



## Panel of experts probe COVID-19 impact on behavioral health

Beacon Health Options gathered a group of panelists representing different partners to discuss the pandemic's effect on their organizations, the people they serve and their behavioral health programs. The live discussion and audience Q&A with Yale New Haven Hospital System, BNY Mellon, EmblemHealth Plan, Hazelden Betty Ford Foundation and Marsh McLennan Agency, touched on topics ranging from telehealth to mental health stigma during COVID-19.





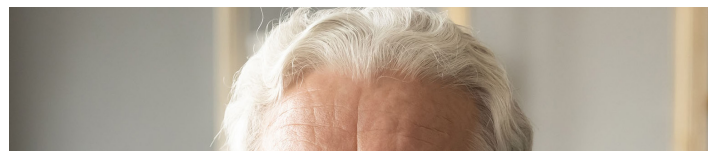
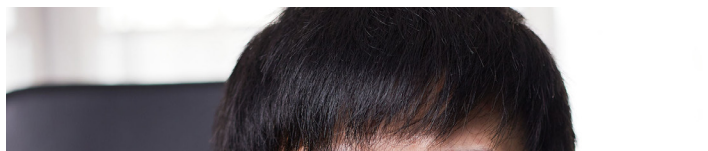
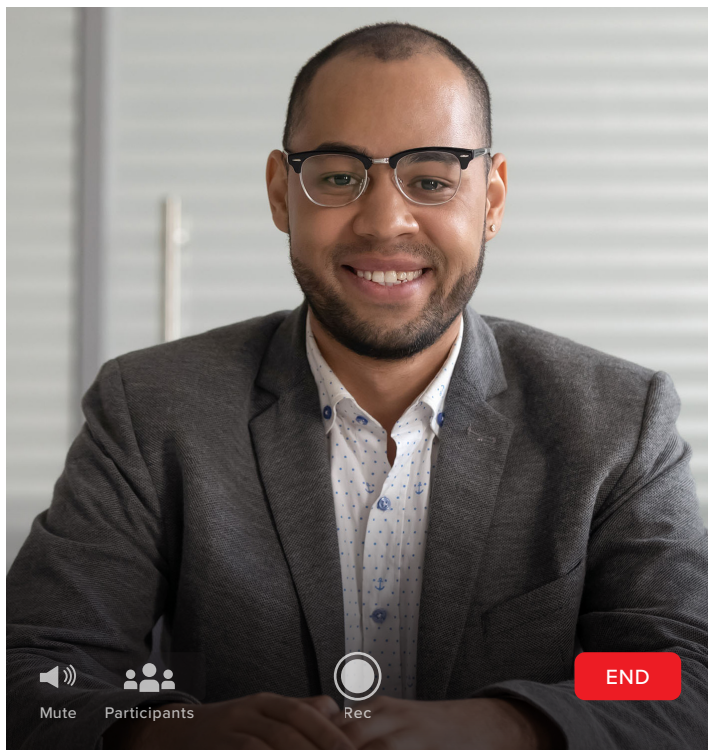
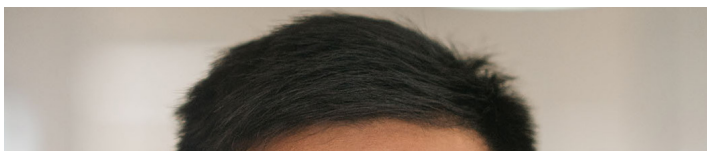
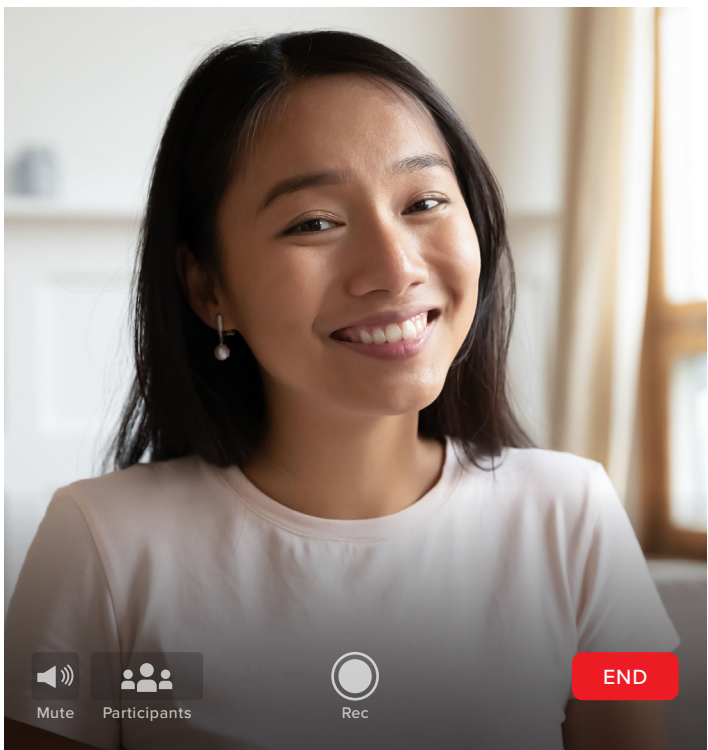
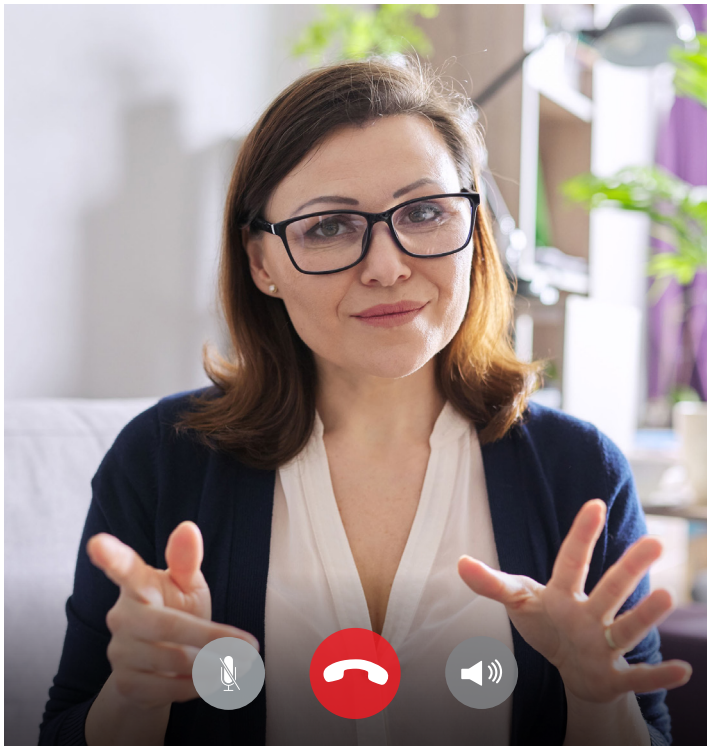
# 21%

