



# Help Your People Get the Most from Their Mental Health Benefits

What Workers Know and Need

June 17, 2026

# Speakers



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# What We'll Cover

**Current landscape**

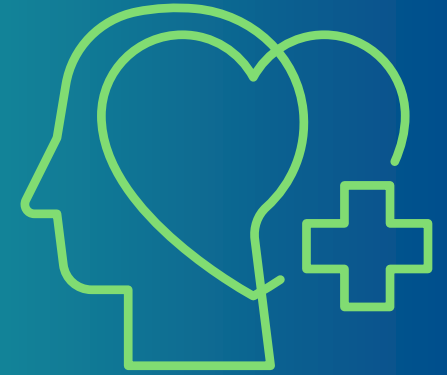
**Survey findings**

**Implications**

**Case studies**

**Update on mental health parity regulations**

**Q&A**

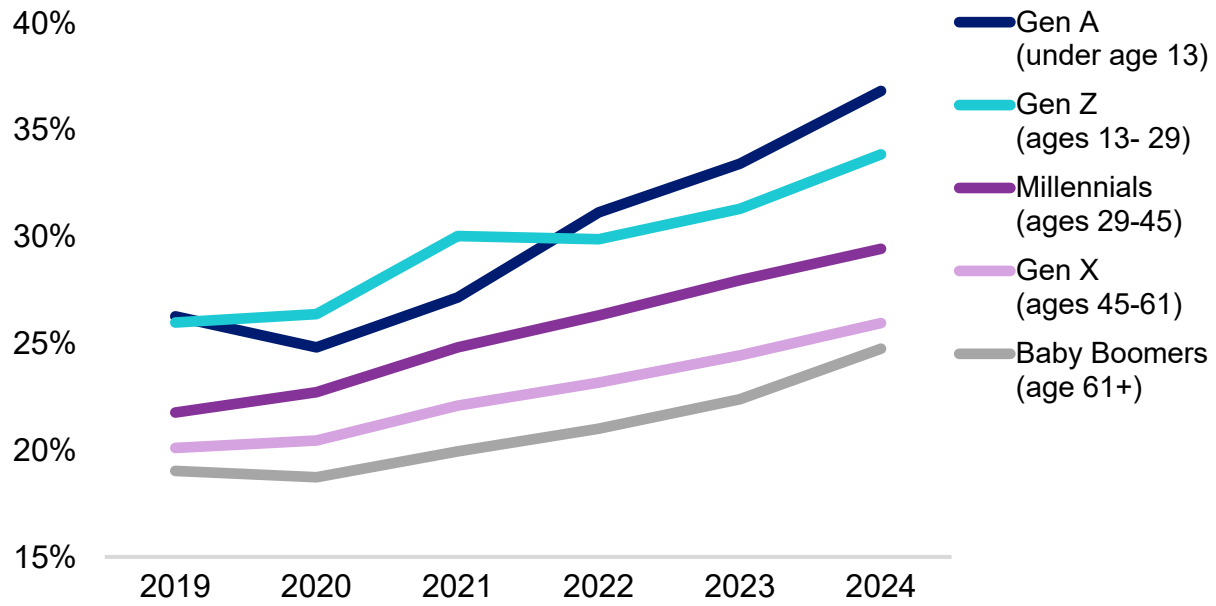




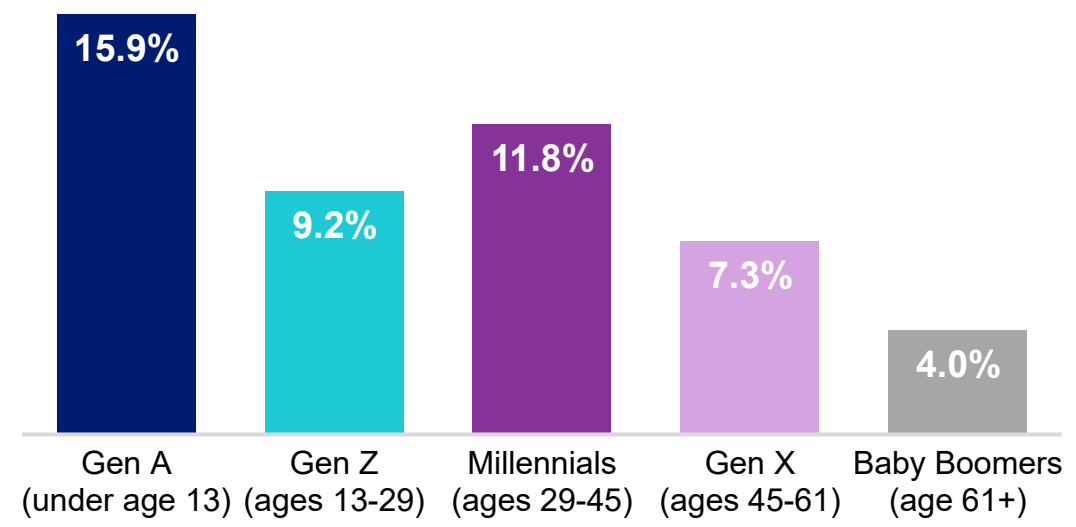
# | Current Landscape

# Use of Mental Health Benefits Continues to Rise

% of Members w/ MH Claim



Historical Mental Health Trend  
*By Generation*



Source: SHAPE Data Warehouse; Historical trend represents annualized trend from CY 2018 – CY 2019

# Yet Gaps to Receiving Care Still Exist

**More than 1 in 5**

U.S. adults experience mental illness

**More than 1 in 7**

U.S. youth (6-17) experience a mental health disorder

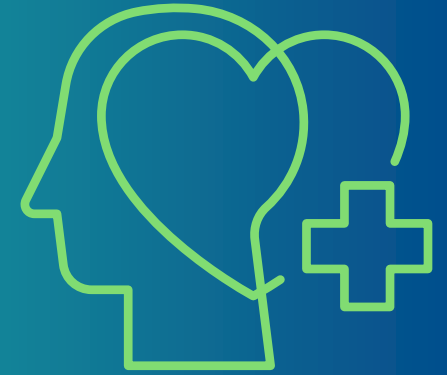
**52%** of U.S. adults received treatment

**71%** of U.S. adults with serious mental illness received treatment

**50%** of all lifetime mental illness begins by **14** and **75%** by **24**

**51%** of U.S. youth (6-17) with a mental health disorder received treatment

It takes the average person **11 years** to seek help after the onset of symptoms



# Workers' Perceptions and Use of Mental Health Benefits

# What's Preventing People from Seeking Care?



# Key Questions

How can organizations and plan sponsors help people access care faster?

What barriers to care can employers and plan sponsors remove?

What can leaders and managers do to help encourage people to use their mental health benefits?

Do people in different lines of work view mental health benefits differently?



# About Our Survey

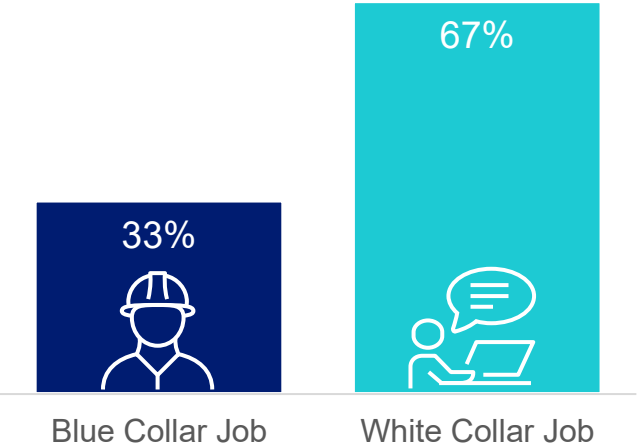
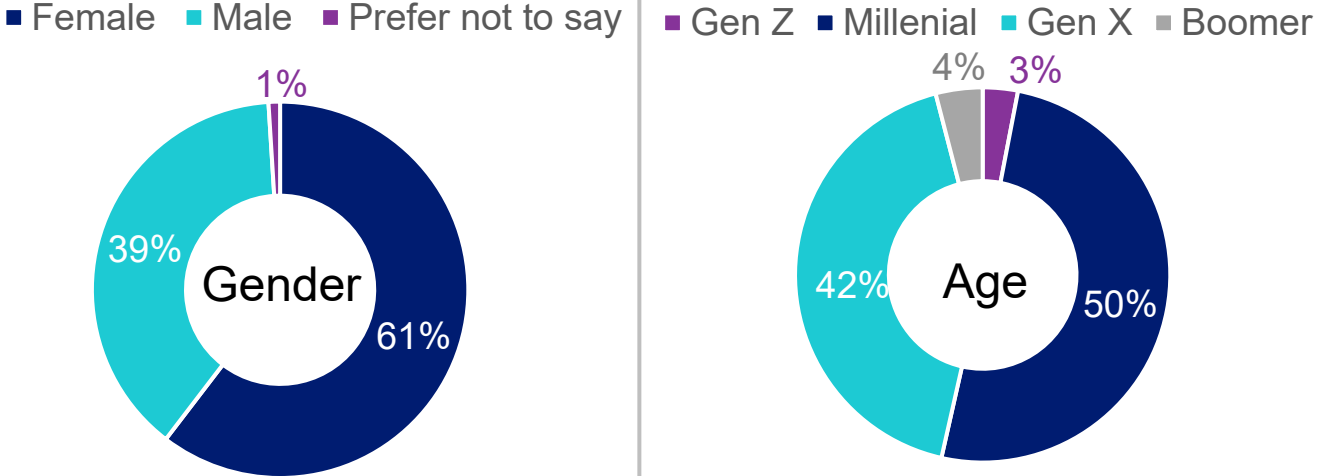
To better understand workers' perceptions and use of their mental health benefits, we conducted a field study using the Remesh platform between May 7 and May 12, 2026.

