DIGITAL TOOLS
FOR MENTAL HEALTH

CONTENTS

KEY
TAKEAWAYS

1 COVID-19 has exacerbated the burden of mental ill health for workers and their families. Initial outbreaks and lockdowns led to a spike in symptoms of stress, anxiety, and depression worldwide. A prolonged pandemic, altered working conditions, and economic recession will increase the prevalence of mental health problems and disorders.

2 At a time of stretched resources and social distancing, digital tools present an opportunity for employers to expand the scale and scope of services across key phases of mental health support: prevention, detection, support and treatment, and management or recovery.

3 For employees, digital tools can help lower barriers to access and utilization of mental health services, including stigma, lack of awareness, waiting times, inconvenience, and cost.

4 For employers and insurers, digital tools can help identify areas of need and increase support at a time of stretched resources, to sustain worker well-being and productivity.

5 In considering or refining their deployment of such tools, employers and insurers need to be mindful of key limitations, risks, and concerns — including fragmented offerings, uncertain effectiveness, privacy and data security, and the exclusion of vulnerable groups.

6 In collaboration with digital solution providers, employers and insurers can curate a set of tools that meet employee needs, provide coverage and safeguards to encourage take-up, and generate data that supports improved service provision.

7 Employers and insurers must also create healthier workplaces and communities: by identifying and mitigating underlying drivers of distress that stem from working and living conditions, and by creating cultures supportive of well-being.

THE ECHO
PANDEMIC
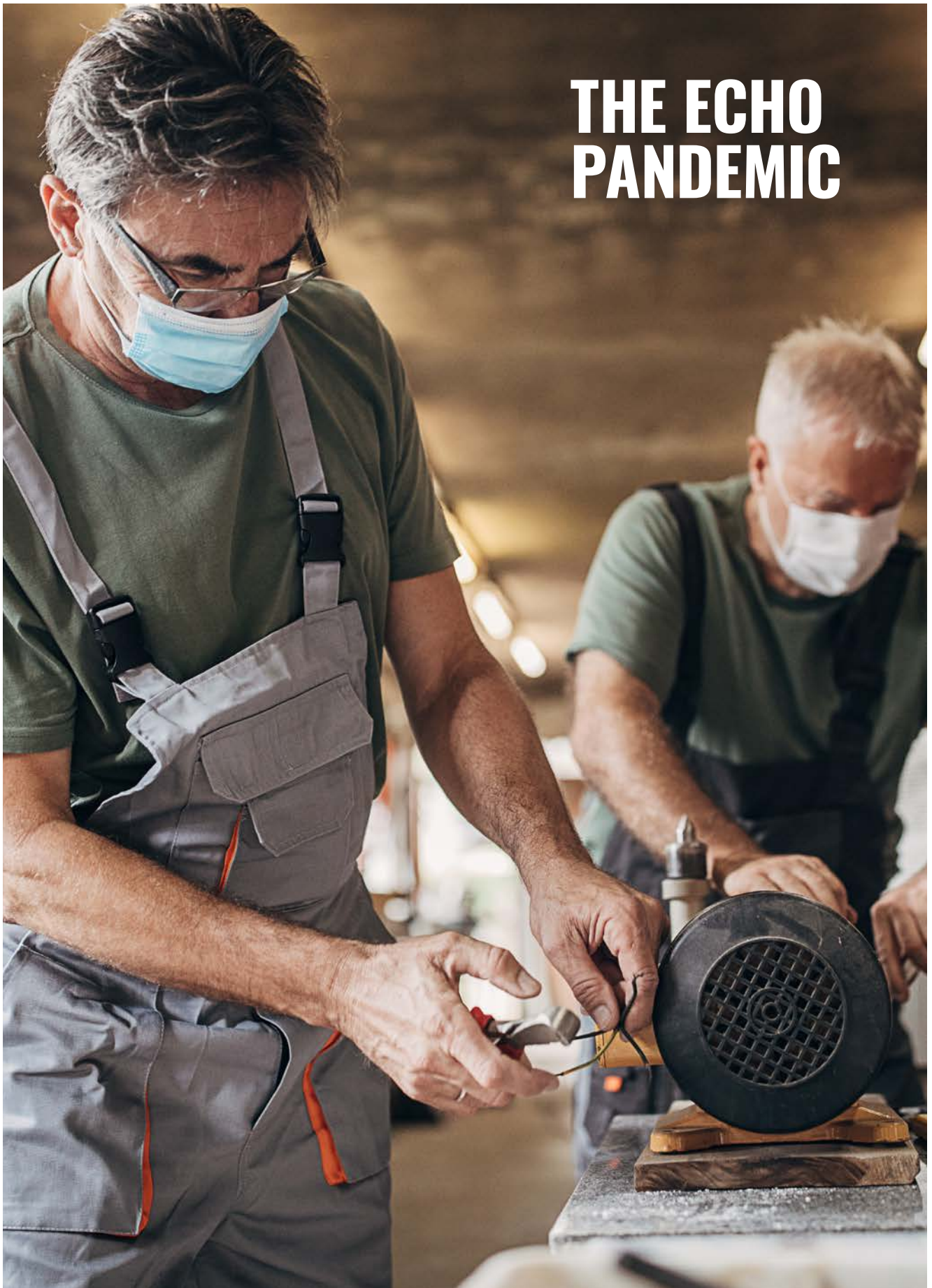
COVID-19 is increasing the burden of mental ill health borne by workers. In an environment of stretched resources and services, digital tools are a necessary part of the solution for employers.

ANOTHER GLOBAL HEALTH CRISIS

Psychological distress soared during the initial months of COVID-19 and will persist through the remainder of the pandemic and beyond. Symptoms of stress, anxiety, and depression spiked during outbreaks and lockdowns in many countries, which also saw steep increases in both unhealthy coping behavior and the use of mental health services (See Exhibit 1). For example, one in three US adults reported symptoms of anxiety or depression in May 2020, compared to just over one in 10 the previous year;[1] and two-thirds of companies that offer employee assistance programs (EAP)* saw increased utilization.[2]

20%

of home workers in the UK admitted to increased alcohol consumption[3]

78%

of all antidepressant, anti-anxiety, and anti-insomnia prescriptions filled in the US between mid-February and mid-March were new prescriptions[4]

3+hours

longer average increase in working time for remote workers globally[5]

Mental health is mental well-being

The World Health Organization defines mental health as "a state of well-being in which an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively, and is able to make a contribution to his or her community."

