The Inaugural
RANDALL D. CEBUL KEYNOTE ADDRESS
Introduction

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Director, Center for Community Health Integration
Distinguished University Professor
Dorothy Jones Weatherhead Professor of Medicine
Professor of Family Medicine & Community Health, Population &
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Case Western Reserve University
Keynote Speaker

Radically Rethinking Mental Health

Benjamin F. Miller, PsyD
CEO, Empower at Scale
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.
RADICALLY RETHINKING MENTAL HEALTH

Benjamin F. Miller, PsyD
Disclosures
I have no actual or potential conflict of interest in relation to this program/presentation.
✅ We are in the middle of an opportunity.
🚫 Timidity should not be tolerated.
✅ We know what to do.
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


Data: OECD Health Statistics 2022.

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

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.

Figure 1: Annual Deaths from Alcohol, Drugs, and Suicide in the United States, 1999–2021

Source: TFAH analysis of National Center for Health Statistics data
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.
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<td>568,744</td>
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COMPLEXITY OF US HEALTH CARE SYSTEM

Comparison of various metrics to measure complexity

- Number of health insurance payers: 1,100
- Number of healthcare facilities: 6,210
- Number of healthcare administrators: 615,000
- Number of billing codes: 70,000
- Number of drugs approved annually: 45
5 HARSH REALITIES WE MUST FACE
**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?
The COVID-19 pandemic has put mental health in the spotlight and revealed significant gaps in care.

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

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
FIVE CONSIDERATIONS

LET'S GO FROM AWARENESS TO ACTION
#1 LET'S RECONSIDER WHO

Population health vs. Individual health

Science of how to train

Science of who to train

Science of what to do
#2 LET'S RECONSIDER WHERE
- 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.

*helper, human, neighbor, coworker, barista
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

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

Klaus W. Lurie

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

https://doi.org/10.1016/j.global.2021.07.001
#4 LET'S RECONSIDER HOW
EMPOWER
BUILDING THE WORLD’S MENTAL HEALTH WORKFORCE

RISING DEMAND

CURRENT SYSTEM = LIMITED SUPPLY
Limited # of Evidence-Based Practitioners = Expensive to Scale

PEOPLE HELPED

RISING DEMAND

EMPOWER = UNLIMITED SUPPLY
Online Evidence-Based Training + Support = Affordable to Scale

PEOPLE HELPED
#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.
Once we realize that something is not working, it is unethical to proceed as if it is.
THANK YOU

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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