

Recovery

Give 3 P's a Chance

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Recovery

- The Problem
- The Solutions
- Recovery (people, place, purpose)

BLUF:

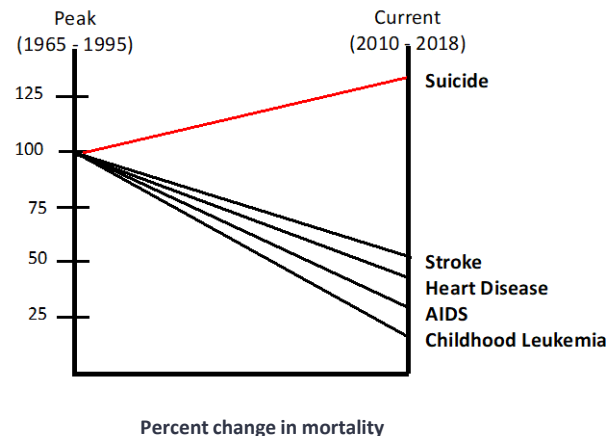
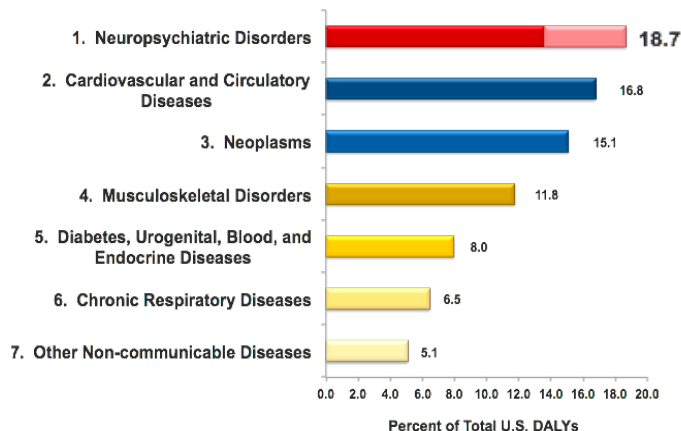
The problem can be defined as medical;
The solutions need to be defined as social

The Problem: A Crisis in Behavioral Health

U.S. suicide deaths incr 33%
since 1990's; global suicide
rates decr 38% since 1994

