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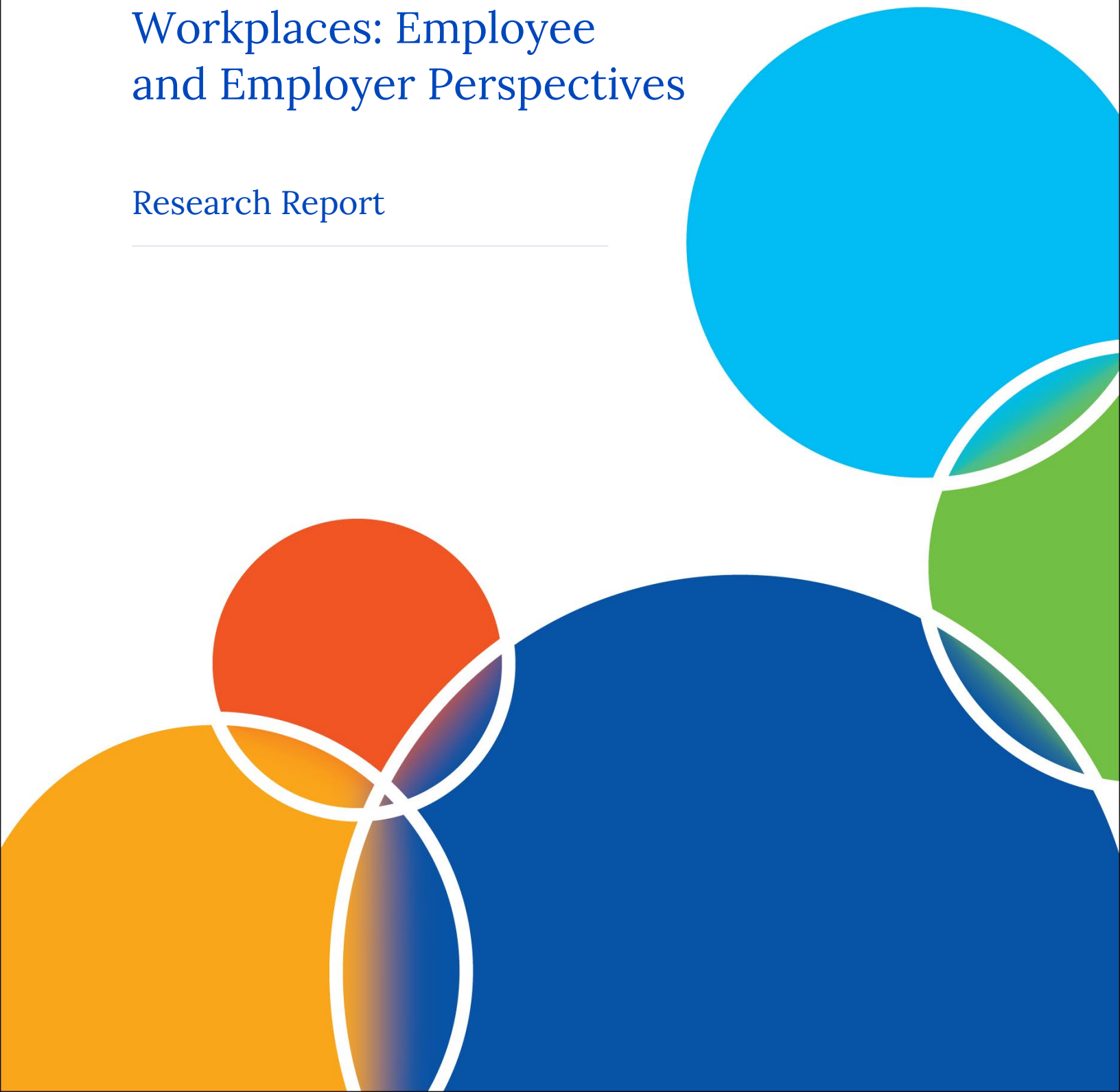
Mental Health Commission of Canada

Commission de la santé mentale du Canada

Extended Mental Health Benefits in Canadian Workplaces: Employee and Employer Perspectives

Research Report



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This study was approved through Saint Mary's University Research Ethics Board (SMU REB No. 21-032) and has met academic and ethical standards. The full survey and tables of results are available on request from Dr. Lee-Baggley at mailto:dayna@howatthr.com.

