MERCER

10 minute survey report

behavioral health care

Mercer's 10-Minute Surveys are short surveys that go deep on a single topic. Designed to enhance our flagship National Survey of Employer-Sponsored Health Plans, they allow us to respond quickly to emerging issues.

welcome to brighter

The 10-Minute Survey on Behavioral Health Care – the second in our new series – asked about the **benefits, programs** and **policies** employers provide to support employees' behavioral health and what issues cause the most concern. The survey was fielded in early May and remained open for three weeks. Of the 523 employers that responded, 126 have fewer than 500 employees, 265 have 500-4,999, and 132 have 5,000 or more.

Introduction

Job-related stress and depression/anxiety are the top workforce behavioral health (BH) concerns for survey respondents. More than half the respondents cited each of these issues – and their impact on medical plan cost and productivity – as a concern for their organizations, and about a fourth cited alcohol and opioid use disorders. At the same time, almost two-thirds of survey respondents say that adequate access to outpatient behavioral health care is lacking in some or all of their locations. Taken together, that's troubling news. But the survey also found that many employers are not willing to wait for the situation to improve, and are taking action themselves to increase employee access to quality behavioral health services. Many see their EAP as an important partner in this effort.
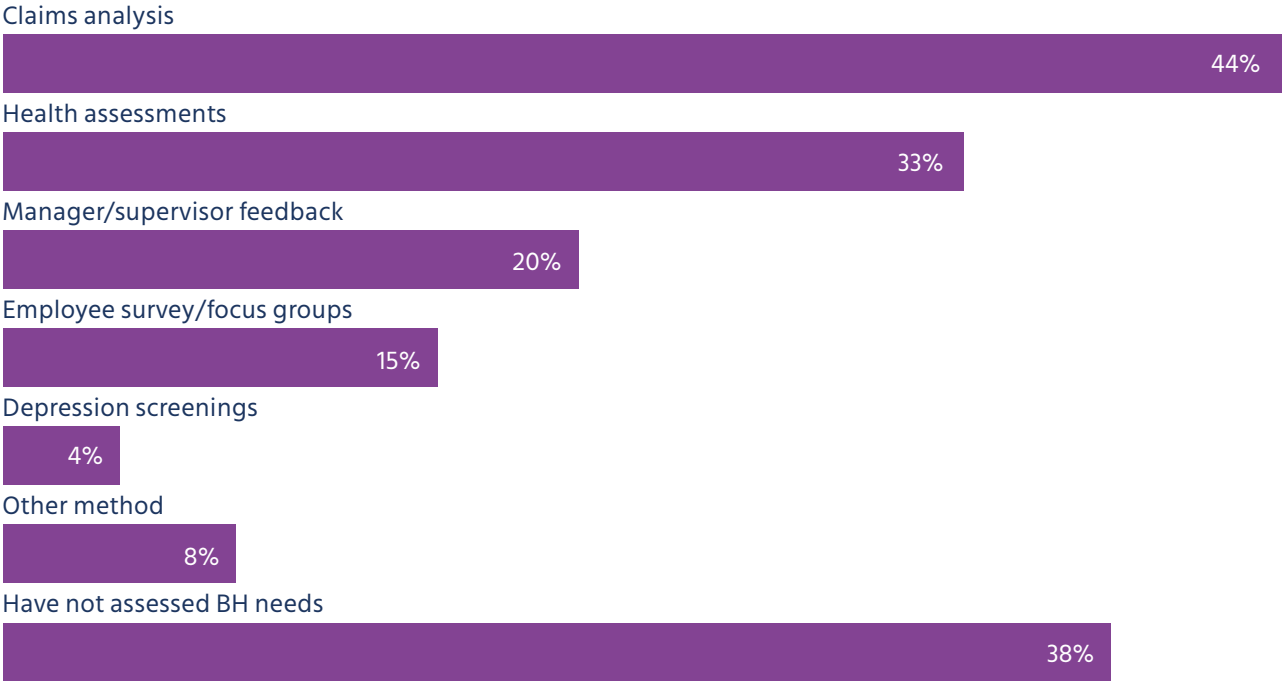
01/Employee needs

Assessing employee behavioral health needs

An important step in designing an effective behavioral health program is assessing the mental health and substance abuse issues in the workforce, yet over a third of respondents (38%) have not conducted any type of assessment. The largest employers are the most likely to have done so – 79% of those with 5,000 or more employees, compared to 42% of those with fewer than 500 employees.