Everyone has mental health, just as everyone has physical health. People experience a continuum ranging from good health to poor health to illness or disability, with impacts on their cognitive, emotional or social abilities.

In this report, we use the term "mental ill health" to refer to mental illnesses and mental health problems. Mental illnesses are diagnosable disorders such as depression, anxiety, and bipolar disorder. Mental health problems may be less severe and may resolve with time or a change in situation.

*Employee Assistance Programs are third-party counselling services provided as a benefit by an employer, typically to solve immediate, short-term issues.

The outlook is grim, as big rupture events tend to set off aftershocks of mild, moderate, and severe mental ill health, with a lag between events and increased demand for support and treatment. After the 2007-2008 global financial crisis, suicide rates across the world rose by 6.9 percent in 2008 compared to 2007 levels, and again by 4.9 percent in 2009.[6] Moreover, the prevalence of mental illness is likely to increase as risk factors persist through the long haul of pandemic suppression, in which societies loosen and tighten restrictions over time to control further surges in infection (see the box below).[7]
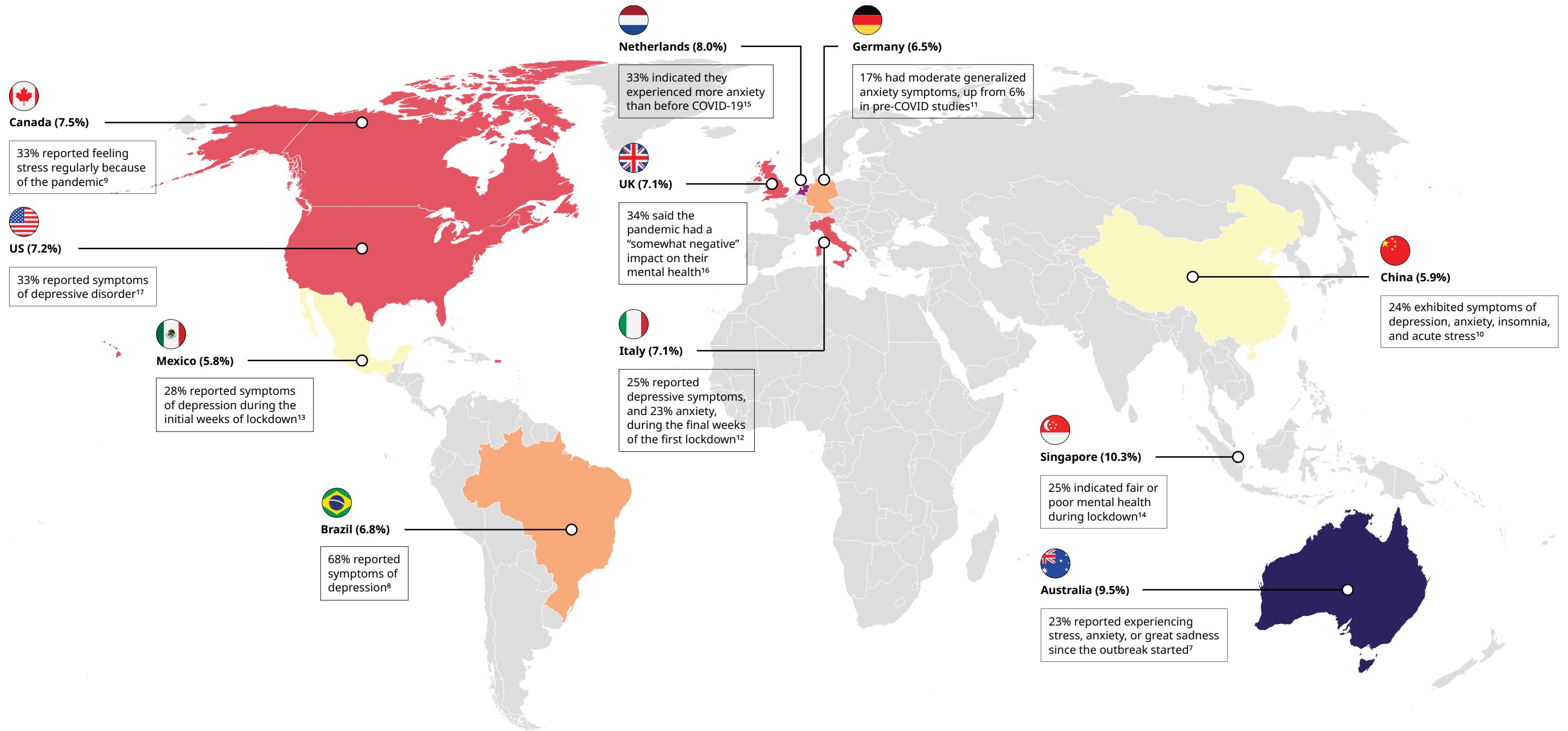

A prolonged pandemic will affect workers' mental health in many ways:

- People continue to experience enormous loss and change, as well as uncertainties about health, jobs, and incomes. Concurrent catastrophes or societal upheavals are intensifying stress.

- Economic and health inequalities are widening as low-income and minority workers face higher risks of infection, unemployment, hunger, and homelessness.

- Travel and movement restrictions distance people from their support networks, increase loneliness, disrupt access to non-urgent healthcare (including mental health services), and increase the risk of domestic abuse.

- Working from home (or living at work) reduces boundaries between work and personal lives, and increases isolation, hours worked, relationship stress, and childcare or elder-care duties. Some negative effects are particularly pronounced for women.

- Key workers in healthcare, long-term care, and other essential services are at escalating risk of burnout and post-traumatic stress.

- There is emerging evidence of lasting psychological distress as people recover from severe coronavirus infection or intensive care, or experience lasting symptoms ("long COVID").[8]

Some drivers of mental ill health will outlast the pandemic: For example, distributed workforces are becoming a new norm, as one-third of companies expect at least half their staff will continue to work remotely after the pandemic.[9] Other long-term risks include lingering effects of COVID-19 and the consequences of deferred or forgone treatment for chronic disease or mental illnesses.

