The Council of State Governments

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

State Responses

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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.

Executive Summary

The COVID-19 pandemic has introduced a number of new stressors that have significantly impacted Americans' mental health. People with pre-existing mental health conditions may have more difficulty handling the disruptions to daily life that have accompanied the COVID-19 pandemic, leading to an increase in symptoms. In addition, people are newly experiencing symptoms of anxiety and depression, which — if left unaddressed — can become psychiatric disabilities that substantially limit major life activities.

The pandemic has made it more challenging for both populations — those with existing mental health conditions and those who have developed mental health conditions during the pandemic — to access the services and supports they need to manage their conditions. For example, loss of income or health insurance due to the pandemic can make it harder to pay for mental health services, and fear of exposure has prevented some individuals from accessing in-person care.

Left unaddressed, mental health challenges can have significant impacts on a state's workforce and economy. Mental health conditions can significantly impact individuals' performance at work — including their productivity, absenteeism, accidents and turnover — as well as their ability to work at all. This, in turn, can result in a smaller tax base, a reduced workforce and increased social expenditures for states.

States can take steps to support workers' mental health throughout the COVID-19 pandemic and beyond, as well as to mitigate the negative impacts of mental health conditions on the workforce. Available strategies include:

- **Increasing access to telemental health services**
- **Strengthening mental health supports for communities that have been most impacted by the COVID-19 pandemic (including essential workers and minority groups)**
- **Expanding workplace mental health supports**

This document provides a range of policy and program options for states to consider as they enhance mental health supports for workers. The content of this brief was informed, in part, by information and data gleaned through the State Exchange on Employment & Disability (SEED) COVID-19 Policy Collaborative for an Inclusive Recovery.

State strategies for supporting workers' mental health include:

1. **Increasing access to telemental health services.**
2. **Strengthening mental health supports for communities that have been most impacted by the COVID-19 pandemic.**
3. **Expanding workplace mental health supports.**

Introduction

The Impacts of the COVID-19 Pandemic on Employee Mental Health

Even before the COVID-19 pandemic, mental health conditions were among the most common health conditions in the United States.[1] COVID-19 has introduced additional stressors that have negatively impacted peoples' mental health. This has resulted in (1) employees with preexisting mental health conditions experiencing an increase in symptoms, and (2) more workers struggling with mental health conditions, including anxiety and depression.[2]

The Prevalence of Mental Health Conditions

Over half of Americans are diagnosed with a mental health condition at some point in their lives, and one in five will experience a mental health condition in a given year.[3] There are more than 200 types of mental health conditions, including anxiety disorders, depression, bipolar disorder, eating disorders and schizophrenia.[4] [5] A mental health condition can become a disability when it substantially limits one or more major life activities, such as walking, talking, hearing, seeing, performing manual tasks and working.[6] [7] When job applicants or employees have a mental health condition that meets those criteria, they have workplace rights under the Americans with Disabilities Act (ADA).[8]

COVID-19 has had an especially large impact on the mental health of essential workers and communities of color.[13] [14] Members of both groups have reported symptoms of anxiety and/or depressive disorder at higher-than-average rates, and essential workers are more likely than non-essential workers to report substance use and suicidal thoughts.

Untreated mental health conditions among workers can have impacts on state economies and local communities. Mental health problems

negatively impact employee performance, rates of illness, absenteeism, accidents and turnover.[15] In addition, individuals are increasingly quitting their jobs due to mental health concerns, and some may be dropping out of the workforce completely.[16] [17] In aggregate, this can result in a smaller tax base, a reduced workforce and increased social expenditures for states.

The Impact of COVID-19 on Mental Health

The COVID-19 pandemic and resulting economic downturn have introduced a number of stressors into peoples' lives.[9] These include:

- High levels of uncertainty and fear
- An overload of news and information
- Changes to workplace processes and demands
- Changes in household dynamics
- Financial and job security concerns
- Isolation and loss of social support
- Potential worsening of existing health conditions
- Less access to services and supports to manage health conditions
- Difficulties linked to caregiving

As a result, 4 in 10 adults in the U.S. have reported symptoms of anxiety or depressive disorder during the pandemic, up from 1 in 10 before the pandemic.[10]

