

Special report

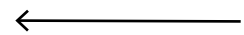
Persistent. Consistent. And without end.

**An always-on approach to mental
health programming**

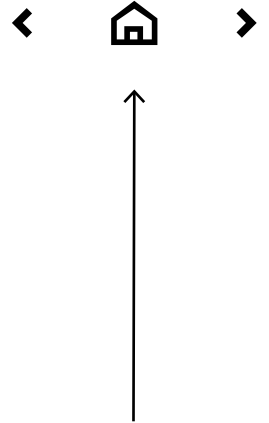
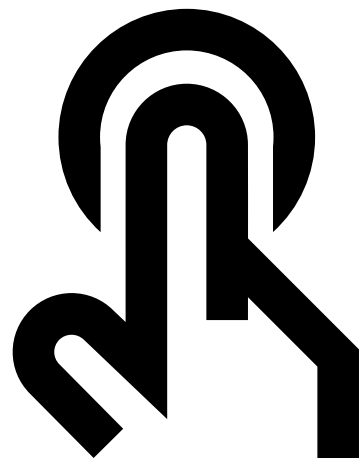
Prepared by Manulife Group Benefits



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Introduction



Nancy Shaw is Vice-president of Group Life and Disability Operations at Manulife. Nancy has over 35 years' experience in the health and insurance industry. She has been part of Manulife's Disability organization for 12 years and leads a national team of over 1,200 staff. In previous roles, Nancy has treated injured workers as a Kinesiologist and worked as an Ergonomist/Occupational Health and Safety Specialist.

Follow Nancy on [LinkedIn](#).

You never really, truly know what the person sitting next to you is dealing with. Asking “How are you?” is a great start. And we recommend that managers ask that question of their staff and colleagues often. But, unless people are willing to open up and share, you might not be able to tell that, deep down, they're struggling.

At any given time, in every organization, people are dealing with a range of issues. Some of those people, some of the time, will be grappling with mental health: depression, anxiety, post-traumatic stress, addiction, substance abuse and others.

You never really know who. Or when. And that's why it's so important that your workplace mental health programs are consistently visible, easy to access, and persistent in educating employees, both new and long-term, about the range of services available to them.

In this special report, we've pulled together a series of articles that touch on these themes. We uncover some assumptions that might be standing between your members and their best mental health outcomes. We share the very positive results and potential savings we've seen from our Personalized Medicine program. And we've included a story from one of our own, a Manulife employee and her family, that paints a picture of how pharmacogenetics has helped make a real difference in a young man's life.

I hope these articles help you as you continue to build your own workplace mental health strategies and programs. Because you just never know when it will be needed next.

Sincerely,

Nancy



The mental health of Canadians continues to suffer

Percentage of people experiencing	Jan 2022	July 2021
Moderate to severe anxiety	25.1%	19.0%
Feelings of loneliness	24.1%	18.8%
Depression	22.3%	18.6%

Source: Centre for Addiction and Mental Health, COVID-19 National Survey Dashboard, 2022



Two approaches are better than one: mental health



With Dr. Georgia Pomaki

Georgia Pomaki is the leader of Manulife’s mental health specialists and an Instructor at Pacific Coast University for Workplace Health Sciences. She has a PhD in workplace mental health.

Plan members short-change themselves by limiting treatment

Often, the treatment of mental health issues calls for more than one approach. Yet, research and claims analysis show that a minority of people are following this advice^{1,2}. When you help plan members understand the programs and range of treatments available to them, they have a better chance to choose the best and most effective care options.

The federal government estimates 3 million Canadians, age 18 and older, have a mood or anxiety disorder. In January 2022, Mental Health Research Canada reported that almost half of all Canadian households have at least one person who’s been diagnosed with a mood disorder, a number that has increased 7 - 8% since the pandemic began³. And the prevalence of mental health issues might be far greater than that. It’s thought that up to half of all Canadians with symptoms of a mood disorder have yet to be diagnosed¹.

“When adequate treatment is received, many people with mood and anxiety disorders function well, both personally and professionally,” says Dr. Georgia Pomaki, Manulife’s Director of Mental Health Best Practices: Disability and Life. “But when their treatment needs are unmet, it can be more difficult for them to work, often requiring job modifications.”

