

In a Modern Mental Health Solution, Care Preferences Matter

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Mental Health is Not One Size Fits All

The mental health care field assumes that individuals with mental health care needs should be [directed to one-on-one therapy](#) with a master's or doctoral level provider as the automatic and best course of care. This long-standing model is problematic for many reasons, among them:

- There are [not enough therapists](#) to serve the worldwide need
- Many [people are priced out](#) of individual therapy, and
- Therapy [may not be the best clinical approach](#) for an individual's given set of symptoms.

Modern Health has been charting an alternative path since its inception, instead using an evidence-based model called "stepped care" wherein individuals are paired with the best modality of care, therapy or otherwise, based on their unique clinical needs.

The therapy-first model fails patients in another regard: Not only does it assume that all patients need one-on-one care with a licensed therapist, it assumes everyone *wants* that type of care. The health care field is notoriously bad at taking personal preferences into account when assigning care plans to patients, despite research showing that incorporating personal preferences produces [higher levels of engagement](#) and [better clinical outcomes](#). Improvements in mental health depend largely on behavior change, so individual engagement and therefore personal preferences are arguably even more important in our field. Modern Health is leading the charge in changing this disregard for personal preference in care and empowering members to be active agents in their own mental health care as a result.

Modern Health Research Study

Modern Health aims to connect members to the type of care that will achieve the best outcomes for their needs, knowing that personal preference will play a role in the success of the care. To confidently match Modern Health members with the right type of care based on both clinical need and personal preference, we need to assess what members' personal preferences are.

In collaboration with researchers from the School of Public Health at Rutgers University, we asked 3,661 members from multiple countries who onboarded with Modern Health between February and April 2021 about their preferred modality of mental health care. We offered four choices:



Work one-on-one

Meet with a care professional



On my own

Self-guided, at my own pace



Listen & Learn

Attend live virtual sessions led by care professionals



I'm not sure

Results*

Fewer than half of respondents (44%) selected one-on-one as their preferred mode of care

- Nearly **25%** chose self-guided care
- **8%** wanted to listen and learn
- **24%** chose "I'm not sure"

Preferences were associated with demographic factors including age and gender

- **49%** of young adults (18-24) preferred one-on-one care compared to only **28%** of older adults (45+)
- Older adults were almost **3x** more likely than young adults to select "listen & learn" care
- Men were almost **1.5x** more likely to select self-guided care than women

People with clinical needs were able to successfully self-select

Individuals who screened positive for depressive symptoms and anxiety symptoms preferred one-on-one care more often than those who screened negative. This aligns with the modality that Modern Health would most likely suggest for their care.

*These results have been [published in pre-print](#) and are currently undergoing peer review for academic journal publication.

Interpretation

We intentionally gave members only one choice for preferred modality, but of course we recognize that some members might be best suited to a combination of modalities—an approach Modern Health actively supports. For example, some members might benefit from monthly one-on-one check-ins with a coach while managing day-to-day stress through self-serve meditations.

In addition, while "listen & learn" care was the least selected care modality overall, engagement rates in our provider-led group sessions (called [Circles](#)) are high and follow-up surveys of Circles participants show that 44% would use Circles instead of one-on-one therapy. Circles are available in several formats—including "listen & learn," group discussions, and skills workshops—which may have appealed to this study's participants had they been more robustly described.

Finally, some degree of education or experimentation may be warranted for the nearly one-quarter of respondents who indicated they are unsure of their preferred care modality. While people who have had prior experience with mental health care may have felt more confident in responding to this question, newcomers to mental health care may require more insight to make an informed decision. Similarly, those who prefer a more intensive level of care than their symptoms may indicate might benefit from exposure to a “sample” of the care path best suited for their needs to help them become familiar with the variety of modalities available.

Conclusion

In order to meet the needs of a diverse employee population, a mental health benefits solution must offer multiple care modalities with a care matching program that has been demonstrated to be effective in achieving clinical outcomes. Modern Health’s care matching philosophy is designed to do just that, by pairing members with the modalities that will achieve the best possible clinical and personal outcomes for their mental health.

Modern Health is the only provider of mental health employee benefits that is systematically taking members’ personal preferences into account in care matching. This approach, in combination with our underlying stepped care model, makes Modern Health uniquely poised to implement a new standard of patient-centered care within the mental health care industry.

