The Inaugural
RANDALL D. CEBUL KEYNOTE ADDRESS
Introduction

Kurt Stange, MD, PhD

Director, Center for Community Health Integration
Distinguished University Professor
Dorothy Jones Weatherhead Professor of Medicine
Professor of Family Medicine & Community Health, Population & Quantitative Health Sciences, Oncology and Sociology
Case Western Reserve University

Keynote Speaker

Radically Rethinking Mental Health

Benjamin F. Miller, PsyD
CEO, Empower at Scale

Better Health Partnership
Collaborating for a healthy community

Keynote
Learning Objectives

Participants will be able to:

1. Outline ways the mental health crisis is getting worse.

2. Discuss three ways we can begin to transform how we address mental health in our communities, state, and nation.

3. Describe various steps they can take to begin to address mental health differently in their own lives.

Better Health Partnership
Collaborating for a healthy community

RADICALLY RETHINKING MENTAL HEALTH

Benjamin F. Miller, PsyD

- Disclosures

  I have no actual or potential conflict of interest in relation to this program/presentation.

LEARNING OBJECTIVES

KNOW THE PROBLEMS

WALK AWAY READY TO TAKE ACTION

- ✔ We are in the middle of an opportunity.
- ✖ Timidity should not be tolerated .
- ✔ We know what to do.

ENTRANCE
MENTAL HEALTH
TREATMENT
CENTER

ACCESS TO MENTAL HEALTH CARE

Long waiting times

It can take months to get an appointment with a therapist or psychiatrist

High costs

Many therapists don't take insurance, so you have to pay out of pocket

Workforce shortages

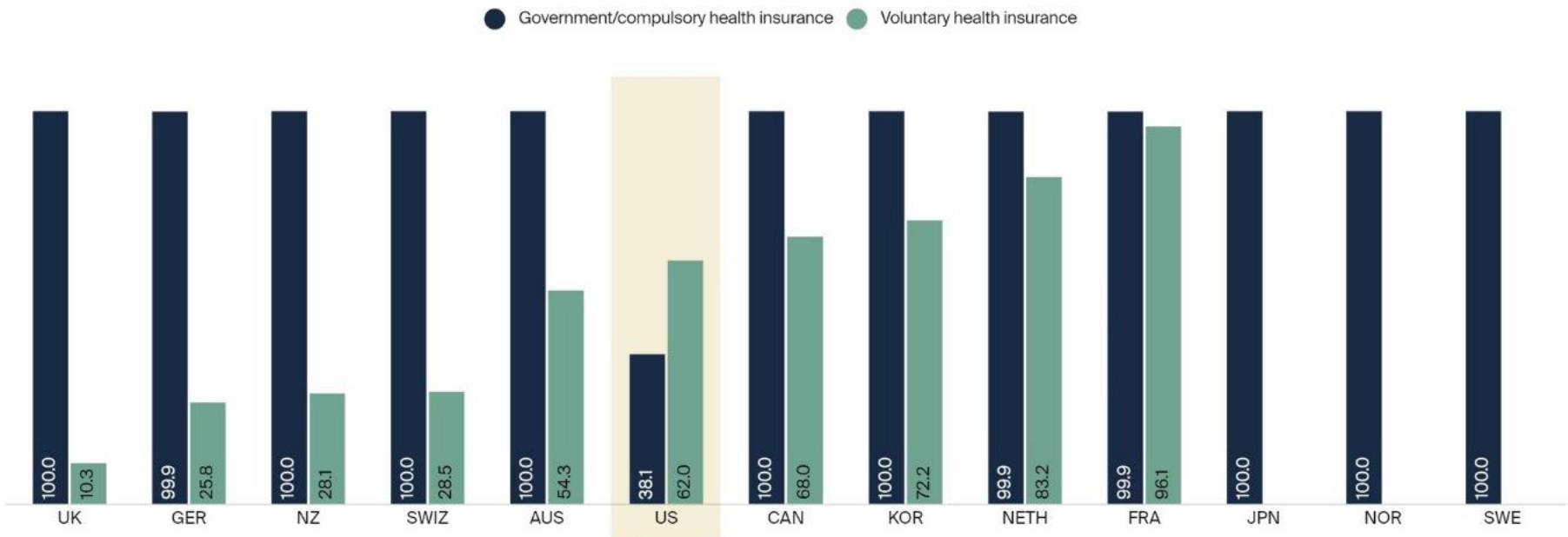
There aren't enough mental health professionals in the places we need them to meet demand

Getting access to mental health care is challenging due to long wait times, high costs, and a shortage of providers.

A LABYRINTH AND A LOTTERY

The U.S. is the only high-income country that does not guarantee health coverage.

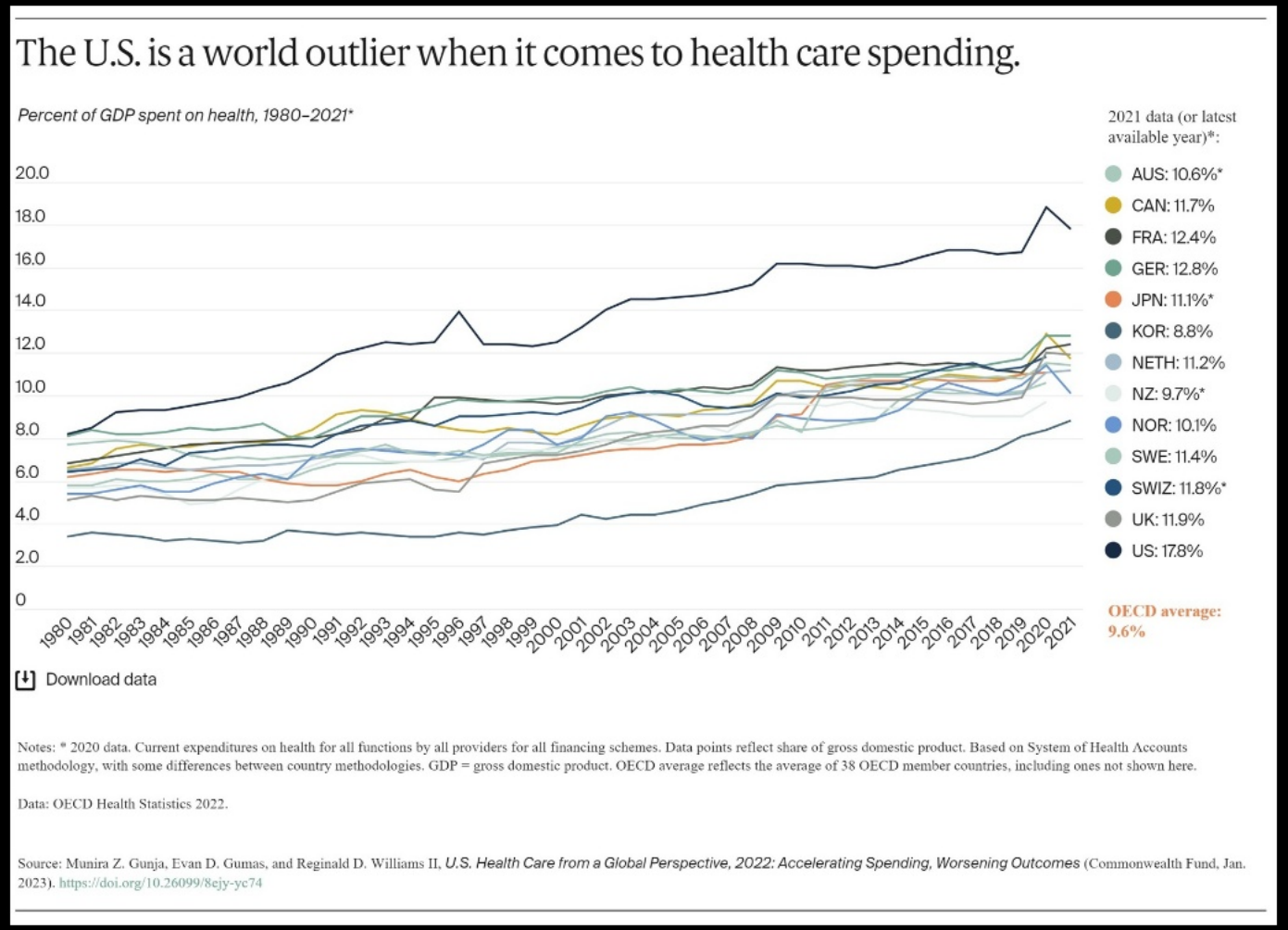
Percent of total population with health insurance coverage



