

An Experience Perspective on Mental / Behavioral Health



Executive Summary

Given that addressing mental and behavioral health is one of the most pressing healthcare needs in the United States, it's essential to be clear about what these terms mean. [Mental health](#) encompasses cognitive, emotional, psychological, and social well-being. [Behavioral health](#) reflects a more holistic perspective that includes both mental health and the impact of behavior (e.g., lifestyle habits, substance use challenges) on overall well-being. This conceptual clarity underscores the complex interplay between mental health and behavioral patterns as well as that between behavior and mental health. This nSight features 4 key points:

1. Nationally, patients' self-reported emotional/mental health (as measured by the HCAHPS) has been declining since 2016.
2. Within particular markets, there is considerable geographic variability in self-reported mental health and access to behavioral health services. Paying attention to this variability can help healthcare organizations better target support within the communities they serve.
3. Patients tend to have a favorable impression of the individual therapists they see in terms of

- 4. The core vectors of Human Understanding® – connect with me, listen to me, partner with me – have added importance on both sides of the stethoscope when it comes to addressing behavioral health.



I've seen a lot of doctors and talked with a lot of doctors, and I felt that the best ones are the ones who were able to listen very intently with their entire body – their entire being – and not listen through the filter of their own thoughts of what they think it going on. Because I could tell by what they said back to me that some weren't really listening to what I was saying. And I wouldn't see them anymore. But I did find good doctors. My doctors now are excellent, and they have helped me."

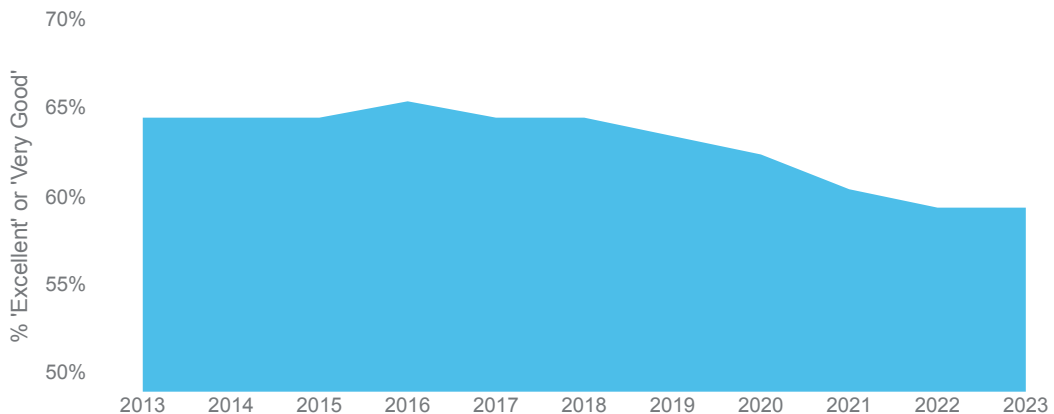
– M, a person with bipolar disorder



It's not just the pandemic

Much attention has been paid to the Covid-19 pandemic's toll on behavioral health at the individual and collective levels. While that is certainly well established, NRC Health HCAHPS data collected over the past decade reveals that self-reported ratings of 'Excellent' or 'Very good' mental health have been declining since 2016; the effect is even more pronounced when focusing only on ratings of 'Excellent' mental health. Moreover, as the stigma associated with mental health dissipates, demand for high-quality behavioral health services will continue to rise.

