Forging a new frontier in mental and behavioral health

Constructing the tools, teams and systems to move beyond crisis

For decades, the United States has lacked adequate screening, coverage, education and care pathways for mental health, limiting access to and engagement in mental health care. At the same time, stigma, misaligned financial incentives, rising inequity and unaddressed mental health have affected generations of families and communities. The COVID-19 pandemic exacerbated the underlying issues of this mental health crisis, leaving in its wake a vulnerable population. In fact, nearly 53 million Americans reported experiencing a mental health condition in 2020, and that number is trending upward.[1]

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Intense pressures are driving change and innovation

Somewhere between 30% and 50% of adults experience mental illness over their lifetimes, resulting in more than $200 billion annually in health care usage and lost work productivity.[2] Cost, access and stigma are top reasons many individuals are not receiving services.

Even when consumers do engage with the health system, they may not be able to connect to the care they need, or may have an unsettling, disjointed experience. Pricing and reimbursement methodologies can be inconsistent and make it difficult for physical health providers to define consistent referral protocols. Too often, mental health professionals don't accept health insurance. This is due to a variety of reasons, including restrictions, administrative burdens and low reimbursement rates. There is a cost to this disconnection for communities, families and the health system.

However, these pressures are also driving innovation and new discoveries. As an industry we are focusing our research to understand how to better support mental and emotional well-being during different life stages and within different populations. We know that emotional and mental well-being is a lifelong journey that builds positively or negatively on experiences, exposures and inherited predispositions. We know we need a continuous, connected approach to mitigate the onset of mental illness and sustain well-being across the lifespan. We are learning more about the powerful link between physical and mental health and we understand the impact of environmental events, systemic inequity, stigma and access.

Yet, our current system is not delivering healthy societal outcomes. Developing an effective system of mental health care could remove mental illness as the number-one cause of disability and reduce the risk of suicide. It could also lower the expense related to high utilization, homelessness, incarceration and other long-term health care and societal costs.

In today's environment, how do we establish a compassionate, connected behavioral health ecosystem with contributions from all stakeholders? How do we develop fully prepared physical and mental health care teams that have seamless access to the right insight, tools and support?

Read on to explore:

- **The cost of untreated mental health**
- **Importance of aligning financial incentives**
- **Required investments for a new experience**
- **The profound effect of digital tools**
- **New actions health leaders can take**

> "To help patients before they experience a crisis, we need a compassionate, connected ecosystem with informed teams that have the right insight, tools and support."
>
> — **Rhonda Robinson-Beale, MD**
> Senior Vice President, Deputy Chief Medical Officer, Mental Health Services, UnitedHealth Group

The cost impacts every area of our society

The cost in human life and suffering is significant and growing.

Loss of life is the ultimate cost of advanced mental and behavioral health disorders. Suicide rates increased 5% in 2021 and 2.6% in 2022, with some populations such as veterans, rural populations and the economically disadvantaged facing extreme risk. Middle-aged adults account for 46.8% of all suicides, and 41% of LGBTQ+ youth considered and 14% attempted suicide in the past year.[4] Suicide is a leading cause of maternal death in the first year following childbirth, responsible for up to 20% of postpartum deaths.[5] 1 in 4 clinicians want to leave health care due to burnout, with 300 to 400 physicians a year taking their own life.[6]

Opioid-related use continues to rise, with 9.2 million misusing opioids[7] and the National Center for Health Statistics predicted 82,998 opioid-related deaths in 2022.[8] Of the nearly 600,000 people experiencing chronic homelessness, it is estimated that 50% have behavioral health disorders.[9]

The full financial impact of untreated or undertreated mental and behavioral health extends across the health system, throughout the criminal justice system, within our workplaces, and amidst our families and communities.

Delayed diagnosis and treatment lead to more expensive medical care, poor physical health outcomes and a perilous burden on health care providers. It adds education expense, cuts into workplace productivity and pulls from the pocketbooks of families and caregivers. It fuels criminal justice expenses, increases disability costs and adds to our tax burden.

Current estimates cite the cost to the U.S. economy at more than $1 trillion per year. In 2020, the government spent close to $280 billion on mental health services.[2]

The economics of mental health need to be reversed so that these dollars can be redirected toward prevention, early intervention and ongoing support. As technology improves and research validates the efficacy of various hybrid approaches, market forces will likely drive down costs. Calculating the savings to rationalize a new approach will require more complete data, include new concepts of mental health, involve financial modeling and include metrics from across the community. How do we begin to make the shift?

