



Episode 14 – The pandemic’s impact on behavioral health care and delivery, COVID-19 edition

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MANDIE CONFORTI: People forget about going back to the basics. They have to take care of themselves before they start taking care of others.

STEVE BLUMENFIELD: Hi, everyone, and welcome to The Cure for the Common Co, COVID edition. We've put together a series of quick-burst sessions for our clients on topical issues of importance. We'll speak with our experts and our clients and also hear clips from some of the startups who've been on the pod.

My name is Steve Blumenfield from Willis Towers Watson, Health and Benefits, and I'm joined today by Mandie Conforti, one of our experts on behavioral health. Hi, Mandie.

MANDIE CONFORTI: Hi, Steve how are you?

STEVE BLUMENFIELD: I'm great. How are you?

MANDIE CONFORTI: I am fabulous this morning. Thank you for asking.

STEVE BLUMENFIELD: We are saying we're great and fabulous, but in the back of our minds, I'm sure Mandie, like me, is thinking about our lives in COVID-19 land, which is a little bit difficult. And that brings us to the topic of today's pod, COVID-19 and what shelter-in-place does to all of us emotionally, to our mental states, and to those who are most vulnerable in our society, from a behavioral health standpoint.

So Mandie, what is on employers' minds today in these difficult times about behavioral health?

MANDIE CONFORTI: Steve, I have found it very interesting in the time that we're living in right now, I think prior to COVID, employers' focus was really around their network. Access, availability of providers, out-of-network, out-of-state substance use treatment. But I would say right now, the biggest concern is, can people get help? Certainly the digital space in behavioral health has opened up significantly, which it absolutely needed to.

But for those people with a true clinical condition, are they able to actually get the help that they need? Certainly we hear about loneliness. We heard about that prior to COVID. But for those people that are truly isolated, and even those that have family and friends around them, they still feel isolated, they still feel depressed, they may feel anxious. So where do they go to get help? I think those are some of the issues that employers are dealing with today.

STEVE BLUMENFIELD: That's powerful. I get an image as you're talking about that of someone sitting in a room, like many of us are right now, sitting alone in our own rooms. And let's say you've got either an underlying clinical need, or you're depressed, or have anxiety, and we are cut off physically from physical contact and from the interaction that we have used to sustain ourselves for years. So that enhanced loneliness that you referred to, it's very easy to imagine how that can get big and even overwhelming for people.

You also mentioned the availability of digital behavioral health. And we've had a solution on this podcast that speaks to that space, Joyable. Interestingly, just about every other company that we've spoken to in digital health has added a behavioral health component to their core offerings, whether it be chronic care management, or caregiving, or something else. What are your thoughts about that?

MANDIE CONFORTI: Well, quite honestly, Steve-- and I think you and I have talked about this in the past-- behavioral health was 10 years behind medical in terms of offering digital support, online tools, certainly computer-based cognitive behavioral therapy is proven to be just as effective as if you're going into a provider's office. So my sense is that this was probably one of the only positives that would have come out of COVID is to have people be able to access their providers as needed. So I think that piece is really great.

I'll tell you a few concerns that I have. One, I'm hearing that people are FaceTiming their therapists all the time. There's still a privacy, and a compliance, and a regulatory piece in terms of making sure that however you're accessing your therapy, that it is private. I think that's probably secondary to just making sure that when the vendors are looking to add providers into their network, that they actually use sound, evidence-based treatment.

Being a clinician, I can't treat children, adults, and seniors in every single therapeutic class. I'm just not able to do that. So making sure that those providers are vetted and that they actually are providing good sound treatment. And I think the other piece, which is another place for behavioral health has been lacking, is in terms of measurement.

Are they using a standardized tool? Whether that be an assessment for depression or anxiety as a baseline, and are they doing that every few weeks throughout treatment, and making sure that they're monitoring if that patient is getting better, or maybe they're not getting better. And then, using that tool to help shape the therapy going forward.

STEVE BLUMENFIELD: That's great. Clinical quality, evidence measurement, those are absolutely lacking in this space. Lacking in many cases in clinical areas when you have practitioners working directly with patients, but you have outcomes you can evaluate. But you don't always actually observe those outcomes. But it's even harder here, when you have a longitudinal relationship and you don't know what happens to people outside of the session.