Exhibit 1: A global crisis

Netherlands (8.0%)

33% indicated they experienced more anxiety than before COVID-19[15]

Germany (6.5%)

17% had moderate generalized anxiety symptoms, up from 6% in pre-COVID studies[11]

Canada (7.5%)

33% reported feeling stress regularly because of the pandemic[9]

UK (7.1%)

34% said the pandemic had a "somewhat negative" impact on their mental health[16]

US (7.2%)

33% reported symptoms of depressive disorder[17]

China (5.9%)

24% exhibited symptoms of depression, anxiety, insomnia, and acute stress[10]

Mexico (5.8%)

28% reported symptoms of depression during the initial weeks of lockdown[13]

Italy (7.1%)

25% reported depressive symptoms, and 23% anxiety, during the final weeks of the first lockdown[12]

Singapore (10.3%)

25% indicated fair or poor mental health during lockdown[14]

Brazil (6.8%)

68% reported symptoms of depression[8]

Australia (9.5%)

23% reported experiencing stress, anxiety, or great sadness since the outbreak started[7]

< 6	6-7	7-8	8-9	≥ 9

Mental and substance use disorders as a proportion of total disease burden in selected countries, 2015-2017*

Early indications of COVID-19's impact on the mental health of populations

*Global Burden of Disease 2017 study, Institute for Health Metrics and Evaluation. Disease burden is measured in disability-adjusted life years (DALY). One DALY equals one lost year of healthy life.

Sources: Please refer to the corresponding endnotes at the end of this report

Mental ill health has been a growing concern for employers over the past few years, as younger generations entering the workforce report high levels of stress and burnout, leading to high levels of turnover. In one US survey, 91 percent of Gen Z workers said they had experienced at least one physical or emotional symptom of stress.[21] Another survey found 75 percent of Gen Z workers have left a job for mental health reasons.[22]

Even before the pandemic, it is estimated that mental ill health in the workforce cost US employers $80-100 billion and the UK economy £70 billion annually;[23] this includes direct costs of mental healthcare as well as indirect productivity losses from absenteeism and presenteeism.[*] Also, mental disorders often accompany physical problems (for example, people with diabetes are more likely to develop depression, also depression is a risk factor for diabetes) or appear as physical symptoms (such as unexplained aches and pains). This in turn leads to increased utilization and costs of physical healthcare — one reason why medical inflation is rising three times faster than general inflation.[24] During and after the pandemic, employers — along with insurers, mental health service providers, and governments — have both a duty of care and an economic imperative to protect and improve workers' mental health.

75 percent of Gen Z workers have left a job for mental health reasons

*Absenteeism is a habitual pattern of absence from work. Presenteeism is being present at work, but being limited in job performance by a health problem.
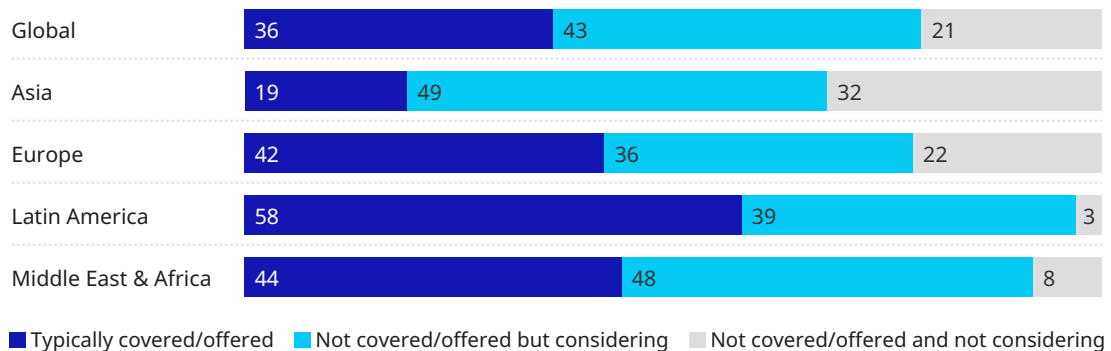
BOOST TO DIGITAL HEALTH

A silver lining of COVID-19 is the surge in adoption of digital health by end users (including employees), employers, and service providers, as well as coverage of digital interventions by insurers and governments. People flocked to well-being apps and telehealth during initial outbreaks and lockdowns to reduce the risks of overloading healthcare systems or contracting or transmitting COVID-19. The top 10 well-being apps generated 2 million more downloads (a 25 percent increase) in April as compared with January 2020.[25] Virtual consultations as a proportion of total US outpatient visits spiked from less than 0.01 percent before the pandemic to 69 percent in mid-April, before subsiding to 21 percent in July.[26] Particularly for pre-existing anxiety and depression, teletherapy compensated for fewer in-person visits and reversed an initially steep decline in care delivery.[27]

As the pandemic continues, digital health is becoming a new norm. Among respondents to a global survey by Oliver Wyman, 59 percent of those who used telehealth this year plan to continue using remote healthcare because it saves time and costs — with users in China, Germany, and Singapore the most eager.[28] Even as clinic and hospital visits resume for physical ailments, phone or video consultations remain popular for mental health, which does not typically need in-person services such as physical examinations, laboratory tests, or surgical procedures.[29] Employer and insurer expectations are changing in step. Two-fifths of health insurers are considering adding video-chat counselling services to group benefits plans — with high potential uplifts in Asia and the Middle East, and further extension of relatively high levels of coverage in Latin America (See Exhibit 2).[30]

Exhibit 2: Teletherapy expansion

Virtual mental health counselling via video chat to address issues like anxiety, stress, and mild depression (%)

	Typically covered/offered	Not covered/offered but considering	Not covered/offered and not considering
Global	36	43	21
Asia	19	49	32
Europe	42	36	22
Latin America	58	39	3
Middle East & Africa	44	48	8

■ Typically covered/offered ■ Not covered/offered but considering ▪ Not covered/offered and not considering

