CORPORATE COUNSELLING SERVICES

From Conversation *to Advantage:*

Brokering Workplace Mental Health

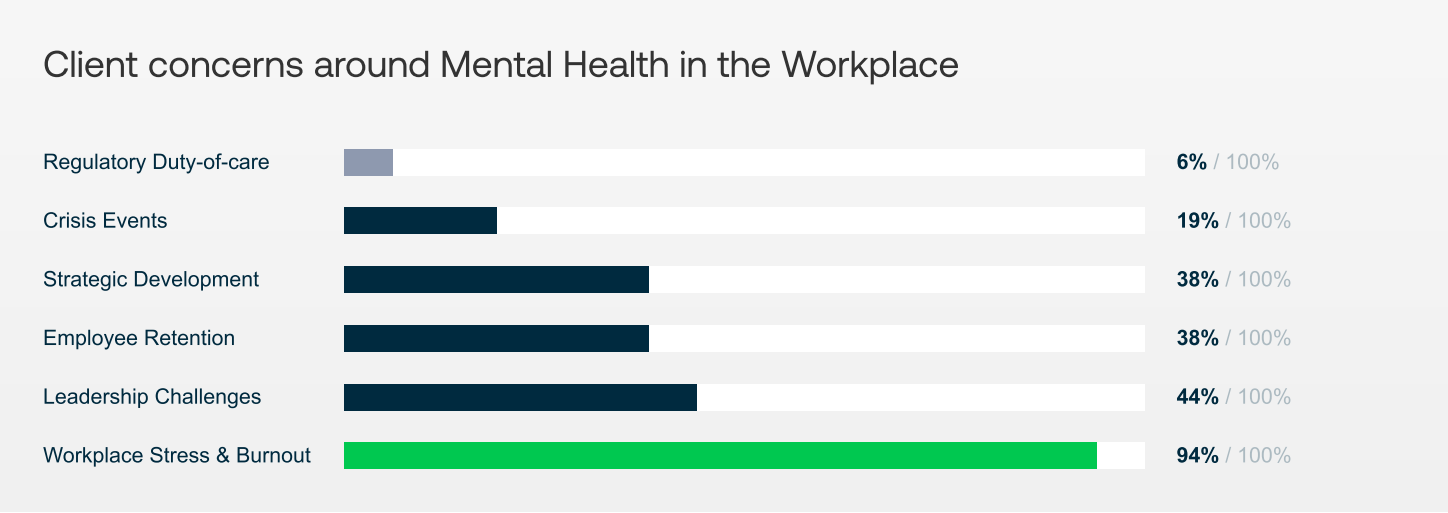
A WHITE PAPER ON PRACTICAL IMPLICATIONS AND INSIGHTS FROM A 2026 INDUSTRY SURVEY

INTRODUCTION

Understanding how mental health is discussed, supplied and measured in the market is now critical for insurers and Employee Benefits specialists. This study captures perspectives across brokers members that clarify demand signals, capability gaps and commercial levers-insights that help insurers prioritize product development, distribution strategy and partner models, and enable brokers to advise employers more confidently.

For a sector balancing cost, risk and talent outcomes, robust, market-level evidence like this is essential to move from transactional coverage to effective, measurable solutions that protect clients and sustain long-term commercial value.