Trends in costs and services from 2020 to 2022[16]
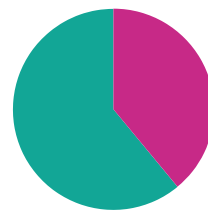
Increased use of mental health services by 39%
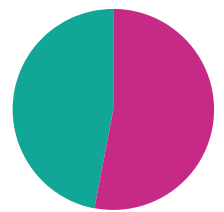
Spending on mental health services has risen by 53%

Financial incentives must align

A crucial tool in addressing mental and behavioral health is aligned incentives. A preventive approach is integrated across a health system and factors in the needs of a person along their mental health journey. This approach to care requires financial models that can bend the cost curve by assuming full risk and accountability for the outcomes over the long term.

Cost savings can be achieved through early, accurate diagnosis and referrals to timely, effective care. A cost-effective care model will connect more patients with care, but it will be to lower-cost, preventive care. To change to a new financial model, the equations for investing more in mental health prevention in the short term must demonstrate that cost savings can accrue over the long term.

Health systems are best positioned to implement new financial models for mental health when they can:

- Implement risk arrangements for the total cost of care

- Include a comprehensive scope of services

- Transparently report outcomes

By having these 3 capabilities, health systems can use outcomes data to shift services and interventions to personalize care for the populations they serve. These risk arrangements reward swifter symptom recovery, chronic condition stabilization and crisis prevention. They have the potential to increase the short- and long-term savings that can further fund prevention and sustain needed community resources.

Measures of success: Growth in risk-bearing and accountable models, incentives and funding for preventive approaches, reduced variability in payment models for providers.

Significant investment is required

A commitment to improving the effectiveness of mental and behavioral health will require investment in a new data-driven approach. Effectively tracking mental health costs and outcomes requires longitudinal data that follows the long-term costs generated across different systems. Investment to upgrade the data architecture, collection and interoperability is required for the industry to advance the effectiveness of the behavioral health system and care at all levels — the patients, providers, payers and community. **Read "Addressing the great information divide."**

Providers and health systems will also need the right health expertise and management systems to build the architecture for precision diagnosis, interventions, data-driven referrals and measuring whole-health outcomes. As the model is developed, it must also be incorporated into an organization's information technology system.

Measures of success: Incentives for defining and evolving data system functionality and measurement, speed to implementation, improved tracking of outcomes and quality.

Digital tools can have a profound effect

We've already seen the power of telehealth services throughout the COVID-19 pandemic. As more tools and data come to the fore, there is opportunity to adopt telehealth services on a much broader scale and in a more personalized way.

Digital self-help tools are guiding consumers toward proper diagnosis and care. Triage techniques are identifying those patients who are better served with digital and telehealth tools so that they can be more effectively and immediately treated. This precision approach not only serves them quickly but also frees up limited in-person therapists for the higher-acuity patients who truly require them.

These digital tools can also provide remote monitoring, real-time data collection and intervention. Some are very precise. For example, precision treatment digital tools may be targeted at trauma, such as post-traumatic stress disorder. Another may help women adjusting to menopause. Yet another can help a patient with anxiety, offering diaphragmatic breathing, mindfulness and cognitive behavioral therapy. These aids can benefit patients if they are aimed accurately — to treat the specific mental or behavioral health issues a person is experiencing.

But simply adding more digital tools will not achieve the goals. The key is to have the right leader and the appropriate investment to build, implement and measure an integrated virtual mental health care model. Digital tools need to be validated by quality research, vetted by your clinicians and then once implemented, prove they can deliver measurable, evidence-based mechanisms of change in the patient. Having a wide spectrum of these digital tools allows providers to choose the precise approach needed.

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By precisely targeting the right intervention for the right patient, we can get closer to this vision of a model where we've got an answer for a hundred percent of patients."

— **Sam Nordberg, PhD**
Chief of Behavioral Health, Reliant Medical Group

Measures of success: Increased timely access, engagement in interventions, symptom reduction, recovery rates and user satisfaction.

How health care stakeholders can take new action

It is going to take collaboration, investment and leadership from payers, providers, employers and government organizations to integrate the processes, tools and measures needed to proactively address mental and behavioral health. All stakeholders have unique and specific contributions to make.