CDC, 2019; The Economist 11/24/18

No reduction in morbidity or mortality

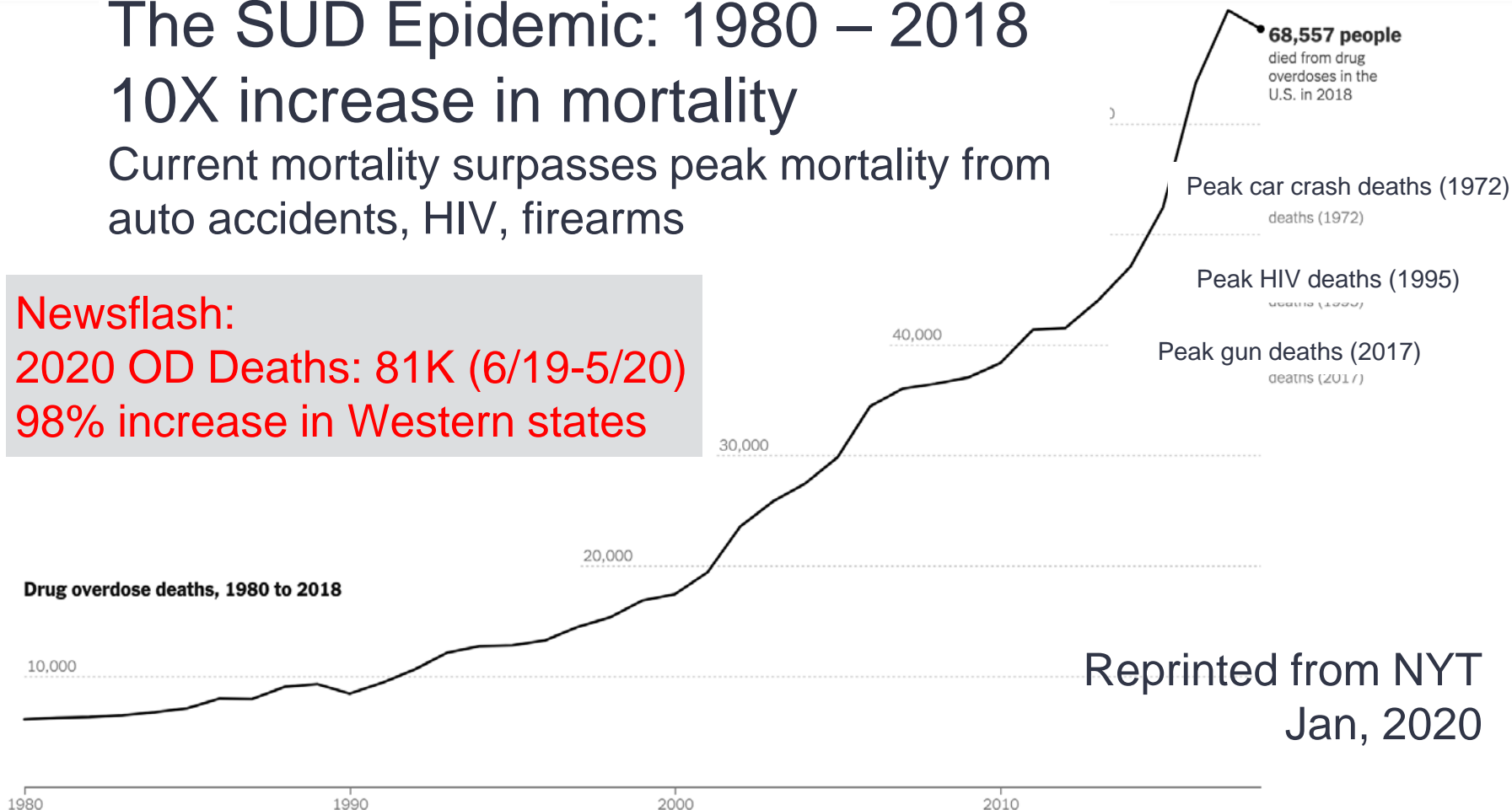


The SUD Epidemic: 1980 – 2018

10X increase in mortality

Current mortality surpasses peak mortality from auto accidents, HIV, firearms

Newsflash:
2020 OD Deaths: 81K (6/19-5/20)
98% increase in Western states

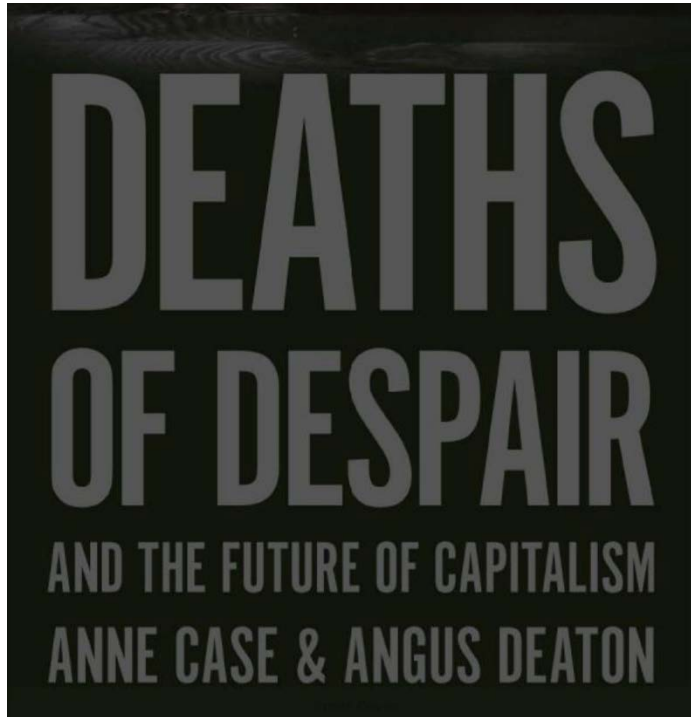


Reprinted from NYT
Jan, 2020

Data through 2017 is based on final reported mortality totals. Data for 2018 is provisional and adjusted to account for delays in drug-death reporting.