That's one of the benefits of some of the digital tools is they do tend to, at least the good ones, tend to have some kind of measurement device that's been validated that they can compare against. But to your point, this is, there's limited application, right? There's only certain things that can be done that way. At some point, you need the creativity of a mind to work with someone else's mind as we talk through these things.

So what can an employer do? Like, if you were to map out the ideal first few steps for an employer to take right now, given that much of the workforce is likely at home feeling and experiencing some of these complications that we've talked about, and with the limitations of the current market, what's the first thing they should do in a COVID environment?

MANDIE CONFORTI: Well, Steve, we know that 97% of all large employers offer an employee assistance program today. And whether your EAP is able to provide resources and tools or if they're not, I think that is probably one of the best places to start with. Certainly, the EAP is a broad brush program, so it can deal with a number of different issues.

I do have one employer that I found really interesting, went to their EAP, and during COVID is starting mindfulness Mondays. So the EAP puts together a 60 to 90-second segment in terms of what that focus of mindfulness will be for today and for this week. And then, there's supplemental tools and resources that go along with that. And it is pushed out to this employer's workforce every Monday morning, so that people are seeing that for the first thing on their inbox, and taking maybe that 60 or 90 seconds just to get started for their week, and not necessarily just to dive in and start to think about everything they have to manage and do for that day.

So I think that was a really great first step. I think the other piece is making sure that tools and resources are available for people along the continuum. Not everybody as you and I have talked about, Steve, is ready for therapy or wants therapy. So many people want to just dip their toe in the water and have access, whether it's educational tools and resources, whether it is truly some self-help, but to make sure that they're getting information that, again, as we talked about earlier, has really great evidence backing it.

So you don't want to have people just be able to do a Google search and find whatever information is out there. You want to make sure that it has been academically reviewed and that there's information that's actually going to help them and not cause them to be diagnosing themselves even more.

STEVE BLUMENFIELD: Excellent. So a couple of themes there. We've heard earlier as well in some of these COVID pods we've done, most importantly, grab the tools that you've got. That 97% statistic on EAP availability and employers is just astounding and powerful.

You've already got resources. Let's make sure we tap into them. They can do some good. And those companies are being creative, like many companies are right now in trying to find ways to help people, whether it's free resources, whether it's highlighting resources already available. That's just terrific. And make sure that that continuum of care and evidence-based. Great.

So let's go a little bit askew of the every day to some of the more, more concerning issues, I would say, if that's the appropriate word here. Things that may happen as implications of shelter-in-place and social distancing mandates. Some of those things are domestic abuse, alcohol abuse, child abuse, animal abuse. Essentially those things that might happen that are negative unintended consequences. Talk about what happens there in this time.

MANDIE CONFORTI: Well, Steve, I think that's a very interesting question. And we went out and just did an informal poll of several small, medium, and large EAP and behavioral health vendors over the last several weeks. And quite honestly, we were shocked to find that, in essence, call volume really hasn't increased by much.

The use of digital services and certainly trying to access, making sure I can see a therapist online, that has increased. But we were really surprised that we didn't see that. And as we've been talking with the vendors about this, certainly the issues that you point to-- domestic violence, child abuse, elder abuse-- I mean, in any of those issues we really believe that people are in just a waiting mode.

I think people are just reacting right now. They need to get through their basic day, whatever that includes. Whether it's taking care of children, and navigating work, and dealing with all the issues of everything that's changing on a daily basis. And what we think may happen, and I don't have a crystal ball, Steve, but certainly my sense is that we are going to see a huge spike of services once some of this shelter in starts to lessen, and people need to start dealing with their own safety, and maybe the safety of their children. And they have to get into services.

I know here in Illinois we've seen a number of shelters that just can't expand right now. They don't have enough beds for people that need them. So we certainly believe that this is going to increase. And many of the vendors are preparing for that. They're making sure that they're pushing out information, whether it be for various hotlines, community resources, those sorts of things. But they're making sure that their employers are armed with the information that they need, so that when we do start to get back into whatever the new normal is that people are armed with the information that they need.