The role of the provider:

Providers are on the front lines of this crisis. They are coping with a rise in behavioral concerns in all environments and they are seeing unprecedented numbers of burnout, attrition and suicide in their workforce. The following strategies can support consumers and clinicians alike.

1. Diagnosis

Earlier diagnosis is an essential area for advancement. The following technologies are now being added to the diagnosis toolbox:

- Screening tools that identify the appropriate resources for more in-depth assessment

- Self-help tools that track important characteristics, symptoms and monitor progress

- Natural language processing (NLP) and artificial intelligence (AI) aids that detect changes in speech patterns, indicating a change in an individual's mental health status

- Remote monitoring that recognizes and tracks biomarker changes such as activity, sleep or mood

Accurately diagnosing mental and behavioral health disorders can be a complex process. There may be multiple contributing factors, co-occurring conditions or symptoms that come and go.

Screenings are a first step but are not enough by themselves. Multiple screenings by qualified professionals are needed to build a complete and more accurate diagnosis. They combine with interviews, assessments and medical history to create a comprehensive profile and nuanced view of an individual. Screenings can take place in-person, through a mobile app, using chat bots, during health plan sign-ups, at the pharmacy and at customer service points. Screenings can also assist providers by more efficiently revealing what type of care an individual prefers and is able to access.

Self-help tools are not currently intended for self-diagnosis but can lead to earlier, personalized intervention. They also engage a person in their care by putting an element of control for managing their condition back into their hands. NLP and AI show promise for identifying changes in facial or vocal expressions that indicate shifts in mental health conditions. Remote monitoring can shorten clinical decision-making time by reducing alarm delays for adverse events or alerting for device failures between office visits.

Insurers at the state, federal and commercial levels are now covering depression and anxiety screenings. Normalizing these scales as part of routine clinical care can destigmatize conversations and assist health professionals in addressing mental or behavioral issues people may be dealing with, much like asking about smoking or any other physical health risk factor.

The challenges of securing and accepting a proper diagnosis include stigma, health literacy, mistrust in the health system, costs, access and other barriers. And it is important to recognize that data is still emerging, so evidence-based indicators do not yet exist for every mental health disorder.

Measures of success: Number of completed screenings and referrals. A whole-health approach that includes mental and behavioral health data and/or diagnostics at every touch point.

2. Referrals

Making an immediate and appropriate referral is essential to a patient's mental health journey. The best-case scenarios occur when care professionals work shoulder-to-shoulder with mental and behavioral health specialists and can immediately connect patients to the best tool, therapy and/or prescription. Too many patients today identify a need but are left in limbo waiting for a specialist or having their referrals rejected. Too often, they end up abandoning their effort or reemerging in emergency rooms (ERs) or hospitals.

We need to move from a random, unsystematic referral process to a data-driven, evidence-based, precise, referral management approach.

The major challenges are poor alliances, a lack of coordination and not enough specialists to meet the need. This is where innovative triage strategies can be employed to identify not only the condition(s) the patient has but the precise tools and care pathways that can most immediately and effectively serve them.