Source: National Center for Health Statistics, Centers for Disease Control and Prevention

Deaths of Despair – Lowering Life Expectancy in America



Suicide: 48,000
Drug OD: 70,000
Alcohol: 40,000
Total 158,000
(in 2018)

Up from 68,000
(in 1995)

US longevity drops in 2018
for first time since 1918

Covid-19: A Black Swan Event for Mental Health

- Three fold increase in depression (Ettman et al, JAMA, Sept. 2020)
- Suicidal ideation in 25% of US ages 18- 24 (CDC MMWR, Aug 2020)
- Economic downturn predicts high rates of depression and as many as 20K additional deaths of despair (MMHPI report, 4/10/20)

UN Warns of 2nd Pandemic

Decades of neglect and underinvestment in addressing people's mental health needs have been exposed by the COVID-19 pandemic, the UN said on Thursday, in a call for ambitious commitments from countries in the way they treat psychological illness, amid a potential global spike in suicides and drug abuse.

Why do we have this crisis in care?

It's a care crisis.

Lack of Engagement

60% not receiving care

Lack of Quality

Fragmented, episodic, reactive

**Lack of
Accountability**

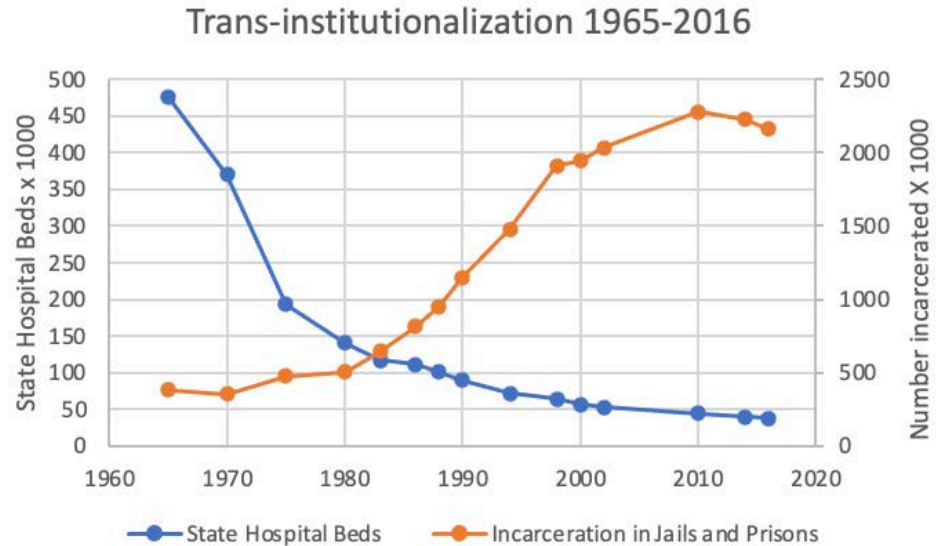
We don't measure outcomes

Why do we have this crisis in care?

It's a care crisis.

