Treatment-resistant depression is more common than most managers may realize.

A brief for HR and benefits teams. What the treatment is, what your medical plan already covers, what the leave mechanics look like, and what tends to change when it works.

FROM THE AUTHOR

> *This is a brief for benefits leaders who run into treatment-resistant depression as an operational question: an employee out on disability, an employee struggling at work, a utilization question with no clear answer in your existing materials. The clinical layer is well-covered elsewhere. What I have not seen anywhere is the same information held together as a single reference — what the treatment is, what your medical plan already covers, what the leave mechanics look like, and what tends to change when treatment works. This is that piece.*

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WHY THIS MATTERS FOR BENEFITS TEAMS

Treatment-resistant depression is a workforce continuity problem your plan already covers.

Roughly 30% of medication-treated depression becomes treatment-resistant — the clinical population driving the bulk of mental-health-related disability claims, presenteeism, and quiet attrition. Most benefits teams encounter this without a playbook. The treatment that addresses it is FDA-approved, processed under your standard medical plan, and in-network with every major MA carrier.

2.8M
U.S. adults with TRD today

37–48%
of workers with major depression experience short-term disability

2.2×
higher presenteeism rate vs workers without depression (20.1% vs 9.1%)

WHAT TENDS TO CHANGE WHEN TREATMENT WORKS

Across our patient population, mean depression scores on the standard clinical scale (MADRS) start in the moderate-to-severe range at baseline. By twelve weeks of treatment, the mean has fallen into the mild range. Not every patient — some respond faster, some less, some take longer. The aggregate is a meaningful clinical move over an induction phase plus continuation. Operationally that translates to weeks of disability not lost, periods of presenteeism foreshortened, employees in functional ranges again. Spravato and IM ketamine work much more quickly and more predictably than standard medications alone — the comparison that matters when an employee has already cycled through first-line treatment without response.

THE CLINICAL NEXT STEP

Esketamine (Spravato) or intramuscular ketamine.

When standard antidepressant trials don't adequately work, the FDA-approved next step for TRD is

> *"About a year and a half ago I had somebody on my team come to me. He had severe depression. He disclosed it and said: I'm going to need a ton of time off to go do some treatments. I didn't know how to deal with it. I had no idea as his manager: how do I support you? This treatment requires three hours a day, once or twice a week. How do I make that work?"*
>
> — Manager, quoted by a referring physician at Lumin Health

FOR THE DISCLOSURE CONVERSATION

The manager script

An employee discloses they're starting treatment for TRD and will need schedule adjustment. Keep this on file. Adapt as needed.

- *Thank you for telling me. I want to make sure we get this right.*
- *I'll need a couple of basic things to help: a general sense of the treatment schedule, so we can plan around it. You don't need to share specifics.*
- *Whether you want HR involved in the leave logistics, or want me to connect you with them.*
- *I'll check in with you at a few points — not about the treatment, just about how you're doing on a human level. If anything changes about what you need from me, please tell me.*

WHAT NOT TO SAY

- "What's wrong with you?"
- "Have you tried [a treatment / therapist / supplement]?"
- "Just take all the time you need." (Well-meant but unhelpful — be specific about leave logistics.)
- Anything that implies you've discussed it with someone else.

FOR THE LEAVE QUESTION

MA PFML covers this.

Massachusetts Paid Family and Medical Leave covers TRD treatment as a serious health condition. Most HR teams have not operationalized it for mental health.

QUICK REFERENCE: MA PFML FOR TRD TREATMENT

Does TRD treatment qualify?	Yes. Certified by a healthcare provider as a serious health condition — same framework as cancer treatment or dialysis (multi-treatment regimen under FDA protocol).
Certification requires	2+ treatments within 30 days, or 1 treatment plus an ongoing care plan. Both fit how TRD treatment is scheduled.
Max medical leave	20 weeks per year (26 combined with other PFML reasons).
2026 max weekly benefit	$1,230.39
Where to apply	mass.gov/pfml

COVERAGE

Lumin Health is in-network with all major MA carriers: Harvard Pilgrim, BCBS Massachusetts, Aetna, Cigna, UnitedHealthcare, Tufts Health Plan, Mass General Brigham Health Plan. Plus Anthem, CareFirst, Elevance, Evernorth, Humana, Kaiser, Optum, Point32Health, MassHealth/Medicaid, Medicare, Tricare. Employees verify in about 30 seconds at **lumin.health/insurance-we-accept**.

Want to walk through what referral could look like for your employee population specifically?
A 20-minute call with Dr. Yudkoff: patient profile, intake cadence, care coordination, when to refer back.

Email hello@lumin.health

Call **617-863-8810** · or email hello@lumin.health

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