1 Insurance customers' demands around workplace mental health

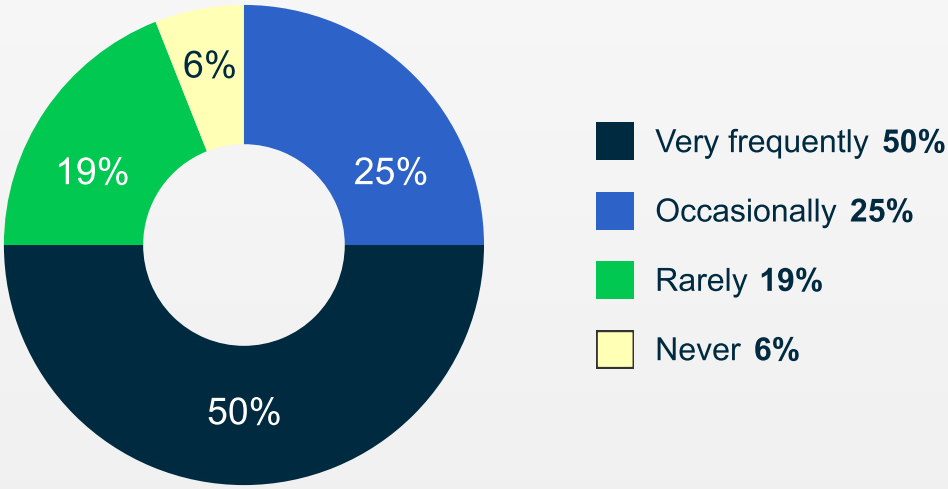


When asked in what contexts does mental health show up as a discussion topic with their clients **94%** of brokers cited workplace stress and burnout, with smaller but meaningful interest in leadership (**44%**), retention (**38%**) and strategic development (**38%**), and low emphasis on crisis (**19%**) or regulatory duty (**6%**). Results reflect a clear, two-fold customer need driven by broader societal shifts in mental health and the labour market.

On one hand employers are asking for practical, scalable, early-intervention solutions to counter rising chronic stress, anxiety and burnout tied to hybrid working, workload intensification and greater openness about mental-health issues. On the other hand, a sizeable minority wants mental-health support to serve strategic talent aims-building leadership capability, reducing turnover and aligning wellbeing with workforce planning.

Because most conversations are operational rather than crisis- or compliance- driven, brokers have a pivotal role: they must match the market's primary demand with fast, evidence-backed interventions while diagnosing and cultivating accounts with strategic intent so they can upsell more sophisticated solutions. Insurers and brokers who respond by offering modular product designs, concise ROI evidence and targeted pilot frameworks will meet customer needs across both immediate wellbeing and longer-term talent agendas, turning routine adoption into enduring, higher-value relationships.

How often does mental health arise in your client discussions?



The frequency split makes clear that mental health is now a mainstream advisory topic for most clients rather than an edge issue as three quarters of respondents engage on it with some regularity. This distribution highlights two practical dynamics - a core set of accounts where mental-health needs are persistent and operationally urgent, and a larger middle cohort where awareness exists but commitment to strategic investment is intermittent. The small rare/never segment indicates either genuine low exposure or latent, unrecognized need that requires outreach.

This frequency signals a need to sharpen reactions to earlier findings that conversations mostly focus on stress/burnout and prioritizing rapid, repeatable interventions and treating occasional conversations as conversion opportunities. The introduction of brief pilots, one-page ROI cases and diagnostic questions that surface leadership or retention priorities can also help in upsell strategic modules, once the business case is proven.

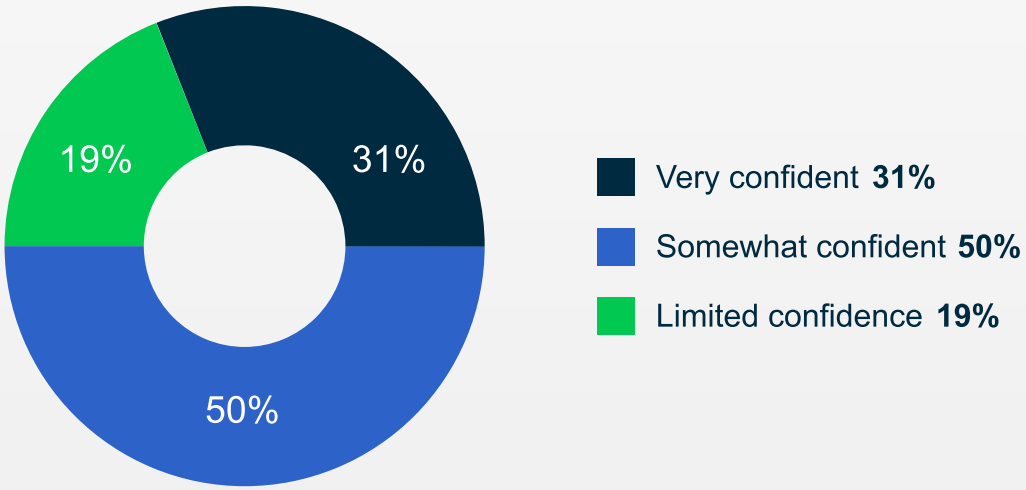
2 Insurers' positioning around mental health products

31%
Very confident discussing mental health solutions

69%
Moderate or low confidence in mental health discussions

75%
Already raised the topic with clients at least occasionally

How confident do you feel discussing mental health solutions with customers?