Self-reported emotional or mental health



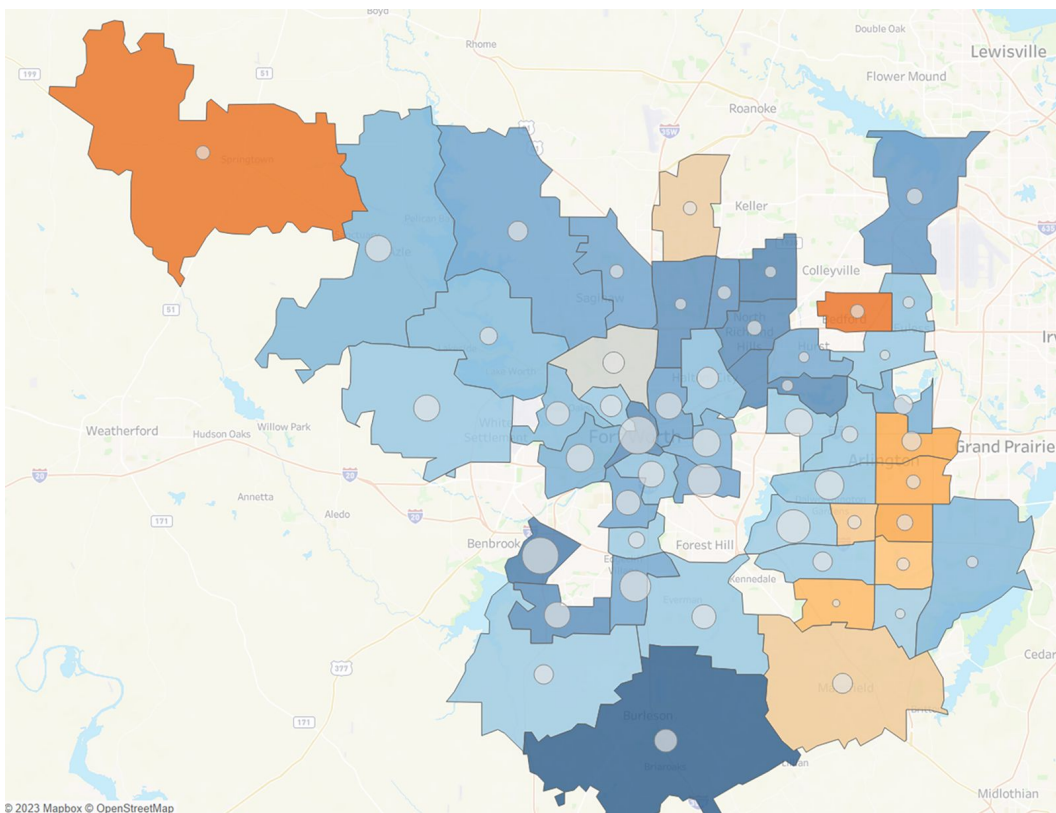
Location matters

The data we collect allows us to map self-reported mental health onto perceived access to behavioral health services at the ZIP-code level, revealing considerable geographic variability within and across particular markets. In the following visualizations, **orange** represents good access, **blue** represents poor access, lighter shades of these colors are less good/bad, and darker shades are more good/bad. The size of the circles within each color indicate need: larger = lower self-reported mental health = greater need. For instance, the Fort Worth, TX map shows relatively poor access (more blue) and greater need (bigger circles) than does the Houston, TX map. And, while the Minneapolis, MN map suggests that access is relatively high (mostly orange), there are areas – highlighted via the inset – where both access and need are problematic.

Clearly, access to mental health services and mental health itself are not uniformly distributed across our communities. But attuning to areas in which access is low and patients report relatively low mental health can help create more targeted outreach strategies. Just increasing access is by no means a panacea, but a strategic approach to doing so is a good first step toward addressing behavioral health in our communities.

