Healing: Our Path from Mental Illness to Mental Health

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The Conundrum of Mental Health in America

- We have unprecedented progress in neuroscience, behavioral science, and technology
- We have effective interventions (medical, psychological, neural, and rehabilitative) for virtually every mental illness.
- More people are getting more treatment than ever.
- Yet, outcomes are no better.
The Problem: A Crisis in Behavioral Health

U.S. suicide deaths incr 33% since 1990’s; global suicide rates decr 38% since 1994

CDC, 2019; The Economist 11/24/18

No reduction in morbidity or mortality

Data from CDC

Data from Institute for Health Metrics and Evaluation
The SUD Epidemic: 1980 – 2018
10X increase in mortality
Current mortality surpasses peak mortality from auto accidents, HIV, firearms

Newsflash (CDC):
2020 OD Deaths: 93,331
32% incr over 2019

Reprinted from NYT
Jan, 2020

Data through 2017 is based on final reported mortality totals. Data for 2018 is provisional and adjusted to account for delays in drug-death reporting. 
Source: National Center for Health Statistics, Centers for Disease Control and Prevention
Suicide: 48,000
Drug OD: 70,000
Alcohol: 40,000
Total 158,000
(in 2018)

Up from 68,000
(in 1995)

US longevity drops in 2018 for first time since 1918
Covid-19: A Black Swan Event for Mental Health

• Three fold increase in depression (Ettman et al, JAMA, Sept. 2020)

• Suicidal ideation in 25% of US ages 18- 24 (CDC MMWR, Aug 2020)

• Economic downturn predicts high rates of depression and as many as 20K additional deaths of despair (MMHPI report, 4/10/20)

UN Warns of 2nd Pandemic

Decades of neglect and underinvestment in addressing people's mental health needs have been exposed by the COVID-19 pandemic, the UN said on Thursday, in a call for ambitious commitments from countries in the way they treat psychological illness, amid a potential global spike in suicides and drug abuse.
Why do we have this crisis?

We don’t know enough
We don’t have enough therapists
We don’t have effective treatments
We don’t spend enough
The demand is growing faster than the supply
Stigma
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Why do we have this crisis?
Why do we have this crisis?

It’s a care crisis.

Lack of Engagement: 60% not receiving care

Lack of Quality: Fragmented, episodic, reactive

Lack of Accountability: We don’t measure outcomes
Problems

- Lack of Engagement
- Lack of Quality
- Lack of Accountability

Solutions

- Person-centered online care
- Training, Coordinated, connected care
- Measurement and Value Based Care
The Digital Mental Health Landscape

Mobile Interventions

Learning Engine

Care Management

Digital Phenotyping

Sensors
HCl
Voice
Sociality

Coordination
Data Capture
Quality Metrics
Feedback

CBT, DBT, IPT; Coaching; Peer Support; Crisis Intervention
Solutions – Beyond Tech

Policy, Payment, Recovery
Policies: 988

Problem: Current Crisis Response via 911 brings police, high rates of incarceration, ER boarding, and tragedies for people with SMI

Solution: Build out a crisis continuum

988 replaces 911 by 7/22

Someone to Call – Someone to Come – Some Place to Go
The Arizona Crisis System

- **80% resolved** on the phone
- **71% resolved** in the field
- **68% discharged** to the community
- **85% remain stable** in community-based care

Person in Crisis → Crisis Line → Mobile Crisis Teams → Crisis Facility → Post-Crisis Wraparound

Decreased Use of jail, ED, inpatient

Close Collaboration with Law Enforcement = Pre-Arrest Diversion

**LEAST Restrictive = LEAST Costly**

Policies: Capacity

Problem: Underinvestment in health facilities for people with SMI

Insel, Healing, 2022
Policies: Capacity

Solutions: Remove IMD exclusion, 190-day limit for inpatient care under Medicare, Parity enforcement, workforce development, disincentives to build capacity

California’s Youth Behavioral Health Initiative
$4.4B over 5 years
Capacity for workforce, crisis services, inpatient care, and crisis residential
Payment: Alternative Payment Models

Problem: Fragmented, under-resourced care for people with SMI. Providers paid for medical services but not for rehabilitative services.

