



A Better Behavioral Health Care Experience

Breaking down the barriers to empower Members with rapid,
personalized access to life-changing care and trusted guidance



We Are All Patients Now

No one could have predicted how COVID-19 would upend our everyday life. We were thrown into immediate chaos, from job loss and evictions to financial distress, and a loss of life surpassing that of the Civil War (752,000)¹, World War I (116,516)², the Vietnam War (58,220)³, and the Korean War (36,576)⁴ — combined. This led to immense stress and trauma for friends, co-workers, and families of those who died; of those infected; and those who face long recoveries and hardship unlike any they've ever known.

In parallel were the murders of Black Americans and Asian Americans and Pacific Islanders (AAPIs), wildfires, hurricanes, tornadoes, political unrest, inflation, and a Russia-Ukraine crisis. These compounding stressors have had real consequences on our minds and bodies.

A new level of profound collective grief — for those lost and for an entire way of life increasingly unlikely to resume as it once was, for a nation divided and for a society that's lost the illusion of control — has overcome us.

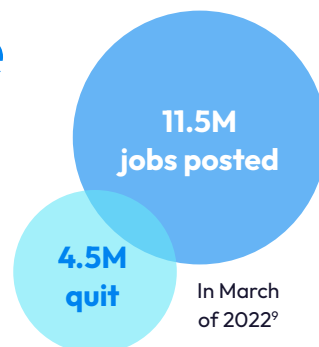
More than 7 in 10 Americans said 2020 was the lowest point in our nation's history they can remember.⁵

The pain, trauma, and loneliness of the last several years have driven us to a breaking point with behavioral health issues affecting nearly everyone. Three-quarters of full-time U.S. workers reported experiencing at least one symptom of a mental health condition in the past year⁶, and 84% said at least one workplace factor negatively impacted their mental health.⁷

Even prior to the pandemic the rate of depression and anxiety was increasing⁸, but now we're on the verge of a national behavioral health crisis with serious health and social consequences for years to come.

A Rising Business Imperative

With individuals reporting greater levels of stress, anxiety, and depression than ever before, an employer's need to support behavioral health and overall wellbeing has gone from a nice-to-have to a true business imperative. In March of 2022, as 11.5 million job openings were posted, 4.5 million Americans quit. Both the highest levels since records began almost 25 years ago.⁹



68% of Millennials and 81% of Gen Zers have left roles for mental-health reasons, both voluntarily and involuntarily, compared with 50% of respondents overall¹⁰

In a world where work is no longer bound to the traditional walls of an office or physical location, the stakes are even higher. The collective trauma of the past several years has extended into every facet of our lives. The need to foster trust, safety, inclusion, and belonging among employees, comes with a greater understanding of the workplace factors that impact mental health and creates a heightened urgency around its intersections with diversity, equity, and inclusion (DEI).

At the Expense of Patients and Business

Global economic losses related to behavioral health is estimated to total \$16.3 trillion¹¹ between 2011 and 2030, higher than other chronic conditions and nearly equal to that of cardiovascular disease. At the core of the cost issue is the relatively high rate at which behavioral health disorders occur in the employed population, regardless of gender, age, race/ethnicity, occupation, or industry.

McKinsey estimated that the COVID-19 pandemic could result in a 50% increase in the prevalence of behavioral health issues at an expected cost to employers of an additional \$100 billion to \$140 billion in 2021 alone.¹²

The negative effects of unrecognized, untreated, or inappropriately treated behavioral and mental health disorders on business performance are indisputable. In a 2022 Future of Benefits Study, 71% of employers felt the deteriorating mental health of their workforce had a negative financial impact on their company.¹³

Employee health and wellbeing are crucial aspects of overall organizational health and performance, and if left unaddressed can come at a high cost. Two

of the most diagnosed conditions, anxiety disorder and depression, are also chronically undertreated. While symptoms may be relatively minor for some, for others, it can disrupt their work and home lives, compounding the impact.

Lost productivity for those with depression — or at risk for depression — costs employers an estimated \$109 per employee, compared to \$9 per employee with diabetes or at risk for diabetes, according to a recent study by Tufts Medical Center.¹⁴





Behavioral Health is Health, Period

Those experiencing a behavioral or mental health disorder are also more likely to need additional care. A recent study shows that individuals with behavioral health conditions spend an average of \$6,500 more per year than those without.¹⁵

Not to mention that as the prevalence of comorbid mental and physical diseases continues to increase, mental health needs are often undertreated.



