WORKFORCE MENTAL HEALTH & WELL-BEING RESOURCES:
A NAVIGATION GUIDE

HERO

About HERO

The Health Enhancement Research Organization (HERO) is a national nonprofit dedicated to identifying and sharing best practices in the field of workplace health and well-being (HWB). HERO was established in 1997 to conduct and share research, policy, leadership, and strategy to advance workplace HWB and provide leadership of the nation's workforce. Much of the good work that HERO does is achieved through the efforts of its volunteer committees. This report was produced by one such committee, the Workforce Mental Health and Well-being Study Committee.

Development of this report was led by HERO staff and volunteer committee members. Contributors to the report are listed below in alphabetical order. Findings and conclusions in this report are those of the contributors and do not represent the official position of the organizations listed.

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Overview

This guide has been developed to help benefits professionals and employers with a desire to improve the mental health and well-being of their workforce be better informed about five areas of support that are prevalent in today's healthcare marketplace: behavioral health benefits, employee assistance programs, digital mental health, informational resources, and mental health training.

A previous Health Enhancement Research Organization (HERO) publication from this same workgroup, titled **"Employee Mental Health and Well-Being: Emerging Best Practices and Case Study Examples,"** summarized contemporary scientific, government, and business literature specific to employer mental health and well-being best practices. Examples from real world best-practice implementation were highlighted. The report offered six important and sequential elements to guide employers seeking to optimize resources and impact.

HERO's best practices begin with "raising awareness about the importance of mental health and reducing stigma," a critically important first step in removing a known barrier to accessing care. The second recommendation is to "manage psychosocial risks related to work, environment, and culture." This element operationalizes systems and infrastructure in the workplace to carry organizational messaging and intentions forward. The third recommendation is to "assess mental health and well-being needs and measure intervention impact." This step is often overlooked as we rush to solve the problem without fully understanding it, but measurement is always tied to outcomes and improving well-being is the reason our industry exists.

The fourth recommendation is to "provide and promote access to evidence-based, high quality mental health care." The list of resource options in the commercial market is as wide as it is deep, which can confound and paralyze decision makers. Our goal with this publication and the easy-to-use bulleted format is to offer straightforward guidance to decision-makers and purchasers. To do this, each of the five categories includes a definition, key insights, questions to ask a prospective vendor partner, and potential red flags to consider in our quest to have better informed mental health care consumers and provide high-quality, evidence-informed solutions.

Given HERO's long history of providing unbiased information, this guide does not include names of specific vendors or service providers. Additionally, the market landscape changes so frequently, a static list would soon be out of date.

We hope this high-level guidance offers the detail needed to be a more informed consumer while facilitating decision making in what can be an overwhelming number of choices for addressing workforce mental health and well-being.

Behavioral Health Benefits

Definition

Behavioral health benefits are available through state, federal, or commercial health and welfare plans that offer services to treat issues classified as behavioral health conditions based on generally recognized independent standards of mental health. These include conditions listed in the most current version of the Diagnostic and Statistical Manual of Mental Disorders (DSM), or the most current version of the International Classification of Diseases (ICD). Core offerings typically include inpatient and outpatient services, as well as prescription medication coverage.

Key Features of Quality

• Culturally and linguistically appropriate and competent care that is individualized and robust.
• Coverage includes the full continuum of outpatient psychotherapy to inpatient hospitalization.
• Use of evidence-based practices.
• Resources that are easy to find/access.
• Communication assets that are focused on engaging the user/client more than promoting the plan/sponsoring organization.
• Use of reimbursable measurement-based care (MBC) to demonstrate the quality and outcome of therapeutic services.
• Compliance with the Mental Health Parity and Addiction Equity Act (MHPAEA) and Affordable Care Act (ACA), whereby mental health and substance use treatment benefits and any limitations are comparable to primary medical/surgical care benefits.
• Coverage for tele-behavioral health (TBH) comparable to in-person care.
• Robust, up-to-date, and regularly maintained provider network listings.
• Sufficient number of providers in relevant geographic areas.
• Widespread implementation of the Collaborative Care Model (CoCM).
• No unreasonable barriers to accessing care, including copays, pre-authorizations, step therapy requirement, definitions of medical necessity, session limits, and spending caps.
• High customer satisfaction and low no-show rates.
• Ability to quantify and analyze the combined cost and impact of medical and behavioral care, including capturing quantitative data on reimbursement levels and outcomes for all treatment modalities.

