5 ways to help employees find the behavioral health care they need

As some employees struggle for access amidst dramatic changes in the behavioral health care system, here’s what employers can do to help guide employees to quality, affordable care.

Behavioral health is getting its moment in the spotlight. Taking care of one’s mental health has come front and center, with the pandemic exacerbating trends already affecting millions of Americans. During the pandemic, 4 in 10 U.S. adults reported feeling anxious or depressed. About 85% said mental health issues were disrupting their daily life.

“The whole world at a minimum has experienced more stress, which has contributed to the increase in diagnosis for anxiety and depression, substance use and alcoholism, and prescriptions for behavioral health treatment. Suicide rates have gone up in all populations,” says Dr. Rhonda Randall, Executive Vice President and Chief Medical Officer for UnitedHealthcare Employer & Individual.

Given these trends, the stakes couldn’t be higher for employers. When employees and their family members experience emotional distress, which may manifest as sleep problems, aches and pains, and low motivation, it may affect their quality of life and may lead to tardiness and missed days at work, lower work quality, safety-related mishaps and the need for medical care.

UnitedHealthcare’s behavioral health strategy is designed to help employees find the care they need across a comprehensive continuum of care. And it includes promotion of general well-being and treatment of conditions such as substance use.

Employers can help employees find the behavioral health care they need by:

- Promoting virtual care to help improve access to providers
- Building a benefits strategy that includes a full continuum of care
- Offering a guided experience to support employees and their families
- Trying to reduce stigma especially for at-risk populations
- Reinforcing the connection between physical and behavioral health

“It’s become more common to know someone affected by a mental health condition. Younger generations are especially open to conversations about mental health, which helps to reduce the stigma.”

Dr. Rhonda Randall
Chief Medical Officer
UnitedHealthcare Employer & Individual
Promote virtual care as a proven strategy for improving access to providers

Evidence suggests that the COVID-19 pandemic will accelerate the demand for behavioral health care in years to come, and consumers will continue to have a growing need for faster, easier access to mental health support. With the U.S. only fulfilling 27% of its total need for mental health professionals, there will be a shortage of at least 245,000 behavioral health providers by 2025.

“Data shows more licensed professionals in all 50 states, but some areas of the country lack certain types of providers,” Randall says. “One of our solutions that helps to address these disparities is virtual care. It enables mental health professionals the ability to obtain licensure across state lines.”

Innovative and effective digital tools, including virtual care solutions, are designed to help meet the needs of individuals and improve access to care. The pandemic created momentum around virtual care, including virtual therapy, that is not slowing down. About 68% of employers plan to increase their emphasis on mental health offerings over the next two years, especially in virtual care and digital tools.

More than half of U.S. adults are likely to use virtual tools for behavioral health needs. Providers are seeing 50–175 times more patients virtually than they have before.

“Most of my patients prefer virtual. It’s eliminated commuting and wait times in the office. At first, I had reservations about switching to virtual care, especially with new patients, but it hasn’t made a difference working with them,” says Dr. Martin H. Rosenzweig, Chief Medical Officer of Optum Behavioral Health, which supports UnitedHealthcare’s behavioral health benefits. Rosenzweig, who is also a board-certified psychiatrist, noted that he hasn’t seen a patient in-person since the beginning of the pandemic.

Offering virtual care options may also reduce the stigma surrounding seeking mental health support. Stigma tends to prevent older adults from seeking care versus younger adults who are generally more accepting of mental health care. Stigma is also more prevalent in some minority groups.

UnitedHealthcare’s behavioral health network

- 269K+ providers
- 73K+ virtual providers

56% of behavioral health visits in 2020 were virtual for UnitedHealthcare members

continued
Build a benefits strategy that provides access to a full continuum of solutions

UnitedHealthcare provides comprehensive support across a continuum of care designed to cover a range of employee needs from digital self-help tools to facility-based treatment. This model helps employees take preventive measures to maintain their mental health and overall well-being similar to physical health. As with other aspects of well-being, the focus of employers’ efforts should move from reactive to preventive.8

Because employees don’t always know they have behavioral health benefits and services, UnitedHealthcare helps create awareness by promoting it during open enrollment, onboarding and throughout the year. This helps to encourage the idea of getting care sooner, often before an employee knows they need help.

