



# A Buyer's Guide to Evaluating the Quality of Mental Health Benefits

5 key criteria to assess mental health solutions

lyra

Employers today are increasingly making mental health a top priority. With anxiety and depression on the rise amid the fallout from of the pandemic, and Americans' self-reported mental health [at the lowest point in two decades](#), 73 percent of employers planned to invest in employee mental health this year, [our recent survey](#) of 300 human resources and benefits leaders found.

That's not just because organizations believe it's the right thing to do—it's also a smart business decision. In fact, [a report](#) by the National Alliance of Healthcare Purchaser Coalitions shows that each dollar spent on more effective, easily accessible mental health coverage potentially returns four.

Still, many traditional health plans, employee assistance programs (EAPs), and app-based services don't address the core issue of quality care. Meanwhile, employees—when they can access treatment—get care that [may be ineffective or even harmful](#), while employers foot the bill for inadequate solutions.

With the cost of health care already sky-high, no one has an appetite for more wasted investments. But with an ever-increasing range of behavioral health vendors available, parsing through them all can be daunting. The good news: There are actionable steps you can take to evaluate the quality of your mental health benefits and make better-informed decisions about how you're investing in employee well-being.

# How to evaluate the quality of your mental health benefit

Deciphering the many intricacies of mental health treatment types, provider networks, and benefit coverage is enough to overwhelm even the most seasoned benefits professional—not to mention members seeking support.

In this guide, we break down the five most crucial factors to consider when assessing the quality of your company's current mental health benefit or considering a new one.

## 1. A commitment to evidence-based care

### Does your mental health solution provide only evidence-based care?

"Evidence-based treatment" is an oft-used term in mental health these days—so let's take a moment to explore what it means. Hundreds of psychotherapies exist today, but just a handful have been scientifically proven to work. Known as evidence-based treatments (EBTs), as defined by the [Society of Clinical Psychology](#), these are **proven methods that have been researched and tested in randomized controlled clinical trials and repeatedly demonstrate measurable results related to helping people feel better**. Common EBTs include:

- Cognitive Behavioral Therapy (CBT)
- Dialectical Behavioral Therapy (DBT)
- Cognitive Processing Therapy (CPT)
- Exposure and Response Prevention (ERP)

When your network only includes providers who practice evidence-based treatments, your employees get the most effective care to improve functioning and recovery as quickly as possible. The result is a healthier, more productive workforce and, over time, lower health care costs overall.



**Consider an EAP or mental health solution that offers an amount of coverage that enables your employees to get better.**

## EBTs for...

### Depression

- Behavioral Activation
- Cognitive Behavioral Therapy
- Problem-Solving Therapy
- Self-Management Therapy

### Post-traumatic stress disorder

- Prolonged Exposure
- Cognitive Processing Therapy
- Seeking Safety
- Present Centered Therapy

FIGURE 1: EXAMPLES OF EVIDENCE-BASED TREATMENTS

### Does your EAP offer enough sessions?

Most EAPs offer just a few sessions of care, which often isn't enough to make significant improvement. Consider an EAP or mental health solution that offers an amount of coverage that enables your employees to get better. [Research indicates](#) that 8-16 sessions of evidence-based treatment is often sufficient to help people develop new coping skills, with lasting results. Make sure to ask whether your mental health solution offers members with moderate to severe mental health needs enough sessions to see sustained clinical improvement.

### Do your providers emphasize skills-building?

Skills-building and "homework assignments" are key components that set evidence-based care apart from unproven therapies. During sessions, a provider using evidence-based techniques typically works to develop skills that address clients' specific symptoms. For instance, **cognitive restructuring** is a skill commonly practiced in CBT to help overcome recurring negative thought patterns. And between-session homework assignments, such as completing a digital lesson, [have been shown](#) to make therapy more effective and help clients learn to better manage their day-to-day mental health.