The Impact of COVID-19 on People with Existing Mental Health Conditions

According to the Equal Employment Opportunity Commission, "employees with certain preexisting mental health conditions, for example, anxiety disorder, obsessive-compulsive disorder, or post-traumatic stress disorder, may have more difficulty handling the disruption to daily life that has accompanied the COVID-19 pandemic."[11]

In addition, a 2020 study found that people with a recent diagnosis of a mental health condition have a significantly increased risk for COVID-19 infection and tend to have worse outcomes than people without mental health conditions.[12]

The Impact of Mental Health Conditions on Employment

According to Health Affairs, "Mental illness can pose difficulties for workers because their symptoms can interfere with essential workplace skills, such as participating effectively in teams, interacting with customers and co-workers, and maintaining concentration."[18]

Even moderate mental illness can have substantial negative effects on employment:

75.9% of people without a mental illness are employed, compared to **62.7%** of people with moderate mental illness.[19]

"People with moderate mental illness who do work may have reduced productivity or interpersonal problems at their jobs, and their symptoms may lead them to miss work…the overall effect of these job challenges is that people with moderate mental illnesses have lower earnings and accumulate less work experience and fewer skills over their lives."[20]

Addressing the Mental Health Needs of Workers

Under the ADA, employers must provide reasonable accommodations to employees with mental health conditions that qualify as psychiatric disabilities (meaning conditions that substantially limit a person's ability to concentrate, interact with others, communicate, regulate thoughts or emotions or do any other major life activity).[21] Reasonable accommodations are adjustments to a work setting that make it possible for employees to perform the essential functions of their job, and may include allowing telecommuting, providing leave for reasons related to mental health or allowing employees to take more frequent breaks.[22]

Yet, reasonable accommodations alone cannot address the full scope of mental health challenges that workers are facing amid the COVID-19 pandemic, particularly among workers whose mental health conditions have not yet advanced to the level of a psychiatric disability.

For example, many workers feel their employers are not meeting their mental health needs. In a 2021 study from Mental Health America, fewer than half of workers reported that their employer provides a safe and welcoming environment for employees with mental health conditions; 59% of workers indicated that their supervisor did not provide emotional support to help them manage their stress; and 40% of workers indicated that they did not know what workplace resources they could use if they needed emotional support.[23]

In addition, workers often struggle to access the external supports they need to manage their mental health.[24] The pandemic has both exacerbated existing challenges — including finding and paying for mental health care — and introduced new ones, such as physically accessing medical and peer support services.[25]

Barriers to Accessing Mental Health Supports

Even before the pandemic, only half of people with mental health conditions were receiving treatment.[26] Barriers to access include:

- **High cost and insufficient insurance coverage.**
- **Limited options and long waits, in part due to provider shortages.[27]**
- **Lack of awareness of where to go for services.**
- **Perceived social stigma for seeking services.[28]**

Policy Recommendations

States can take steps to support workers' mental health and mitigate the negative impacts of mental health conditions during the COVID-19 pandemic and beyond. These include:

1. **Increasing access to telemental health services**, including expanding insurance coverage and reimbursements for telehealth visits.
2. **Strengthening mental health supports for communities that have been most impacted by the COVID-19 pandemic**, including essential workers and minority groups.
3. **Expanding workplace mental health supports** for state employees and encouraging other employers to do the same.

1. Increasing Access to Telemental Health Services

Telehealth is a key way that individuals have been able to access mental health services during the COVID-19 pandemic.[29] It has helped reduce obstacles to receiving mental health care that existed before the pandemic (e.g., transportation needs and travel time) and overcome new ones posed by the pandemic (e.g., limits to in-person health care visits as a way to minimize COVID-19 exposure for staff and patients).[30]

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.[31]

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.[32]
- **Twenty-one states** require private insurers to cover telemental health services.[33]

→ Allowing behavioral health providers to utilize telehealth

Louisiana House Bill 449 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 mediums, platforms and settings for telehealth

Illinois Executive Order 2020-09 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.[34]

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

→ Allowing patient-provider relationships to be established through telehealth

The Governor of **Idaho** issued a proclamation suspending various sections of the Telehealth Access Act, including the requirement that there be a pre-existing provider-patient relationship before telehealth can be performed.[35]

The Governor of **Montana** issued guidance clarifying that a pre-existing provider/patient relationship is not required to provide telemedicine, telehealth or telepractice services, including for "routine health care that is required to maintain [patients']…mental health."

