

Investing in Prevention

A Blueprint for Impactful Behavioral Health Strategy



Accelerating Need for Behavioral Health Services

Behavioral health needs are skyrocketing as a result of the massive social, economic, and personal upheavals brought on by the COVID-19 pandemic.

According to the Kaiser Family Foundation, nearly 4 in 10 adults reported symptoms of anxiety or depression during the pandemic in contrast to only 1 in 10 during the previous year.¹ In fact, 36% of adults reported difficulty sleeping, 32% reported poor appetite or overeating, 18% reported difficulty controlling their temper, 12% reported increased alcohol or substance use, and 12% reported worsening chronic health conditions—all due to stress and worry over the pandemic.² Many mental health conditions have worsened since the early months of the pandemic, caused rippling effects that have manifested in various ways from increases in suicide ideation to increases in drug overdose deaths.

More alarmingly, the number of people with unmet or untreated behavioral health needs has increased—which means a growing number of individuals aren't getting the support they need. Data from the CDC's Household Pulse Survey shows that between August 2020 and February 2021, the percent of individuals with symptoms of anxiety or depression who had unmet mental health needs increased nearly three percentage points to ~24%.³

1 The Implications of COVID-19 for Mental Health and Substance Use. Kaiser Family Foundation. (February 2021)

2 KFF Tracking Poll - July 2020. Kaiser Family Foundation. (July 2020)

3 Symptoms of Anxiety or Depressive Disorder and Use of Mental Health Care Among Adults During the COVID-19 Pandemic — United States, August 2020–February 2021. Center for Disease Control. (April 2021)

4 in 10

reported symptoms of anxiety or depression during the pandemic vs. 1 in 10 pre-pandemic

12%

reported increased alcohol or substance use

3.5x

higher healthcare costs for those with behavioral health conditions

Despite more members turning to their health plans for health support, only 16% of respondents strongly agreed that their insurance provider cares about their overall well-being. Of those seeking support or guidance from their health plans, 42 percent found the experience frustrating.⁴

Unmet behavioral health needs drive significant healthcare and economic costs for everyone, including health plans. Individuals with behavioral health challenges often have increased difficulty managing their physical health—from completing preventive health screenings to keeping appointments with their providers to following through on care plans—increasing their risk for chronic disease, poor health outcomes, and higher total healthcare costs. A recent large-scale claims study of the commercially-insured population found that the average annual healthcare costs for individuals with behavioral health conditions were 3.5x higher than for those without. The same study uncovered that the majority of high cost claimants (i.e., the most expensive 10% of individuals

accounted for 70% of all healthcare costs) had behavioral health conditions.⁵

According to the National Alliance on Mental Illness, about one in four members report they don't have access to an in-network therapist, while only one in 10 do not have an in-network medical specialist. Consequently, many patients are forced to visit providers who don't accept their insurance, which often means facing prohibitive out-of-pocket costs. According to a recent report from JAMA Network Open that reviewed claims from 2012 to 2017, patients with drug-use disorders paid around \$1,200 more on average for out-of-network care annually than patients with diabetes. Expanding provider networks and increasing out-of-network coverage are critical steps to making mental health and substance abuse services more affordable.⁶

4 KFF Tracking Poll - July 2020. Kaiser Family Foundation. (July 2020)

5 How do individuals with behavioral health conditions contribute to physical and total healthcare spending? Milliman. (August 2020)
6 Out-of-Network, Out-of-Pocket, Out-of-Options: The Unfulfilled Promise of Parity. (November 2016)



The Power of Prevention

As health plans reconsider their behavioral health offerings to meet these daunting challenges, they can maximize their positive impact on outcomes and costs by integrating physical and behavioral health services. A preventive behavioral health strategy can mitigate the challenges described above by:

- **Addressing subclinical issues before they escalate into more serious concerns.** Big problems often start small. Though they don't typically require clinical treatment, everyday life stressors (including worry, sleep issues, strong emotions, relationship challenges, burnout, and life transitions), can have a profound impact on overall health and well-being, and can quickly progress into more serious and costly behavioral health concerns. Addressing these issues early through low-barrier support options like behavioral health coaching can help individuals develop the necessary coping skills and resilience to bounce back from life's challenges.
- **Identifying and directing individuals with more complex needs to appropriate clinical care earlier and more efficiently.** A preventive approach also has powerful benefits for individuals with more serious behavioral health needs. More than 20% of American adults experience mental illness each year while less than half actually receive treatment.⁸ One study found that the average delay between the onset of mental illness symptoms and treatment is a staggering 11 years.⁹ Identifying and directing individuals with more complex behavioral health issues to appropriate levels of clinical care earlier and more efficiently can help ensure optimal treatment outcomes, increased workplace productivity, higher quality of life, and lower total healthcare costs.