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Contents

Executive Summary

Mental health problems in Canada are both common and costly (and have only increased during the COVID-19 pandemic). Yet the lack of mental health resources means that many workers' needs are not being met. While research and policy has put more focus on promoting timely and equitable access to resources in the public system, two-thirds of adult workers have access to extended health benefits (EHBs) through their employer that include varying degrees of mental health care coverage. Given the unmet needs for mental health services across the public and private sectors, such benefits are an important resource for Canada's workers. Still, little is known, either about the ways employees use these benefits or the breadth of extended coverage employers provide.

To begin addressing these gaps, the online (French and English*) survey described in this report sought to better understand the role of EHBs from the perspective of employers and employees.

Key findings

Employee survey respondents (239 in total) were primarily Caucasian, female, well educated, and had stable well-paying jobs. Even though respondents were required to have access to EHBs to complete the survey, only 39 per cent had made use of such benefits for psychological services over the past year. Whether or not they had used them, both groups (80%) felt that the coverage was inadequate. The most common reasons for accessing psychological services through EHBs were anxiety (23%); depression (17%); and issues related to family (12%), work (11%), and COVID-19 stress (8%). A large percentage had timely access to a psychologist (72% saw a psychologist in the past month), with the same number (72%) reporting improvement in their problem as a result of such services. While respondents also reported accessing other workplace mental health services, a smaller percentage (33%) reported improvements in their problem as a result, compared to psychological services.

Employer respondents (175 in total) were primarily from Ontario, represented small to medium-sized organizations, and were located in urban areas. They were from varied sectors with the largest percentages from the sectors of "health care and social assistance," "finance and insurance" and "other". Roughly one-third increased their coverage for psychological services during the pandemic, most commonly due to employee needs and concern about COVID-19's impact. About half did not increase their coverage, with the most cited reasons being financial or a belief that their coverage was adequate. Increases in coverage differed between small and medium-sized (versus large) organizations. Only 13 per cent with fewer than 50 employees increased their psychological services coverage, whereas 50 per cent with over 1,000 employees did so. About a third (36%) of employers indicated that they had full flexibility in negotiating their EHB plan. This relatively small percentage raises the question of how employers might respond to emerging employee needs (or an issue like the pandemic) should they not have such flexibility.

While a majority of employer respondents (60%) said they were confident that the coverage of psychological services provided a good return on investment (ROI), less than half (42%) reported that their senior decision makers were "familiar" or "very familiar" with the evidence on ROI for such

* **Note:** Because respondents to the surveys were not a representative sample of Canada's general population or workforce, generalizing the results should be undertaken with caution.

coverage. This result suggests either that respondents were not senior decision makers or there is room to improve their understanding of ROI in this area. The percentage of mental health-related sick days as well as mental health-related claims for workers' compensation benefits (WCB), short-term-disability (STD), and long-term-disability (LTD) differed by sector and organization size. For small and medium-sized organizations, the average claim was much smaller (0% WCB, 3% STD, 1% LTD) compared to larger organizations (19% WCB, 23% STD, 17% LTD). Provincial governments had the highest number of such sick days (37 days) across the public and private sectors.

Recommendations

Given that mental health needs are only increasing due to COVID-19, it is important to make use of the workplace as a resource for mental health care and to improve the funding and use of EHB plans. This includes addressing issues such as

- adequate coverage, including flexibility among employers to change EHB plans to reflect the psychological coverage their employees need
- awareness among senior decision makers about ROI related to additional coverage for psychological services and the importance of timely access to care for employees
- barriers to accessing EHBs (including the unique barriers men and racialized people encounter)
- government policies (e.g., tax credits) that give employers an incentive to extend coverage
- support for smaller organizations that enables them to offer EHBs similar to those in large organizations
- ongoing dialogue between governments and employers regarding the provision of mental health services.

Given the unmet needs for mental health services in Canada, it is critical to increase funding and resources to improve access for workers. Because mental health care outside of publicly funded institutions is largely funded out of people's own pockets or through EHB plans, the private sector is a critical part of developing effective solutions for doing so.

Introduction

Mental health problems are common and costly in Canada, yet the lack of mental health resources means that many workers' mental health needs go unmet.