Notes: Government/compulsory health insurance data: 2021 data for AUS, CAN, FRA, NZ, and NOR; 2020 data for GER, KOR, NETH, SWE, SWIZ, UK, and US; 2019 data for JPN. Voluntary health insurance coverage data: 2021 data for AUS, CAN, and NZ; 2020 data for GER, KOR, NETH, and US; 2019 data for UK; 2017 data for FRA and SWIZ. Government health insurance refers to public benefit basket covering a minimum set of health services. Voluntary health insurance refers to payments for private insurance premiums, which grant coverage for services from private providers. See more information on definitions here: https://www.oecd.org/health/Spending-on-private-health-insurance-Brief-March-2022.pdf.

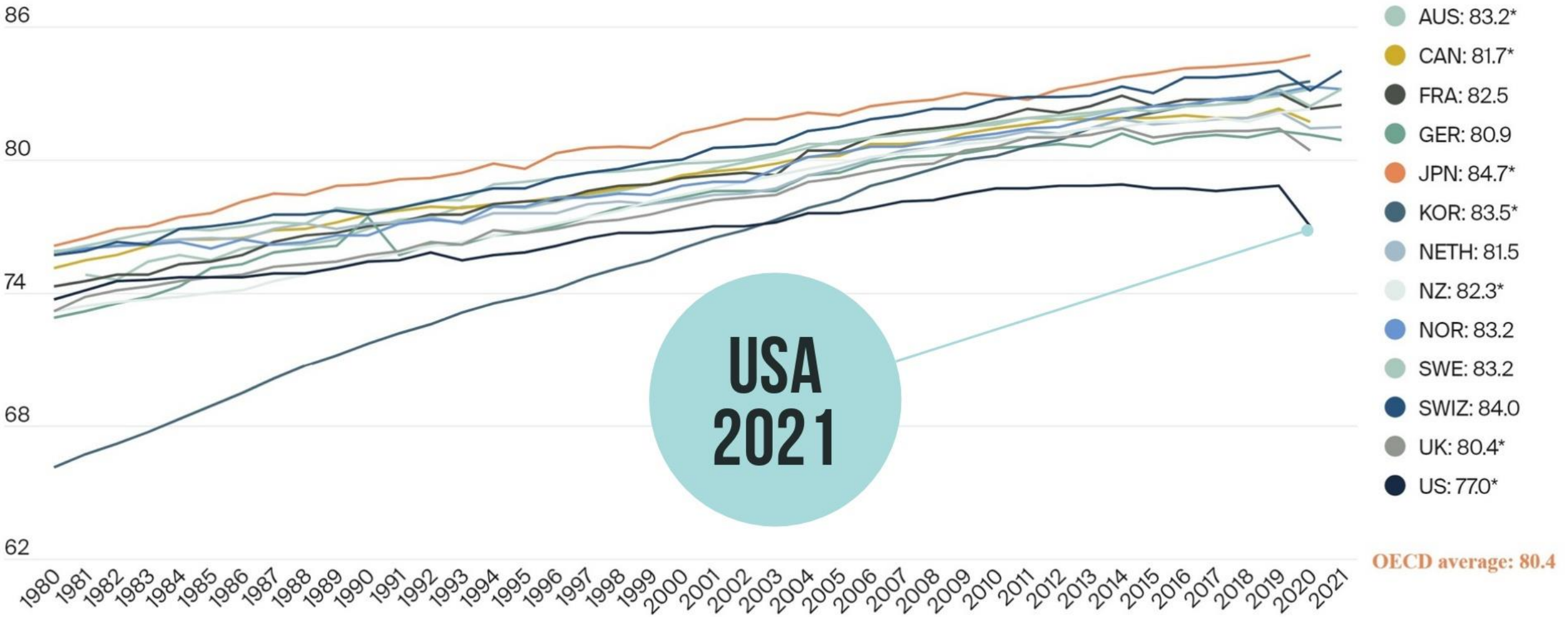
Data: OECD Health Statistics 2022.

Source: Munira Z. Gunja, Evan D. Gumas, and Reginald D. Williams II, *U.S. Health Care from a Global Perspective, 2022: Accelerating Spending, Worsening Outcomes* (Commonwealth Fund, Jan. 2023). https://doi.org/10.26099/8ejy-yc74



IN 2021, THE U.S. SPENT 17.8 PERCENT OF GROSS DOMESTIC PRODUCT (GDP) ON HEALTH CARE, NEARLY TWICE AS MUCH AS THE AVERAGE OECD COUNTRY.

*Years expected to live, 1980–2021**



2021 data (or latest available year):*

- AUS: 83.2*
- CAN: 81.7*
- FRA: 82.5
- GER: 80.9
- JPN: 84.7*
- KOR: 83.5*
- NETH: 81.5
- NZ: 82.3*
- NOR: 83.2
- SWE: 83.2
- SWIZ: 84.0
- UK: 80.4*
- US: 77.0*