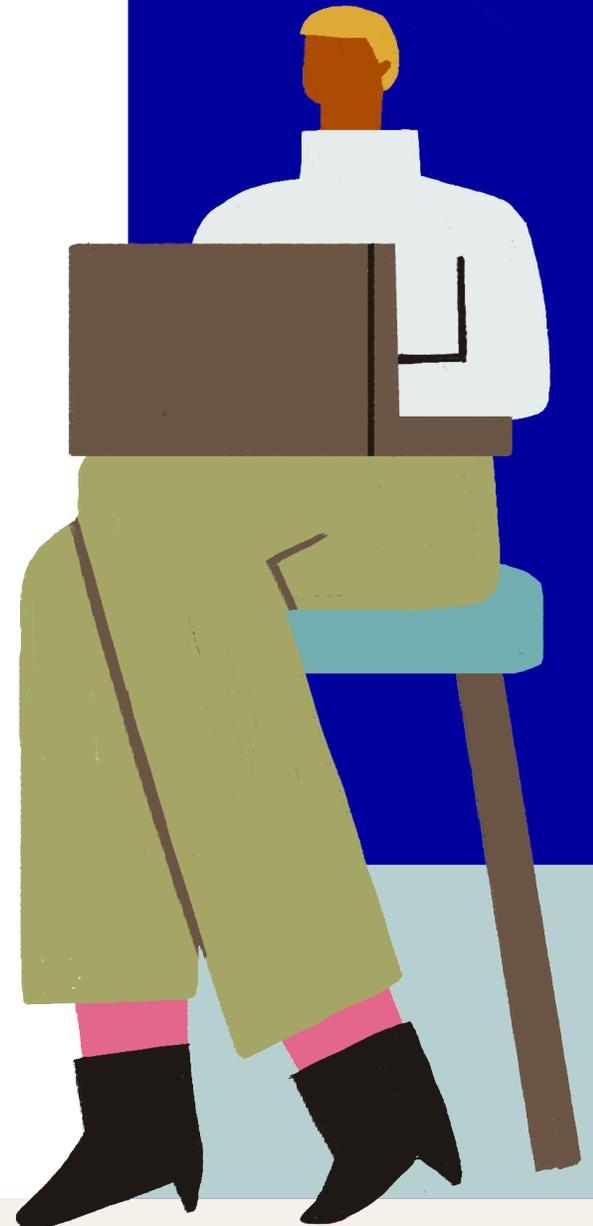
For every

\$1⁷

invested in scaled up treatment for common mental disorders, there is a return of

\$4

in improved health and productivity.⁷



⁷ Investing in treatment for depression and anxiety leads to fourfold return. World Health Organization. (April 2016)

⁸ Statistics: Mental Illness. National Institute on Mental Health. (2019)

⁹ Mental Health by the Numbers. National Association of Mental Illness.

Key Components of a Preventive Behavioral Health Strategy

An effective and impactful preventive behavioral health strategy incorporates the following components—all of which enhance prevention, early identification, and treatment.

Low-barrier care and support options

Individuals often forgo care because of considerable access barriers. A shortage of providers has created mental health deserts across the country where individuals can't access care in a timely manner. Over 119 million Americans, or more than a third of the entire US population, live in areas with mental health provider shortages.¹⁰ In some of the largest US cities, it takes an average of 25 days for new patients to see a psychiatrist.¹¹ Availability and ease of access have a direct impact on treatment outcomes: the odds of response and remission to psychiatric care decrease by 9% for every week in between the first

consultation and follow-up visit.¹² Beyond limited provider availability and long appointment wait times, the high cost of care and stigma around mental illness remain strong deterrents to obtaining the necessary behavioral health services.