50%
of patients triaged can be immediately served by precision digital behavioral health.[2]
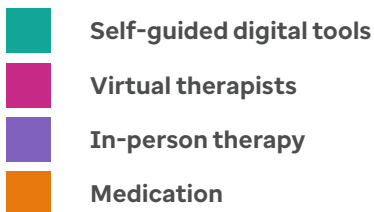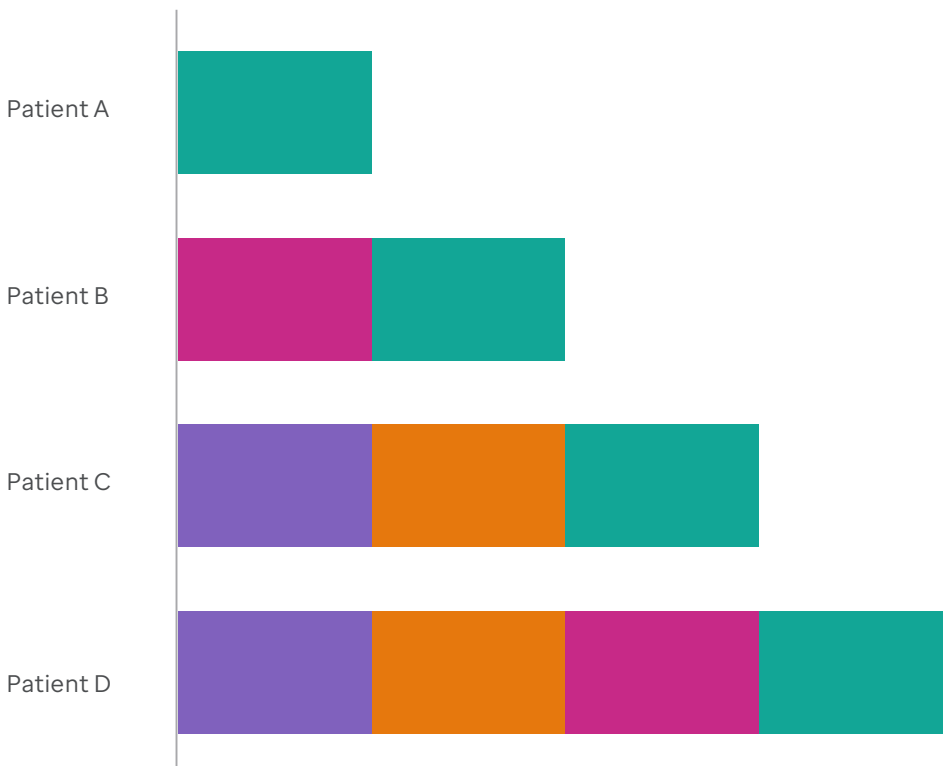
Recognizing the unique needs of each person

Innovative ecosystems work to integrate in-person and virtual care, creating a hybrid approach that incorporates a multitude of elements. These elements include digital tools, in-person visits, prescription services, and mental and physical care touch points. Part of a precision approach is matching the care pathway to the patient based on their needs and preferences. For example:

Patient A can be treated with a self-guided digital solution.

Patient B may benefit from digital tools and a virtual therapist.

Patient C requires in-person therapy, digital tools and medication.

Patient D requires multiple levels of integration such as digital tools, in-person therapy, medication, coordinated mental and physical health care, and more.

- Patient A
- Patient B
- Patient C
- Patient D

- ■ **Self-guided digital tools**
- ■ **Virtual therapists**
- ■ **In-person therapy**
- ■ **Medication**

Digital tip: When prescribing digital tools, consider an immediate visit with a digital care navigator, who can support the patient and add accountability for using the digital tools. Then include follow-up with a mental health specialist to check in on their progress.

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>
> As a leader, you can set the stage for an open dialogue to say 'What are the opportunities I can use to better support you?' ❞
>
> — **Mary Jo Jerde, RN**
> Senior Vice President, Center for Clinician Advancement, UnitedHealth Group

Another consideration is how patients enter the system and begin their mental health journey. Older generations or families may begin with their PCPs while younger generations such as Gen Z and millennials prefer digital health or walk-in clinics. In fact, more than 100 million Americans do not see a primary care provider (PCP) for numerous reasons.[10] Providers need screenings and referral pathways that match the preferences and touch points of the populations they serve.

Coverage is a significant referral challenge. Patients are referred — or not — based on their coverage rather than on their specific need for mental and behavioral health services. And often, PCPs receive higher reimbursement rates than mental and behavioral health specialists. While PCPs play a crucial role in addressing anxiety and depression in low-acuity patients, they are not trained in more complex areas of mental and behavioral health or in managing the side effects of all medications. And yet, because PCPs are covered, they are the largest prescribers of psychotropic drugs. This has serious, if unintended, consequences for patients and underscores the need for PCPs to be well-supported with a referral network of mental and behavioral health partners that can diagnose and treat more serious or co-occurring conditions.

Connecting PCPs to a consistent, effective referral process that includes a continual feedback loop with the mental and behavioral health specialist can reduce burnout. It can also illuminate their decisions for managing a patient's physical well-being.

PCPs prescribe

59%

of antidepressant medications and see 60% of people being treated for depression in the United States.[17,18]

A holistic-care, pharmacy-led mental health model

Innovation in health care models is also happening within the pharmacy sphere. Genoa pharmacies are located within community behavioral health centers, similar to clinic settings. The pharmacies are designed to support patients with severe behavioral health challenges or other chronic conditions who need a higher level of daily support for their medications.

Genoa's location inside the clinic provides unique support to providers and patients alike:

- An integrated part of each clinic's care team. Direct, in-person access to a pharmacist who knows the needs of their patient population.

