

The state of mental health equity

Insights from clinical experts focused
on improving mental health disparities.

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The state of mental health equity



Employee mental health may seem like a daunting topic for many. Understanding how and why marginalized groups (e.g. people of color, immigrants, low-income individuals, those with disabilities, and/or LGBTQ+ individuals) disproportionately suffer from poor mental health and often lack access to high-quality care can feel even more intimidating. Fortunately, the concept of mental health equity lends some useful clarity to the matter, and can help you understand how to move forward.

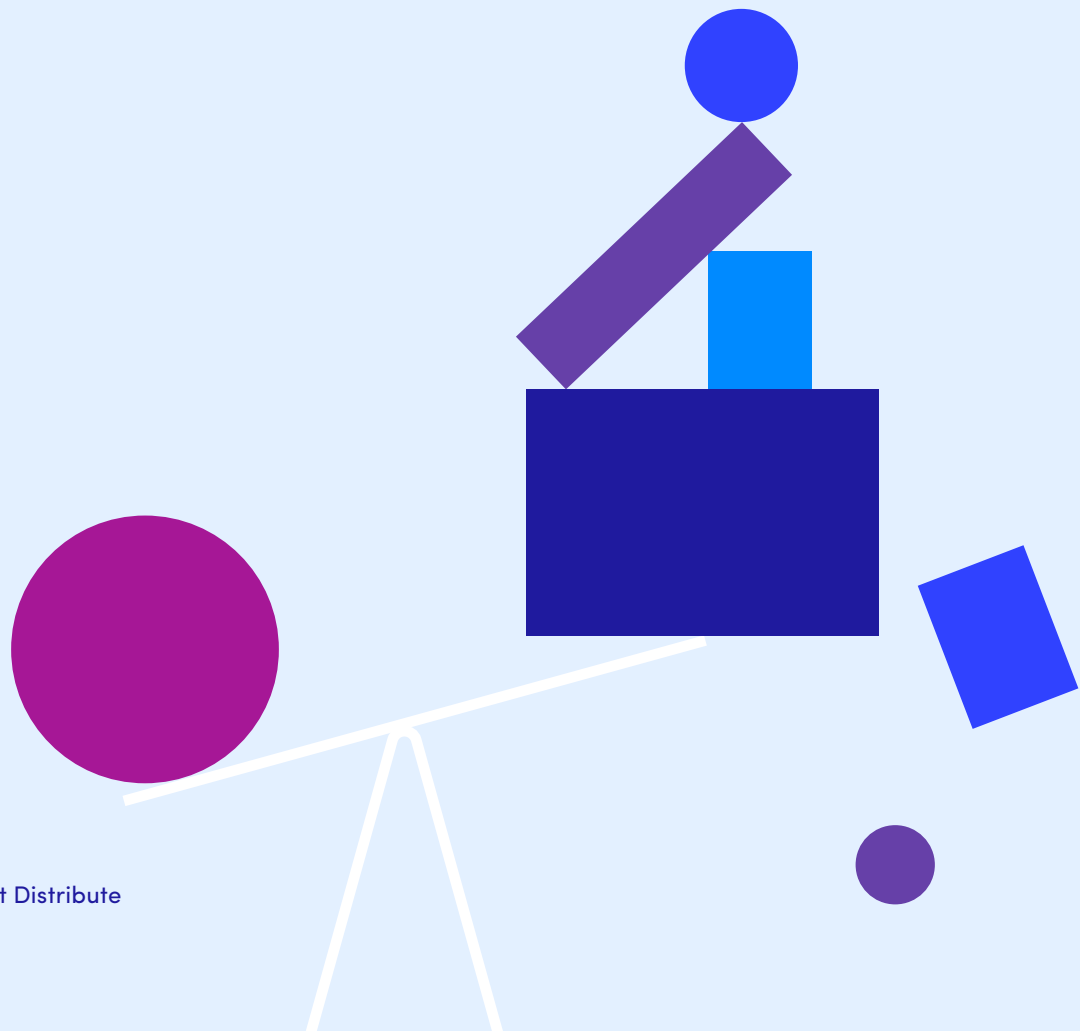


What is mental health equity?