OECD average: 80.4

Download data

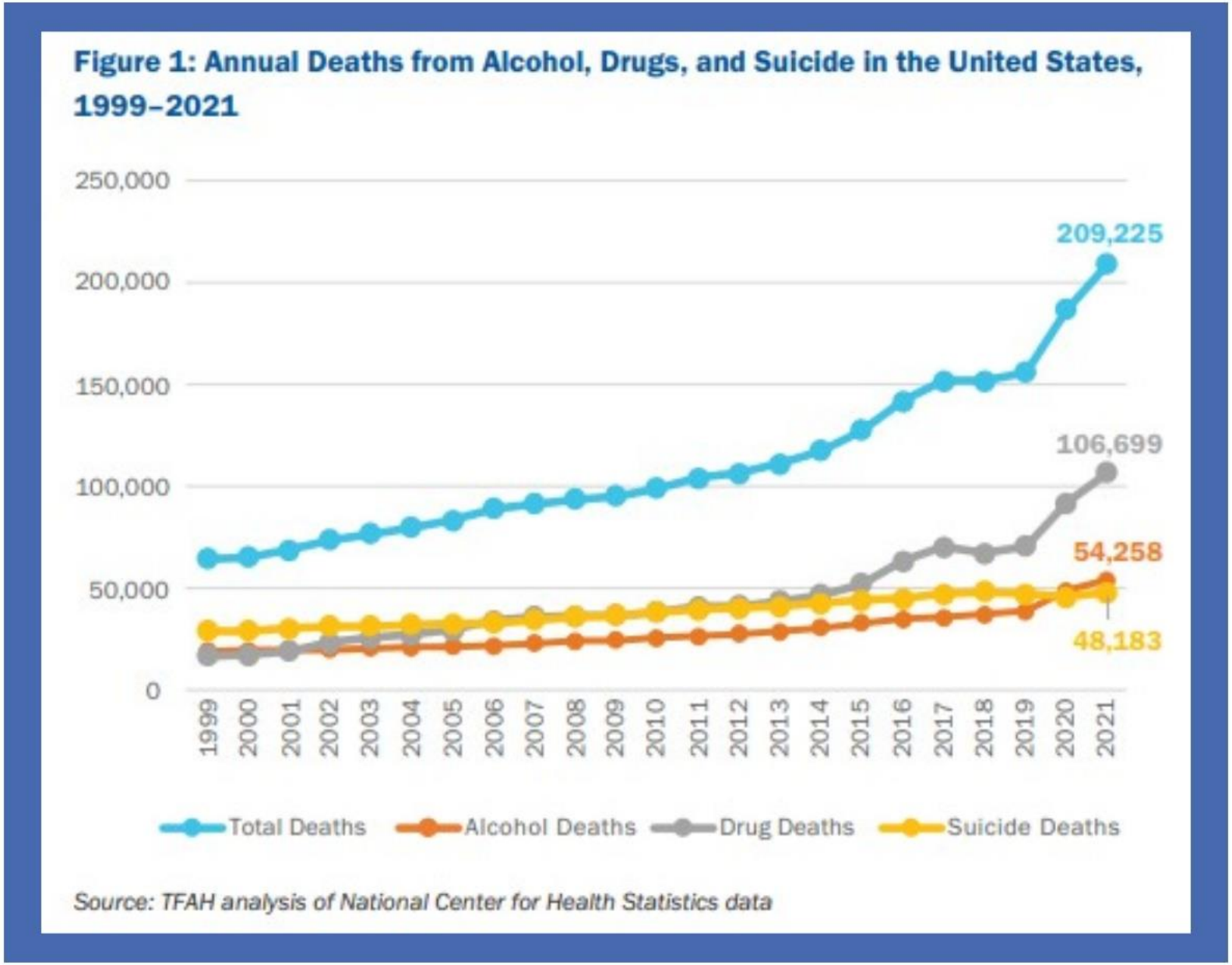
Note: * 2020 data. Total population at birth. OECD average reflects the average of 38 OECD member countries, including ones not shown here. Because of methodological differences, JPN and UK data points are estimates.

Data: OECD Health Statistics 2022.

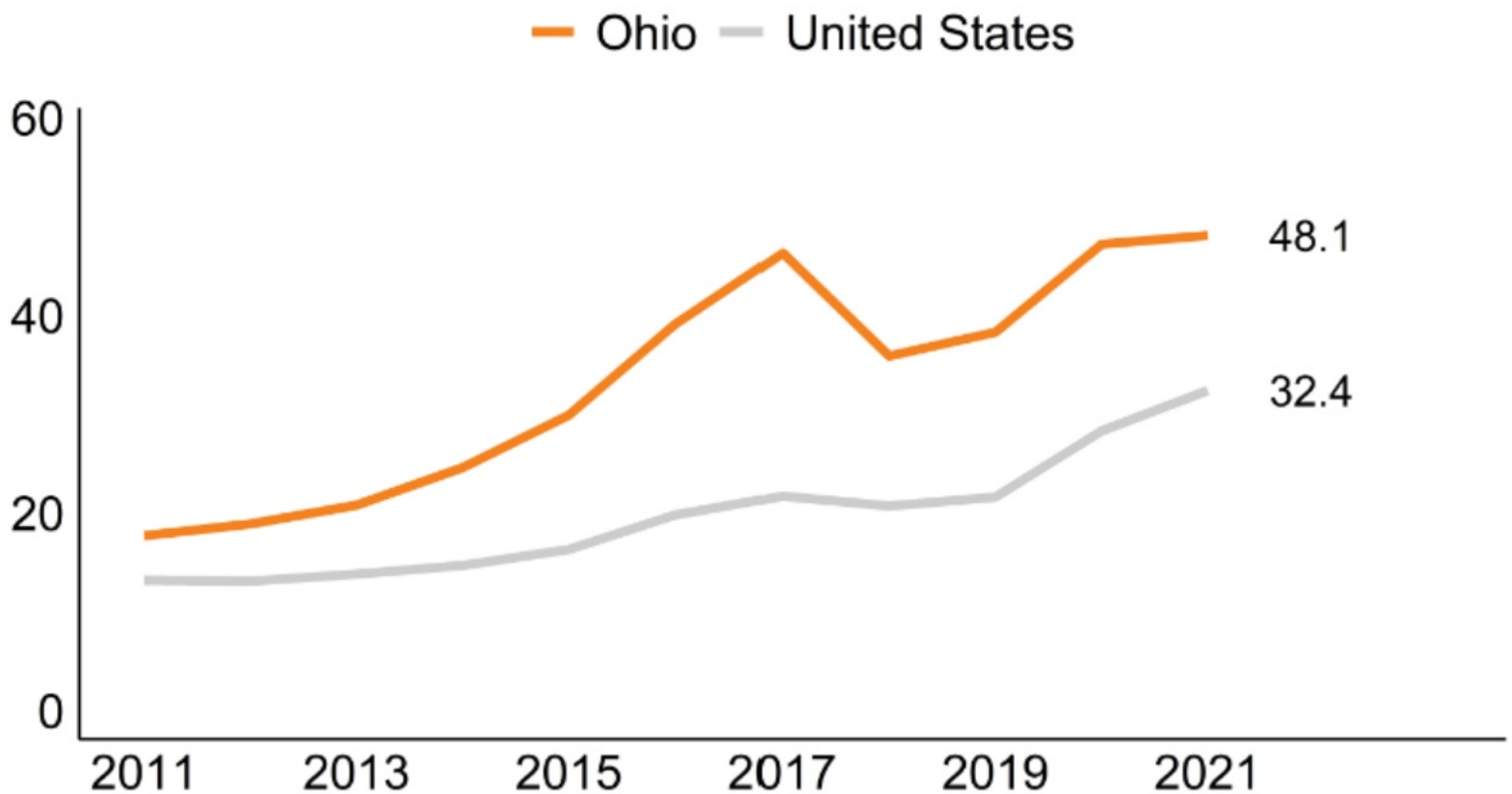
PAIN IN THE NATION

DEATHS OF DESPAIR

Between 2011 and 2021, annual deaths have more than doubled—rising from an already startling figure of 104,379 deaths in 2011 to a staggering 209,225 deaths in 2021.



