

MENTAL HEALTH INITIATIVE GUIDEBOOK

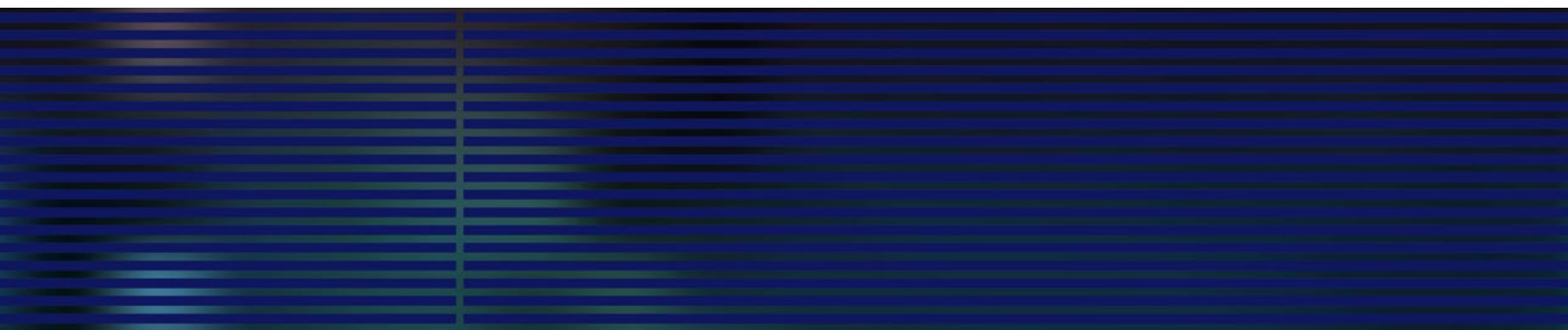
Employer Mental Health Strategies

AN ESSENTIAL INVESTMENT



Table of Contents

Step 1: Identify Top Access Challenges	2
Step 2: Choose Optimal Vendors and Health Plans	6
Step 3: Develop Key Success Metrics	8
Step 4: Analyze Relevant Data Regularly	9
Step 5: Improve Workplace Benefits and Procedures	11
Conclusion	13
Workshop Activities: Round Robin Discussion	14





Employee mental health is increasingly compromised, costing employers billions of dollars and highlighting missed opportunities to provide effective support to help employees build resilience. In 2023, a major concern for employers was insufficient employee access to affordable, high-quality mental healthcare.¹ Today, more employers report investing in employee mental health, demonstrating financial returns when a thoughtful, effective mental health strategy closes access gaps and improves outcomes for employees.^{2,3}

Building a comprehensive employer mental health strategy requires an impact-driven approach that incorporates insights from key stakeholders and coordinates the support of health plans, vendors, and employers in ways that are accessible and accountable.⁴ The National Alliance of Healthcare Purchaser

Coalitions (the National Alliance) recommends that employers take the following steps to develop or refine their approach to a mental health strategy:

1. Identify top access challenges
2. Choose optimal vendors and health plans
3. Develop key success metrics
4. Analyze relevant data regularly
5. Improve workplace benefits and procedures

This guidebook discusses each step in detail, with recommended practices and ideas for implementation. It is intended to be a resource that employers can use continuously to deploy and evaluate approaches now and in the future.

1 National Alliance (Dec 2023). [Lack of Confidence in Service Providers and Healthcare Affordability Among Top Employer Concerns per National Alliance of Healthcare Purchaser Coalitions Survey](#)

