INNOVATIVE MENTAL HEALTH SOLUTIONS EASE PRESSURES ON ACCESS TO CARE

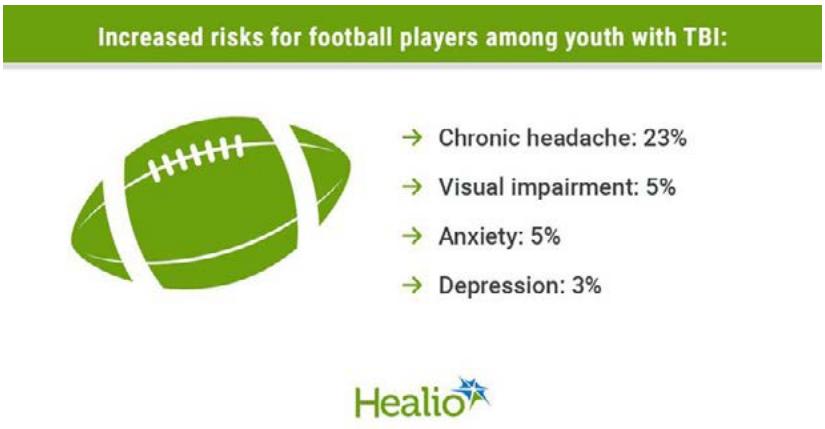
Written By Laura Carabello

Just a year ago on July 4, 2025, media reports of the catastrophic Texas Hill Country floods shared alarming statistics: 135 lives lost, including 37 children, as intense, slow-moving thunderstorms delivered up to 12 inches of rain, causing the Guadalupe River to surge nearly 20 feet in 15 minutes, surpassing 1987 records and devastating areas like Camp Mystic.

But it wasn't until early 2026 that mental health assessments indicated that the July 4th floods caused widespread trauma, predicting over 6,000 new post-traumatic stress disorder PTSD cases in adults and 2,000 cases of serious emotional disturbance in children. Professionals point to symptoms, including anxiety and grief, which are expected to intensify and last for years without intervention. Experts warn that trauma-related symptoms often worsen months after the initial disaster and can last for years as they are linked to the destruction of homes and loss of life in the region.

This is a high-profile event that resulted in PTSD, one of the most challenging mental health conditions to diagnose. Think of all the tragic shootings, disastrous weather events and violence that result in PTSD and a panoply of behavioral health-related disorders that involve significant, diagnosable disturbances in thinking, emotional regulation or behavior that impair daily functioning. It's no surprise that anxiety, depression, and co-occurring substance use disorders (SUDs) top the list of mental illnesses prevalent in US adults, according to the American Psychological Association (APA).

APA data also indicate that although the Veterans' Association is expanding community care, workforce shortages and administrative bottlenecks continue to delay care for veterans, with some studies indicating that 11-20% of Iraq/Afghanistan veterans suffer from PTSD.



Even young children playing football are at risk for anxiety and depression. Children's mental health is an increasing source of stress for parents, the survey by The Kids Mental Health Foundation found. Two of the top sources of stress are children's behavioral issues or children's emotional and mental health.

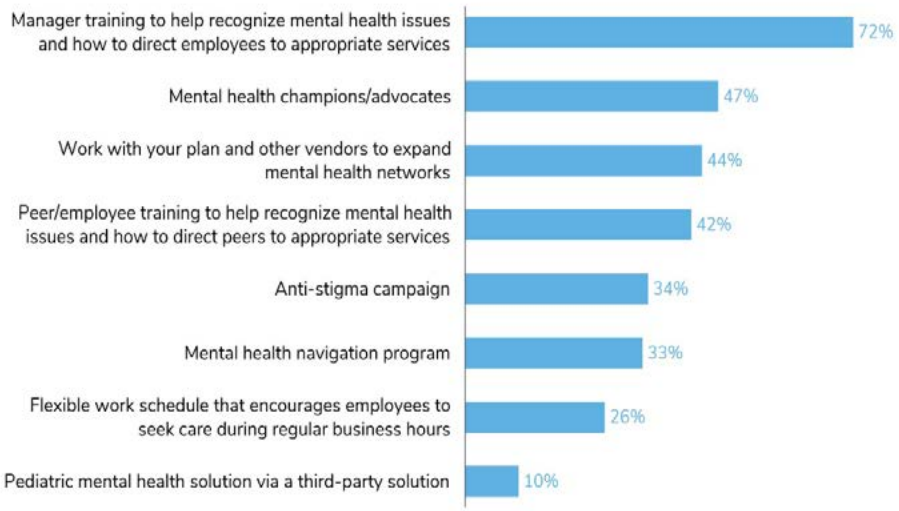
At the start of 2026, more than one in three Americans (38%) say they plan to make a mental health-related New Year's resolution, according to new findings from the American Psychiatric Association's Healthy Minds Poll. Anxiety remains commonplace among Americans, as the American Psychiatric Association reports that in 2026, people express that they are feeling anxious about personal finances (59%), uncertainty about the next year (53%), and current events (49%), with concerns about physical and mental health close behind.

Health data analytics and market research firm Trilliant Health further confirms that anxiety disorders accounted for the highest visit volume and experienced the fastest growth, up 89% from 2018 to 2024. Anxiety disorders in women aged 18-44 were also the highest utilization category.

The increased scope and sheer volume of traumatic events in every community nationwide have boosted the need for therapy across the country. In response to record-level demand, the way people seek care is changing faster than ever. The Substance Abuse and Mental Health Services Administration (SAMHSA) documents more than 1 in 5 U.S. adults experience mental illness each year.

Yet, access to mental healthcare remains a significant, systemic problem in the U.S., driven by clinician shortages, high costs and insurance limitations. While public awareness and telehealth/virtual options have expanded, over 122 million Americans live in underserved areas or marginalized communities, and nearly 3 in 10 adults with serious mental illness face disproportionate hurdles to finding consistent care. What's more, young people are experiencing higher rates of depression and anxiety.

STRATEGIES TO ADDRESS MENTAL HEALTH, 2026



Source: Business Group on Health

This is alarming for both employers and employees, since the persistence of barriers to mental health services also translates into profound physical and financial consequences on other areas: the risk of cardiovascular disease are twice as high in people with mental illness compared to those without, exposing plans to expensive treatment costs. Having a mental illness also increases the risk of other conditions, such as obesity, strained relationships and job loss. Regrettably, it often results in severe social issues and high rates of suicide or premature death.

