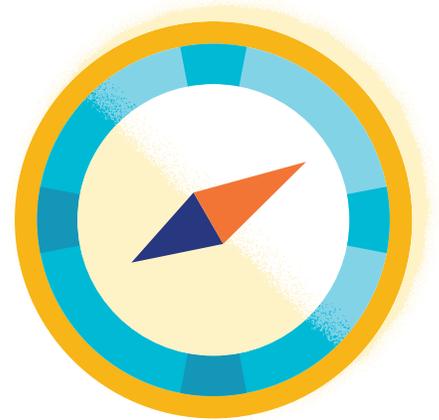




Strategies to drive more effective behavioral health utilization



As more employees utilize behavioral health benefits, employers should consider ways to help them find the right support based on their needs and severity levels.

For the first time since 2021, employees are facing increasing levels of stress and burnout. In 2024, 44% of surveyed employees ranked stress and burnout as their top mental health challenge, a 24% increase from the previous year.¹ Among those employees, nearly three-fourths reported a negative impact on their work performance as a result.¹ In addition to decreased productivity, burnout can cost U.S. employers up to \$21K per employee.²

Perhaps more concerning is that 90% of surveyed employees reported experiencing at least one mental health challenge over the past year, yet less than half said they received the support they needed.¹ And when left untreated, behavioral or mental health conditions like depression and anxiety were found to cost the global economy an estimated \$1T and resulted in approximately 12B days of lost productivity each year.³

At the same time, the care employees seek may not always be the most appropriate or cost-effective. In fact, many employers are struggling to manage the costs associated with the increased demand and utilization of **behavioral health benefits**.

“Over the past 5 years, talking about mental health and admitting when you’re not okay has become more normal,” explains Trevor Porath, vice president of behavioral health solutions for UnitedHealthcare Employer & Individual. “As a result, utilization patterns have changed. More people are seeking behavioral health care, and that is a good thing, but now our biggest challenge is helping them access the right support.”

That’s why it’s important for employers to work with their carrier and broker or consultant to implement strategies that aim to help employees find the right support based on the severity of their specific behavioral or mental health needs. This includes:



Selecting a network with a broad and diverse set of providers and care options



Building a benefits package that supports a full continuum of care needs



Offering a guided experience to help employees and their families navigate their care



Select a network with a broad and diverse set of providers and care options

Provider shortages were among the reasons why less than half of employees were able to get the behavioral health support they needed last year.¹ However, even for those who did receive care, it was often a challenge, with many employees switching providers at least once over the past year due to scheduling or availability issues.¹ Other challenges included finding providers who were covered by their health plan, as well as providers who aligned with their needs and personal preferences.¹

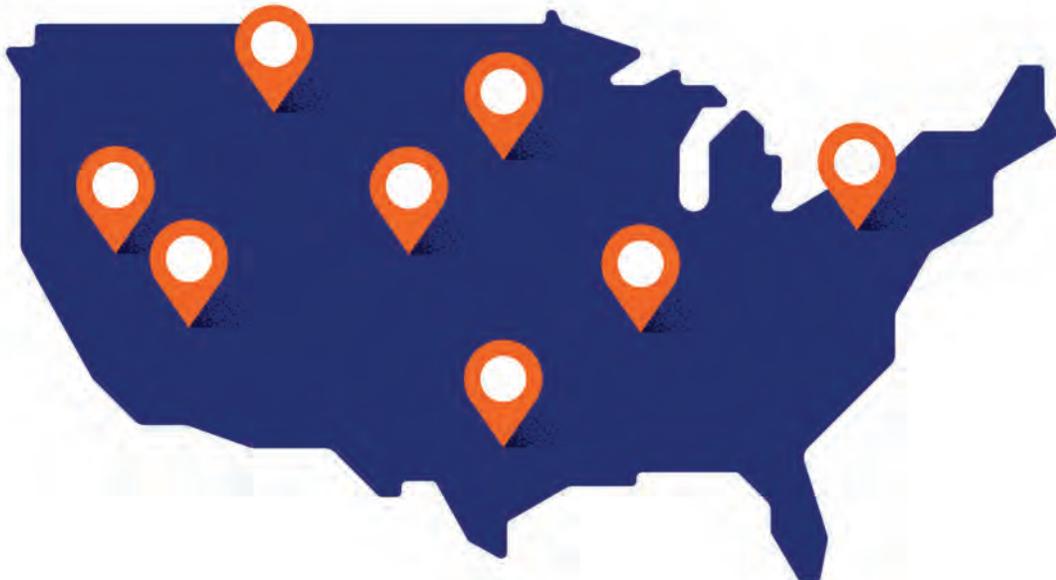
To ensure that the plan and network employers select offer employees a wide range of diverse provider options, they may want to consider the following questions:

- What behavioral health services are covered under this health plan? What is the employee cost-share or copay?
- Would this network significantly limit employees' behavioral health provider options?
- Are there nearby behavioral health providers based on where employees live?
- Does the network include behavioral health providers across a variety of specialties?
- Does the network include virtual behavioral health providers in addition to those who deliver in-person care?
- Does the network include behavioral health providers who look like and can relate to my employees? Consider factors such as age, gender, race, ethnicity, sexual orientation and primary language.