Solutions such as online education, self-help apps or coaching help equip employees with the tools they need to manage stress, burnout and anxiety. If an employee enters in the system through a crisis, they may access therapy or psychiatric treatment that may require medication or facility-based treatment.

“Our goal is to normalize mental well-being and think of it as common as maintaining physical health similar to seeking a wellness visit each year,” says Trevor Porath, Vice President of Clinical, Behavioral, and Advocacy Solutions at UnitedHealthcare. “We want to make every single touch point with a member an opportunity to advance mental well-being.”

To build a more robust continuum of care, UnitedHealthcare has evaluated many vendors, bringing in solutions that fill in care gaps including AbleTo and Sanvello to support identification, proactive outreach and virtual care delivery, and Equip and Genoa Healthcare for data and medication management, and specialty behavioral health.
Offer a guided member experience designed to support employees and their families

Low behavioral health literacy remains a challenge for consumers. They don’t often recognize brand names for tools and resources or have a clear understanding of what terms like coaching mean when related to their mental health care.9

A member-guided experience, whether it starts through an Employee Assistance Program (EAP), primary care physician (PCP), care advocate or digitally, helps lead to an evidence-based recommendation on the continuum of care.

“Advocates are trained to listen for signs of distress when speaking to members,” Randall says. “They also help guide members through the complexities of behavioral health including understanding provider types such as social workers, counselors and psychiatrists.”

Predictive tools also help identify members who may need behavioral health support. Pulling from data such as diagnostic codes and utilization patterns, members are segmented based on their conditions—both the level of severity and stability—as well as their ability to engage. This information is used to support advocates or make program suggestions when an employee signs in to myuhc.com®.

For those without a behavioral health diagnosis or utilization of services, a prediction can be made on their level of risk based on social determinants of health data and prevalence of chronic disease—two of the most critical factors that put employees at risk of developing or having an untreated behavioral condition.

“Due to the pandemic, more members entered into the behavioral health care space. It’s important we help guide them to the right care at the right time on a comprehensive care continuum.”

Stacie Grassmuck
Director of Behavioral Health Product and Innovation
UnitedHealthcare Employer & Individual
**Try to reduce stigma among employees, especially in at-risk populations**

During the pandemic, mental health has impacted all populations, but has been the most profound among women, teens and racial minority groups. Employers can help address this with targeted campaigns to highlight available resources and services such as virtual care that helps reduce stigma.

“It’s so important to be compassionate with mental health due to stigma. Many employees are still afraid and ask if seeking these services will be reported back to their employer,” says Heather Nelson, an advocate trained to provide medical and behavioral health support. “I reassure them an employer only receives general data on program use, which lets them know what their employees need.”

In addition, minority groups may not seek mental health support as often as their white counterparts. Among adults with any mental illness, 48% of whites received mental health services compared to 31% of African American and Hispanics, and 22% of Asians.

Diverse populations are more likely to utilize support from a provider of the same race since it makes them feel more comfortable and less judged. Currently, 86% of members in the American Psychological Association are white and less than 2% of members are African American.

To support network diversification by raising cultural competency and promoting network diversity, UnitedHealthcare’s plan has included:

- Strategic recruitment of specialty providers such as medication-assisted treatment providers
- Cultural competency training
- Provider ethnicity, gender and language as provider search criteria
- Scholarships for child psychiatrists and providers from diverse backgrounds

**Reducing stigma at the workplace**

Employers may help reduce stigma by avoiding language that could potentially hurt or inadvertently discourage someone from seeking mental health treatment. This includes:

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<th>Don’t use</th>
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<tr>
<td>Words that may reinforce stereotypes and minimize the importance of understanding mental health conditions, such as crazy, head case, lunatic</td>
<td>Specific and sympathetic language</td>
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<tr>
<td>A mental health condition to define the person</td>
<td>“Someone who lives with a mental health condition” or “someone who is affected by a mental health condition”</td>
</tr>
<tr>
<td>The disease to describe the person</td>
<td>A person-first approach such as “a person living with schizophrenia” or “someone diagnosed with schizophrenia”</td>
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Reinforce the connection between physical and behavioral health for better care coordination

UnitedHealthcare claims data show members with comorbid conditions have claims costs that are, on average, twice the claims for members with medical conditions alone.11

People with a mental health condition also experience higher morbidity and mortality rates compared to those without—mostly from untreated and preventable chronic physical conditions such as cardiovascular disease, hypertension and diabetes.12

“Usually, when a behavioral health condition goes untreated, we’re likely to see higher levels of medical care such as inpatient stays and emergency room utilization,” says Stacie Grassmuck, Director of Behavioral Health Product and Innovation at UnitedHealthcare Employer & Individual.