Questions/Considerations

• Are behavioral health care and medical care fully integrated in this health plan offering?
• Are behavioral health and primary care services offered in the same locations, or easily accessible?
• Can the combined cost for medical and behavioral health care at an individual employee/plan member level be provided?

- How is the tele-behavioral health offering structured and communicated, and what are reimbursement rates for TBH?
- What metrics are being implemented to show the effectiveness of treatment?
- What percentage of plan members receive reimbursable evidence-based behavioral care screenings during annual wellness visits and preventive exams?
- Are efficacy and utilization data being shared with the sponsoring organization to best gauge impact?
- What resources are offered to help reduce stigma and direct members to appropriate levels of care?
- What are the pre-authorization or step therapy requirements?
- What is the typical wait time for employees/plan members to get an appointment?
- What are the no-show rates?
- Are mental health/substance use benefits on par with the plan's medical/surgical benefits, as required by mental health parity legislation?
- Is the behavioral health provider network capable of supporting a diverse clientele? Are there sufficient providers who are fluent in other languages spoken in the homes of the employee population?
- Is the behavioral health provider network committed to utilizing evidence-based treatments?
- Are validated assessment instruments regularly used during client intake?

Potential Red Flags
- Limited or outdated wait time/access data.
- Limited search options for provider network.
- Outdated provider directory.
- Session limits not on par with medical benefit treatment session limits.
- Disparate denial rates of service for behavioral health compared to primary care/surgical care.
- High percentage of covered members obtaining care outside of network.
- Lack of support for benefits communication related to accessing available resources and reducing stigma.

Additional Resources
- **Path Forward for Mental Health and Substance Use** (National Alliance of Healthcare Purchaser Coalitions)
- **Evidence-Based Practices Resource Center** (SAMHSA)
- **The Plan** (The Path Forward Coalition) **The Mental Health Parity and Addiction Equity Act** (Centers for Medicare & Medicaid Services)
- **Learn About the Collaborative Care Model** (American Psychiatric Association)

Employee Assistance Programs

Definition
An employee assistance program (EAP) is a work-based intervention program designed to assist employees in resolving personal problems that may be adversely affecting the employee's job performance. EAPs traditionally have assisted workers with issues like alcohol or substance misuse; however, most now cover a broad range of issues such as child or elder care, relationship challenges, financial or legal problems, wellness matters, and traumatic events like workplace violence. Programs are delivered at no cost to employees by providers who are either stand-alone EAP vendors or embedded as part of comprehensive health insurance plans. Services can be delivered via phone, video-based counseling, online chat, email interactions, or face-to-face sessions.

EAPs vary in terms of the depth and breadth of services offered. Core services typically include confidential access to brief clinical support from a licensed provider with referral, as needed, for longer term or more intensive treatment. Comprehensive EAP offerings also provide consultation and support for supervisors, critical incident response, integration of work-life and wellness resources, and support for employees returning to work following disability-related leaves of absence.

Key Features of Quality
- 24/7 access to remote counseling via telehealth options, such as by phone, online video, or text/chat/email.
- Option of using in-person counseling at secure private offices located near employees or workplaces. This resource can be provided at a counseling center, individual practice office, or at the worksite.
- Regular communication about EAP services through a variety of channels, ensuring all employees are reached while considering work status (e.g., contract, part time, remote, shift, job function, physical abilities, and language).
- Manager/supervisor-specific support through counseling, coaching, or training.
- Sufficient diversity of provider networks to meet user needs.
- Clinical providers representative of the workforce population across race, ethnicity, gender, and languages spoken.
- Wide range of informational and educational materials, including online resources and training.
- Robust provider network to reduce wait times for sessions, preferably within two business days.
- Integration with workplace health, well-being, and safety strategies.
- No interruption and ease in transition of services from EAP to behavioral health benefits for longer or more intensive care.
- Regular reporting of aggregate service utilization rates, clinical outcomes, client satisfaction, and web analytics related to online tools and educational materials.