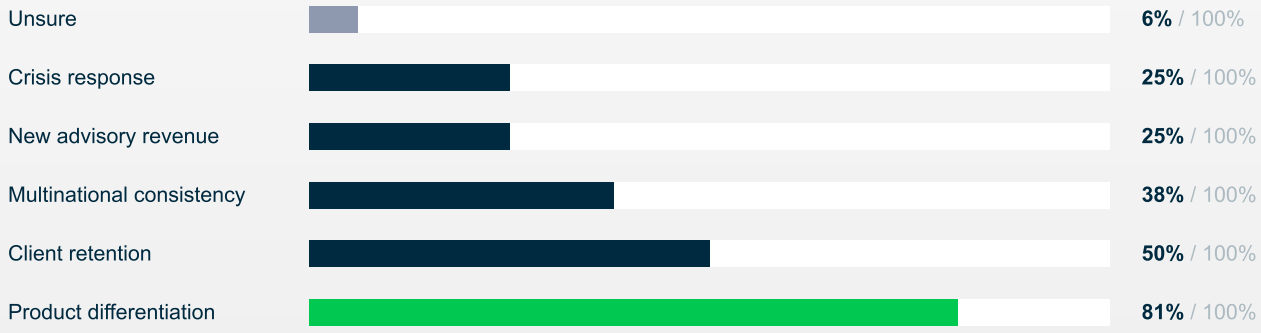


When asked about their confidence in sustaining discussions around mental health products with their clients, **31%** reported being very confident while **69%** of brokers and insurers have only moderate or low confidence discussing such solutions - a meaningful shortfall given **75%** already raise the topic with clients at least occasionally.

That gap risks surfacing issues without the skills or credibility to diagnose root causes, recommend appropriate interventions, or convert conversations into strategic engagements. Closing it requires focused capability building and, critically, routine consultation and partnership with specialist employee and corporate mental-health providers so brokers can access clinical guidance, validated program design and measurement support to make credible, outcome-driven proposals.

While capability and familiarity with mental-health solutions clearly play a role in this confidence gap, it is also worth considering whether economic factors may be an underlying, less visible contributor. For many brokers and insurers, mental-health solutions can be perceived as less predictable in cost and return compared to more established areas of employee benefits. This uncertainty may, in some cases, influence the depth of engagement, with conversations remaining at a high level rather than progressing toward structured implementation or pilot programmes.

Mental health as added value for brokers and insurers

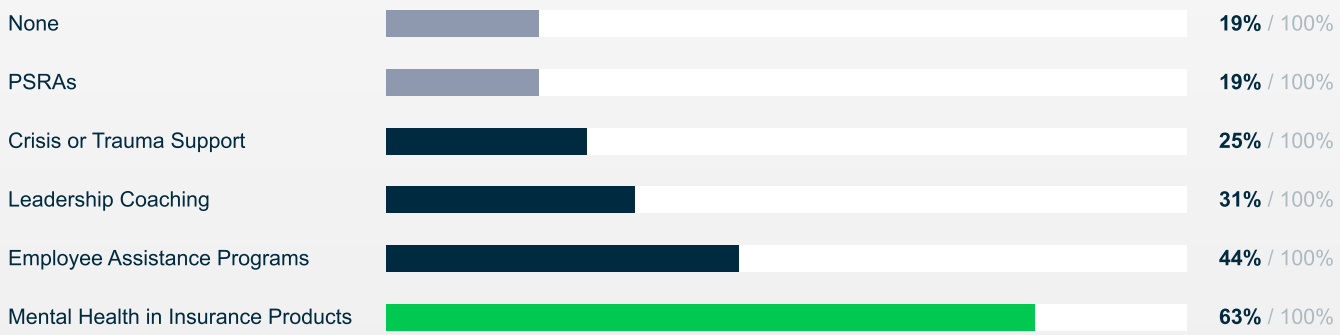


Survey results showcase that brokers overwhelmingly see mental health as a source of product differentiation (**81%**), with strong secondary value for client retention (**50%**) and meaningful importance for multinational consistency (**38%**). A smaller share identify new advisory revenue (**25%**) or crisis response (**25%**) as key value drivers, while only 6% find it hard to pinpoint.

