



RETHINKING BEHAVIORAL HEALTH DISABILITY:

An active approach to improving return-to-work outcomes



Table of contents

Executive summary	3
Rethinking behavioral health disability	4
The behavioral health disability landscape	5
Why behavioral health disability leaves last longer	5
A better approach.....	6
Employer use case: Demonstrated outcomes	8
Collaborative Care Management's impact on providers and families.....	11
Conclusion	10
About Magellan Healthcare.....	11
References.....	11



Executive summary

Behavioral health conditions are an increasingly common driver of short-term disability, contributing to longer absences and more complex return-to-work challenges for employers and disability carriers. Traditional disability models often focus on claims administration, leaving critical recovery and reintegration needs unaddressed.

This white paper examines how an integrated behavioral health absence management approach can reduce time away from work while supporting sustainable recovery.

KEY OUTCOMES FROM AN EMPLOYER USE CASE IN 2025

Traditional approach: **72 days** — **vs** — Magellan support: **42 days**



30 days faster return-to-work with Magellan's approach

Together, these findings illustrate how a more intentional approach to behavioral health absence management can reduce time away from work while supporting sustainable recovery and workforce stability.

Rethinking behavioral health disability

Short-term disability was never intended to be passive. Yet for many employers, behavioral health-related disability has become exactly that—a holding pattern where employees are out of work, benefits are paid, and little is done to actively move recovery forward. As mental health conditions continue to drive a growing share of disability claims, the limitations of traditional approaches are becoming harder to ignore.

On the surface, most organizations appear prepared. Disability benefits are in place. Behavioral health coverage exists. Employee assistance programs are available. But when an employee goes out on leave for depression, anxiety, or trauma, are those supports truly aligned—or operating in parallel?

When care is fragmented, progress is difficult to measure.

Treatment may focus on symptom discussion rather than functional improvement. Return-to-work planning can be reactive instead of intentional. And employees are left navigating multiple systems at a time when clarity and coordination matter most.

Behavioral health short-term disability requires more than claims administration—it requires care management.

This paper examines how an actively managed, team-based behavioral health disability approach can address these gaps and improve outcomes for employers and disability carriers.

The behavioral health disability landscape

People with disabilities are part of every community and population. According to the Centers for Disease Control and Prevention (CDC), disability encompasses any condition of the body or mind that makes it more difficult for the person with the condition to do certain activities and interact with the world around them.¹ The World Health Organization identifies three dimensions of disability:

1. Impairment of physical or mental function (e.g., loss of a limb, loss of vision, memory loss)
2. Activity limitations (e.g., difficulty seeing, hearing, walking, problem solving)
3. Participation restrictions in normal activities (e.g., working, social and recreational engagement, accessing healthcare and preventive services)

In 2022, more than 70 million adults—one in four Americans—reported having a disability.²

Prior to the COVID-19 pandemic, approximately 5% of working Americans experienced a short-term disability lasting six months or less, with behavioral health conditions accounting for roughly 10% of short-term disability claims.³ Depression, mood disorders, and anxiety are among the most common behavioral health drivers of short-term disability and are associated with higher costs, averaging \$6,200 per claim compared to \$4,700 for non-behavioral health short-term disability claims.⁴

As behavioral health conditions continue to rise in prevalence and complexity, these trends place increasing pressure on employers, disability carriers, and care systems. Traditional short-term disability models, often focused on benefit administration rather than active clinical intervention, are frequently insufficient to address the functional, psychological, and workplace barriers that delay recovery and return to work. This growing gap underscores the need for more integrated, care-driven approaches to behavioral health short-term disability management.

Why behavioral health disability leaves last longer

Although short-term disability is generally defined as leave of six months or less, the duration of behavioral health-related short-term disability varies widely based on factors such as severity, treatment engagement, and functional recovery.

For individuals experiencing mood disorders or trauma-related conditions, short-term disability leave frequently extends beyond 90 days.² These longer durations introduce additional clinical, functional, and workplace challenges, underscoring the limitations of traditional disability models that are not designed to actively support recovery or return to work.

A better approach

Magellan's behavioral health absence management approach supports employees whose mental health challenges affect daily functioning, job performance, and the ability to return to work. Rather than treating short-term disability as an administrative process, this approach focuses on active support that helps individuals regain function and re-engage with work as safely and efficiently as possible.

The goal is not simply to manage time away from work, but to actively support recovery and functional improvement while the employee is on leave.