Drug Overdose Deaths Per 100,000 Population, 2011-2021



SOURCE: KFF analysis of CDC Multiple Cause of Death 2011-2021 on CDC WONDER Online Database.

KFF

Table 1. Deaths involving COVID-19, pneumonia, and influenza reported to NCHS by time-period and jurisdiction of occurrence.

Data as of: 9/20/2023

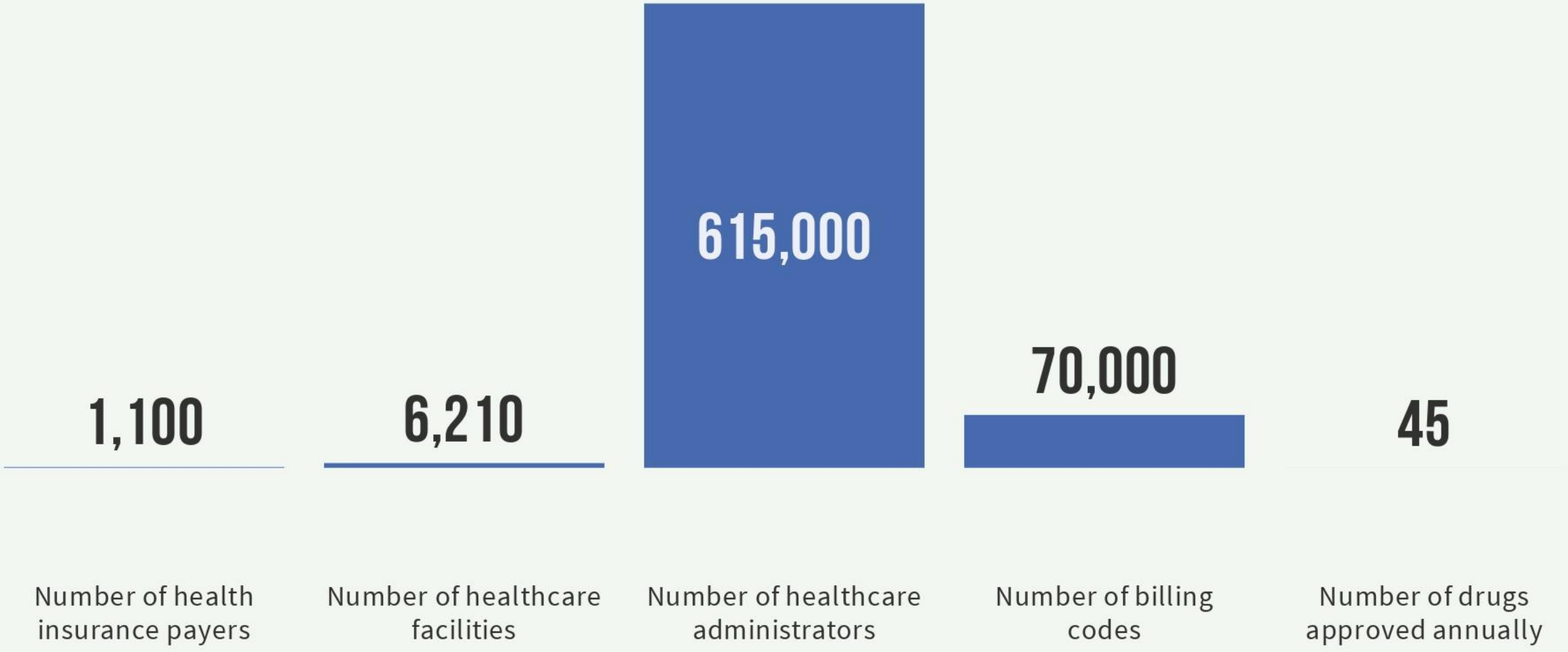
State: United States

Year: All

Year in which death occurred	All Deaths involving COVID-19 [1]	Deaths from All Causes	Percent of Expected Deaths [2]	Deaths involving Pneumonia [3]	Deaths involving COVID-19 and Pneumonia [3]	All Deaths involving Influenza [4]	Deaths involving Pneumonia, Influenza, or COVID-19 [5]
2023	50,353	2,093,304	74	127,765	18,641	3,568	162,743
2022	246,166	3,289,236	116	267,660	110,394	8,751	411,424
2021	463,267	3,471,742	122	412,015	259,617	1,092	616,484
2020	385,676	3,390,079	119	352,022	180,092	8,787	565,242
Total	**1,145,462**	**12,244,361**		**1,159,462**	**568,744**	**22,198**	**1,755,893**

COMPLEXITY OF US HEALTH CARE SYSTEM

Comparison of various metrics to measure complexity



5 HARSH REALITIES WE MUST FACE

REALITY CHECK

THE BIG 5

Health care is a business

The U.S. health care system is largely driven by profit motives, which can lead to higher costs and disparities in access.

Health is mostly not about health care

A broader spectrum of factors, including social determinants, lifestyle choices, and community well-being play a much larger role.