Solution: Create models for value-based payment
Certified Community Behavioral Health Centers

- 430 Centers across 40 states
- Whole Person Care (includes rehab services)
- No Wrong Door (includes crisis services)
- Prospective Payment (going at risk)
Recovery
Health ≠ Healthcare

From central DC:
17 mile journey
20 year incr in longevity
M. Marmot, The Health Gap

Treatment w statins
12.6 day incr in longevity
Hansen et al, J Gen Intern Med, 2019
Health ≠ Healthcare

70% related to social factors and health behaviors

10% related to care

US annual = $3.5T

Source: WHO
Behavioral health and health-related basic needs are interlinked, however partnerships to integrate care are underutilized.

Unmet basic needs\(^1\) by self-reported mental health

<table>
<thead>
<tr>
<th>% of individuals</th>
<th>Unmet basic needs</th>
<th>Good mental health</th>
<th>Poor mental health</th>
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</tbody>
</table>

Partnership models to integrate social and behavioral health examples

- Hiring **peer supporters** to improve effectiveness of behavioral health treatment
- Treating local community-based **social services providers** as an extension of the clinical network
- Integrating behavioral and social needs in **care management models** to improve whole person health
- Offering supported **employment** and improved return-to-work policies aligned with Americans with Disabilities Act

Coe et al, McKinsey Report, 2021
The Road to Equity: Recovery

The 3 P’s: People, Place, Purpose

Covid Pandemic Attacks All of the P’s
People: Loneliness is a Public Health Crisis

US Census Data
- more than a quarter of the US population (27%) lives alone
- over half the U.S. adult population is unmarried
- 1 in 5 have never married
- divorce rate in the US around 40% of first marriages
Place: Poverty is a Public Health Crisis

Adverse Childhood Experience

Food insecurity/Poor nutrition  
Homelessness/Unsafe housing

Lack of education/opportunity  
Racism/Exclusion

Adverse Environments

Poor people of color with mental illness are more likely to be incarcerated, homeless, and outside of care
Purpose: Finding a mission

“He (she) who has a why can live with almost any how.”
Nietzsche

“If you want to reduce suicide give people something to live for.”
Marsha Linehan

People with mental illness can use their lived experience to help others recover.
Recovery

The problems can be defined as medical.
The solutions need to be defined as social, environmental, and political.

Recovery Requires Us to Think Beyond Symptoms
Recovery Invites Us to Redefine Care
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It’s not just healthcare…. It’s the 3 P’s. The problem is medical but the solutions are....
Summary

- We face a crisis in mental health and a crisis in mental healthcare
- We have solutions for engagement, quality, and accountability
- The path to better outcomes runs through recovery: the 3 P’s
- The problems are medical; the solutions are social, environmental, political
“This is really a book about social justice. Insel is the ideal person to take this on—he is a revered and respected neuroscientist, internationally known as a researcher and tech entrepreneur. . . . THIS BOOK SHOULD BECOME A CALL TO ACTION FOR A NEW SOCIAL MOVEMENT.”
—Michael Pollan, author of This Is Your Mind on Plants

“Whether you suffer from a brain disease, have experienced a family member or dear friend with serious mental illness, are a policy maker with responsibility for reforming the broken system, or simply want to be educated—THIS BOOK IS A MUST READ.”
—Norman Ornstein, New York Times bestselling author of One Nation After Trump

“The mental health crisis in America has been neglected for too long. . . . HEALING IS FOR EVERY FAMILY DEALING WITH A MENTAL HEALTH ISSUE, which today means nearly every family in the United States.”
—former first lady Rosalynn Carter
The Indispensable Source for Mental Health News

- Impact journalism
- News aggregation
- A platform for ideas
- Sparking a national conversation
Thank You!