**If your EAP only offers a lengthy provider directory without personalized recommendations, it will likely mean a frustrating experience that results in ineffective care.**

## How do you ensure providers are suited to members' needs?

Therapies are evidence-based only for a specific problem area, so care-seekers need support to find a provider with the right expertise for their needs. For example, Exposure and Response Prevention is the gold standard treatment for Obsessive Compulsive Disorder (OCD), but it's *not* recommended for a primary psychotic disorder. If your EAP only offers a lengthy provider directory without personalized recommendations, it will likely mean a frustrating experience that results in ineffective care.

### The most effective methods share some common characteristics

1. **Fewer than 25 sessions**—Evidence-based treatments are often short-term, and research shows that the results are long-lasting.
2. **Goal-setting**—Providers focus treatment sessions on specific patient goals and continually track progress toward those goals.
3. **Progress measurement**—Tracking patients' progress via thoroughly researched clinical measures allows providers to tailor their approach to ensure efficacy. Standardized measurement tools include PHQ-9 and GAD-7.
4. **Skill development**—When people are stuck, they sometimes need new strategies rather than insight or catharsis. Effective treatments teach practical skills to better manage thoughts, emotions, and behaviors.
5. **Skill practice between sessions**—Treatment usually involves assignments to help patients practice new skills. The more they practice, the faster they progress.

FIGURE 2: WHAT IS AN EVIDENCE-BASED TREATMENT?

## 2. Verified network adequacy and quality

While many EAPs and health plans tout a large network, it's worth exploring how they recruit, vet, and train providers to maintain quality and availability on an ongoing basis. Here are the key questions to ask:

### How does your EAP ensure providers are accepting new patients?

Look for an EAP with established processes to assess ongoing provider availability. Also, verify that their network includes providers near where your employees live and work, with expertise matching their needs. For the best member experience, the EAP should offer bi-weekly verification or real-time updates synced with providers' calendars, and the option to book appointments online. Does your mental health vendor have real data on provider capacity and report how quickly members access care?