Mental health equity is derived from the broader concept of health equity, which is defined as the attainment of the highest level of mental health for all people. Achieving equity requires providing individuals with the resources they need based on their specific problems, social identities, and backgrounds, as well as historical and ongoing injustices and inequities.

In plainer terms, this means that all people are equally deserving of good mental and physical health — but due to the way our society is structured, **not everyone has equal access to good mental and physical health.**



The difference between equity and equality



Equality – the idea of equal treatment – is important. However, equality carries the assumption that equal treatment will always result in equal outcomes. As we can see in the image below, this isn't always the case.

On the left you see equality: Everyone's treatment is equal in that they all have the same level of support. On the right, we see equity: The level of support each person receives is **responsive to their unique needs**. Only equity results in equal outcomes.

Equality



Equity



How equitable is traditional mental health care?



Despite good intentions, today's mental health care system excludes large numbers of people. The people who experience disparities in mental health are, as designated by the NIH: Racial and ethnic minorities such as BIPOC (Black, Indigenous, and people of color), AAPI (Asian American and Pacific Islander), and Latinx individuals; sexual and gender minorities; socioeconomically disadvantaged populations; rural populations;¹ and people with disabilities.²

Some examples of how mental health care inequities show up for marginalized populations are:

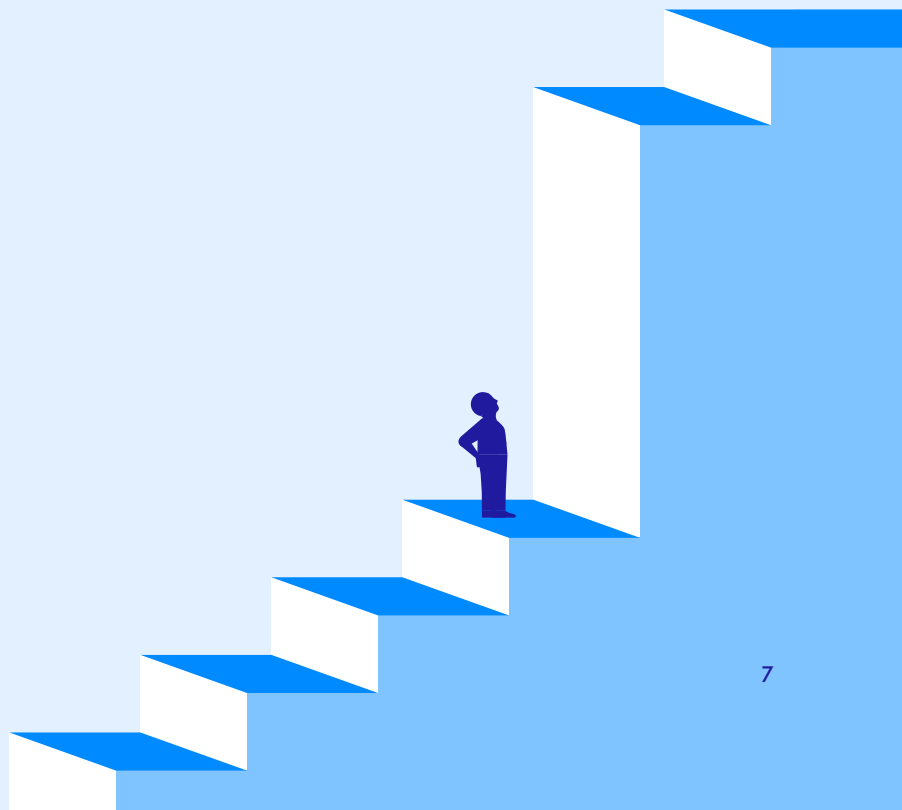
- Fewer than one in four Black Americans who need mental health care actually receive treatment.³
- AAPI individuals have the highest rates of unmet mental health care needs.⁴
- Nearly one in three Muslim Americans perceive discrimination in health care settings.⁵
- In one study, over half of racial and ethnic minorities surveyed reported experiencing microaggressions in therapy.⁶
- Previous experiences of discrimination have led some LGBTQ+ individuals to delay or forgo mental health care altogether.⁷

Why do these inequities exist?



