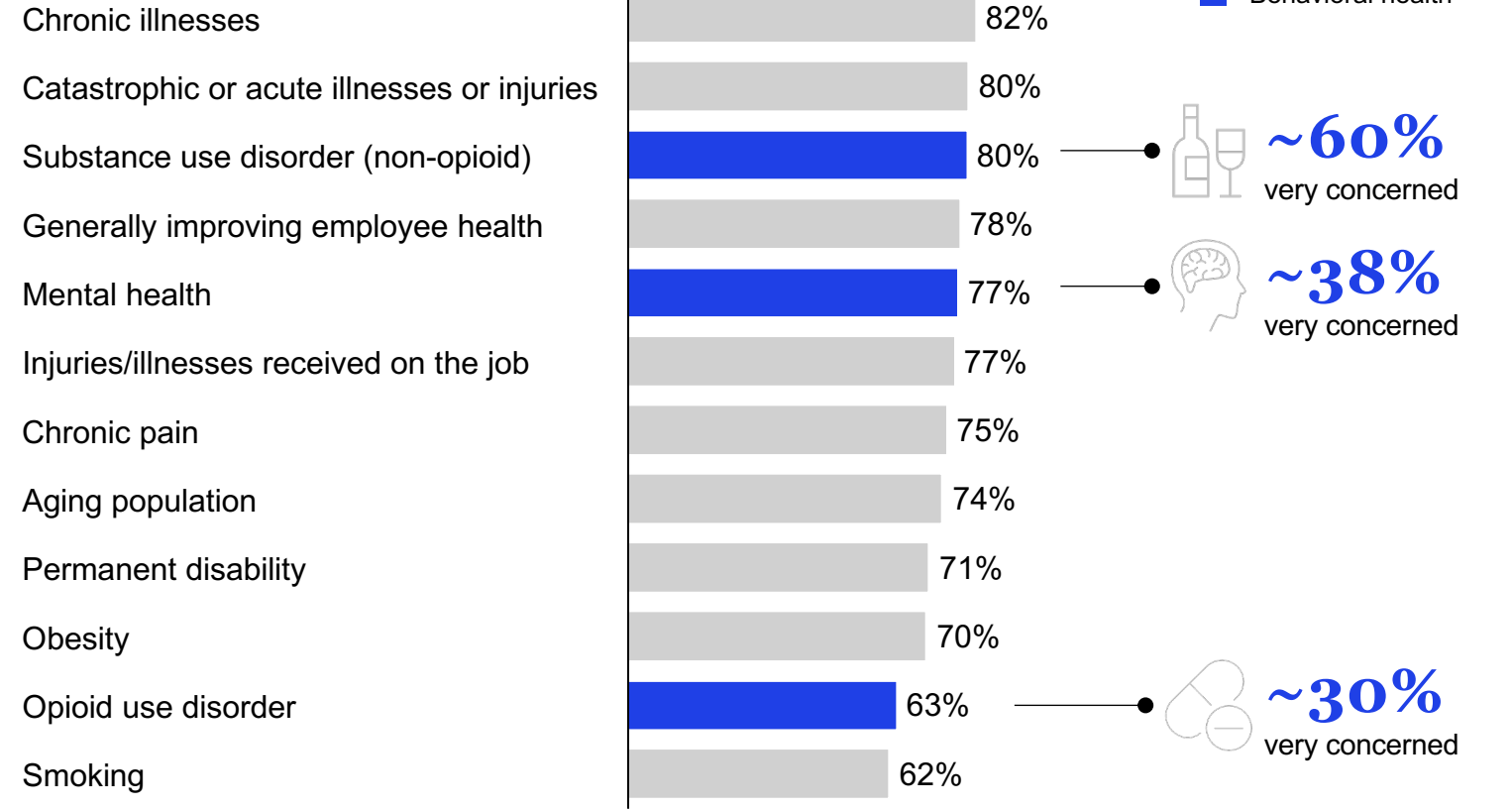


# National employer survey reveals behavioral health in a COVID-19 era as a major concern

Insights on behavioral health (mental health and substance use)<sup>1</sup>