STEVE BLUMENFIELD: That sounds a little bit scary that people may just indeed be stuck where they are and have to get through this time. And boy, the notion of community involvement certainly rings true in that case, and the resources that are currently available to them. It's a sobering comment about maybe inability to care for oneself. We see that happening with medical conditions, we see it happen with behavioral health conditions, but the notion of it happening also when you're exposed to just people in your home that might not be safe, that's quite humbling to hear, and makes you wish you could do some more about it.

MANDIE CONFORTI: Well, Steve, the other piece that I think is-- again, using my crystal ball-- I think we're going to see an increase in substance use treatment. Many people are not going, as I mentioned earlier, we certainly have seen a spike over the last several years of adult dependence. So those 18 to 24-year-olds going out of the network and going out of state for substance use treatment.

We refer to these facilities as the palm tree resorts. And as you can imagine by the name, these are facilities in Florida, and Arizona, and California that have people going down for treatment, or across for treatment, depending on where you live, for residential. So you're there 30, 60, 90 days.

I certainly think with alcohol being deemed an essential service, at least here in Illinois, all of our liquor stores are open, we certainly think that that is another place. Because I know, even just looking at some news articles that came out over the last few weeks, alcohol has increased in terms of sales. So people are drinking more, they're at home more, and certainly the substance use treatment, I think, will also increase once the shelter in lessens.

STEVE BLUMENFIELD: Yeah. It certainly hits home. When there isn't much to do and we have this kind of stress around us, there is a tendency to have that extra glass of wine. So I think you may be onto something there.

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Let's take a quick break to hear from one of our innovators. Our first podcast was Joyable, which was acquired by AbleTo. Let's hear from Reena Pande, AbleTo's Chief Medical Officer, on how their solutions are helping employees during this emotionally difficult time.

REENA PANDE: Hi, this is Reena Pande, Chief Medical Officer at AbleTo. We're grateful for the opportunity to share our thoughts on the impact the COVID pandemic has had on employers, and also share a little bit about what our organization is doing to help employees with our AbleTo and Joyable solutions during this time.

The coronavirus pandemic has created an unprecedented need for urgent mental health services. The rising mental health need is, in part, due to feelings of anxiety, and uncertainty, from feelings of isolation, and also from completely new pressures patients and employees are facing as they try to balance working from home, being a caregiver, sometimes being a schoolteacher, and much more.

To their credit, employers are acutely aware of the impact on their employees and their families, and have been working to improve access to mental health services. At AbleTo, we're supporting our partners on multiple fronts. First and foremost, we've made sure our clinicians are armed with COVID-specific tools and resources to ensure our patients are getting the high quality support they need. Also, to meet the increased need, we're quickly expanding our solutions to reach new populations and working overtime to stand up special programs to help those dealing with behavioral health issues as a result of the COVID pandemic.

Things are continuously changing, and evolving needs will continue to drive adoption and change as the pandemic progresses. We don't expect we'll return to normal for quite a while. And we expect there to be a long tail of mental health needs much after the curve has been flattened. So hopefully we can use all the momentum and the learnings from this immediate response to solve some of the longstanding challenges and improve access to quality care in meaningful ways for years to come.

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STEVE BLUMENFIELD: Let's pivot again to some of the specialty vendors that are dealing with chronic condition management. I'm talking now about remote vendors, who, even before COVID, had added behavioral health solutions. But especially since COVID, so many more have done this. Can you talk at all about the value and implications of company, let's say, that provides diabetic care offering supportive behavioral health solutions alongside?

MANDIE CONFORTI: Well, Steve, I think it's great. I mean, honestly the more information that we can get out there on behavioral health, I think is absolutely great. My concern is that some of the information, again, as we talked about earlier, may not be evidence-based. But with some of the specialty vendors, I'm finding that they're not using licensed mental health clinicians to provide services.

So they may have a front end of a customer service staff that may help to get information out to people. So I think that part's great. But in terms of actually truly treating and making sure that person has the right resources and the right services, I think that has to be done by a trained clinician, someone that has some behavioral health background. We're seeing a lot of the vendors putting out information.