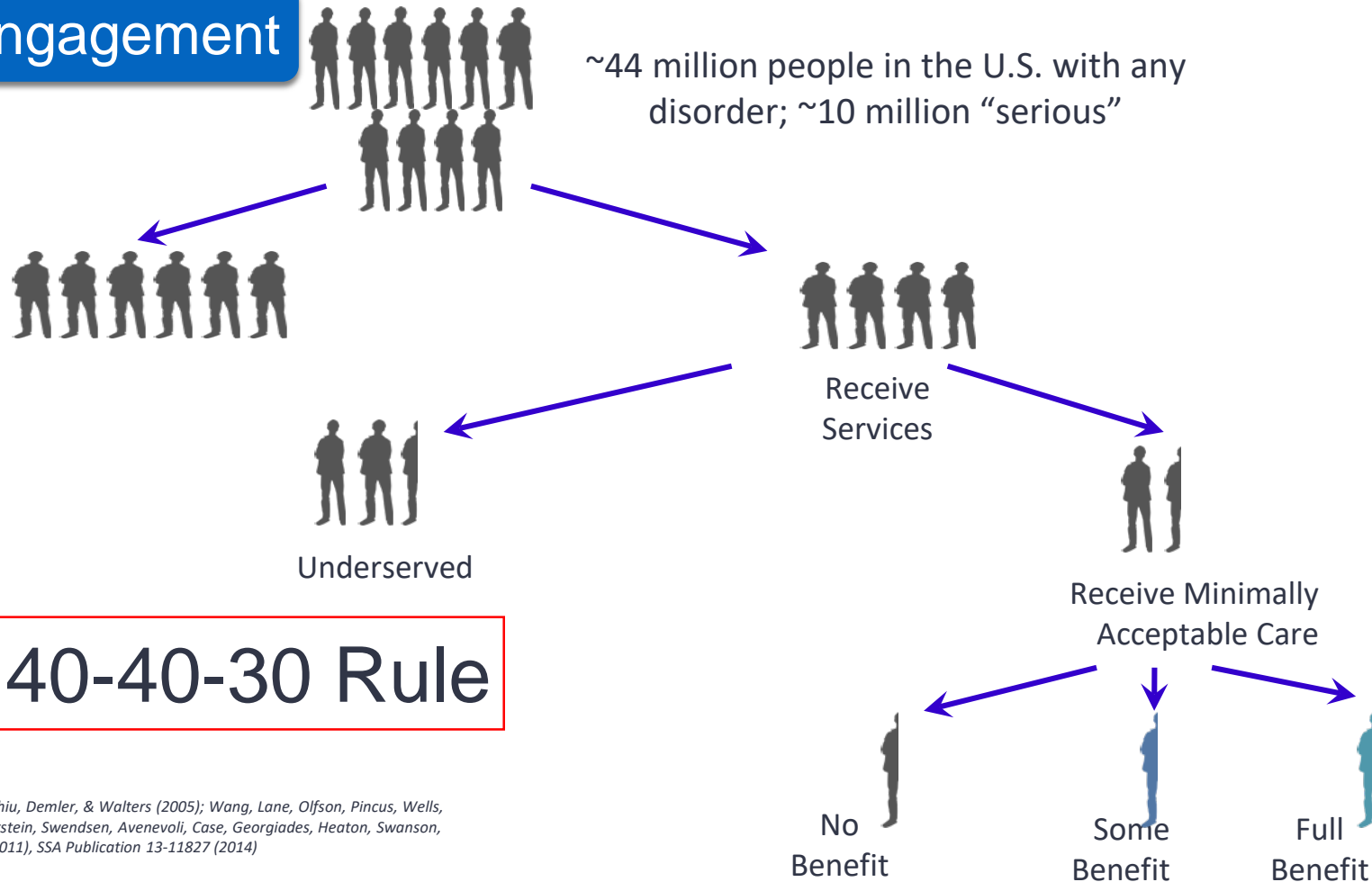
No Room at the Inn

170K hospitalized
356K incarcerated
135K homeless



Data from TAC and BJS

Lack of Engagement



The 40-40-30 Rule

SOURCES: NSDUH (2013); 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

- **Fragmentation:** SMI vs Mild-Moderate, MH vs SUD, BH vs Primary Care
- **Delay:** 77 week duration of untreated psychosis
- **Care:** Built for payers and providers, not patients and families
- **Reactive:** Crisis driven care that is episodic and expensive