2 Lyra Health (2023). [“Why Employers Are Investing in Mental Health Benefits.”](#)

3 Lyra Health (2023). [“Why Employers Are Investing in Mental Health Benefits.”](#)

4 Ibid - Path Forward Coalition: [Employers, Unions, and States](#)

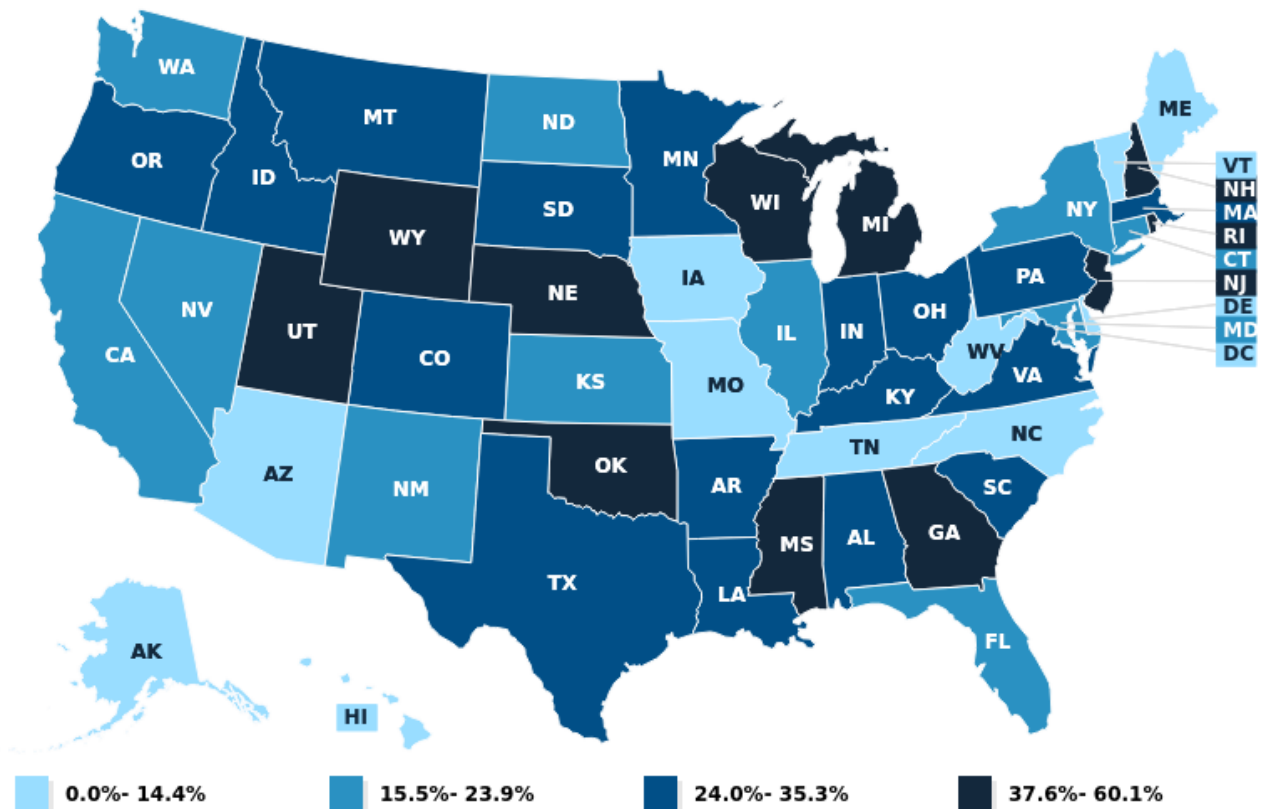
STEP 1

Identify Top Access Challenges

According to employee surveys, the top barriers to accessing mental/behavioral healthcare in the US include finding appropriate in-network providers and the uneven cost of care. This goes beyond the care

itself, with other factors affecting accessibility such as transportation for in-person visits, and childcare or eldercare support during in-person and virtual visits.^{5,6,7}

Mental Health Care Health Professional Shortage Areas (HPSAs): Percent of Need Met as of April 1, 2024



Source: [KFF, 2024](#)

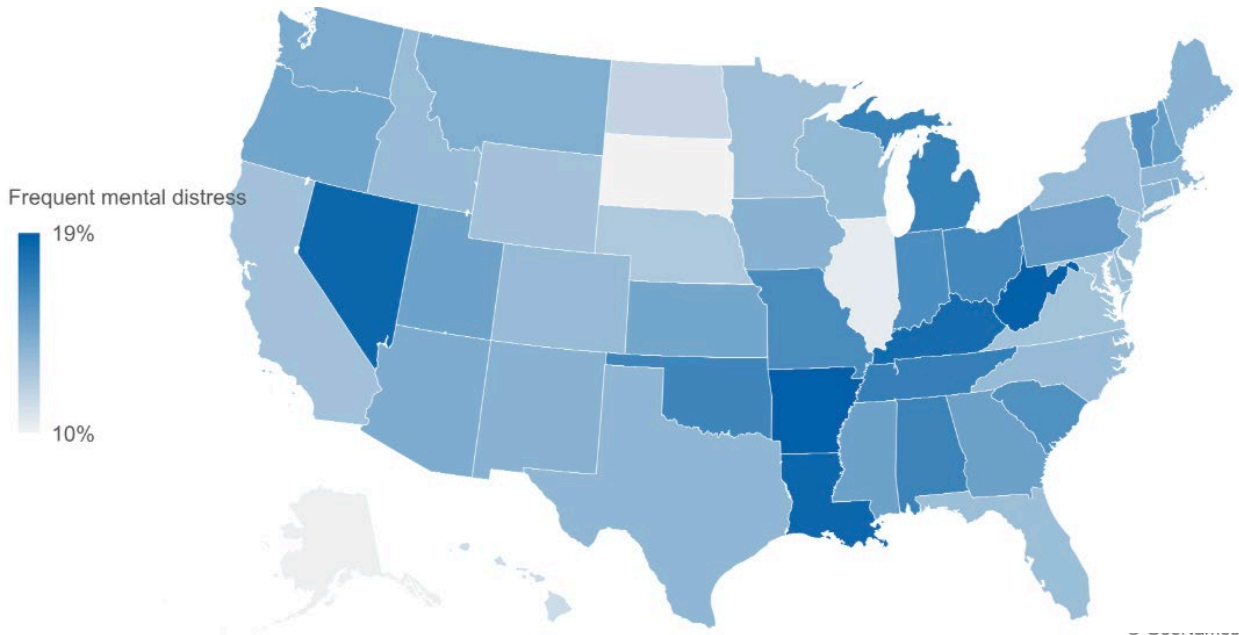
5 AAMC (2022). [Exploring Barriers to Mental Health Care in the U.S.](#)

6 Davenport et al (2023) (pg. 18-20). ["Access across America State-by-state insights into the accessibility of care for mental health and substance use disorders."](#) Milliman.