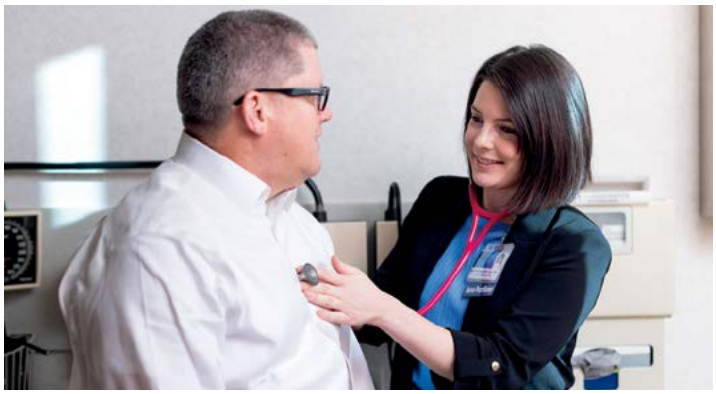
Employers are being put on notice regarding access to care. A benefits compliance attorney at the Non-Farm Payrolls (NFP), which issues a monthly US employment report from the Bureau of Labor Statistics, warns employers to listen carefully to employees' complaints about access to mental healthcare. A statement from the U.S. Department of Labor's Employee Benefits Security Administration says it is prioritizing removing barriers to accessing mental health and substance use disorder benefits.

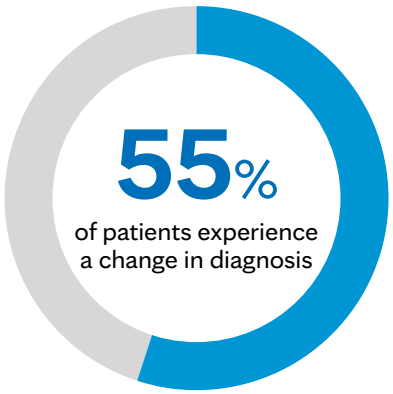
Thankfully, emerging and innovative solutions are easing access to affordable, accurate diagnosis and effective care that relieves the pressure on traditional care systems and addresses dissipating clinician bandwidth – a positive development for the self-insured community.

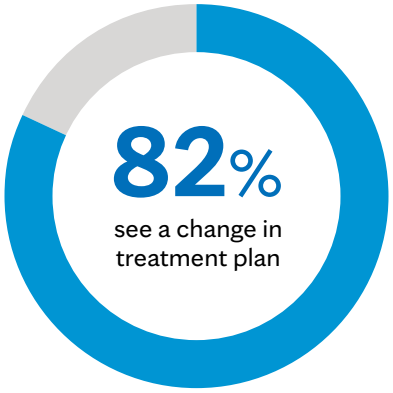
MAYO CLINIC

A Strategic Advantage for Benefits Consultants and TPAs

Mayo Clinic Complex Care Program

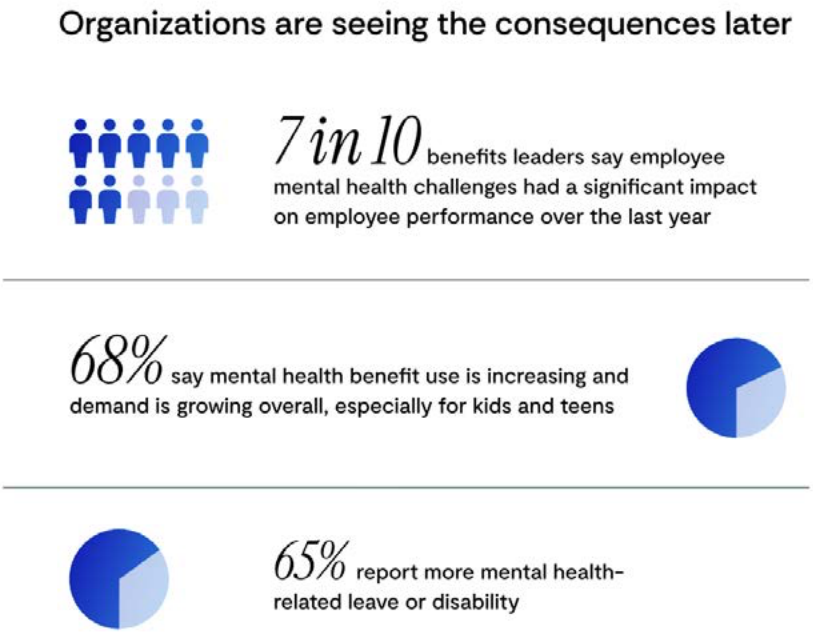






Mayo Clinic's Complex Care Program is a customizable center of excellence solution designed to integrate seamlessly with your existing offerings. Whether you're advising self-funded employers or evaluating their COE networks, our program helps you deliver measurable value. We'll work through your preferred pathways or build new ones together. Let's make complex care simple, strategic, and impactful. All without added fees.

Learn more: mayoclinic.org/complex-care-program



Source: Lyra Health

CONNECTING MEMBERS TO CLINICIANS

A key barrier to accessing mental healthcare is that 80% of directories are inaccurate, and "in-network" providers are often not actually available. Members are experiencing high levels of frustration when seeking mental health providers due to a combination of severe provider shortages, insurance-related obstacles and the "ghost network" phenomenon, where directories list providers who are unavailable or out-of-network. More than 122 million Americans live in Mental Health Professional Shortage Areas, making access to timely, in-network care difficult.

Trevor Colhoun, CEO, TPN.Health, a national behavioral health platform, explains the value of an approach that pairs clinician engagement with care navigation to improve access to care.

"With more than 120,000 behavioral health providers using TPN.health regularly for free continuing education, license tracking, peer connection and now referrals, we have real-time visibility into who is active, what they treat, where they work, which states they are licensed in and whether they are accepting new patients," he states. "Providers log in an average of over 7 times per month, giving us an accurate picture of which clinicians are available."

He says TPN.match pairs that live clinician data with a Care Navigator who works directly with the member.

"When the member recognizes they need help, instead of starting a directory search they text a number to get connected to a licensed Care Navigator," he continues. "The member does not need to self-diagnose, decode a network, or call multiple offices to try to make an appointment with a provider who might not be a fit for them. Their dedicated Care Navigator gathers clinical and personal context, then routes them to the right care based on their needs and preferences, whether that is outpatient therapy or a specialty program."