UnitedHealthcare **network strategies** aim to offer employers and their employees a variety of options that can be flexed to meet these needs. While more thoughtful network selections may help make care more accessible, there is only so much an employer or carrier can do to combat the shortage of behavioral health providers.

“The reality is we cannot network our way out of this. There simply are not enough providers to meet the demand we are seeing in the behavioral health space,” Porath explains. “But what we can do is continue to expand our behavioral health networks as much as we can and invest in the future by building out a pipeline of diverse providers.”

In fact, over the past nearly 5 years, UnitedHealthcare has grown its national **behavioral health network** by about 90% to 435K+ providers and its virtual provider network by 3,216% to 218K+ providers.⁴ Additionally, UnitedHealth Group – the parent company of UnitedHealthcare – has made a 10-year, \$100M commitment to help support the recruitment and training of 10K health care professionals by 2032.⁵





Build a benefits package that supports a full continuum of care needs

Recognizing that not every behavioral health challenge requires a higher level of care, it is important that employers also look beyond their network strategies and work to offer alternative means of support, especially for employees who may have lower severity needs.

“We need to expand our perspective on what care looks like and get people comfortable with trying solutions and support that may work just as effectively as talk therapy,” Porath says. “Normalizing the utilization of solutions that are designed for lower severity issues can serve as a more cost-efficient approach to getting members the care they need without the challenges surrounding provider availability.”

Understanding this, UnitedHealthcare developed a behavioral health continuum that uses clinical knowledge and data analytics to identify where members might fall along a spectrum of behavioral health issues and severity levels. The goal is to help guide members to care options that best fit their needs and schedules, ranging from educational resources, self-care tools and telephonic emotional support to in-person or virtual therapy, psychiatry or facility-based care.

This continuum uses a severity scale from low (preventive) to moderate (emerging risks) to high (crisis and recovery), correlating with a full range of behavioral health solutions for employees and their dependents, including **youth and family support**.

UnitedHealthcare behavioral health care continuum



And while employers should look to offer solutions that support the full continuum of care needs, the biggest opportunity may be in the low-to-moderate severity categories.

One example of these solutions is **Calm Health**, a top-rated, evidence-based wellness app that offers members access to:

- On-demand mental health screenings
- Guidance to the right level of support based on results
- Personalized programs created by psychologists
- Support for mental health challenges or life experiences
- Referrals to other mental health solutions or care offered by their employers
- A library of self-care content for managing stress and anxiety, improving sleep and building life-changing habits

Other solutions that can help before a member is in crisis may include self-help **digital resources**, **In the moment telephonic support** and **behavioral health coaching**.

“Historically, a member’s first step into behavioral health has been through a therapist or psychiatrist. What we found is that not all members need that level of care,” says Stacie Grassmuck, director of behavioral health product and innovation for UnitedHealthcare Employer & Individual. “We’ve brought forth more options that can help get at contributing factors of depression and stress, and behavioral health coaching that can help mitigate triggers – to hopefully prevent a member from reaching the point of needing in-person care.”

Overall, employers who offer benefits that support a full continuum of behavioral health needs may not only appear more attractive to employees but may also see a greater return on their investment (ROI), increased productivity and higher engagement with those benefits compared to employers who offer less comprehensive packages.

Compared to less comprehensive packages, employers who offer benefits that support a full continuum of behavioral health see:

+8%
higher ROI¹

+11%
higher productivity¹

+13%
higher benefits engagement¹





Offer a guided experience to help employees and their families navigate their care

Once an employer has selected the right mix of behavioral health benefits and network options for their employees, it is important to ensure that the experience of navigating the health system feels simple, connected and supported.

“Access is one thing, and that can be achieved by making sure employees have access to robust provider networks and a continuum of behavioral health solutions, but navigation is really where the conversation needs to transition to,” Porath says. “Without proper navigation, employees won’t know where to go to get the support they need, and that’s when employers can start to see inappropriate utilization and higher costs.”

Today, optimal navigation support is made possible through best-in-class, retail-like digital experiences that put the consumer first and work to support them through each step of their health care journey.

“It’s important we have the right data, tools and support in place to deliver an experience that helps guide members along their care journey.”

Stacie Grassmuck

Director
Behavioral Health Product and Innovation
UnitedHealthcare Employer & Individual

Considering the member experience that a carrier or behavioral health benefit vendor offers is critical. This includes having one place for members to go to get the support they need, with personalized care recommendations, intuitive provider search experiences and integrated capabilities that can connect members to more advanced care and services as needed.

UnitedHealthcare has worked to make this a reality through its **UnitedHealthcare® app** and **myuhc.com®**, completing over 400 enhancements in 2024 alone.⁶ Additionally, through its **Advocacy solutions**, members have access to professionals trained to help identify needs beyond basic mental health support.