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Questions/Considerations
- What is the scope of services, general hours of operation? Can they assist employees in various locations and settings?
- What are the various credentials for their staff and is there ongoing training? If so, how often and what does it consist of?
- How might the EAP service provider partner from an organizational perspective to integrate efforts (e.g., preventive care, acute care, chronic care, HR, leadership)?
- Is access to tele-behavioral health equitable in terms of appointment times and service availability?
- Do video-based services use a secure platform?
- For EAP services that extend to employee household members, who qualifies?
- What are the service limits? Maximum number of sessions per year? Per issue per year? What happens when the maximum has been reached?
- Does the EAP conduct regular audits of clinical providers to ensure access is timely and a diverse range of clinicians is available?
- Are marketing and communication materials inclusive and do they reflect the demographics and other characteristics of your workforce?
- How does the service provider track and partner with the employer to ensure optimal utilization and engagement with services?
- What outcomes measures are they using to track employee satisfaction, service quality, and outcomes? Do they share deidentified results with the employer?
- What online resources do they provide?
- Do they provide onsite critical incident support post crisis or incident?

Potential Red Flags
- Lack of Certified Employee Assistance Professional (CEAP) credentialed providers.
- Lack of attention to and awareness of your organization's culture, policies, and procedures.
- Limited services available (e.g., mental health counseling or crisis-oriented plans only).
- Long wait times for appointments.
- Small network of full-time staff counselors.
- Unreasonably low session limits or no session reset per issue.
- Unwillingness/inability to collaborate with the behavioral health benefits provider to facilitate transitions and referrals.
- Lack of transparency regarding utilization, outcomes, and demographic data.

Additional Resources
- **What is EAP?** (EASNA)
- **Managing Employee Assistance Programs** (SHRM)
- **Workplace Outcome Suite Annual Report 2021: EAP Counseling Use and Outcomes** (LifeWorks)
- **Integrating Employee Assistance Programs Into Other Workplace Programs: The Organizational Health Map** (Attridge, M.)
- **The Current State of Employee Assistance Programs in the United States: A Research-based Commentary** (Attridge, M.)
- **EAP Evidence: What services define real EAPs?** (Attridge, M.)
- **EAP industry Update: What Employers Need to Know** (Attridge, M.)

Definition

Digital mental health (also called "mhealth") is defined as support for emotional needs delivered through computer or mobile (i.e., smartphone or tablet) technology. These business-to-business (B2B) and business-to-consumer (B2C) options can include apps, video visits, on-demand videos, and other asynchronous mobile technologies such as messaging and email communication for mental health care and associated uses. These tools include both digital therapeutics, which aim to provide treatment and are regulated by the FDA, and self-help or wellness apps, which are prevalent and unregulated. Using digital tools intended to provide treatment should be paired with the support of a licensed clinician. There is currently no "gold standard" for rating mental health apps.

More sophisticated digital solutions offer evidence-based support with a guided curriculum or progressive skill/knowledge building (often referred to as inference-based cognitive-behavioral therapy or iCBT) that can stand alone. For the purposes of this guidance, the information below refers only to solutions with no option to escalate support to a health professional. Employers seeking options can invest in technology serving the group market or recommend a vetted selection of free apps that can be used on a self-service basis.

Key Features of Quality
• Demonstrated evidence that the typical use or intervention dose is likely to produce the desired health behavior change while minimizing potential harm.
• Interface that is intuitive (i.e, easy to use/understand).
• Data privacy protocols that are explained and on par with industry guidelines.
• Curriculum that evolves with the user to keep them engaged and moving forward.
• Content that is engaging, relevant, and either evergreen or updated regularly.
• Examples and content that are culturally appropriate for the targeted workforce population.
• Optional push notifications and reminders.
• Information about how and when to seek emergency help or higher intensity care.
• Mental health monitoring that includes education on how to identify risk and symptom severity levels and develop good mental health habits (e.g., tracking mood, stress levels, sleep, triggers).
• App that can store goals and progress.

Group Market
• Organizational onboarding that is quick and convenient.
• Pricing options that are flexible and price points that are reasonable for the solution provided.
• Option for self-pay for smaller employers seeking a voluntary option.
• Aggregate reporting that offers meaningful/actionable insights to the employer.

• Account support that is ongoing (post launch) and includes help with communication, addressing stigma, reporting.