And again, as wonderful as that may be, sometimes people are overwhelmed. And especially those that may have an underlying behavioral health condition, all of this information isn't necessarily going to help them. They really need it in small bite-sized pieces. And someone has to, in essence, put together a packet of information that the person can read and not overwhelm them in terms of everything they should be thinking about, and managing, and dealing with.

I do think that historically the EAP and behavioral health field has been more reactive. So I'm going to wait for the phone to ring, I'm going to wait for someone to access services. And that's really the critical piece where I think some of the wellness vendors that are getting into this space, they're going to figure out how to be more proactive and to be able to have information available for people.

We certainly know that someone with a chronic condition, 30% of those will have a behavioral health condition, so whether that's anxiety or depression. So making sure that when that person is ready, and maybe even if they're not ready, to have that information and be able to access that information, and just provide resources around that maybe a little bit earlier rather than later, I think that will start to shift the field in terms of behavioral health.

STEVE BLUMENFIELD: Got it. So more information is better, but back to the points earlier. Make sure that we have evidence-based best practices in clinical care. Now, some of the companies that I've seen that I'm more excited about are using well-established tools and software that's been out there in the market with health plans for some time. But with a lot of people throwing out solutions quite last minute, you have that risk that you talked about, Mandie, of some of it being a Band-Aid that may not actually help with the infection that it's covering. So that's an excellent point.

So let's talk about our people. Let's talk about ourselves. What is it that we can do, and what is it that our employers can do for their people, both in this COVID-19 stage and also post-COVID?

MANDIE CONFORTI: Steve, I love that question, because I think a lot of times people forget about going back to the basics. They have to take care of themselves before they start taking care of others. And that may mean something as basic as, in this shelter in environment, making sure you're walking away from your computer, going outside for five minutes. Take a lunch break. A lot of people just sit all day long and they don't realize, my gosh, it's 3:00 and I haven't had lunch yet.

So I think making sure that people go back to the basics. Giving the tools and resources that allow people to understand how they need to do that. And even if it's something as interesting as we talked about earlier, as the mindfulness Monday, and giving people that 60 or 90 seconds to focus on something about taking care of themselves, I think is really important.

STEVE BLUMENFIELD: Great tips. Great advice. One last question, Mandie. Is this the moment for digital behavioral health support?

MANDIE CONFORTI: Absolutely, Steve. Again, this may be the only positive that we've seen from COVID-19 is that it has pushed the EAP and behavioral health vendors into figuring out whether it's utilizing their own network of providers or partnering with a vendor. But the online scheduling, that was one of the biggest issues that employers have talked about today is access and availability.

And moving into the digital and telespace allows people that instant on-demand availability of a provider when they need it. So I certainly think that this is something that has pushed the field. And I don't know that it will change. I think there are still some people that want the brick and mortar, to be able to go to a provider's office and have that type of a session. But I do think this will change in terms of how behavioral health is accessed going forward.

STEVE BLUMENFIELD: All right, we will see. Mandie, thank you for a very, very important episode on a very important topic. Let me just summarize what I took out of this today. Use the resources you have. First and foremost, just about every employer out there has an EAP program, and you have other resources as well. Use them, make them available. It's a great time to communicate them to your people.

Make sure, however, that you also have solutions available for the continuum of care, so people can access tools, techniques, information themselves, and also ramp up into the care delivery. And of course, access to care is an issue. So that's something that needs to get worked with network and additions to the network through potentially digital solutions to provide that access remotely, as we're finding for so many things during COVID-19.

Make sure, whatever the solutions are, that they're evidence-based and they're measured. Absolutely critical. And a great point about watching for those who are in need, most vulnerable, both now, what employees can do today, and also post-COVID-19, when needs may emerge.

Mandie, thanks so much. This has been wonderful. Really appreciate having you on the pod.

MANDIE CONFORTI: Steve, thank you for inviting me. Always a pleasure to talk with you.

STEVE BLUMENFIELD: You as well. And thanks, everyone for listening to Cure for the Common Co, COVID Edition. We'll be back with some more COVID editions, and then we'll get back to our regular scheduled interviews with innovators, hopefully very, very soon. Be safe.

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