The medical model is insufficient

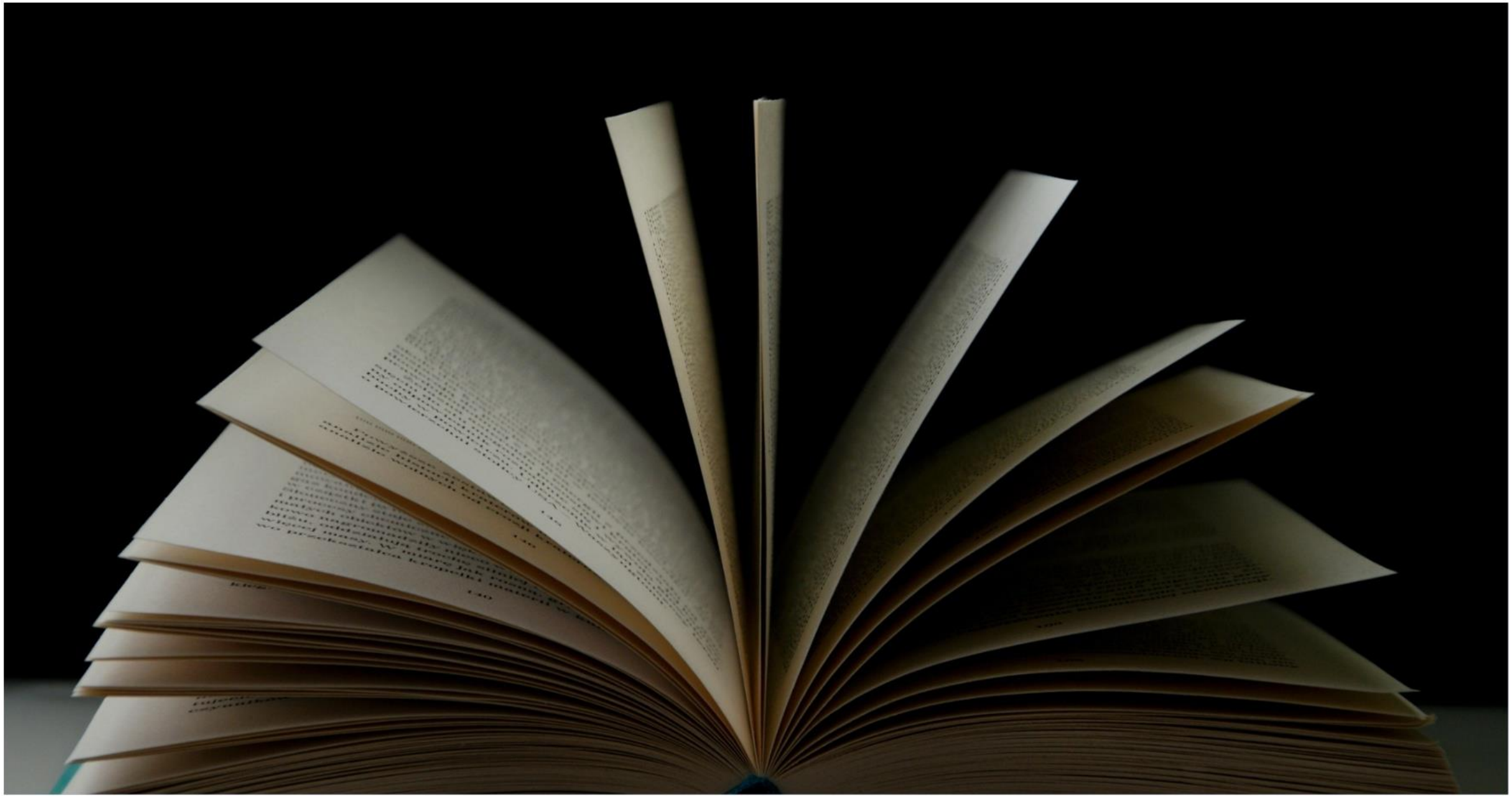
Health can't be addressed one disease at a time; diagnosing and treating is necessary but insufficient.

You can't treat people outside of the context of community

Place matters more than we give it credit for.

Our structures are flawed and reinforce a reductionist view of health

Policy codifies this all leading us to invest over and over in systems that don't work.

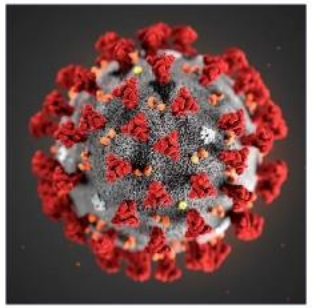


IMAGINE

A loved one calls you on the phone saying they need help. What do you say?

THIS IS OUR MOMENT

THE BACKDROP



COVID

The COVID-19 pandemic has put mental health in the spotlight and revealed significant gaps in care.

Celebrities

High profile celebrities openly discussing their mental health is reducing stigma.

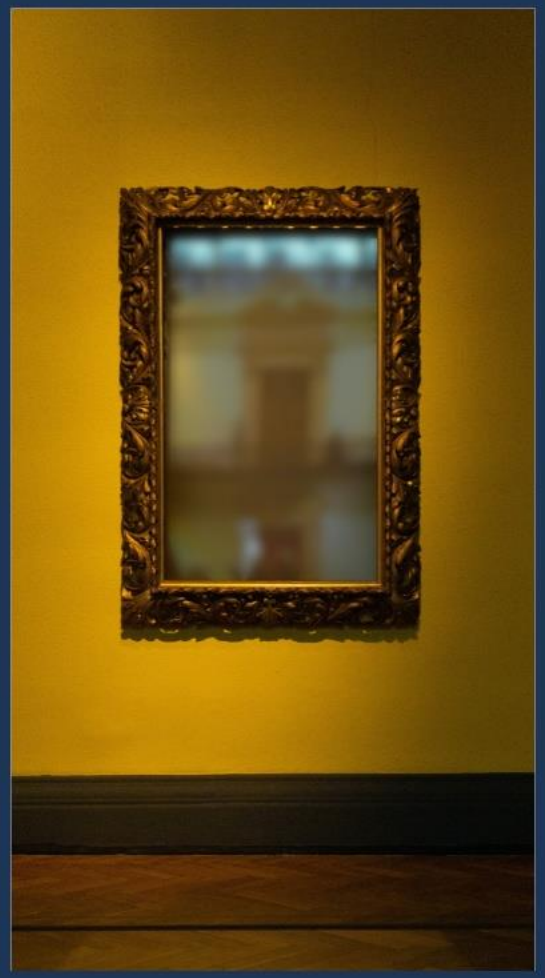
Culture

A cultural shift towards prioritizing mental health, led by our youth, is creating more openness and acceptance.

There is growing momentum and opportunity to take bold action to improve mental health access and quality.

