



The Council
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Addressing the Mental Health Needs of Workers Throughout and Beyond the COVID-19 Pandemic

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The Impacts of COVID-19 on Worker Mental Health

(1) Employees with preexisting mental health conditions are experiencing an increase in symptoms

- May have [more difficulty](#) handling disruptions to daily life that have accompanied the pandemic

(2) More workers are struggling with mental health conditions

- [4 in 10 adults](#) have reported symptoms of anxiety or depressive disorder during the pandemic, up from 1 in 10 in 2019

The Impacts of Mental Health Conditions on Employment

- **Mental health conditions can interfere w/essential workplace skills**
 - E.g., participating effectively in teams, interacting with customers and co-workers, and maintaining concentration
- **Even moderate mental illness can have negative effects**
 - 75.9% of people without a mental illness are employed, compared to 62.7% of people with moderate mental illness

The State of Mental Health Supports for Workers

- **Reasonable accommodations are mandated but insufficient**
- **Employees lack workplace supports**
 - <50% of workers think their employer provides a safe and welcoming environment for employees with mental health conditions
- **Individuals encounter barriers accessing external supports**
 - Only half of people with mental health conditions receive treatment

SEED Brief



Addressing the Mental Health Needs of Workers Throughout and Beyond the COVID-19 Pandemic State Responses



By Elise Gurney | January 2022

This brief was produced in partnership with the State Exchange on Employment & Disability (SEED), an initiative of the U.S. Department of Labor's Office of Disability Employment Policy (ODEP). In partnership with organizations like The Council of State Governments (CSG), among others, SEED helps state and local governments develop and implement meaningful policies and practices that lead to increased employment opportunities for people with disabilities and a stronger, more inclusive workforce and economy.

In November 2020, SEED launched the COVID-19 Policy Collaborative for an Inclusive Recovery, also known as the Collaborative, to support SEED intermediary partners and other stakeholders in responding to the pandemic and to ensure newly implemented policies align with disability and civil rights laws and policies.

From February to May of 2021, key stakeholders and subject matter experts met during a series of three virtual meetings to discuss returning to the workplace, workforce retention and preparing for work during and following

COVID-19. Participants included SEED's formal intermediary partners; researchers; scholars; federal, state and local government representatives; disability employment policy specialists; and other thought leaders.

SEED produced three resources based on the Collaborative: [Framework for a Disability-Inclusive Recovery](#), [Policy Checklist for a Disability-Inclusive Recovery](#), and [Convenings Report: COVID-19 Policy Collaborative for an Inclusive Recovery](#).



The Rise of Telemental Health

The health insurance company Cigna found that more than 60% of behavioral health customers used virtual services during the pandemic, and 97% of people who accessed behavioral health services during the initial stay-at-home orders (March to May 2020) did not have a behavioral telehealth claim prior to lockdown.¹¹

States have sought to expand telehealth in general, and telemental health specifically, using a number of different tactics. While some of these changes have been temporary, states are increasingly taking steps to make telehealth flexibilities permanent.

Approaches to increasing telehealth and telemental health services include:

→ **Requiring Medicaid plans and/or private insurance to cover telemental health services**

- **Thirty-three states** directly or implicitly required Medicaid plans to cover telemental health services through emergency orders.¹²
- **Twenty-one states** require private insurers to cover telemental health services.¹³

→ **Allowing behavioral health providers to utilize telehealth**

Louisiana House Bill 419 allows behavioral health providers (licensed professional counselors, psychologists, licensed clinical social workers, etc.) to see patients through telehealth.

Pennsylvania issued a [Memorandum](#) to clarify that any practitioner who provides necessary behavioral health services can utilize telehealth.

→ **Increasing medicaid, platforms and settings for telehealth**

Illinois Executive Order 2020-29 defines "telehealth services" to include all health care, psychiatry, mental health treatment, substance use disorder treatment and related services provided to a patient regardless of the patient's location via electronic or telephonic methods, including, for example, FaceTime, Facebook-Messenger, Google Hangouts or Skype.

Maryland Senate Bill 402 allows for certain telehealth transactions to take place asynchronously, or over mediums that do not necessarily support "real time" transactions of information, such as self-reported medical conditions.

→ **Requiring payment parity between in-person and telehealth visits**

• At least **39 states** and the District of Columbia have established payment parity for at least some services delivered via telehealth as compared to face-to-face services.¹⁴

For example, **Utah House Bill 313** requires certain health benefit plans to provide coverage parity for telehealth and telemedicine services.



Addressing the Mental Health Needs of Workers

- 1 Increasing** access to telemental health services
- 2 Strengthening** supports for heavily-impacted communities
- 3 Expanding** workplace mental health supports

Increasing Access to Telemental Health



- Requiring payment parity between in-person and telehealth visits
- Increasing mediums, platforms and settings for telehealth
- Expanding types of providers who can provide telemental health services
- Allowing patient-provider relationships to be established through telehealth

Increasing Access to Telemental Health - State Examples



Utah [HB 313](#) requires certain health benefit plans to provide coverage parity for telehealth and telemedicine services



Montana issued [guidance](#) clarifying that a pre-existing provider/patient relationship is not required to provide telemedicine, including mental health services

Strengthening Supports for Key Communities

- Convening task forces and advisory councils to identify and address the mental health needs of minority groups
- Increasing availability of and access to culturally competent mental health care
- Establishing mental health hotlines and other supports for essential workers impacted by the COVID-19 pandemic



Strengthening Supports for Key Communities - State Examples



Oregon [HB 2949](#) expands funding, develops programs and provides incentives to improve access to culturally responsive behavioral health services



California [AB 562](#) proposed establishing a mental health support system for licensed health care providers who have provided direct care to COVID-19 patients

Expanding Workplace Mental Health Supports

- Requiring employers to provide sick leave, and allowing employees to use it for managing mental health needs
- Providing resources and technical assistance to guide organizations in developing mental health supports for their employees
- Training state employees on supporting mental health in the workplace



- Expanding mental health supports (including Workplace Wellness Programs and Employee Assistance Programs) for state employees

Expanding Workplace Mental Health Supports - State Examples



New Mexico [HB 20](#) allows employees to use sick leave for mental illness, injury, or health conditions



The **Nevada** Public Employees' Benefits Program offers [Doctor on Demand](#), which connects plan members with licensed psychologists through live video

Questions?

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