Questions/Considerations
• Will the app work on the user's devices?
• Will IT firewalls or internet security tools block use?
• Does it create a digital literacy barrier for the user?
• Is it portable when switching devices?
• What are the specifications for third-party data sharing? Does the user have the ability to opt-out?
• Do all the people who would use the service have access to the internet? (Note: 7% of US adults don't have access to the internet.)
• Is it possible to shift to B2C, for users selecting to invest in their own well-being?

Potential Red Flags
• Unsubstantiated or overstated claims of efficacy.
• Gathering unnecessary personal data and creating privacy concerns.
• App not updated in the last 180 days.
• Origin/ownership unclear or connected to a dubious source.
• Newness to the market with no clinical background.
• Missing Diversity, Equity, Inclusion, and Belonging language/features.
• Lacks information about seeking emergency/crisis support.
• Evidence of lack of sustained engagement, high turnover of app hopping, or high abandonment rates.
• New or unproven vendor, low solvency, poor financial position, or limited funding.
• Unethical collecting and selling user private information from apps and online tools.
• Claiming to "replace your traditional EAP" or to be a low-cost substitute for services typically delivered by licensed mental health professionals.

Additional Resources
• **Potential and Pitfalls of Mobile Mental Health Apps in Traditional Treatment: An Umbrella Review** *(Journal of Personalized Medicine)*
• **Digital Mental Health** (American Psychiatric Association)
• **Evaluation of Mental Health Mobile Applications** (Agency for Healthcare Research and Quality)
• **Mental Health Apps Offer New Ways to Support Employees** (SHRM)
• **Choosing a Mental Health App** (Veterans Health Administration)
• **Our App Will Solve all Your Problems: Technology Update for EAPs** (Attridge, M.)

Informational Resources

Definition
Informational resources include content about mental health intended to be disseminated to workers, their families, and other stakeholders in your organization. This may include educational materials created or curated by vendors and consultants, as well as free or paid content from academic, not-for-profit, government, and other sources.

Key Features of Quality
• Credibility and trusted reputation, demonstrating relevant credentials and no conflict of interest, ulterior motives, or hidden agenda.
• Content that is relevant and topics that meet the needs of the intended audience.
• Accurate, up-to-date information that is consistent with the current evidence base and generally accepted scientific views.
• Seamless delivery that is accessible and easy to navigate with no unreasonable barriers.
• Available in formats and through communication channels that are most likely to reach the intended audience.
• Clear communication that is appropriate for audience's education and reading levels.
• Culturally appropriate materials that promote awareness, sensitivity and respect for differences in the intended audience; address needs and issues specific to people from diverse backgrounds; and are available in relevant languages.

Questions/Considerations
• Do the source's motives, perspectives, or business interests bias the information?
• What are the authors' credentials and organizational affiliations?
• Who is the intended audience? Does it apply to your audience?
• Is the information current and accurate?
• Are primary sources listed?
• Have the materials been reviewed by experts?
• Is the information easy to understand/navigate? Does it provide helpful, relevant, practical information people can use?
• Does online content get blocked by spam filters, internet security, or firewall software?
• Do materials try to sell people premium content or expanded access via subscriptions?
• Does digital content use responsive web design (i.e., formatting adapts for optimal viewing on phones, tablets, and computers)?
• Does web content meet accessibility guidelines and recommendations to ensure it can be used by everyone, regardless of disabilities?
• Where appropriate, is information included about how people can access emergency or crisis help (e.g., suicide hotline information)?

- Do materials alert the audience when potentially sensitive content (e.g., suicide, self-harm, sexual assault, addiction) is included that may be difficult or distressing?
- Are there diversity, equity, and inclusion issues to consider? Does your audience include people from marginalized groups, with unique risks and/or with health disparities where specialized resources could be beneficial?

Potential Red Flags
- Exaggerated statements, extraordinary claims, or results that seem too good to be true.
- Sensationalized or alarmist content.
- Pseudoscientific language or scientific terms used incorrectly.
- Claims of quick, easy solutions to complex issues.
- Reflects opinions, bias.
- Source that is selling the solution.
- Sponsored content.
- Materials endorsing a particular product or service.
- Misrepresents or overgeneralizes the scientific evidence.
- Overly relies on anecdotes and testimonials.
- Statements/claims lack supporting evidence.
- Inadequate data privacy and security policies or unethical collecting and selling of user data.