“Our Advocates are trained to listen for signs of distress when speaking to members,” says Dr. Rhonda Randall, chief medical officer for UnitedHealthcare Employer & Individual. “They also help guide members through the complexities of behavioral health, including understanding the support offered by different licensed mental health professionals, such as social workers, counselors and psychiatrists.”

Predictive tools can also help identify members who may need behavioral health support. Data around specific diagnostic codes and utilization patterns can help segment members based on their conditions by both the level of severity and the Advocate’s ability to engage. This information is used to support Advocates or make care suggestions.



In the absence of a behavioral health diagnosis or service utilization data, a prediction can be made on a member's level of risk based on social drivers of health (SDOH) data and the prevalence of chronic disease – 2 of the most critical factors that put employees at risk for developing or having an untreated behavioral health condition.

When behavioral health benefits are administered and managed by the same carrier as a member's other benefits, these predictive analytics become even more powerful. Considering that 11% of UnitedHealthcare members have at least 2 or more linked medical and behavioral health conditions, accounting for 22% of employers' costs,⁷ **integrating these benefits** and working through one carrier to manage them may lead to earlier diagnosis and intervention, more coordinated care and more effective cross-benefit condition management. This ultimately aims for better **whole-person health** outcomes, simpler experiences and lower costs.

Employers can also help guide employees to care by ensuring they are driving awareness of the behavioral health benefits offered and educating them about what benefits and solutions they may want to check out first before immediately turning to care designed for higher-severity behavioral health needs, such as therapy provided by a psychiatrist.

An employer's carrier, broker or consultant may be able to help by identifying opportunities and sharing guidance and **best practices for engaging employees** about their behavioral health benefits. The more informed employees are about the benefits available to them, the better decisions they may make about where to seek care. This may lead to more appropriate claims activity, better health outcomes and lower costs.



“Our goal is to create a behavioral health ecosystem where people feel seen, supported and valued. Mental health care should be intuitive, equitable and accessible for all, with personalized and integrated experiences that provide measurable value throughout the entire journey. With our ability to reach into every aspect of the health care system, we are positioned to truly deliver on this promise.”

Trevor Porath

Vice President
Behavioral Health Solutions
UnitedHealthcare Employer & Individual

Learn how UnitedHealthcare supports a whole-person health approach >

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¹ State of Workforce Mental Health Report, 2025. Lyra. Available: <https://cdn.intelligencebank.com/us/share/d23K/AE0L1/J9ZKJ/original/2025-State-of-Workforce-Mental-Health-report>.

² Martinez, M. F., et al. (2025). The Health and Economic Burden of Employee Burnout to U.S. Employers. American Journal of Preventive Medicine, April 2025. Available: [https://www.ajpmonline.org/article/S0749-3797\(25\)00023-6/abstract](https://www.ajpmonline.org/article/S0749-3797(25)00023-6/abstract).

³ Mental health at work. World Health Organization (WHO), Sept. 2, 2024. Available: <https://www.who.int/news-room/fact-sheets/detail/mental-health-at-work>.

⁴ SURE, Network Summary Dashboard, Commercial E&I and Commercial non-E&I Q4 2024 (Dec. 31, 2024, data); Jan. 14, 2025.

⁵ Investing in the health workforce. UnitedHealth Group. Available: <https://www.unitedhealthgroup.com/uhg/people-and-culture/our-foundations/scholarships.html>. Accessed: April 7, 2025.

⁶ Internal UnitedHealthcare consumer product release tracking for 2024.

⁷ Health Plan Manager, UnitedHealthcare Employer & Individual National Account 2023 data as of July 2024.

Calm Health is not intended to diagnose or treat depression, anxiety, or any other disease or condition. If participants feel their condition is severe and needs attention, they are instructed to contact their treating provider or mental health therapist for help. This program is not available to UnitedHealthcare E&I Fully Insured customers/members in District of Columbia, Maryland, New Jersey, New York, Pennsylvania, Virginia, and West Virginia due to regulatory filings.

When you sign up for Virtual Behavioral Coaching, you will be asked a series of questions to ensure that this program is the right fit for you. You may be directed to another resource if your answers indicate that a different type of program may better suit your needs.

Family Support Program should not be used for emergency or urgent care needs. In an emergency, call 911 or go to the nearest emergency room. This program is not a substitute for a doctor's or professional's care. Due to the potential for a conflict of interest, legal consultation will not be provided on issues that may involve legal action against UnitedHealthcare or its affiliates, or any entity through which the caller is receiving these services directly or indirectly (e.g., employer or health plan). This program and its components may not be available in all states or for all group sizes and are subject to change. Coverage exclusions and limitations may apply.

The UnitedHealthcare® app is available for download for iPhone® or Android®. iPhone is a registered trademark of Apple, Inc. Android is a registered trademark of Google LLC.

Advocate4Me services should not be used for emergency or urgent care needs. In an emergency, call 911 or go to the nearest emergency room. The information provided through Advocate services is for informational purposes only and provided as part of your health plan. Wellness nurses, coaches and other representatives cannot diagnose problems or recommend treatment and are not a substitute for your doctor's care. Your health information is kept confidential in accordance with the law. Advocate services are not an insurance program and may be discontinued at any time.

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