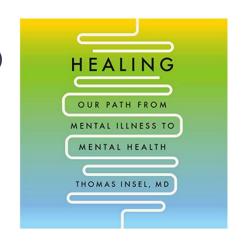
Healing: Our Path from Mental Illness to Mental Health

Tom Insel, MD

Former Director, National Institute of Mental Health (2002-2015)

Co-Founder And Exec Chair: Vanna Health



The Behavioral Health Crisis of 2023 is 3 Crises

Youth
Mental SMI
Health

SUD

Context:

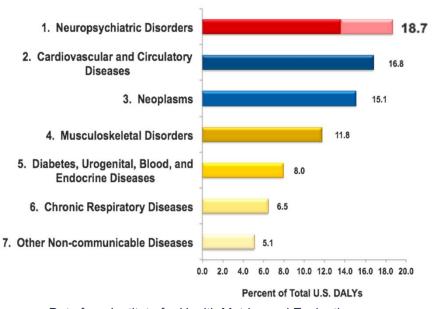
Pub Hlth Emrg ended 5/11/23 BH Workforce shortage Digital mh – end of Act I New federal role Generative AI

Outline of Discussion

- Problem statement: spending more and more and getting less and less
- Sources of the problem: crisis of care
- Solutions: innovation for what, how, where, and when

The Problem: A Crisis in Behavioral Health

No reduction in morbidity or mortality



Data from Institute for Health Metrics and Evaluation

Morbidity:

Prevalence

Employment/Education

Housing

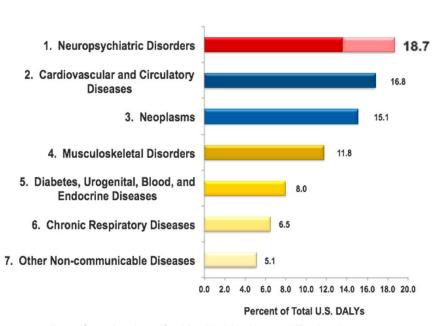
Incarceration

Life Expectancy

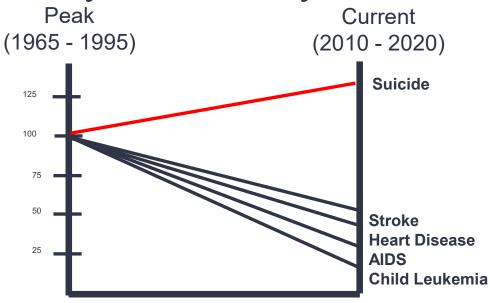
Poverty

The Problem: A Crisis in Behavioral Health

No reduction in morbidity or mortality



Data from Institute for Health Metrics and Evaluation



Percent change in mortality

Data from CDC

Deaths of Despair – Lowering Life Expectancy in America (before Covid-19)

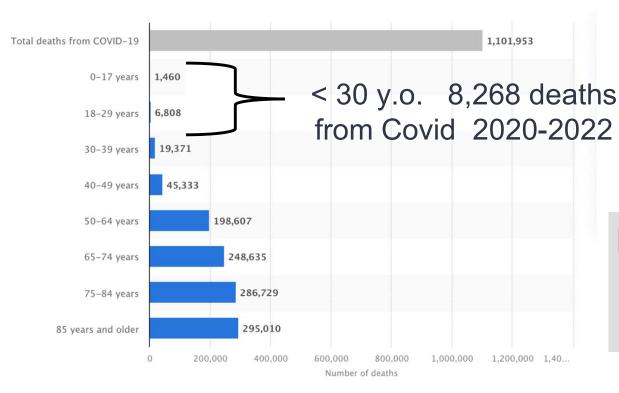
DEATHS
OF DESPAIR
AND THE FUTURE OF CAPITALISM
ANNE CASE & ANGUS DEATON

	2000	2019	2021*
Suicide:	29,350	47,511	48,183
Drug OD:	17,415	71,130	103,598
Alcohol:	19, 627	39,000	95,000*
TOTAL	66,392	157,141	264,781

Data from CDC NVSS. *data not comparable

60% increase in suicide death from 2001-2021 in US youth aged 10 – 24.

Deaths of Despair in Young People During Covid Pandemic



Suicide deaths 2020-2021 30,930 (< 34 y.o.)