Barriers to quality mental health care for marginalized populations show up in two ways: systemic and cultural. Systemic barriers are those that exist at the institutional and policy level: barriers related to the need for health insurance or disposable income to be able to access mental health care. Cultural barriers refer to barriers that are related to a particular community's cultural norms, such as attitudes around help-seeking or skepticism of Western medicine.

Systemic and cultural barriers to mental health impact everyone, but people from underserved communities are disproportionately affected by them. The following pages present a few examples of how these barriers can impact these groups.



Why do these inequities exist?



1. Socioeconomic disparity

Success in traditional therapies depends largely on having the means to initiate and complete therapy. People with less disposable income are less likely to be able to afford the care they need. The costs of health insurance also significantly impact the ability of marginalized populations to receive care: in the US, the groups with the highest uninsured rates in 2018 were American Indian and Alaska Native (21.8%), Hispanic (19%), and Black Americans (11.5%).⁸

2. Employee roles and schedules

Talk-based therapies require other resources that not all workers have access to: the ability to take time away from work, quality childcare, or the means to travel to and from the provider's office.

3. Societal stigma

Because of historic and ongoing injustices in health care, many people from marginalized communities do not trust that mental health care can help them. In addition, people may feel resistant to taking on an additional marginalized identity, like “mentally ill,” due to the potential social consequences. Furthermore, individuals from marginalized groups may resist “airing dirty laundry” – either theirs, or their family's – with someone who is essentially a stranger, due to fears about how this may impact their family and community.

Why do these inequities exist?



4. Bias for self care

Individuals may use the internet to understand what they're going through, and in an effort to avoid interacting with a mental health professional, may get poor medical advice online. In addition, individuals in many communities may prefer to seek help from community leaders like church leaders, who may be helpful but who are not equipped to deliver evidence-based care.