Mental health needs are increasing because of the COVID-19 pandemic, but these have been longstanding needs. Prior to the pandemic, an estimated one in five people in Canada (about 7.5 million) were experiencing a mental health problem or illness in any given year.[1] Mental illness not only has a significant impact on our quality of life and life expectancy,[2,3] it also has important implications for our workforce. According to research, 21.4 per cent of the Canada's workers have reported living with a mental health problem or illness.[4] Mental health disorders are a leading cause of disability across the country.[5-7] Mental health problems and illnesses make up about 30 per cent of short- and long-term disability claims.[8] Current predictions indicate that "by 2030 depression will be the leading cause of burden of illness globally" (p. 1).[9] In 2011, mental health problems and illnesses cost employers in Canada an estimated $6 billion per year in lost productivity (from absenteeism, presenteeism, and turnover).[10]

But these high rates are not matched by appropriate resources for mental health policies, programs, services, or supports. Due to a chronic underfunding of mental health resources, Canada spends five to seven per cent of its overall public health budget on mental health services — well below other G7 nations such as the U.K. (13%) and France (15%).[11-13] Yet even those percentages are well below the estimated burden of disease (23%) attributed to mental health problems in developed countries.[14,15] Canada's annual funding gap for mental health services in its public system is about $3.1-billion.[16] Although the 2017-18 federal budget allocated $5 billion over 10 years to improve access to such services, that works out to just $500 million per year.

In 2018 an estimated 5.3 million people in Canada reported that they had needed help for their mental health in the previous year.[17] About 22 per cent of those (1.2 million) reported that their needs were only "partially met," and 21 per cent (1.1 million) that they "were fully unmet." Medication needs were the most likely to be met (85%), whereas counselling needs were most likely to be unmet (34%). Gaps in funding and in public insurance coverage have also resulted in significant inequities in access. That is, the gaps in funding and access are not equal across groups. The unmet need in Canada is greater among people with low incomes,[18] which COVID-19 has made even worse.[19-22]

The private system plays an important role in mental health resources in Canada.

Canada's disjointed mental health system includes both public- and private-sector resources. In the private sector, workplaces play a meaningful role in providing access to mental health services. In addition to an employee and family assistance program (EFAP), many organizations have extended health benefits (EHBs) that give employees limited coverage for private mental health resources (e.g., psychologists working in private practice).

While the private-sector system has historically offered mental health services by psychologists, social workers and regulated psychotherapists are increasingly eligible for coverage from EHBs. It is estimated that more than two-thirds of Canada's workers have access to such benefits. Although the amount of coverage varies, $420 million was paid out for psychological service claims in 2020 (up 24% from 2019), and over $300 million is paid out annually for employee assistance programs (EAPs) (including $70 million for substance use alone).[23-25] More than half (56%) of these workers have access to a benefits plan that covers mental health providers (to some degree), and 46 per cent have

access to EFAP benefits, either personally or through a member of their household.[26] Studies estimate that 80 per cent of psychological consultations occur in private practice.[27]

Also well documented is the fact that EHBs are typically not enough to meet a person's mental health needs.[28,29] The maximum coverage employers provide for mental health counselling is a good example of this shortfall. The 2021 median annual maximum coverage stands at $750, down 25 per cent from the 2020 maximum of $1,001. Although 72 per cent provide maximum coverage of up to $1,000, and 21 per cent cover between $1,001 and $5,000 (the remaining seven per cent offer more than $5,000),[30] these amounts still present a challenge in terms access to care. The Canadian Psychological Association (CPA) recommends that employees receive access to coverage between $3,500 and $4,000 for full treatment using evidence-base care (i.e., treatment adequate for achieving a therapeutic outcome).[31]

As a consequence, provincial psychological associations estimate that clients pay out of their own pockets for private psychological services between five and 39 per cent of the time.[32] Each year, people in Canada spend an estimated $950 million on private practice psychologists for mental health issues, 30 per cent of which they pay for out of pocket.[33] At the same time, having private health insurance is not a significant predictor for seeing a mental health professional, which suggests that even those who have coverage may not use it.[34]

In terms of types of services being used, large employers are also more likely to have a mental health support program than small employers,[35,36] which means that more small employers depend on community programs, services, and supports.

Mental health needs have only increased during the pandemic.