- Help developing the right care plan. A pharmacist on the care team helps doctors address issues like insurance coverage, drug side effects and complex medicine schedules.

- A pharmacist who knows each patient. Patients build relationships with the pharmacist who gets to know them and their unique needs.

- Services designed to make it easy for patients to get and stay on their medications. Filling all prescriptions from any doctor, free prescription mailing or delivery, no-cost adherence packaging, help with prior authorizations and administration of medications and immunizations, where allowed by the state.

Genoa's pharmacies foster relationships with group homes, residential programs and outpatient facilities that may not have an onsite pharmacy but can benefit from their services.

Genoa also offers telephonic Comprehensive Medication Management (CMM) to optimize a patient's medication therapy. A pharmacist works one to one with a patient to ensure all of their medications are appropriate, effective, not causing harm, and the patient is able to adhere to their regimen.

Leaders report the proactive approach to pharmacy care leads to medication adherence rates of around 90%. The model also decreases emergency room visits, hospitalizations, disease severity and death, by keeping people on their medicines. **Explore more connected care success stories.**

Measures of success: The consumer is properly engaged in a care pathway that's right for them. They have access to a network that can address the full range of their needs and is included in their health care coverage.

A digital-first mental health care model

Reliant Medical Group has a primary care integrated behavioral health department. It's staffed with over 80 full-time licensed mental health clinicians including clinical psychologists, master's level clinicians, medical doctors and nurse practitioner prescribers who consult, triage and offer intervention delivery.

The medical group is using practice-oriented research to enhance the integration of Precision Behavioral Health (PBH). This digital-first care model includes an ecosystem of evidence-based digital interventions as a primary treatment for the people they serve. By focusing on their multilevel needs, health professionals can rapidly evaluate outcomes and monitor the successful integration of PBH into an already existing clinical care process.[11]

By doing so, the organization moved into a space that historically belonged to employers, offering care that delivers a lower-cost intervention at a scale appropriate for people experiencing mental illness. Over a period of 15 months, they piloted triaging approximately 50% of their patients to participate in the PBH program. The participants became highly engaged in their care and the treatment outcomes were superior to an average seen in outpatient psychotherapy.

3. Access

One of the largest barriers for solving the mental health crisis is providing timely, guided access to effective diagnosis and treatment. Unfortunately, even if consumers do manage to connect to the health system and get a referral, they find themselves waiting too long for services, unable to physically connect or unable to pay for care.

Virtual visits have proven effective and central to what some patients desire in terms of cost and convenience. Telepsychiatry and teletherapy fit into this category. They're also especially needed in rural pockets or other areas where there are shortages in specialists available to adequately serve a population. Payers are already seeing the value of including more telehealth in their plans, and providers are beginning to establish integrated physical and virtual mental health care pathways. There's a wide array of virtual health tools arriving on the market every day. They include virtual coaching, remote monitoring, instant chat and texting services, and self-help aids. While each tool must be vetted by clinicians, these digital interventions can expand a physician's capacity and allow providers to serve more patients.

Providers can speed access by expanding their network, extending their digital reach and ensuring more warm handoffs. Too often, even after a consumer has been referred, there is no one responsible to make sure they connect to the specialist or services they need. This rarely happens in other clinical areas such as cardiology, neurology or orthopedic medicine, and it should not happen when addressing mental health.

Mental health should not be managed as an add-on satellite service that operates independently of the rest of the health system. The brain is not separate from the body. Physical and emotional experiences intertwine and continually influence the overall health of a person. That is as true for the health workforce as it is for the consumer.

> "It's about removing barriers and having people understand how they can access these resources more effectively."
>
> **— Michael Consuelos, MD**
> Vice President, Strategy and Growth, Optum Advisory

Measures of success: 24-hour or shorter response times from referral to therapy, measurable symptom reduction, reduced emergency room visits, reduced suicide and death.

Health leaders can innovate by starting with their own workforce. Leaders can ask themselves "Is our coverage adequate?" and "Do we understand the propensity for mental and behavioral health needs in our employee population and are we able to make warm handoffs to the types of care they need?" Making these advancements in access requires broad networks, strong partnerships, risk-based financial models, and the data and operational infrastructure that can support integrated whole health. The employee population is a focused starting point. **Read "7 Strategies for expanding access."**

4. Emotional connectivity and coordinated care

When navigating a behavioral health crisis, emotional connectivity with the provider is a critical factor for achieving stabilization. Individuals in crisis need to feel, hear and trust that their provider is knowledgeable and in their corner. Today, most people are already in some level of crisis when they reach out for services and support. If the individual has a trusted doctor, they can be guided to the appropriate avenue for care services. If not, too often they end up in the ER and admitted to the hospital.