5. A limited provider base

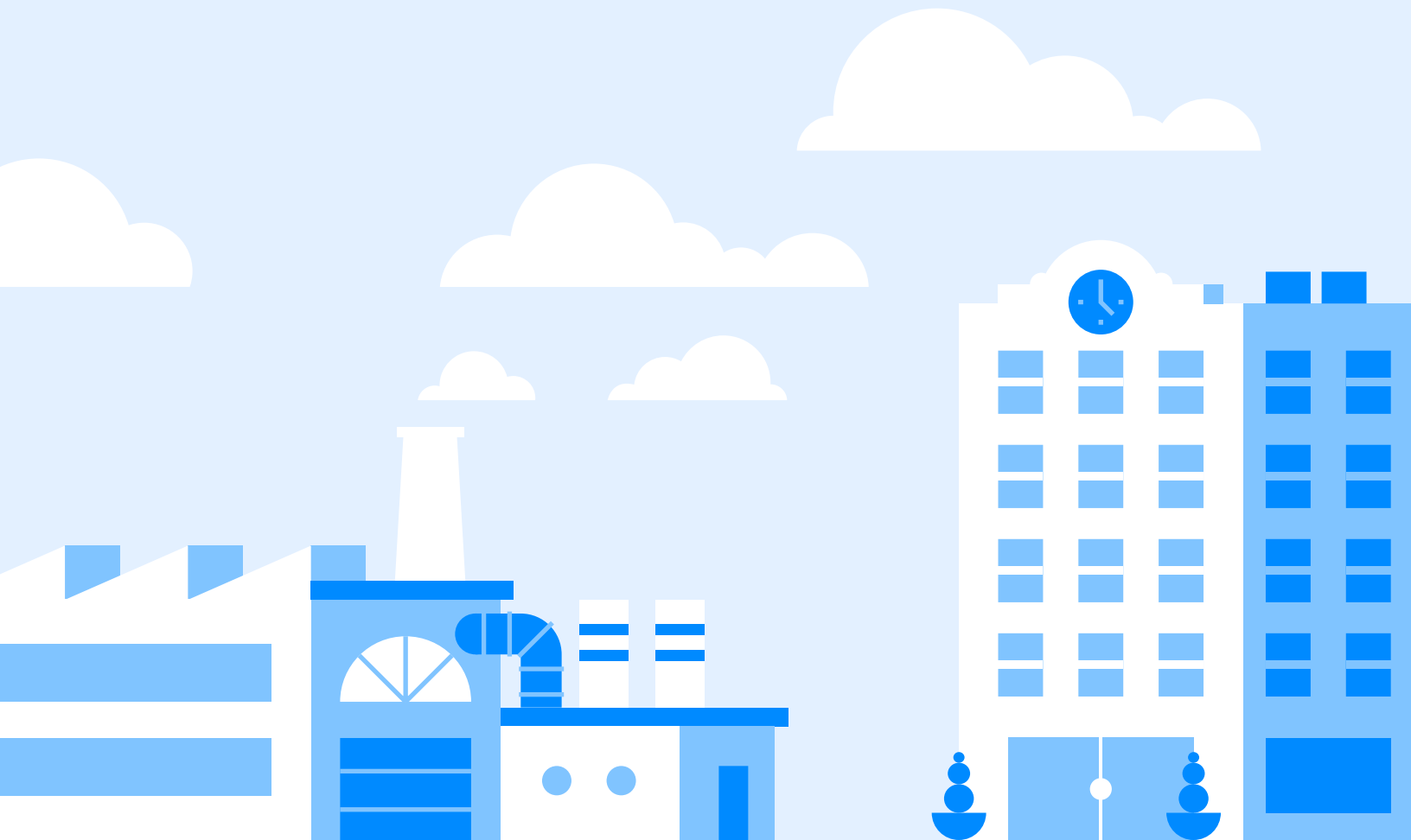
People from all populations can face long wait times and difficulty navigating the mental health care system. Marginalized communities face even greater issues: In the US, close to 50% of the population is non-white. But of practicing psychologists, only 5% identify as Hispanic, 4% as Asian, and 5% as Black.⁹ Because of this, BIPOC individuals may have trouble finding providers who share — or even understand — their cultural background. Similar situations are faced by LGBTQ+ individuals, who along with BIPOC communities are at greater risk of experiencing microaggressions while seeking or receiving treatment.

The role employers can play

The role employers can play



Helping marginalized people better access and engage in mental health care is key to dismantling the deep-seated inequities that leave people behind. Employers are well positioned to work with providers, researchers, and vendors to mitigate barriers and increase mental health equity. Employers can do this not only by targeting mental health directly, but also by impacting broader social determinants of health. For example, offering benefits and policies that cultivate greater financial stability, access to childcare and health insurance, and reliable, affordable means of transportation can all improve employees' lives by reducing stress, which in turn can lead to improvements in employee mental health.



The role employers can play



Poor employee mental health can have a wide range of negative impacts on a business, including decreased job performance and productivity, lower engagement with work, less communication with coworkers, and even poorer daily physical functioning. A study from Harvard Medical School found that insomnia costs the average worker 11.3 days – or \$2,280 – in lost productivity each year.¹⁰ Another study found that anxiety in the workplace was associated with decreases in social functioning and productivity. Additionally, those employees experiencing anxiety had significantly higher median overall medical costs than patients without anxiety – \$2,375 compared to \$1,448,¹¹ costs that self-insured companies generally shoulder. Finally, a 2019 report from Mind Share partners found that Black and Latinx respondents reported higher levels of mental health symptoms, and were more likely to have previously left a job for mental health reasons.¹²

Employers are well-positioned to invest time and resources into reducing mental health inequities. Not only will this meet a crucial need for employees, but the associated positive business outcomes (for example, lower turnover, greater productivity, more inclusive workplaces, healthcare cost savings) will make investments in mental health equity an easy sell to executive stakeholders. Addressing mental health equity is a chance for employers to go beyond occasional statements of justice and solidarity, to using their resources and platforms to foster mental health equity.