Additional Resources
- **Evaluating Health Information** (University of California, San Francisco)
- **Consumer Evaluation of the Quality of Online Health Information: Systematic Literature Review of Relevant Criteria and Indicators** *(Journal of Medical Internet Research)*
- **How To Evaluate Health Information on the Internet: Questions and Answers** (National Institutes of Health)
- **MedlinePlus Evaluating Internet Health Information: A Tutorial** (National Library of Medicine)
- **How to Find Trustworthy Mental Health Information Online** (National Council on Aging)

Mental Health Training

Definition
Mental health training includes activities designed to help workers and other organizational stakeholders develop knowledge and skills related to mental health. Goals may include increasing health literacy, encouraging use of mental health benefits and resources, increasing help-seeking and supportive behaviors, and reducing stigma.

Key Features of Quality
• Developed by or with input from mental health experts.
• Based on current scientific evidence.
• Tailored to specific audiences (e.g., general worker population, managers/supervisors, senior leaders, wellness committee, mental health champions).
• Clearly defined goals and learning objectives.
• Evaluation of training includes participant satisfaction, achievement of learning objectives, quality of presenter and/or materials, and changes in knowledge, attitudes, and behaviors.
• Encourages transfer of learning (e.g., application of the new knowledge and skills in work roles and situations).

Questions/Considerations
• What are the goals/intended outcomes (e.g., increasing mental health literacy, reducing stigma, encouraging employees to seek help when needed and access available benefits and resources, promoting supportive behaviors)?
• How are the outcomes measured?
• When is the training offered, and is it a one-time training, repeated annually, etc.?
• What is the delivery mechanism?
• Who is the intended audience (e.g., leaders, managers, all employees)?
• What is the long-term impact of the program?
• What is the evidence base?
• Do they offer a "train-the-trainer" program?

Potential Red Flags
• Encourages employees to act as armchair therapists or diagnose their colleagues.
• One-size-fits-all approach with no tailored offerings for senior leaders and supervisors.
• Exclusive focus on serious mental illness (SMI) and mental health diagnoses.
• No measurement or evidence of actual behavior change resulting from the training (e.g., increased help seeking, more use of benefits or resources, better supervisor support).
• Claims of improved clinical outcomes for workers who interact with colleagues that have completed the training.
• Pressures people to disclose mental health issues.

Additional Resources

- **Effectiveness of training workplace managers to understand and support the mental health needs of employees: a systematic review and meta-analysis** *(Occupational & Environmental Medicine)*
- **With a little help from my boss: The impact of workplace mental health training on leader behaviors and employee resource utilization** *(Journal of Occupational Health Psychology)*
- **Workplace Mental Health Awareness Training: A Cluster Randomized Controlled Trial** *(Journal of Occupational and Environmental Medicine)*
- **Mental Health First Aid: A Systematic Review of Trainee Behavior and Recipient Mental Health Outcomes** *(Psychiatric Services)*
- **Psychological First Aid Training: A Scoping Review of Its Application, Outcomes and Implementation** *(International Journal of Environmental Research and Public Health)*

Conclusion

Although providing evidence-based benefits and resources is critical to supporting workforce mental health, doing so is just one element of a comprehensive, systems-based effort. In the absence of broader, organizational-level actions, even the best benefits package is unlikely to produce meaningful, sustainable results.

A robust mental health effort will couple individual-level benefits and resources with employer practices that protect employees' mental health and promote psychological well-being. This includes leveraging leadership support, fostering a culture supportive of mental health, aligning human capital practices with the organization's mental health priorities, implementing a measurement and evaluation strategy that facilitates continual improvement, and using healthy work design principles to identify and address aspects of work that could negatively affect employees' mental health.

As noted in the opening remarks, the second recommendation from HERO's earlier publication on mental health best practices is the "management of psychosocial risks related to work, environment, and culture." There are good data to show that mental health interventions can be effective, but putting the onus on the individual employee without taking organizational-level steps, such as providing sufficient autonomy and control, keeping workloads and schedules reasonable, and encouraging positive interpersonal relationships, can lead to sub-optimal results and squander precious organizational resources. Cutting-edge employers can make the most of their benefits spend by addressing the larger context and creating a work environment where people and the organization can thrive.