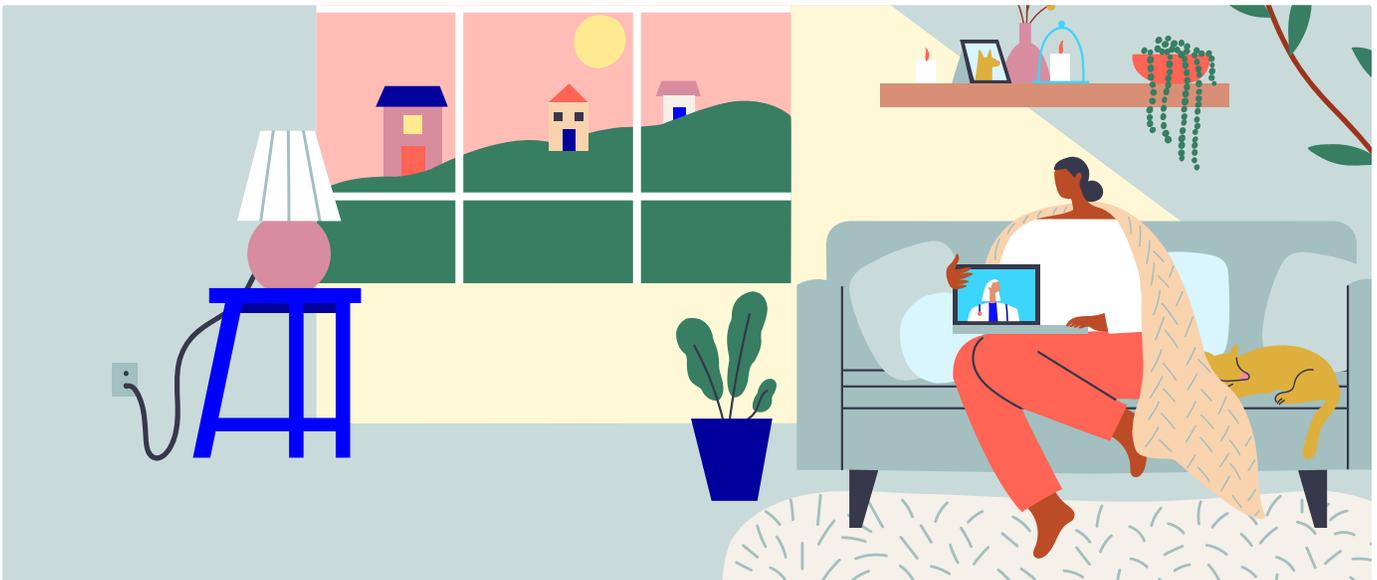
The odds of response and remission to psychiatric care decrease by 9% for every week in between the first consultation and follow-up visit.

Convenient, low-barrier care and support options are thus essential to a preventive behavioral health strategy. A high-quality, virtual behavioral health provider with robust national coverage and short appointment wait times can eliminate barriers imposed by geographic shortages. For individuals who may be reluctant to go to an in-person office or clinic, virtual care offers the convenience and privacy of their chosen location. Multiple access modalities and options for support can further overcome stigma by

10 Mental Health Care Health Professional Shortage Areas (HPSAs). Kaiser Family Foundation. (September 2020)

11 Availability of Outpatient Care From Psychiatrists: A Simulated-Patient Study in Three U.S. Cities. Psychiatric services. (January 2015)

12 Depression outcomes in psychiatric clinical practice: using a self-rated measure of depression severity. Psychiatric Services. (August 2011)



providing friendly, less “clinical” ways to connect. For example, individuals who aren’t ready to see a licensed clinician may be comfortable messaging a coach or using self-guided digital tools—both of which can be meaningful steps to addressing their behavioral health needs.

Continuum of behavioral health services with triage and navigation

Behavioral health needs occur across a full spectrum, from preventive care and subclinical conditions to complex care and substance use disorders. A continuum of behavioral health services that includes therapy and psychiatry, personalized care plans, coaching for subclinical conditions, and enhanced programs for specific target populations (e.g., substance use, eating disorders, comorbid conditions, maternal mental health) helps ensure individuals receive the right care and support, regardless of their level of need.

At one end of the continuum, coaching can provide action-oriented planning, support, and follow-up to help individuals address distressing issues and concerns that come up in everyday life (e.g., stress, worry, transitions). While coaching doesn’t diagnose or treat specific clinical conditions, it can help individuals develop self-coping skills and build resilience to mitigate the risk of routine stressors becoming more severe. At the other end, therapy and psychiatry can support individuals with more serious or complex behavioral health needs through assessment, diagnosis, and evidence-based treatment for clinical conditions.