IT'S TIME TO INNOVATE

Getting back to our basics on health



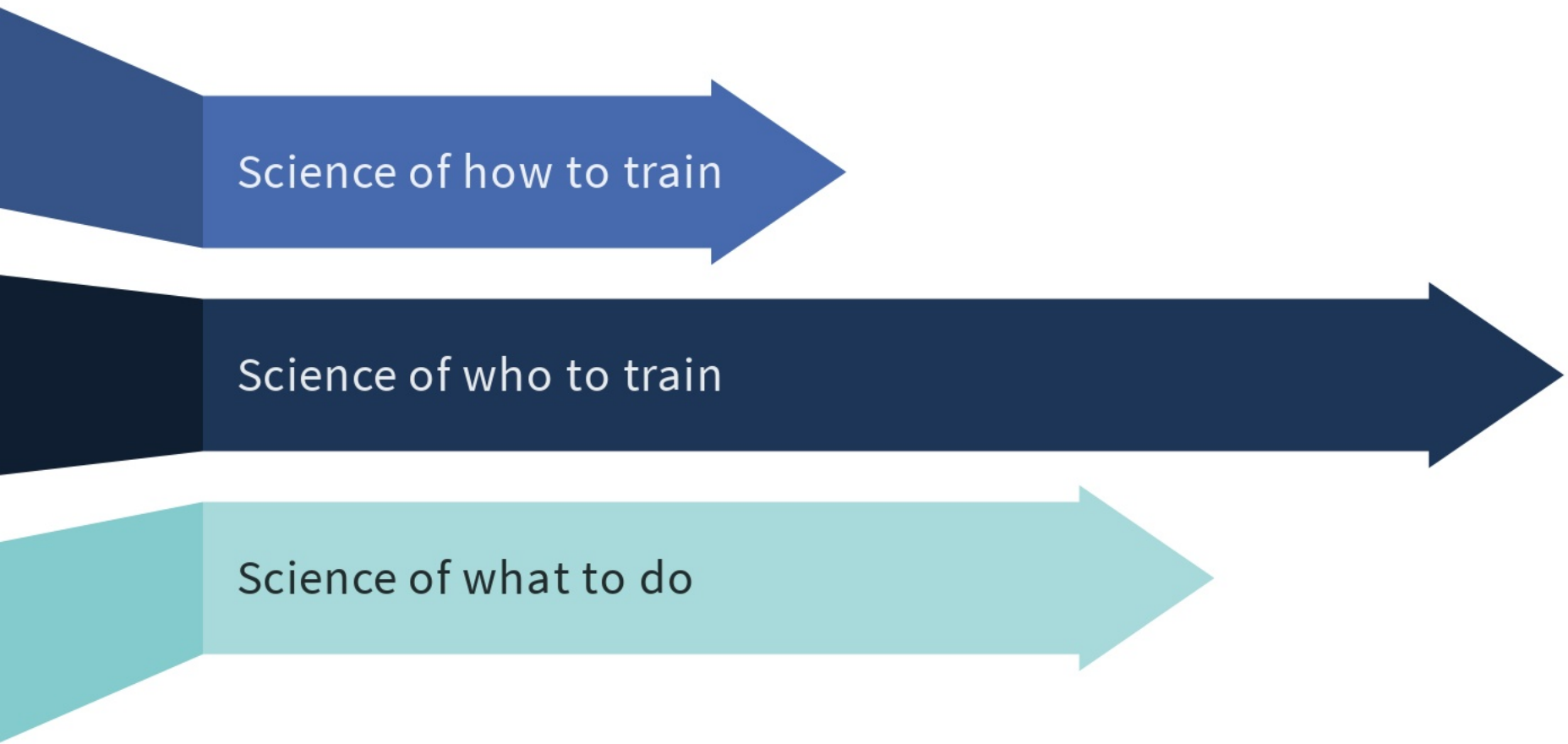
DAYS HOURS MINUTES SECONDS

FIVE CONSIDERATIONS

LET'S GO FROM AWARENESS TO ACTION

#1 LET'S RECONSIDER WHO

Population health vs. Individual health



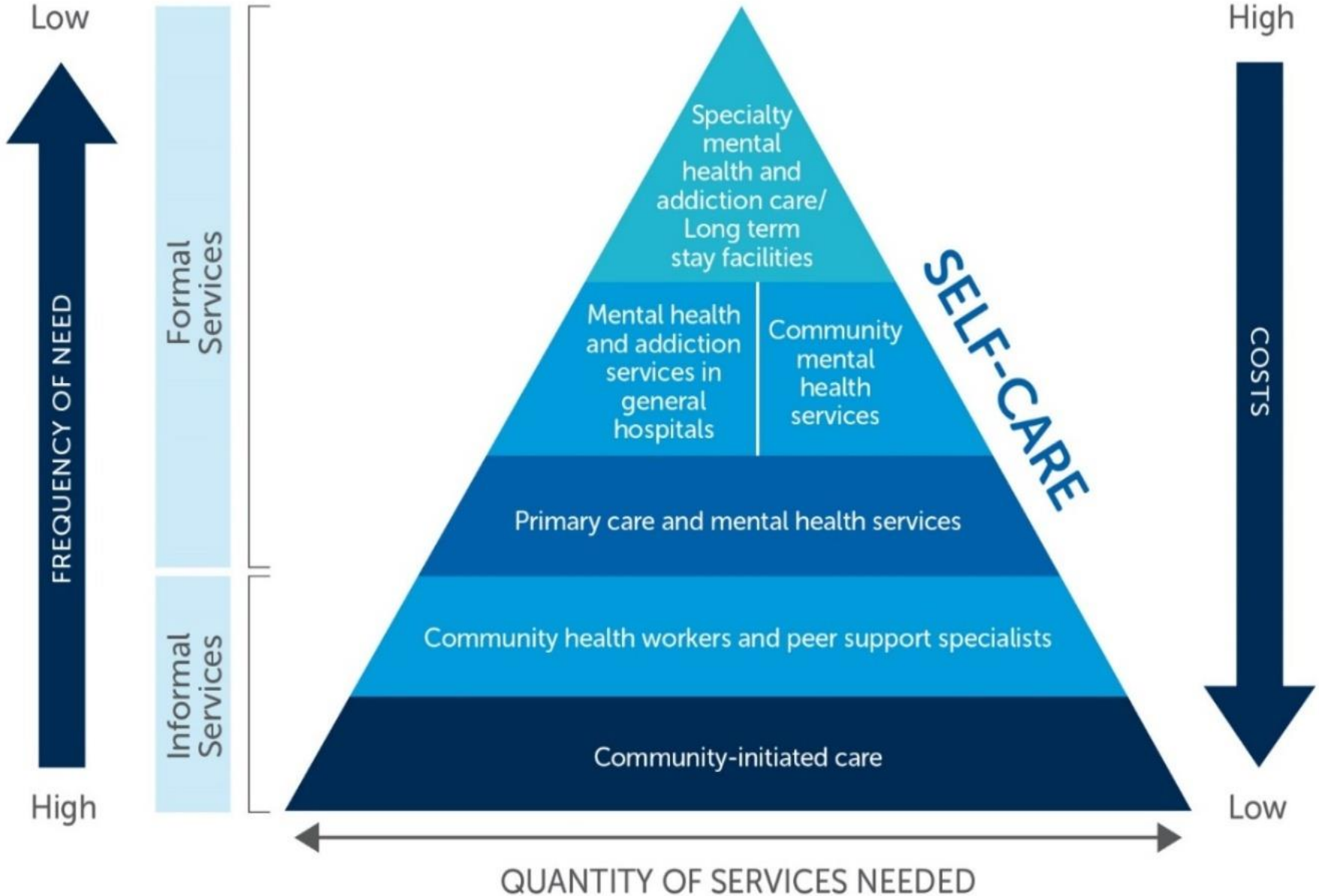
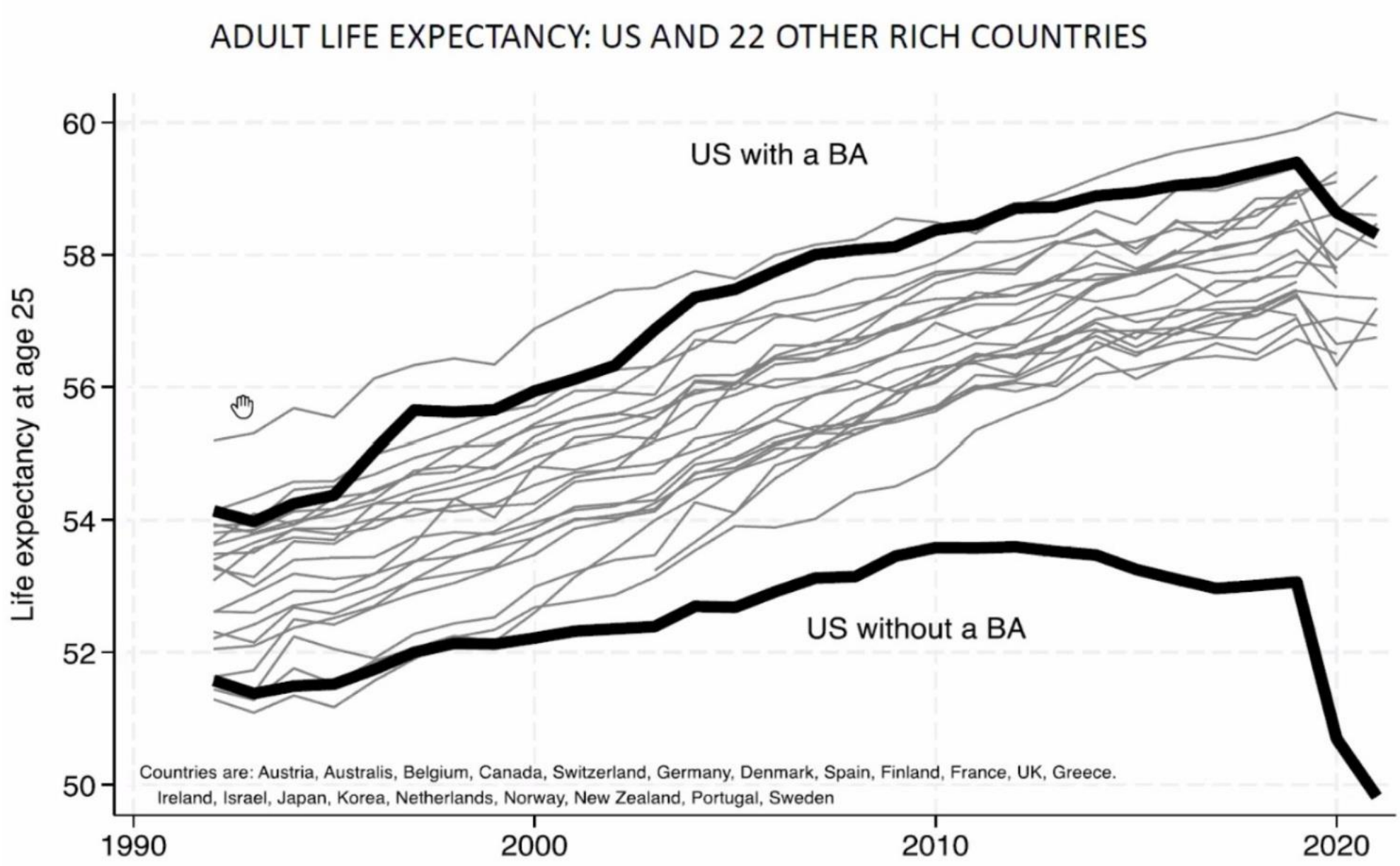


