 to 5 [mentality].”

Judge Philip Trompeter presides over the Roanoke County Juvenile and Domestic Relations court and

has been actively involved in mental health issues and advocacy for many years. “If people in the workplace would be more willing to encourage employees to get help,” he says, “many of the crises I see wouldn’t come to pass ... Substance abuse and mental health problems are involved in the majority of our cases, probably 60 to 80 percent.”

Trompeter lauds community resources, such as police officers who are regularly trained to recognize behavioral disorders; Blue Ridge Behavioral Healthcare, especially with regard to their emergency screening; the Mental Health Association of the Roanoke Valley, which provides some direct services to clients; and the local chapter of the National Alliance for the Mentally Ill (NAMI) for their self-help activities.

With the increased emphasis on knowledge work, behavioral health, or “personal resiliency,” has become more and more important. Dr. Daniel Conti, EAP Manager at Bank One, writes, “Today’s job descriptions are replete with requests for ‘psychological competencies’: teamwork, good time-management skills, ability to manage interpersonal conflicts and relate well to others, skills for handling crises, and flexibility ...

The demand for those competencies is increasing while their traditional support is decreasing.”

Support could mean the difference between life and death in some cases. Katz says, “Primary care from a mental health perspective can prevent a person from progressing to destructive activities or suicide. It offers the person an anchor in his life.”

He has many patients who are in the workforce and for some of them, “I am the only healthy person in their lives.”

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