1/3 people with cancer have anxiety or depression¹⁶

1/5 of people with MSK issues have depression¹⁷

~1/2 of people with diabetes have undiagnosed depression¹⁸

As annual healthcare costs for members with both physical and mental health needs grow to two to three times more than those without,¹⁹ employers must provide comprehensive benefit solutions that address both within the same ecosystem.

Eighty-six percent of employers said mental health, stress, and burnout are a priority in 2022.²⁰

However, in a recent McKinsey study 71% of employers felt they supported frontline employee needs well, but only 27% of frontline employees agreed,²¹ revealing the true disconnect between employees and employers around behavioral health needs.

Initiatives like mental health days or weeks, enhanced counseling benefits or virtual counseling, and digital wellness apps like subscriptions to mindfulness and medication tools are not enough to address the full scale and severity of needs.

Given both the wide spectrum of behavioral health conditions and acuity and the link between mental and physical health, to make a meaningful impact on recovery, employers must look to solutions that address and support all major behavioral health needs in the context of an individual's entire health and care experience.

Coordinated care models that integrate physical and mental health services can also help normalize and de-stigmatize behavioral health treatment and lead to better outcomes by ensuring that all health needs are addressed holistically.

Why Coverage Doesn't Guarantee Access

Despite the prevalence of behavioral health issues, many people are unable to access the care they desire or need. Although 91% of Americans are covered by health insurance,²² 66% of patients never get the care they need due to stigma, lack of access or they simply give up.

66% Lack Access

91% Covered

Many seeking care start by calling lists of providers who are supposedly in-network, only to find out some of them are retired or even dead, many aren't taking new patients, and others never return a phone call. These "ghost" or "phantom" networks have inaccuracy rates as high as 50%²³ and often force those in need to pay for an out-of-pocket appointment.

Even prior to the pandemic, The National Council for Mental Wellbeing reported that 77% of counties in the United States were experiencing a severe shortage of mental health providers.²⁴ As demand for mental health professionals increases, the mental health workforce does not reflect the diversity of our country.

For the 25.1 million people²⁵ in the U.S. who self-rate their ability to speak English as less than “very well,” communicating with a provider can be a significant barrier to accessing and benefitting from behavioral health care services. The American Psychiatric Association reported that 36% of Hispanics with depression received care compared to 60% of non-Hispanic whites.²⁶ Clear and extensive communication is as fundamental as identifying problems and relies on patient history, self-reporting, and interpersonal communication more than observable symptoms.

In the search for a therapist, race, ethnicity, and culture are important factors. However, according to APA’s Center for Workforce Studies, 86% of psychologists are white.²⁷ While therapists of all backgrounds should be able to understand the unique issues faced by people from minority groups or different cultures at the end of the day, sometimes it’s just easier to trust someone with a shared ethnic background.

As behavioral health and wellbeing becomes a national topic of conversation, underserved communities like Black, Indigenous, and People of Color (BIPOC) and LGBTQ+ are statistically least likely to receive quality care services.

Research suggests that LGBTQ+ individuals face behavioral health and substance use problems at higher rates than their non-LGBTQ+ peers.²⁸ The pandemic and ongoing discrimination have affected this community in disproportionate ways. In a 2021 survey, about half stated the coronavirus

was having a “major impact” on their mental health, twice the share of non-LGBTQ+ individuals who reported the same.²⁹

1/3 of Black adults who need mental health treatment receive it

Only one-third of Black adults who need mental health treatment receive it, according to the American Psychiatric Association.³⁰ Native Americans have the highest rate of suicide of any ethnicity in the United States.³¹ Despite their needs, barriers like the stigma attached to seeking help and the difficulty of finding a culturally conscious provider leave many of these patient populations to become “silent sufferers.”



The imbalance between supply and demand is met with a shortfall in the wait time for care, with an average of 21 days for therapy and 25 days for psychiatry.³² For those facing serious challenges that amplify their worst feelings, a personal sense of urgency to seek help is met with an infrastructure that doesn’t support them.

Difficulty navigating the system, trouble finding in-network providers, the stigma associated with seeking care, language barriers, co-occurring physical and mental health needs, and varying regulations have resulted in a world where nearly 2 in 3 adults with behavioral health needs never receive care.