This dual capability is particularly important in rural and underserved areas, where traditional networks are thinnest.

"Care Navigators support members in accessing in-person or virtual care and can draw on our extensive network of providers that span the full continuum of care, to find the right provider, not just a provider," says Colhoun. "What separates TPN.health from other behavioral health access solutions is a national, engaged provider base, up-to-date availability and provider specialty data and human-led Care Navigation to meet the member in the moment and guide them through the process of finding the right care."

On average, members receive a response to their text within 10 minutes, are placed within 1 business day and their first visit takes place within 7 days. The time to first appointment improves 92%, patient-provider match accuracy reaches 95.2%, and treatment dropout falls by 65%.

Today's stop-loss market demands more than rigid structures that offer stock solutions.

Confidence to Think Creatively

FEDERAL LIFE INSURANCE COMPANY

At Federal Life Insurance Company, entrepreneurial thinking is driven by institutional experience, creative solutions are executed with discipline, and flexibility comes from reliability.

Working with program administrators, TPAs, MGUs, brokers and intermediaries, our partnership-driven approach is built for program business today.

Fronting, Captives & Selective Risk Participation
Structured for flexible program design.

Easy to Work With
Responsive, collaborative, and structured to keep programs moving.

125+ Years of Insurance Experience
Disciplined execution backed by long-term stability.

Stop-Loss–Led A&H Program Business
Supporting modern group benefit strategies.

FEDERAL LIFE

www.FederalLife.com • Federal Life Insurance Company

For agent/producer purposes only – not for solicitation to consumers.

Product availability varies by state and is subject to change. This material is intended for informational purposes only and does not constitute an offer of insurance. All insurance products are subject to underwriting approval and applicable regulatory requirements. Product terms, conditions, and availability may vary by jurisdiction.

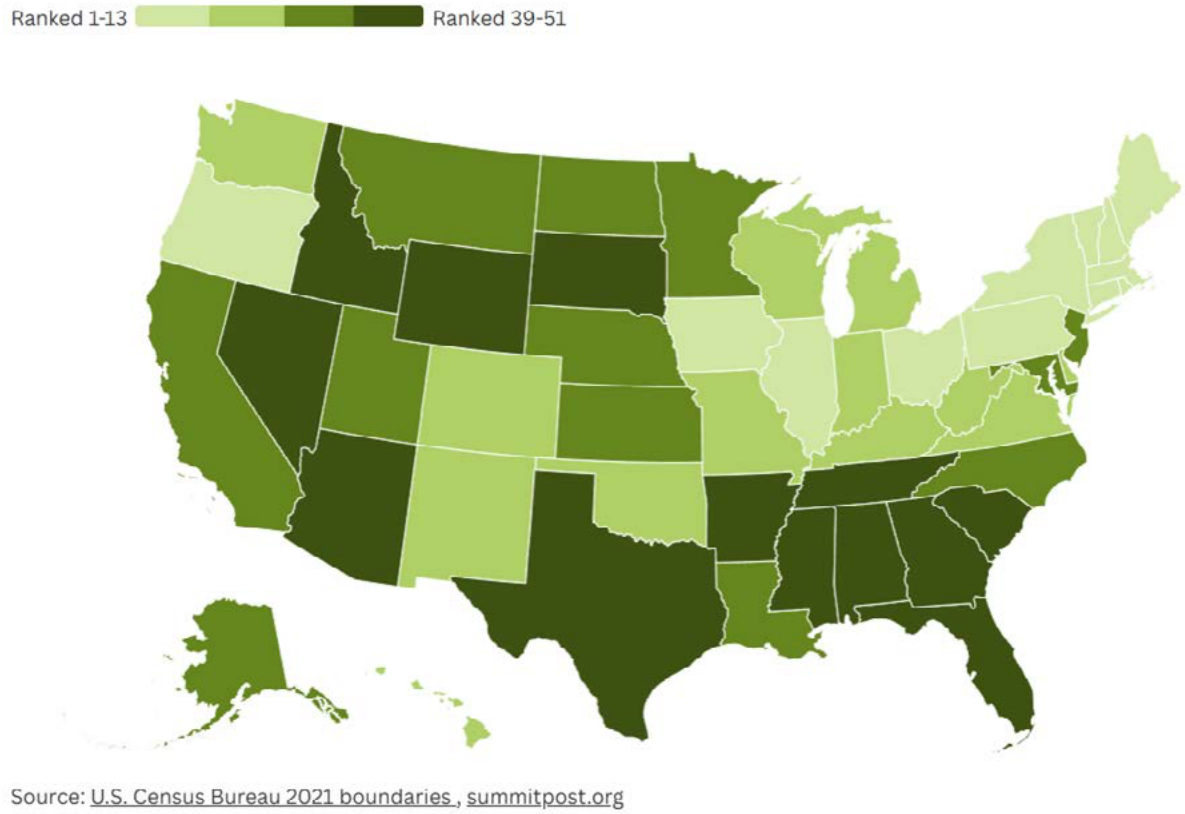
FLIC-SIIAAD-052726

"Additionally, we provide comprehensive credentialing and claims processing, further streamlining all procedures associated with provider flow to seamlessly deliver accurate qualifications and clean claims," he states. "This results in lower costs to the employer – a significant benefit that helps them to lower the total cost of care."

By utilizing the front-end care navigator as a starting point, Colhoun says employers realize 15% savings on claims that result from elimination of unnecessary, historically billed claims visits.

"This approach reduces both administrative and medical costs by purging bad claims data, improving credentialing and network management and significantly enhancing member satisfaction," concludes.

Access to Care Ranking



Source: U.S. Census Bureau 2021 boundaries , summitpost.org

The approaches most clearly easing access pressures today are not defined by a single technology, but by how systems redesign the pathway into care. Dani Kimlinger, PhD, MHA, SPHR, SHRM-SCP, CEO, Mines and Associates, says, "Across employer-sponsored and self-insured environments, progress is coming from models that reduce friction at first contact, identify urgency and complexity early, and route individuals to the appropriate level of support without delay. These models often combine digital entry points with live, clinically governed triage and continuous availability, including clear escalation protocols."