We surveyed 208 people working in various industries in the U.S.

Survey questions including a mix of multiple choice and open-ended questions.



# Sample Highlights

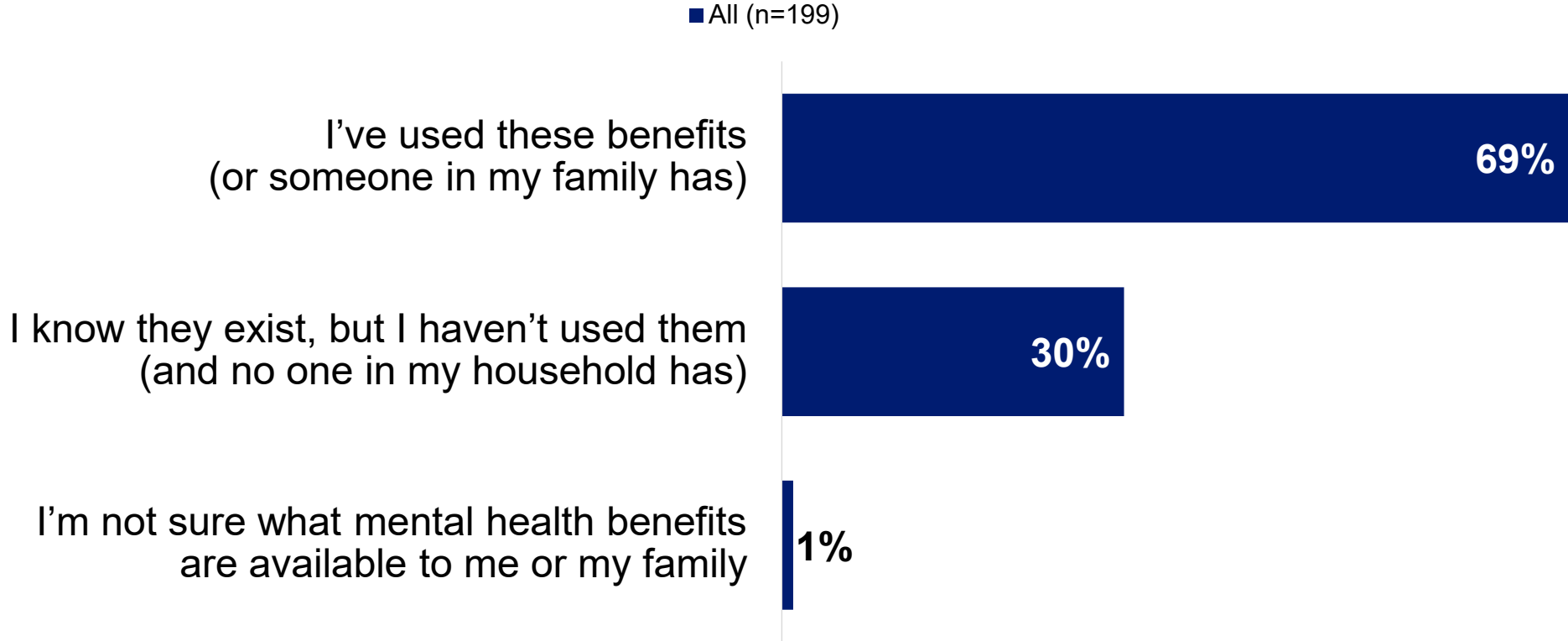


**10%** of participants are members of a labor union

Note: Totals may not equal 100% due to rounding.

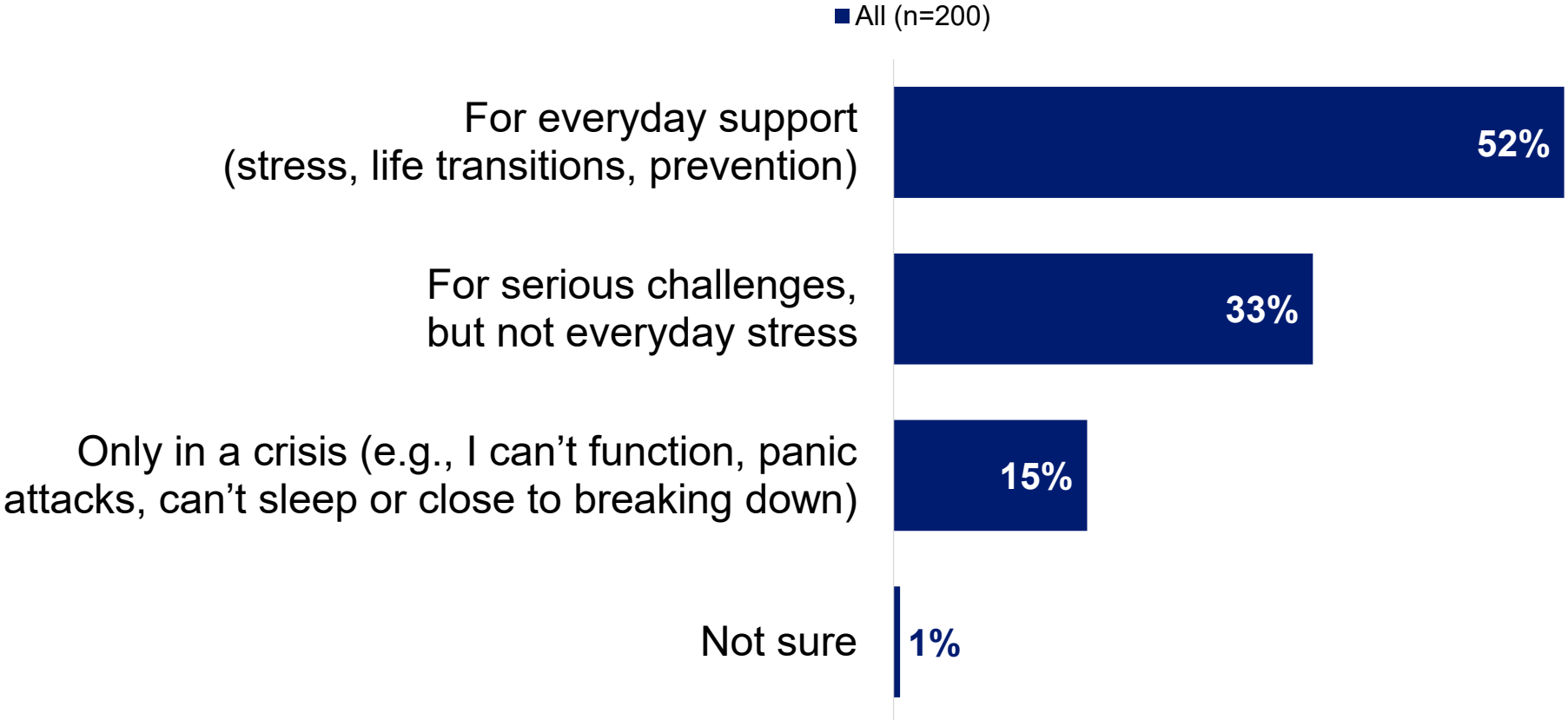
# MH Benefits are Broadly Known and Widely Used

**Nearly all participants (99%) are aware of or have used MH benefits**



# MH Benefits Being Used for Everyday Support

**Over half feel it's appropriate to use MH benefits for everyday needs**



Note: The total does not equal 100% due to rounding.