The most common way that respondents assess employer behavioral health needs is through claims analysis (44%). One-third use health assessments and 15% conduct employee surveys or focus groups. A fifth say they rely on manager/supervisor feedback. Relatively few respondents overall – just 4% – have attempted to make depression screenings more readily available, but this rises to 26% among respondents with 20,000 or more employees.

Percent of respondents using method to assess BH needs

Claims analysis
44%

Health assessments
33%

Manager/supervisor feedback
20%

Employee survey/focus groups
15%

Depression screenings
4%

Other method
8%

Have not assessed BH needs
38%

02/Biggest concerns

## Biggest behavioral health concerns in terms of medical plan cost and productivity

The largest employers were the most likely to report serious concerns over behavioral health conditions in the workforce – perhaps because they are the most likely to have assessed workforce mental health issues by reviewing trends in claims data and/or employee health assessments. Among respondents with 5,000 or more employees, 69% said depression/anxiety was a concern in their organization, compared to just 28% of those with fewer than 500 employees. These smaller employers rated job-related stress and financial stress as the top two risk factors associated with BH conditions in their workforces.

Interestingly, while about a fourth of all respondents (and about a third of those with 5,000 or more employees) cited opioid use disorders (OUDs) as a concern, a slightly higher percentage cited alcohol problems. Of course, some employers are not yet fully aware of the extent of the opioid problem in their workforce, in part due to illicit use. Similarly, employers may be unwilling to address problem drinking given that alcohol is the socially accepted drug of choice for many.

Employers in different industries reported different levels of concern. Across the major industry categories, job-related stress was cited most frequently by health care respondents (76%); financial stress by health care (62%) and wholesale/retail respondents (59%); while both alcohol and opioid use disorders were most often cited by transportation/communication/utilities respondents (50% and 38%, respectively).

Which behavioral health issues are a concern for the organization?

- 54% Job-related stress
- 53% Depression/anxiety
- 48% Financial stress
- 26% Alcohol problems
- 23% Opioid use disorders
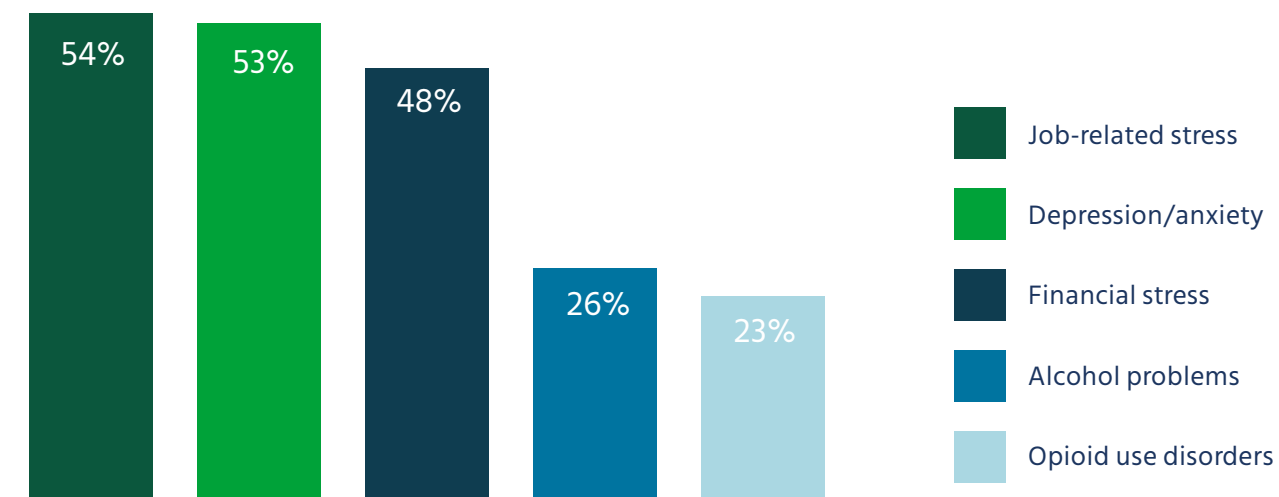
03/Policies and programs

How effective are policies and programs to support behavioral health?