OD deaths 2020-2021 (est) 62,379 (< 34 y.o.)

Deaths of Despair 2020 - 2022 (est) > 140,000

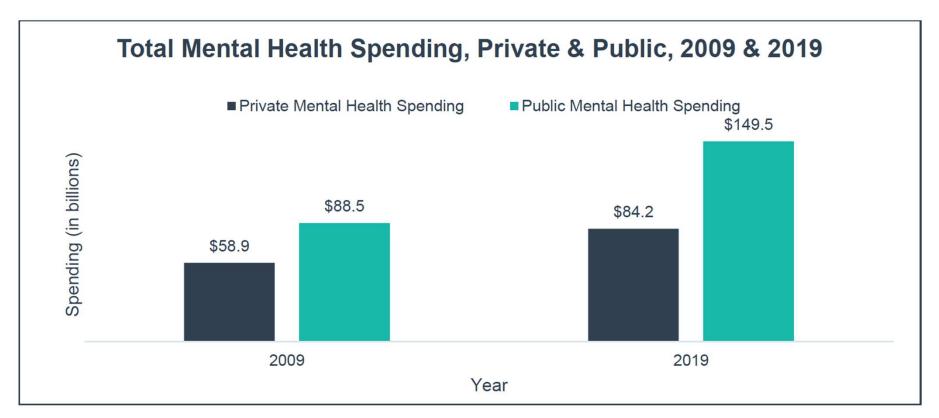
Data as of Feb 1, 2023

https://www.statista.com/statistics/1191568/reported-deaths-from-covid-by-age-us/

https://www.cdc.gov/nchs/nvss/vsrr/covid_weekly/index.htm

https://www.cdc.gov/nchs/data/databriefs/db428-tables.pdf#2

Spending More and Getting Less



Average Annual Healthcare Treatment Costs (Services and Prescription Drugs) per Individual by Behavioral Health Category, 2017 Total Population (21 Million Patients)

	AVERAGE AN	NUAL HEALTHO	CARE COSTS	COSTS RELA	ΓΙVE TO NO BH
BH CATEGORY*	TOTAL	BEHAVIORAL HEALTH	MEDICAL/ SURGICAL	TOTAL	MEDICAL/ SURGICAL
No BH	\$3.552	\$0	\$3,552	1.0x (ref.)	1.0x (ref.)
Any BH (MH and/or SUD)	\$12,272	\$965	\$11,307	3.5x	(3.2x)
Any MH	\$12,221	\$1,017	\$11,204	3.4x	3.2x
MH, not SMI	\$11,856	\$789	\$11,067	3.3x	3.1x
MH, SMI	\$22,460	\$7,422	\$15,038	6.3x	(4.2x)
MH, without SUD	\$10,855	\$772	\$10,083	3.1x	2.8x
Any SUD	\$19,796	\$1,989	\$17,807	5.6x	5.0x
SUD, without MH	\$12,923	\$303	\$12,619	3.6x	3.6x
Both MH and SUD	\$25,602	\$3,413	\$22,189	7.2x	$\left(\begin{array}{c} 6.2x \end{array}\right)$
Total Population	\$5,932	\$263	\$5,669	1.7x	1.6x

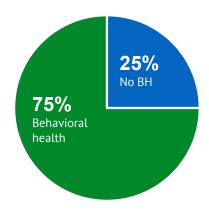
^{*}Note that the "MH, not SMI" and "MH, SMI" categories include some individuals who also have substance use disorders. Source: Davenport, et al., 2020

Definitions: BH-Behavioral Health; MH-Mental Health; SUD-Substance Use Disorder; SMI-Serious Mental Illness

Milliman Cost Study, 2020

Economic costs of serious mental illness – commercial and public

75% of highest cost members have a chronic behavioral health condition



40% have SMI

70% of spending for members with BH conditions is related to physical health



Largely driven by ED and inpatient utilization

Cost of schizophrenia doubled from 2013 – 2019, reaching \$343B Kadakia et al, J Clin Psych, 2022

Outline of Discussion

- Problem statement: spending more and more and getting less and less
- Sources of the problem: crisis of care
- Solutions: innovation for what, how, where, and when

Why do we have this crisis? It's a care crisis.

