



WHITE PAPER:

Meet Member Needs with Scalable Mental Healthcare that Works



For the increasing number of individuals experiencing mental health needs, it is imperative that health plans be able to meet them with low-barrier treatment approaches where they are, whether they are diagnosed at a routine primary care appointment, with a specialist monitoring a chronic condition, or as an acute case in the emergency department – and then to follow those individuals as they progress along their journey within a health network’s care continuum. As health plans revamp their offerings to incorporate mental healthcare in new ways, it will be necessary to:

1. Revisit the traditional approach of covering only in-person therapy –which cannot be scaled to meet current or projected demand.
2. Critically evaluate any treatment offered within the health plan formulary to ensure members derive outcome value and the plan derives a positive return on investment.
3. Deploy mental healthcare that informs, and is informed, by other care team members.

In doing so, health plans will be better able to meet each member where they are on the spectrum of mental health needs. Doing so with platforms that integrate seamlessly onto the clinical care continuum also improves access to mental health resources for members by creating new opportunities for clinicians to identify – and then act on – each member’s holistic behavioral health needs. It’s an approach that’s proven to improve member outcomes and reduce overall health costs.

More People Are Seeking Mental Health Support, And They’re Seeking It In Expensive Places

One of Harvard Business Review’s most popular pieces last year named a contributor to the shared malaise: “That Discomfort You’re Feeling is Grief.” And “languishing” became a buzz term after psychologist Adam Grant identified it in the New York Times as the “neglected middle child” between depression and wellness.

As needs grow, a costly shift has been exacerbated by the pandemic: From 2006 through 2014, the rate of emergency department (ED) visits for mental health

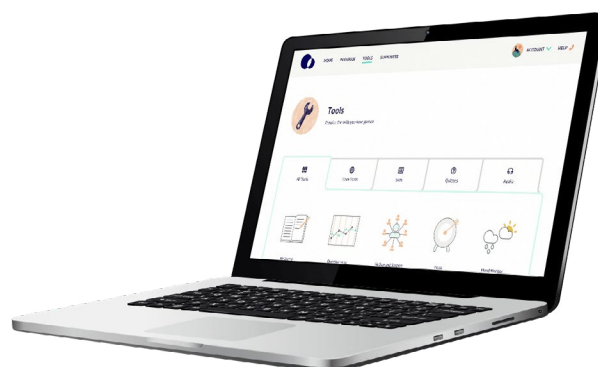
and substance use disorders (MSUD) rose 44.1 percent, according to the Agency for Healthcare Research and Quality.

It found that Medicare plans bore the largest share of ED visit costs for anxiety and depressive disorders, and that the average cost of MSUD visits to the ED was 19% higher than the average cost for all ED visits. During the Covid-19 pandemic, emergency department visit rates for mental health conditions, suicide attempts and overdoses were higher from mid-March through October 2020 compared to the same period in 2019, according to a 2020 study of 190 million visits.

This isn’t even to mention the ongoing needs of people living with conditions such as diabetes, heart disease, chronic pain and other challenges whose diagnoses come with higher rates of mental health disorders. In a meta-analysis of 48 studies encompassing 55,898 depressed and 674,414 non-depressed participants, study authors found that “depression was associated with significantly higher total direct excess costs in all subgroups. Expressed as point estimate [95% CI], total direct excess costs were higher for depressed v. nondepressed adults (2.58 [2.01–3.31], $p < 0.0001$, $I^2 = 99%$) ... and depression as comorbidity (1.39 [1.24–1.55], $p < 0.0001$, $I^2 = 42%$).”

In many cases, these diagnoses are not only exacerbated by mental health complications, but may have initiated or progressed because of undiagnosed mental and behavioral health needs in the first place – for example, a person with undiagnosed depression that contributes to poor health habits, then to diabetes.

In the past year, more Americans of all ages have slid farther along the continuum of mental health needs.