→ Expanding providers who can provide telemental health services

Louisiana House Bill 449 expands the types of health care providers who can perform telepsychiatric evaluations to include psychiatric mental health nurses, as long as certain requirements are met.

Minnesota Executive Order 20-28 allows out-of-state mental health providers to render telehealth aid and permits certain licensing boards to provide license and registration relief during the COVID-19 emergency.

→ Eliminating or lowering co-payments for telehealth and telemental health services

- At least **20 states** are waiving or lowering telehealth co-payments.[36]

For example, the **New York** Department of Financial Services adopted an emergency regulation requiring insurance companies to waive cost-sharing (including co-payments) for in-network telehealth visits, including mental health visits.

→ Providing technical assistance to mental health providers around telehealth

At the **Rhode Island** Department of Behavioral Healthcare, Developmental Disabilities & Hospitals, staff leveraged the Northeast Telehealth Resource Center to provide twice-weekly technical assistance webinars for behavioral health organizations on telehealth best practices, equipment and other considerations (like safety and confidentiality) shortly after the COVID-19 crisis began.

- A full list of regional Telehealth Resource Centers can be found here.

→ Making COVID-19 flexibilities permanent

Arkansas House Bill 1176 ensures that reimbursement in the state Medicaid program for certain behavioral and mental health services provided via telemedicine continues after the public health emergency caused by COVID-19.

Utah passed laws to make some emergency actions, such as coverage for telephone-based mental health services, permanent.[37]

Ensuring Accessibility of Telemental Health Services

State policymakers may consider adopting policies to ensure that video and audio platforms used to provide telehealth services are accessible to and usable by everyone (including individuals with disabilities) and are consistent with generally accepted technical standards (e.g., Web Content Accessibility Guidelines 2.1 A and AA).[38] This includes incorporating built-in accessibility features and ensuring interoperability of telehealth platforms with assistive technology.

2. Strengthening Mental Health Supports for Communities That Have Been Most Impacted by the Pandemic

Historically, people of color and essential workers have experienced significant barriers to accessing mental health services in general, and these populations have also experienced some of the most significant mental health impacts from the pandemic.

For people of color, barriers include geographic inaccessibility, economic disenfranchisement and lower rates of insurance coverage.[39][40] In addition, people may be deterred from seeking services due to perceived stigma, as well as bias, lack of representation and lack of cultural competency among mental health service providers.[41][42][43][44]

Lack of Insurance Coverage among People of Color

People of color are more likely than non-Hispanic whites to be uninsured, with Hispanic or Latinx Americans, American Indians and Alaska Natives all being more than 2 ½ times more likely than non-Hispanic whites to be uninsured.[45]

Essential workers – particularly those employed part-time – may have less access to health care coverage and less ability to pay for mental health services. A recent study showed that workers in three broad occupation groups (food preparation and serving; building and grounds cleaning and maintenance; and construction trades) had significantly lower levels of health care access compared with workers in general.[46]

Defining Essential Workers

The Centers for Disease Control and Prevention (CDC) defines essential workers as "those who conduct a range of operations and services in industries that are essential to ensure the continuity of critical functions in the United States."[47] This includes essential health care workers (i.e., health care personnel); frontline essential workers (e.g., law enforcement, corrections workers, grocery store workers); and other essential workers (e.g., those working in transportation and logistics, IT and financial services).

States have taken numerous approaches to address the mental health impacts of COVID-19 on people of color and essential workers, and to respond to barriers these populations face in accessing services. These include:

→ Convening task forces and advisory councils to identify and address the mental health needs of minority groups

Illinois Senate Bill 1841 would create the Advisory Council on Mental Illness and Substance Use Disorder Impacts on Employment Opportunities within Minority Communities.

Michigan Executive Order 2020-55 created a racial disparities task force that includes a charge to remove barriers to accessing mental health care.

The **Ohio** COVID-19 Minority Health Strike Force developed a Blueprint that includes recommendations for increasing access to mental health and addiction services for communities of color, including by directing state agencies to work together and with local communities to increase culturally meaningful screening, early intervention and linkage to treatment in primary health care and community settings.

→ Increasing availability of and access to culturally competent mental health care

Nevada Assembly Bill 327 requires certain mental health professionals to complete continuing education relating to cultural competency and diversity, equity and inclusion.