### Does your EAP curate and expand its network based on members' needs?

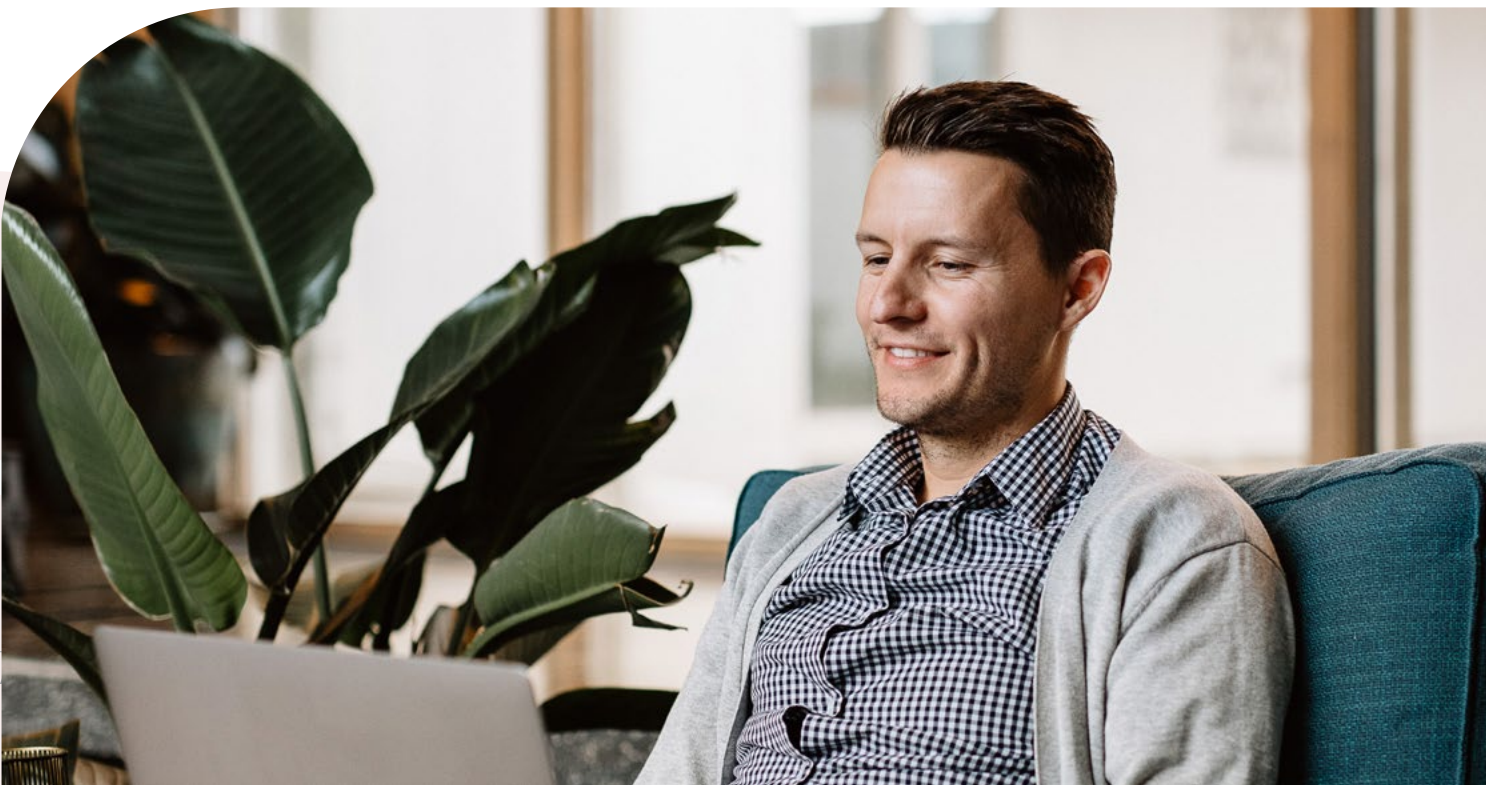
Consider a mental health solution that uses technology and data to build and maintain its network. Modern solutions will use smart, data-driven tools to rapidly identify, qualify, and onboard high-quality providers who are a good fit for your workforce. This curated network should account for your employees' location, who they are, and the types of issues they're dealing with.

To effectively address their needs, your network should have the right mix of providers, including therapists and coaches specialized in treating children, couples, parents, millennials, diverse and sensitive populations, substance abuse, suicidality, and self-harm. In the age of personalization, employees expect and deserve care that's tailored to them—technology enables this at scale.

### Does your mental health solution have a robust network of in-person providers?

In-person care is not only preferred by many clients and therapists, it's also clinically recommended over virtual care for certain mental health conditions. These include adults with severe eating disorders and those experiencing thoughts of self-harm or suicide, among other severe conditions. To ensure each member has access to the most effective care for their unique needs, you'll need to determine how many in-person providers have a completed and signed contract to deliver care as part of your network.

→ **Modern solutions will use smart, data-driven tools to rapidly identify, qualify, and onboard high-quality providers who are a good fit for your workforce.**





### What incentives does your EAP offer to attract the highest-quality clinicians?

With so few mental health providers participating in traditional networks, it's important to know how your EAP attracts the best evidence-based professionals. Start by looking for EAPs that simplify the business of having a private practice. This may include steady referrals of clients whose needs match providers' expertise; continuing education training; and tools for managing invoicing and scheduling.

### Does your mental health solution ensure their network's providers practice EBTs?

Evidence-based practice is fundamental to ensuring high-quality care, so you'll want to consider how deeply your EAP adopts an evidence-based approach. This means thoroughly vetting providers during the recruitment process to verify their commitment to EBTs. Once they're in the network, however, how do vendors assess providers' practice approach on an ongoing basis to ensure they're still using evidence-based techniques? One way to do this is by regularly collecting care outcomes via validated clinical measures like the Generalized Anxiety Disorder 7-item scale (GAD-7) and the Patient Health Questionnaire (PHQ-9) for depression. Clinical outcomes reveal whether members are improving in care, and allow for intervention when this doesn't happen.