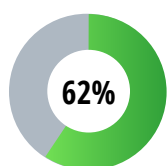




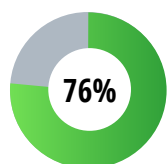
Addressing the Elephants in the Room

Covering in-person therapy is not the same thing as providing access to therapy because synchronous in-person mental healthcare cannot be scaled. The U.S. simply does not have enough trained professionals to provide in-person support to everyone who needs it. (And, because of ongoing stigma, work and family schedules and other barriers to entry, a member told to seek mental healthcare may never make the outreach needed to pair up with a practitioner anyway.)

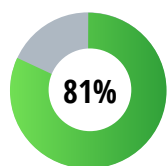
A 2018 survey cosponsored by the National Council for Behavioral Health reported that 42% of respondents cited cost and poor insurance coverage as key barriers to accessing mental healthcare. A study of more than 36,000 people found that this was true of:



of people with mood disorders



of people with anxiety disorders

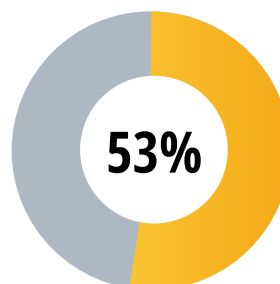


of people with substance use disorders

If we can meet members where they are on the health continuum, we can prevent mental health needs from progressing (or even surfacing), and we can disrupt the cycle of mutually complicating comorbidities. but first, we have to get members in front of solutions they can access and will use.

News articles in 2021 have picked up on the shortage, reporting on wait lists for psychiatrists, psychologists and other mental health professionals.

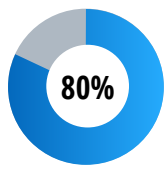
The American Psychological Association estimates that for everyone who needs support to have it, we'd need to add 25,080 psychologists by 2030 – and those estimates were made in 2018. When it comes to psychiatrists, more than half of U.S. counties don't have one. A SAMHSA report noted that:



Of adults with mental illness received no treatment in the previous year because of barriers in insurance coverage and cost.

What's more, even if a mental health professional has openings, there's no guarantee that a healthcare provider would know of them to make a referral. Many mental health practitioners do not accept insurance, and primary care practitioners have not historically networked with mental health practitioners in the same way they do with other specialists as they build referral arrangements.

If a PCP or ED clinician identifies a behavioral health need, to whom would they refer the patient? And would that patient be willing to invest the energy to act on a recommendation to seek care? The same AHRQ analysis noted earlier found that:



Of MSUD visitors to the ED were discharged to home – but with what directives to prevent them returning in the same state at a later time?

Members need accessible solutions that work, for both the member and for dependents of all ages, and health plans need them at scale. That's where telemental health has come in, and in a big way – but not all ways are created equal.

Asynchronous Digital Support Can Provide In-Person-Equivalent Positive Member Outcomes: The Measurable Benefits of Offering iCBT on a Care Continuum

Healthcare is evolving to provide whole-person care by connecting treatment through converging health technologies and mobile devices, which enables members, caregivers and healthcare professionals (HCPs) to access data and information more easily and improve quality and outcomes.

Telemental health, prescribed as internet cognitive behavioral therapy (iCBT) from a health plan's formulary, empowers prescribing clinicians along the care continuum with resources they can offer members in the moment of need, wherever the member presents on the care continuum.

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Consider Three Cases

Young and Invincible ... She Thinks? iCBT Catches Mental Health Concerns Early

An 18-year-old visits her PCP for a physical prior to leaving home for college. Standard screening with the Brief Resilience Scale flags that she has low resilience as she prepares to leave family and manage new stressors.

Clearly, she is not at a point where she needs medication. Nor does she have time – or physical ability, since she's leaving the state – to connect with an in-network therapist in person. But without intervention, her metrics suggest her mental state could deteriorate, affecting her ability to perform to her full capabilities and manage new challenges, risks and social situations if not properly and proactively managed.

Her PCP suggests that she practice mindfulness and wellbeing exercises to help her manage these new changes, and prescribes a digital mental health platform available via her health plan's formulary – much in the way a prescriber would write a script for a formulary-approved drug.

When she arrives home, an email prompt is waiting in her inbox, inviting her into the SilverCloud for Resilience program. She's able to begin working within the platform immediately in a self-guided way, and as she progresses through her first semester, she gains confidence in her ability to manage herself despite unexpected academic and personal challenges that could have derailed both her physical health and her academic progress.