A Conference Board of Canada and Mental Health Commission of Canada (MHCC) study in July 2020 found that 84 per cent of respondents' mental health concerns had worsened since the onset of the pandemic.[37] Findings presented in three reports in 2021 provided further evidence of COVID-19's impact on mental health: 14 per cent of Canadians reported moderately severe or severe symptoms of depression (up from two per cent before the pandemic), 22 per cent who use alcohol reported problematic use in the past month, nine per cent reported seriously contemplating suicide in the past year (up from three per cent pre-pandemic), and opioid toxicity deaths increased 88 per cent since the pandemic began.[38-40] In addition, while disability claims decreased during COVID-19, mental health claims for federal public servants made up the largest share of all claims at 55.1 per cent.[41] Private-sector rates also remained high at 30 per cent. According to data from Canadian Life and Health Insurance Association members, disability insurance claims for mental health supports increased 24 per cent in 2020.[42] Insurance companies paid $420 million to support mental health claims, $150 million more than projected.[43,44] Further, in 2021, workers' mental health-related claims for STD increased six per cent, while their duration rose 12 per cent.

According to a March 2021 Ipsos poll, 60 per cent of respondents said they were experiencing mental health issues, with more than half (54%) not seeking treatment.[45] Among the most common reasons were affordability (37%), including cost or the lack of workplace group benefits; access (29%), including barriers due to closures and long wait times or not knowing where to go; and stigma as well as being embarrassed to ask for help (30%).[46] Another significant reason for not seeking treatment was a person's preference for dealing with the issue on their own. In a study conducted by the CPA in 2020, nearly one in two respondents said that this preference was a "very significant" (16%) or "somewhat significant" (30%) barrier to seeking help.[47] This finding is consistent with results from a 2021 MHCC study, which found that 46 per cent of respondents preferred to deal with the issue themselves.[48]

The CPA survey also found that 92 per cent of respondents had not accessed services from a psychologist since the pandemic began.[49] For those who did, 47 per cent used private insurance, 26 per used the public health system, and 26 per cent used funds out of their own pocket. Most reported that such services were provided in a reasonable (50%) or somewhat reasonable (34%) amount of time.

A second CPA survey examined the impact of the pandemic on access to mental health resources.[50,51] While one survey indicated that more than half thought the pandemic had a "negative" (33%) or "somewhat negative" (23%) impact on accessing care by a psychologist,[52] the other suggested there was an overall rise in access that was not keeping pace with need.[53] Thus, the pandemic has increased the need for mental health resources, but they have not risen sufficiently to meet this higher need.

This survey

While research and policy has put more focus on promoting timely and equitable access to resources in the public system, two-thirds of adult workers have EHBs through their employer that include varying degrees of mental health care coverage. Given the unmet needs for mental health services across the public and private sectors, EHBs are an important resource for workers in Canada. Still, little is known either about the ways employees use these benefits or the breadth of extended coverage employers provide.

To begin addressing these gaps, the online (French and English) survey described below sought to better understand the role of EHBs from the perspective of employers and employees.

Methods

The survey was created through expertise drawn from the CPA, the MHCC, Dr. Bill Howatt, and primary investigator Dr. Dayna Lee-Baggley.[†] Ethical approval for this research study was obtained from the Institutional Research Ethics Board at Saint Mary's University (SMU REB File Number: 21-032). The employee survey recruited participants over 18 who were employed full time and had a smartphone or computer to access the survey. Respondents screened through only if they were employed full time and had access to psychological services covered by their employer's health benefits plan. The employer survey targeted participants with access to information about their organization's funding and coverage of mental health services. Participants were recruited through the MHCC members mailing list and via social media, targeted contacts, convenience, and snowball sampling.

[†] The final survey and detailed findings are available on request from Dr. Lee-Baggley at dayna@howatthr.com.

Summary of Results

It is important to note that, because respondents to the surveys were not a representative sample of Canada's general population or workforce, generalizing the results should be undertaken with caution. Also, while the employee survey had a greater proportion of respondents from large organizations (49%) than from those that were small to medium-sized (47%), the employer survey had a greater proportion of respondents from small to medium organizations (59%) than from large ones (42%). Consistent with standard classification, employers with 1-499 paid employees were classified as small to medium-sized, and employers with 500 or more paid employees were classified as large.[54] Therefore, the results of the employer and employee surveys are not directly comparable to each other. Any comparison should be made with due care.

