

Supporting Improved Mental Health Care for Your Members by Expanding Your Covered Services

Mental Health Disorders Are Often Undertreated, Leading to High Cost Burden



- The 2020 National Survey on Drug Use and Health indicates that approximately **21.0%** of US adults aged 18 years or older have experienced a mental illness¹
 - Of the adults with a mental illness, only **46.2%** received mental health care



- In 2019, **55.5%** of people in the US were covered by commercial insurance plans¹
- Historically, commercial insurers offered significantly more restrictive inpatient and outpatient mental health/substance use disorder treatment coverage compared to coverage for treatment for medical/surgical (all other health care except mental health/substance use disorder treatment) conditions¹

 It is estimated that **60%** of general mental health conditions are not adequately treated in the current healthcare environment.²

Changing Workplace Landscapes Are Drawing Attention to Increased Mental Health Needs and Expectations

In 2023, **77% of employers reported an increase in mental health concerns**, with another 16% anticipating an increase in the future³



According to the American Psychological Association's (APA) 2023 Work in America Survey of **2,515 employed adults**:⁴

- **92%** said it is **important** to them to work for an **organization that provides support for employee mental health**
- **57%** of workers who said they are unsatisfied with the mental health and well-being support offered by their employer **intend to look for a new job** at a different company or organization in the next year



For employers, a failure to provide mental health and well-being support that workers are seeking could **harm talent recruitment and retention**.⁴

Changing Workplace Landscapes Are Drawing Attention to Increased Mental Health Needs and Expectations (cont.)



Less than half (43%) of workers reported that their **employer offers health insurance with coverage** for mental health and substance use disorder⁴

- **29%** reported that their employer offers an **employee assistance program**
- **12%** reported that their employer **has people on-site who have received mental health training**



The majority (77%) of workers reported being **very or somewhat satisfied with the support for mental health and well-being** they receive from their employers.⁴



More than half (59%) agreed that their employer **regularly provides information about available mental health resources**.⁴



Employers should review their coverage under their current benefit plan and formulary designs to **ensure members have access** to adequate services and comprehensive treatment solutions.

Employers Are Beginning to Focus Attention on Expanding Access to Mental Health Care

According to the 2022 Emerging Trends in Health Care Survey of 636 US employers, **87%** of employers say enhancing mental health benefits will be a **top priority** over the next 2 years⁵



The pandemic and the shift to remote work have contributed to a **worsening of mental health among employees and their families**⁵

- Two-thirds of employers surveyed (**66%**) said **ensuring that their health and well-being programs support remote workers** will be a key priority of their healthcare strategy over the next 2 years⁵
- **62%** plan to enhance programs and well-being activities to **focus on health issues of family members**⁵
- In another 2022 survey of 708 employers, more than **one-third** of survey respondents reported **training managers** to recognize mental health issues and direct employees to existing resources⁶
- About **one-fourth of employers** are also **providing employees with this type of training** to become better equipped to respond to a peer who may be struggling while also conducting **anti-stigma campaigns** to help employees feel comfortable taking advantage of mental health services⁶
- Nearly **one-fourth** have responded to the ongoing shortage of mental health specialists by **contracting with a supplemental network of mental healthcare providers**⁶



[The need for more mental health services is essential for members who are at risk for chronic mental health conditions.]