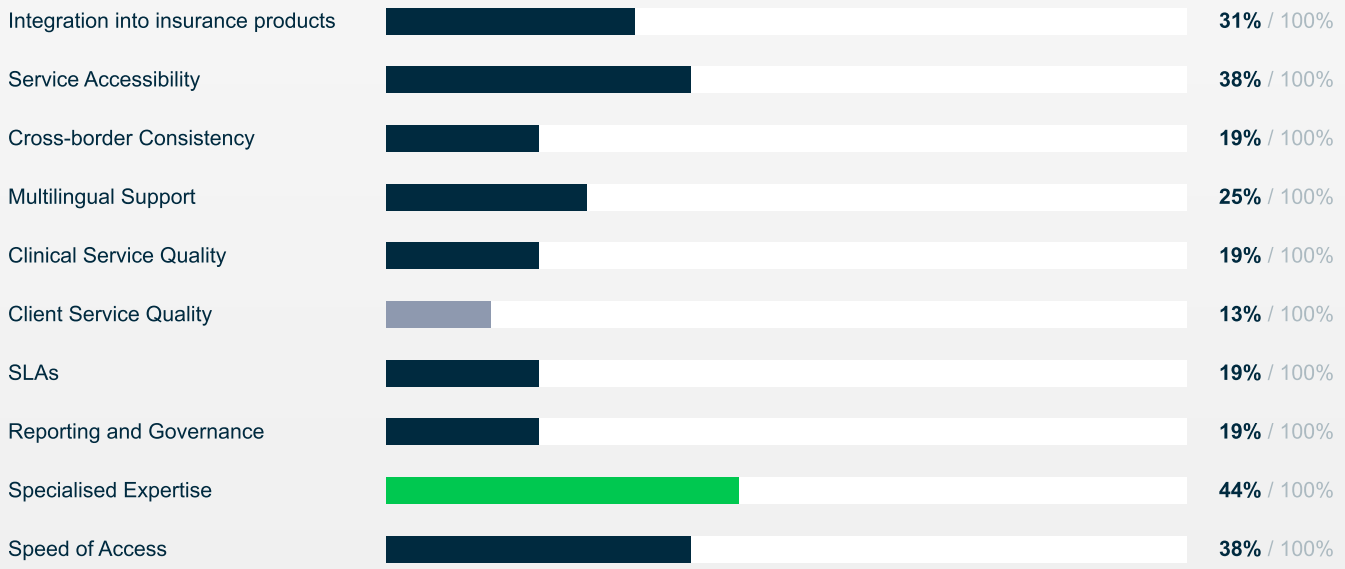
Given that mental-health topics already arise frequently for many clients, brokers should foreground differentiation in front-line sales activity by offering clear, deployable wellbeing solutions that address the high-frequency operational needs (stress and burnout). Use short-term impact metrics to demonstrate immediate value and protect renewal conversations, then leverage those proven outcomes to justify retention-focused propositions and multinational rollouts. New advisory revenue and crisis response remain valid upsell paths, but primary effort should be on meeting frequent demand with reliable, measurable offerings supported by clinical partners and concise sales assets so brokers of all confidence levels can consistently sell and retain business.

3 Existing product availability and limitations

Existing access to mental health products



Workplace mental health gaps



Combining an analysis of already available products with perceived gaps clarifies a single message: many clients have some mental-health coverage, but provision is often shallow, inconsistently delivered and insufficiently measured. Embedded features and EAPs are common, yet brokers identify clear shortfalls-most notably specialised expertise (**44%**), speed and accessibility of service (**38%** each), integration into insurance products (**31%**) and multilingual support (**25%**); while governance, SLAs and cross-border consistency are also recurring weaknesses. In practice this produces three interlocking problems: variable clinical quality and escalation pathways; delays or barriers that suppress utilization; and weak outcome reporting that prevents programmes from demonstrating business value.