The ideal work environment is a positive and energizing place that supports behavioral health. Although most employers have policies and initiatives in place to mitigate stressors and enhance employees' mental and emotional health on and off the job, the high percentage of survey respondents citing concerns about job-related stress suggests that creating this type of environment remains a challenge. Only 29% of respondents believe that their efforts to help employees manage stress and become more resilient have been effective. Similarly, only about a third believe their programs are effective at providing outreach to employees needing help with mental health or substance use issues (30%) or at reducing stigma associated with seeking help (36%).

Somewhat more respondents expressed confidence in policies and programs designed to support work/life balance (47%) and to create a sense of purpose (48%). A slight majority of respondents (53%) believe they have effective policies in place to prevent and address bullying and harassment.

Clearly, many survey respondents feel there is room for improvement in how they support employees' behavioral health. On the other hand, it's encouraging that some believe they do have effective programs and policies in place.
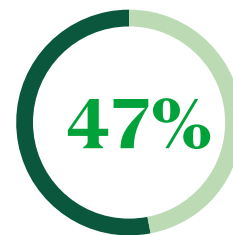
Percent of respondents rating policies/programs as effective
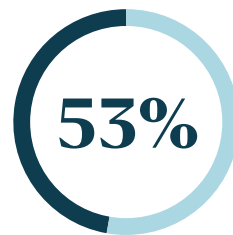
53%
Preventing and addressing bullying/ harassment
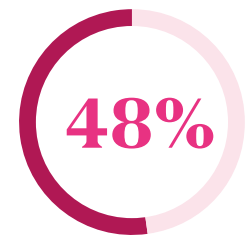
48%
Creating a sense of purpose
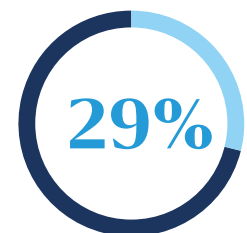
47%
Support for work/ life balance

36%
Reducing stigma associated with seeking behavioral health care

30%
Outreach to employees needing help for mental health or substance abuse disorders

29%
Helping employees manage stress/become more resilient

04/Access to care

Access to behavioral health care

The well-documented shortage of behavioral health care providers affects the majority of employer health plans. Nearly two-thirds of all survey respondents are concerned about access to BH services. For about three-quarters of survey respondents with 5,000 or more employees, adequate access is a concern at some or all locations – and 20% say it's a concern at all locations. But even among small employers, with fewer locations to manage, 43% say access is a concern.

Spurred by a growing body of research demonstrating the impact of behavioral health on physical health and productivity, employers are taking action to help close the access gap themselves. Given that most employers already have an Employee Assistance Program (EAP) in place, many have chosen to start there. Within the past two years, about half of respondents (49%) have attempted to improve access by either enhancing the services of their existing EAP or changing EAP vendors to provide a more robust offering.

Just over a third (37%) have recently implemented a tele-therapy program. Tele-therapy offers convenience and less-stigmatized access for the member in terms of the time and place of their counseling session. It expands access options and can also provide another avenue for seeking psychiatric services.

Some employers, most often the larger ones (26% of those with 5,000 or more employees), have conducted network analyses focused on behavioral health care access, including for more complex treatments, such as residential or inpatient settings. This type of analysis can also shed light on member use of out-of-network facilities and provide employers with information to push vendors in closing access gaps.