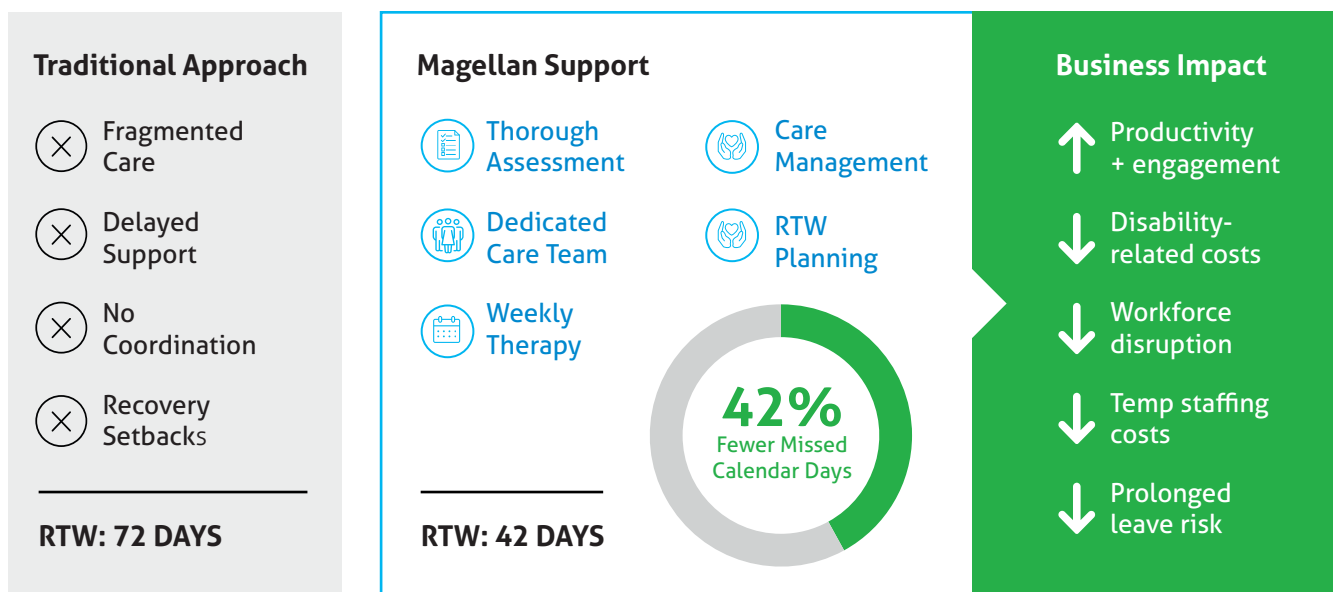
An active, coordinated model—not just claims administration

Traditional short-term disability programs often focus on eligibility, documentation, and benefit payment. In contrast, Magellan's approach emphasizes ongoing engagement and coordination throughout the leave period.

How care is coordinated and supported*

Oversight is provided by a medical director who is a board-certified psychiatrist, ensuring clinical consistency and informed decision-making. An initial assessment is completed by a licensed doctoral-level psychologist, followed by weekly therapy sessions with a licensed therapist.

A licensed mental health care manager maintains regular contact with the individual throughout the short-term disability period. These conversations focus on practical progress, identifying barriers, and supporting next steps toward returning to work. The care manager coordinates with treating providers, facilitates case reviews when progress stalls, and helps arrange additional services or resources when needed. When appropriate, individuals are also connected to community-based supports, such as peer-led groups, that reinforce recovery outside of formal treatment.



*Program structure, roles and services may vary based on employer design, state requirements, and applicable regulatory guidelines.

To complement human support, individuals have access to Magellan's Digital Emotional Wellbeing tool that offers self-guided, evidence-based support between sessions. Together, these elements help reinforce skills, encourage consistency, and maintain momentum during the recovery process.

Clinical oversight and program integrity

Magellan's care teams monitor progress throughout the leave period and use structured review processes to keep support aligned with recovery goals. Teams are trained to identify when an individual's progress is not consistent with clinical expectations and to take appropriate next steps, helping ensure disability benefits are used responsibly while maintaining focus on recovery and return to work.

Protecting program integrity

Fair and consistent disability programs depend on safeguards that balance support with accountability. These safeguards help maintain trust for employers and disability carriers while supporting equitable outcomes for employees.

Planning for a safe and sustainable return to work

Returning to work after a behavioral health-related absence is not a single event. It is a transition that benefits from planning and follow-up. As part of its absence management approach, Magellan integrates return-to-work planning early and revisits it throughout the leave.

Support may include:

- **Paced return-to-work plans** developed with employers and employees
- **Skill-building support** focused on managing stress, emotions, and workplace demands
- **Post-return check-ins** to monitor how the transition is going and address concerns early
- **Coordination** with employee assistance programs (EAPs) and other support services for continued care

This structured approach helps ensure that employees are not only able to return to work but are better prepared to remain engaged and productive over time.



Employer use case: Demonstrated outcomes

The following use case illustrates how an actively managed behavioral health absence management approach can reduce time away from work while supporting functional recovery.