She explains that a defining feature of these approaches is flexibility rather than limitation, adding, "Individuals are offered multiple pathways into support and the ability to choose how they engage based on preference, comfort, and need. Therapy remains readily available, while other modalities such as coaching, skillsbased tools, or immersive and virtual supports can be used alongside therapy or instead of."

Kimlinger advises that increasingly, care models are also paying closer attention to fit: matching people not only by clinical need, but by modality preference, areas of provider expertise, cultural competence, and in some cases, shared lived experience:

“This combination of choice, personalization, and coordination helps expand capacity while preserving meaningful human connection and timely access, particularly for individuals with higherrisk or more complex concerns that carry significant clinical and organizational impact for selfinsured plans.”

EYES ARE THE WINDOW TO THE BRAIN

Until now, diagnosing mental health disorders has remained a major challenge due to reliance upon subjective, self-reported symptoms, high symptom overlap between conditions and a lack of objective biological tests. That’s why one of the most extraordinary mental health diagnostic and treatment monitoring solutions is a first-of-its-kind AI-powered platform from Senseye that uses a smartphone to accurately measure mental health conditions and track their severity at scale. This platform that gives clinicians a tool that turns the mind into something measurable also enables continuous monitoring over time to track severity and treatment response.

For self-insured employers, this translates into lower overall healthcare expenditures since members use their own smartphones, eliminating hardware costs and clinic visits. Scalable across care settings, the solution can be deployed at on-site clinics or via telehealth, primary care, hospital and health systems, payviders, pharmaceutical clinical trials, the Veteran Administration and beyond.

David Zakariaie

“Senseye has built the first ever mental health diagnostic that transitions the behavioral health diagnosis from subjective self-reporting to objective measurement,” says David Zakariaie, founder and CEO of Senseye. “Senseye is engaging with the FDA in a Phase 3 clinical study to bring a diagnostic test for PTSD to market, with near-future plans to expand into anxiety, depression, neuro-monitoring and human performance. We started with PTSD, targeting FDA De Novo submission in late 2026, since it is widely considered one of the most challenging mental health conditions to diagnose due to its complex symptoms and high comorbidity with other disorders.”

Historically, PTSD has lacked a single, objective diagnostic test. But the correct PTSD diagnosis unmasks other conditions that were being missed or miscoded.

“PTSD shares symptoms with depression, anxiety, and substance use disorders,” he explains. “Patients cycling through the system with undiagnosed PTSD tend to carry unrecognized comorbidities — severe depression that was logged as mild, substance use that went unaddressed and medical conditions that were never connected to the psychiatric picture. Once the correct primary diagnosis comes into focus, the rest of the clinical picture follows.”

One of the key value points of Senseye is that the same ocular engine for diagnosing PTSD also supports depression, Traumatic Brain Injury, Alzheimer's and beyond.

“Each new condition is additive, not a rebuild,” says Zakariaie.

Objective, clinical-grade measurement in an accessible platform aims to reduce the barriers and ambiguity for each diagnosis, helping to support timely intervention and monitoring over time to track treatment response longitudinally. Patients simply reach in their pockets and use the front-facing camera on a smartphone to access Senseye's patented measurement interface.

"It is now possible to use this readily available, no-cost device to capture an objective, non-invasive measurement of brain function within minutes — anytime and anywhere a patient meets a smartphone screen," he states. "This breakthrough solution eliminates resource-intensive procedures, lab tests and in-person clinic visits. Access to care is getting the significant boost it desperately needs."

PSYCHEDELICS

A recently issued new executive order (EO) to speed up reviews of certain psychedelic drugs could provide new tools as a possible solution to the mental health access crisis.

Zakariaie lauds the EO, adding, "While psychedelics offer great promise, they continually suffer from the lack of objective data to validate safety and efficacy," he observes. "The Senseye platform answers these unmet market needs and we join the growing number of advocates and developers of psychedelic therapies that remain hopeful that new government approaches to the drugs will accelerate their use."

The sweeping EO directs federal agencies to fast-track research into psychedelic drugs, after a direct text message exchange with podcast host Joe Rogan marked a rapid policy shift inside the White House.

The directive aims to accelerate federal review of substances, such as ibogaine and LSD which remain classified as Schedule I drugs under federal law. The order also directs the Food and Drug Administration (FDA) to expedite breakthrough therapy designations, encourages interagency data sharing and opens the door to rapid scheduling if safety and efficacy are demonstrated.

This would be particularly helpful for veterans who have used psychedelics to overcome hard-to-treat conditions, from depression to PTSD and substance abuse. While the order does not actually reschedule any drugs or change legislation, many advocates and researchers welcomed the move, saying it signals high-level interest in advancing psychedelics as treatments and could help ease bottlenecks in expanding access.

Expediting some psychedelics as breakthrough drugs, including ibogaine compounds, as well as allowing them to be used through right-to-try legislation, will also allow patients who have been diagnosed with life-threatening conditions to try experimental drugs outside of usual regulatory pathways. The order also calls on federal agencies to rethink enforcement of federal laws for such drugs that are proving promising in clinical research.

Interestingly, the State of Texas recently enacted a law committing public funds to research ibogaine, which is made from the root of an African shrub and shows promise in treating opioid use disorder, among other conditions.

MEDICAL CANNABIS

Broadly defined, medical marijuana or medical cannabis, refers to the use of the Cannabis sativa plant and its cannabinoids: tetrahydrocannabinol (THC), which causes psychoactive effects, and cannabidiol (CBD), which does not. It is used to treat specific symptoms and conditions under the recommendation of a healthcare professional and according to state regulations.

The breaking news reported in Axios is that acting Attorney General Todd Blanche ordered the immediate reclassification of FDA-approved and state-licensed marijuana as a less dangerous drug, shifting it from a Schedule I drug -- currently grouped with heroin and LSD -- to a category alongside substances like ketamine and steroids. Look for the results of a hearing scheduled for late June which is expected to provide a "pathway to evaluate broader changes" to the drug's status under federal law.

Karen O'Keefe, state policy director at the Marijuana Policy Project (MPP), states, "Federal law is on the brink of finally acknowledging cannabis has accepted medical use and that it is less risky than opioids."

What is even more encouraging is that there is now clinically guided cannabis therapy for self-funded employers. This may be a novel employer benefit today, but the evidence suggests it will be a standard feature of every forward-thinking health plan in the years ahead. For self-funded employers already bearing the full cost of claims, the case is increasingly hard to ignore.