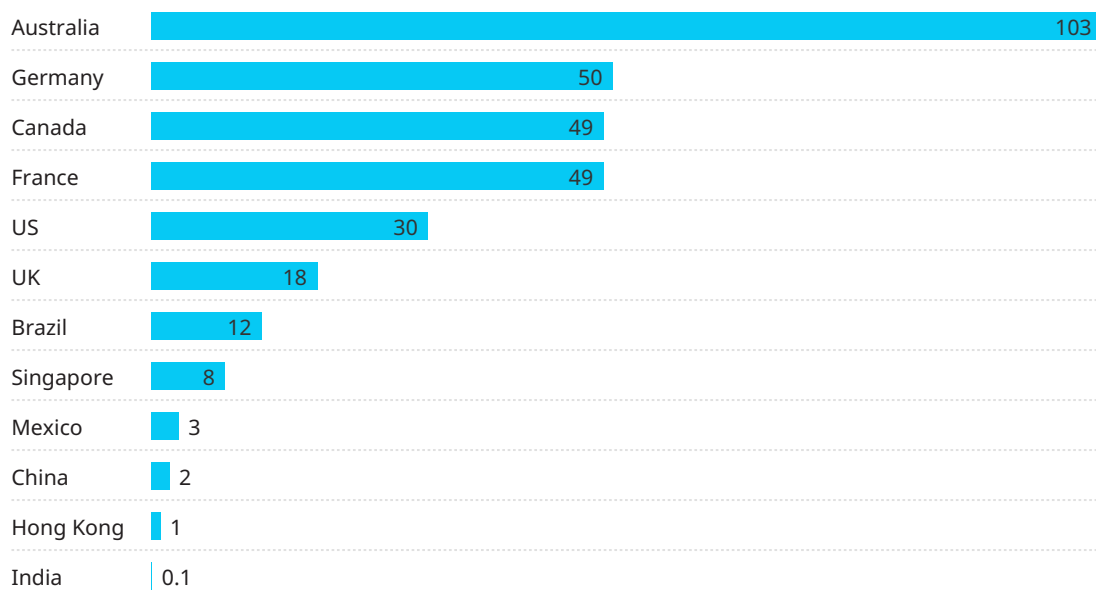Note: North America is not covered by this survey

Source: Mercer Marsh Benefits Health Trends 2020 Survey

This is good news, because traditional employee mental-health services are available unevenly, and services were stretched even before the pandemic. Employers vary widely by size, sector, and geography in terms of offering access to typical services, such as line manager training, onsite well-being activities and counselling services, and third-party EAPs for short-term support and counselling. For example, a pre-pandemic Mercer survey found only 27 percent of employers offer mental health first-aid training, 24 percent third-party EAPs, and 23 percent resilience training.[31] Employers and insurers also vary in whether they cover talking therapies and/or medications provided by clinics and hospitals. Clinician shortages limit the ability of employers and health systems to scale up access to, and provision of, traditional services (See Exhibit 3). That is particularly true in rural regions and poorer countries. Indeed, well over half of insurers in a global survey consider both public and private health systems to be ineffective in providing mental healthcare.[32]

Exhibit 3: Mental health capacity crunch
Psychologists or psychiatrists per 100,000 population

Country	Value
Australia	103
Germany	50
Canada	49
France	49
US	30
UK	18
Brazil	12
Singapore	8
Mexico	3
China	2
Hong Kong	1
India	0.1

Source: WHO Mental Health Atlas (2011 and 2017); Singapore Ministry of Health (2020); Eurostat (2017)

At a time of strained resources and social distancing, digital tools present an opportunity for employers and insurers to support more employees with timely, accessible, and affordable services to protect and improve mental health. As new diagnoses and pre-existing illnesses worsen over the course of a protracted pandemic, employees increasingly need and expect such support to sustain their well-being and productivity.

THE PROMISE OF
DIGITAL INTERVENTIONS

A proliferation of digital tools can help employers better understand workers' mental health needs — and lower barriers to access and utilization. Digital tools also pose limitations and risks that employers, insurers, and solution providers must offset and mitigate.

AUGMENT AND EXTEND

Digital tools for mental health have mushroomed in recent years. There are more than 10,000 smartphone apps related to mental health or well-being;[33] venture capital investment tripled in the six years to 2019;[34] and the overall market may grow to $4.6 billion by 2026 (up from $1.4 billion in 2017).[35]

Digital tools can augment and extend traditional services across different phases of mental health: prevention, detection, support and treatment, and management or recovery (See Exhibit 4). Tools may span one or more phases: For example, well-known meditation apps Calm and Headspace operate largely in the prevention space, while virtual platforms such as Ginger and SilverCloud offer a mix of self-help resources and teletherapy. Digital tools may provide fully digital content and services, and/or mediate virtual interactions between users (such as employees) and their peers (such as colleagues or fellow patients) or between users and mental health professionals.

Some key characteristics:

- Prevention tools include smartphone apps and websites that provide information and self-help guidance. They typically focus on raising awareness, reducing risk factors (such as insufficient sleep or physical activity), or teaching healthy coping skills (such as meditation to reduce stress) to generally healthy, at risk, or mildly unwell populations.

- Detection tools include those that monitor digital biomarkers or phenotypes (physical and behavioral data measured and collected passively by smartphones or wearable devices) to detect signs of risk or relapse, intervene early, and tailor treatments. Employers rarely offer such tools today largely due to privacy concerns.

- Support and treatment tools include digital alternatives to traditional counselling and talking therapies (such as computerized or internet-based cognitive behavioral therapy — cCBT or iCBT*), teletherapy (with a human therapist but over video, phone calls, or live chat), hybrid or blended care (combining digital and human interventions), or innovative therapeutic games or augmented/virtual reality tools.[36] Some tools help users find and connect to mental health professionals for face-to-face therapy and/or medication.

- Management and recovery tools include websites, message boards, and apps that facilitate peer support and social connections in moderated online communities, as well as tools described above that also serve prevention and detection functions.

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*Cognitive behavioral therapy (CBT) is a structured talking therapy run by mental health professionals in one-to-one or group settings, to help patients identify and change negative patterns in the way they think and behave. Computerized or internet-based CBT (cCBT or iCBT) is based on the same principles but is online, automated, and done independently by users at their own pace, potentially with some guidance from a clinician.