7 Rural Health Information Hub. U.S. Department of Health and Human Services (HHS). ["Social Determinants of Health for Rural People."](#)

Percent of Adults with Frequent Mental Distress by State

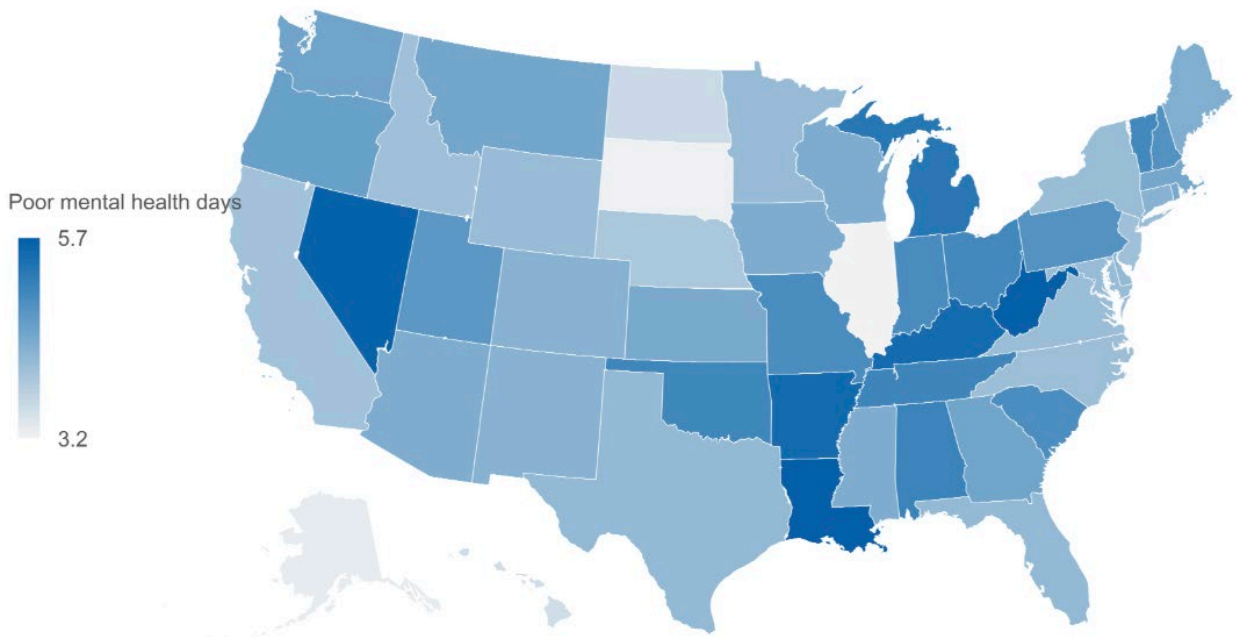
Behavioral Risk Factor Surveillance System (BRFSS) of the CDC



Source: [Milliman \(pg. 9\)](#)

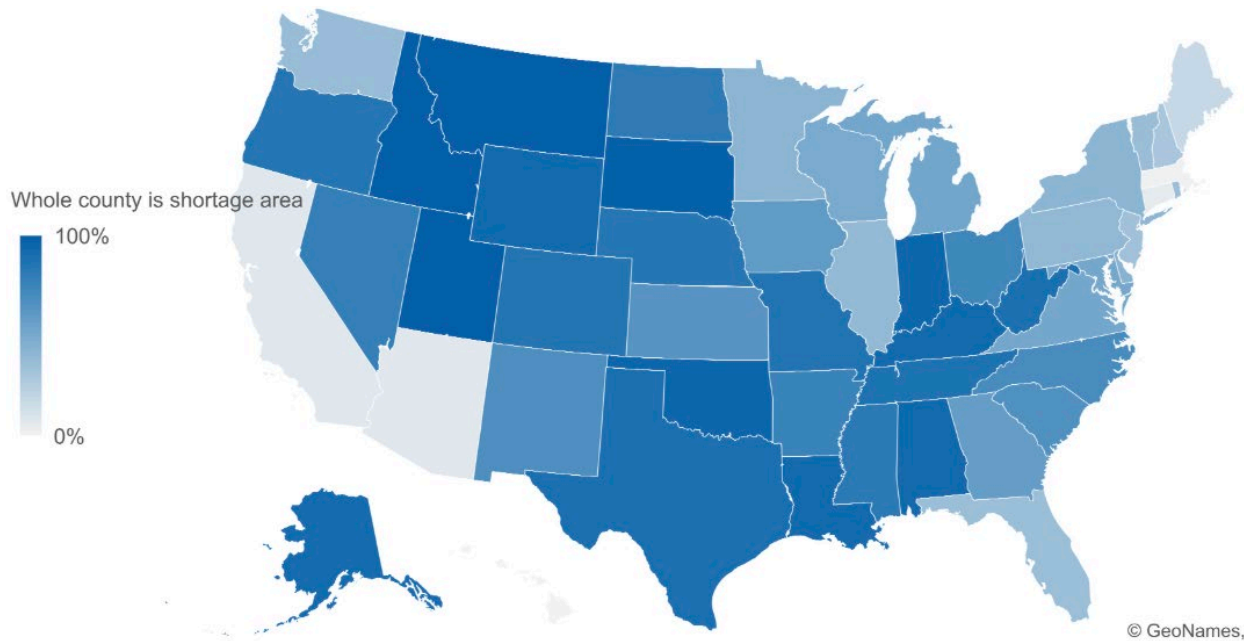
Average Number of Poor Mental Health Days in the Past Month by State

Behavioral Risk Factor Surveillance System (BRFSS) of the CDC



Source: [Milliman \(pg. 10\)](#)

Percentage of Population Living in Counties That Are Fully Designated as Mental Health Professional Shortage Areas, 2023



Source: [Milliman pg. 17](#)

Administering surveys at the outset will provide employers with a baseline understanding of workforce mental health needs and set the foundation for building

a strategy to address barriers. Employers will benefit from implementing the following:

Recommended Step	Greater Detail
<p>Enlist an independent third party, such as a third-party administrator (TPA) or mental health employee resource group (ERG) (see Step 5), if possible, or otherwise disseminate an anonymous survey to assess top employee challenges for accessing mental/behavioral and other healthcare</p>	<p>Survey recommendations:</p> <ul style="list-style-type: none"> ▶ Challenges with search times, wait times, cost, and multi-point access to services. ▶ Who employees talk to about their mental health. ▶ Preferred language. ▶ Preferred settings/channels for discussing mental health concerns (e.g., telemedicine or tele-behavioral health for substance abuse issues). ▶ Intersectionality/lived experience that may indicate a need for specialized mental health professionals. ▶ Preferred modes of care and features/services (e.g. on-site clinics, on-site spiritual leader, adolescent therapy, elder therapy, couples therapy, family therapy...)⁸

⁸ What is the typical chain or channels of communication (e.g., partner, family, spiritual leader, coworker, then manager or HR)? In what setting do employees naturally speak about their mental health concerns (e.g., at home, on the phone with relatives, after spiritual service, at happy hour)? How do employees learn about mental health in general and what services they can use?

<p>Quantitatively measure network adequacy</p>	<p>It is recommended that employers choose health plans that offer diverse provider types, levels of care, access points, and modes/delivery systems, ensuring racial/ethnic diversity and specialty coverage.⁹</p> <p>Only 5%-7% of mental healthcare providers are Black, Indigenous, or People of Color (BIPOC). An institutional lack of diversity creates barriers for patients who seek clinicians with whom they can identify (see the National Alliance Behavioral Health Vendor Engagement Template, pages 4,8).</p> <p>A study revealed that racial and class biases in the mental health provider community can prevent patients of color from getting appointments.¹⁰</p>
<p>Assess health plan networks for the inclusion of providers who understand common employee backgrounds in your workforce</p>	<p>It is important to ensure that health plans include in-network providers who understand things like culture, language, religion, lived experience, and gender to maximize “therapeutic alliance,”¹¹ which is one the biggest predictors of mental health improvement in a behavioral therapy relationship.¹²</p>
<p>Develop accountability metrics and mechanisms in partnership with vendors</p>	<p>Develop legal and financial mechanisms to hold mental health vendors accountable for closing employee access gaps via sufficient network coverage (as identified in the employee survey). These mechanisms bring rigor to vendor responsibility, ownership of goals, and optimized execution of access-related goals.</p>

At this “information gathering” stage, reviewing the operational and user-generated insights from existing health plans and vendors to quantitatively evaluate the quality of current mental health strategies and plans (e.g., in care management) can help identify additional

misalignment and gaps. From there, employers will be positioned to cross-check the comprehensiveness of these strategies and aim to enhance them according to results from the employee survey.

9 Kugelmass, Heather. “Sorry, I’m Not Accepting New Patients” an audit study of access to mental health care.” *Journal of Health and Social Behavior* 57.2 (2016): 168-183.

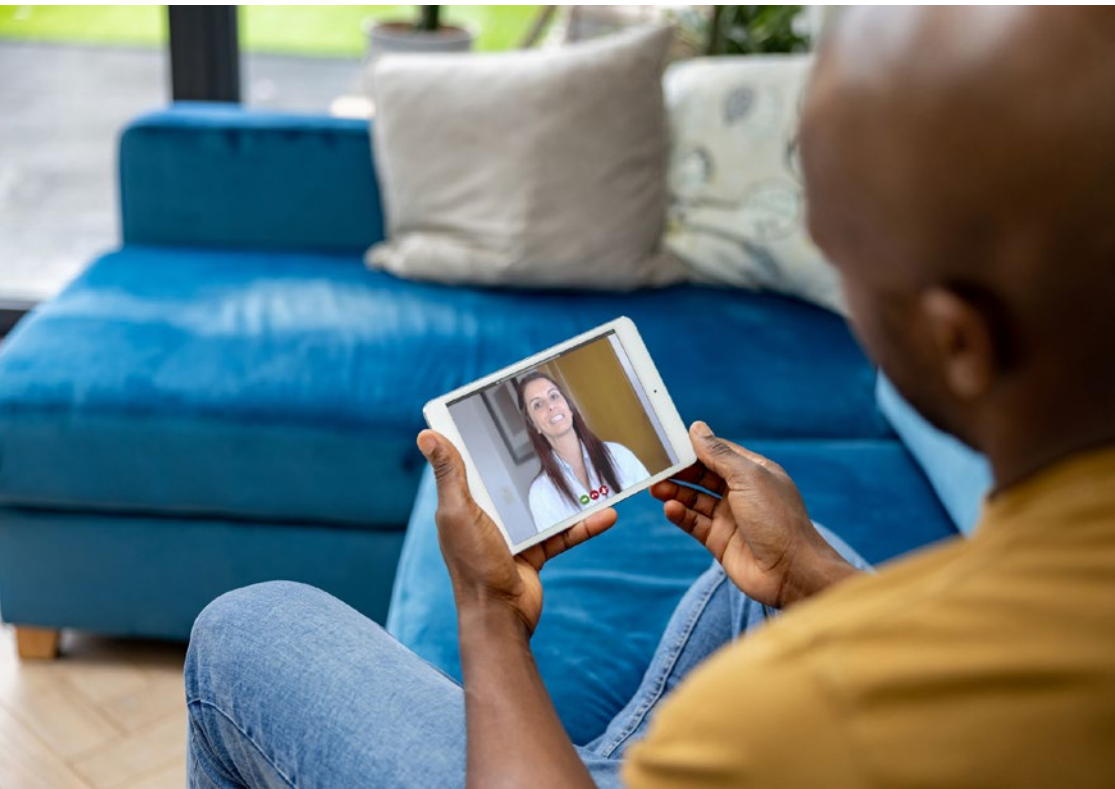
10 Kugelmass, Heather. “Sorry, I’m Not Accepting New Patients” an audit study of access to mental health care.” *Journal of Health and Social Behavior* 57.2 (2016): 168-183.