Oregon House Bill 2949 requires the Oregon Health Authority to expand funding, develop programs and provide incentives to improve access to culturally responsive behavioral health services by underserved communities, including tribal members and people of color. It also requires the Authority to provide funding to community mental health programs and private practitioners to ensure access to mental health care by communities disproportionately challenged by COVID-19.

→ Convening working groups to understand and address the mental health needs of essential workers

New York Senate Bill 1301 directs the Commissioner of Mental Health to create a workgroup and report regarding frontline worker trauma informed care.

Vermont Senate Bill 42 establishes the Emergency Service Provider Wellness Commission. The Commission will recommend best practices for expanding mental health services available to emergency service providers.

→ Establishing mental health hotlines and other supports for essential workers impacted by the COVID-19 pandemic

California Assembly Bill 562 proposed establishing a mental health support system for licensed health care providers who have provided direct care to COVID-19 patients.

New Jersey Senate Bill 2447 proposed establishing a toll-free helpline for first responders and health care workers experiencing mental health issues related to the COVID-19 pandemic. In addition, New Jersey Assembly Bill 4167 proposed providing psychiatric service dogs to first responders, health care workers and other frontline workers suffering from post-traumatic stress disorder due to the COVID-19 pandemic.

→ Waiving costs for mental health services provided to essential workers

Florida House Bill 1617 would waive certain costs for mental health services provided to frontline health care workers for a specified time period and provide retroactive applicability.

The **New York** State Department of Financial Services announced an emergency regulation prohibiting insurers from imposing copayments, coinsurance or annual deductibles for in-network outpatient mental health services provided to essential workers.

3. Expanding Workplace Mental Health Supports

The workplace can have a significant impact on workers' mental well-being. Nearly nine in 10 employees report that their workplace stress affects their mental health.[48] In addition, changes to workplace processes and demands due to COVID-19 have been a source of stress for many Americans.[49] Yet, according to the CDC, "the workplace can be a key location for activities designed to improve well-being among adults."[50] For example, workplace wellness programs "can identify those at risk and connect them to treatment and put in place supports to help people reduce and manage stress."[51]

Spotlight on Workplace Wellness Programs

According to the CDC, a workplace wellness program is a "coordinated and comprehensive set of health promotion and protection strategies implemented at the worksite."[52]

Wellness programs have historically focused on improving employees' physical health – for example, by offering free nutritional guidance and fitness classes to employees. However, according to the Society for Human Resource Management (SHRM), programs are increasingly focusing on "workers' well-being, which, in addition to physical health, encompasses emotional resilience, stress management and financial fitness."[53]

Examples of commonly offered mental/emotional health programs include teletherapy, stress management and resiliency programs, and programs to help improve sleep.[54]

Spotlight on Employee Assistance Programs

According to the U.S. Office of Personnel Management, an Employee Assistance Program (EAP) is a "voluntary, work-based program that offers free and confidential assessments, short-term counseling, referrals and follow-up services to employees who have personal and/or work-related problems."[55]

EAPs can address a range of issues affecting mental and emotional well-being, including stress, grief, family problems, workplace violence, trauma and "psychological disorders."[56]

States have taken a number of approaches to expand workplace mental health supports. These include expanding paid sick leave requirements and authorizing sick leave to be used for managing mental health needs. It further includes requiring or encouraging employers to provide mental health resources to their employees, such as Employee Assistance Programs.

In addition, states can expand mental health supports within their own government workforces. This includes increasing access to mental health resources – including telemental health services – for state employees, and training state employees on supporting mental health in the workplace.

State approaches to expanding workplace mental health supports include:

→ Expanding paid sick leave requirements, including for managing mental health needs

Arizona requires all employers to provide paid sick leave, and indicates that employees may use paid sick time for medical care or mental or physical illness, injury or health conditions of the employee or any of the employee's family members.

New Mexico House Bill 20 allows employees in the state to use earned sick leave for diagnosis, care or treatment of mental or physical illness, injury or health conditions.

→ Encouraging employers to provide mental health and wellness programs, and protecting employee rights in using them

New Jersey Senate Bill 2562 prohibits a public employer from taking any action against an employee because an employee has obtained counseling, referrals or other services from or through an employee assistance program. The bill further requires that information regarding services provided to an employee through an employee assistance program be kept confidential.