Exhibit 4: Wide range of digital tools available

Phases	Prevention	Detection	Support and treatment	Management and recovery
Solution types	• Well-being apps • Self-help websites	• Digital biomarkers	• Teletherapy • iCBT/cCBT	• Online communities for peer support • Well-being apps and websites • Digital biomarkers
Vendor examples	• Unmind (Europe) • Recovre* (AU) • MindFi (APAC) • Togetherall (UK) • Calm (global) • Headspace (global) • meQuilibrium (US)	• Quartet Health (US) • Mindstrong Health (US)	• Ginger (global) • SilverCloud (global) • Lyra Health (global) • Togetherall (UK) • Mind.Fit (India, US) • Psicologia Viva (LATAM)	• Togetherall (UK) • 7 Cups (global) • Workit Health (US)

*Recovre is part of Marsh & McLennan Companies

Note: This is not a comprehensive list

BETTER DATA AND ACCESS

Digital tools for mental health gather data and deliver support through ubiquitous devices — smartphones, tablets, notebooks, and wearable devices — whose reach and flexibility can reduce some longstanding barriers to access and utilization. Traditional services have limited availability (too few mental health professionals), limited accessibility (even fewer outside major cities and office hours), limited affordability (high costs), and limited acceptability (take-up often stigmatized). Against a backdrop of limited resources and increasing need, digital tools present an opportunity for employers to understand employee needs better and scale up support at lower per-capita costs.

Spotlight on problems: By collecting data routinely and at scale, digital tools can help employers identify unnoticed and emerging areas of need and improvement — such as stress hotspots, service gaps and quality, and access and utilization barriers. For example, quizzes and pulse checks in a frequently used app could chart users' well-being, support needs, or satisfaction with services over time, adding to an employer's own surveys that are often hobbled by low completion rates. Pooling aggregate and anonymized data on physical, mental, and financial well-being from different sources — for example, in-app quizzes, employee assistance program (EAP) utilization, and claims data — employers can understand the true scale of mental ill health and spot factors that impair or improve employees' well-being.

Data-driven interventions: Digital tools can improve the diagnosis and treatment of mental ill health by facilitating measurement-based care.[37] First, they can gather standardized data easily and often, including validated, structured rating scales for the frequency and severity of symptoms — to overcome both users' recall bias and providers' treatment inertia. Second, digital tools can passively monitor factors that affect or indicate emotions, moods, and behavior — such as users' sleep, activity, location, voice, and keystroke patterns — to augment clinical ratings or patients' journals or memories. Over time, such digital biomarkers and phenotypes could better predict risk, response to treatment, recovery, and relapse, facilitating personalized interventions that improve outcomes and reduce costs for employees and employers.

De-stigmatization: Digital tools have the potential to reduce public prejudice and internalized stigma attached to mental ill health, which are major barriers to employees seeking support even when it is available. Apps, websites, and message boards can educate vast numbers of people, counter negative stereotypes, reduce isolation and shame, and increase motivation to seek care.

For example, they can highlight the prevalence of mental ill health, the support and treatment options available, and the possibilities for recovery or long-term management to sustain productive, successful jobs and lives. Tools that let users communicate by text or chat can provide anonymity and remote access, reducing feelings of awkwardness or fears of being found out or penalized by peers or employers.

Awareness and empowerment: Digital tools can help employees become aware of symptoms, triggers, and risk factors (their own and those of friends, family, and colleagues), learn which interventions are appropriate at which stage, and how to get or encourage others to get the right support. For example, wearable devices that track sleep and physical activity can alert users to upward or downward trends and advise on interventions to reduce stress and stabilize or improve mood. A 2019 survey showed that more than half of workers were willing to manage their well-being using wearable technologies.[38] Knowing what to do, when, how, and why can equip employees with the motivation and skills to take better care of themselves, seek appropriate and timely support, and persevere with well-being or treatment plans.

Apps, websites, and message boards can educate vast numbers of people, counter negative stereotypes, reduce isolation and shame, and increase motivation to seek care

Access to treatment: Digital tools can reach more people promptly, conveniently, and often. Chronic clinician shortages — particularly in rural areas and poorer countries — result in long delays for traditional services. A 2018 poll found that more than half of adults in the UK diagnosed with a mental illness waited more than four weeks to see a specialist,[39] prolonging distress and increasing the risk of severe consequences such as job loss, divorce, or even suicide. Digital tools can reach employees when and where they need them. Two-thirds of users of Togetherall (a peer support website) log on during out of office hours. Patients who receive iCBT while waiting for in-person therapy do better than patients who wait without digital support.[40] Digital tools can also extend in-person or teletherapy sessions to provide more frequent interventions and reinforce new skills.

Lower costs: Traditional face-to-face services are expensive, and digital tools can bring down costs for employers and insurers in two ways. First, digital tools have lower marginal costs and provide cost-effective ways to scale up services — for example, resilience training delivered online can reach more people than in-person training for the same cost, and iCBT is cheaper than face-to-face sessions.[41] Second, blended care can also reduce overall costs per person — by reducing the time spent by clinicians, a combination of teletherapy and iCBT lessons and exercises from Lyra Health costs 25 percent less than virtual therapy alone.

More than half of adults in the UK diagnosed with a mental illness waited more than four weeks to see a specialist

NOT A SILVER BULLET

Although digital tools have the potential to improve employee mental health, they are also part of the problem, as digital platforms in general can have harmful effects on mental health. Frequent use of social media among young people is associated with higher rates of loneliness, depression, and anxiety.[42] Screen use around bedtime may reduce sleep time and quality, which is linked to increased risk and progression of mental ill health;[43] chronic sleep deficiency also increases risk of a host of chronic diseases including cancer, diabetes, and heart disease,[44] which in turn increases risk of co-morbid mental illness.

Digital tools focused on mental health present further challenges: fragmented offerings, uncertain effectiveness, privacy and safety risks, and the exclusion of vulnerable groups. Given the vast number of employees who may be exposed and the sensitivity of people experiencing psychological distress, it is vital for employers to recognize the limitations and mitigate the risks.