Employee survey highlights

Respondents were primarily Caucasian, female, well educated, and had stable well-paying jobs.

- Total respondents = 239
- Most frequent primary residence: Ontario (52%), Alberta (14%), B.C. (12%)
- 74% lived in an urban area.
- 56% were between ages 41 and 55.
- 80% were female.
- 84% were Caucasian/white.
- Most (52%) were married.
- 74% had a university education, including almost 10% with a PhD.
- 54% earned $80,000 or more per year.
- 50% had been with their employer for nine years or more.
- The three highest percentages worked in health care (46%), government/justice/policing (19%), and education (12%).
- 53% came from employers with 500 or more employees, 22% from employers with more than 10,000 employees (usually a hospital or health authority).
- 59% reported that they were front-line workers (compared to being managers or having leadership positions).
- 44% were members of a union.
- One-third were employed by federal or provincial/territorial governments.
- 12% were from private industry.
- Since the pandemic, the rate of working from home rose to 60% (pandemic) from 5% (pre-pandemic).

Regardless of whether they had accessed psychological services through an EHB plan, respondents reported a similar co-pay arrangement and felt that their coverage was not adequate.

- All respondents had access to psychological services covered by their employer's health benefits plan to participate in the survey, but only 39 per cent had received psychological services through these benefits. Out of those, 32 per cent involved a co-payment.

- For respondents from large organizations, 40 per cent had accessed psychological services through EHBs compared to 35 per cent from small to medium-sized organizations.
- Whether or not respondents received psychological services through EHBs, 80 per cent felt that the coverage was not adequate.
- More females (82%) than males (50%) who received psychological services through EHBs thought that the financial coverage was not adequate.

Similar reasons were given for accessing psychological services through EHBs.

- The most common reasons, accounting for 70 per cent of the respondents, were anxiety (23%); depression (17%); and issues related to family (12%), work (11%), and COVID-19 stress (8%).

Most had timely access to a psychologist.

- 36 per cent of respondents were able to see a psychologist within two weeks, 72% within a month.

Most reported improvement in their problem as a result of receiving services from a psychologist.

- 70 per cent said the service relieved but did not completely take the problem away; 18 per cent reported that their problem stayed the same.
- In rural areas, 66 per cent of participants said it relieved but did not completely take the problem away, while 30 per cent felt that their problem stayed the same.
- In urban areas, 74 per cent said it relieved the problem but did not completely take the problem away; 11 per cent reported that their problem stayed the same.

While respondents accessed other services, a smaller percentage reported improvements for their problem compared to receiving psychological services.

- In addition to psychological services, 73 per cent said they used an EFAP, 16 per cent used self-directed online programs or apps, and seven per cent accessed peer support.
    - Only 32 per cent reported that such services relieved their problem but did not completely take the problem away, while 41 per cent said that the problem stayed the same, and nine per cent indicated that it got worse.
    - A larger percentage (17%) were unsure how these other services had impacted their problem compared to services from a psychologist, for which 10 per cent were unsure.

Employer survey highlights

Employer respondents (175 in total) were primarily from Ontario, represented small to medium-sized organizations, and were located in urban areas. They were from varied sectors with the largest percentages from the sectors of “health care and social assistance,” “finance and insurance” and “other”.

- Total respondents = 175
- Most frequent primary residence: Ontario (50%), Alberta (22%)
- 21% worked in the health care and social assistance sectors, 11% in the finance and insurance sectors, and 15% in other areas.
- Most were from private (42%), non-profit (32%), and public corporations (15%).
- 59% were from small to medium-sized organizations, and 31% had fewer than 50 employees.

- Most (78%) were located in urban areas.

Roughly one-third of respondents increased their coverage during the pandemic, most commonly due to employee needs and concerns about the impact of the pandemic. About half did not increase their coverage, with the most frequent reasons being related to cost or a belief that the coverage was adequate.