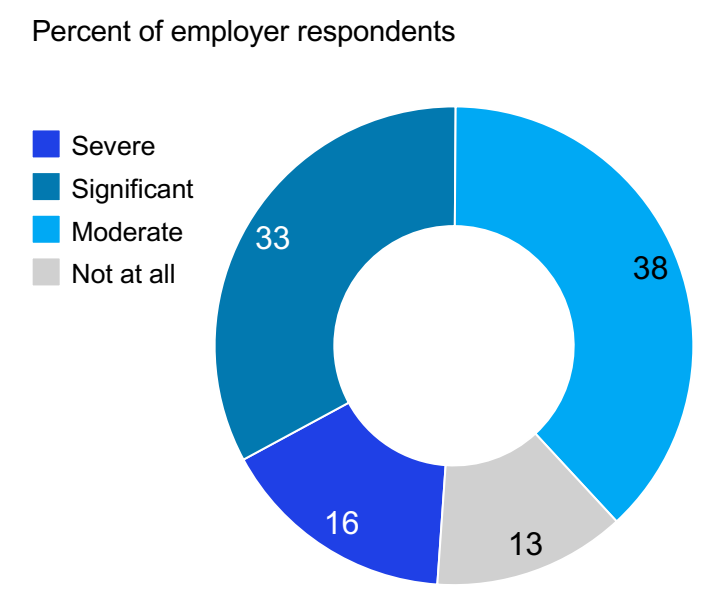
## Behavioral health (BH) is a top workforce health concern

Employers responding they were “concerned” or “very concerned” when asked about the following health issues in their overall employee population