Elevating the Human Health and Care Experience

Health care was no exception to the pandemic, fast-tracking a normally slow pace of innovation and accelerated telehealth adoption. New analysis indicates telehealth utilization has stabilized at levels 38 times higher than before the pandemic.³³ As the move to value-based care continues to accelerate, this requires an approach that puts the Member front and center in care delivery, extending care beyond the walls of a doctor's office and meeting individuals when and where they need care. But today, the U.S. health care system is a collection of disconnected components and treatments, and behavioral health care is no exception.

The pandemic made it clear that all stakeholders must innovate to better serve increasing behavioral health needs. Establishing a connective thread between a Member in need and the right care is a paramount responsibility for employers.

But how do employers break down these longstanding barriers?

Five Key Strategies for Employers

In five to ten years, behavioral health care will look radically different: instead of being a guessing game of trial-and-error, mental healthcare will be precisely and accurately tailored to the individual. Medical advances and the use of digital technology and devices across every aspect of our lives presents an opportunity to integrate technology, human connection, and the latest treatment options across a comprehensive care experience.

Transcarent Behavioral Health Care is a new kind of health and care experience, unique in its ability to eliminate the barriers to care that adversely impacts patients (Members) and employers.





To provide for all behavioral health needs across the spectrum of care, there are five key strategies to provide behavioral health care the way it should be:

1 Rapid Access

Employers can support their employees with rapid, easy access to care when and where they want – day or night, virtually, or in person. This starts with real-time appointment availability for in-network providers, with digital scheduling and calendar integration that drastically reduces the typical wait times of up to 5–6 weeks for behavioral health providers.

A benefits solution with a wide network capacity guarantees available appointments to licensed health coaches, therapists, physicians, and in-patient facilities. In-network accuracy and access to care 24/7 empowers Members to utilize their benefits for the sake of their health and wellbeing.

2 Right-Sized Care

Improve productivity and retention by getting Members the care they need, faster. Specialized intake assessments screen for 10+ conditions and guide Members to an individual care plan — eliminating 15 to 20 sessions often wasted on experimentation with the traditional approach.

3 High-Quality Care

Setting a comprehensive, high-quality standard across the continuum of care for all levels of severity improves Member function in social, home, and work settings. A diverse provider network advocates for underserved patient populations, including non-English speakers, BIPOC and LGBTQ+, with culturally relevant care. High-standard provider screenings and performance-driven quality assurance ensures providers deliver the most empathic, evidence-based experience possible.

4 Integrated Care

Improve the Member experience by alleviating multiple logins, rifling through file cabinets, and tracking down information. One integrated ecosystem serves the Member's entire health and care journey, from everyday health and pharmacy needs to co-occurring complex care needs such as cancer, musculoskeletal, or surgery. Care coordination comes easy with bi-directional, shared data and offers up new opportunities to proactively educate members on all in-network benefits with one single solution.

5 Early Identification

Reduce the stigma of receiving care and proactively reach silent sufferers with targeted screenings and symptom assessments. A relationship with a dedicated, trusted Health Guide can help reduce the stigma of receiving care.

While traditional solutions wait for Members to self-identify or identify via retrospective claims analysis, presenting multiple entry points to care provides a “soft landing” approach that's comforting to Members. Identifying unmet or existing behavioral health needs and subsequently supporting a Member with an individual care plan promotes both better outcomes and engagement.

Care as Unique as Your Members

Providing for all needs across the spectrum of care, Transcarent Behavioral Health Care ensures provider availability within 3 business days of scheduling, to immediately decrease access to care by at least 18 days.

Digital tools and Live Guidance (e.g., Health Guides) enables early identification of behavioral health needs, removing access barriers and reducing the stigma to improve clinical outcomes. The combination of integrated access to care and the human touch of a trained Health Guide ensures Members receive care that fully addresses all their needs, including co-occurring physical needs. A performance-driven quality measurement system ensures high-quality standards across the network while also ensuring providers meet Member's specific needs and diverse backgrounds. This right-sized approach reduces recovery time by 8 weeks with custom-care plans.³⁴

At its core, Transcarent empowers Members with rapid, personalized access to life-changing care and trusted guidance, on their terms — day or night, virtually, or in person.



About Transcarent

Transcarent, a Silicon Valley-based health experience company, is putting people in charge of their health and care. Using a combination of software, technology, data science, and health guides, Transcarent empowers consumers with the kind of unbiased information, trusted guidance, and access to high-value care that leads to better care, better outcomes, and more cost-effective decisions and allows Members to share in the benefits of their decisions. Transcarent believes that having the right information, tools, and incentives in the decision-making process can positively transform the way we all experience our health and care.