But access to a continuum of behavioral health services isn’t enough to guarantee optimal outcomes. Patients may be confused or frustrated at having to figure out the best care option on their own, resulting in treatment delays, inadequate care, or both. Integrating expert triage and navigation at key member touch points can eliminate confusion and friction by ensuring patients are seamlessly guided to the right care, from the right provider, at the right time.

Better management of mental health during pregnancy can help mitigate problems such as anxiety, psychosis, and post-traumatic stress disorders.



Medical-behavioral health integration

Chronic conditions and mental illness are deeply interrelated. There are high rates of co-occurring depression across a number of common chronic conditions, including cardiovascular disease (17%), stroke (23%), diabetes (27%), cancer (40%), and Parkinson’s disease (51%)¹³. Individuals with chronic disease, which include 6 out of 10 adults in the US,¹⁴ are at increased risk of developing behavioral health conditions as they cope with the challenges of their medical diagnosis—from uncertainty about treatment outcomes to changes in physical and mental health to chronic pain. At the same time, behavioral health conditions themselves can lead to chronic diseases as individuals struggle to manage their overall health and well-being.

This complex interrelationship underscores the importance of medical-behavioral health integration in any preventive behavioral health strategy. Providers must be trained and enabled to treat the whole person, which rarely happens when medical and behavioral health services are siloed. For example, while the US Preventive Services Task Force recommends depression screening in the general adult population, a recent study found only 5% of adults were screened in primary care settings—suggesting a tremendous missed opportunity for prevention, early identification, and treatment.

Health plans can close this gap through behavioral health offerings that incorporate integrated delivery models, such as collaborative care. Under such models, a patient-centered team of primary care and

behavioral health providers within the same practice work collaboratively to deliver whole-person care using shared care plans. Plans should be sure to evaluate whether the necessary infrastructure is in place to enable true care coordination, promote continuity of care, and increase patient engagement and follow-through. Key infrastructure components include integrated chart sharing between medical and behavioral health clinicians through a single EMR; seamless cross-referral and follow-up protocols between primary care and behavioral health; integration of industry standard symptoms rating scales (e.g., PHQ-9, GAD-7) to identify unmet behavioral health needs; and a robust program provider cross-training and continuing education.

Relationship-centric support

Extensive research shows that a strong therapeutic relationship between therapist and patient is one of the most important factors in successful treatment outcomes.¹⁵ Individuals should have the opportunity to work with the same providers over time to establish a positive therapeutic relationship, which can include such qualities as mutual trust and respect, agreement on goals, and shared decision making.¹⁶ Maintaining continuity of patient-provider relationships is more likely with an employed provider network. An employed provider network also allows for consistent quality and training. Providers should receive extensive training in “websites” manner to effectively deploy patient-centered interventions, such as motivational interviewing, that strengthen the therapeutic relationship in a virtual setting.

13 Mental Health and Chronic Disease. Centers for Disease Control and Prevention. (October 2012).

14 About Chronic Diseases. Centers for Disease Control and Prevention.

15 The Importance of the Relationship with the Therapist. The Family Institute at Northwestern University. (March 2008)

16 Ibid.

6 out of 10

adults in the US have a chronic condition

1 out of 3

people with chronic medical conditions experience depression

only 5%

of adults are screened for depression in primary care

Summary

We have reached an inflection point in the need for and understanding of impactful behavioral health services. Investing in preventive behavioral health offers a powerful way for health plans to help ensure optimal treatment outcomes, increased member experience, higher quality of life, and lower total healthcare costs.

How Included Health Can Help

Included Health's integrated Behavioral Health solution delivers compassionate, coordinated therapy, psychiatry, and coaching to your members. Employed, licensed providers are available 7 days a week, with same-day appointment options to address a wide range of care needs from subclinical to complex care. Our solution is part of our All-Included approach that delivers whole-person care integrated with your larger benefits network to ensure employees receive other appropriate services along the care continuum.

About Included Health

Included Health is a new kind of healthcare company, delivering integrated virtual care and navigation. We're on a mission to raise the standard of healthcare for everyone. We break down barriers to provide high-quality care for every person in every community—no matter where they are in their health journey or what type of care they need, from acute to chronic, behavioral to physical. We offer our members care guidance, advocacy, and access to personalized virtual and in-person care for everyday and urgent care, primary care, behavioral health, and specialty care. It's all included.

Learn more at includedhealth.com/health-plans.