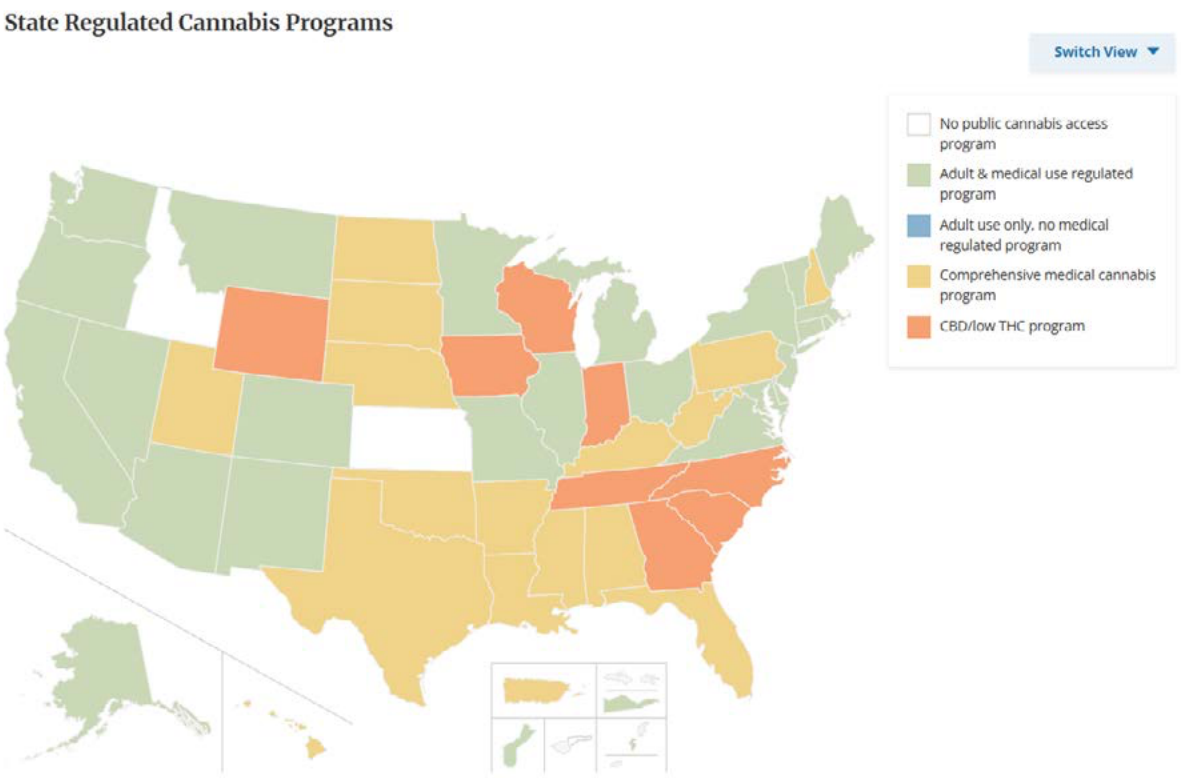
Emily Fisher, CEO and Founder of Leafwell, a leading direct-to-patient medical cannabis telehealth platform in the United States, says, "The federal rescheduling of medical cannabis to Schedule III this week is a landmark moment and long overdue recognition that cannabis is a medicine. For Leafwell, it validates what we have built over six years: a physician-led clinical platform designed to bring medical cannabis into the mainstream of healthcare. For self-funded employers, it removes one more layer of hesitation. The science was always there. Now federal policy is catching up."

Leafwell currently serves more than 700,000 patients with physician-led care for hard-to-treat chronic conditions such as chronic pain, anxiety, mental health conditions, sleep disorders, and the side effects of cancer treatment. These are the conditions driving the majority of employer claims spend. Today, Leafwell connects individuals with licensed physicians via HIPAA-compliant telehealth consultations, delivers personalized care plans, and supports ongoing therapeutic outcomes through a national dispensary network.

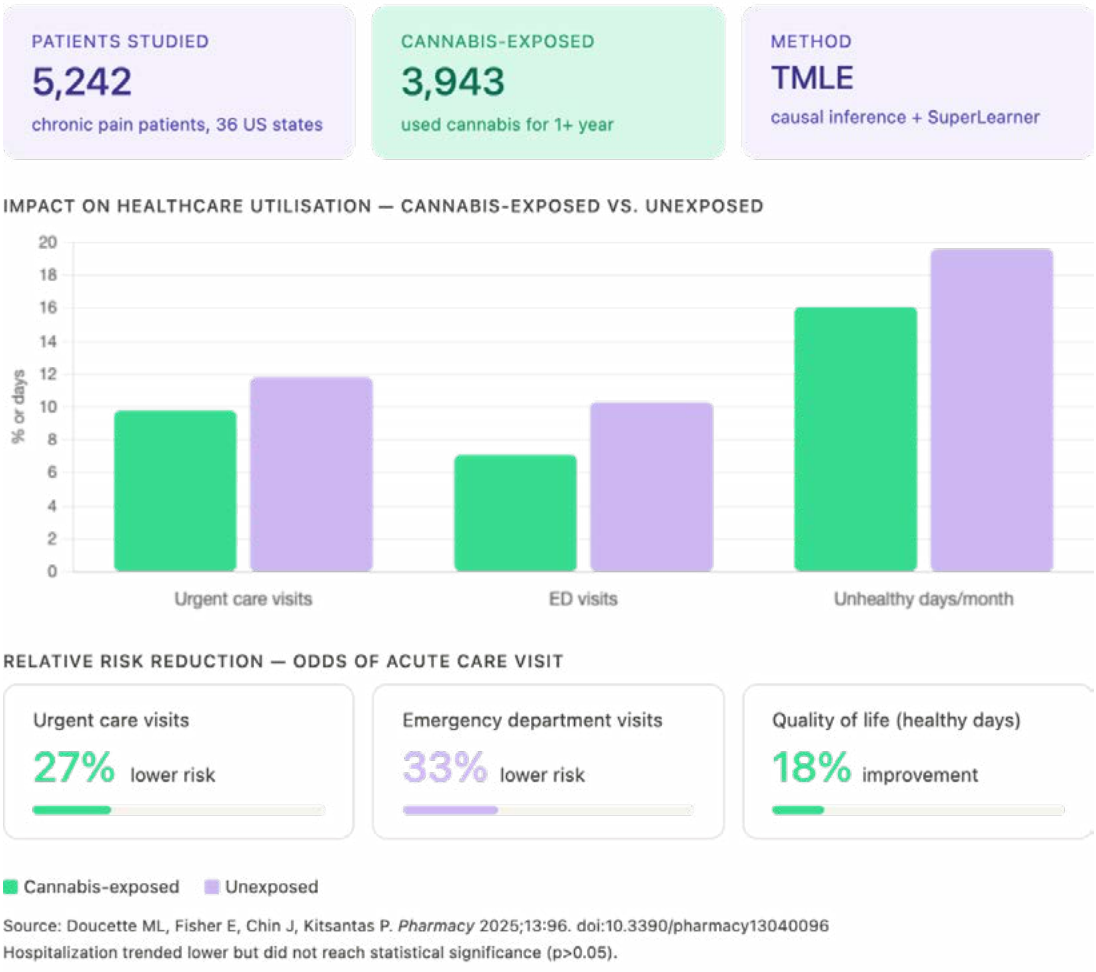
"Leafwell was built on a simple conviction: medical cannabis is a medicine, and patients deserve access to it through a rigorous clinical framework, not a fragmented, unmanaged marketplace," continues Fisher, a two-time breast cancer survivor. "The clinical outcomes are compelling: Leafwell's own peer-reviewed research, published in *Pharmacy (2025)* using causal inference methodology, found that medically certified cannabis patients experienced a 35% reduction in emergency department visits. A separate published study in *Applied Health Economics and Health Policy* estimates that employer adoption of medical cannabis programs could save US employers $22.9 billion annually."

