DIGITAL TOOLS FOR MENTAL HEALTH

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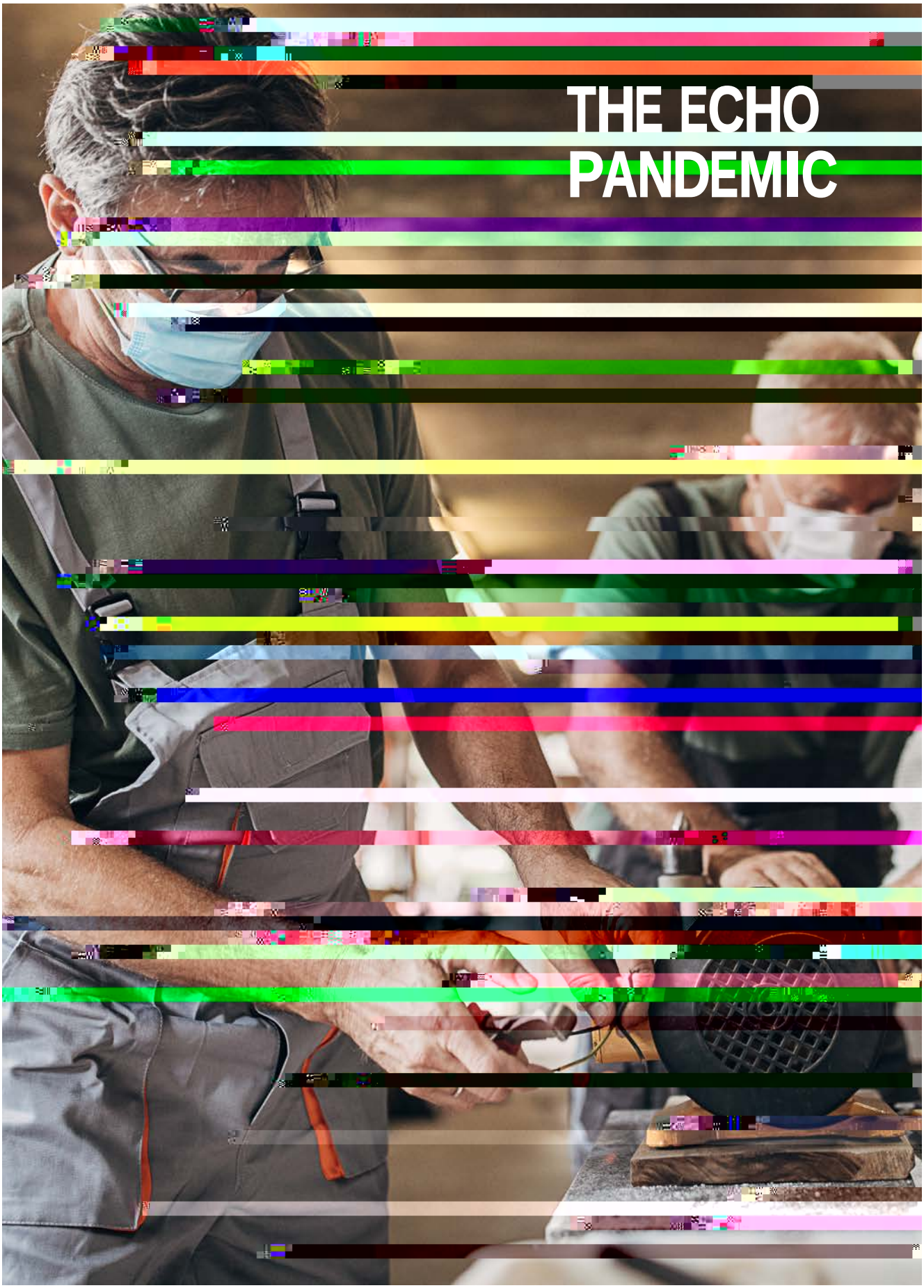
THE ECHO
PANDEMIC

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%

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

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

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*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.