This could mean changes to the number of hours worked, the type of work they’re doing, or changes to the way the work is performed. There’s also a higher risk for unplanned absences and disability⁴.

Mental health supports sometimes underused

Through your organization’s benefits plan, your employees and their family members have access to supports, programs, and treatments to help them cope with these mental health challenges. But are they using them to their full extent? Manulife’s Health by Design philosophy is anchored in bringing all available

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supports into play when a plan member falls ill or suffers an injury, so it's important to understand plan member behaviours.

Few Canadians are using medication and counselling in tandem

The 2 most established treatments for people with mood or anxiety disorders are prescription medications and psychotherapy (other treatments options include exercise and meditation).

Recently, claims analysis for one larger plan sponsor found that younger plan members are more likely to seek counselling to deal with their mental health issues, while other age groups are more likely to use prescription medications. "These demographic preferences are interesting and insightful," says Dr. Pomaki. "They point to potential education opportunities for plan sponsors and the healthcare system."

"There are groups of people who are more comfortable sharing their stories and their struggles with a trusted counsellor, but less open to the idea of taking medication long-term. Other plan members might find it easier to talk with their family physician and receive medication as a treatment. But for optimal results, in many cases, both approaches need to be considered."

It doesn't have to be one or the other

This finding isn't entirely unexpected. In a Public Health Agency of Canada study, researchers found that only 27.3% of people suffering from a mood disorder receive treatment through medication and psychotherapy, even though that approach is understood to be an effective first step in treatment. Sadly, the study found that 18.2% of people do neither¹.

Amongst the group of people (47.6%) whose mood disorders are being treated only with

medications, the reasons given for not attending counselling included 'I prefer to manage on my own' and 'I'm already managing through medication.'

The number of people who are treating their condition through counselling but without medication was much smaller - only 6.9%. Some of the top reasons this group gave for not including medications in their therapy included 'I'm controlling my mood disorder without medication' and 'I'm worried about the side effects of medication.'

Dr. Pomaki says it's easy to guess at the reasons why the number of people seeking counselling is lower. "Counselling can be difficult. It takes time to find the right therapist and build trust and rapport. It can require a good deal of emotional strength and courage to talk openly about your problems and start making changes to improve mental health. But it's also incredibly effective. It's worth the effort."



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More treatment options mean easier access

Fortunately, the effort needed to seek and receive psychotherapy is becoming more manageable. New technologies are allowing people to interact with their plans in more convenient and effective ways.

The digital and virtual delivery of health care means that time and location no longer limit the kinds of services available. Now, thanks to a growing number of programs, patients can be paired with experts across the country. These caregivers support and guide the plan member to recovery, offer relevant education, and provide the coaching support needed to help them take the next step in their journey.

For example, Manulife's Therapist Guided Program, powered by MindBeacon, delivers personalized support for a range

of mental health-related issues, including anxiety, depression, panic disorder, stress management, alcohol use and others.

"Care is delivered through the Internet, so there's no added pressure to schedule appointments, miss work, juggle schedules, arrange for child-care, or find transportation," says Dr. Pomaki. "Patients interact with the program at their own pace, while a therapist monitors their progress in the background and messages with the patient when appropriate."

Convenience and improved results

After participating in Manulife's Therapist Guided Program, 73% of members saw clinically significant improvements in their symptoms. This translates into a 17%

overall reduction in the length of disability claims, and a 4.7% improvement in return-to-work rates⁵.

There's no question, treatment decisions are best made by patients in consultation with their doctors. However, the data suggests plan members might not realize they can receive more than one treatment at a time for their mental health conditions. They also might not fully understand the range of coverage available to them through their group benefits plan.

Creating awareness in your organization about all the coverage and treatment options available to them (and the better odds for improved health outcomes) could go a long way to helping members find the best combination of treatments for their unique situation.

¹ Public Health Agency of Canada, Use of medication and psychological counselling among Canadians with mood and/or anxiety disorders, May 2017. Siobhan O'Donnell, MSC; Maria Syoufi, MSC; Wayne Jones, MA, MSC; Kathryn Bennett, PhD; Louise Pelletier, MD.