# What People Are Saying About Their Benefits

## Experiences accessing and using MH benefits (n = 136)

### What worked well

Overall positive and supportive experience (**48%**)

Easy and simple scheduling (**24%**)

Therapy, psychiatry, and medication were helpful (**18%**)

Virtual care is convenient and effective (**15%**)

Support for family and dependents (**15%**)



### What didn't

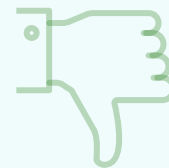
Difficulty finding in-network or suitable providers (**15%**)

High out-of-pocket costs and reimbursement burden (**13%**)

Provider quality, fit, and personalization vary (**11%**)

Limited sessions or restrictive coverage (**11%**)

Administrative issues with portals, billing and approvals (**10%**)



# Why Some Don't Use Their Benefits



## What's preventing use (n = 60)

- No perceived need (**67%**)
- Prefer to handle alone (**13%**)
- Concern about high cost, deductibles, or affordability (**10%**)
- Lack of time or competing work/family demands (**8%**)
- Unaware benefits exist or how to access them (**7%**)

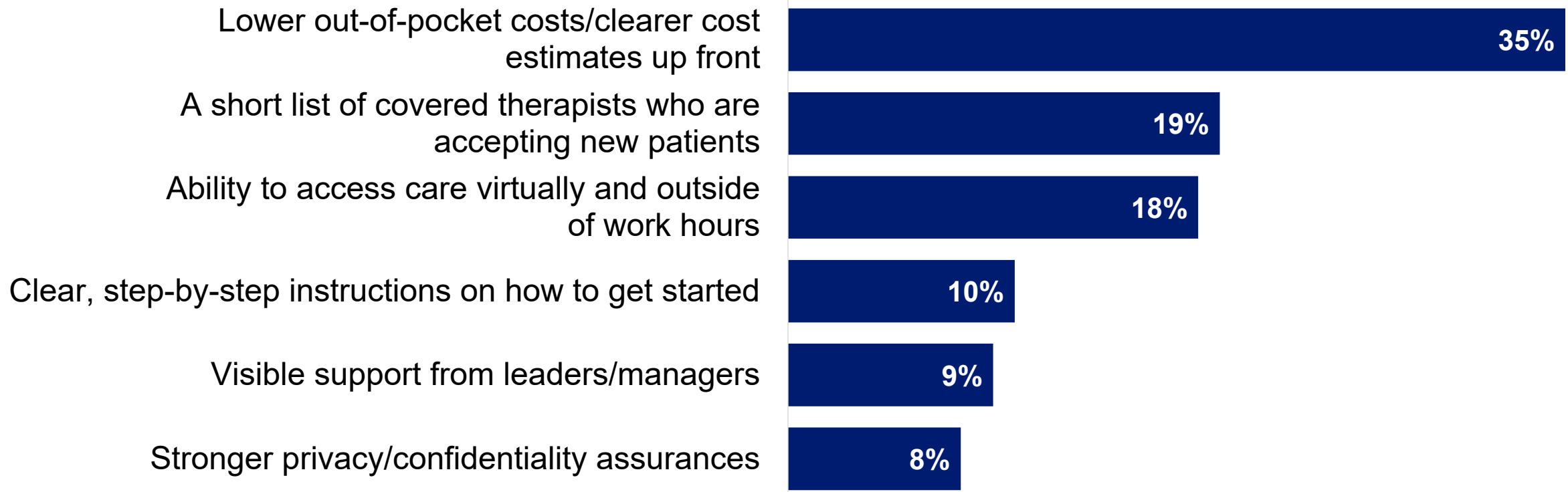
“I don't understand if it is fully confidential. I have called once and was asked for my associate ID.”

“I have inquired about EAP and I didn't like how it was presented. It was meant to be short term and it was meant to 'fix' you to benefit the workplace so you can get back to work as soon as possible. I was seeking more long-term care.”

# Removing the Barriers: What People Need to Take the First Step

## Lower costs and clearer estimates would increase usage

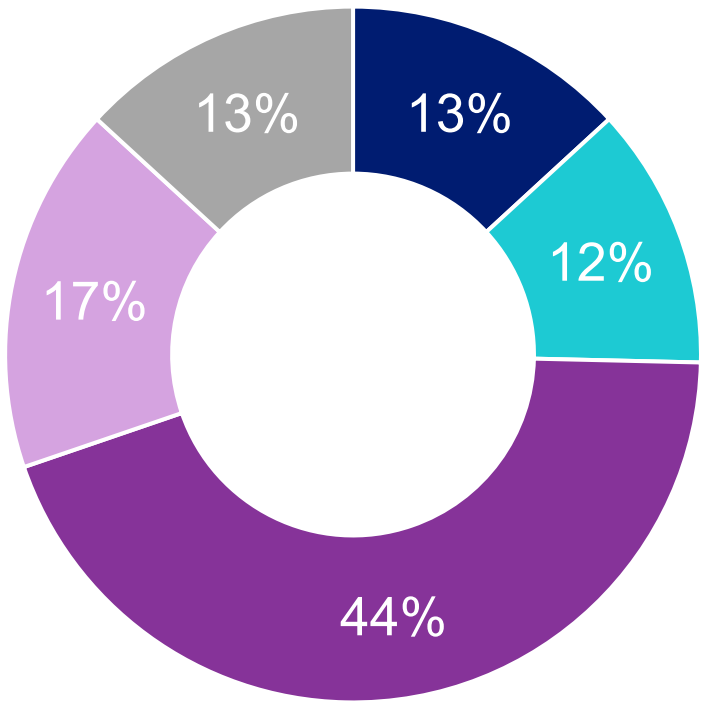
■ All (n=206)



Note: The total does not equal 100% due to rounding.

# It's Not Stigma — It's Scheduling

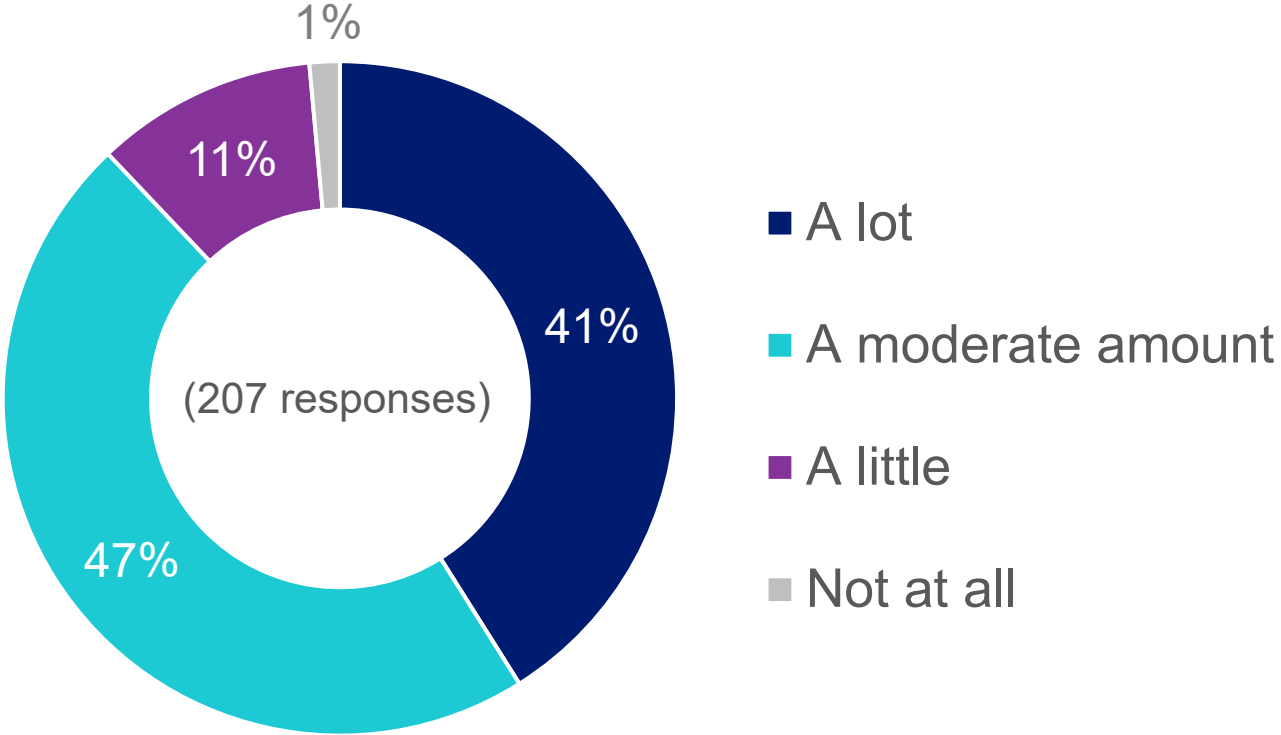
## What's preventing people from using their MH benefits