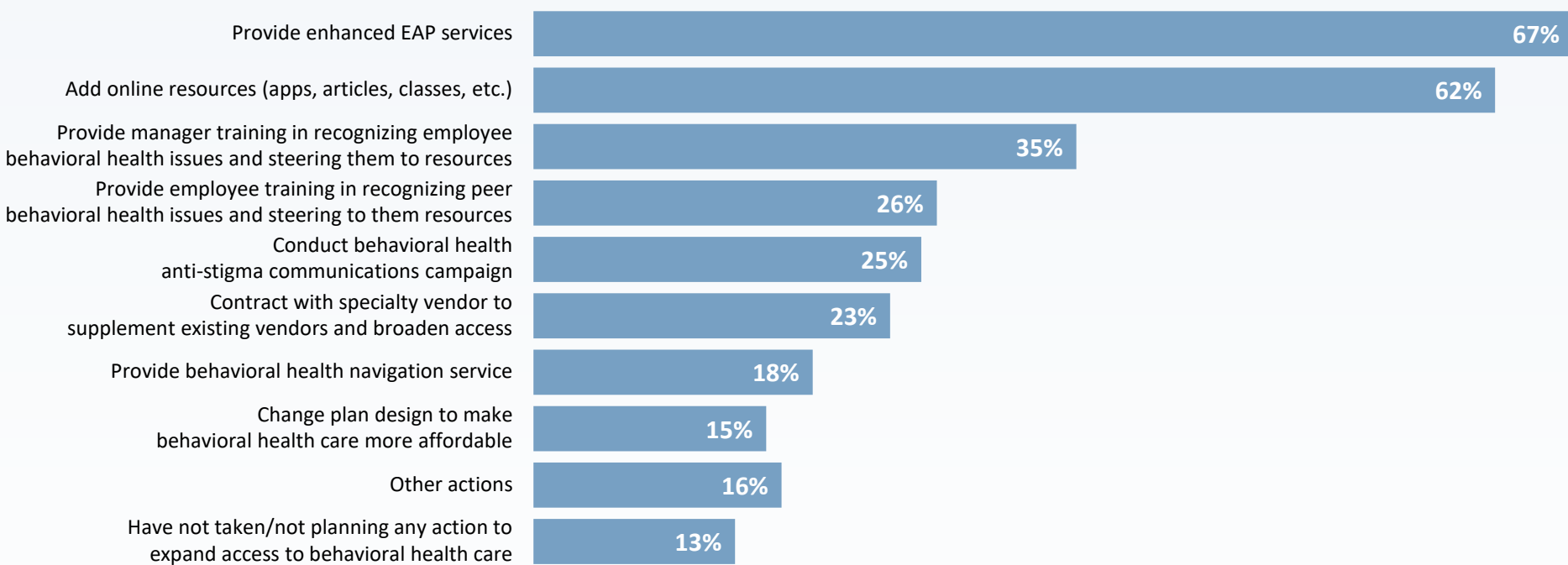
[Utilizing claims data can help to better understand your members' utilization patterns to ensure your covered benefits include a variety of care settings, have limited restrictions related to frequency of accessing care, and have access to the latest and most effective treatment solutions.]

Expanded Access for Members Includes Addressing Cost and Appointment Barriers



Large employers have identified improving access to mental health care as the number one benefit program priority for the next 3–5 years.⁶

Employer Mental Health Strategies in Place or Planned for 2023⁶



The impact of not addressing employees’ mental health issues is costly. According to the Council for Disability Awareness, in September of 2021, mental health issues rank in the top 5 most common reasons for short-term (7.3%) and long-term (9.3%) disability claims.⁷

Expanded Access for Members Includes Addressing Cost and Appointment Barriers (cont.)



Employers are taking action to address gaps in mental health care⁶

About **two-thirds of employers** have taken steps to enhance their employee assistance program (EAP) services or will do so next year.

- The EAP is a logical place to start because most employers already have an EAP in place to offer care at **no or little cost** to the employee
 - By **covering additional sessions**, or arranging with their EAP or other vendors to provide virtual options and self-directed tools, employers can **facilitate access to quick support** for emotional well-being

A collaborative care model can streamline the approach to mental health care by eliminating the need for additional appointments that are often missed or not scheduled and **reducing wait times**.⁸

➔ Employers should **take action to help address employees' mental healthcare needs**, including:

- 1 **Reduce cost sharing for mental health care** to remove cost as a barrier to access⁶
 - 2 **Provide mental health literacy training** to all leaders and employees to reduce stigma associated with mental health, promote a culture of acceptance, and improve leaders' and employees' understanding of care options
 - 3 **Create standardized criteria for vetting digital health vendors** to ensure the best possible quality and accessibility for employees
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The Mental Health Parity Act Protects Mental Health–Covered Benefits



The Mental Health Parity Act of 1996 (MHPA) provided that large group health plans **cannot impose annual or lifetime dollar limits** on mental health benefits that are less favorable than any such limits imposed on medical/surgical benefits⁹

- In 2008, these regulations were updated through the Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA) by adding new protections to include parity requirements for substance use disorder