Digital medicine overview

Digital medicine overview



While the mental health system didn't intentionally create the stigma that separates people from care, the systemic exclusions and cultural myopia that grew from its origins have caused it.

The practice of traditional talk therapies, including cognitive behavioral therapy (CBT) which is the gold standard treatment for many mental health difficulties, was initially developed to accommodate a clientele with discretionary income and time to meet regularly face-to-face with a therapist. And telehealth perpetuates these inequities.¹³

The recent growth of digital therapeutics (DTx) for mental health has begun to bridge the divide. With software as its modality of intervention, DTx's structural advantages of patient-directed 24/7 access, consistency at scale, and affordability are delivering, in increasing numbers, an effective therapeutic alternative to traditional mental health care, including face-to-face CBT. DTx represents a new generation of mental health care that bridges many of the gaps seen in traditional modalities, including increased accessibility to communities which have been traditionally underserved.

The properties of DTx that offer mobility, access to evidenced-based solutions, and low cost also carry the additional benefits of privacy (reducing the patient's worry about exposure to public judgment), consistency (reducing the risk of experiencing microaggressions from a live therapist), and impartiality (reducing the judgment associated with the labeling of a clinical disorder). When applied thoughtfully in software that is available to people when and where they can engage in a way that addresses their specific needs, digital CBT can facilitate greater equity in clinical outcomes.¹⁴

Big Health's digital therapeutics



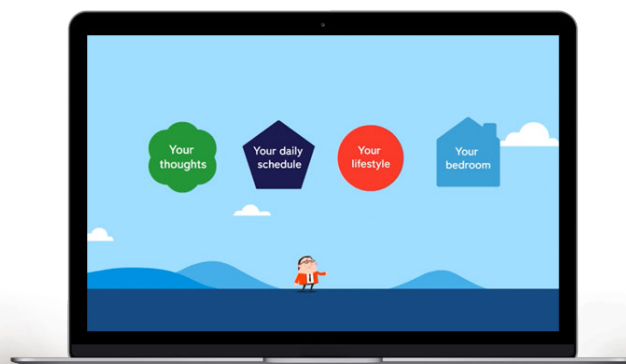
Sleepio is a digital therapeutic for insomnia proven to help people clear their mind, improve their sleep, and have better days.

Sleepio isn't a one-size-fits-all approach. It incorporates a person's unique needs to create a personalized program that they complete at their own pace. Each session builds on the last, guiding users step by step through methods proven to help them quiet their racing mind, reshape their behaviors, and get better sleep – all in about 20 minutes per week.

The country's leading employers offer Sleepio as a mental health care benefit because it works. The program uses cognitive behavioral techniques that are backed by decades of clinical research, and has been rigorously studied for safety and efficacy just like any sleep medication a doctor would prescribe. In 12 randomized controlled trials with over 13,000 people, Sleepio was proven to help participants fall asleep 54% faster, spend 62% less time awake at night, and have 45% better functioning the next day.¹⁵

Sleepio

In accordance with FDA's Current Enforcement Discretion Policy for Digital Health Devices for Psychiatric Disorders, for patients aged 18 years and older, who are followed by and diagnosed with insomnia disorder by a medical provider, Sleepio is available as an adjunct to their usual medical care for Insomnia Disorder. Sleepio does not replace the care of a medical provider or the patient's medication. Sleepio has not been cleared by the U.S. Food and Drug Administration (FDA) for this indication.