Integrated medical and behavioral benefits can address the full spectrum of health and well-being to provide whole person care. When employers integrate behavioral, medical and pharmacy benefits, there is one point contact for an employee with a mental health condition who has a chronic health condition.

“The integration of these benefits creates a more seamless experience with a single carrier. You also have better coordination between the benefits. For example, deciding whether to use an EAP benefit for mental health support or tapping into integrated benefits right away,” Randall says.

In an average group plan population:11

14% of members experience both medical and behavioral conditions

= 28% of the total cost of care
History has shown that the mental health impact of disasters outlasts the physical impact, suggesting today’s elevated mental health need will continue well beyond the coronavirus outbreak itself. Employees with more severe behavioral health needs drive a disproportionate amount of an employer’s overall health spend. Of the top 10% insured that drive the highest costs, 27% had behavioral health care needs and accounted for 57% of health care costs.13

The challenges in the behavioral health landscape call on all stakeholders—including private and public insurers, care providers, employers and government policymakers—to innovate to better serve the behavioral health needs of everyone. Insurers can leverage data to forge new relationships with members, allowing for preventive interventions to address behavioral health needs.14

Through data-driven solutions, UnitedHealthcare works with employers to help identify gaps in care. For example, behavioral health claims utilization based on location, age, gender and other measures helps an employer understand if their employees may need mental health support to prevent a higher, more costly level of care.

“Mental health conditions are not benign illnesses — they really impact your workforce. The sooner you can intervene, you may be able to stop the progression of these diseases.”

Dr. Martin H. Rosenzweig
Chief Medical Officer
Optum Behavioral Health

Planning for future behavioral health needs

“When behavioral health claims are lower than expected norms, it’s an indication that certain populations may not be getting the behavioral health support that they need,” says Craig Kurtzweil, Vice President, Center for Advanced Analytics at UnitedHealthcare. “We want to see employee utilization and strategies such as using an in-network or local provider, inpatient versus outpatient services and virtual care to help keep the costs lower for the employer.”

Employers are offering more differentiated behavioral health support that may help improve performance and retention.14 They’re also taking into account how they may contribute to stress—recently citing work-life balance, mental health, working environment, physical health and burnout as their top 5 wellness issues affecting business performance.15

“Behavioral health treatment is effective. The response rate to therapy and medication is similar to a medical condition like diabetes,” Rosenzweig says. “We want to intervene early to help employees manage their everyday stress while offering solutions that support a range of mental health needs.”
Certain preventive care items and services, including immunizations, are provided as specified by applicable law, including the Patient Protection and Affordable Care Act (ACA), with no cost-sharing to you. These services may be based on your age and other health factors. Other routine services may be covered under your plan, and some plans may require copayments, coinsurance or deductibles for these benefits. Always review your benefit plan documents to determine your specific coverage details.

AbleTo’s Therapy 360 program offers personalized, confidential one-on-one coaching and therapy via phone. With next-day access to a nationwide network of 300+ highly trained, clinically supervised therapists (LCSW) and behavior coaches, our program will give you the tools you may need to improve your daily life.

The Sanvello Mobile Application should not be used for urgent care needs. If you are experiencing a crisis or need emergency care, call 911 or go to the nearest emergency room. The information contained in the Sanvello Mobile Application is for educational purposes only; it is not intended to diagnose problems or provide treatment and should not be used as a substitute for your provider’s care. Please discuss with your doctor how the information provided may be right for you. Premium access is available for members at no additional cost as part of their benefit plan. Sanvello premium is not available for all groups in New York and is subject to change. Refer to your plan documents for specific benefit coverage and limitations or call the toll-free member phone number on your health plan ID card. Participation in the program is voluntary and subject to the terms of use contained in the Application.

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