Thus, for group health plans or health insurance coverage that includes medical/surgical benefits and mental health benefits:⁹

- **Deductibles, copayments, and treatment limitations** that apply to mental health benefits must be **no more restrictive** than corresponding benefits that apply to all medical/surgical benefits
- If the plan or coverage provides for out-of-network medical/surgical benefits, it **must provide for out-of-network** mental health benefits
- Mental health benefits **may not be subject to any separate cost-sharing requirements or treatment limitations**
- Nonquantitative treatment limitations including formulary design for prescription drugs, network tier design, and preauthorization for mental health benefits must be comparable to, and applied no more stringently than, limitations for medical/surgical benefits

The Mental Health Parity Act Protects Mental Health–Covered Benefits (cont.)

While being a **critical component to accessing treatment** for those with mental health conditions, the Act was further **updated in July 2023 to help increase utilization of mental health and substance use care**, ensure comparable payment for mental healthcare professionals, and incentivize more people to join the mental health workforce¹⁰



Commercial plans are **required to perform an analysis comparing medical to mental health benefits** in each of 6 classifications: inpatient, in-network; inpatient, out-of-network; outpatient, in-network; outpatient, out-of-network; prescription drug; emergency.¹¹



For Medicare patients who need more intense mental health care than outpatient therapy but less than the level of hospital-level care, **CMS is proposing to pay for an intermediate level of care** known as an “Intensive Outpatient Program,” which can be performed by hospital outpatient departments, community mental health clinics, Federally Qualified Health Centers, or Rural Health Clinics.¹²



52% of employers will offer **virtual mental healthcare** solutions in 2023 among other types of virtual care beyond telemedicine, such as specialty care and point solutions for specific care categories including musculoskeletal and diabetes. Steps must be taken to ensure care coordination between virtual and in-person care settings.⁶

The Mental Health Parity Act Protects Mental Health–Covered Benefits (cont.)

The **Consolidated Appropriations Act of 2021** required plans to document and submit upon request a comparative analysis demonstrating parity between medical/surgical benefits and mental health benefits.¹³

Despite the Mental Health Parity Act being passed, **mental healthcare gaps remain**, mainly due to minimal state enforcement and the complexity of interpretation and implementation of the Act.¹



Step therapy (fail-first) protocols, or the refusal to pay for higher cost therapies until a lower cost therapy demonstrates lack of efficacy, are also bound by the Mental Health Parity Act nonquantitative treatment limitations.¹⁴



Employers should review their health plan's mental health coverage to ensure **benefits including formulary design are at parity** with medical/surgical coverage.



Discuss with your employee benefit consultants and/or pharmacy benefit managers your current mental health treatment coverage and investigate the **importance of removing unnecessary step-through barriers** to treatment.

Primary Care Plays a Critical Role in the Expansion of Mental Health Care

- The burden of mental health treatment is falling **increasingly and overwhelmingly** to primary care providers (PCPs)²
- Screening, treating, and promoting mental health care are often carried by PCPs, who **may not feel adequately trained or equipped** to manage complex mental health conditions²



Two-thirds of PCPs do not have adequate referral access to mental health specialists.²



Some studies have suggested that the number of mental health patients treated in primary care may be as high as **70%** and that as many as **66%–75%** of all depression cases are treated by PCPs instead of by mental health providers.¹⁵

Routine and universal screening for common mental health conditions within the primary care setting is a clear clinical recommendation²

- The routine use of validated screening assessments helps ensure a **timely differential diagnosis**
- Ongoing longitudinal tracking of disease progression through use of disease activity assessments **can help improve mental health disorder clinical outcomes** compared with a lack of routine objective measurement of symptoms²
- If treatment for a mental health disorder has been initiated, screening assessments should routinely be used to **monitor effectiveness of treatment response** (defined as **50% reduction in symptoms**) and **remission** (defined as **no longer meeting screening assessment cutoff, or 80% reduction in symptoms**) throughout the course of treatment²
- Screening assessments include the PHQ-9 and RMS tools, both patient-reported questionnaires, that can be leveraged during a telehealth visit¹⁶⁻¹⁸

See the [Appendix section](#) for the screening assessments.

