

Minding the Mental Health Gap

By Nancy Howell Agee, President and CEO, Carilion Clinic

Nestled in Virginia's Blue Ridge is the sole tertiary/quaternary care center serving southwest Virginia—a service area of more than 4,300 square miles. Our nationally ranked facility is a resource for nearly one million Virginians, West Virginians, and North Carolinians—many of whom will at some point in their lives have a mental health need.

Carilion Roanoke Memorial Hospital is the flagship hospital for Carilion Clinic, a not-for-profit healthcare delivery system where I am privileged to serve as President and CEO. My experience with Carilion combined with my service as board chair for the American Hospital Association in 2018 reemphasized the challenges our peers face nationwide when providing access to mental health services.

The country's current mental health infrastructure is struggling to meet the growing demand for psychiatric services. Meanwhile, the number of providers in the United States continues to decrease. The majority of psychiatrists (59 percent) are 55 or older. If you serve your community on a hospital board, you know that the impact of inadequate access to mental health services reaches far beyond healthcare. Depression and anxiety alone lead to an estimated \$1 trillion per year loss in productivity in the U.S.

Key Board Takeaways

Key steps boards can take to help address mental health needs in their communities include:

- Energize the discussion about mental health at the local level.
- Consider innovative collaboration with dedicated providers and strong community partners (e.g., schools, social services agencies, family courts, etc.).
- Prioritize communication and projects that aid in reducing the stigma of those with mental illness or substance use disorders.
- Reevaluate your care delivery models, asking questions such as:
 - › Are there interdisciplinary opportunities we need to be exploring?
 - › Are we effectively utilizing psychiatric and mental health nurse practitioners?
 - › Should we expand investment in areas such as telepsychiatry and teletherapy?

We all agree we need to do something. Yet this challenge may seem insurmountable. This article provides some concrete steps boards can take to help their communities.

The Board's Role in Addressing Mental Health Needs

As leaders in the community, I challenge board members to energize the discussion about mental health at the local level. Big problems require big solutions. Chipping away at the problem will require innovative

collaboration with dedicated providers and strong community partners that share a goal of making a positive impact. Identify important community stakeholders. Start small and lead through example. Prioritize communication and projects that aid in reducing the stigma of those with mental illness or substance use disorders. By encouraging community engagement, healthcare systems can create partnerships, trust, and mutual investment in increasing capacity for local mental health resources at the

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environmental, educational, and organizational levels.

I also encourage boards to take a fresh look at care delivery models. Continue to incentivize psychiatry and behavioral medicine residencies for physicians, but also consider the increased role of psychiatric and mental health nurse practitioners and appropriately trained physician assistants. Look for interdisciplinary opportunities, increasing collaborative and integrative care between primary care and behavioral health. Expand investments in telepsychiatry and teletherapy. Take these opportunities to be nimble in a time when there are limits to the traditional psychiatry workforce. And when you find something that works for your organization, share those lessons learned with your peers and continue the discussion.

Partnering for Success

Whatever you decide to do, know that you cannot do it alone. Hospitals and health systems will need strong internal and external partners. Here are a few ways providers and leaders can partner to address mental health needs:

- Partner with school systems by embedding nurses, social workers, and psychologists in primary care settings at or near schools.
- Explore formal educational

partnerships with local school systems. For instance, we are working with elementary school students on a new mindfulness curriculum.

- Partner with social services agencies to address the social determinants that contribute to trauma, abuse, and neglect.
- Provide alternatives to police intervention and arrest.
- Work with family courts to address mental health issues and divert children from justice involvement.
- Expand the role of peer recovery specialists that empower those with a lived experience of mental illness or substance abuse a pathway to recovery and community reengagement.

One particularly successful approach Carilion has taken recently is also one of the most inspiring to me. The sheer number of individuals suffering from substance use disorder can be daunting. For us, a ray of hope appeared in our peer recovery specialist program.

Let me introduce you to a young woman I'll call Sarah. Sarah is just 28 years old, but her mental health journey has already inspired a culture shift in our organization. In college, Sarah fought to conceal depression, anxiety, and an eating disorder that she had struggled with from a young age. She always felt like the outsider,

not fully understanding how to cope until she was introduced to a campus support group for students. For the first time, she was able to share her challenges with peers and recognize that others were experiencing similar struggles.

A lightbulb went off. Her passion to help others with mental health needs moved her to approach me with the idea to create a program that would train peer recovery specialists to help patients struggling with mental illness and substance use disorder. I was sold.

In her short time with Carilion, Sarah has kickstarted our peer recovery specialist program (the first in the Commonwealth of Virginia), training 42 individuals recovering from substance use disorder to offer emotional support to patients still tackling similar challenges. This coming year, we plan to hire some of Sarah's trainees. Others who have gone through her program still volunteer their time as a way to continue their own recovery.

As a true testament to the work that Sarah and her colleagues do, staff have informally renamed the hospital unit where the peer recovery specialists work the "hope floor."

Yes, your job as a hospital board member is to ensure your organization can continue to provide the best medical care possible to your community. When it comes to mental health, though, make sure you inject some hope in the community, like Sarah, in part, has done for us.

The Governance Institute thanks Nancy Howell Agee, President and CEO, Carilion Clinic, for contributing this article. She can be reached at nhagee@carilionclinic.org.