Quality – The Mental Health Workforce

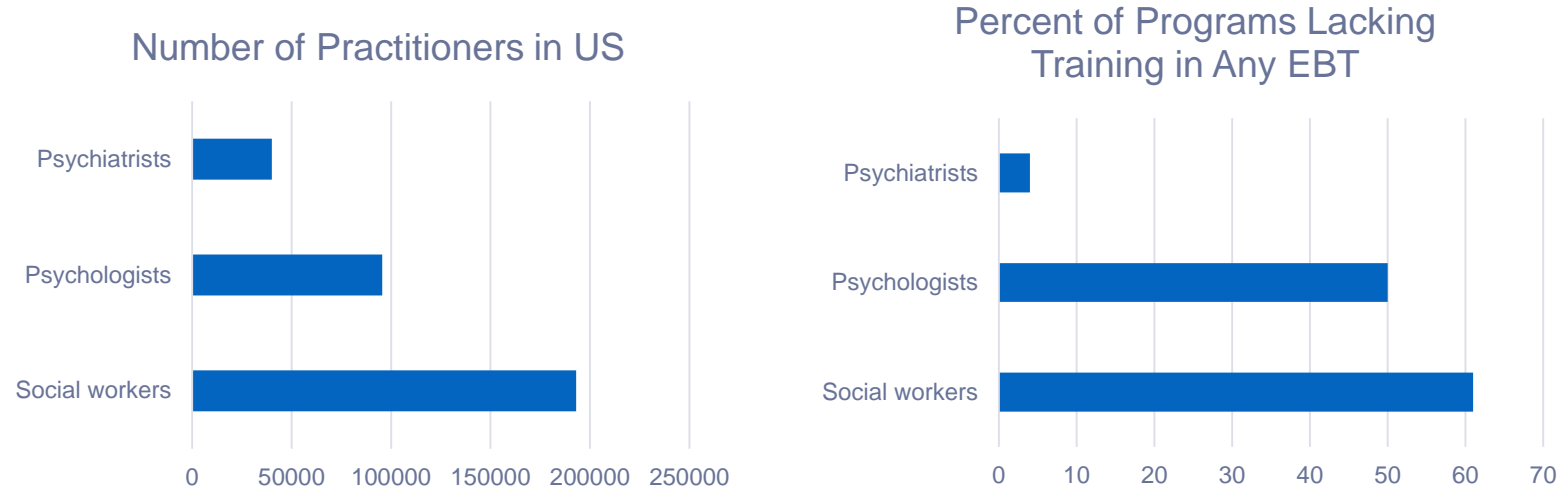


Figure 4.1 (A) The number of practitioners for social work, psychology, and psychiatry in the US. In (B) the percentage of programs for these practitioners lacking training in psychotherapies considered evidence-based treatments (EBT). (Data adapted from Weissman et al, Arch Gen Psych 2006)

Lack of Accountability

MEASURING MOOD, COGNITION, AND BEHAVIOR

WHAT WE DO TODAY

- Subjective
- Episodic
- Clinic-based
- High Burden

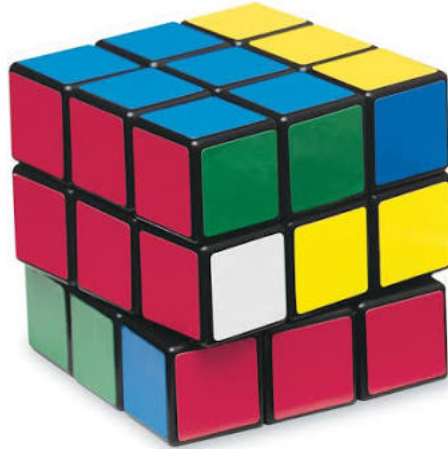
WHAT WE NEED

- Objective
- Continuous
- Ecological
- Passive

Lack of Accountability

- What are the key outcomes we are all measuring?
- Who is responsible for reducing suicide? Ensuring recovery?
- How do we pay for value rather than volume?

Solutions



Will Digital Tools Disrupt Healthcare?