References

- ¹ Hacker D. A Census-Based Count of the Civil War Dead. *Civil War History* 57(4), 307-348. doi:10.1353/cwh.2011.0061.
- ² Byerly C. 1. War Losses (USA) | International Encyclopedia of the First World War (WW1). encyclopedia.1914-1918-online.net. https://encyclopedia.1914-1918-online.net/article/war_losses_usa#:~:text=American%20losses%20in%20World%20War
- ³ Vietnam War U.S. Military Fatal Casualty Statistics. National Archives. Published August 15, 2016. <https://www.archives.gov/research/military/vietnam-war/casualty-statistics#:~:text=April%2029%2C%202008.->
- ⁴ Korean War Educator: Korean War Casualty Information. www.koreanwar-educator.org. <http://www.koreanwar-educator.org/topics/casualties/index.htm>
- ⁵ Stress in America 2020. Apa.org. Published 2020. <https://www.apa.org/news/press/releases/stress/2020/sia-mental-health-crisis.pdf>
- ⁶ 2021 Mental Health at Work Report—The Stakes Have Been Raised. Mindsharepartners. <https://www.mindsharepartners.org/mentalhealthatworkreport-2021>
- ⁷ Greenwood K, Anas J. It's a New Era for Mental Health at Work. *Harvard Business Review*. Published October 4, 2021. <https://hbr.org/2021/10/its-a-new-era-for-mental-health-at-work>
- ⁸ Twenge J, Cooper A, Joiner T, Duffy M, Binau S. Age, Period, and Cohort Trends in Mood Disorder Indicators and Suicide-Related Outcomes in a Nationally Representative Dataset.; 2019. <https://www.apa.org/pubs/journals/releases/abn-abn0000410.pdf>
- ⁹ Rockeman, O. U.S. Job Openings Rose Unexpectedly to Record 11.5 Million. *Bloomberg.com*. <https://www.bloomberg.com/news/articles/2022-05-03/u-s-job-openings-rose-unexpectedly-to-record-11-5-million>. Published May 3, 2022.
- ¹⁰ Greenwood K, Anas J. It's a New Era for Mental Health at Work. *Harvard Business Review*. Published October 4, 2021. <https://hbr.org/2021/10/its-a-new-era-for-mental-health-at-work>
- ¹¹ Trautmann S, Rehm J, Wittchen H. The economic costs of mental disorders. *EMBO reports*. 2016;17(9):1245-1249. doi:10.15252/embr.201642951
- ¹² Kovalick S. Behavioral health: The hidden chronic condition costing you millions. *BenefitsPRO*. Accessed May 17, 2022. <https://www.benefitspro.com/2021/03/01/behavioral-health-the-hidden-chronic-condition-costing-you-millions/>
- ¹³ Storace R. Survey: 34% of workers feel depressed or anxious at least once per week. *Hartford Business Journal*. Published 2022. Accessed May 17, 2022. <https://www.hartfordbusiness.com/article/survey-34-of-workers-feel-depressed-or-anxious-at-least-once-per-week>
- ¹⁴ Lerner D, Lyson M, Sandberg E, Rogers W. The High Cost of Mental Disorders: Facts for Employers. *One Mind at Work* <https://onemindatwork.org/wp-content/uploads/2018/12/Updated-OMI-White-Paper-R18.pdf>
- ¹⁵ Kovalick S. Behavioral health: The hidden chronic condition costing you millions. *BenefitsPRO*. Accessed May 17, 2022. <https://www.benefitspro.com/2021/03/01/behavioral-health-the-hidden-chronic-condition-costing-you-millions/>
- ¹⁶ Cancer and Mental Health. *Mental Health America*. <https://www.mhanational.org/cancer-and-mental-health>.
- ¹⁷ MSK Links with Mental Health. *FutureLearn*. Accessed May 17, 2022. <https://www.futurelearn.com/info/courses/musculoskeletal-health/0/steps/201934>
- ¹⁸ Balhara YP. Diabetes and psychiatric disorders. *Indian J Endocrinol Metab*. 2011;15(4):274-283. doi:10.4103/2230-8210.85579
- ¹⁹ Davenport S, Gray M, Melek S. How Do Individuals with Behavioral Health Conditions Contribute to Physical and Total Healthcare Spending?; 2020. <https://www.milliman.com/-/media/milliman/pdfs/articles/milliman-high-cost-patient-study-2020.ashx>

References Cont.