People who report COVID-19 has had  
a major impact on their mental health

# 55%

Americans who report they feel  
lonelier due to social distancing





# Use of telehealth services

**Dramatic increase in EAP telehealth services with mental health issues rising to the top**

“The increase in telehealth services has gone up by almost 40% in the aggregate with behavioral health issues as a top concern.”

—MARSH MCLENNAN

“We’re seeing a lot of new members who are first-time members actually using behavioral health services. Fortunately, we have the technology available for members to continue to have services rendered for mental health.”

—EMBLEM HEALTH PLAN

“With our employees too, this has been a significant stressor. We have seen an increase in overall EAP use by our staff.”

—HAZELDEN BETTY FORD





## Quality of telehealth services

### Access improves clinician effectiveness

“We’re hearing from members for the first time. They’re able to get appointments later on in the day whereas previously there had been an access issue.”

—EMBLEM HEALTH PLAN

“80% of workers who had an issue typically waited 8-10 years before getting treatment. Some other issue brought them to treatment and the mental health condition was discovered. Part of that is removing the stigma. Telehealth is definitely here to stay and it’s going to be a game-changer.”

—MARSH MCLENNAN

“If you can be a good clinician in person, we assume you’ll be a good one virtually, but there’s no data to back that up. We’re finding that some clinicians are better virtually than in person and vice versa, just like our patients.”

—HAZELDEN BETTY FORD



# Substance use disorder

## Clinician stress a reality, telehealth essential

“How do you help someone who can’t come in for a drug screening? It’s very stressful for our clinicians. Patients themselves are positive about virtual services, especially for behavioral health, but the barrier is that clinicians haven’t been trained in this way.”

—HAZELDEN BETTY FORD



“Members have said telehealth is essential at this time... Clinicians were concerned about how to conduct Zoom meetings, but we’re seeing positive results.”

—EMBLEM HEALTH PLAN

# Telehealth use and age

## Less engagement by older individuals

“We really increased care management for our Medicare population. We do a lot more outreach when we see gaps in care for members who previously were very consistent with their appointments. We’ve had to do outreach calls to those members and really help them along the process in how to schedule these meetings. Do they have the appropriate technology to have the meeting?”

—EMBLEM HEALTH PLAN

“For 18 to about 39 years of age, virtual platforms have been their preferred mode of interactions, but for individuals older than that, there’s less engagement. So absolutely there’s a need to do outreach and to do more care management.”

—HAZELDEN BETTY FORD



# Organization response to current civil unrest

## Start the conversations

“Already we had conversations about the disparate impact of COVID-19 on communities of color, particularly black communities. Then with George Floyd’s murder, we continued that discussion. We have very frank conversations with my staff who are primarily white, conversations about white privilege. I encourage people to be there for everyone because there are lots of staff of color right now who are getting backlash from their colleagues that is not detected by leadership.”

—HAZELDEN BETTY FORD

“We have a training called unconscious bias, and as I mentioned before, we’re checking in with our colleagues. We also have regional diversity and inclusion committees, which provide ongoing support to learn about the issues and to join the conversation.”

—MARSH MCLENNAN







# Mental Health Stigma

## Panelists report decline

“Regarding stigma, I have an optimistic viewpoint. It does feel like people are much more open and willing to talk about their emotional health and wellbeing. We’re planning to do some very proactive things to keep the momentum going, involving subgroups within our organization.”

—YALE NEW HAVEN HOSPITAL

“The stigma related to getting behavioral health services is starting to lift. Organizations are really starting to see the strong correlation between medical and behavioral health care.”

—EMBLEM HEALTH PLAN

“We are putting programs and policies in place that really support the needs of their workers, especially those with mental and behavioral health conditions to help remove that stigma.”

—MARSH MCLENNAN