Fragmented offerings: Mindful of the range, complexity, dynamism, and degrees of severity of mental ill health experienced by employees, it is clear that no tool can cover all challenges. The digital tools available are typically spot or point solutions to specific problems (such as stress management) for certain population groups (such as largely well or mildly unwell people). The sheer number of tools makes it difficult and time consuming to choose between them, even with evaluation frameworks to guide selection.[45] Although individual spot solutions may be cheap, their costs can add up. While tools may overlap in terms of information or services provided, spot solutions lack continuity across phases of a mental health condition. They are also disconnected from physical health despite its two-way links to mental health, and they can be just as blind to risk factors related to employees' living and working conditions as traditional solutions.

Uncertain effectiveness: Studies have found evidence of the efficacy in controlled conditions of some digital tools for anxiety, depression, post-traumatic stress disorder, psychosis, and substance use disorders. But there is a lack of conclusive evidence about their effectiveness in real-world conditions, where levels of adoption and sustained engagement or adherence vary.[46] Some challenges in assessing effectiveness are as follows:

- Different stakeholders have different views of what counts as effective. For employers, the primary appeal of digital tools lies in their potential to increase productivity by reducing absenteeism and presenteeism. However, digital solution developers tend to express effectiveness in terms of user

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engagement or clinical improvement on a standardized scale (such as PHQ-9 for depression or GAD-7 for anxiety). Insurers typically look for fewer claims or lower claim costs. Employers and insurers need both economic and clinical parameters to evaluate the usefulness of digital tools.

- Digital tools are developed less like medicines and more like software — iteratively — to improve adoption and engagement. Employers must note that even gold-standard evidence (randomized controlled trials) may refer to obsolete versions and may not apply to current or future versions.

- Quality standards are either non-existent or not mandatory. The US has no national quality standards for digital mental health tools; in the UK, developers can choose to register digital tools with the Care Quality Commission, or to put them forward for assessment and inclusion in the NHS apps library[47] or NICE's Improving Access to Psychological Therapies program,[48] but such registrations are not required. For employers and employees, even voluntary registrations can serve as a useful filter of quality.

Privacy, security, and safety risks: Digital tools vary in the extent to which they protect users, both in terms of data practices and clinical safety nets. Mindful of the low cost of developing apps and the lack of quality standards, employers must be vigilant to promote only tools that protect employee health and trust.

- A recent review of apps for depression found that fewer than half had a privacy policy, and 96 percent were not transparent about their data collection, storage, and sharing practices.[49] Given the highly personal and sensitive nature of data related to mental health, the misuse of data on daily activities and locations (perhaps for marketing or advertising, or for insurance coverage decisions), in addition to possible data breaches, could be disastrous to employees' well-being and trust. Three-quarters of workers trust their employer's ability to keep their personal health information secure.[50] To maintain this trust and mitigate financial and reputational risks, employers should scrutinize terms of service and ensure best-in-class safeguards such as data minimization, purpose limitation, and ongoing oversight.

- Some digital tools see themselves as only a technology platform offering content and may underestimate the risks of leaving users' psychological distress unresolved. To protect staff, employers should ensure that digital tools monitor the risk of severe outcomes (such as suicide) and signpost users to crisis services in their country. Digital tools could also connect users to the employer's 24/7 EAP helpline. Employees should also check whether vendors vet the qualifications of therapists and train all providers on their platform sufficiently.

Monitor the risk

Unmind, a workplace mental health platform available in the UK and Europe, monitors risk through interactions with its chatbot (such as suicidal thoughts) and clinical assessment scores (if scores are regularly low for a user). In these instances, Unmind signposts users to its help section that aggregates access to localized crisis services such as 999, Shout or Samaritans in the UK.

Disparities: Digital tools have the potential to entrench or magnify disparities in mental healthcare for vulnerable groups such as women, low-income workers, and minorities — who experience a greater degree of mental ill health because of a broad range of risk factors, including financial stress, low esteem and autonomy, stigma and discrimination, and barriers to mental healthcare.

- Out-of-pocket costs are a major barrier: 80 percent of employees in the highest income bracket have access to mental health benefits offered by their employer, compared with 38 percent in the lowest income bracket.[51] Low affordability excludes digital tools (and traditional support) from many workers who need them the most; as with physical health, deferring or forgoing preventive care or early interventions worsens outcomes and eventually raises costs.

- Typical service gaps in the current landscape of digital tools include devices and applications for certain needs (such as substance abuse) or population segments (such as employees with care duties for people with chronic or degenerative disorders). A mix of digital and hybrid tools may help employers meet employees' needs and bridge digital divides for staff who lack digital devices, digital skills, or fast and reliable internet access.