Big Health's digital therapeutics



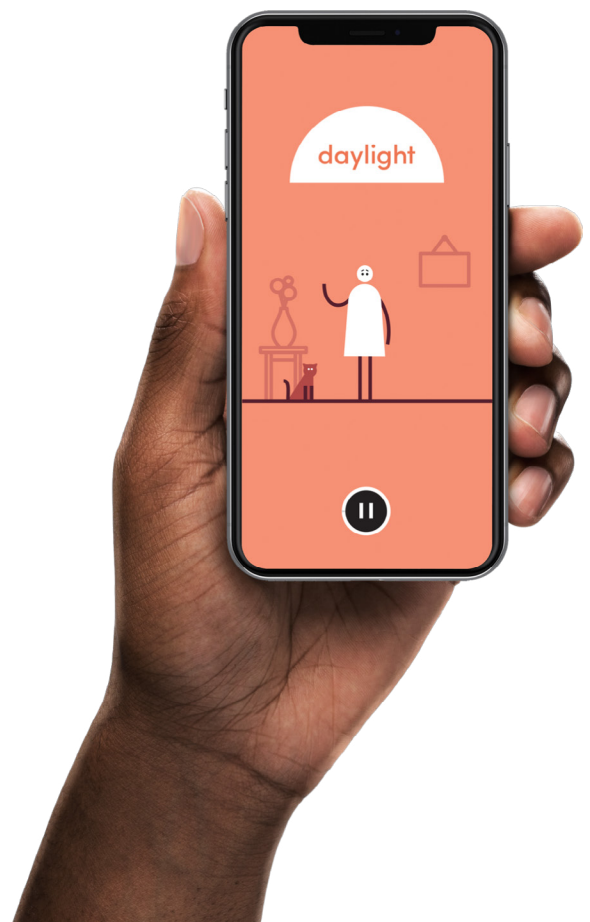
Daylight is a clinically proven digital therapeutic built by leading mental health experts that helps people gain control over their anxiety. Users start by taking a two-minute quiz to discover their Anxiety Type, and get personalized techniques to help them manage it.

A person's mental health affects every aspect of their life, from their energy levels to their appetite, and each person's needs are unique. If someone often feels worried or finds it hard to concentrate, their journey to better mental wellbeing can start in just a couple of minutes.

Daylight starts by identifying the types of thoughts and behaviors that may be keeping someone stuck. Then, after learning their specific challenges and priorities, Daylight guides them through interactive exercises to overcome their worries and feelings. These exercises help users learn to relax, reframe their negative thoughts, and address their fears, so that they can feel more present and in control.

Developed in collaboration with leading experts from Boston University, UCLA, and UT Austin, Daylight delivers practical strategies proven to be effective over decades of research. In a recent clinical trial, Daylight helped 71% of patients achieve clinical improvement in anxiety.¹⁶

In accordance with FDA's Current Enforcement Discretion Policy for Digital Health Devices for Psychiatric Disorders, for patients aged 18 years and older, who are followed by and diagnosed with generalized anxiety disorder (GAD) by a medical provider, Daylight is available as an adjunct to their usual medical care for GAD. Daylight does not replace the care of a medical provider or the patient's medication. Daylight has not been cleared by the U.S. Food and Drug Administration (FDA) for this indication.



How equitable is mental health at your company?

Find out by taking the assessment:

www.bighealth.com/lp/mental-health-equity-assessment/

Big Health's mission is to help millions back to good mental health by providing safe and effective non-drug alternatives for the most common mental health conditions including insomnia and anxiety. Designed by leading clinical experts, Big Health's digital therapeutics expand access to gold standard care, including behavioral medicine, and are backed by industry-leading research and randomized controlled trials. By seamlessly integrating across the care pathway, from member engagement to billing via pharmacy benefit managers, Big Health simplifies adoption for both payers and patients, providing an inclusive, scalable, and affordable approach without serious side effects.

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