21% At all locations

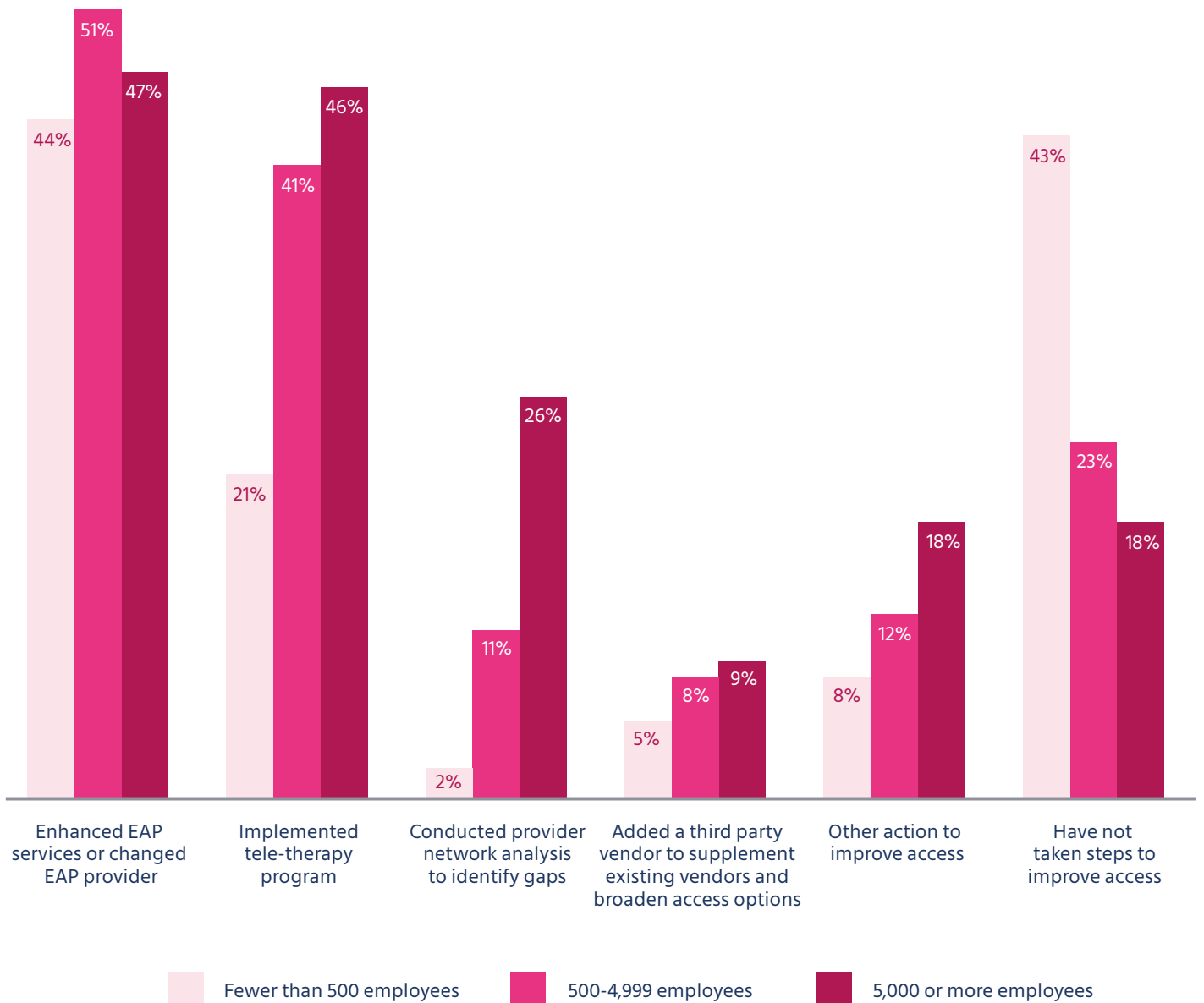**12%** A concern at most locations

30% At some locations

37% Not a concern in any location

A small number of respondents – 7% – have contracted with a third-party vendor to supplement existing providers and broaden access options. Recent innovations in behavioral health care, such as text-based support and video counseling, make access not only easier and more convenient but, in some cases, more immediate. Technology also helps to address stigma, as solutions can be offered through a broad-based approach (not focused solely on behavioral health needs) and some can be used without formal appointments.

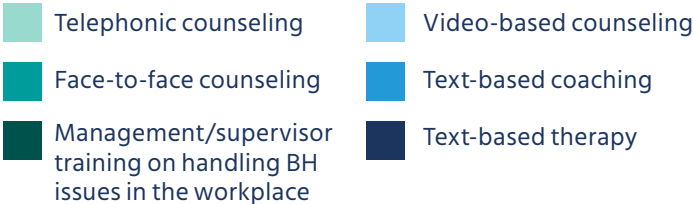# Steps taken within the past 2 years to improve employee access to quality BH services

Chart data:

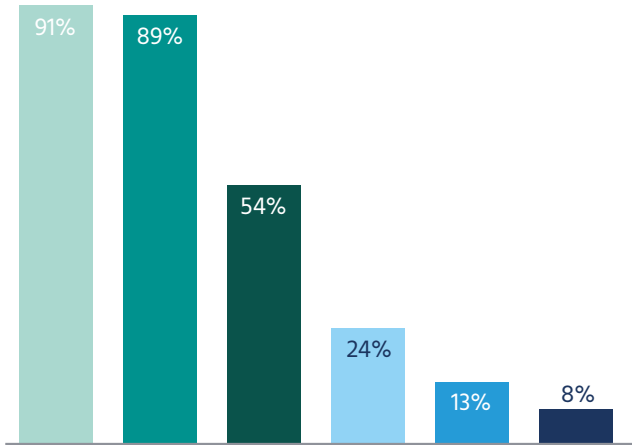|	Fewer than 500 employees	500-4,999 employees	5,000 or more employees
Enhanced EAP services or changed EAP provider	44%	51%	47%
Implemented tele-therapy program	21%	41%	46%
Conducted provider network analysis to identify gaps	2%	11%	26%
Added a third party vendor to supplement existing vendors and broaden access options	5%	8%	9%
Other action to improve access	8%	12%	18%
Have not taken steps to improve access	43%	23%	18%

05/Employee Assistance

Employee Assistance Program (EAP)

Almost all survey respondents offer an EAP (96%). Most often these are stand-alone programs offered through an EAP vendor, but 35% of respondents with fewer than 500 employees and 15% of those with 5,000 or more offer EAP services through the health plan. The most common services offered through the EAP are telephonic and face-to-face counseling. Just over half of respondents have utilized their EAPs' management/supervisor training on handling behavioral health issues in the workplace, although employers with 5,000 or more employees are far more likely to have done so (71%) than those with fewer than 500 employees (40%).
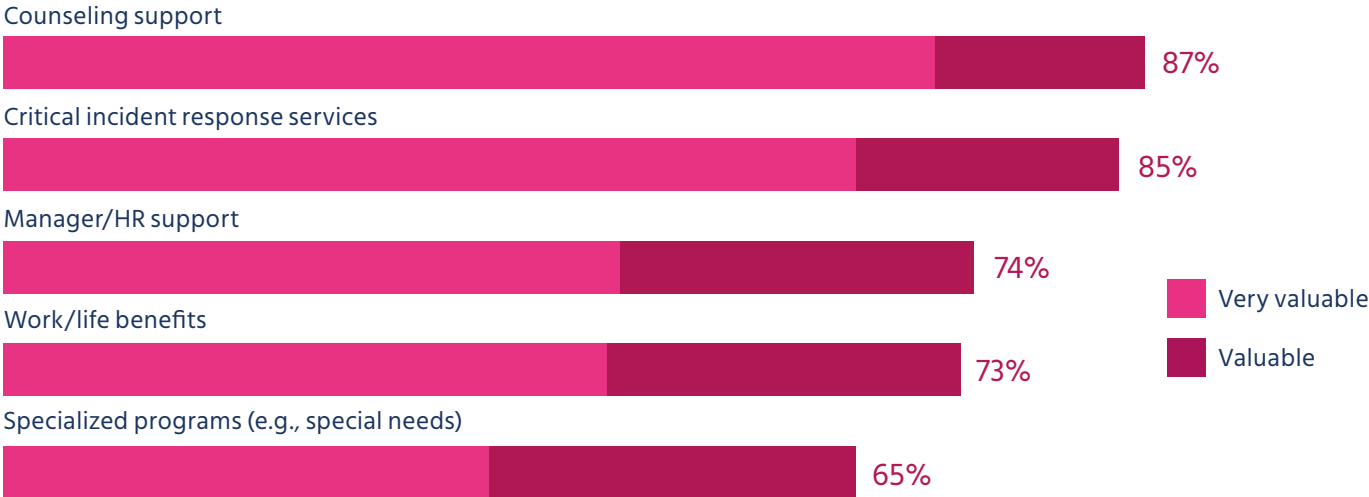
Legend:
- Telephonic counseling
- Face-to-face counseling
- Management/supervisor training on handling BH issues in the workplace
- Video-based counseling
- Text-based coaching
- Text-based therapy

EAP services offered among respondents offering an EAP

91% · 89% · 54% · 24% · 13% · 8%

Percent of respondents rating the EAP service as valuable, when offered

Respondents generally believe their EAPs provide valuable services, especially their counseling services and critical incidence response services. Few employers have plans to drop their EAP, although 11% have considered it due to low utilization.