Managing crisis and complex cases is best done by a coordinated care team. This helps the patient and also avoids the high-stress situations that lead to the burnout of front-line workers.

Coordinating a full care team helps foster a good therapeutic alliance. A full mental and behavioral health care team can include physicians, mental health specialists, pharmacists, case managers, social workers, community health workers, family members and/or personal advocates. To be successful, these teams need time for case conferencing, cross-team communication and access to a centralized electronic medical record (EMR). When documented through the EMR, mental and behavioral health services can be coordinated with the patient's PCP.

The case manager is the central team coordinator and a vital part of the equation. They can help the consumer navigate through their mental and behavioral health journey from start to finish of a crisis and/or continuously through chronic or complex cases.

Team access to an interoperable, centralized data system is essential to the effective management of acute and chronic mental health situations. Collecting data from multiple places can help the care team grasp the patient's complete story and understand what barriers they face. Access to evidence-based guidelines for whole health and appropriate, secure data collection and sharing are central to implementing holistic care.

As accountable, risk- and population-based systems mature, therapists may migrate away from being generalists and toward more specific expertise, which may lead to higher-quality outcomes. Thus, the natural evolution in behavioral health will concentrate on freeing up therapy resources by enacting precision behavioral health. For example, health systems may develop a team specialized in treating trauma disorders, a team for maternal mental health, or a chronic pain mental health team.

These collaborative care models include multiple layers of community behavioral health workers, peer coaches, psychiatry and psychotherapy specialists, case managers and health navigators. PCPs can be empowered to join the team and take the lead at certain times within a patient's mental health care journey.

> Health organizations need to have mechanisms that help patients develop a therapeutic alliance with their system of care. The system must facilitate trust between the individual and those on their care team. People need to feel heard and respected."

> **— Rhonda Robinson-Beale, MD**
> Senior Vice President, Deputy Chief Medical Officer, Mental Health Services, UnitedHealth Group

Measures of success: Higher patient satisfaction. Increased engagement rates. Data and interoperability that allows effective tracking of outcomes and quality.

The role of the payer

Payers have been historically defined as health insurance companies. But today, that has expanded to include managed behavioral health care organizations (MBHOs), accountable care organizations (ACOs), subspeciality provider groups, state municipalities and self-funded employers.

These organizations play a multifaceted role in addressing the mental health crisis. They have their hands on many levers including setting up financial incentives, providing logistical support, advocating for policy changes, and helping community stakeholders adopt a whole-health approach.

These groups are adept at collaborating across industry stakeholders. They have insight into the financial challenges and motivations of employers, communities, government agencies, providers and consumers. They also have a unique capacity to bring forward the vision and economic rationale for a preventive, personalized approach to mental and behavioral health.

They are in a strong position to guide investments, play a role in the data advancements, and support the human resources and infrastructure required to develop and implement an evidence-based mental health care ecosystem. They can use their existing data to quantify the long-tail costs for individuals who become long-term dependents on the system when their mental and behavioral health needs are not properly addressed. They can work with local governments to calculate the value that could be achieved with more investment in early identification and prevention.

> Payers can collaborate with providers to align incentives so that when a health care system effectively treats a patient for their mental health symptoms and conditions, the system is rewarded accordingly. With more consistent, alternative payment approaches from payers, provider organizations can be motivated to lean into a preventive care model.

Payers can make the financial case for a consistent, value-based approach to mental and behavioral health. There is a significant cost to not intervening early or to taking a "toe-in-the-water" approach. This is especially the case with high-acuity patients, as the organization may not see a clinical or financial result in a way that makes any real difference. On the other hand, by implementing programs across a significant patient base, systems can generate the savings to fund the shift to a proactive approach. In a capitated environment, a greater investment will yield greater returns for delivering better care and will show gains in several other quality and satisfaction measures.

Payers can lead us down the path to mental wellness and fitness. They can support research into mental health treatment and promote innovative approaches to care delivery. These investments can guide and test the viability of new models, and when they show promise, they can be adopted at the public level and funding can transfer to the state.