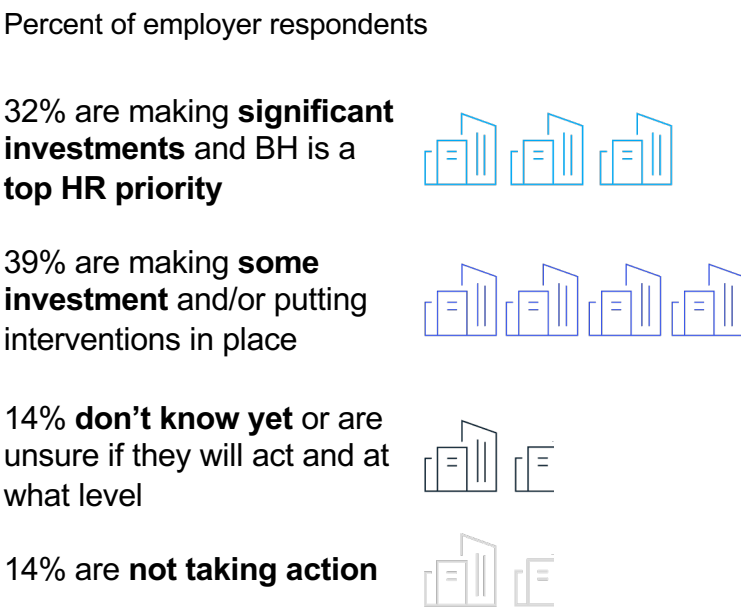


## COVID-19 is affecting workforce behavioral health, and most employers are taking action as a result

**~9 out of 10** respondents noted that COVID-19 is affecting their workforce BH with a negative impact on productivity

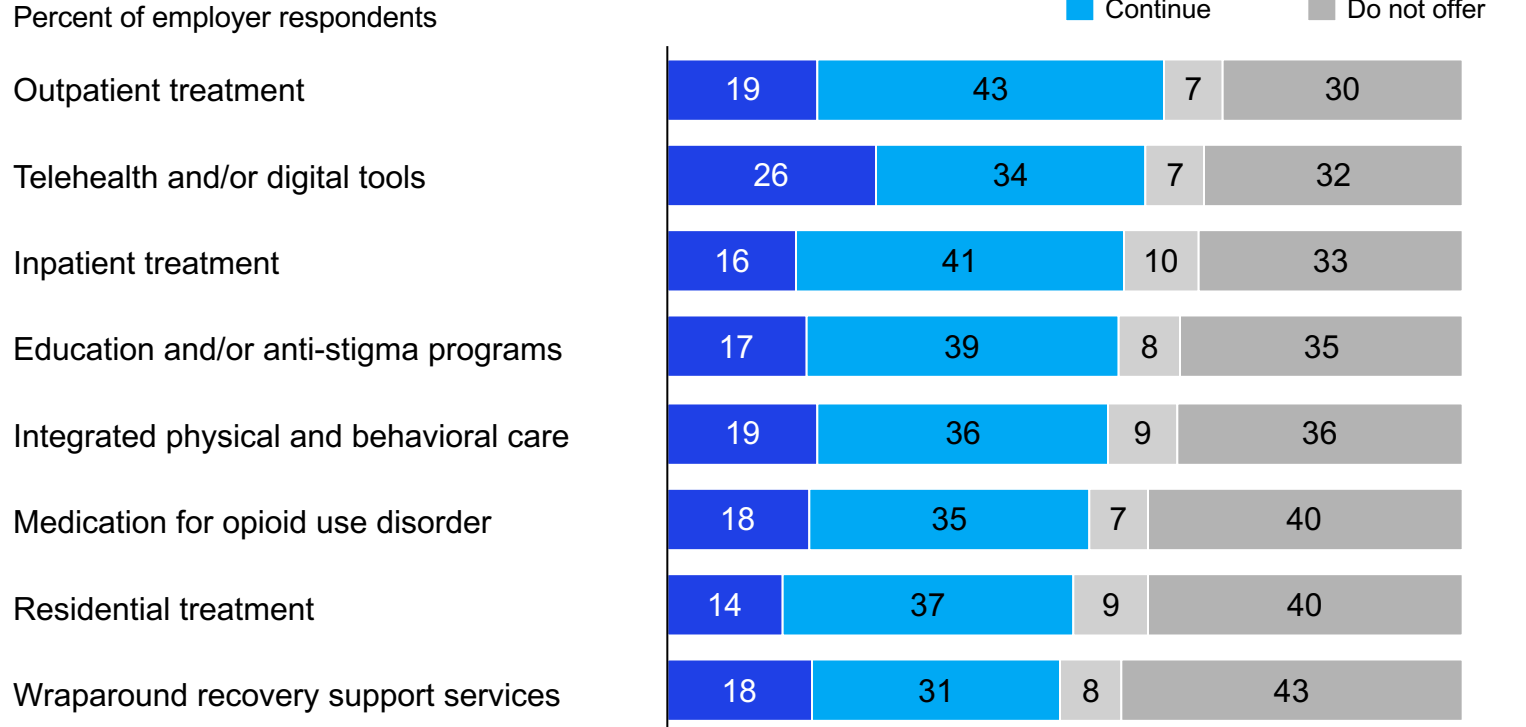


Among respondents concerned about workforce BH, **7 out of 10** have or will take action<sup>2</sup>