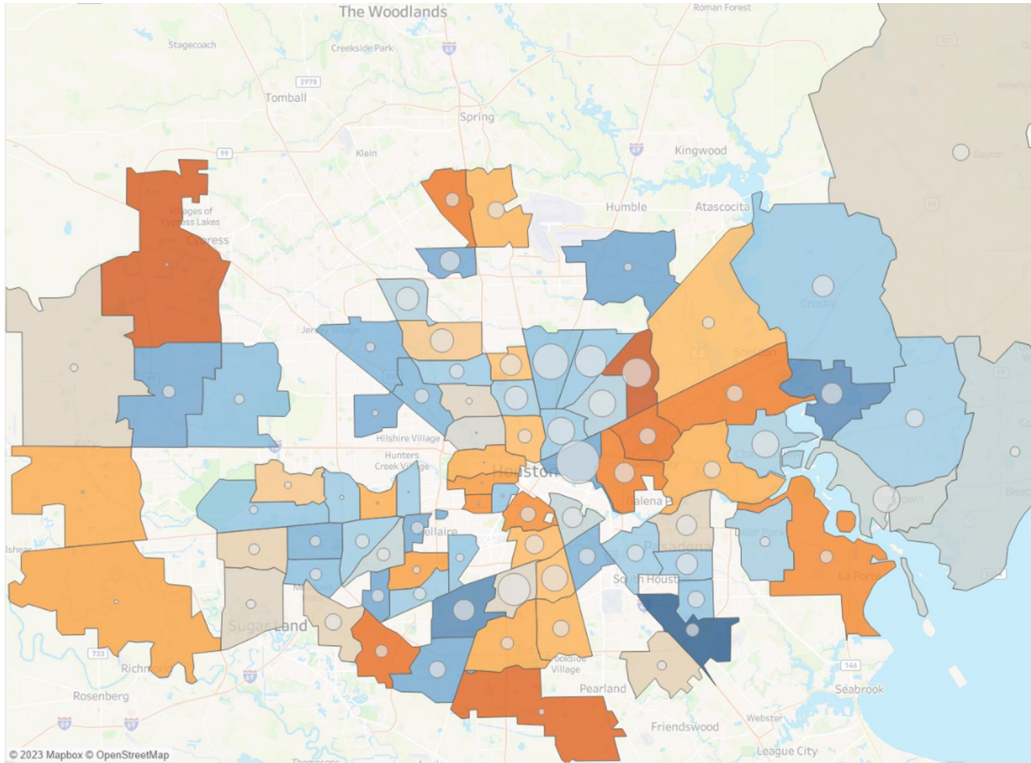
Fort Worth, TX

Appointment Availability: average 37.9%, range 23.2% to 51.7%
Excellent/Very Good Mental Health: average 58.6%, range 51.5% to 68.8%



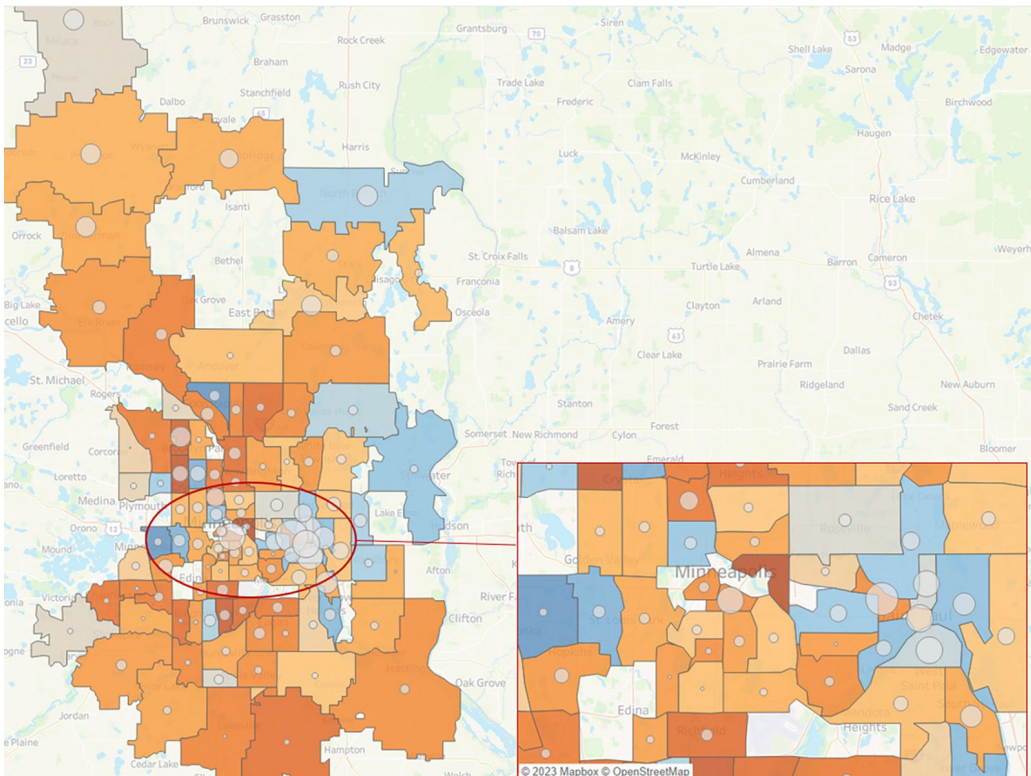
Houston, TX

Appointment Availability: average 47.5%, range 23.3% to 61.4%
Excellent/Very Good Mental Health: average 63.7%, range 50.7% to 76.5%



Minneapolis, MN

Appointment Availability: average 63.3%, 41.9% to 80%
Excellent/Very Good Mental Health: average 65.9%, range 49.2% to 78.2%



Making the maps

These bivariate maps show the intersection of high, medium, or low Appointment Availability and high, medium, or low self-reported Mental Health within ZIP-code areas.

Appointment Availability. Drawing on data from NRC Health's real-time Experience feedback tool, we combined items that focused on access to behavioral/mental health appointments (e.g., easy to get an appointment, easy to find someone to talk to) into one metric using top-box percent. Since 2018, NRC Health has collected approximately 147,000 responses to the access questions in this analysis. If there were at least 30 responses in a ZIP-code area, we aggregated and mapped the percentage of top-box scores across the selected cities in the US. Access is depicted by choropleth 'heat maps' where low access is depicted in blue tones and higher access in orange tones.