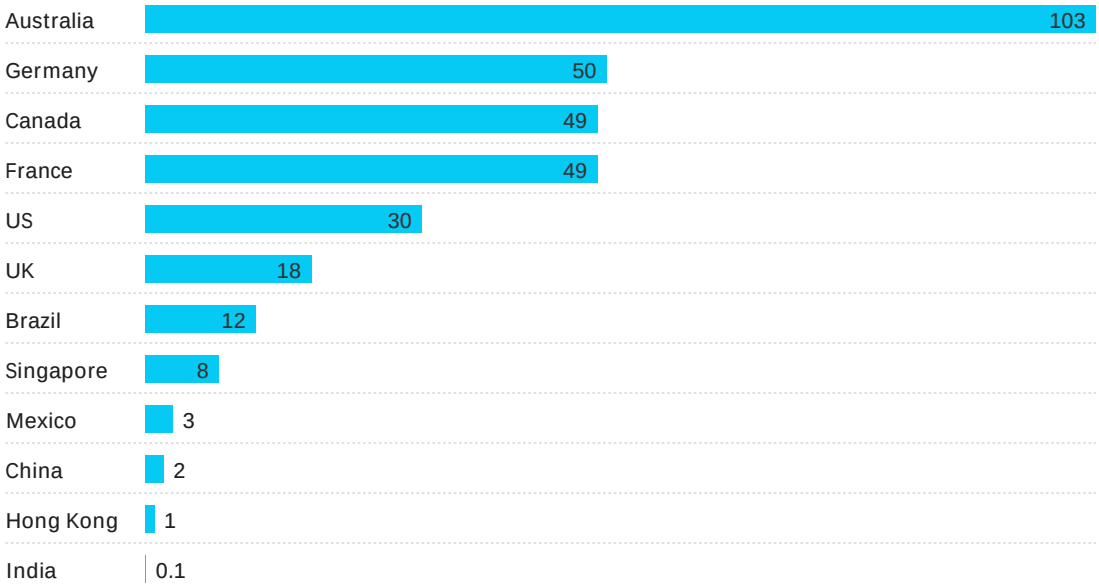
BOOST TO DIGITAL HEALTH

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 ■ocked 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

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



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 emp[illegible]s and i[illegible]ers to support

THE PROMISE OF DIGITAL

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

Exhibit 4: Wide range of digital tools

Phases		Detection	Support and treatment	Management and
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) R 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) R 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 ꝛ smartphones, tablets, notebooks, and wearable devices ꝛ whose reach and ■exibility 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 o╪ce hours), limited a╨ordability (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 ꝛ 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 ╫nancial well-being from di╨erent sources ꝛ 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

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 sers m ᵐ ᶠ ˢ ᵡ` ˢ co Ȯ cn fo es0h Dieurs ] pr` d] ɣ ɔ Ψ

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 e╨ects 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 de╬ciency 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 o╨erings, uncertain e╨ectiveness, 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 o f erings: 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 speci╬c problems (such as stress management) for certain population groups (such as largely well or mildly unwell people). The sheer number of tools makes it di╪cult and time consuming to choose between them, even with evaluation frameworks to guide selection.[45] Although individual spot solutions may be cheap, their