Counseling support — 87%

Critical incident response services — 85%

Manager/HR support — 74%

Work/life benefits — 73%

Specialized programs (e.g., special needs) — 65%

- Very valuable
- Valuable

06/Substance abuse

Substance abuse in the workforce

While there are a number of actions employers can take to address substance abuse in general and opioid use disorders in particular, about two-fifths of respondents – 41% – say they have yet to act. Overprescribing has been a major contributor to the opioid epidemic, and employers have begun to push their health plans and dental carriers to monitor the prescribing behavior of network providers. They also have begun to push pharmacy benefit managers to use evidence-based formularies restricting access to dangerous levels of pain meds. About a fourth of all survey respondents – but nearly half of those with 5,000 or more employees – say they have taken each of these steps.

It is important that health care providers screen their patients for substance use and, if a problem is identified, that they can quickly get that individual the necessary services. For opioid use disorder, this includes having good access to medication-assisted treatment (MAT) that has been proven to stabilize people and allow them to successfully engage in treatment. About a fourth of respondents have ensured members have coverage for MAT.

One of the new challenges that employers face is the proliferation of out-of-network treatment facilities that are very expensive and have poor track records for treatment success. Behavioral health and medical carriers have been working hard to develop high-quality, in-network treatment facilities, including Centers of Excellence. Promoting these facilities and steering individuals to them through advocacy programs and a well-integrated EAP can really improve outcomes and the impact of the benefit dollar. Just 17% of all survey respondents – but 30% of those with 5,000 or more employees – have strategies to reduce the use of out-of-network treatment facilities.

Regarding alcohol abuse in the workforce, nearly two-thirds of respondents (64%) have not taken steps to address this issue specifically. Just over a quarter of employers have policies limiting or eliminating alcohol at company events, and 17% have guidelines for alcohol use in client entertaining.

Our understanding of substance use disorder as a chronic condition has guided the development of more deliberate return to work programs and support for recovery services. This can take the form of an enhanced EAP offering, supervisor and manager training, and access to recovery-support programs that minimize the risk of relapse. Only one in 10 respondents have analyzed the effectiveness of their return to work programs; this is an important area of opportunity for employers.

Promoting the use of high-quality, in-network treatment facilities for substance use disorders can improve outcomes.

Actions taken to address substance abuse in the workforce

All respondents		5,000 or more employees
26%	Have pushed PBM to use evidence-based formulary for pain medications	**47%**
24%	Have pushed medical and dental plans to monitor prescribing behavior of network providers	**49%**
24%	Plan design includes coverage for medication-assisted treatment	**36%**
17%	Targeted communications around substance use	**16%**
17%	Strategies to reduce use of poor-quality, expensive out-of-network treatment facilities	**30%**
13%	Plan design supports screening patients for substance use disorder	**17%**
10%	Have evaluated effectiveness of return to work programs	**8%**
6%	Have addressed continuity of care post-acute treatment into the recovery phase, including leave policies and 'step down'	**9%**
41%	None of the above	**24%**

07/Social Determinants

Social Determinants of Health

The social determinants of health (SDOH) are the economic and social conditions that influence individual and group differences in health and well-being, including mental health and substance abuse. SDOH is still a new concept for many, and only a handful of survey respondents have analyzed how SDOH affects their employee population's well-being. Some (8%) have addressed health literacy and health awareness in culturally relevant and appropriate ways. Another 8% have taken steps to ensure network providers match workforce needs in terms of language, location, and other dimensions of access. While about a quarter of employers have not analyzed the impact of SDOH and do not consider it an issue for their workforce, more than half – 58% of employers said they would consider analyzing the impact of SDOH. Employers could start by ensuring their EAP is equipped to connect employees to community-based programs that support transportation, housing, and food programs as part of their work-life services. In addition, care managers within the health plan can be asked to assess and address patients' basic needs to ensure improved outcomes.