> You have to make the right thing the easy thing."
>
> — **Sam Nordberg, PhD**
> Chief of Behavioral Health, Reliant Medical Group

Payers can also help by expanding what their plans include. Consumers need affordable coverage for outpatient therapy, inpatient psychiatric care, medication management and crisis intervention. They need access to specialists who can treat their specific disorder and coverage for teletherapy, psychiatric medication and the newly evolving preventive mental health services. Some may also need community support services such as food, transportation and housing. **Read "Addressing the root causes of mental health disparities."**

Payers can increase mental health service access by expanding coverage for telehealth mental health services at parity with face-to-face services. They can invest in preventive and early intervention programs such as mental health screenings, Employee assistance programs (EAPs) and programs that target specific concerns such as maternal mental health, youth mental health, chronic care-related mental health, social isolation and loneliness, and other indicators of early risk conditions. By expanding mental health education and awareness to reduce stigma, payers can help their partners make great strides in tempering the current crisis.

Measures of success: Consistent payment models, a data-driven, evidence-based mental health approach, networks aligned with population need, coverage for preventive services.

The role of the employer

Employers invest so that they can sustain a healthy workforce and seek ways to curtail any increase in total health and disability costs. There is a growing array of strategies, resources and tools that employers are putting into practice to achieve this in mental and behavioral health.

Eliminating stigma through a culture of safety and advocacy

Any workplace — especially health organizations — needs to support the mental health of their own employee base and a mandatory first step is eliminating stigma. Eliminating stigma starts by developing a culture of psychological safety, advocacy and allyship.

Leaders can help set a cultural tone — leading by example and sharing their own stories — so that mental and behavioral health challenges are more easily brought to light. Training leaders, managers and board members helps to ensure that there is enough psychological safety running through an organization so that mental health is not stigmatized. When employees feel they need to hide who they are, it often leads to performance issues, misunderstandings and eventually absenteeism or attrition.

Clinicians often resist sharing that they are struggling, as they are hardwired to assist others first. This is a well-established phenomenon and puts the health care workforce at heightened risk. In fact, the American Hospital Association and the U.S. Centers for Disease Control and Prevention have created a suicide prevention guide to address this crisis.[12] It is vital for all clinician leaders to receive specific training on how to create psychologically safe environments that support more open conversations.

> One of the most powerful forces has been the recognition of a problem with mental health care. Removing all stigma is another huge problem that we're continuing to face."
>
> **— Michael Consuelos, MD**
> Vice President, Strategy and Growth, Optum Advisory

It is also important for managers to be sensitive to cultural, gender-based and generational attitudes about mental health. These attitudes can make it even more difficult for certain employee populations or subgroups to share how they feel.

One way to predict the needs that are generally likely to exist in your health care workforce is to review de-identified data. This can uncover the disorders that may be prevalent in your communities, as many of the challenges can be mirrored in the workforce. When paired with employee surveys, leaders can understand both the need and the perceived value of the benefits and programs being put into practice.

Applying a wider range of tools and resources

Workforce resources and tools are expanding and now include mobile apps, chat supports, peer groups and digital education platforms.

- EAP mental health programs can do more to center awareness around stress, anxiety, loneliness, social isolation and depression. EAPs and stronger outreach can also help close the gap from education and awareness to helping people understand what's available in their coverage and benefits.

- Digital applications are available to let employees check in on their feelings and offer up exercises to help them reflect, refocus and take new action to reduce stress.

- Peer groups can be organized around specific needs such as cancer support, relief for parents dealing with teens and substance abuse, and the stress of caregiving or chronic disease. These can be digital or in-person sessions depending on the needs of the individuals.

- Digital content such as educational videos, guides and podcasts can help health care employees learn more about mental health and explore mental health issues common to their role.

- Employers can also do more to promote helplines such as 988 — the national suicide and crisis lifeline that provides free and confidential support for people in distress. Today, only about 1 in 8 people know about the hotline.[13]

Addressing systemic workplace issues

Another consideration for employers is recognizing systemic issues within the workplace that can amplify mental and behavioral health risks. Systemic issues in health care, for example, include administrative burdens, technology challenges, compassion fatigue, long work hours, workplace violence, ethical dilemmas, exposure to human suffering and leadership behavior. No amount of coaching, counseling or medication can overcome the impact of daily exposure to continuous stressors. While it is no doubt challenging to solve these types of issues, leaders can identify, prioritize and address them through problem-solving structures that work from the grassroots up.[14] Organizational facilitators can guide conversations with workers. They can encourage staff to raise their hand and voice what they are feeling and seeing in the workplace.