- ²⁰ Miller S. Employers Identify Workforce Mental Health Priorities for 2022. SHRM. Published January 26, 2022. Accessed March 8, 2022. <https://www.shrm.org/resourcesandtools/hr-topics/benefits/pages/employers-identify-workforce-mental-health-priorities-for-2022.aspx>
- ²¹ Coe E, Cordina J, Enomoto K, Mandel A, Stueland J. National surveys reveal disconnect between employees and employers around mental health need. McKinsey & Company. https://www.mckinsey.com/~/media/McKinsey/Industries/Healthcare/Systems_and_Services/Our_Insights/National_surveys_reveal_disconnect_between_employees_and_employers_around_mental_health_need/national-surveys-reveal-disconnect-around-mental-health.pdf
- ²² Keisler-Starkey K, Bunch L. Health Insurance Coverage in the United States: 2020. The United States Census Bureau. Published September 14, 2021. <https://www.census.gov/library/publications/2021/demo/p60-274.html>
- ²³ Ellison K. 73 doctors and none available: How ghost networks hamper mental health care. Washington Post. <https://www.washingtonpost.com/health/2022/02/19/mental-health-ghost-network/>.
- ²⁴ 2020 Review of Physician and Advanced Practitioner Recruiting Incentives and the Impact of COVID-19. Merritt Hawkins. https://www.merrihawkins.com/uploadedFiles/Merritt_Hawkins_Incentive_Review_2020.pdf - page=28
- ²⁵ Batalova JZ Jeanne Batalova Jie Zong and Jeanne. The Limited English Proficient Population in the United States in 2013. migrationpolicy.org. Published July 7, 2015. <https://www.migrationpolicy.org/article/limited-english-proficient-population-united-states-2013>
- ²⁶ Martinez M. I. Cultural Barriers to Mental Health Treatment Among Hispanics/Latino(a)s -. Vecinos. Published May 23, 2019. <https://www.vecinos.org/blog/cultural-barriers-to-mental-health-treatment-among-hispanics/>
- ²⁷ Lin L, Stamm K, Christidis P. How diverse is the psychology workforce? Apa.org. Published February 2018, Vol 49, No. 2. <https://www.apa.org/monitor/2018/02/datapoint>
- ²⁸ Ranji U, Beamesderfer A, May 03 LDP, 2018. Health and Access to Care and Coverage for Lesbian, Gay, Bisexual, and Transgender (LGBT) Individuals in the U.S. KFF. Published May 3, 2018. <https://www.kff.org/racial-equity-and-health-policy/issue-brief/health-and-access-to-care-and-coverage-for-lesbian-gay-bisexual-and-transgender-individuals-in-the-u-s/>
- ²⁹ McGough M, Young G, 2021. The Impact of the COVID-19 Pandemic on LGBT+ People's Mental Health. KFF. Published August 27, 2021. <https://www.kff.org/other/issue-brief/the-impact-of-the-covid-19-pandemic-on-lgbt-peoples-mental-health/>
- ³⁰ 2019 NSDUH Detailed Tables | CBHSQ Data. www.samhsa.gov. <https://www.samhsa.gov/data/report/2019-nsduh-detailed-tables>
- ³¹ Leavitt RA, Ertl A, Sheats K, Petrosky E, Ivey-Stephenson A, Fowler KA. Suicides Among American Indian/Alaska Natives — National Violent Death Reporting System, 18 States, 2003–2014. MMWR Morb Mortal Wkly Rep 2018;67:237–242. DOI: <http://dx.doi.org/10.15585/mmwr.mm6708a1>
- ³² Schlozman S. Fundamental Changes Are Needed in Mental Health Care | Psychology Today. www.psychologytoday.com. <https://www.psychologytoday.com/us/blog/grand-rounds/202107/fundamental-changes-are-needed-in-mental-health-care>
- ³³ Bestsennyy O, Gilbert G, Harris A, Rost J. Telehealth: a post-COVID-19 reality? www.mckinsey.com. Published May 29, 2020. <https://www.mckinsey.com/industries/healthcare-systems-and-services/our-insights/telehealth-a-quarter-trillion-dollar-post-covid-19-reality>
- ³⁴ Transcarent Behavioral Health Product Overview