11 Spring Health (2022). [“A Diverse Provider Network Matters. So Does Matching Our Members with the Right Therapist or Medication Manager.”](#)

12 Spring Health (2022). [“A Diverse Provider Network Matters. So Does Matching Our Members with the Right Therapist or Medication Manager.”](#)

STEP 2

Choose Optimal Vendors and Health Plans



People who have chronic conditions are more likely than physically healthy people to experience mental health issues, and these co-existing illnesses exacerbate each other, as reflected by worse physical and mental health symptoms than people who experience only physical or mental health conditions.¹³ For example, people with diabetes are two to three times more likely to develop depression than those who do not have diabetes. About 51% of Parkinson's patients,

42% of cancer patients, 27% of diabetes patients, 23% of cerebrovascular patients, 17% of cardiovascular patients, and 11% of Alzheimer's patients also experience depression.¹⁴

In response, employers are prioritizing health plans that facilitate holistic, connected healthcare and sufficiently reimburse mental health providers.¹⁵ By doing so, they can make a profound impact on the overall wellbeing of employees.

Only 55% of mental health and substance use disorder providers join health plan networks compared to 86% of primary care providers, likely because mental health providers are not given adequate incentives to join.¹⁶ Therefore, choosing a health plan that provides competitive reimbursement for mental health providers, including for administrative work as well as reimbursement for in-person and virtual mental health sessions (via telehealth) at parity with their "physical health" counterparts will optimize network access.¹⁷

13 NIH. [Understanding the Link Between Chronic Disease and Depression](#)

14 Johns Hopkins School of Public Health (2021). "[The Intersection of Mental Health and Chronic Disease.](#)"

15 National Alliance. Behavioral Health Vendor Engagement Template (VET) (pg. 10)

16 Path Forward Coalition. [For Improving Behavioral Healthcare Access and Quality for Employees](#) (pg. 2).

17 Ibid - The Path Forward: Preparing for the Second Wave

Below are ideal characteristics to consider when selecting health plans:

TIER 1: Highest priority features and the most readily implementable criteria for health plans.
Include employee feature preferences as identified in the step one survey.
Offer easy filtering for providers accepting new patients and those who are accessible both in-person and virtually. ¹⁸
TIER 2: Evidence-based approaches that are typically found in high-quality health plans and vendors, offer flexibility for customization based on specific employee needs.
Use a whole person health approach using continuity of care, warm handoffs, and diverse modes of delivery. ¹⁹
Take a “family approach” to therapy and mental healthcare by including services designed for children, adolescents, parents, and couples. ²⁰
Integrate the Collaborative Care Model (CoCM) in primary care, remove limits on the use of CoCM codes, and use patient case management and hub and spoke models. ^{21,22}
Provide incentives for evidence-based treatments (EBTs) and measurement-based care (MBC) using performance-based reimbursement or value-based care. ^{23,24}
Provide incentives for primary care physicians to assess behavioral health, treat patients mild-to-moderate mental health conditions, and triage patients to the appropriate specialist if needed. ²⁵
Include providers and therapists trained in culturally aware and responsive care. ²⁶
TIER 3: Desirable features that can be tailored to employee preferences and needs.
Offer 24/7 care navigators that can assist employees at any time, especially during a crisis. ²⁷
Incorporate digital technology and AI for triage and care delivery. ²⁸
Offset the cost of additional wellness benefits such as gym memberships, meal kit/grocery delivery, and rebates on healthy food.

To solidify decisions about which health plans and vendors are most appropriate for specific employee populations, review the National Alliance [Vendor Engagement Template](#). Meet with health plans and vendors of interest to receive answers to the questions included.

Upon selection of optimal health plans and vendors, proactively inform employees about free or in-network services, including employee assistance programs (EAPs), to minimize research burdens. Reach out to your local business healthcare coalition for a list of EAPs that have reportedly offered high-quality services and are easy to work with.

18 Lyra Health (2023). “[Why Employers Are Investing in Mental Health Benefits.](#)”
 19 National Alliance. Behavioral Health Vendor Engagement Template (VET) (pg. 10)
 20 Spring Health (2023). “[2024 Workplace Mental Health Trends: A Proactive Approach to Well-Being.](#)”
 21 Integrating behavioral care into primary care via the CoCM has demonstrably improved patient outcomes and reduced costs in over 80 randomized controlled trials. Ibid – The Path Forward: Preparing for the Second Wave (pg. 3)
 22 Integrating behavioral care into primary care via the CoCM has demonstrably improved patient outcomes and reduced costs in over 80 randomized controlled trials. Reist, Christopher, et al. “Collaborative mental health care: a narrative review.” *Medicine* (2022): e32554.
 23 When providers use validated measurement tools under MBC, they can “improve treatment outcomes by 20%–60% and drive a nearly 75% difference in remission rates between patients receiving MBC and those receiving usual care. Ibid - Path Forward Coalition. [For Improving Behavioral Healthcare Access...](#)(pg. 3).
 24 Spring Health (2023). “[2024 Workplace Mental Health Trends: A Proactive Approach to Well-Being.](#)”
 25 National Alliance. Behavioral Health Vendor Engagement Template (VET) (pg. 10)
 26 Lyra Health (2023)
 27 Lyra Health (2023). “[Why Employers Are Investing in Mental Health Benefits.](#)”
 28 Regulatory barriers to tele-behavioral care were lowered during COVID-19; TPAs and providers supported tele-behavioral care during the pandemic as well. It makes sense to leverage these opportunities now. The Path Forward: [Preparing for the Second Wave – The Path Forward for Mental Health and Substance Use in the Face of COVID-19](#)

STEP 3

Develop Key Success Metrics



Regular impact measurements allow employers to assess progress against short- and long-term goals, enabling them to articulate their successes to internal and external stakeholders and hold themselves accountable to employees. Developing the most relevant impact metrics will likely be an iterative process and largely informed by the industry and employee populations at hand. Ideally, employers would acquire feedback on their impact metrics and strategy from multiple stakeholders, as suggested below.²⁹

Health plans and vendors have their own impact metrics, but it is increasingly becoming apparent employers need to choose health plans and vendors that are willing to develop metrics with employers to ensure accountability to achieving specific health goals.