Figure 1: Framework for Mental Health and Addiction Workforce (Revised from WHO) World Health Organization. (2009). Improving health systems and services for mental health (978 92 4 159877 4). WHO Press. https://www.who.int/mental_health/policy/services/mhsystems/en/

#2 LET'S RECONSIDER WHERE

BBQ


ADULT LIFE EXPECTANCY: US AND 22 OTHER RICH COUNTRIES
Life expectancy at age 25
60
58
56
54
52
50
1990
2000
2010
2020
US with a BA
US without a BA
Countries are: Austria, Australis, Belgium, Canada, Switzerland, Germany, Denmark, Spain, Finland, France, UK, Greece.
Ireland, Israel, Japan, Korea, Netherlands, Norway, New Zealand, Portugal, Sweden

- **Faster**
  We're 10x faster than our competitors
- **Smarter**
  And 10x smarter
- **Better**
  Making us 10x better

10K+

SUBSCRIPTION USERS

36K+

FREE USERS

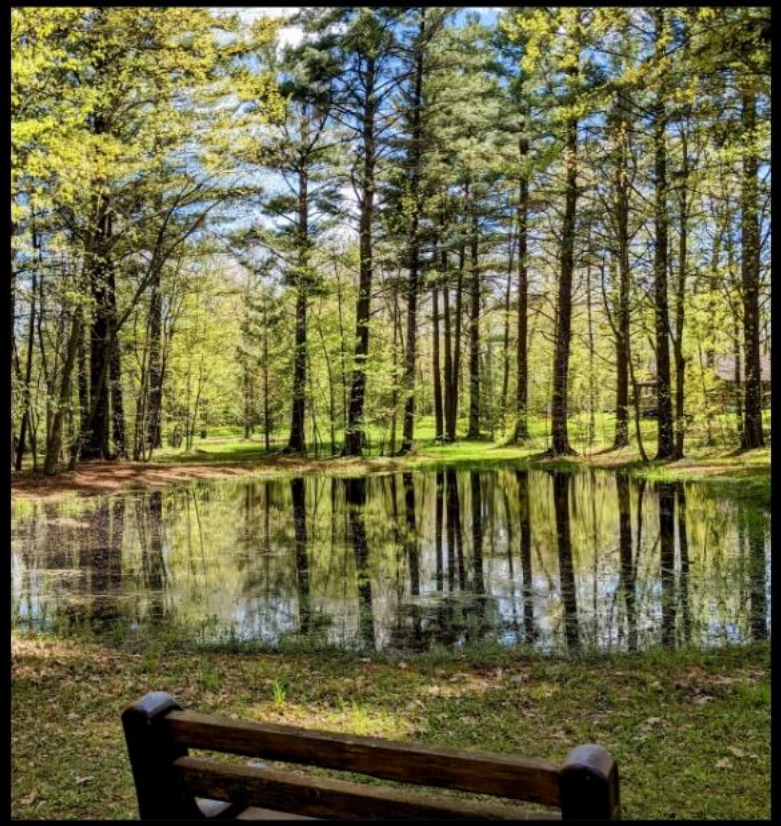
BENCH PRESS

Open opportunity

Sometimes people are just looking for someone to talk to.

With friends

Take advantage of the intimate moments.



Contemplative

Equip people and places with resources.

#3 LET'S RECONSIDER WHAT

Simplifying the complex

Care in community, by community, and for community

Community Initiated Care (CIC) hypothesis: better equipping trusted community agents* with skills to help can change the trajectory of a person's mental health journey.

- More immediately address mental health needs
- Reduce overall demand on the clinical enterprise
- Complement traditional care that may be given
- Positively impact outcomes at both a micro and macro level

This means the field needs to develop strategies that, with an asset-based respectful approach, equips community residents and organizations with the skills and resources to be their own first response.