Services - Digital Age

Consumer-focused

Virtual

On demand

Transparent

Information rich

Proactive

Healthcare - 2020

Provider-focused

Brick and mortar

Delayed

Opaque

Information poor

Reactive

Problems

Lack of Engagement

Lack of Quality

Lack of
Accountability



Solutions

Person-centered online
care

Coordinated, connected
care

Measurement and Value
Based Care

Engagement

Minute Clinic Meets Peloton

Mental Health Consults -- on demand, online intervention at time of need

- ✓ In the moment evidence-based care
- ✓ Empowering, strengths-based, solution-focused
- ✓ Behavior change goals set and sustained through community



Community -- 24/7, subscription-based, scaled workforce, goal-driven

- ✓ Membership; decreased social isolation
- ✓ Shared accountability; Sense of purpose
- ✓ Crowd sourced skills and resilience building

humanest



RAISE (CSC)

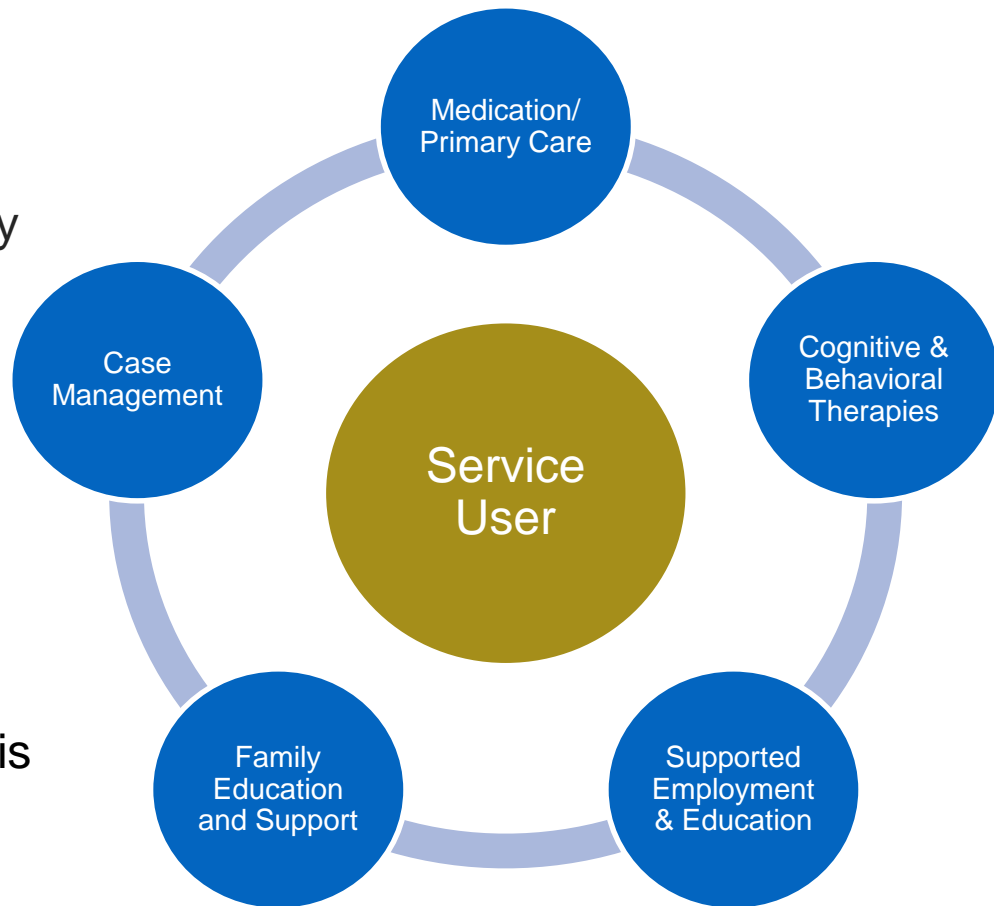
After 2 years, Coordinated Specialty Care was superior to usual community care on:

- Engagement in treatment
- Quality of life
- Symptomatic improvement
- Involvement in work or school
- Cost-effectiveness