Lack of Capacity

Beds, workforce, safety net

Lack of Engagement

60% not receiving care

Lack of Quality

Fragmented, episodic, reactive

Lack of Accountability

We don't measure outcomes

Lack of Equity

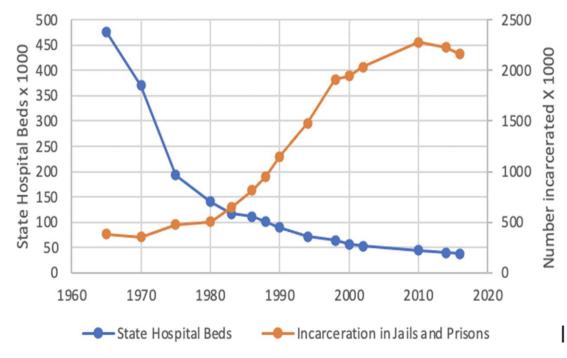
People w SMI = untouchables

Lack of Capacity

Problem: Underinvestment in health facilities for people with SMI

Trans-institutionalization 1965-2016







Insel, Healing, 2022

Lack of Engagement ~52.9 million people in the U.S. with any disorder; ~14.2 million "serious" (NSDUH - 2021) 40% Receive **Services** Underserved 40% Receive Minimally Acceptable Care The 40-40-33 Rule

33% No

Benefit

33% Some

Benefit

33% Full

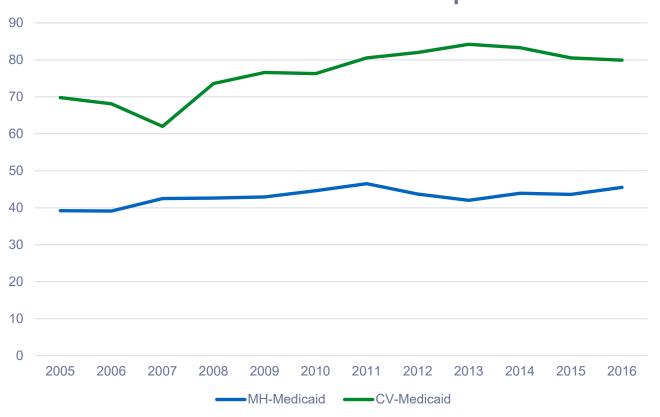
Benefit

SOURCES: NSDUH (2021); Kessler, Chiu, Demler, & Walters (2005); Wang, Lane, Olfson, Pincus, Wells,

Kessler (2005); Merikangas , He, Burstein, Swendsen, Avenevoli, Case, Georgiades, Heaton, Swanson, Olfson (2011), SSA Publication 13-11827 (2014)

Lack of Quality





Cardiovascular Beta-blocker 6 months Post-MI

Mental Health FU-7 Post-inpatient

Lack of Accountability

JAMA Psychiatry | Review

Implementing Measurement-Based Care in Behavioral Health A Review

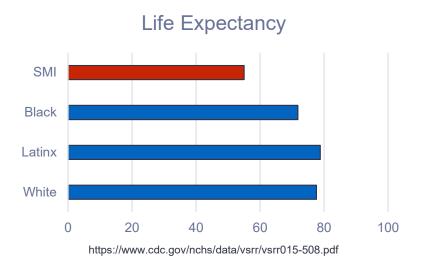
Cara C. Lewis, PhD; Meredith Boyd, BSc; Ajeng Puspitasari, PhD; Elena Navarro, BA; Jacqueline Howard, BA; Hannah Kassab, BSc; Mira Hoffman, BSc; Kelli Scott, PhD; Aaron Lyon, PhD; Susan Douglas, PhD; Greg Simon, MD; Kurt Kroenke, MD

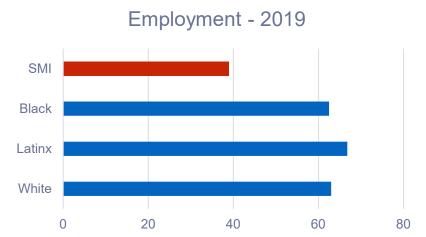
However, it is underused; less than 20% of practitioners (17.9% of psychiatrists, 11.1% of psychologists, and 13.9% of masters-level practitioners) engage in MBC, and as little as 5% use it according to its empirically informed schedule (ie, every session). These rates reflect the status quo in the United States, the United Kingdom, and Australia despite policies recommending PRO use.