PHQ-9=Patient Health Questionnaire-9; RMS=Rapid Mood Screener.

Primary Care Plays a Critical Role in the Expansion of Mental Health Care (cont.)

 Due to the **lack of access** to mental health specialists, PCPs are left to address mental health conditions within their populations **regardless of the level of integration** adopted by the healthcare system.²

 The shortage of mental health specialists was exacerbated by the pandemic, as an estimated 122 million Americans live in areas lacking mental health professionals. Health plans have leveraged telehealth to deliver mental health services that could address the shortage and enable wider access to treatment.^{8,18}

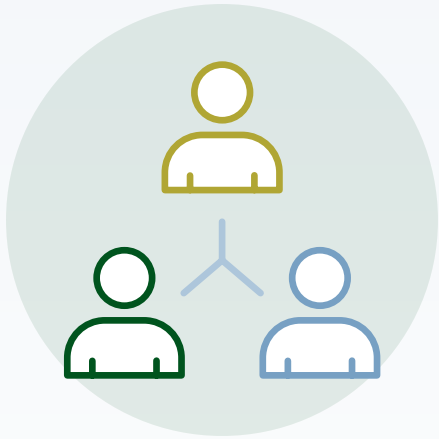
Advanced practice providers such as psychiatric-mental health advanced practice registered nurses (PMH-APRNs) provide the full range of specialized services that constitute mental health, psychiatric care, and treatments, including:¹⁹

- Assess, diagnose, and prescribe medication
- Provide integrative therapy interventions, psychotherapy, consultation and liaison services
- Oversee case management
- Undertake policy development for programs and service offerings
- Actively engage in comprehensive advocacy education and research efforts
- Provide patients with ongoing services and support via telecommunications technologies

 PMH-APRN nurses are well-positioned to further integrate care for mental health and substance use into primary care settings. Expanding the utilization of these types of advanced practice providers in mental health care will increase patient access to quality care.¹⁹

A Collaborative Care Model Can Address Mental Health Care Gaps for Members

A collaborative care model can play a crucial role in increasing access to mental health care within the primary care setting²⁰



A collaborative care model specifically relies on **close coordination and communication** between medical and mental health providers, whereas other models do not afford the same depth of relationship²⁰

- 75% of the time, patients treated with **collaborative** interventions **reach a diagnosis and initiate treatment within 6 months**
 - This contrasts with **typical treatment patterns**, where **less than 25% of patients receive adequate care** within a similar time frame
- In a typical collaborative care model, a mental health provider is tasked with **implementing and coordinating other care recommendations**, longitudinal symptom monitoring, and liaising with both the PCP and the consulting psychiatrist



According to a retrospective claims analysis, the annual economic burden of major depressive disorder (MDD) was \$210.5 billion (2010 USD).^{21*}

*A retrospective claims analysis sought to estimate the incremental economic burden of US adults diagnosed with MDD from 2005-2010. Key limitation: There was not a single data source to evaluate the economic burden of MDD, the investigators relied on both original as well as literature based estimates.

According to The Center for Workplace Mental Health, Employers and Members Can Realize Several Benefits in Implementing a Collaborative Care Model²²



- Access to mental health care that is **timely, effective, less costly, and less stigmatizing**
- Member engagement in their treatment so they can **return to work sooner**
- **For every \$1 spend on care** delivered in the collaborative care model, there is a **\$6.50 return on investment** in improved health and productivity
 - Employers can see a **combined cost savings of \$1,815 per member per year** in healthcare spend and improved productivity
- **Knowledge transfer** from psychiatrists to PCPs may leave PCPs feeling more comfortable delivering behavioral health care, increasing access to care



A Collaborative Care Model approach to mental health care allows the expertise of psychiatric experts to **reach more patients** than specialty mental health settings are able to accommodate as well as offers **greater convenience** and **less stigma** for patients.²³

- ➔ Employers should **confirm that their health plans have turned on the collaborative care model CPT billing codes** (99492, 99493, 99494) and are able to provide data on use of the collaborative care model CPT billing codes.²²
- ➔ Health plans can also provide **ongoing support for provider technical assistance and training** in implementing the collaborative care model.
- ➔ Eliminating barriers to treatment such as step-through and utilization management requirements may ensure patients are receiving effective and timely care.