CSC worked better for patients with a shorter duration of untreated psychosis

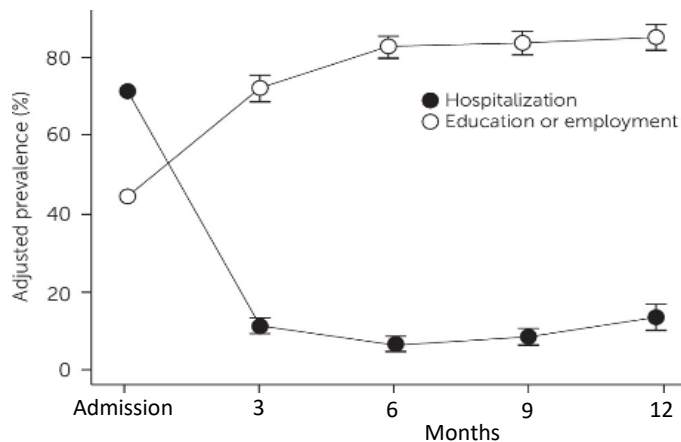
Kane et al., *Am J Psychiatry*, 2016;

Rosenheck et al., *Schiz Bull*, 2016

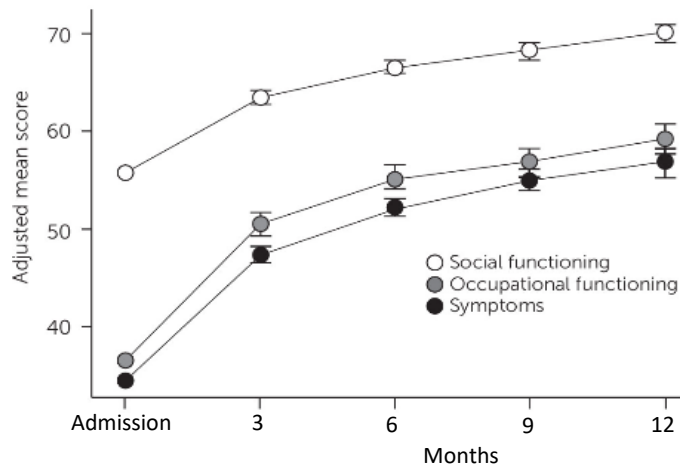


- 325 individuals ages 16–30 were followed for up to one year
- Education and employment rates increased to 80% by six months; hospitalization rates decreased to 10% by three months
- Global functioning measures improved continuously over 1-year

School/Work and Hospitalization Rates



Global Functioning Measures



Crisis Response

A Coordinated Solution

- **Call center hub**
- **Mobile crisis response**
- **Psych ER**
- **Short-term crisis stabilization**

Maricopa Co., AZ (pop 4M):