Introduced and used appropriately, digital tools can empower employers, employees, and insurers with information and support to secure mental health. Given the fragmented landscape of spot solutions, employers and insurers need a strategic and holistic approach to assemble a safe, effective, and inclusive set of services that meet employee needs.
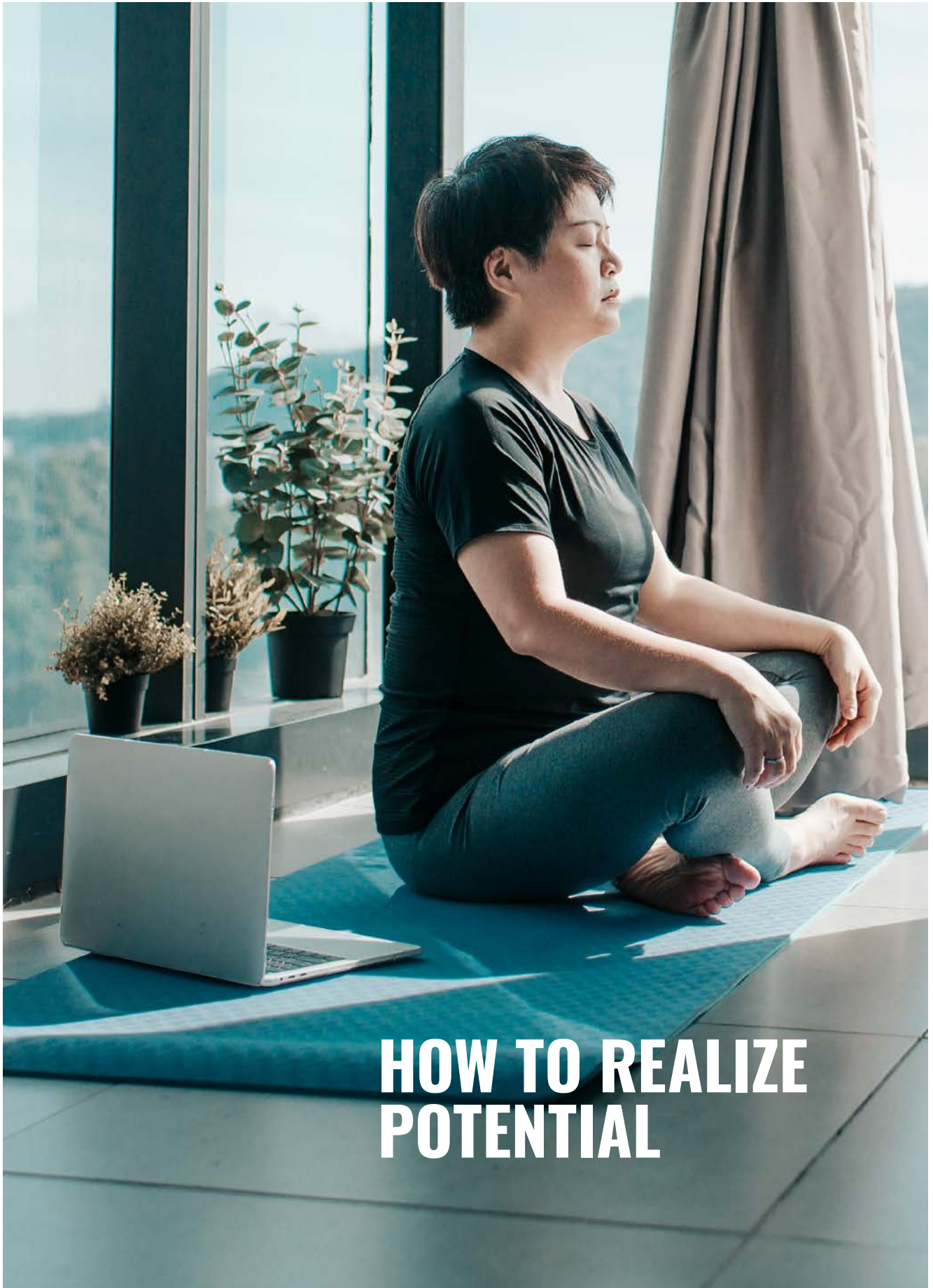
HOW TO REALIZE POTENTIAL

Employers and insurers can collaborate with solution providers to curate, utilize, and improve digital tools for mental health. They must also go beyond digital tools to address structural risk factors that drive mental ill health.

EFFECTIVE IMPLEMENTATION

Employers and insurers can help employees make sense of the fragmented landscape of mental health services by assembling a set of digital and traditional approaches that meet employee needs, and by making it easy for employees to select and navigate between suitable services. Over time, employers and insurers can take advantage of meaningful metrics to evaluate and improve both the value and usability of digital tools.

Curate and connect tools: Working with solution vendors and mental health specialists, employers or insurers could construct a strategic suite of evidence-based, engaging, and secure tools tailored to the mental health needs of their employee or member population. With each identified or developed digital tool likely to be a spot solution, it will be important to signpost and connect different services to create a unified and smooth experience for users (See Exhibit 5). For example, with relevant information typically scattered across several sources, employers can use digital tools to identify what employees need and guide them towards suitable information or support.

Exhibit 5: Seamless navigation
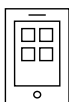
At most companies, useful information on well-being and associated services is scattered across intranets, employee handbooks, EAPs, and apps from insurers or digital solution vendors. This makes it difficult for employees to find out what support is available that is relevant to the problems they face, or where to find such information. Ondo, a Mercer Marsh Benefits app available in the UK and Ireland, uses pulse surveys, personality tests, and health risk assessments to create a personalized experience for employees and better match individuals to existing services, besides connecting employees to one another through social communities. For example, the app may spot signs of financial stress based on an employee's survey data; in this instance, it will direct them to the employer's financial wellness solution or EAP vendor for counselling and suggest a relevant financial training program. The app's effectiveness depends on user engagement as well as the number of referrals made to partner services to create a coherent and tailored experience of well-being support.

Another integrated approach is a "mental health pathway" (See Exhibit 6). Such approaches guide employees towards the right services — digital or in-person — at the right time, thus reducing the risk of creating confusion for employees, intensifying distress, and increasing productivity loss as well as treatment costs. Indeed, 33 percent of HR leaders plan to introduce a mental well-being strategy in 2021.[52] To create such a pathway, employers will need to coordinate with different data and service providers. For instance, employers can create links from a well-being app to the EAP provider for short-term counselling or to primary care or mental health specialists for longer-term solutions. Employers could bridge analysis gaps by pooling claims data from the health insurer and utilization data from the EAP provider, which may belong to a different company. Employers should also connect the mental health pathway to physical health services — for example, create links between spot solutions that focus on physical activity, sleep, and stress management, also between primary care and digital or hybrid services for mental health.

Exhibit 6: A holistic mental health pathway

A mental health pathway helped a bank increase access and affordability of mental health services. The company had previously provided few benefits to encourage mental well-being and had seen increasing referrals to psychiatrists and hospital admissions — claims for mental health conditions rose from 6 percent to 7.5 percent of total claims within a span of 12 months. Also, there was little integration between the mental health services available, resulting in a confusing experience for employees.

The bank's new mental health pathway included a gatekeeper assessment and referrals between an onsite primary healthcare physician and providers of EAP, occupational health, and private medical insurance. This process helped transfer employees to the right service and level of support at the right time. This led to a 60 percent improvement in clinical outcomes for employees, and 41 percent reduction in sickness and absence due to mental ill health. Also, better service integration brought costs down. In the first two years of the pathway, the company saw 9 percent and 13 percent reductions, respectively, in the number of mental health claims and the total cost of those claims.