Critically, Leafwell's care plans are designed around therapeutic, non-impairing doses — providing employees with meaningful symptom relief so they feel better, stay present, and perform. They are compliance-safe, HIPAA-compliant with zero ERISA complexity.

"Productivity and workforce health are every employer's primary objective," says Fisher. "We are building the claims-based analysis infrastructure to measure exactly that."



According to the National Conference of State Legislatures, 40 states, 3 territories and the District of Columbia allow the medical use of cannabis products as of June 26, 2025.



Source: National Conference of State Legislatures

AMWINS
BENEFITS

Exclusive Insights
to Navigate an Evolving Market

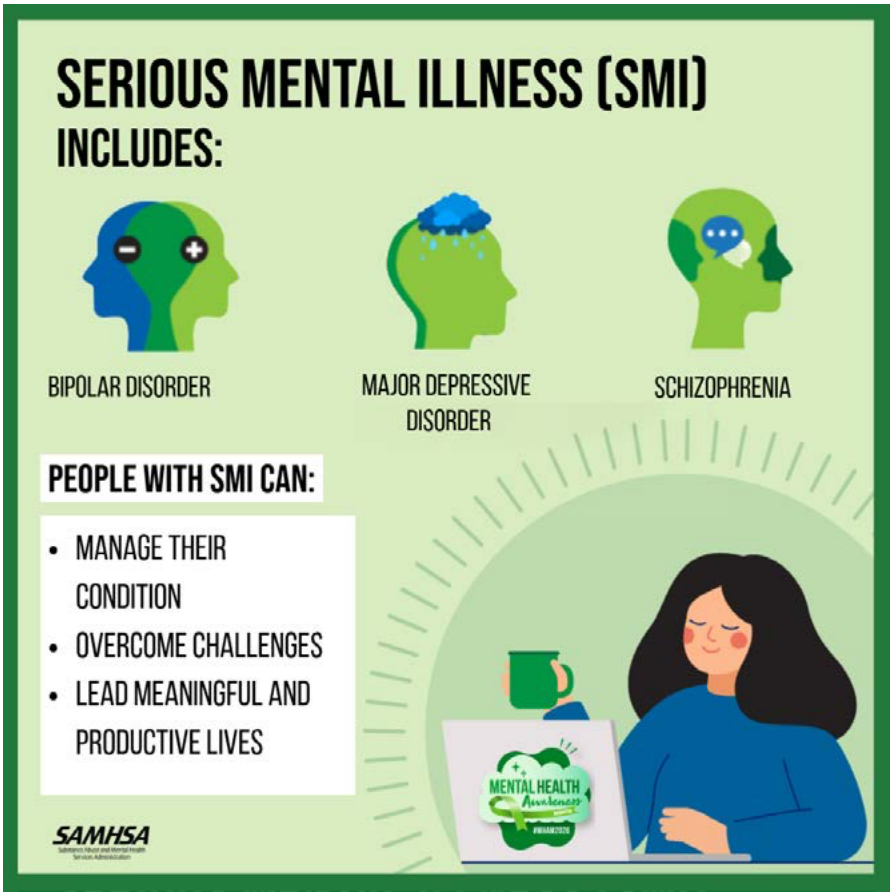
Drawing from our **$11.7B+ in premium placements** and a **$2.8B+ stop-loss portfolio** — combined with leading carrier data and industry surveys — the Amwins Benefits State of the Market Report delivers market intelligence you won't find anywhere else.

As the wholesale market leader, Amwins Benefits brings unmatched depth, scale, and perspective to every conversation.

10.7+ M Lives Covered | **7,400+** Retail Agency Partners

Download the report today
and maintain the competitive edge your clients expect.

Small to Mid-Market | Self-Funded | Ancillary | Exclusive Programs | Retiree Healthcare



Further sending a strong market signal on the use of medical cannabis, two companion bills, New Jersey S3984 and New Jersey A1023, were recently introduced, which would require workers' comp, PIP and health insurance coverage for the medical use of cannabis under certain circumstances.

While the bills do not specifically call out what constitutes the medical use of cannabis, they do note that scientific data indicates that cannabis has significant medical value when used in the treatment of certain injuries and diseases, including pain relief, control of nausea and vomiting, appetite stimulation, and relieving some of the symptoms of HIV/AIDS, cancer, glaucoma, and multiple sclerosis.

TELEHEALTH AND VIRTUAL CARE

Most clinicians agree that both in-person and virtual therapy are clinically equivalent for the vast majority of mental health conditions — including anxiety, depression, PTSD, eating disorders, and physiotherapy.

A landmark 2024 study analyzing 27,500+ patients published in Nature Mental Health found online therapy equally effective as in-person care while being more cost-efficient and faster to access. Moreover, a 2025 EBRI survey shows 73% of U.S. employers now offer virtual mental health benefits as part of core wellness programs.