JAMA Psychiatry. doi:10.1001/jamapsychiatry.2018.3329
Published online December 19, 2018.

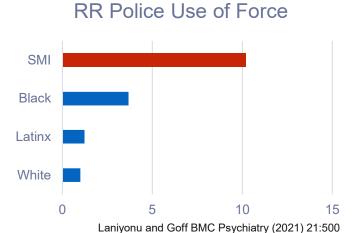
Lack of Equity

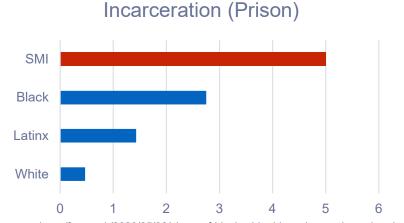
People with SMI Are America's Untouchables





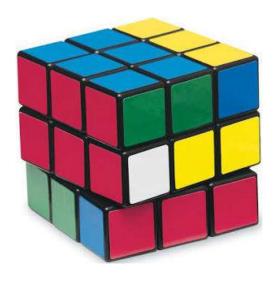
https://www.bls.gov/opub/reports/race-and-ethnicity/2019/pdf/home.pdf





https://www.pewresearch.org/fact-tank/2020/05/06/share-of-black-white-hispanic-americans-in-prison-2018-vs-2006/

Solutions



Three Surprising Aspects of MH Care

- Some of the most effective providers are the least expensive (e.g. peers)
- Some of the most effective interventions are non-medical (e.g. clubhouses)
- Some of the sickest patients are least likely to engage but most likely to recover (and can become some of your best providers)

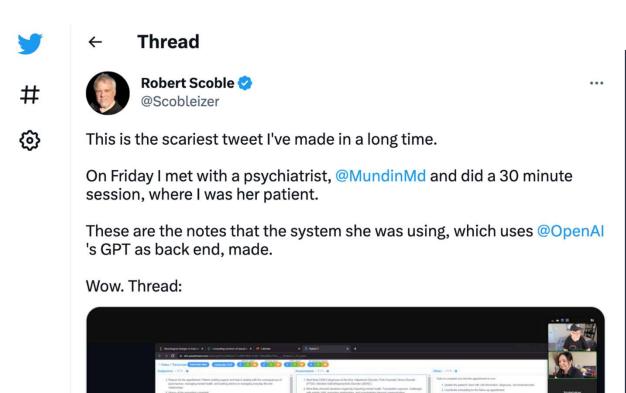
Telehealth 1.0



Telehealth 2.0

Speech Voice Face emotion Wearable data Digital scribe Chat-GPT

Generative AI – Will it transform mental healthcare?



Generating customized reports for patients, providers, payers.

Prompt:

Summarize our session in an empathic, uplifting tone with emojis that a 20-year-old will appreciate, in 150 words or less.

Problems

Innovative "Solutions"