Magellan delivered behavioral health short-term disability management services for a leading manufacturing employer with over 20,000 employees. The program emphasized early engagement, consistent support during leave, and a structured focus on returning to work timely and safely. Employees received weekly therapy centered on functional improvement and practical coping strategies, along with ongoing care management support to address barriers, coordinate resources, and reinforce progress.

Engagement remained high throughout the program, with weekly no-show rates for both therapy and care management averaging less than 1%. This consistency helped maintain continuity of support and reduce overall time on leave.



99%

Participation rate



High engagement across therapy and care management

During 2023 and 2024, approximately one percent (1%) of employees filed a short-term disability claim. More than 80% of those claims were approved. Employees supported through Magellan's program returned to work in an average of forty-two (42) calendar days or thirty-three (33) workdays. By comparison, the employer's previous vendor averaged seventy-two (72) calendar days of missed work. This represents a 42% reduction in missed calendar days.

Average missed calendar days among approved behavioral health short-term disability claims, compared to prior vendor

Previous vendor:  **72** —  — **Magellan:**  **42**

These results demonstrate the organizational and workforce value of an integrated behavioral health absence management approach that prioritizes engagement, functional recovery, and timely return to work.

Context for longer duration cases

Not all individuals returned to work within the average 42 calendar days. In some cases, employees resigned, retired, or transitioned to long-term disability. Longer absences were most often associated with the severity or complexity of the individual's situation.

These cases typically involved circumstances such as significant personal loss, serious and ongoing mental health conditions that required extended support, or longstanding challenges related to trauma that affected the individual's ability to manage stress at work. In these situations, returning to work within the average timeframe was not clinically appropriate or feasible.

Including this context underscores an important point: while an actively managed approach can significantly reduce time away from work for many employees, outcomes will vary based on individual needs. Effective absence management balances timely return-to-work goals with appropriate clinical judgement and support.

Participant experience

Feedback reflects consistent support throughout the disability process.

“ I appreciate the fact you both were there to listen and help me through the disability process.

- Participant



“ You are the best! Thanks for everything that you have done for me. I really appreciate it.

- Participant



Conclusion

Behavioral health-related short-term disability presents a complex and growing challenge—one that traditional, administratively focused models are not designed to solve. As behavioral health conditions drive longer and more variable absences, employers and disability carriers need approaches that actively support recovery, restore function, and enable timely, sustainable returns to work.

An integrated behavioral health absence management approach can address these challenges.

By combining coordinated support during leave, consistent engagement, clinical oversight, and intentional return-to-work planning, Magellan's model closes the gap between short-term disability administration and meaningful recovery.

The highlighted employer use case demonstrates how active management can reduce time away from work while maintaining appropriate clinical judgment for individuals with more complex needs.

Magellan brings more than 50 years of behavioral health expertise to absence management, applying evidence-based practices, interdisciplinary collaboration, and technology-enabled support to help employees return to work safely and maintain functioning after the approved short-term disability period ends. Beyond reducing disability duration, this approach equips individuals with skills and tools that support long-term wellbeing after short-term disability ends.

For employers and disability carriers seeking a more effective way to address behavioral health-related absences, Magellan offers a proven, experience-driven approach. Connect with Magellan to review your current absence management strategy and discuss how an integrated behavioral health model can support recovery, reduce time away from work, and strengthen workforce outcomes.

[Click Here to Request a Consultation](#)

About Magellan Health

Magellan Health (Magellan) has provided nationally recognized behavioral health for more than 50 years serving employers, health plans, and state and federal agencies. Through a continuum of evidence-based solutions—from employee assistance programs to specialized Medicaid services for individuals with serious mental illness, Magellan helps more than 8.1 million members worldwide live healthy, vibrant lives through evidence-based innovative care.

References

1. Centers for Disease Control and Prevention. (2025, April 2). Disability and health overview.
2. https://www.cdc.gov/disability-and-health/about/?CDC_AAref_Val=https://www.cdc.gov/ncbddd/disabilityandhealth/disability.html
3. Council for Disability Income Awareness. (n.d.). Disability statistics. <https://thecdia.org/disability-statistics/>
4. Integrated Benefits Institute. (2022). Benchmarking Analytics: Mental health outcomes. <https://f.hubspotusercontent10.net/hubfs/8926463/Resource%20Assets/Benchmarking%20Analytics/IBI-Benchmarking-Analytics-Mental-Health-Outcomes.pdf>
5. Zaidel, C. S., Ethiraj, R. K., Berenji, M., & Gaspar, F. W. (2018). Health care expenditures and length of disability across medical conditions. *Journal of Occupational and Environmental Medicine*, 60(7), 631–636.