8% Have addressed health literacy and health awareness in culturally relevant and appropriate ways
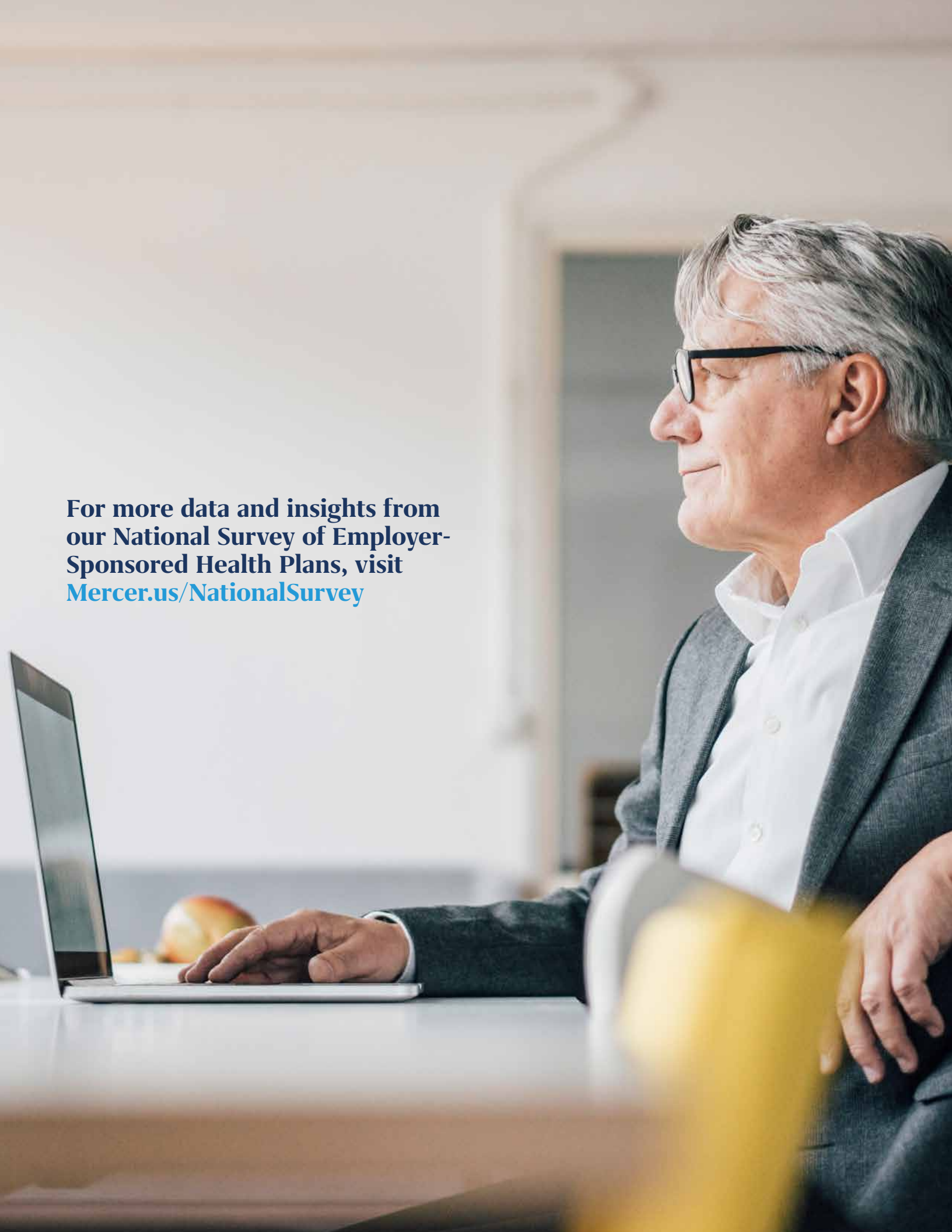
8% Have taken steps to ensure BH providers in the health plan's network match workforce needs in all dimensions of access

2% Have analyzed disparities in health care outcomes within the workforce

58% Have not analyzed impact of SDOH, but would consider it

28% Have not analyzed impact of SDOH, don't consider it an issue for our workforce

8%   8%   2%   58%   28%

For more data and insights from our National Survey of Employer-Sponsored Health Plans, visit Mercer.us/NationalSurvey