Lack of Capacity



Investment

Lack of Engagement



Person-centered online care

Lack of Quality



Training, Coordinated Care

Lack of Accountability



Measurement/Value Based Care

Lack of Equity



Recovery Based Care

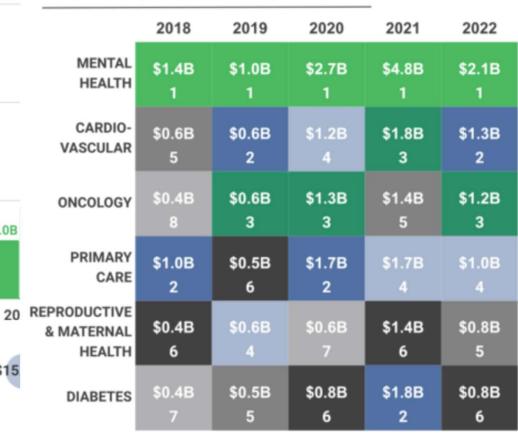
U.S. DIGITAL HEALTH FUNDING AND DEAL SIZE

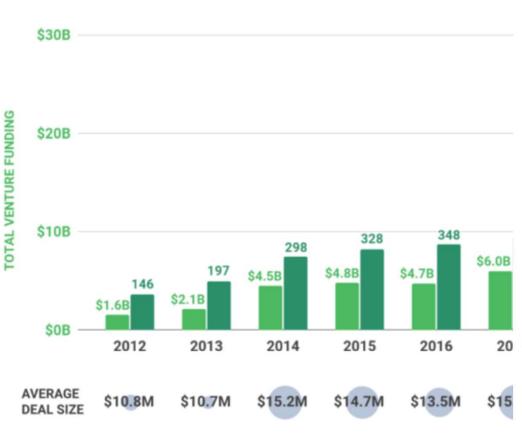
2012-2022

Investment

2022 TOP FUNDED CLINICAL INDICATIONS

2018-2022; integers equate to funding rank





Note: Includes U.S. deals >\$2M; data through December 31, 2022 Source: Rock Health Digital Health Venture Funding Database

History of Public Investment in Mental Health

State Hospitals	СМНС	State + County + SAMHSA CMS	State + County + SAMHSA CMS CCBHC/988
1850-1963	1963-1980	1980-2018	2019 - now

Bipartisan Safer Communities Act 6/24/22

- ➤ CCBHC expansion via CMS (\$8.5B)
- School-based mental health programs (\$240M)
- > Funds for crisis services (\$150M)

Problems

Innovative "Solutions"

Lack of Capacity



Investment

Lack of Engagement



Person-centered online care

Lack of Quality



Training, Coordinated Care

Lack of Accountability



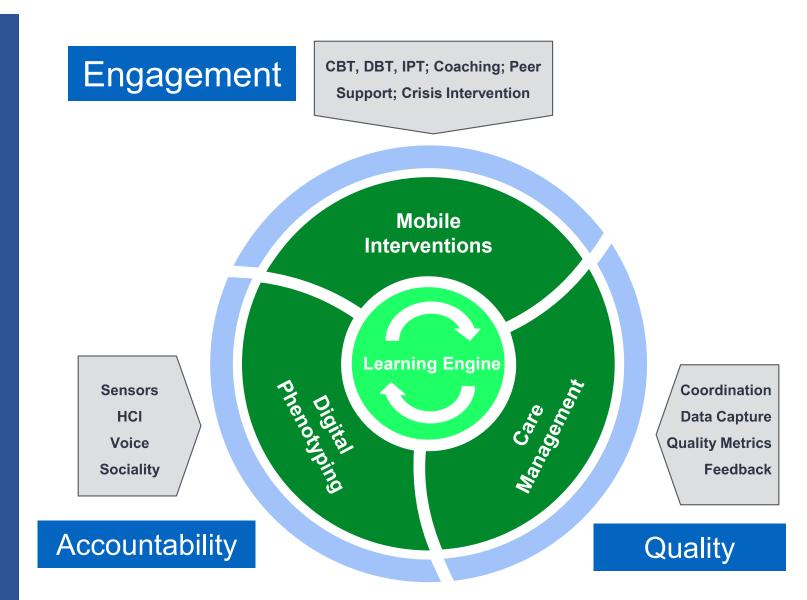
Measurement/Value Based Care

Lack of Equity



Recovery Based Care

The Digital Mental Health Landscape



Problems

Innovative "Solutions"

Lack of Capacity



Investment

Lack of Engagement



Person-centered online care

Lack of Quality



Training, Coordinated Care

Lack of Accountability



Measurement/Value Based Care

Lack of Equity



Recovery Based Care

The Road to Equity: Recovery





The 3 P's: People, Place, Purpose

We know how to deliver the 3 P's

People
Place
Purpose



But health care doesn't pay for the 3 P's





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

The Behavioral Health Crisis of 2023 is 3 Crises

Futureproofing Tele-consults Risk-based EPSDT Youth Mental Health

SMI

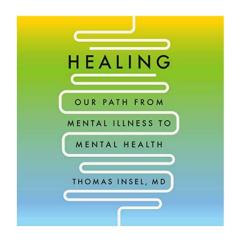
Psychosocial
Digital integration
CSC approach
Value based care

SUD

Harm Reduction
Digital integration
Recovery + Med Model
Community

Summary

- > We face a crisis in mental health and a crisis in mental healthcare
- We have solutions for engagement, quality, and accountability
- We need a recovery model to bend the curve for SMI
- The problems are medical; the solutions are much broader



Thank You!



www.thomasinselmd.com tinsel0@gmail.com