- Confidentiality or privacy (people finding out)
- Career impact (assignments, promotions, performance evaluations)
- Time constraints (appointments, scheduling, time away from work or family)
- Desire to handle it on my own
- Nothing would hold me back

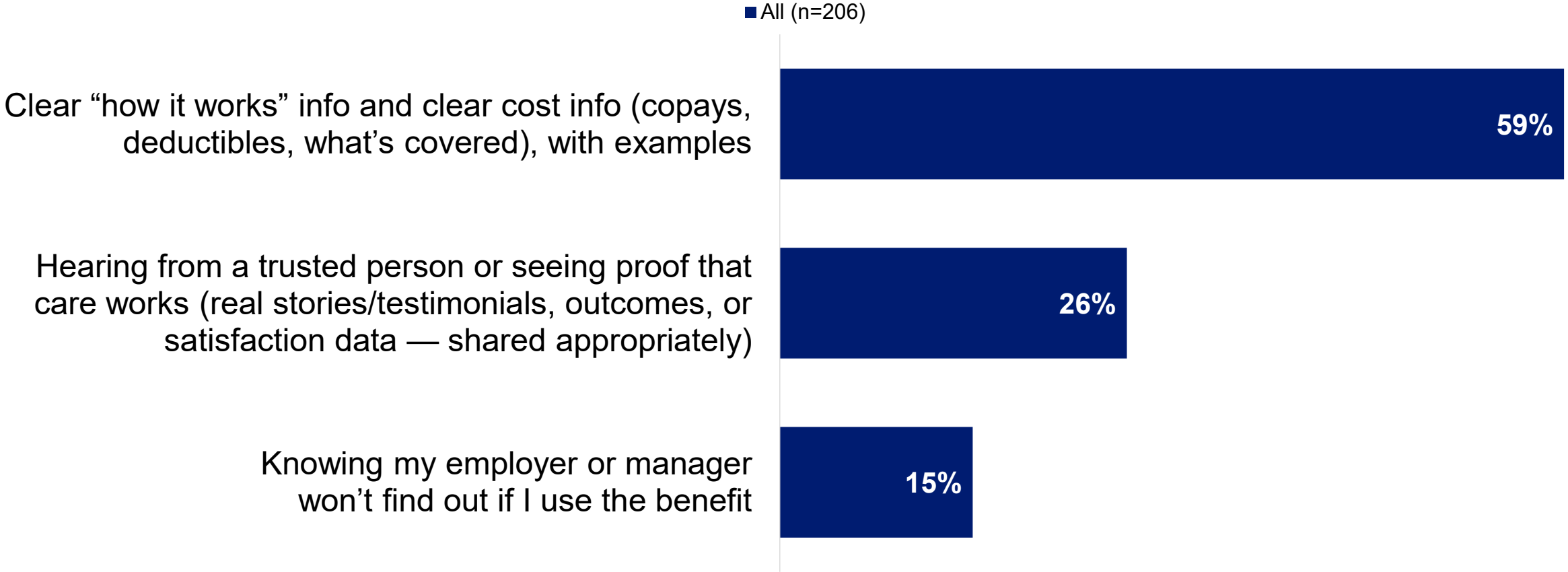
Note: The total does not equal 100% due to rounding.

# How Much Do You Trust Information From Your Employer or Plan Sponsor?



# What Would Increase Trust the Most

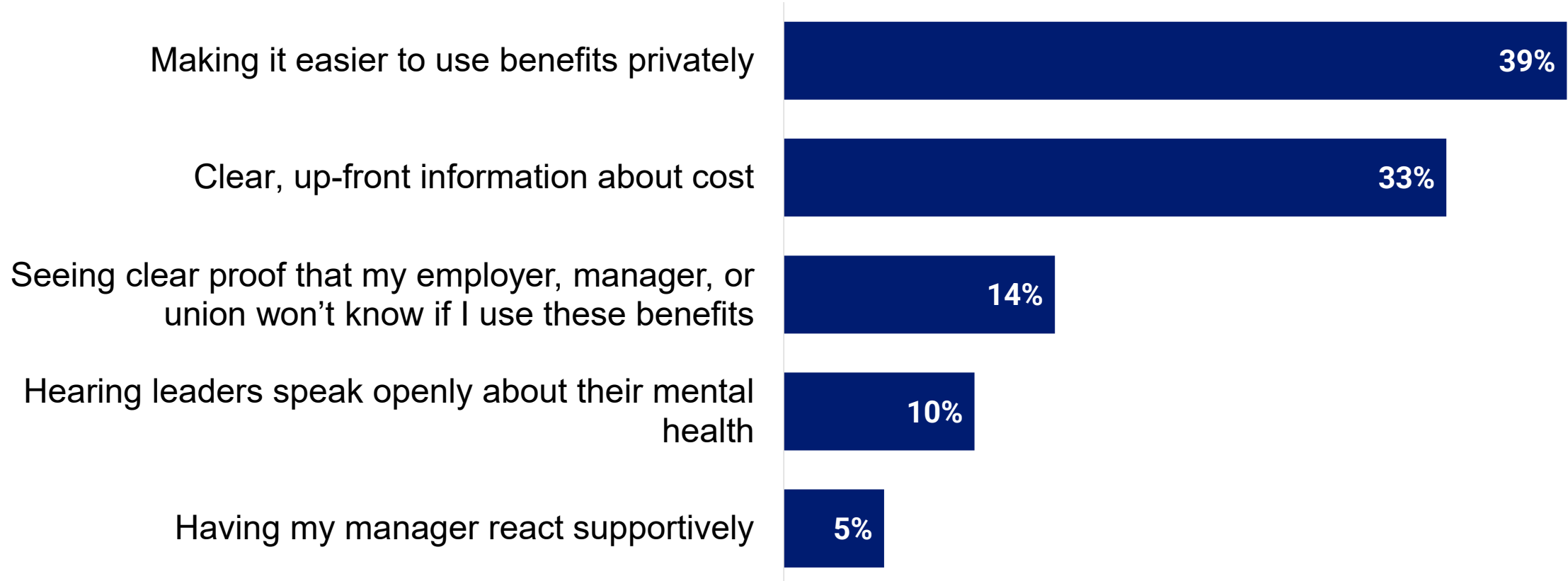
**60% of participants want step by step guidance and clear information about cost**



# What It Takes to Feel Safe Using Benefits

## Private, simple access would encourage more use

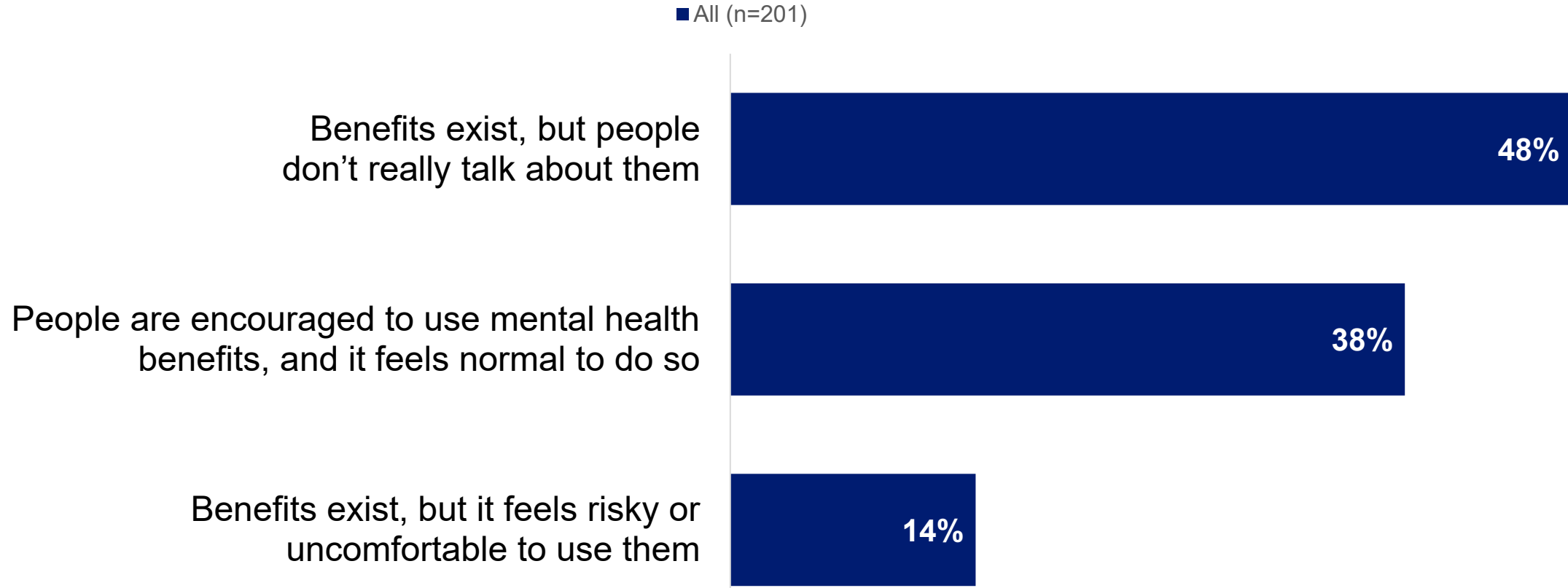
■ All (n=200)



Note: The total does not equal 100% due to rounding.