Once optimal health plans and vendors for employees is selected, the next step is to meet with your new vendor partners to create **relevant goals, metrics, milestones, and accountability frameworks** to inform and support your overall mental health strategy.

Meeting Prep: Participants should come prepared for meetings with their own success metrics around mental health programming. This includes things such as employee productivity (including the rate at which employees return to work after mental health leave of absence), satisfaction, use of in-network providers and benefits, and financial, intellectual, occupational, social, and spiritual wellness.³⁰ Additionally, be prepared to discuss findings and trends from the anonymous step one survey and select relevant questions to ask vendors from the [National Alliance Vendor Engagement Template](#).

During the Meeting: Engage with vendor partners to explore their ideas for quantitatively assessing short- and long-term successes, measured quantitatively, for addressing mental health disparities within employee sub-groups, as identified in the step one survey. An open dialogue can help uncover perspectives on strategies to effectively triage employee populations to the appropriate provider, program, and digital tools based on the severity of their mental health conditions and specific access challenges, as identified in the survey.³¹ Integrating the metrics that emerge from these discussions into action plans and strategies can greatly enhance approaches to meeting employees where they are with the care they need.

29 Maurer, Maureen, et al. "Understanding the influence and impact of stakeholder engagement in patient-centered outcomes research: a qualitative study." *Journal of General Internal Medicine* 37.Suppl 1 (2022).

30 Thomas Jefferson University. "8 Dimensions of Wellness"

31 Northeast Business Group on Health. Certain digital mental health interventions via web or mobile have demonstrated effectiveness in randomized controlled trials (May 2020). (pg. 18-19).

STEP 4

Analyze Relevant Data Regularly



A key component to generating mental health impact at the employer level necessitates holding health plans and vendors accountable to certain goals and standards. Health plans and vendors are delivering care to employees and can speak to the operational and logistical challenges, but employers can collaborate with health plans and vendors to achieve reasonable public health and cost-lowering results.

Holding vendor partners accountable can be coupled with some challenges in an overall mental health and wellbeing strategy. These challenges stem from the complexity of vendor relationships, varying quality of provider networks, and the intricacies of mental health parity laws.

The Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA)

is a **federal law** that prevents group health plans and health insurance issuers from enacting less desirable benefit limitations on mental health or substance use disorder (MH/SUD) benefits than on medical or surgical benefits. In other words, this law aims to level the playing field for mental and physical health benefits.³² MHPAEA applies to many commercial insurance plans, Medicaid managed care, and the Children’s Health Insurance Program (CHIP), but not Medicare.³³ States have enacted their own parity laws to address gaps in federal legislation, such as by including Medicaid and managed care organizations, and holding insurers accountable annually.

The high out-of-pocket cost of mental healthcare is a key access barrier in the US,³⁴ which is why it’s important for employers to take steps to ensure that their health plans comply with federal and state parity laws. Upon doing so, employers will maximize the likelihood that provider practices will be sufficiently incentivized to provide affordable care to patients (i.e., employees) and that employees will take advantage of that care.³⁵

Ensuring that health plans and vendors meet specific goals, metrics and milestones is essential for fostering a culture of holistic, accessible, high-quality care. Effective accountability not only enhances the efficacy of mental health and wellbeing strategies but also directly impacts employee satisfaction, productivity, and overall organizational success. Addressing these challenges head-on is crucial for creating an environment where employees feel supported and valued, ultimately leading to better health outcomes and a more engaged workforce. Some key actions that can be taken to achieve this include:

³² CMS. [The Mental Health Parity and Addiction Equity Act \(MHPAEA\)](#).

³³ CSG (2021). [Mental Health Insurance Parity: State Legislative and Enforcement Activities](#).

³⁴ AAMC (2022). [Exploring Barriers to Mental Health Care in the U.S.](#)

³⁵ RTI International (2024). [Behavioral Health Parity – Pervasive Disparities in Access to In-Network Care Continue](#) (pg. 31)

- ▶ Meet with vendors and health plans monthly or quarterly to track alignment with goals and metrics, such as those related to the quality of their provider networks, whether employee access needs are being met, and trends in employee health outcomes using provider clinical assessments (completely de-identified).³⁶
- ▶ Work with health plans to align on a thorough claim review process that includes clinicians in decision making and consider the unique circumstances of each patient, thereby facilitating high denial reversal rates.³⁷
- ▶ Use fiscal and legal mechanisms and leverage TPAs³⁸ to hold vendors accountable and ensure mental health parity.
- ▶ Enact formal agreements and align fiscal incentives (e.g., executive compensation) with the achievement of mental health goals within the organization.

Notably, organizations can create transparency with their employees about mental health processes and metrics to gather valuable feedback and improve strategies. This gives employees the opportunity to add valuable insight (e.g., using lived experiences) on the quality of mental healthcare being offered, thereby informing employer strategy.

