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Building a Mentally Healthy Workforce: Turning Insight into Action

HealthCareTN Employer Roundtable, May 2025

On May 14, 2025, HealthcareTN hosted a highly engaged employer roundtable focused on building a stronger, more responsive mental health infrastructure for employees. Building on the momentum from the previous year's in-person gathering, this interactive session shifted from a global approach to a more targeted set of considerations, offering practical insights, new data, and shared experiences around one of the most difficult challenges facing employers today: supporting employees living with serious mental illness, including major depressive disorder (MDD) and bipolar disorder.
This was not a typical mental health webinar. Rather than reiterating the why, participants focused on the how - how to close care gaps, how to reach employees who don't engage, and how to get better visibility into a problem that is often hidden in plain sight.

What You Can't Measure, You Can't Manage: The Case for Better Data on Serious Mental Illness
One of the session's central insights was that many employers lack a clear picture of how serious mental illness is affecting their workforce. This is not due to a lack of concern, but a lack of visibility in their data. Using MDD and bipolar disorder as examples of serious mental illness in the workplace, Innovu's data dashboard showed that only 2.6% of covered lives across six Tennessee employers had a diagnosis of either condition. This is far below the national average of Innovu clients, and a fraction of the estimated prevalence of MDD and bipolar disorder in the US. Participants agreed that the discrepancy likely reflects underdiagnosis or lack of engagement, rather than a healthier-than-average population.
Even when MDD or bipolar is diagnosed, Innovu's data showed that the treatment is often partial or fragmented. Only 22% of individuals prescribed antidepressants were also receiving therapy, pointing to a significant treatment gap. Moreover, over 50% of these individuals had co-occurring anxiety disorders, and nearly 10% had a substance use disorder - double the rate found in the general population. These conditions are not only persistent and disruptive but often show up in the data as costly, high-risk claims related to emergency care, disability, or chronic conditions like diabetes and heart disease.
Innovu's data platform enabled employers to visualize comorbidities, utilization trends, and treatment gaps that had previously gone unseen. Several attendees emphasized that even if they're not ready to act on everything today, just being able to "see it" is a critical first step.

Data Is Power - But Engagement Is the Goal
The group agreed that a balanced approach is essential: employers must offer both access to medical and behavioral treatments, while also investing in early intervention and peer-informed engagement strategies. That balance extends across the care spectrum; some employees may engage first through EAP, others through a primary care provider, and still others through moments of crisis.
But no matter the entry point, participants emphasized that the most effective interventions happen upstream before a claim becomes catastrophic, before a condition progresses, and before a person opts out of the workforce. Several organizations are now considering or implementing a more proactive

approach, using predictive analytics and claims trends to identify high-risk populations early and intervene with care navigation, case management, or integrated behavioral health solutions.
Still, the ultimate challenge is that employees often don't engage with mental health resources at all - especially when stigma, logistics, or digital access get in the way. Reaching these employees requires more than good intentions; it requires multi-faceted, persistent, and trusted communication.

What Communication Actually Works
Participants were candid about the limitations of traditional HR channels, and very few employees are reading benefits PDFs or logging into a portal to look for mental health help. Most are asking coworkers, texting supervisors, or seeing a poster on the back of a bathroom stall. That's why some of the most effective tactics shared included:

- "Potty press" flyers placed in high-visibility areas.
- Wallet cards and fridge magnets with QR codes.
- Custom challenge coins with embedded mental health links used successfully among first responders.
- Peer-to-peer programs where trusted colleagues act as informal ambassadors.

These approaches may feel like small shifts, but they matter. When employees can access information privately, discreetly, and on their own terms from sources they trust, they're more likely to engage.

Benefit Design Matters And So Does Flexibility
Multiple employers shared how even well-intentioned programs can be undermined by structural barriers. For example, some plans still limit EAP access to full-time staff or require employees to be on the health plan for 90 days before becoming eligible. Others cap therapy visits or lack provider diversity. These rigidities may disincentivize care, particularly for employees with complex, long-term needs.
In contrast, several employer participants removed these restrictions by offering EAP from an employee start date, and providing coverage to all employees regardless of health plan enrollment. Others have layered in care navigation vendors to reduce the administrative burden on employees, including those who may be transitioning from EAP services to behavioral health services. Participants encouraged one another to assess not just what benefits are available, but how usable and inclusive they really are.

Culture Drives Change But Stigma Slows Progress
The final arc of the conversation focused on culture. Leadership messaging, peer networks, and consistent reinforcement are still the most powerful tools in combating stigma and normalizing mental health support. One participant shared how trauma-informed protocols and embedded mental health responders have shifted how police and firefighters access care. Another described how company-wide campaigns like "Mind Matters" helped spark internal reflection and behavior change. Several companies also described aligning their Mental Health Month activities with specific calls to action, like downloading the EAP app or talking with a peer leader.

The consensus was clear: stigma reduction cannot be a side project or annual campaign - it must be woven into leadership communications, peer support structures, and daily operational culture.

Looking Ahead: From Discussion to Deployment

The roundtable closed with a shared understanding: building a mentally healthy workforce takes more than a benefit - it takes visibility, intention, and persistent execution. Employers acknowledged that while they may not have every solution in place yet, this kind of cross-sector dialogue, supported by real data and actionable ideas, is how progress gets made.

One of the event hosts noted that this kind of session helps surface what matters most to employers: the tools to see their populations clearly, the flexibility to respond appropriately, and the ability to translate insight into opportunity.