Keep in mind that this verification process should include **all providers in a network**. If some providers aren't practicing evidence-based care, it will mean an unequal care experience across your population and, worse, the risk of ineffective care for some members. To avoid this pitfall, ask what measures the vendor has in place to properly vet each provider and use validated tools to measure member outcomes.



### 3. Quality measurement with data

How does your EAP demonstrate value? If it's more of a black box than a beacon of clarity, explore whether it's tracking and measuring the right criteria to help you gauge quality of care. Defining the right metrics is critical to shed light on member engagement, satisfaction, and outcomes. Assess these measures for your EAP quarterly to ensure it's living up to its promise.

#### Does your mental health solution provide data on the following components?

##### ACCESS TO CARE

To understand whether members can access the care they need when they need it, it's essential that your mental health vendor report how long it takes for members to access care. (When verifying the average time until a member's first appointment after seeking care, think days, not weeks.)

##### ENGAGEMENT, UTILIZATION, AND SATISFACTION

Member utilization and engagement are key success metrics for any mental health solution. With an estimated one in five adults living with a mental health condition—not to mention the millions more dealing with subclinical behavioral health problems such as stress, relationship issues, and burnout—understanding how much of your population takes advantage of the mental health support available to them is critical.

It's also worth asking how your EAP defines utilization: The metrics they report should go beyond care registrations and accurately count the number of people actually receiving care. In addition to member engagement and utilization, it's also best to collect data on members' satisfaction with the care they receive.

##### CLINICAL OUTCOMES USING VALIDATED THIRD-PARTY MEASURES

Clinical outcomes are the ultimate criteria to gauge a mental health vendor's effectiveness, since they tell you whether members are getting better in care. Just as it's crucial to ensure providers are practicing evidence-based treatments, you'll want to make sure the providers in your mental health solution's network use validated third-party clinical assessments (the GAD-7 and PHQ-9, among others) to measure member outcomes.



**RETURN ON INVESTMENT**

A mental health solution that leads to good care outcomes should also yield measurable ROI for your business. When members get the behavioral health care they need, you should see cost savings related to one or more of the following:

- Lower health plan spending on mental health claims
- Better employee productivity
- Less absenteeism
- Lower employee turnover

Theme	Metrics
Engagement	<ul style="list-style-type: none"> <li>• % employees engaged (sign-ups)</li> <li>• % engaged who get into care</li> <li>• Average time to first appointment</li> </ul>
Satisfaction	<ul style="list-style-type: none"> <li>• % satisfaction with member experience</li> <li>• % satisfaction with provider</li> </ul>
Outcomes	<ul style="list-style-type: none"> <li>• % improved or recovered (clinical)</li> <li>• % stress reduction (subclinical)</li> </ul>
Population insights	<ul style="list-style-type: none"> <li>• % engaged in different care programs (therapy, coaching, self-care apps)</li> <li>• % by primary need (stress, anxiety, depression, etc.)</li> <li>• % by modality (in person, video, onsite, self-care)</li> <li>• % breakdown by demographics (age, gender)</li> </ul>

FIGURE 3: RECOMMENDED MEASURES OF QUALITY



**A mental health solution that leads to good care outcomes should also yield measurable ROI for your business.**

## 4. Offer comprehensive care for every need

Make sure your EAP or mental health solution addresses your entire population's diverse spectrum of needs by offering different types of care with an integrated approach. There are three key factors to consider here:

### Care modalities

Give employees different ways to receive care—in person at a provider's office, via live video from a convenient location of their choice, or through a self-guided app. Consider bringing a mental health provider onsite at your office or worksite for added convenience.