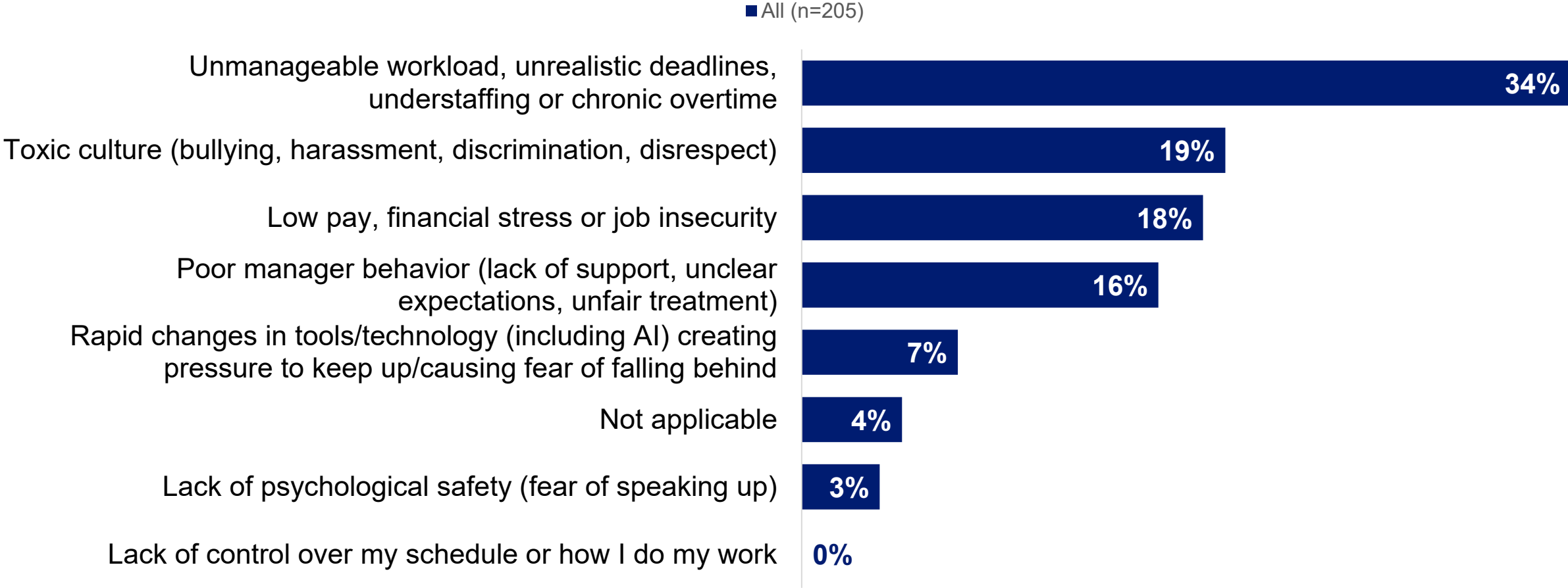
# Workplace Culture is More Quiet than Negative

**38% say they're encouraged to use their MH benefits, but silence (48%) still outweighs active encouragement**



# Reducing Factors that Cause Stress

## People are looking for help reducing root causes of stress

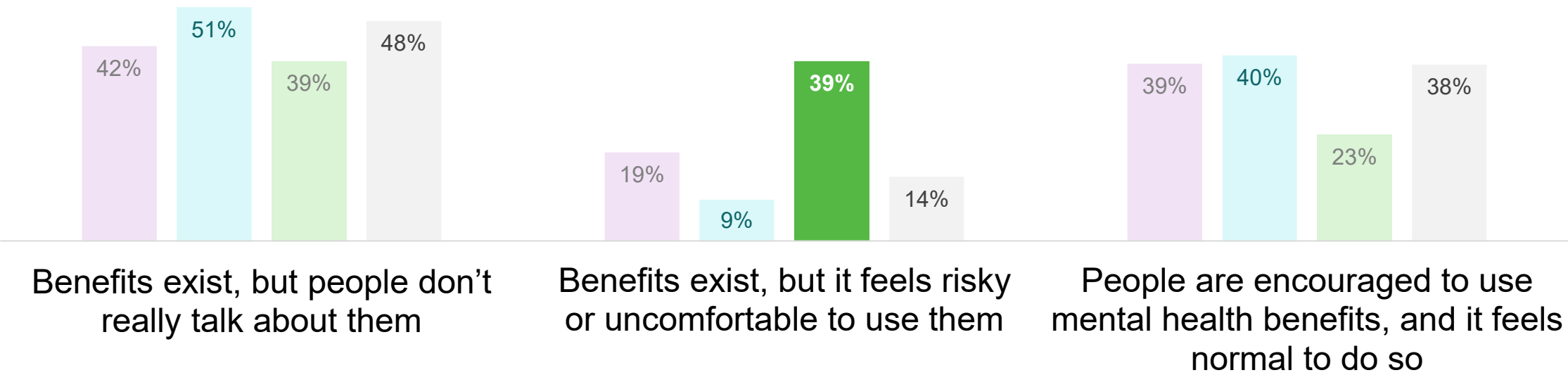


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# Work Context Matters

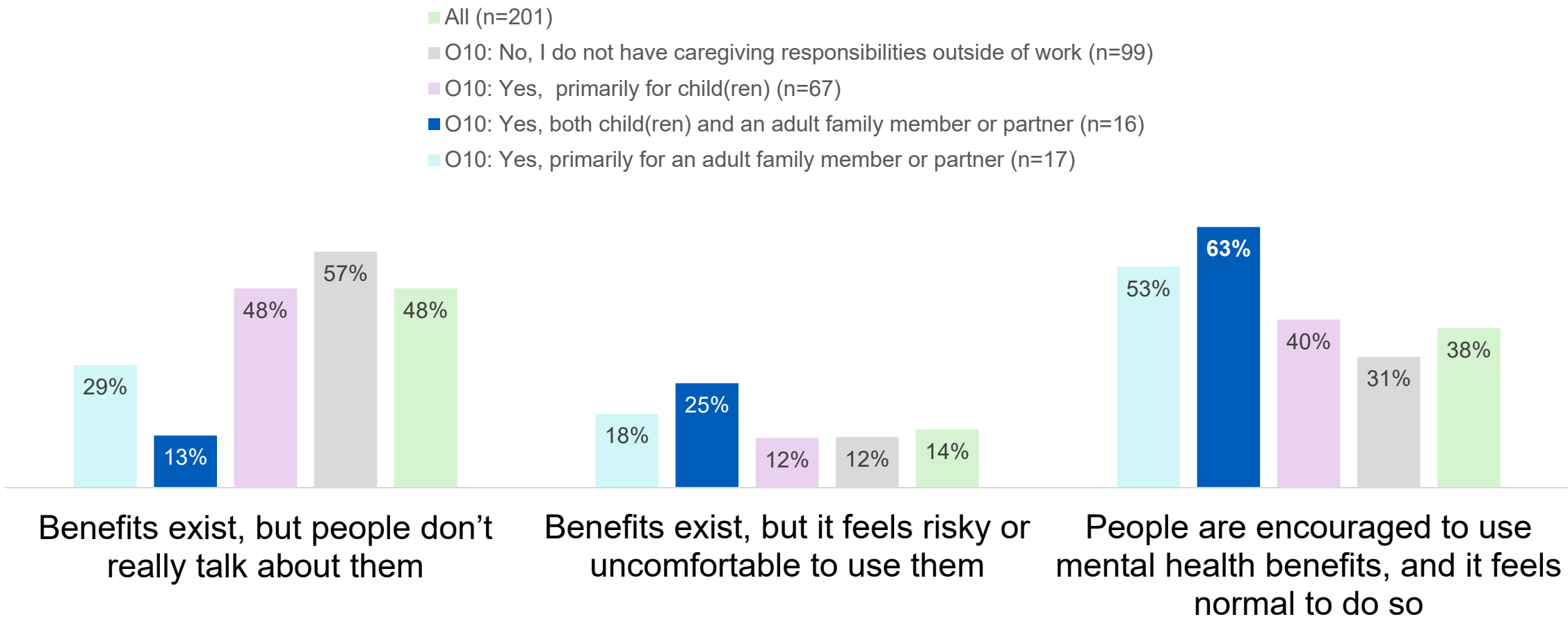
First responders more likely than office-based workers to say using benefits feels risky or uncomfortable (39% vs. 9%)