- Users who complete their SilverCloud programs continue to maintain positive health habits developed during the program.
- When used as a preventive tool, the SilverCloud platform reduced mental-health related visits to the emergency department by 5%.

Collaborative, Integrated Support For People With Chronic Condition

A 52-year-old truck driver with diabetes isn't progressing in reducing his HbA1c levels. He generally doesn't feel well and isn't waking up refreshed, but he can't afford to retire early from his long-haul route.

His offhand mention of insomnia is noted by the nurse practitioner inputting his latest test results, and she screens him with the Bergen Insomnia Scale. Recognizing that the man is trying to manage his health and his job while frequently alone and often tired, his endocrinologist prescribes portable, ondemand iCBT tailored specifically for the challenges he's facing: SilverCloud for Insomnia and SilverCloud for Diabetes.

The man receives an e-invitation to register for each program and, per the endocrinologist's prescription, is immediately stepped up to coach-guided therapy. As he uses the on-demand platform that he can fit into his nocturnal schedule, the coach regularly reviews his responses and offers customized recommendations to help him keep up his motivation and monitor his progress.

He starts sleeping better. He learns habits to find better food choices while on the road, and starts looking forward to the brief evening exercise program his coach guided him toward. His HbA1C level drops a full point at his next specialist appointment.

- 75% of users engage with the platform for five or more sessions, and 72% of users continue to engage with the platform, often for up to 12 months post-treatment.¹
- When used as a preventive tool, the SilverCloud platform reduced mental-health related visits to the emergency department by 5%.

Age of Desperation

A retired teacher presents in the emergency department with shortness of breath, but no underlying clinical condition is discovered. In speaking with her, the cardiologist on call that night realizes she's likely suffering from severe anxiety – and has been having similar episodes for some time, as this is her third trip to the ED in the past 18 months for shortness of breath or dangerously high blood pressure.

Her acute need suggests immediate intervention with an in-person therapist, but none have openings for the next 4 months.

The ED cardiologist prescribes SilverCloud for Anxiety. After signing up, the woman's responses to GAD-7 clinical screening questions flag her to be paired with a coach who reviews her journal entries and engagement with the platform.

Her clinical assessments are shared with her new cardiologist and her gerontologist through HIPAA-secure protocols, so her entire care team is kept abreast of her progress. The woman has no further anxiety-related episodes requiring ED trips, and she is able to reduce her blood pressure medication dosage.

- Over 70% of users report a decrease in symptoms of anxiety and depression.
- 56% of users with a clinical diagnosis of depression or anxiety were diagnosis-free at 3 months.
- More than half of users showed clinically significant improvement, meaning their scores for two common mental health screenings, PHQ9 and GAD7, were 3 points lower than their original scores after completing a SilverCloud program.
- As a group, 84% of SilverCloud users age 65+ demonstrate improvement, and 62% of them achieve clinically significant improvement.

Wherever individuals present on the care continuum, health plans need to empower clinicians to offer fully integrated behavioral health solutions that are accessible, actionable, and that offer true benefit. These solutions must meet users where they are while they are in a receptive state. This will overcome stigma, scheduling issues, therapist shortages and other barriers to improved mental health.

In offering clinically proven icbt as part of their formulary, health plans can meet members where they are with a solution that works, that scales, and that costs considerably less than in-person therapies.

SilverCloud Health Programs

Designed for real people, SilverCloud's on-demand digital mental health and wellbeing programs fit seamlessly into the lives of everyone and are accessible whenever and wherever they need support.



Silvercloud's mental health programs help users better understand their thoughts, feelings and behaviors and learn how to make positive changes proven to reduce symptoms and better manage their mental health and wellbeing.

Anxiety ENG ESP

Standard Assessments
PHQ-9 & GAD-7

Depression ENG ESP

Standard Assessments
PHQ-9 & GAD-7

Anxiety & Depression ENG

Standard Assessments
PHQ-9 & GAD-7

Insomnia & Sleep ENG ESP

Standard Assessments
PHQ-9 & GAD-7



Silvercloud's wellbeing programs help users learn tools and techniques to create small behavioral changes that allow them to better manage stressful situations, increase resilience, and reduce stress.

