



Incorporating Behavioral Health Into Disability Management

Pitney Bowes' Hilary Mitchell talks about why her company developed a mental health component for its disability program.

By Joanne Wojcik

In this Q&A, which can also be heard in full as a [podcast](#), Hilary Mitchell, director of direct delivery employee medical service operations at Pitney Bowes Inc. in Stamford, Connecticut, discusses her company's efforts to incorporate behavioral health into its disability management and return-to-work programs. In her position, Mitchell has direct responsibility for managing short- and long-term disability and family medical leave for 23,000 U.S. employees. Mitchell also is in charge of employee clinics at Pitney Bowes' locations in Connecticut; Appleton, Wisconsin; Spokane, Washington; and Lanham, Maryland.

Q: Why did Pitney Bowes decide to incorporate behavioral health into its disability management program?

Pitney Bowes has always had a philosophy that our mental health benefits are equal to our other medical benefits. We have never treated them differently. So it was a natural step to treat mental health equally in our disability program.

Q: What are some of the psychological barriers that typically inhibit employees from returning to work after an illness or injury?

The No. 1 barrier we see is anxiety, and the longer an employee is out of work, the higher the anxiety level becomes. We could have an employee who is uncooperative or not compliant with their treatment plan. Sometimes, albeit rarely, we could have a provider who is uncooperative and not supporting the return-to-work initiative.

Other barriers could be work-specific, such as stress on the work site or issues involving relationships with co-workers or managers prior to going out on disability. Finally—we don't see this one a lot, but I have to list it—there could be medication side effects that could pose potential safety issues. If someone is operating machinery or driving a car, we could not return them to work if there is any sort of medication side effect.

Q: Why did Pitney Bowes decide to partner with an outside vendor rather than use its internal disability management program? (Its in-house disability management department in Shelton, Connecticut, is staffed with registered nurses and a full-time medical doctor.)

At the inception of the unit, psychiatric and substance abuse treatment was fully managed in-house. We had a nurse on our staff who was a former psychiatric supervisor, so she had that level of expertise. However, it was not a perfect model because if that nurse was on vacation or out ill, we did not have the backup. And, as good as our nurse was, there were delays in getting referrals. We elected to partner with an external vendor.

Q: How many people are generally on disability at the same time?

On an annual basis, we run about 2,500 claims companywide in the United States.

Q: What vendor did Pitney Bowes choose and why was that particular vendor selected?

We chose a very well-regarded vendor, ValueOptions [based in Norfolk, Virginia]. One of the key reasons we chose ValueOptions was we had a very successful existing relationship with them. ValueOptions provides our [employee assistance plan] services, and they also provide our mental health and substance abuse network. We wanted a vendor for continuity of care, that if someone was already seeing a mental health provider and went out on disability, they could continue to treat with that same provider.

Q: What were the results of this partnership?

It was very, very interesting. Our reasons for entering the partnership were not financial. We were really looking at quality of care. We recognized we only had one nurse doing the service, we were vulnerable to the loss of key personnel and we had the lack of immediate psychiatric oversight. Well, we not only resolved those problems, but we also decreased claim duration by 40 percent. And that was really a secondary gain. The key driver behind that was getting the patient immediately evaluated, getting a care plan immediately in place and just greatly increasing access to services.

Q: What would you advise other employers that are considering incorporating behavioral health into their disability management and return-to-work programs?

I would highly recommend it. The feedback we receive from our managers, our HR professionals and our own employees is that this is just a very, very valuable service.

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