- All (n=201)
- O3: First responder or emergency services (e.g., EMS, fire, law enforcement) (n=13)
- O3: Office / desk-based (work is primarily done at a desk/computer) (n=134)
- O3: Deskless / on a job site or in the field (work is primarily done away from a desk/computer) (n=52)



# Caregivers More Encouraged to Use Benefits

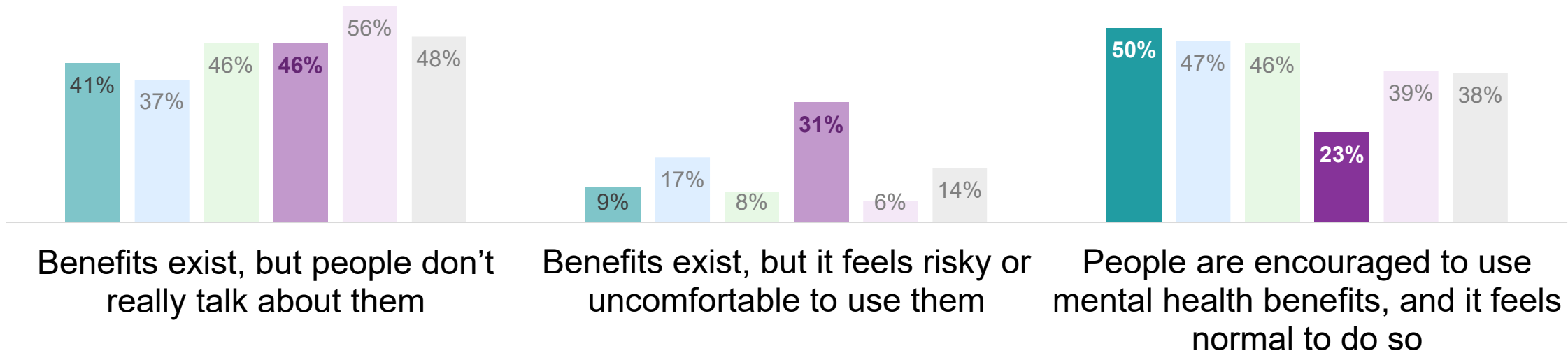
## Benefits talked about more openly with caregivers



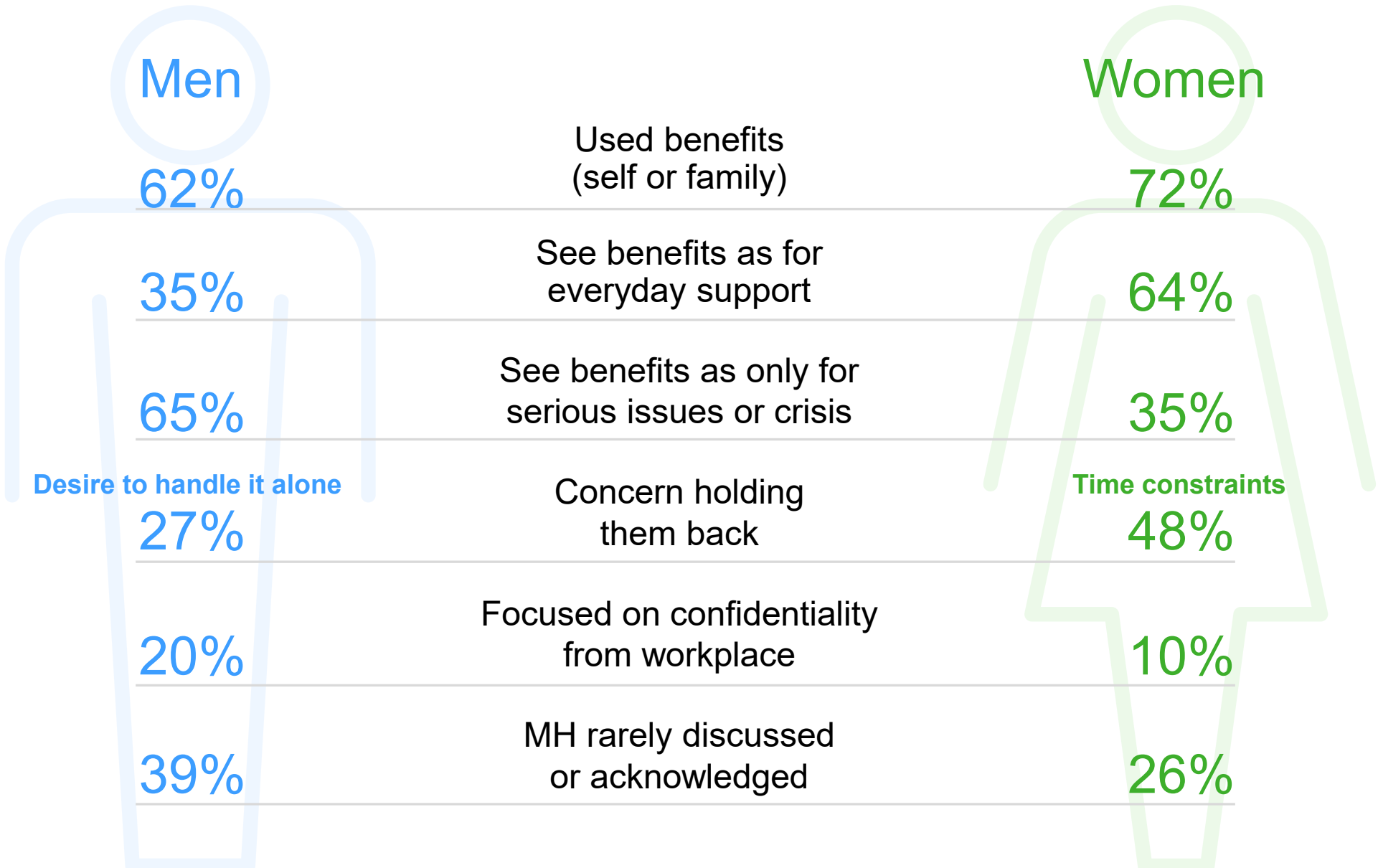
# Industry Matters

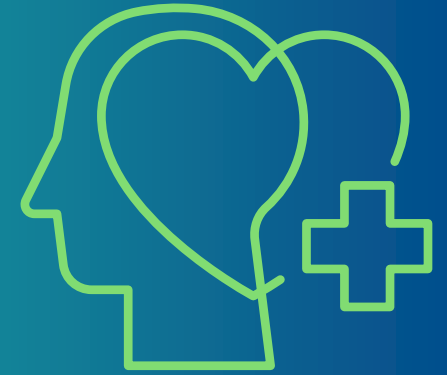
**Industry culture varies: Feeling that use is normal ranges from 50% in professional services to 23% in construction.**

- All (n=201)
- O5: Accommodation and food services (e.g., work in hotels, motels, resorts or restaurants) (n=18)
- O5: Construction (includes specialty trade contractors) (n=13)
- O5: Educational services (n=13)
- O5: Healthcare and social assistance (n=30)
- O5: Professional, scientific, and technical services (e.g., legal, accounting, bookkeeping, architecture, computer, consulting, research, engineering, specialized design, advertising and veterinary services) (n=22)



# Notable Gender Differences





# Summary and Implications

# 6 Themes Uncovered by Survey

**Cost clarity** is the dominant issue.

It's the top change that would increase use and top item that would increase trust.

1

**Access and logistics** matter as much as stigma.

Lack of time is the biggest barrier.

2

People want **practical information**, not just awareness.

People are familiar with the different types of benefits and want help understanding what's covered, what it costs, how to start, who can use it, and how to find providers.