Covid-19 ENG

Standard Assessments
None

Resilience ENG

Standard Assessments
Brief Resilience Scale(BRS)

Stress ENG

Standard Assessments
Perceived Stress Scale



Silvercloud's chronic condition programs help users better understand their thoughts, feelings and behaviors within the context of a chronic condition, while learning positive lifestyle changes proven to improve physical

Chronic Pain ENG

Standard Assessments
PHQ-9 & GAD-7

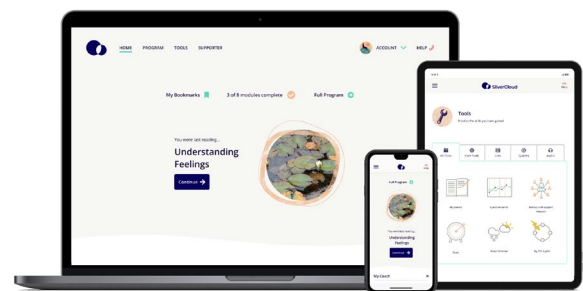
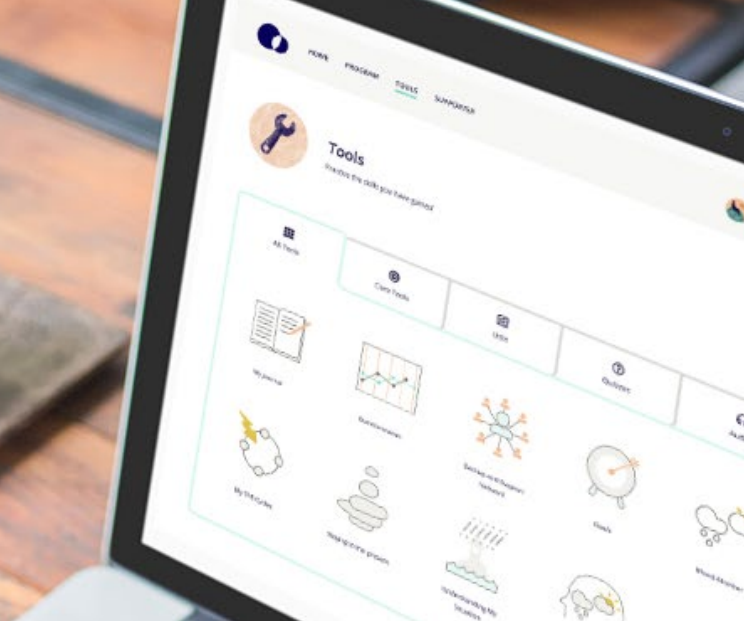
Diabetes ENG ESP

Standard Assessments
None

ENG Available in English.
ESP Available in Spanish.
All SilverCloud programs are based in cognitive behavioral therapy (CBT).
Additional Spanish programs coming soon.

Why Choose SilverCloud?

- ✓ SilverCloud is the leading provider of online mental health, behavioral health and chronic management healthcare solutions delivering evidence-based content, tools and supportive programs to over 250 partners
- ✓ Nearly 20 years' worth of clinical research and real-world implementations, published by our team of experts in leading academic journals and presented at the primary international conferences on digital health
- ✓ Our large-scale RCTs show effectiveness and recovery rates which are in line with those seen in face-to-face therapy
- ✓ Care consulting team provides informed guidance on digital care design, on-boarding, patient engagement, platform implementation and utilization in health organizations
- ✓ One platform covering many different behavioral health conditions and patient severity types to include chronic and comorbid conditions
- ✓ Strong research pipeline - published 50+ papers with over 1,700 citations. 20+ active research projects across 5 countries.
- ✓ Our mental health platform flexes around a provider's specific service delivery needs and care pathways.



Ready to invest in the mental health of your organization?

Contact Us



Citations

1. Richards, D., Enrique, A., Eilert, N. et al. A pragmatic randomized waitlist-controlled effectiveness and cost-effectiveness trial of digital interventions for depression and anxiety. *npj Digit. Med.* 3, 85 (2020). Copyright © 2022 SilverCloud Health. All rights reserved.