CPT=Current Procedural Terminology.

Care Coordination Is a Foundational Principle of Collaborative Mental Health Care That Can Be Adopted by Employers and Payers

The main goal of care coordination is to **meet members' needs and preferences** in the delivery of high-quality, high-value health care²⁴



- Care coordination involves **deliberately organizing patient care activities and sharing information** among all of the participants concerned with a member's care to achieve safer and more effective care²⁴
 - This means that the members' needs and preferences are **known ahead of time and communicated at the right time to the right people** to provide safe, appropriate, and effective care to the patient



[Care coordination is identified by the Institute of Medicine as a **key strategy** that has the potential to improve the effectiveness, safety, and efficiency of the American healthcare system.²⁴]

Payers Are Looking to Better Support Their Members' Mental Health Care by Creatively Designing Their Health Plans to Focus on Their Members' Needs

CASE STUDY: Cigna

Cigna focused on driving optimal clinical outcomes for members and affordability outcomes for their employer partners by **recognizing and understanding the linkages between mental health and medical health conditions**.⁸

Cigna identified and implemented strategies to improve members' access to mental health services and ensure that care is coordinated with their medical care in a holistic way. These include:⁸

- **Educating primary care practices** on the basics of mental health screening, available screening tools, and next steps for engaging patients based on screening results
- **Integrating chronic mental health conditions such as depression into case management models** that have traditionally helped members with other chronic medical conditions such as diabetes, asthma, and cardiac disease
- **Incentivizing integration among providers** by reimbursing for collaborative care and building measures into their accountable care organization (ACO) partnerships that promote mental health integration
- **Designing a straightforward referral process** between primary care and mental health specialists

Results:

- **Employers saved \$148 per member per year** on overall medical costs when integrating total mental health and pharmacy with a medical benefits plan²⁵
- When plan members were taking specialty drugs and were diagnosed with depression, **savings for employers totaled almost \$17,500 per member per year**²⁵



Well-designed, targeted care coordination **that is delivered to the right people** may improve outcomes **for everyone: members, providers, payers, and employers.**

CASE STUDY: UnitedHealthcare

According to UnitedHealthcare claims data, members with co-occurring medical and behavioral health comorbidities have costs that are, on average, twice as high as claims for members with medical conditions alone. In an average group health plan population, about **14%** of members experience both **medical and behavioral conditions**, amounting to **28% of the total cost of care**.²⁶



For every \$1 put into scaled-up treatment for common mental disorders, there may be a return of \$5 in improved health and productivity. Those with a mental health diagnosis who receive behavioral health treatment were 26% less likely to miss work and 36% less likely to be unengaged on the job.²⁶

UnitedHealthcare recognized the need to provide **comprehensive support by connecting health solutions across medical, behavioral, and pharmacy services** and designed health plans to guide employees using a framework that includes:²⁶

- **Connecting employees** to the **right behavioral health care** option at the **right time**. Case management is performed on a single, integrated platform to give a “whole-person” view, allowing clinical teams to better coordinate outreach and care
- **Implementing strategies** that span from **virtual care solutions** to **tools for self-management** of symptoms to connect employees to providers and resources. UnitedHealthcare advocates are trained to connect employee callers to clinical support through referrals to medical and behavioral clinicians and related programs
- **Measuring performance** for all programs through **claims data** and **aligning with strategies** to help support the mental health needs of employees. Employers can view the overall health of their employee population, including employees with comorbid conditions, and how well health management programs may be working to consider plan design changes using proprietary software
- Bringing **national behavioral health expertise** through resources such as virtual visit providers and advocacy support to local markets to provide **market-specific solutions**

Results:

- An evaluation of cost and outcomes for one of UnitedHealthcare’s behavioral health programs found that the program resulted in **25% lower medical costs**²⁶
- Beyond costs, program participants demonstrated **15% greater improvement in depression screening scores** compared to nonparticipants²⁶



Offering integrated medical and behavioral benefits that can address the full spectrum of health and well-being may be critical to meeting this growing need for behavioral health services.