Employers can use this opportunity to ask employees directly what they can do better or differently to improve employee mental health and wellbeing, which can increase employee engagement, buy-in, and loyalty to the organization. Further, employers might consider conducting regular check-ins to solicit employees' opinions and perspectives on upcoming or pending firm-wide decisions that affect them. This action can greatly enhance engagement and foster a sense of inclusion.³⁹

³⁶ Lyra Health (2023). "[Why Employers Are Investing in Mental Health Benefits.](#)"

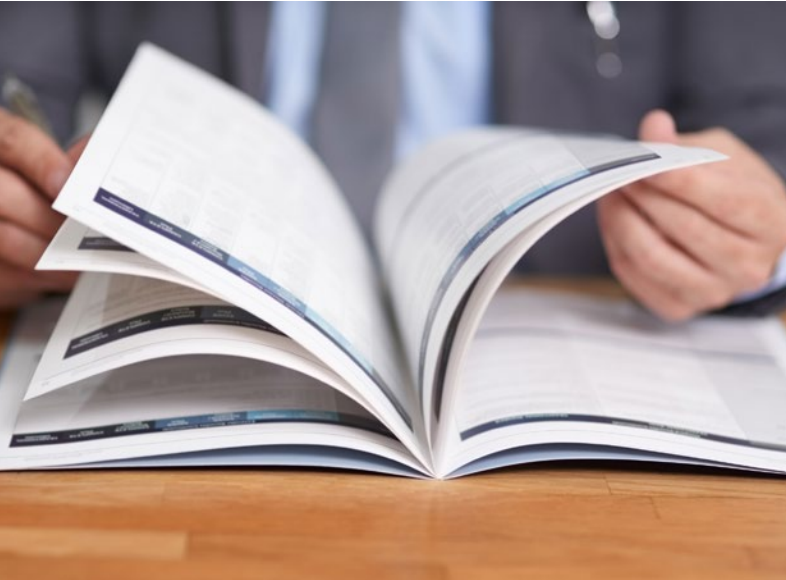
³⁷ National Alliance. Behavioral Health Vendor Engagement Template (VET) (pg. 7)

³⁸ The DOL requires employers to provide Non-quantitative Treatment Limitations (NQTL) analyses, but employers do not have all the required information. TPAs are uniquely positioned to provide the DOL with information on claim denial disparities; employers should have TPAs prepare the NQTLs. Employers should seek additional indemnification from TPAs to protect against liability; TPAs are more directly implicated in parity compliance than are employers.

³⁹ Forbes (2023). "[Why Companies Should Prioritize Employee Health and Happiness In 2024.](#)"

STEP 5

Improve Workplace Benefits and Procedures



Improving mental health benefits and procedures in the workplace is essential for fostering a supportive and productive environment, creating a culture of openness and support, reducing stigma, and encouraging employees to seek help when needed. Further, by protecting and measuring employee mental health in the workplace itself, employers can stymie the worsening of mental health and prevent employees from developing certain conditions.⁴⁰

To improve workplace mental health, employers are advised to proactively improve protocols, procedures, and wellness benefits. This helps close communication gaps, reduce the stigma of mental health challenges, and generate greater employee resilience, engagement, and enthusiasm. At this stage, it is ideal for employers to

create mental health employee resource groups (ERGs) and draw upon best practices from other employers;⁴¹ ERGs tend to chair workplace initiatives and offer dedicated support to best triage employees to the right resources.⁴²

Overall, the most impactful workplace mental health initiatives fall within the following buckets: Wellness benefits, routine communication, and organization-wide culture.

Wellness Benefits

Employers must offer attractive benefits such as flexible work arrangements (including remote work, safe/proximal work locations, and trial 4-day work weeks),^{43,44} sufficient sick days, mental health days, medical leave, and wellness funds.

Employers also benefit from administering follow-on employee surveys that ask about broader wellness, financial, and career development needs. It is helpful to offer upstream interventions that address holistic wellness areas and social determinants of health such as financial education, reimbursement for transportation costs, or reimbursement for career development activities.

Routine Communication with Employees

Managers are urged to refrain from messaging employees after work hours, and are encouraged

40 Arensman, Ella, et al. "Mental health promotion and intervention in occupational settings: protocol for a pilot study of the MENTUPP intervention." *International Journal of Environmental Research and Public Health* 19.2 (2022): 947.

41 One Mind at Work (2023). [Employee Resource Groups Bring a Proven Model to Mental Health.](#)

42 HBR (2020). [How to Form a Mental Health Employee Resource Group.](#)

43 WEF (2023). ["Four-day work week trial in Spain leads to healthier workers, less pollution."](#)

44 PBS (2023). ["4-day work week trial yields overwhelming success in U.K., researchers say."](#)

to regularly monitor employee workloads using quantitative tools (e.g., timecards) to ensure employees are not overworking. Employers should remind and encourage employees to use paid time off by effectively allocating other employees to projects and tasks while the employee is out of the office.

It is further recommended that managers and senior employees regularly check in with employees to understand their broader career goals and trajectory and provide guidance, support, and relevant introductions. From there, employers can compensate employees for pursuing courses and activities that help advance desired skills, achieve personal growth, and reach broader career goals (see “wellness benefits,” p. 11).

Organization-Wide Culture Changes

Check in on the language executives, senior leaders, and managers use with employees about mental health, work-life balance, and wellness, ensuring it’s sensitive, non-judgmental, inclusive, and culturally appropriate⁴⁵ from racial, gender, generational, and geographic perspectives. Updated language can be integrated into a formal protocol with all supervisors and managers trained to use it. Employers must then create a robust protocol for guiding or providing information to employees in various states of need. This protocol must include outlets or representatives that employees can reach out to for immediate or urgent support, such as 24/7 care navigators.