An additional consideration is whether these persistent gaps are driven solely by operational and capability constraints, or whether economic hesitation also plays a role. Despite clear and recurring demand, investment in more robust, integrated mental-health solutions may be tempered by uncertainty around utilisation levels, cost exposure, and the ability to clearly attribute financial return. This dynamic may contribute to a pattern where baseline coverage is maintained, but more comprehensive or outcome-driven models are slower to be adopted.

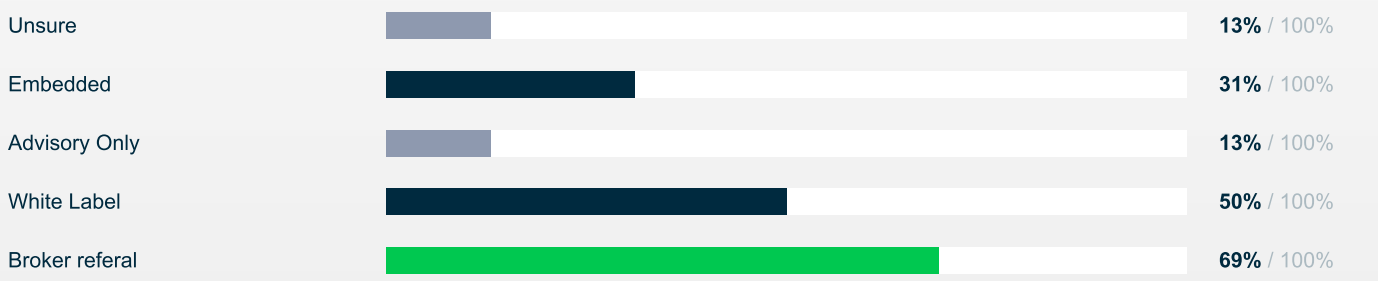
For insurers and brokers the priority is therefore to move beyond “having cover” to ensuring effective, measurable delivery. That means strengthening clinical pathways and specialist capability (or partnering to provide it), reducing access friction through faster triage and clearer routing, building product integration and multilingual/cross-border consistency for global clients, and embedding standard KPIs and reporting so impact is visible to buyers. Only by closing these operational and capability gaps-not merely offering benefits-will mental-health programmes achieve reliable uptake, demonstrable outcomes and genuine commercial differentiation.

As an interesting element of discovery for respondents, that to be actionable, measurement must progress beyond utilisation counts to outcomes that map to the dominant client needs identified earlier-stress and burnout, manager capability and retention.

To be actionable, measurement must progress beyond utilisation counts to outcomes that map to the dominant client needs identified earlier-stress and burnout, manager capability and retention. Essential measures include time-to-first-contact and wait times, utilisation plus escalation rates, short-term absence and return-to-work metrics, validated clinical outcome scores and medium-term talent metrics (voluntary turnover, retention of at-risk cohorts). Robust approaches use baselines, time-boxed pilots with pre-agreed KPIs or matched controls, secure data-sharing and real-time dashboards for brokers and clients. Demonstrable faster access, superior clinical outcomes and clear links to retention/ productivity are not just operational fixes-they are the very features that create product differentiation for insurers and give brokers the credible evidence needed to convert frequent wellbeing conversations into higher-value, strategic engagements.

4 Preferences of engagement models with mental health services

Preferred engagement models with mental health products



Brokers strongly favour referral partnerships (**69%**) and white-label arrangements (**50%**), with more limited interest in embedded services (**31%**) or advisory-only models (**13%**). This preference signals a practical market reality: many brokers want to offer credible mental-health solutions quickly without building full in-house capability, preserving brand control or commercial margins while relying on specialist vendors for delivery and clinical quality. Given the earlier findings-high conversation frequency, gaps in specialist expertise, access speed and measurement, and a prevailing need for product differentiation-these partnership models make strategic sense. Referral and white-labeling let brokers close the confidence and capability gaps fast (by linking to clinicians and turnkey program designs), deliver measurable outcomes through vendor reporting, and present differentiated, employer-facing propositions. Insurers should therefore prioritize ready-to-deploy partner networks, simple contracting for referral/white-label deals, integrated reporting feeds and joint go-to-market assets so brokers can scale solutions across frequent and occasional accounts while preserving the pathway to upsell higher-value modules.