Key Takeaways



Mental health disorders are often undertreated, leading to high cost burden



Changing workplace landscapes are drawing attention to increased mental health needs and expectations



Employers are beginning to focus attention on expanding access to mental health care



Expanded access for members includes addressing cost and appointment barriers



The Mental Health Parity Act protects mental health-covered benefits



Primary care plays a critical role in the expansion of mental health care



A collaborative care model can address mental health care gaps for members



Care coordination is a foundational principle of collaborative mental health care that can be adopted by employers and payers



Some payers are looking to better support their member's mental health care by creatively designing their health plans to focus on their members' needs

Appendix

**PATIENT HEALTH QUESTIONNAIRE-9
(PHQ-9)**

Over the last 2 weeks, how often have you been bothered by any of the following problems?
(Use "✓" to indicate your answer)

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3

FOR OFFICE CODING: 0 + + + =Total Score: _____

If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all	Somewhat difficult	Very difficult	Extremely difficult
☐	☐	☐	☐

Developed by Drs. Robert L. Spitzer, Janet B.W. Williams, Kurt Kroenke and colleagues, with an educational grant from Pfizer Inc. No permission required to reproduce, translate, display or distribute.

The PHQ-9 is available in the public domain courtesy of the American Psychological Association at no cost at <https://www.apa.org/depression-guideline/patient-health-questionnaire.pdf>.²⁷

Rapid Mood Screener (RMS)

Are you among the millions of people who have depressive symptoms? Answer the following questionnaire about your medical history and provide it to your doctor or nurse to assist in an important conversation about your mood.

Please select one response for each question. You can complete the RMS in less than 2 minutes.

Patient Name _____ Date _____

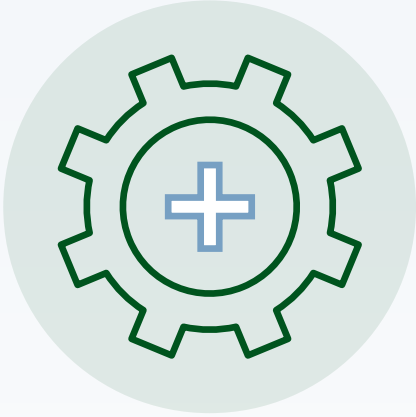
	YES	NO
1. Have there been at least 6 different periods of time (at least 2 weeks) when you felt deeply depressed?	☐	☐
2. Did you have problems with depression before the age of 18?	☐	☐
3. Have you ever had to stop or change your antidepressant because it made you highly irritable or hyper?	☐	☐
4. Have you ever had a period of at least 1 week during which you were more talkative than normal with thoughts racing in your head?	☐	☐
5. Have you ever had a period of at least 1 week during which you felt any of the following: unusually happy; unusually outgoing; or unusually energetic?	☐	☐
6. Have you ever had a period of at least 1 week during which you needed much less sleep than usual?	☐	☐

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The Rapid Mood Screener tool was developed with funding and input provided by AbbVie and external experts, who received financial support from AbbVie for research, honoraria and/or consulting services depending on the author.

The RMS is available in the public domain courtesy of Howden Medical Clinic at no cost at <https://howdenmedicalclinic.com/wp-content/uploads/2021/03/RMS-scale.pdf>.¹⁷

AbbVie's Employer Strategies Focus on Improving Workforce Health and Productivity by Addressing:



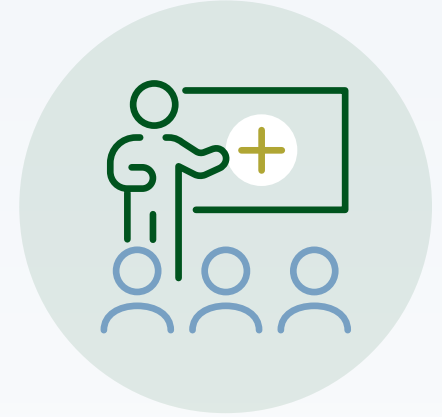
Disease State Awareness

Raising awareness of the burden and impact of disease



Access to Treatment

Establishing and expanding access to treatment through benefit design



Engagement and Educational Support

Developing connections to promote engagement and educational support



For additional information and support, contact your AbbVie Account Executive.

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