Clinicians at Grow Therapy attest that despite technological expansion, over 122 million Americans still live in areas underserved by mental health providers, with rural communities and people with language barriers particularly affected. Virtual care is reshaping who can finally receive treatment: older adults, multilingual families, and people with disabilities — groups historically left out of the mental health system — are using telehealth to overcome geographic constraints, mobility challenges, and cultural mismatches. Virtual access isn't just replacing in-person therapy -- it's opening the door for people who previously had no realistic path to care.

Telehealth mental health services—whether value-based integrated care, telepsychiatry, or employer benefits—depend upon two things: reliable outcome measurement and lowfriction monitoring between visits.

"Objective, software-based tools running on mobile phones can deliver both by turning remote behavioral health into genuine measurement-based care rather than sporadic check-ins," points out Senseye's David Zakariaie. "Evidence across depression and anxiety care shows that when clinicians systematically track validated symptom trajectories and use them to adjust treatment, response and remission rates improve substantially compared with usual care, without overburdening patients."

He explains that these same tools align closely with long-term federal digital health priorities, which emphasize datadriven care, interoperability and equity rather than any one specific program or rule. National health IT strategies consistently call for secure, standardized exchange of health information, better integration of behavioral health, and expanded use of digital technologies that let patients generate and share their own data.

"A single Software as a Medical Devicebased (SaMD) mental health measure that tracks severity over time and connects to clinical systems supports this direction: it creates sharable, comparable outcome data that can power quality improvement, valuebased contracts, and research across settings, including telehealth," he continues.

Furthermore, rural health and Medicare valuebased care efforts also point toward scalable telebehavioral solutions that address both access and measurable outcomes, without relying on a particular year's policy details. Across administrations, federal rural strategies repeatedly highlight telehealth, workforce extension, and remote monitoring as key ways to overcome distance, clinician shortages, and stigma in behavioral health.

"A phonebased tool that objectively measures depression, anxiety, or PTSD between sessions allows rural telepsychiatry teams and primarycarebased programs to monitor larger panels, escalate care early, and document outcomes in a standardized way that can be used for payment, quality, and populationhealth purposes," says Zakariaie.

In employer-sponsored mental health benefits, the same SaMD tool links individual care to organizational value. Remote, app-based symptom tracking supports personalized teletherapy or telepsychiatry while generating anonymized, aggregate metrics on improvement, risk levels, and engagement that can be tied to absenteeism, presenteeism, and productivity.

"This gives plan sponsors and benefits leaders hard data to justify investment in higherquality telehealth programs and aligns with broader value-based trends in commercial insurance and public programs: paying for better outcomes, not just more visits," he concludes. "Across all these domains, a single, objective, mobile-delivered behavioral health measure provides a durable infrastructure that fits long-running policy priorities—digital enablement, equity, interoperability, and value—without depending on the specifics of any one regulation or pilot."

According to the Los Angeles Times, virtual therapy has graduated from being a "convenient alternative" to being a primary delivery model for mental healthcare in the USA. More Californians now receive therapy via video or phone than exclusively in person.

HYBRID CARE

When it comes to inperson vs. virtual care, the strategic answer for most workforces is rarely "either/or."

Kimlinger emphasizes that each model has clear strengths and limitations, "And one of the most common missteps organizations make is assuming that a single modality, whether virtual or inperson, will work uniformly across an entire population, culture, or organization. In reality, access, engagement, and

outcomes are deeply influenced by social determinants of health and contextual factors that shape how care can realistically be used."

She points out that inperson care remains essential for certain acuity levels, complex comorbidity, safety concerns, and situations where face-to-face assessment is clinically preferable. It is also critical for individuals whose home environments make virtual care less viable—whether due to privacy constraints, crowded housing, unreliable internet access, caregiving responsibilities, or work schedules that limit flexibility. For some communities and roles, the physical act of going to a clinic also carries meaning related to trust, legitimacy, and relational connection that cannot be replicated digitally.

"Virtual care, however, offers unmatched advantages in speed of access, geographic reach, and continuity… particularly for followups, brief interventions, and populations facing transportation barriers, long travel times, or provider shortages," says Kimlinger. "It can also reduce stigma for individuals who prefer to seek care discreetly. The limitations emerge when risk is high and escalation pathways are weak, or when virtual options are positioned as the default rather than as one option within a broader, responsive system. In those cases, engagement can suffer, and care may feel transactional or disconnected."

A well-designed hybrid approach can meet employee demand for convenience while also supporting riskbased prioritization when it functions as a coordinated pathway rather than a menu of disconnected choices. Effective models allow individuals to enter care through the modality that fits their circumstances while ensuring that care teams can collaborate and shift modalities as needs change. This includes integrating virtual and inperson therapy, EAP resources, specialty behavioral health, primary care, and health plan or network support so that the burden of navigation does not fall on the individual.

"Hybrid models are most effective when they are flexible by design: responsive to lived realities, respectful of preference and culture, and supported by clinically governed triage, warm handoffs, and ongoing followup," she explains. "When virtual access, inperson care, and coordinated escalation are intentionally woven together, organizations can preserve clinician capacity, reduce dropoff, and support continuity and outcomes for both everyday needs and higherimpact cases without forcing a onesizefitsall solution onto a diverse workforce."

TEXT-BASED MENTAL HEALTH SUPPORT

Growing in popularity, this accessible form of therapy or crisis intervention is conducted entirely through written messages, such as SMS, chat apps, or platform messaging. It includes both professional, asynchronous therapy for ongoing care and 24/7, immediate crisis support for immediate de-escalation.

Key aspects of text-based care include:

- Asynchronous therapy that allows you to message a licensed therapist anytime, with responses typically provided daily, offering flexibility for busy schedules.
- Live chat therapy that schedules real-time texting sessions with a therapist, often as effective as video for anxiety and depression.
- Crisis text lines offering immediate, 24/7 support for mental health crises or intense distress, connecting users to trained volunteers.

The effectiveness of this approach is documented in studies showing it can be as effective as in-person, traditional or video-based therapy for conditions like depression and PTSD. It is often preferred by those in rural areas, individuals with busy schedules, or those who find face-to-face, or even video, communication

daunting. While helpful for support, it is not ideal for severe, acute, or emergency situations that require immediate, high-level, in-person care.