These preferences may also reflect a pragmatic financial approach. Referral and white-label models allow brokers and insurers to introduce credible mental-health solutions without significant upfront investment, while maintaining flexibility and reducing exposure to uncertain utilisation patterns. In this context, partnership models serve not only as operational enablers, but also as economically efficient pathways to market.

5 Conclusions

The survey shows brokers are operating in a market where mental health has become mainstream: conversations are frequent, overwhelmingly framed around stress and burnout, and brokers view mental-health provision primarily as a source of product differentiation and client retention. Yet capability and delivery gaps-specialist expertise, speed/access, integration, multilingual/cross-border consistency and outcome measurement—plus a widespread confidence shortfall among advisers, limit brokers' ability to convert those conversations into higher-value, repeatable revenue. In short: demand is real and recurring, but supply and adviser capability are uneven. Brokers therefore occupy a decisive role—either to bridge those gaps through partnerships and enablement or risk leaving value on the table.

It may also be worth considering whether additional practical or organisational factors influence how mental-health solutions are prioritised and implemented in practice. Exploring these dynamics further could help brokers and insurers better understand the gap between growing awareness and broader adoption.

6 Actionable guidance for brokers

A Start by segmenting your book of business by conversation frequency and commercial potential: identify high-frequency accounts that need continuous, low-friction support; the larger "occasional" cohort that is primed for short pilots; and the low/none group that requires light screening or education. Make a standardized, fast-access wellbeing package your baseline offer-an easily articulated core that addresses stress and burnout, protects renewals and can be deployed rapidly across accounts. Define clear escalation criteria and documented pathways so successful core engagements flow smoothly into higher-touch services (leadership coaching, targeted retention programs, specialist clinical care) with pre-agreed KPIs and commercial mechanics to de-risk the buyer.

B Close the adviser confidence gap by rolling out concise enablement: a compact diagnostic script, a one-page ROI brief, a short case narrative and a templated pilot agreement that any adviser can use in renewals and account reviews. Don't try to build deep clinical capability in-house; instead formalize referral and white-label partnerships with trusted employee-health specialists to cover specialised expertise, faster access, multilingual delivery and cross-border consistency. Require partners to deliver standardized reporting and dashboards so you can show clients measurable outcomes without bespoke analytics work.

C Make measurement the backbone of your commercial approach. For every pilot or sale set baselines, short KPI sets (time-to-first-contact, utilisation and escalation rates, short-term absence/return-to-work, a validated clinical/engagement score) and at least one medium-term talent metric (voluntary turnover or retention in a target cohort). Time-boxed pilots (3–6 months) with agreed success criteria create credible evidence for renewal and upsell conversations and materially reduce buyer risk.

D Operationalize these elements into productized, modular propositions-core subscription basics plus priced add-ons for leadership, retention or crisis response-and ensure SLAs and reporting are standardised for multinational clients. In the near term, implement quick wins: launch the adviser playbook and a one-hour enablement session, offer a templated 3-month pilot to a handful of “occasional” accounts, and secure at least one clinical partner with an integrated reporting feed.

If applied consistently, these approaches will increase pilot conversions, provide the concise outcome evidence brokers need to upsell, improve renewal outcomes and strengthen your commercial position with employer clients by turning routine wellbeing conversations into measurable, higher-value relationships.

E While the survey primarily highlights operational demand and capability gaps, brokers may also wish to explore whether additional factors influence how mental- health solutions are adopted in practice. In some cases, hesitation may not stem solely from awareness or capability, but from broader considerations around implementation, prioritisation or perceived predictability of outcomes.

Brokers should consider testing for these dynamics within client conversations, using structured pilots, phased approaches or clearly defined entry points to better understand how organisations respond to different engagement models.

Positioning mental-health support as a contained, measurable initiative-rather than an open-ended commitment-can help facilitate more informed decision-making and support a gradual transition from initial interest to broader implementation.

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THANK YOU

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