- Most (88%) reported that they provide other mental health supports in addition to access to psychological services through their EFAP.
- Most (87%) reported that timely access to mental health services provided by psychologists was "extremely important" or "very important."
- A significant number (29%) increased coverage during the pandemic, with the most common reasons being a response to employee needs (27%) and a concern about the mental health impact of the pandemic (26%).
- For the 55 per cent that did not increase their coverage, the most common reasons given were having a difficult financial situation (25%) and believing that current coverage was adequate (21%).
- Among those citing finances as a reason for not increasing coverage (e.g., difficult financial situation, could not afford increased premiums, employees could not afford increased premiums), more were small to medium-sized organizations (13%) than large (2%).
- Over a third (36%) reported that they had "full flexibility" or "some flexibility" in negotiating their health benefits package prior to renewal.
- Fewer small to medium-sized companies (19%) increased their coverage for psychological services than large organizations (54%). More specifically, just 13 per cent of organizations with less than 50 staff increased their coverage, while 50 per cent with more than 1,000 staff did so.

Less than half felt that their senior leaders and decision makers understood the ROI from psychological services, but more than half were confident that the ROI was good.

- Although 42 per cent of respondents reported that senior leaders and decision makers were "very familiar" or "familiar" with the data or evidence on their employer's ROI for covering psychological services, 13 per cent indicated that they did not know whether these decision makers were familiar with this ROI.
- 60 per cent were "very confident" or "confident" that the coverage for psychological services for all employees provided a good ROI.[‡]
- While in urban areas 21 per cent of companies reported that their senior leadership was very familiar with the ROI of covering psychological services, only nine per cent in rural areas indicated this degree of familiarity.
- In private and non-profit companies, about 20 per cent of respondents said that their leaders were not familiar with the ROI of covering psychological services, yet this rate was only seven per cent among public corporations.

[‡] As noted, this suggests that respondents of the survey were not senior decision makers or there is room to improve their understanding of this ROI.

Mental health-related sick days as well as claims for WCB, STD, and LTD differed by sector and organization size.

- Respondents reported that nine per cent of STD claims, six per cent of LTD claims, and five per cent of WCB claims were related to mental health.
- Most (75%) indicated that 0 per cent of their WCB claims were mental health related. For those who did, mental health-related WCB claims averaged 22 per cent of overall claims.
- Most reported that 0% of STD (55%) and LTD (61%) claims were mental health related. For those who did, mental health-related STD claims averaged 19 per cent, and LTD claims 14 per cent.
- Overall, organizations reported nine sick days per year on average.
- The number of sick days was highest in provincial governments, at 37 days on average. Provincial government WCB claims related to mental health averaged 22 per cent of overall claims.
- The percentages of employees making mental health-related STD claims in public corporations (20%) and provincial governments (24%) were higher than in private (7%) and non-profit (6%) organizations.
- The percentages of employees making mental health-related LTD claims in public corporations (7%) and provincial governments (16%) were also higher (but less so) than in private (3%) and non-profit (6%) organizations.
- Small and medium-sized companies had fewer average sick days (7) and fewer WCB claims that were mental health related (0%) than large organizations, at 13 days and 19 per cent, respectively.
- Small and medium-sized companies had fewer mental health-related STD (3%) and LTD (1%) claims than large organizations, at 23 per cent and 17 per cent, respectively.

Discussion

Since, as mentioned, both employee and employer respondents were not representative of the Canadian population or workforce, results should be interpreted with this limitation in mind.

Employers and employees differ on whether coverage from EHBs was adequate. Studies suggest that having to pay out of pocket for costs not covered by EHBs is a barrier to accessing mental health resources.[55,56] In this study, 80 per cent of employees (despite being middle- to high-income earners) felt that their coverage was inadequate (though most saw their problems improve as a result of receiving psychological services). Yet only 29 per cent of employers increased coverage during the pandemic. Out of the 55 per cent that did not, 21 per cent said it was because their coverage was adequate. While the two groups of respondents are not directly comparable, a discrepancy may exist between employers and employees on whether coverage is sufficient. The role played by an organization's size should also be noted: only 13 per cent of those with fewer than 50 employees increased their psychological services coverage, whereas 50 per cent with over 1,000 employees did so. This disparity suggests that there are significant discrepancies in small to medium-sized organizations' ability to offer such benefits compared to large organizations. This may be an important area for policy work to better support equity for employees of small and medium-sized businesses.