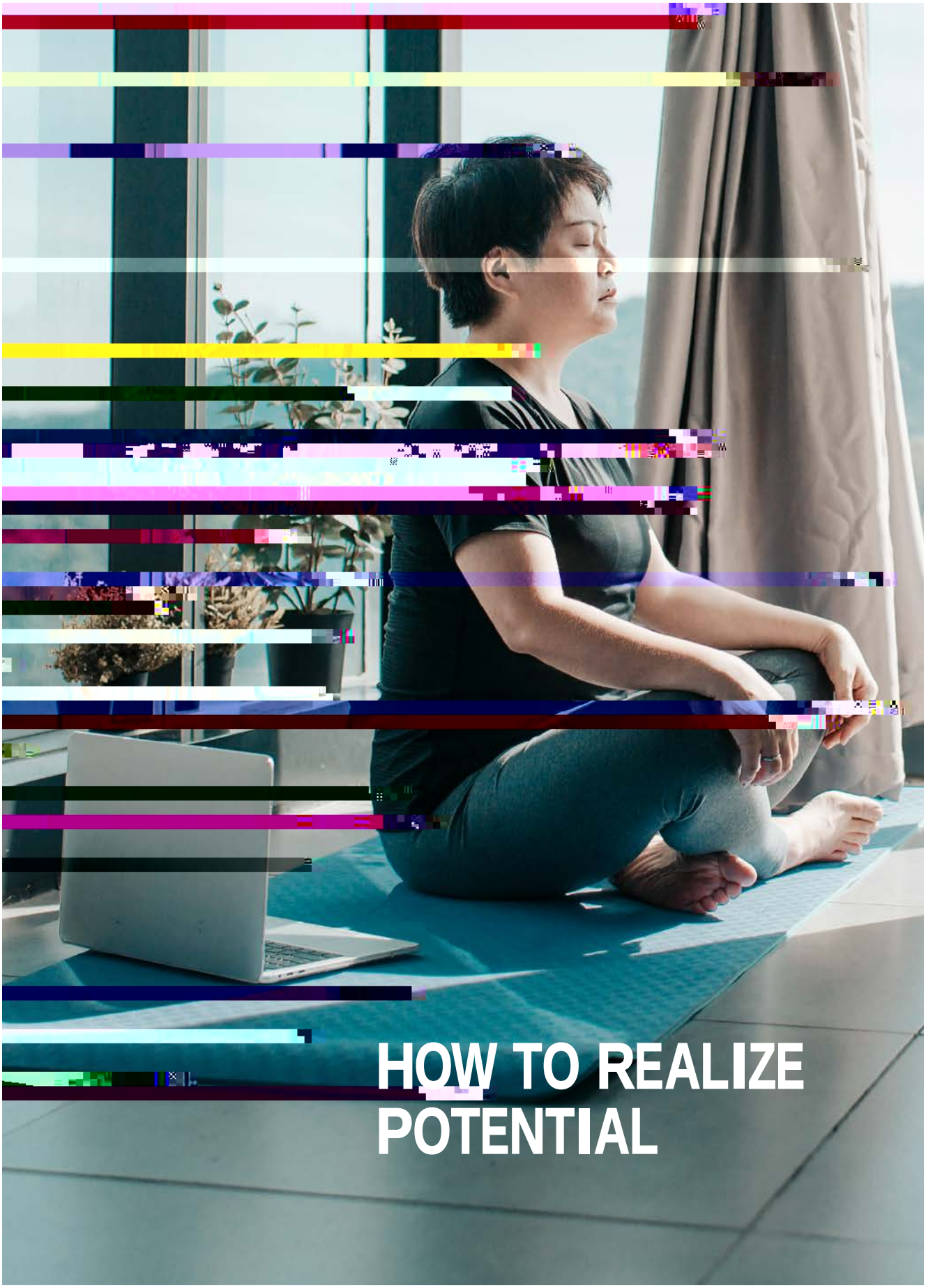
Disparities: Digital tools have the potential to entrench or magnify disparities in mental healthcare for vulnerable groups such as women, low-income workers, and minorities — who experience a greater degree of mental ill health because of a broad range of risk factors, including financial stress, low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

solutions, employers and insurers need a strategic and holistic

that meet employee



HOW TO REALIZE POTENTIAL

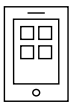
Employers and insurers can collaborate with solution providers to curate, utilize, and improve digital tools for mental health. They must also go beyond digital tools to address structural risk factors that drive mental ill health.

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



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 erxample, the app mih pnos tiino o paocialesresnd ne ar employe m3k in t ` is)inamence,

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support.

Another integrated approach is a ﬁmental health pathwayJ (See Exhibit 6). Such approaches guide employees towards the right services ﾇ 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 di‖erent 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 di‖erent 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

Facilitate utilization: Employers can encourage and empower employees to use available services by increasing awareness, creating trust, and making them affordable.

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 e¬ectiveness can help companies improve their curated suite of digital and hybrid tools, besides validating the business case for EF54@OSVFDVHRFpX0Kpsychologi53@TaeVFPestrDEOp0ZVLQJWRQLVVS0VFD0ð

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
My job requires a lot of physical e╨ort	
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 to╫nish my work	
eaem accident	

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.

foster enduring employee trust and engagement but also enjoy

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