STRENGTH IN US

helper, human, neighbor, coworker, barista

Health

Mental health 'first aid' training has no clear medical benefit

A review of the Mental Health First Aid programme, which trains members of the public to support people with conditions like depression, has found no good evidence of it actually improving mental health

By Clare Wilson

12 September 2023

KeAi
CHINESE ROOTS GLOBAL IMPACT

Global Health Journal
Volume 5, Issue 3, September 2021, Pages 120-127

REVIEW

Task sharing in psychotherapy as a viable global mental health approach in resource-poor countries and also in high-resource settings

Klaus W. Lange

Show more

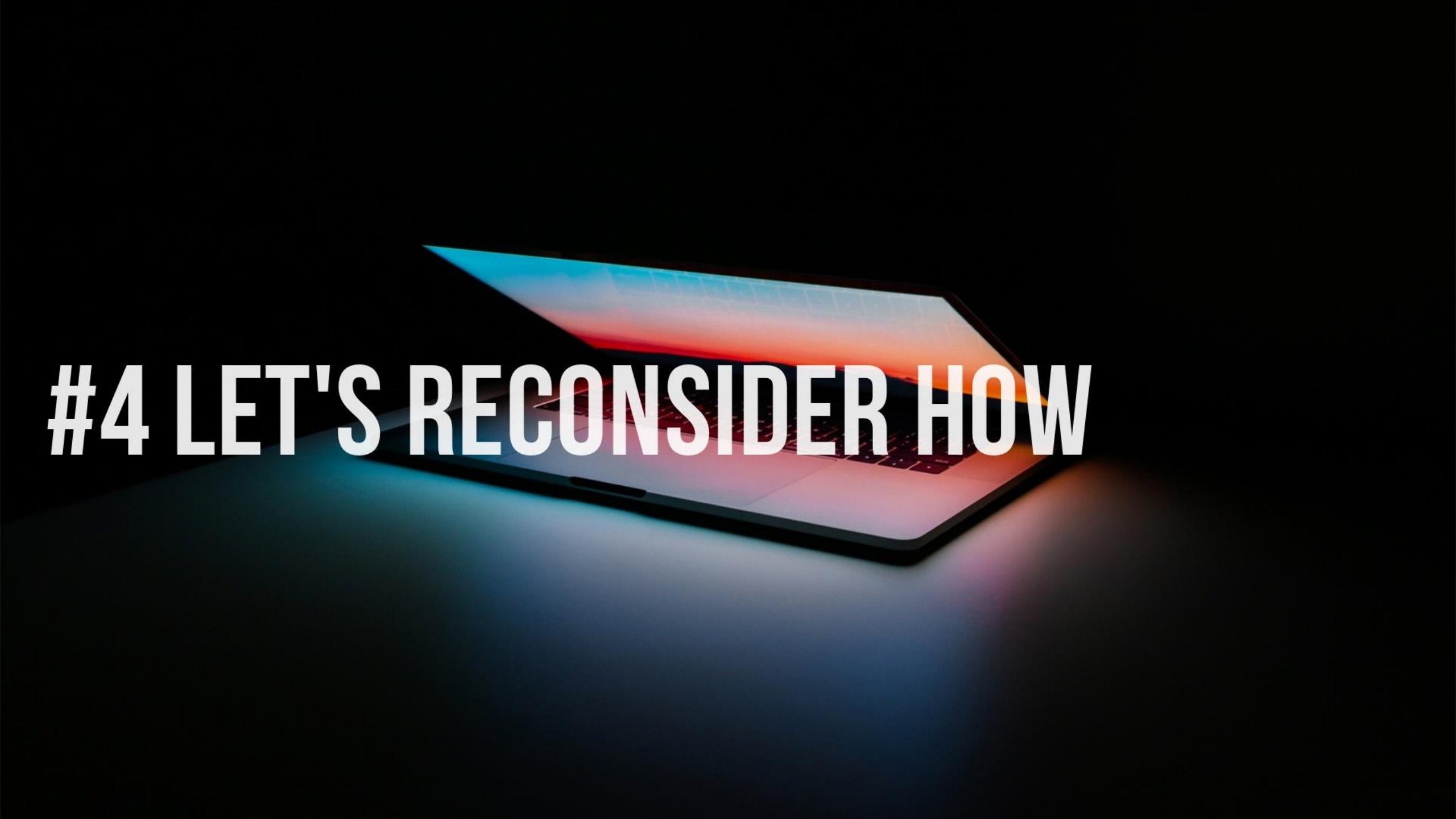
+ Add to Mendeley Share Cite

https://doi.org/10.1016/j.glohj.2021.07.001

Get rights and content

Under a Creative Commons license

open access


#4 LET'S RECONSIDER HOW

EMPOWER
BUILDING THE WORLD'S MENTAL HEALTH WORKFORCE

#5 LET'S RECONSIDER OUR FOCUS

THE BIG THREE

Care

Improving access to care through robust integration

Coverage

Expanding access to affordable insurance coverage

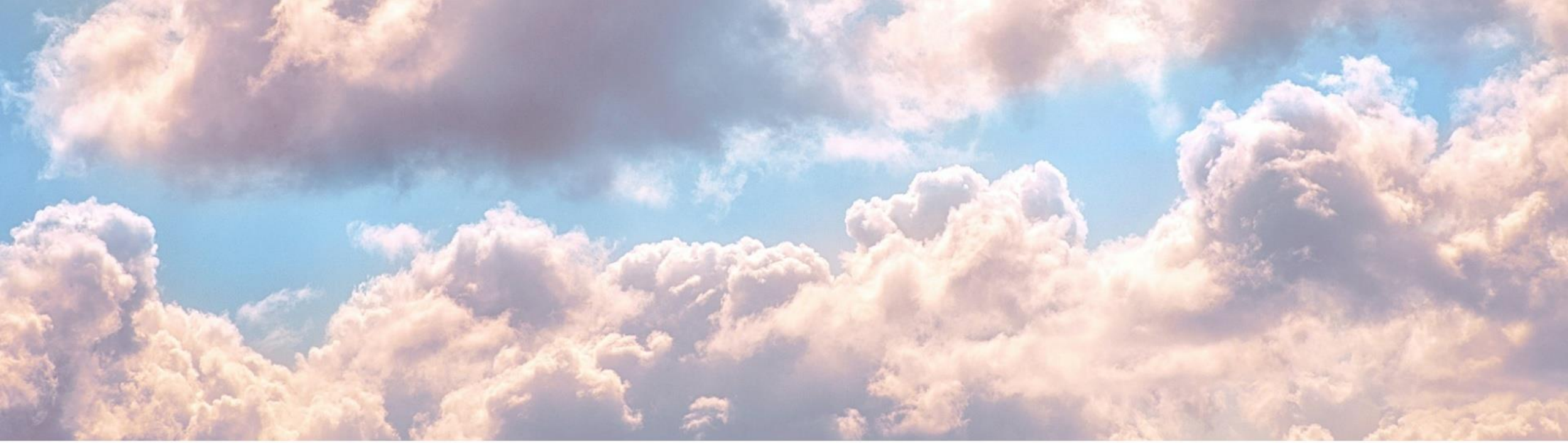
Community

Investing in community resources and support systems for better health outcomes

Focusing policy efforts on care, coverage, and community will lead to an affordable, accessible health care system.

HOMELESS

Once we realize that something is not working, it is unethical to proceed as if it is.



THANK YOU

benmillerpsyd@gmail.com

https://mentalhealth411.substack.com/

Reaction Panel

Keynote

Dr. Benjamin F. Miller, PsyD

Reem Aly
JD, MHA

F. Christopher Esmurdoc
MSW, LISW-S

Marianella Napolitano
MBA, RN

Walter Patton