3

**Privacy matters, but practical privacy matters most.**

People care about confidentiality but being able to use the benefits discreetly is even more important.

4

**Workplace culture** is more quiet than negative.

38% say they're encouraged to use their MH benefits, but silence (48%) still outweighs active encouragement

5

Workers are looking for their workplaces to **address causes of stress**, not just offer care.

When asked what would most help workers' mental health in their industry, the top answer was better support for the things causing stress at work (33%), ahead of affordability or flexibility.

6

# Implications

## What you can do to encourage use of mental health benefits

- ✓ Expand access by layering benefits
- ✓ Make benefits easy to use
- ✓ Address workplace stressors and support wellbeing
- ✓ Understand your population's needs and tailor your approach to address specific needs and barriers
- ✓ Communicate regularly about mental health benefits with practical guidance on how to seek care

# Expanding Access by Layering Benefits

## Member/employee assistance program

Episodic support for work/life issues, mental health, legal, financial

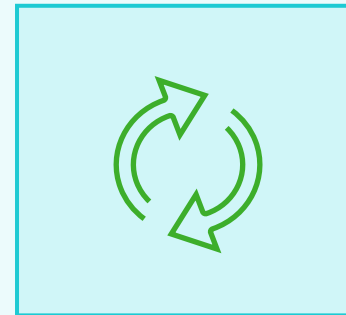


## Complements

Focuses on areas of concern and gaps in other benefits (Centers of Excellence, peer support orgs, specialized navigation/support)

## Behavioral health plan

Outpatient and inpatient provider networks (in-network often includes MD Live, Talkspace, Aware Recovery, and more)



## Clinical management

Utilization and Case Management: Authorizes services and connects high-risk participants with support

# Making Benefits Easy to Use

1

**Cost share**  
Reduce barriers to care

2

**Incentivize the best**  
Consider improving cost share for centers of excellence

3

**Travel benefit**  
To get to/from centers of excellence

4

**Permission**  
Ensure messaging emphasizes the benefits are there to be used

5

**Navigation support**  
Confirm care navigators promote in-network resources

6

**Expand access**  
Consider adding household members to programs beyond members and spouses/dependents

# Moving Beyond Benefit to Address Workplace Stress

Mental health benefits, EAPs, and wellbeing resources remain important because they help workers cope with stress.

However, organizations also have an opportunity to reduce unnecessary stress by addressing workplace conditions that contribute to it.

## Why this matters

According to the U.S. Surgeon General's Framework for Workplace Mental Health & Well-Being:

**84%** of workers reported that at least one workplace factor negatively impacted their mental health.

**76%** reported experiencing at least one symptom of a mental health condition.

# Understanding What Is Driving Stress

Organizations should start by listening to people and examining workforce data to identify where stress is occurring and what is contributing to it.



## Sources of insight include:

- Engagement and wellbeing surveys
- Focus groups and listening sessions
- Stay and exit interviews
- Turnover and absence trends
- Manager and leader feedback

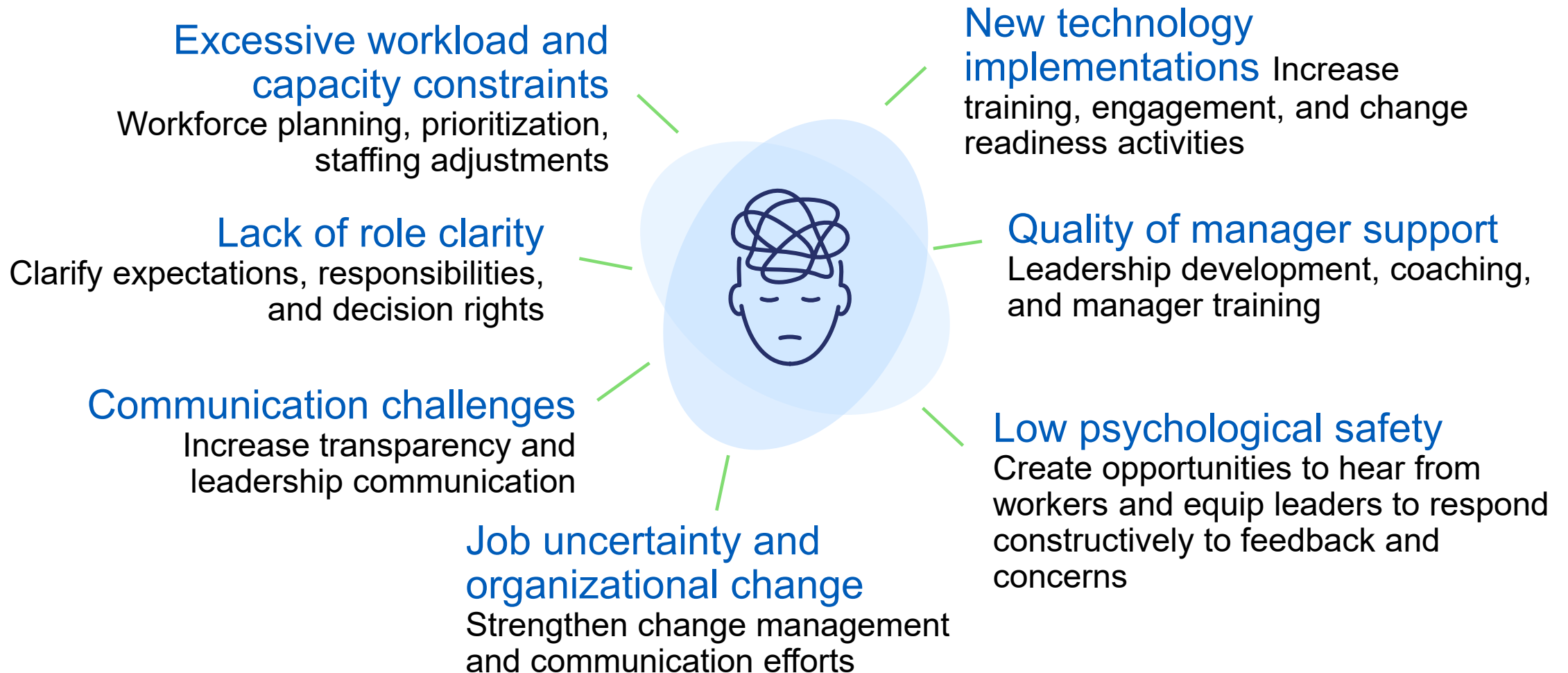


## Questions to explore:

- Where are people experiencing the most stress or frustration?
- Which group of workers are reporting the highest levels of concern?
- What workplace conditions are contributing to those concerns?
- What changes would have the greatest impact on workers' day-to-day experience?

# Turning Insights into Action

## Common stressors and organizational strategies



# Influencing Change When You Don't Control the Workplace

For plan sponsors and organizations that do not directly control work environments, influence comes through partnership.



## Support employers

- Share workforce wellbeing trends and insights
- Highlight common sources of stress
- Connect mental health outcomes to workplace conditions
- Provide manager education and resources
- Encourage employers to act on feedback



## Support workers

- Communicate available mental health benefits and resources clearly and consistently
- Educate workers on how and when to access available support
- Simplify navigation to care and wellbeing resources

# From Insights to Action: What This Means for Plan Sponsors

## **Awareness is high, but action is still inconsistent.**

- People know the benefits exist
- Some have used them
- For many, there is still a gap between knowing and doing

## **What this means for plan sponsors:**

The real opportunity isn't increasing awareness; it's making the real-life user experience easier.