Health care workers in particular face higher levels of distress, mental health concerns, absenteeism and even suicide rates than non-health care workers.[15] Employers can also advocate for regulations and policies that protect workers from exposure to workplace violence and other systemic issues. A company's board of directors can also offer support and help the organization stay accountable to improve the mental and behavioral health of employees and the community in a broader sense.

Expanding access to mental health services and support

With good data in hand, human resource departments are better equipped to ensure that the benefits they offer effectively align with what their workforce needs.

If your organization employs clinicians, an assessment with follow-up conversations about stress, anxiety and burnout can lead to new action that can help bring joy back into the workplace — and reduce attrition and early retirement rates.

Mental health benefits are evolving, and employers have led the way in adding digital screenings, virtual coaches and virtual visits with licensed therapists across a range of expertise. All employees benefit from education about what new resources are available and how to access them. Orientation, onboarding, training, workshops, promotions, EAPs and online tutorials are all opportunities to spread the word.

Taking a whole-health approach

Employers are in a strong position to promote whole-person care and to encourage their payer and provider partners to build the data integration and coordinated care teams that understand the interplay between physical and mental health. Employer organizations can create a pathway to holistic health for their team members.

Using these strategies, tools and resources, employers can create a space where everyone is welcome, employees feel safe expressing a mental health concern, and they have the support they need to bring their best selves to work.

> "Many clinicians will not share that they're struggling. That is their nature of helping others. They don't help themselves first."
>
> **— Mary Jo Jerde, RN**
> Senior Vice President, Center for Clinician Advancement, UnitedHealth Group

Measures of success: Reduced attrition, reduced cost, higher eNPS scores and the generally improved health of employees.

The role of the government and community

The entire community must connect to provide relief to those who are affected by mental health conditions, meeting them where they are when they need services and support.

State and local governments are the tissue that connects a comprehensive approach to mental health. They drive policy, funding, service delivery and coordination of services. They also have insight into our most vulnerable populations, and social drivers of health that can affect health outcomes.

They can track innovative pilots in their community and work with payers and providers to determine which ones make sense to be funded at a state or local level. They can also track mental and behavioral health-related costs and activities in foster care, criminal justice, homelessness, public education and public health.

Local municipalities can consider hiring a part-time contracting manager who interacts with the community and builds relationships with partners who are best equipped to fill mental health care and support gaps. Medicaid has successfully established this practice to connect members with clubhouses, volunteer organizations, housing, employment opportunities and healthy food access within communities across the nation.

Influencing policies for change
Policymakers can advocate at the local, state and national levels to support mental health access, research and a comprehensive approach to mental health care.

To this end, new mental health regulations have been put into place. Most recently, the Dr. Lorna Breen Health Care Provider Protection Act was enacted to address the high rate of suicide for physicians and unreasonable staffing ratios. Mental health parity laws, telemedicine expansion, suicide prevention policies, anti-bullying and anti-harassment laws, and workplace policy and regulations have all had an impact.

Measures of success: A quantified cost of untreated mental health across the community ecosystem, partnerships with community advocates, protective policies, laws and community programs.

Closing

A preventive, whole-health approach that can be sustained across the life of an individual is the path forward to quality outcomes and bending the curve on the cost per patient.

Attributes of a whole-health approach

How many of these attributes does your organization possess?

✔ Reimbursement policies that reward a preventive approach

✔ Commitment to making the investment in time, technologies and resources needed to transition to evidence-based, precision mental health care

✔ Electronic medical records that build longitudinal views and connect physical, mental and behavioral health services

✔ A complete network of behavioral health providers that can meet the needs of the populations they serve

✔ Integration of in-person and virtual mental health care pathways

✔ Case managers or other resources that can help the patient navigate

✔ Connections to the community that match the patient's culture and social drivers of health

Communities and leaders must come together to help people experiencing mental health problems early, and well before they fall into crisis. With aligned incentives, appropriate tools and clear processes in place, health professionals can overcome current barriers to prevention, therapy and treatment.

Building informed, empowered teams starts with a compassionate, connected ecosystem designed with the right insight, tools and support targeted toward every person's physical and mental health, so everyone can do more than just survive, they can thrive.

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