Employers are encouraged to ask senior leaders to talk about their own mental health journeys and challenges. This makes it O.K. for employees to share their stories, reduces mental health stigma, and creates an environment of “psychological safety” within professional relationships and dynamics.⁴⁶

Based on research from mental health ERGs, informal “lunch-and-learn” meetings offer a convenient, safe environment to discuss mental health with employees and open the door to meaningful conversations about how mental health can be improved throughout the organization. Further, a best practice for these meetings is to explicitly state that all information discussed is confidential.⁴⁷ Other mental health ERGs organize formal events about mental health and enlist employees to lead sessions about specific mental health struggles and accessing mental health benefits.⁴⁸

Ideally, employers can create an outlet for employees to express their mental health concerns and emotions without being identified. Employers can consider administering regular surveys and polls to gauge employee morale, energy, and mental health to proactively address mental health concerns during stressful periods at work.

Surveys and polls should be designed and administered with extreme care to ensure employee answers are anonymous and do not generate incriminating or anxiety-inducing results (e.g., about employee capability due to mental health). For instance, certain mental health ERGs have communicated with employees using a specific Slack channel, which could be a convenient and anonymized platform for administering employee surveys.⁴⁹ Alternatively, surveys administered in a group setting allow employees to observe that they are not alone in experiencing mental health concerns such as depression, stress or despair. Management must take survey results seriously and use them to mitigate challenges such as by reducing workload or providing more time off.

Routine analysis of turnover rates helps measure the success of workplace mental health initiatives.

45 Forbes (2023). [“Why Companies Should Prioritize Employee Health and Happiness In 2024.”](#)

46 Forbes (2023). [“Why Companies Should Prioritize Employee Health and Happiness In 2024.”](#)

47 HBR (2020). [How to Form a Mental Health Employee Resource Group.](#)

48 Mind Share Partners (2023). [Creating an Employee Resource Group for Mental Health.](#)

49 HBR (2020). [How to Form a Mental Health Employee Resource Group.](#)

Conclusion



Employers have a prime opportunity to be at the forefront of cultivating a healthier, more resilient workforce using a comprehensive mental health strategy. Building a suitable strategy requires identifying access challenges, choosing optimal health plans, holding stakeholders accountable, analyzing data regularly to inform decisions, and providing effective workplace benefits.⁵⁰ This approach addresses top employer concerns by improving access to culturally competent, whole-person health models, ensuring TPA

compliance with mental health parity requirements⁵¹ and reducing employee financial and logistical burdens.⁵²

Most significantly in this guidebook, the Alliance urges employers to take a stakeholder approach to developing, executing and assessing a comprehensive mental health strategy. Gathering and integrating feedback from relevant constituents such as employees, TPAs, health plans, and vendors throughout the process creates buy-in, engagement, and probability of success.⁵³

50 Path Forward Coalition: [Employers, Unions, and States](#)

51 Example: plan administrators ([pg. 16](#))

52 National Alliance. [Pulse of the Purchaser 2023 Survey](#)

53 Potthoff, Sebastian, et al. "Towards an Implementation-Stakeholder Engagement Model (I-STEM) for improving health and social care services." *Health Expectations* 26.5 (2023): 1997–2012.

Additional Steps Employers Can Take

The five steps presented in this guidebook are designed to be the foundation of a robust employer mental health strategy. If employers are struggling to apply any of these steps or understanding where to begin, they can take the following actions:

1. Build internal leadership support for mental health programming and destigmatization within the organization. Train senior leaders and executives on creating a positive mental health culture (e.g., mental health first aid training) and consider appropriate leadership opportunities to discuss mental health such as during organization-wide meetings.
2. Speak with colleagues in HR or leadership roles in the same industry to learn how employers with similar geographic, workforce or work-type concerns are approaching mental health and deploying support and services.
3. Engage with networks such as the National Alliance to explore available resources (e.g., the [Vendor Engagement Template](#)) and engage in discussions about advancing mental health benefits.
4. Bring in external mental health experts to advise on how to tackle certain strategic questions facing the organization, build specifics around mental health programming, and manage challenging employee issues, such as serious mental illness or risky, high-cost behaviors. Staff members from the National Alliance and its member coalitions can help advise on which nonprofit organizations or community providers are most suitable to answer particular questions.

WORKSHOP ACTIVITIES

Round Robin Discussion



- ▶ How do mental health needs, access challenges, and care preferences vary by industry or nature of work?
- ▶ How do workers belonging to demographics in your workforce engage with mental health support (e.g., different generations, or geographic locations)? What differences are you observing?
- ▶ What are some of the best resources to have on-site (e.g., clinic, chaplain)? What types of services do employees prefer to use virtually? What types of services do employees prefer to use in a separate clinic or facility?
- ▶ What are some examples of how you have dealt with specific issues (e.g., best protocol for assisting an employee in crisis)?
- ▶ Which EAPs or other vendors have you worked with and what did you like about them? What characteristics made these vendors attractive, effective, or easy to work with?

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National Alliance
of Healthcare Purchaser Coalitions
Driving Health, Equity and Value

For over 30 years, the National Alliance has united business healthcare coalitions and their employer/purchaser members to achieve high-quality care that improves patient experience, health equity, and outcomes at lower costs. Its members represent private and public sector, nonprofit, and labor union organizations that provide health benefits for more than 45 million Americans and spend over \$400 billion annually.