EHBs are an underutilized resource that could help address unmet mental health needs. Canada only spends seven per cent of its health-care budget on mental health, which is lower than other OECD nations and far below the estimated 23 per cent that mental health problems contribute to the burden of disease in these countries.[57-59] The Royal Society of Canada and the Canadian Alliance on Mental Illness and Mental Health have recommended that funding for mental health be increased to at least 12 per cent to address the longstanding unmet needs exacerbated by the pandemic.[60] While efforts to improve funding for mental health in the public system should continue, extended workplace benefits are an underutilized resource that should also be maximized to address these needs.[61] Even though all respondents had access to EHBs, only 39 per cent had used this resource to access psychological services. Whether they had or hadn't received psychological services through extended benefits, 80 per cent of both groups felt that coverage was not adequate.

There may also be a role for expanding workplace programs so as to include mental health training, psychological safety standards, and peer support programs. As well, virtual and online mental health programs have been shown to be effective, and with their increasing acceptability, may be another important way to address unmet mental health needs.[62,63] That said, a much larger percentage of survey respondents indicated that their problem improved through services from a psychologist than from other services. Such a response suggests that mental health interventions are neither the same nor interchangeable; more likely, they are better seen as different and complementary. Both public and private sectors have something to contribute to meeting emerging mental health needs, given the unmet needs. If governments and employers are looking to expand coverage for psychological services, both sectors will need to engage in dialogue to maximize the complementarity of coverage and minimize any unintended consequences (i.e., cost shifting) of decisions that would reduce or limit access to care. For example, when Australia extended its Medicare coverage for psychological services, private insurance claims were cut in half.[64]

COVID-19 has had a significant impact on employee mental health needs. COVID-19 has been accompanied by an increase in mental health problems as well as a greater awareness of the need for resources to address such concerns.[65] It has also highlighted ongoing issues related to accessing these resources. While close to 30 per cent of employers reported that they increased their coverage for psychological services (28.6%), close to half (46.9%) did not consider changing it, and eight per cent considered doing so but did not. The top five reasons for increasing coverage — response to employee needs, concern about the mental health impact of the pandemic, an effort to reduce disability claims related to mental health, recognition of the need to increase coverage, and an incentive to improve recruitment and retention — accounted for 96 per cent of employer responses. Of those who did not increase coverage through their EHBs plan, 50 per cent identified cost as the main reason (i.e., difficult financial situation, could not afford increase in premiums, employees could not afford increase in premiums). Just over a third (36%) of employers indicated that they had full flexibility in negotiating employers' health benefits plans. This finding raises the issue of how employers might respond to emerging employee needs (or an issue like the pandemic) should they not have such flexibility.

The percentage of mental health-related WCB, STD, and LTD claims was much smaller in this survey than in previous studies, where roughly 30 per cent of claims have been attributed to mental health. Given that this survey did not have a representative sample, these other estimates are likely more accurate. The percentage of claims also differed significantly based on sector and organizational sizes. The average number of claims related to mental health for small to medium-sized companies was much smaller (0% WCB, 3% STD, 1% LTD) compared to larger organizations (19% WCB, 23% STD, 17% LTD). The provincial government sector had the highest rate of claims and highest number of sick days, in keeping with other studies that showed increasing rates for mental health claims among public servants.[66]

Not all employers are familiar with the ROI of investing in mental health resources. Investing in the mental health of employees has a clear ROI.[67] Not only do some studies show that every dollar spent on treatment can result in a $4 return,[68-70] there is strong evidence that the effectiveness of psychotherapy leads to reduced health-care costs and improved productivity.[71-76] The Conference Board of Canada has estimated that the effective treatment of depression and anxiety for all employees would result in annual increases in Canada's economy of up to $49.6 billion.[77] While a majority of employer respondents (60%) said they were confident that coverage for psychological services provided a good ROI, less than half (42%) reported that their senior decision makers were "familiar" or "very familiar" with the evidence on ROI for such coverage. This result suggests either that respondents were not senior decision makers or there is room to improve their understanding of this ROI.