Source: Mercer Marsh Benefits

Facilitate utilization: Employers can encourage and empower employees to use available services by increasing awareness, creating trust, and making them affordable. Timely, tailored, and repeated communication about digital and hybrid services for mental health are vital to make employees aware of them. For example, employers might signpost services during times of stress overall (such as a pandemic or economic crisis) or when employees mark significant life changes (such as the birth of a child or approaching retirement age). To encourage employees to use available services, communication campaigns should emphasize the anonymity and confidentiality of services, as well as the safeguards in place against misuse or abuse of sensitive data. For example, employers might be transparent about who has access to what data from which services; what insights can and cannot be gleaned by pooling data across services; and what policies are in place to prevent employers, insurers, or solution providers from misusing data.

To make mental health services affordable, employers, and insurers must cover or subsidize vital services. Preventive services, therapy, and medications for mental health remain standard exclusions from employee health benefits in many countries, except perhaps in limited cases such as co-morbidity with a chronic physical illness. This lack of coverage is a form of structural stigma that devalues employees' mental health relative to their physical health, discourages them from seeking support, and entrenches disparities in access and outcomes for low-income and minority employees, who are more vulnerable to mental disorders. Conditional coverage — such as workers' compensation in Australia — perpetuates access barriers since many employees cannot afford the expense or time required to prove that mental health conditions were caused by work. Even where laws mandate parity for physical and mental health, high deductibles or co-insurance for employees or low reimbursement rates for providers — as in the US — can lead to de facto lack of coverage or long waiting times as clinicians prefer or prioritize self-pay patients.

Inertia may be one reason why employers and insurers overlook mental health in coverage and communications choices. Increasingly aware of the prevalence of mental ill health and its costs, employers have an opportunity to deploy their buying power to increase coverage of mental health benefits. Employers can also help insurers improve the quality and timeliness of the data used to make coverage decisions — for example, aggregate data on employee well-being can add to the intelligence gleaned from the outdated or out-of-market mental health surveys, reinsurance data, or incomplete claims data currently used by insurers to assess risk.

In 2019 and 2020, 37 percent of US employees paid out-of-pocket for mental health support because their employer didn't cover it

Measure and improve: Employers and insurers can measure meaningful metrics over time to determine which tools work, when, and for which employee segments. From an employer perspective, improved engagement and productivity, reduced absenteeism and presenteeism, decreased turnover, and reduced litigation and compliance costs would count among successful outcomes. Insurers might look for restrained claim costs. Employers and insurers can ask developers to incorporate validated instruments to measure impacts on productivity, such as the Stanford presenteeism scale[53] or the Tufts work limitations questionnaire.[54] These surveys gather self-reported employee data on productivity through questions on focus and engagement (such as, "at work, I was able to focus on achieving my goals despite my health problem" or "my health problem distracted me from taking pleasure in my work"). Analysis of effectiveness can help companies improve their curated suite of digital and hybrid tools, besides validating the business case for including them in benefits.

STRUCTURAL AND CULTURAL REFORM

Even the best digital tools cannot fix psychological disorders at work, and they would not diminish the need to reset and enhance living and working conditions worldwide. In every crisis, there is an opportunity — COVID-19 presents businesses and societies with a chance to mitigate structural and cultural flaws and inequities that contribute to the incidence or course of workers' poor mental health. Employers can and should identify and alleviate workplace risk factors such as low pay and financial stress, unmanageable workloads, low autonomy or control over lives and jobs, and toxic work cultures or exposures. More broadly, employers have an opportunity to support and protect the well-being of employees who endure chronically stressful environments and experiences, including racism, homophobia, discrimination, domestic abuse, or conflict and violence.

Workplace risk factors

- Two in three employees globally felt at risk of burnout (exhaustion due to chronic stress) before the pandemic

- Nearly two-thirds of people in the UK have experienced poor mental health due to work. The top three reasons were too much pressure, workload and negative work relationships

- More than six in 10 managers in the UK have had to put the interests of their organisation above staff well-being either sometimes, regularly or every day

- Six in 10 employees in Asia report a lack of control over the pace and order of their work as a driver of stress in the workplace

Sources:
Mercer, 2020, Global Talent Trends Study
Business in the Community & Mercer, 2020 Mental Health at Work Report
Mercer, 2020, Healthy Minds at Work Assessment

Regular surveys of psychosocial risk factors — for example, assessments required by recent regulation in Mexico — can help employers identify areas of need. Topics might include working conditions, personal control over work, leadership support and relations at work, and well-being and behavioral health (See Exhibit 7 for sample questions). Once employers understand the potential drivers of workers' distress at the company level or in particular business units or locations, they can devise targeted prevention programs. They can also devise broader duty of care models, covering prevention strategies, surveillance and intervention, and support for recovery — building on approaches in sectors (such as defense and technology) in which employees are exposed to trauma.

Exhibit 7: Unearthing risk factors
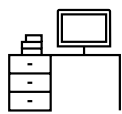
To rate the following statements, please consider the conditions of your workplace as well as the amount and pace of work.

My job requires a lot of physical effort

In my job, I am worried about getting into an accident

For the amount of work I have, I have to put in extra hours beyond normal timings tofinish my work

For the amount of work I have, I need to work without breaks to finish my usual work

My job requires me to be very focused

My job requires me to memorize a lot of information

My job requires me to attend to several issues at the same time

The following statements are related to the activities you do and the responsibilities you have at work.

In my job, I am responsible for things of great value

In my job, I am responsible for the performance of my team/work unit

In my job, I am given contradictory orders

In my job, I am asked to do unnecessary things
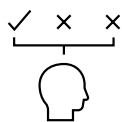
The following statements are related to the decisions you can make in your work

The work I do enables me to develop new skills and abilities

In my job, I aspire to progress to the next career level

In my job, I can take breaks when I need them

In my job, I can decide the speed at which I do my work activities

In my job, I can change the order of the work activities I do

Source: Mercer Healthy Minds at Work assessment. This is an extract from the full questionnaire

Equally importantly, employers should create a culture of openness regarding mental health. Successful efforts to normalize mental health require a cultural change set from the top and reinforced at various levels of the organization. Creating a sense of psychological safety will reduce one source of chronic stress and empower employees to take care of themselves and their colleagues.

Digital tools can complement traditional services to protect and improve employee mental health — if employers and other stakeholders offset the limitations of available solutions, address underlying drivers of mental ill health, and create inclusive cultures that prioritize well-being. Employers that get this right will not only foster enduring employee trust and engagement but also enjoy productivity gains and lower healthcare costs.

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