² Mental Health Research Canada, Mental Health During COVID-19 Outbreak: Poll #10, 2021

³ Public Health Agency of Canada, Mood and Anxiety Disorders in Canada, 2015

⁴ MindBeacon Insights Report, 2021 and The Effect of Depression Treatment on Work Productivity – American Journal of Managed Care, 2014, and Manulife and MindBeacon TAICBT Pilot Report, 2020.

⁵ Manulife claims analysis, 2022

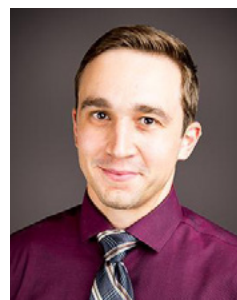


Personalized Medicine: Getting you more for your money

The cost of ineffective medications

According to our data, the average annual cost of a mental health medication is approximately \$200 per year. On average, members are on medication therapy for 14 months before testing with the Personalized Medicine program³.

Half of those members required a change in medication. The medication the member was taking for 14 months was not ideal and ended up being ineffective drug spend for sponsors³.



By Alex Carducci

Alex Carducci is a practicing pharmacist. He's also a product director involved in health strategy at Manulife.

The costly challenge with mental health prescriptions

Members with mental illness like depression and anxiety can face a costly road to recovery. Medications for mental health can take time to show effectiveness and can have side effects.

There are many safe and effective medications used to treat mental health conditions but getting on the right medication can be a trial-and-error process.

These prescriptions typically take four to six weeks to start working. The first drug may not be the best fit for a member, and we've seen members go 14 months without optimal treatment¹.

During that time members can experience side effects and feel more unwell, which can lead to presenteeism, absenteeism and eventually disability.

Mental illness in the workplace leads to direct and indirect costs to employers, namely health care costs, absenteeism and productivity².

Manulife's Personalized Medicine program can help get members on the right mental health medication quicker to help prevent productivity loss and ineffective drug spend.

Personalized Medicine: Using genetics to save time and money

Our Personalized Medicine program can help pave a shortcut to the right prescription. A simple saliva test can help members avoid the trial-and-error process with these prescriptions.

Pharmacogenetic testing, in its simplest form, is a saliva test that shows us which medications a member is more likely to benefit from with less risk of side effects.

The Personalized Medicine program can help members get to the right drug faster and reduces the chances of trying three or four different drugs.

The test is an upfront cost of about \$400 to your plan. But if members find the right prescription quickly, it can save money in the long run for your organization.

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Read more about Manulife's Personalized Medicine program: how it works and who it can help.

Early program results show 53% of members who take the test change their mental health medication, and 82% of members that change medication report an improvement in symptoms³. And members who access a test and have a change in medication average an 8-point reduction on the scale commonly used to rate the severity of depression, called the PHQ-9⁴.

Studies have shown that reduction in depression can improve a member's productivity at work by up to 7 hours per week⁵. Improvements in depression scores is also correlated with reduced absenteeism⁶.

We estimate that organizations can save about \$2,400 in direct and indirect health costs when a member making \$30 per hour optimizes their medication therapy in our program^{1*}.

That \$400 test has a potential 6:1 return on investment based on the success we've seen with our Personalized Medicine program and our research^{1*}.

Going beyond testing, offering guidance

Manulife's Personalized Medicine program goes beyond the test to give members individualized pharmacist support.

A pharmacist discusses the test results with the member and their physician to make sure they understand the insights. With this expert advice, the member and physician can potentially get to the best drug possible.

This approach supports Manulife's proactive Health by Design strategy. We want to prevent members from falling into the costly cycle of presenteeism, absenteeism and disability that is common for those facing mental illness.

* This information is directional in nature and considers direct and indirect employer costs. ROI calculated is not the same as pricing reductions. Any savings will be future flow-through or imbedded in the indirect costs of chronic illness such as absenteeism and presentism.

¹ Manulife Drug Data, 2021.