Mental Health. NRC Health has self-reported mental health data from the HCAHPS survey dating back to 2013 ($n \approx 5$ million). The item of interest asks respondents, "In general, how would rate your overall emotional or mental health?" The percentage of 'Excellent' and 'Very good' responses were aggregated by ZIP code and are reflected by small (high percentages of favorable responses) to large (low percentages) circles.

Therapists and apps

Statistics compiled by the [National Alliance on Mental Illness](#) illustrate the scope and impact of behavioral health issues experienced by people in the United States. Given unmet needs due to forces such as capacity and access, [mental and behavioral health apps](#) have emerged as one of the most compelling use cases for digital health. While apps in this space certainly expand access, the risks and benefits are not yet well understood. When it comes to in-person behavioral health services, patients tend to have a favorable impression of listening and trust in the therapists they see. Yet only about two-thirds report consistency in care (i.e., therapists are consistent with each other), underscoring the burden on patients, therapists, and healthcare organizations.

Patient perceptions of therapist relationships

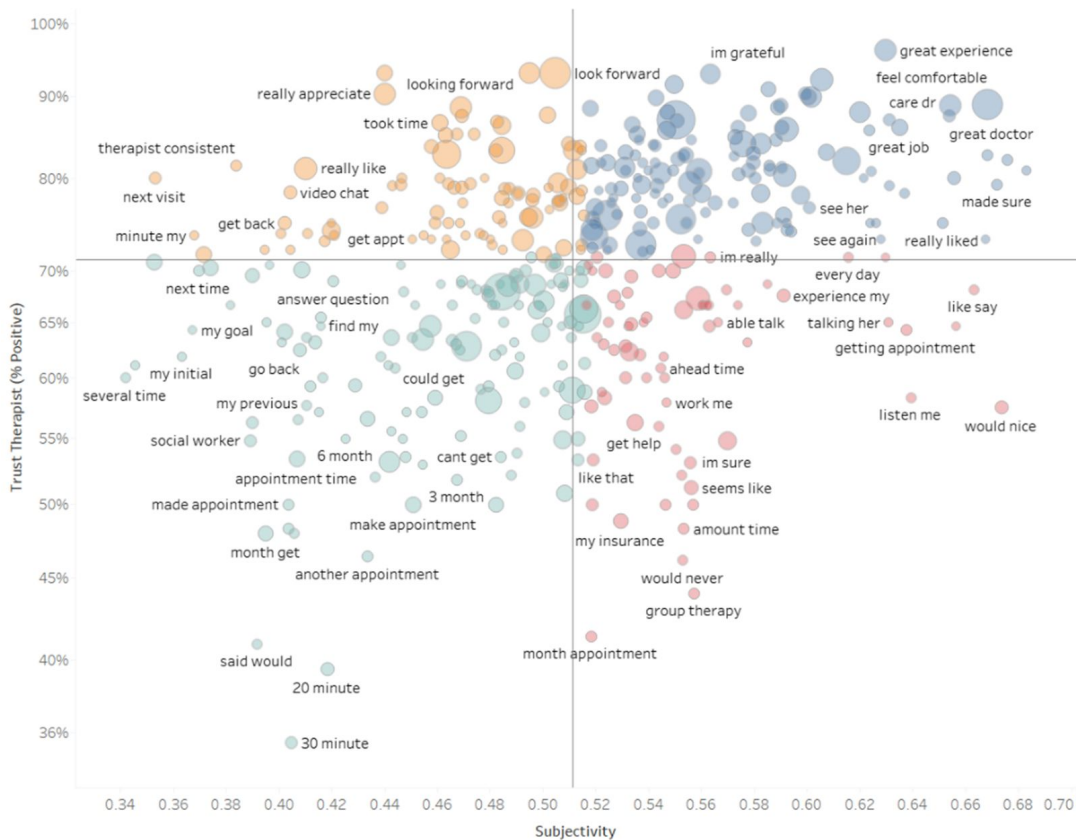


NRC Health Patient Experience data (date range, $n = 71,205$ [listened]; $n = 37,350$ [trust]; $n = 41,421$ [consistent])

Learning from comments about behavioral health services

We analyzed nearly 11,500 comments left by behavioral health patients who also answered the survey question, “Did you trust the therapists?”. This scattertext analysis broke the comments into two-word phrases called bigrams, allowing us to assess the frequency with which phrases were used (size of the dots), the percentage of top-box responses to the trust question when patients used a certain phrase (vertical axis), and the average subjectivity score (relative amount of emotion versus factual information) contained in the comments where the bigrams appeared.