Johnny Crowder

Johnny Crowder, CRPS-Y|A, founder & CEO Cope Notes, an infinitely scalable, text-based mental health support service built to reduce pressure on traditional care systems, says, "The messages are written by real people (not AI), providing evidence-based interventions without relying on clinician bandwidth. Because it's mobile and asynchronous, it bypasses geographic barriers and fits easily into employees' daily routines."

By delivering daily, bite-sized health education and peer support, he maintains that this support consistently drives higher engagement than traditional EAPs. The program extends support between appointments and reaches employees who might not otherwise seek care, helping improve outcomes while managing costs.

DIGITAL TOOLS AND VIRTUAL REALITY (VR) ADDRESS MENTAL HEALTH BENEFIT CHALLENGES

Digital tools are emerging as essential components for addressing mental health benefit challenges by enhancing access, managing costs and enabling continuous care – making it easier to monitor and improve mental well-being. People can use apps and wearable technology to track sleep, nutrition, mindfulness and other aspects of their lives, providing supplemental data that therapists can use to assess care needs. Telehealth makes this coordination seamless, enabling providers to discuss progress or setbacks in real time.

Virtual Reality (VR) emerges as an innovative approach. Nature Medicine defines VR as a "computer-generated three-dimensional (3D) simulation, such as a set of images and sounds of real-life situations, with which one can interact in a seemingly realistic way by using special electronic equipment." A simple off-the-shelf VR headset, developed for use in video games and software that creates a virtual environment enables psychologists to use VR to assess or treat patients. Research indicates that VR therapy is effective, with success rates of 66–90% in treating PTSD and is increasingly utilized in clinical settings.

Researchers advise that it is particularly effective for exposure therapy, anxiety management and PTSD, allowing patients to confront fears or practice coping mechanisms in safe scenarios, such as phobia treatment, social anxiety and mindfulness exercises. VR has also expanded to other mental health disorders such as PTSD, SUDs, eating disorders, psychosis and autism spectrum disorder, although most of the evidence is available for its use in anxiety disorders and PTSD. It is especially helpful for veterans and trauma survivors to process events by revisiting scenarios safely.

Kimlinger observes, "Alongside AI, digital therapeutics and immersive tools such as VR are gaining traction in targeted, evidence-supported applications most often as complements to live care rather than replacements. These tools can support skill-building, stress management, or symptom relief between sessions and expand the range of ways individuals can engage based on preference. As interest grows in emerging or nontraditional modalities, including those receiving increased public attention, the strategic emphasis remains on clear clinical oversight, evidence-informed use, and thoughtful governance particularly in employer and workplace-related contexts where safety, trust, and appropriateness are essential."

XRHealth submits that VR treatment costs vary based on application, with specialized therapy sessions typically costing $200–$215 per session for trauma or anxiety, with specialized PTSD treatments in a similar range. A study has revealed that VRET has a reported success rate of between 66% and 90%.

Additional studies reported in Forbes show that VRET is an effective way to treat people experiencing depression, who may be reluctant to seek traditional therapy, and could be used as an alternative form of treatment to in-person therapy for people with social anxiety. Experts stress that a licensed therapist must be involved for it to be considered therapy.

Innovation Must Continue

Marc Augustin, a German psychiatrist and psychotherapist, warns that if text-based generative AI can increase the risk of some mental health problems, the rise of voice-based AI will be even worse.

"The primary way humans communicate with AI is moving from typing and reading to speaking and listening. For most users, this will feel like a convenience. For vulnerable people — those prone to psychosis, mania, depression, or loneliness — it may represent a serious and unexamined risk," Augustin writes.

Lyra Health's State of Workforce Mental Health Report reveals a workforce navigating a paradox. While access to mental health support has improved, employees continue to struggle.

Source: Lyra Health

In the quest to improve access to care, many industry stakeholders are pointing to the value of Artificial Intelligence (AI). Generative AI tools are increasingly being used "off-label" by employees for emotional support. While convenient, this trend introduces serious risks around data privacy, misinformation and clinical safety.

However, it is important to consider a caveat that was recently issued from the American Medical Association (AMA) which is urging Congress to establish stronger safeguards for artificial intelligence (AI) in healthcare, warning that the rapid rise of mental health chatbots is outpacing the protections needed to keep patients safe. They warned that increased use, particularly in sensitive mental health settings, has exposed "gaps in oversight, with risks ranging from misinformation and emotional dependency to privacy breaches and, in some reported cases, chatbots providing harmful or inappropriate responses to users in distress."

Kimlinger expounds, "Across the field, the most responsible and impactful use of innovation, particularly AI is not about automating diagnosis or replacing clinicians, but about strengthening the human system of care. When designed thoughtfully, AI can reduce friction at multiple points in the journey: helping individuals engage earlier, helping care teams work more effectively, and helping organizations understand whether care is working. AIenabled intake and engagement tools can support clients in clearly articulating

Dani Kimlinger

concerns, preferences, and areas of stress in ways that feel accessible and nonclinical, while also surfacing urgency or risk signals that inform timely routing and escalation. This improves the likelihood that a person's first interaction with care is both fast and appropriate, rather than a false start that leads to disengagement."

AI can also play an important role behind the scenes by supporting not burdening staff.

"Decisionsupport tools can help intake specialists, care coordinators, and clinicians quickly access relevant information, resources, and referral options in real time, reducing administrative load and cognitive fatigue. Intelligent workflows can streamline handoffs, flag missed followups, and prompt coordination across modalities, allowing staff to spend more time on judgment, relationship, and clinical work rather than navigation and documentation," she remarks. "In the context of persistent workforce shortages, these kinds of efficiency gains function as a force multiplier extending capacity without diminishing quality."

Equally important is AI's growing role in outcome measurement and learning. Lowburden, structured followup delivered at appropriate intervals can capture changes in symptoms, functioning, and experience over time, supporting a more measurement-informed approach to care.

"When this data is used responsibly, it allows teams to adjust interventions when progress stalls and helps organizations identify patterns across populations, such as which approaches are most effective for specific needs or subgroups," says Kimlinger. "This moves innovation beyond engagement metrics and toward meaningful insight about impact."■

Laura Carabello holds a degree in Journalism from the Newhouse School of Communications at Syracuse University, is a recognized expert in medical travel and is a widely published writer on healthcare issues. She is a Principal at CPR Strategic Marketing Communications. www.cpronline.com