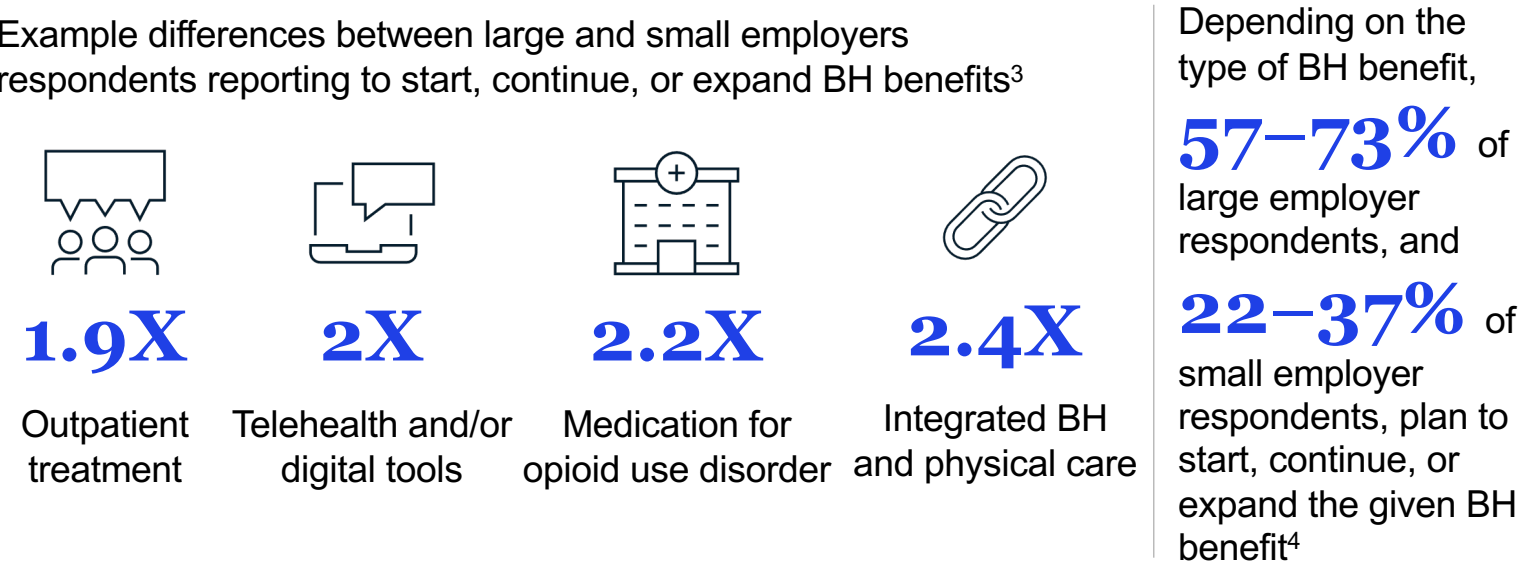
## A majority of employers plan to expand behavioral health benefits, especially telehealth and digital tools

### Planned actions on BH benefits for 2021



**60%** of all employer survey respondents also said they are starting, continuing, or expanding BH services as part of their COVID-19 pandemic-related benefits

## Larger employers are more likely to start, continue, or expand access to behavioral health benefits



## Potential actions for healthcare stakeholders

**Leverage analytics and employee feedback to identify BH needs and care preferences**

**Implement workplace programs to promote mental health and prevent substance use disorders**

**Ensure evidence-based BH services are offered at parity with physical health in terms of affordability and access to care**

**Enable novel points of access, such as digital, through product and network design**

**Shift culture to improve BH literacy and reduce stigma**

**Integrate behavioral and physical healthcare delivery and adopt value-based BH payment models**

<sup>1</sup> McKinsey analyzed a nationally representative sample of employers (~1,000 employer benefits decision makers including ~490 C-level executives and ~510 HR/benefits leaders/other leaders) that responded to a survey fielded April 16–22, 2020. These data are static and do not describe the ongoing implications that COVID-19 will have for employers, nor do they represent the full spectrum of decisions employers are making with respect to healthcare benefits (eg, coverage of physical health benefits). The survey sample was weighted to match the profile of employers at the national level using the number of employers in each employer size and industry type (based on the North American Industry Classification System [NAICS]), and the number of employees in each employer size and industry type.

<sup>2</sup> Includes only employers that responded that the COVID-19 pandemic is affecting the behavioral health of their workforce and it is having a moderate, significant, or severe effect on health and/or productivity (n = 895).

<sup>3</sup> Small-group employers are defined as having 2–49 employees, mid-sized employers are defined as having 50–499 employees, and large employers are defined as having 500 or more employees. Mid-sized employers' responses when asked if they plan to make changes to mental health and substance use benefits coverage in 2021 fell in between responses for small- and large-group employers on all benefit categories and are not shown here. Respondents who did not know whether they were going to make changes to their benefits are also not shown here.

<sup>4</sup> Types of BH benefits include: Outpatient treatment (eg, individual, group, partial hospitalization), telehealth/digital tools for mental health and substance use, inpatient treatment (eg, psychiatric hospital, detoxification), mental health and substance use education/anti-stigma programs, integrated physical and behavioral healthcare (eg, Collaborative Care Model), medication for opioid use disorder (eg, methadone, buprenorphine, naltrexone), residential treatment (eg, addiction, eating disorders), and wraparound/recovery support services (eg, supported employment, peer support).