Scattertext analysis of patient comments about therapists



NRC Health comment data | “What else would you like to share about your therapist?” | n = 11,498

The lower-left quadrant of the scattertext plot shows bigrams associated with more negative trust scores as well as relatively fact-laden (less subjective; more actionable) comments. A key finding that emerges from the analysis is that many of the bigrams tied to **low trust scores are also tied to comments mentioning difficulties with access to services** (e.g., made appointment, make appointment, 3 months, 6 months, can't get). Sample comments from patients reporting low trust in their therapists:



“I was given a referral to this clinic. I waited 3 months to get a phone call to schedule. It then took another month to get the appointment. I was referred by my neurologist for CBT. I explained this in my initial intake phone call. I got to my video chat appointment and it was a meds nurse who doesn't do CBT!!!! I was told to call back and restart the process.”



“Lost referrals, lost fax, make appointment, and not even in the office. Had to reschedule. Took seven weeks to get an appointment. Very grateful I did not have suicide thoughts”



“So hard to get in that you take whoever and they don't listen, very frustrating!!”



“Wish it was not so hard to get an appointment. Wish there was a way if a need came up you could get in touch with your person to get guidance in how to handle the situation that was an issue.”

A wellness-minded approach supports patients and care teams

Over the past year, the Human Understanding Institute at NRC Health has been making the case that focusing on the behaviors and outcomes that scores are meant to represent – rather than the scores themselves – is the key to sustainable improvement. The benefits of this mindful approach are very apparent at Oklahoma State University (OSU) Medicine. We spoke with Dr. Kelly Dunn, Executive Director/Chief of Addiction Treatment/ Clinical Assistant Professor of Psychiatry and Behavioral Sciences along with Jared Droze, MHA, Director of Virtual Care, to learn how they are putting aspiration into action.



The best way to make sure patients are getting great care is to take great care of the team.

– Kelly Dunn, MD | OSU Medicine

Our discussion reinforced the importance of fostering Human Understanding on both sides of the stethoscope when it comes to addressing behavioral health. Dr. Dunn highlighted the importance of picking the right team members and providing practical support to increase the likelihood that they are functioning at the best of their ability:



“In the context of behavioral health, it’s critical that team members bring passion, intrinsic motivation, emotional intelligence, and a deep connection to the field, never forgetting that many patients are not going to be at their best when we see them. Along those lines, we make every effort to reduce the stigma associated with seeking care by demonstrating openness and recognizing the courage it takes to come in.

Moreover, team members need to thrive in an environment built for continuous improvement. We are organizing our work to fully engage team members in patient experience, and we pay close attention to comments. Seeing 9s and 10s are great but, when things are not great, we have intentional conversations about aspects of the experience that aren’t working well. Sometimes this can mean improving training or changing our systems, but also this data can give us a temperature of the overall wellness of our team.

It has become clear that social isolation is a major personal and public health issue for patients, and we have to pay equal attention to this issue for our staff. If we want to be at our best, we need to foster connection, authentically appreciating each other as colleagues and as humans.”

There is increasing recognition that [loneliness and social isolation](#) have major implications for health and well-being, and it is encouraging to see leaders expanding their field of vision to foster connections between colleagues as well as with patients and, more broadly, people outside of the care setting.

Bottom Line

On top of steady declines in self-reported emotional or behavioral health, the evolving understanding of – and willingness to talk about – mental and behavioral health has helped reduce longstanding stigma, generating unprecedented demand for services. Despite progress in both in-person and digital treatment modalities, significant gaps persist in the availability, accessibility, and affordability of behavioral health services. Indeed, our geographic analyses show the reality of differential access in full color. As there is no magic wand to backfill the shortage of trained professionals, one key to more successfully addressing mental and behavioral health is for health systems to take the lead in better coordinating their own services (in-person, virtual, and fully digital) as well as more tightly interfacing with services based in the

workplace, school, community or, increasingly, home. At root, the core vectors of Human Understanding – connect with me, listen to me, partner with me – are paramount for people who are struggling, and those who care for them.

Appendix: Mental and behavioral health issues*

Mental and behavioral health issues affect people of all ages, genders, and backgrounds. The [National Institute of Mental Health \(NIMH\)](#) estimates that more than 1 in 5 adults in this country are living with a mental illness, yet only half of those receive treatment.

Anxiety Disorders

- Attention-Deficit / Hyperactivity Disorder (ADHD)
- Bipolar Disorder
- Eating Disorders
- Major Depressive Disorder
- Obsessive-Compulsive Disorder (OCD)
- Personality Disorders
- Post-Traumatic Stress Disorder (PTSD)
- Schizophrenia
- Self-Harm
- Substance Use Disorders
- Suicide and Suicidal Behavior

**not an exhaustive list.*

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