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Ensure your organization offers quality mental healthcare

Employers are realizing that they need to provide mental health care. However, simply offering mental health care isn't necessarily enough. Employees also expect quality mental health care. Minimal coverage means costs can add up quickly, and many insurance plans only cover limited mental health-related needs. This isn't going to cut it in a modern workplace where employees face increasing mental health struggles and employers are fighting to compete for skilled workers.

For many companies, that may mean it's time to reevaluate your healthcare offerings — especially what mental health services are included. Not only are employees expecting it, but investing in employee mental health can lead to a much more productive workplace. Healthy and productive workers help the bottom line, and ultimately investing in mental health care starts to pay for itself in the long run.

However, determining what employees are looking for in their mental healthcare may not always be clear. If you're considering reevaluating your benefits to meet the demand of current and prospective employees, it's necessary to first understand what those employees consider quality mental healthcare.

What does quality mental healthcare entail?

The health care benefits system you establish is your infrastructure, the indispensable and essential component of your strategy to address behavioral health conditions and to promote mental health. By 2019, as a society, and in our places of work we had been slowly progressing towards recognizing and effectively destigmatizing mental health issues. One reason for that progress was the Affordable Care Act, which provided one of the largest expansions of mental health and substance use disorder coverage. It required most individual and small employer health insurance plans to provide care for behavioral health and substance abuse disorders.

The COVID-19 pandemic has also dramatically accelerated the evolution and magnified the importance of comprehensive mental health care.

The increased attention to behavioral health issues on the part of employers is not just driven by benevolence. There are also increasing competitive demands affecting these market changes as more current and prospective employees use these benefits as key criteria in their employment decisions.

For instance:

- Newer entrants to the workforce (ages 18 to 25) report the highest rates of behavioral health issues. They are also more willing than any age group to openly talk about psychological well-being.
- In a Ginger study, more than 90% of respondents believed their employers should care more about their emotional health. 85% said behavioral health benefits were important when evaluating a new job. On-demand mental health care was rated more important than financial advising, free cafeteria meals, and gym memberships!
- A 2019 Mind Share Partners survey found that 50% of millennials and 75% of Gen Z respondents reported

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that they left jobs at least in part due to mental health reasons.
- Mental health can even be considered a diversity issue, as Black and LatinX employees report more behavioral health symptoms than their white counterparts.

What does a competitive comprehensive mental healthcare benefit look like? At a minimum, the criteria that you've used in the past to evaluate your overall healthcare plans should be extended to the mental health care components of your plan. These criteria are access/availability, cost/benefit, effectiveness/impact, transparency/data access, and compliance.

Access/availability for mental health care

It is a staggering statistic to consider that an estimated 60% of people who need care for behavioral health issues never receive care. The financial, emotional, social impact is unimaginable. A few roots of the problem include; employees not attempting to access care for personal reasons, inadequate provider networks (networks that are full and not taking new clients), some areas don't have local therapists, and sadly, cost can also be a prohibitive factor. Despite requirements of parity, a visit to a mental health therapist is 5 times more likely to be out of network, and therefore more expensive, than an office visit with a primary care practitioner.

Employee access to mental health care providers can be improved in several ways.

Employee Assistance Plans

First, 90% of employers have Employee Assistance Plans, increasingly referred to as Emotional Assistance Programs (EAP). Such services are ubiquitous in most communities and are expanding their services. Including an EAP can be a valuable factor in your strategy to be more proactive in addressing behavioral health issues.

Investigate the EAP options in your area. Make sure you have at least one and that your workforce is aware of it through signage and relentless reminders. Educate managers of their responsibility to encourage others to use it, expand its hours, review and consider increasing the maximum number of visits or calls you allow. Some employers have gone to an unlimited number of calls.

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On-site and near-site healthcare providers

In the early 2000s, a trend towards onsite or near-site primary care providers started and that continues today. It became apparent that access to care increased, and time and cost per visit were lower for nearby company-paid physicians than in a fee-for-service model with facility charges. Borrowing that same strategy, some employers are paying full-time, part-time, or contract mental health professionals for a fixed number of onsite or near-site hours per week. Just as physical health issues are discreetly handled in a manner consistent with HIPAA considerations — so too are these appointments.

Remote mental health services

To further address the access issue, check and possibly expand your policies regarding mental health telemedicine calls. This could be through your network provider or any of the wave of new online mental health tele-med companies such as Ginger, BetterHelp, Talkspace, 7 Cups, or others. Consider an employer subscription contract for these services, or for the individual fee-based providers, or consider establishing an employee reimbursement plan.

Make stress reduction, meditation mobile apps (such as Headspace, Calm, iBreathe, Simple Habit, etc.) readily available and encourage their use.

Cost/benefit

You're likely familiar with the data on the benefits of wellness programs on physical health and related organizational outcomes. However, the is also compelling data indicating that proactive mental health care can have a positive impact on key organizational indicators like workplace morale, productivity, and attendance. One key study in 2018 reported that nearly 86% of employees receiving needed treatment for depression resulted in improved work performance and lower rates of absenteeism.

Additionally, considerable research exists to support the link between behavioral health conditions and later physical maladies. It’s becoming increasingly common to view the failure to proactively address behavioral health issues as an opportunity cost — a missed chance to reduce your overall healthcare costs. In one seminal study, Optum research indicated that individuals who were prescribed an anti-depressant increased their odds of subsequently receiving a prescription for diabetes by 30%, heart disease by 60%, and cancer by 50%. It’s likely that the evidence that stress harms the immune system will continue to grow.

Because of these consistent trends, the total costs associated with a full and robust health care plan (with true parity of care) needs to factor in the potential longer-term impacts on total healthcare costs, along with the potential favorable impact on workforce issues like recruitment, retention, absenteeism, morale and productivity.

Effectiveness/impact

Not all mental health therapy is the same. Make sure that you’re contracting for traditional proven methods. The provider should have effectiveness/quality of care indicators defined by the regulatory agency to whom they report. Request to review these data.

For each of your mental health solutions, you should assess and monitor on an ongoing basis the total number of visits or contacts, request anonymous evaluations from employees who’ve used the services, and get regular updates from therapist(s) and service providers.

Many organizations are using “stress” surveys or other on-the-spot surveys as indicators of the emotional health of the workplace. Employers should consider using the 12 item General Health Questionnaire (GHQ-12)

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developed in 1970 and validated numerous times since then. It can provide a benchmark of an organization's general mental health against norms from other populations and can assess the effectiveness of the same employers' mental health efforts at different periods of time.

Although many variables impact organizational outcomes like absenteeism, productivity and turnover, these are also helpful metrics to track in relation to increased efforts to provide mental health care.

Employers can also encourage the primary care doctors on your plan to include behavioral health assessments into their standard visits with employees. This will aid proactive referrals as well as provide anonymized population data to assess group trends over time.

Transparency/data access

No different from all other healthcare utilization, the employer needs complete and total de-individualized access to their own data. Whether self-insured or fully insured, look at utilization, costs, location, pharmacy costs, etc... Because these data should inform your decision-making, so insist on complete and transparent access for your organization.

Compliance

Behavioral health has regulatory compliance issues that tend to be slightly different from other medical areas. The most common compliance regulations have to do with documentation, billing and coding, treatment plans, and medical necessity. Regulatory compliance is inextricably linked to quality of care. To be sure that your organization is in compliance with regulatory requirements, carefully assess the compliance record of those with whom you contract, whether part of your plan or an independent contract.

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