# As Stigma Recedes, Practical Barriers Still Exist

## Top challenges getting in the way of utilization:

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Cost  
uncertainty



Time and  
scheduling



No clear  
starting point



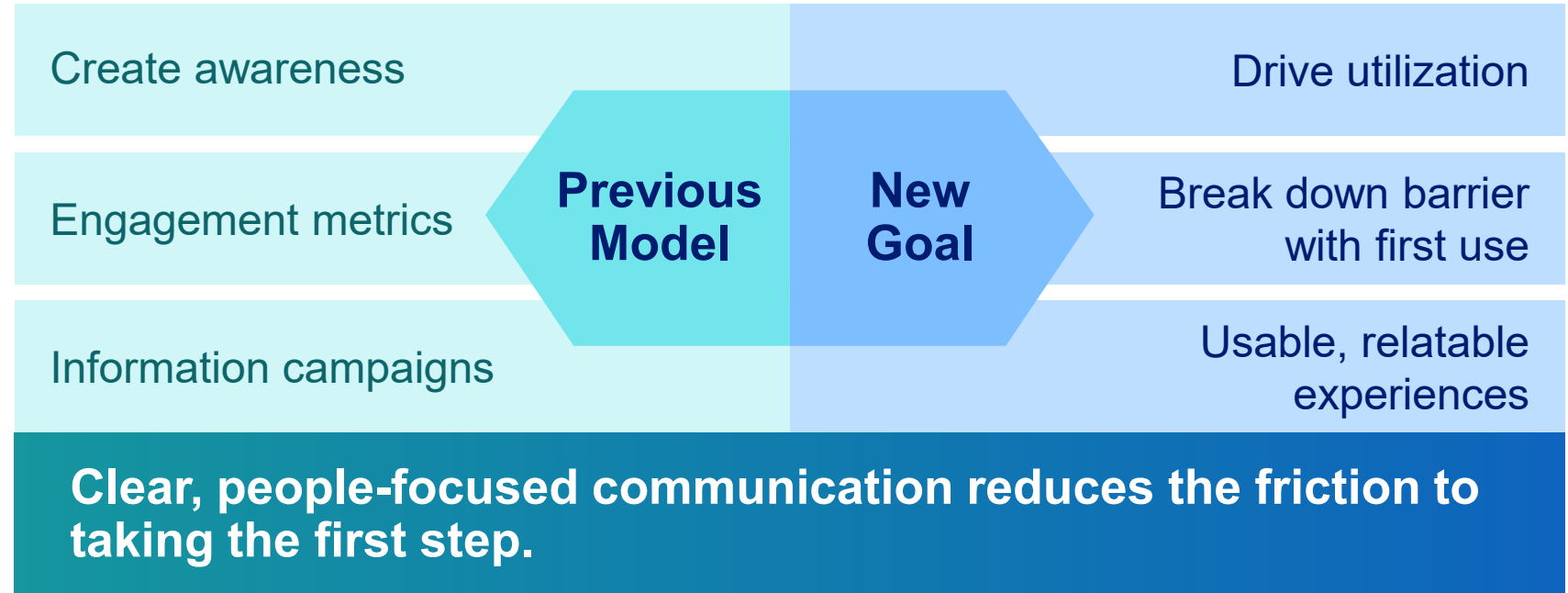
Too many  
steps

The communications opportunity: Focus on eliminating barriers.

# Behavior Change Comes from Consistency, Not a Single Message

**The most effective organizations tell the same story repeatedly:**

- Support is available
- It's confidential
- You're not alone



Align leaders' actions with communications so messaging feels believable.

# What You Can Do Now

## How to connect people to care, faster:

- ✓ Initiate cultural change across organizations to encourage healthy actions and normalize seeking care
- ✓ Continue to regularly tell people about programs and resources available to them
- ✓ Explain how to find these programs (with visual examples)
- ✓ Outline actions to get started
- ✓ Explain the costs (using real examples)
- ✓ Cascade information from the top throughout organizations
- ✓ Equip managers and supervisors with training and talking points; provide them with guides to make it easier to share information with colleagues



# Update on Mental Health Parity Regulations

# Mental Health Parity and Addiction Equity Act Update



**Final regulations published in 2013** provide requirements regarding parity in quantitative and nonquantitative treatment limitations

The Mental Health Parity and Addiction Equity Act (MHPAEA) was amended December 27, 2020, through the Strengthening Parity provisions of the Consolidated Appropriations Act of 2021

Proposed rules published on August 3, 2023

Proposed rules receive over 9,500 comments

Final regulations published September 23, 2024

Staggered applicability dates for plan years on or after January 1, 2025, and January 1, 2026

# MHPAEA Litigation



The ERISA Industry Committee (ERIC) filed litigation challenging the 2024 final regulation on January 17, 2025, against the US Departments of Health and Human Services, Labor, and Treasury in the United States Court of Appeals for the DC Circuit

The lawsuit alleges that the rule exceeds the Departments' authority under the MHPAEA and CAA, violates the Due Process Clause of the Fifth Amendment, is arbitrary and capricious, and otherwise violates the Administrative Procedure Act

Also alleges that the effective date for many of the Final Rule's provisions is arbitrary and capricious because it did not leave enough time for plans to come into compliance with the entirely new, vaguely worded regulations

The federal Departments responded seeking an abeyance

# Mental Health Parity and Addiction Equity Act Update – Enforcement



MHPAEA litigation remains pending. In last update to the Court, the Departments indicate plans to issue revised guidance by **December 31, 2026.**

Statutory requirements and 2013 regulations continue to apply

DOL and HHS are actively enforcing MHPAEA, including asking for supporting claims data.

The agencies most recently issued the 2025 MHPAEA Report to Congress in February 2026.

| Questions?



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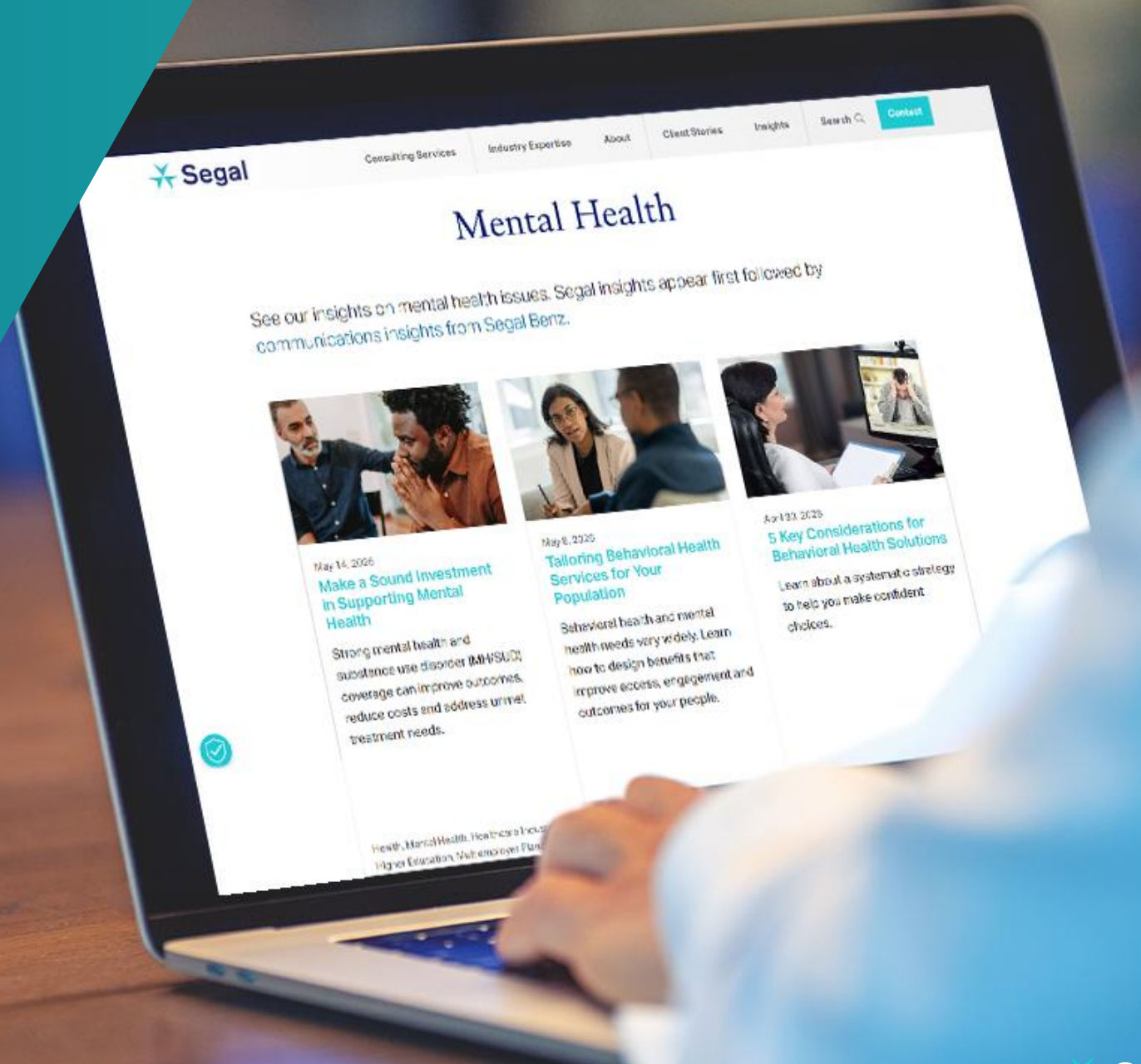
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# Learn More

Visit us for more in-depth information:



# Thank You

Help your people get the most from Mental Health benefits.

Take our 4-question survey