² Deloitte, The ROI in workplace mental health programs: Good for people, good for business, 2019

³ Manulife Personalized Medicine Program (Pharmacogenetics), 2018-2020

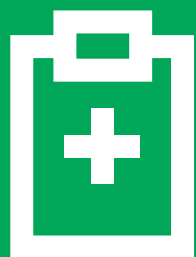
⁴ Average reduction of Personalized Medicine member scores on the Patient Health Questionnaire (PHQ-9). Manulife Personalized Medicine Program (Pharmacogenetics), 2018-2020

⁵ Beck A, Crain LA, Solberg LI, Unützer J, Maciosek MV, Whitebird RR, Rossom RC. The effect of depression treatment on work productivity. Am J Manag Care. 2014 Aug 1;20(8):e294-301. PMID: 25295792; PMCID: PMC4214368.

⁶ Johnston DA, Harvey SB, Glozier N, Calvo RA, Christensen H, Deady M. The relationship between depression symptoms, absenteeism and presenteeism. J Affect Disord. 2019 Sep 1;256:536-540. doi: 10.1016/j.jad.2019.06.041. Epub 2019 Jun 30. PMID: 31280078.

Personalized Medicine puts young man on the road to recovery

“Personalized Medicine literally saved my son’s life and brought him back to us”



Until last year, Manulife employee Lynn Oliver had only heard of the difference Personalized Medicine has made for so many of our group benefits

customers. She didn't truly appreciate the good that can come from this course of care until her family was on the brink of tragedy.

“Personalized Medicine literally saved my son’s life and brought him back to us,” she shares.

Lynn’s son, Ben, 29, has suffered with mental illness, and battled learning disability and attention deficit hyperactivity disorder (ADHD), for years. He’d been on several drug combinations to help him manage, but over the past two years, his medications weren’t helping him anymore. As his mom puts it, the life had drained from him; he wasn’t Ben anymore.

Knowing the situation was critical, Lynn, her husband, Peter, and their youngest son, Tim, were desperate to save Ben – from his illness and himself. That’s when they looked into Personalized Medicine.

What is Personalized Medicine?

Sponsors can add Personalized Medicine to their Manulife group benefits plans. Members who use the service receive a genetic-test kit in the mail. They collect a small saliva sample; complete a personal questionnaire; and send both back to one of our partner pharmacists.

The pharmacist generates a report that shows which drugs are likely to help the member, and which are likely to be ineffective or cause side effects¹.

Lynn initiated the process for her son, and within one week, they had a ‘mind-blowing’ report in hand.



“Ben's results showed that every medication he was on was wrong for him – and the report included the reasons why," she shares. "Only two medications were recommended – again, with the reasons why. The ground the report covered was remarkable.”

With the report in hand, the Olivers locked arms with their family doctor to help Ben wean himself off the ineffective medications so he could start fresh with the two new, recommended drugs.

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After a week of taking the new drugs, the twinkle returned to Ben’s eye. Before long, he was doing everything he enjoyed again, which includes practicing the culinary arts as a full-time chef of French cuisine at a renowned restaurant in Stratford, ON.

“Brighter days ahead”

“I was in a dark tunnel; I felt like I couldn’t get out,” Ben shares. “Not only were my previous medications wrong for me; they were also expensive – and that added a lot of financial stress to my plate. Personalized Medicine and my report have made all the difference.”

Ben brings his report to all of his medical appointments, calling the information the ‘keys to me.’ His advice to others facing a struggle similar to his own: “Even if you’re going through hell, don’t stop because there will be brighter days ahead.”

Lynn adds, “I can’t say enough about Personalized Medicine. We take every opportunity to share our experience hoping that we can help someone else.”

Help your members and your organization

Ben's story shows the impact Personalized Medicine can have on members' lives. We've also shown how Personalized Medicine can benefit your organization's bottom line.

Reach out to your Manulife representative to learn more about Personalized Medicine and add it to your plan.

The testimonials mentioned in the article are provided by a Manulife employee and their family member. The opinions expressed in this post are those of Lynn Oliver and Ben Oliver and do not necessarily represent the views of Manulife.

¹ The report results are only seen by the member, the Canadian company that runs the test (Personalized Prescribing Inc.), and anyone the member gives consent to share the results with - such as their doctor.

If you have concerns or questions about mental health programming for your organization, talk to your Manulife representative.

For the latest news from Manulife, visit the Group Benefits [newsroom](#) and be sure to follow us on [LinkedIn](#) for additional insights from our team of experts.