### Care options

Offer care options tailored to different levels of symptom severity. For those with mild symptoms of stress or relationship issues, [mental health coaching](#) is a great option. For those with moderate symptoms, a [blended care approach](#) including sessions with a provider, online exercises, and digital content may be a good fit. And, for those with more severe or complex mental health conditions such as bipolar disorder, schizophrenia, or substance use disorder, in-person therapy may be most effective.

These care options should be integrated for seamless transitions in case someone starts down one care path and needs to transition to more intensive care. It's important to meet people where they are, help them find and access the right care quickly and easily, and make the whole experience seamless.

### Care for minors and dependents

Access to quality mental health care isn't necessary just for employees, but for their dependents, too, including children. A [2020 report by the Child Mind Institute](#) found that over 17 million U.S. children have a diagnosable mental health condition, and more than two-thirds of parents who sought mental health support in 2020 saw their child's emotional well-being decline. A mental health solution that provides evidence-based treatment for children can be life-changing not only for the children in your member population, but for the entire family.



**It's important to meet people where they are, help them find and access the right care quickly and easily, and make the whole experience seamless.**

## 5. A proven mental health care partner

When evaluating any benefit vendor, doing your due diligence to find the right option means following the evidence. This is even more critical in mental health care, since the difference between proven, high-quality care and subpar care can mean significant consequences for employees and their families, not to mention your business. Be sure to look for the following:

### Clinical studies

Has your EAP or mental health solution published research in third-party journals demonstrating the efficacy of their treatments? These studies should clearly show members' reliable symptom improvement or recovery after receiving care. Peer-reviewed published research is a clear, objective sign that the care the vendor offers truly works.

### Customer references

Just as you would with any other vendor, you'll want to see customer references and testimonials as further proof of a mental health care solution's quality and effectiveness. During your evaluation, make sure to ask for case studies, testimonials, and references from current customers.

### Willingness to go at-risk on member outcomes

Any mental health care solution that's serious about providing measurable, evidence-based care should be willing to put its money at risk on member outcomes. Look for a vendor with a pricing model that puts most of its fees at risk based on members' clinical improvement or recovery in care.



## Summary—5 dimensions of quality

As you seek the right solution to support your employees' mental health, manage costs, and boost productivity, keep these five key dimensions in mind:

- ✓ Commitment to evidence-based care
- ✓ Network adequacy and quality
- ✓ Quality that's measurable with data
- ✓ Comprehensive care for every need
- ✓ A proven mental health care partner

Each dimension is equally vital to delivering measurable clinical outcomes for employees and dependents in need. Your people deserve the best care possible and, with these five dimensions in mind, you can take a quality-driven approach to evaluating the mental health solutions on the market today.



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## About Lyra

Lyra is the leading mental health benefit partner for influential and innovative companies. Supporting over 2 million members nationwide, Lyra brings together technology and an elite provider network to improve access, quality, and outcomes for your employees.

**7x engagement | Next-day appointments available | 82.7% improve or recover**

- **Frictionless member experience**  
Our online platform helps members find care in just a few clicks. They can sign up and book appointments instantly, choose to meet virtually or in person, and tap into digital tools to build new skills.
- **Elite providers and proven treatments**  
Lyra works with only the most qualified and effective providers. Our therapists and coaches use only evidence-based methods proven to help people feel better.
- **Personalized care for every member**  
Lyra uses technology to intelligently match individuals with the right providers and treatments based on their symptoms, severity, and preferences.
- **Strong insight into effectiveness**  
Get visibility into member utilization, satisfaction, recovery and improvement rates, and the mental health needs of your workforce.

### Support for issues that are simple, complex, routine, or unexpected

- Mental wellness tools
- Guided Self-Care
- Coaching
- Therapy
- Medication Management
- Trainings & Workshops
- Critical Incident Support
- Work-life Services
- 24/7 Member Support

#### Featured customers



Ready to reimagine your mental health benefit? Get in touch with us.

[partners@lyrahealth.com](mailto:partners@lyrahealth.com) | [www.lyrahealth.com](http://www.lyrahealth.com)

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