The **North Dakota** Employer Based Wellness Program allows participating employers to receive a 1% health insurance premium discount for promoting wellness initiatives for employees at their worksite.

Wisconsin Senate Bill 73 creates an income and franchise tax credit for workplace wellness programs, which can include programs or services around stress management. Employers receive a credit of 30% of the amount they pay to provide a workplace wellness program.

→ Providing resources and technical assistance to guide organizations in developing mental health supports for their employees

The **Nebraska** Department of Health and Human Services has taken a number of steps to expand worksite wellness programs among businesses,[57] including by publishing a Worksite Wellness Toolkit. The toolkit serves as a guide to organizations in developing workplace wellness programs and suggests that organizations include mention of "mental well-being" in their program mission statements.

The **North Dakota** Department of Health developed the North Dakota Worksite Wellness Program, which organizes resources and provides trainings to help businesses develop comprehensive worksite wellness programs. In addition, the Department has an overarching wellness committee that provides technical assistance support for department worksite wellness programs.

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

Illinois offers its active employees who are participating in any of the state's health plans access to the Employee Assistance Program for various behavioral health issues.

The **Kentucky** Employees' Health Plan offers LivingWell, a comprehensive wellness program that includes mental health and stress management components.

Oklahoma provides an Employee Assistance Program (EAP) to state employees, and established an EAP Advisory Council to advise on policy issues and provide support to expand and improve program services that are available to state employees and their families. In addition, Oklahoma developed Thrive, a wellness program for state employees that considers emotional well-being as one of its key pillars.

→ Increasing telemental health services for state employees

The **Kentucky** LiveHealth Online Medical and Behavioral Health tool allows state employees to have video visits with a doctor, psychiatrist or therapist at no cost.

The **Nevada** Public Employees' Benefits Program offers Doctor on Demand, which connects plan members with licensed psychologists through live video on their smartphone, tablet or computer.

Addressing the Mental Health Needs of Teleworkers

While teleworkers might face a reduced threat of contracting COVID-19, many employees have struggled with the transition to telework. This includes adapting to reduced social interaction, increased household responsibilities (such as assisting children with remote learning) and a diminished work-life balance.[58] Nearly half of adults working from home reported experiencing stress, anxiety or depression, which began or worsened for many people after they started teleworking.[59] In addition, a November 2020 study conducted by Aetna International found that 33% of respondents were worried about mental health when working from home, and only 36% felt that their employer provided a "good" level of support to teleworkers around mental health issues.[60]

The **Washington** Office of Financial Management has developed a webpage, "Telework resources during the COVID-19 pandemic" to help state employees be successful as they work from home. It includes tips for dealing with social isolation and links to resources for dealing with COVID-induced anxiety.

→ Training state employees on supporting mental health in the workplace

The **Kentucky** Personnel Cabinet has published a Mental Health First Aid Guide, to help state employees and supervisors feel more confident in assisting a coworker or employee they supervise who is experiencing a mental health concern.

- Mental Health First Aid at Work is a mental health training program that states can host, which "teaches participants how to notice and support an individual who may be experiencing a mental health or substance use concern or crisis in a work environment and connect them with appropriate employee and community resources."

Leveraging American Rescue Plan Funds to Expand Mental Health Supports

The American Rescue Plan (ARP) Act allocates almost $12.4 billion directly to mental health and addiction resources for states.[61] For example, states can use block grants to supplement Medicaid funds for prevention, treatment and recovery services to expand their ability to provide mental health care and addiction treatment to citizens.

Conclusion

The unprecedented stressors introduced by the COVID-19 pandemic have negatively impacted the mental health of many workers. In addition, the pandemic has made it more difficult for people to access the care they need to manage pre-existing or newly developed mental health conditions. States have developed a number of policy and programmatic solutions to help address worker mental health needs and mitigate the impact of unaddressed mental health conditions on state workforces and economies. This has included initiatives focused specifically on populations whose mental health has been most impacted by the pandemic, such as communities of color and essential workers. While state efforts can help address the unique stressors and circumstances of the pandemic, many of them — such as telehealth flexibilities — can help reduce or eliminate barriers to managing mental health needs that existed before the pandemic and that will exist after it is over. As such, states are increasingly looking to make certain measures permanent.

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