Recommendations and calls to action

It is important to understand the barriers to accessing psychologists through EHBs. Access, affordability, and stigma remain key barriers to realizing the benefits of these services. Documented barriers include:

- affordability, including lack of employment-based benefits or inability to pay out of pocket[78-80]
- not knowing where to go for help[81,82]
- long wait times[83-85]
- a shortage of accessible mental health professionals[86]
- a lack of mental health service integration and government oversight[87,88]
- a lack of confidence in the health-care system[89]
- culture and language barriers[90]
- gender norms[91]
- racism and structural stigma[92-94]
- concerns about stigma[95]
- concern about colleagues or employers knowing that one is accessing mental health services[96,97]
- inequities due to geography or demographics (e.g., youth, rural communities, and Indigenous populations)[98,99]
- the cost of services not covered by private insurance plans[100,101]
- people's preference for dealing with issues on their own[102,103]

Some of these barriers might be addressed through EHBs. In a recent study, 47 per cent of respondents indicated that accessing the services of a psychologist through the public system was likely to take an "unreasonable" or "somewhat unreasonable" period of time;[104] yet 40 per cent reported that they thought they could do so through their employer's health benefits plan in a reasonable time. The current survey reinforced that estimate, with 36 per cent of respondents indicating that they were able to see a psychologist within two weeks and 72 per cent within a month.

In past studies, 76 per cent of respondents have said that providing greater access to psychologists through employer health benefit plans is a "very good" or "good" idea. In this survey 80 per cent felt that coverage was not adequate — whether or not they had received psychological services through an extended benefits plan. Given the shortage of mental health providers, expanding eligibility by

including other regulated mental health providers (e.g., social workers, psychotherapists, counselling therapists) may also address a potential barrier.

That said, barriers can also arise — including stigma and affordability – when accessing EHBs. Studies have shown that having to pay out of pocket for costs not covered by these benefits and having concerns about employers or colleagues knowing that one is accessing mental health resources are common.[105,106] Even though respondents were required to have access to EHBs to complete the survey, only 39 per cent had made use of them for psychological services in the past year. Whether or not they had used them, both groups (80%) felt that the coverage was inadequate, which suggests that some may not have accessed services due to out-of-pocket costs. This finding was even more striking given that the respondents were middle- to high-income earners. Regarding concerns about colleagues or employers finding out who has accessed EHBs for mental health services, raising awareness and reassuring employees about their privacy may help address this barrier. Overall, providing more information on barriers to accessing these benefits may increase their use.

While employee respondents were not representative of the Canadian population, they may be for those who use private psychological services. It is well documented that women, Caucasians, and those with higher education and income are more likely to use mental health resources[107] — a bias replicated in our survey, where respondents were 60 per cent female, 80 per cent Caucasian, 74 per cent university educated, and 54 per cent earning annual incomes of $80,000 or more.

Men and racialized people may have also been less likely to respond to a survey about accessing mental health resources, whether or not they had used them.[§] Here, individual and system-level barriers must be considered, including cultural and gender norms around accessing mental health support, as well as institutional and structural barriers, such as a lack of public coverage for mental health services and languages or a lack of diversity among providers. While CPA has launched several initiatives to address human rights and social justice goals,[108] access to mental health resources could also be increased by finding ways to improve accessibility for those less likely to use them, including men and racialized people.

Policy considerations

EHBs are an underutilized and underfunded resource for meeting the mental health needs of Canada's population. While improving equitable access through increased funding to the public system is essential, since the funding gap is unlikely to be solved over the short term, EHBs can play an important role in dealing with unmet mental health needs. Addressing the following issues that employees and employers face may help improve access to these benefits:

- adequate coverage, including flexibility among employers to change EHB plans to reflect the psychological coverage their employees need
- awareness among senior decision makers about ROI related to additional coverage for psychological services and the importance of timely access to care for employees
- barriers to accessing EHBs for all employees (including the unique barriers men and racialized people encounter)

[§] More information is needed to understand the barriers experienced by these populations.

- government policies (e.g., tax credits) that give employers an incentive to extend coverage
- support for smaller organizations that enables them to offer EHBs similar to those in large organizations
- ongoing dialogue between governments and employers regarding the provision of mental health services

Conclusion

Given that mental health needs are only increasing due to COVID-19, making use of all possible resources to address gaps in mental health needs is critical. An important part of doing so is to leverage the workplace as a resource for mental health care and improve the funding and use of underutilized EHBs. This includes addressing such issues as adequate coverage (including flexibility to increase benefits), ROI for mental health benefits, barriers employees face (especially those less likely use mental health services), and support for small and medium-sized organizations in providing EHB plans. With the unmet needs for mental health services across the public and private sectors, EHBs are an essential resource for Canada's population.

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