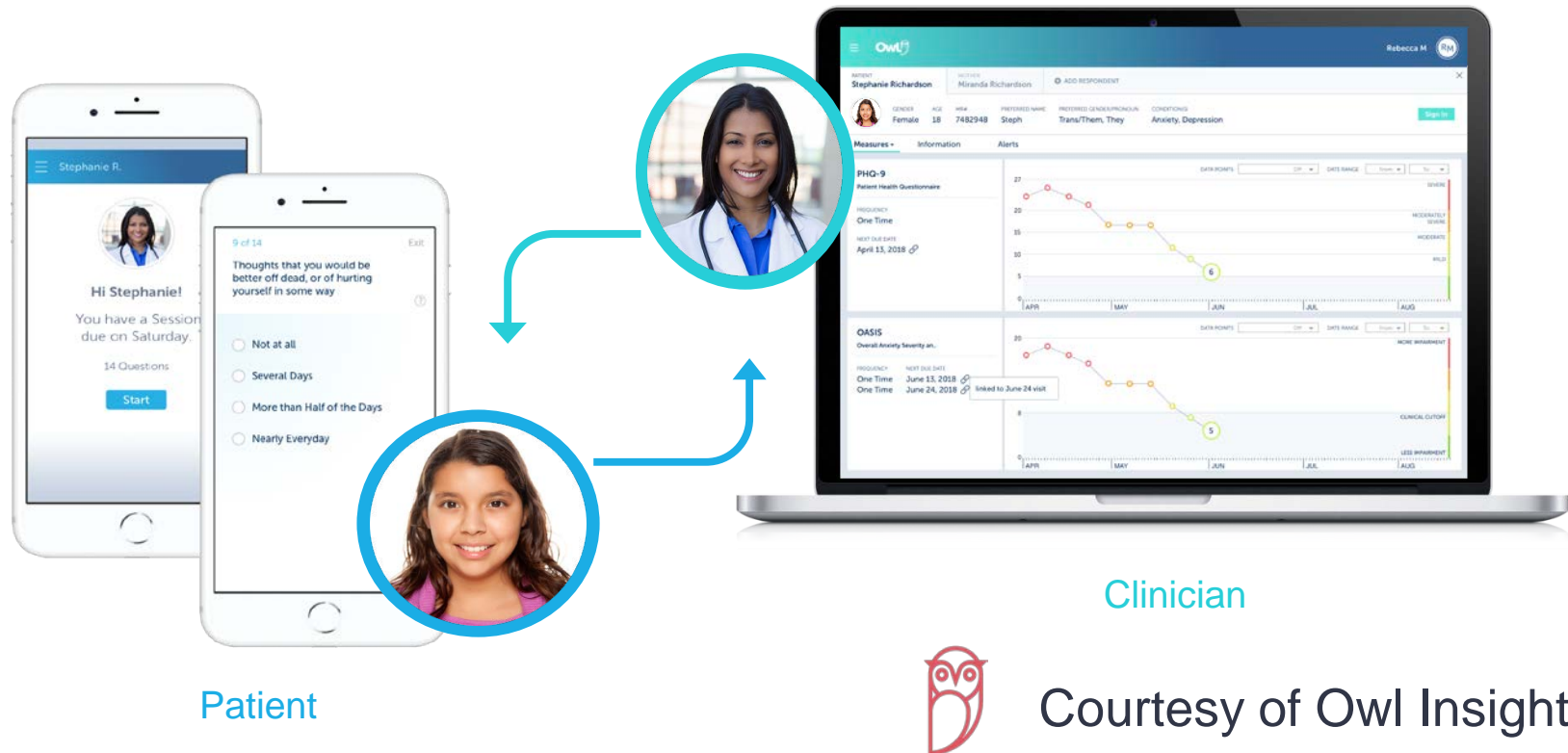
- 37 police officer FTEs
- 45 years of ER boarding
(\$37M savings)
- Reduced acute care hosp.
(\$260M savings)
- Not quantified – reduced incarceration



Accountability

Coordinated, measurement-based care

The Owl: A Measurement Feedback System



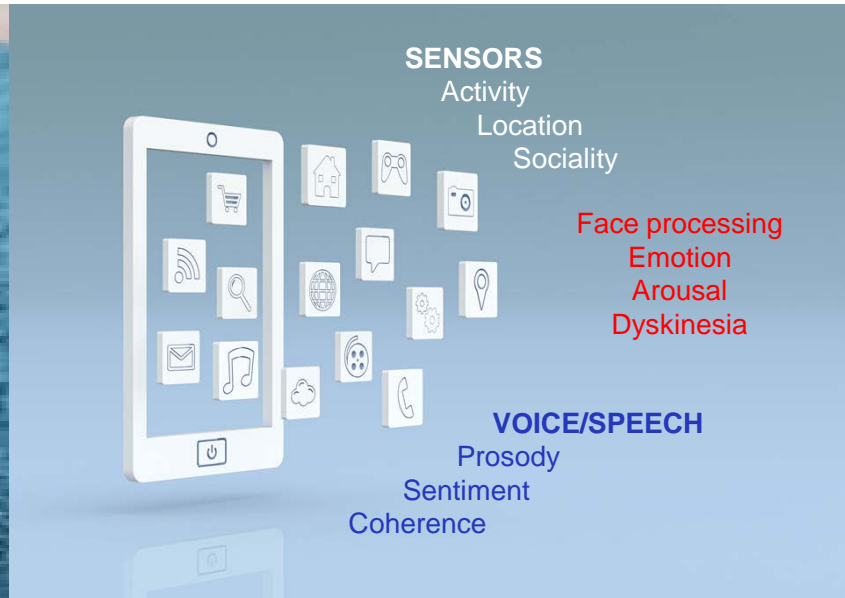
Courtesy of Owl Insights

Accountability

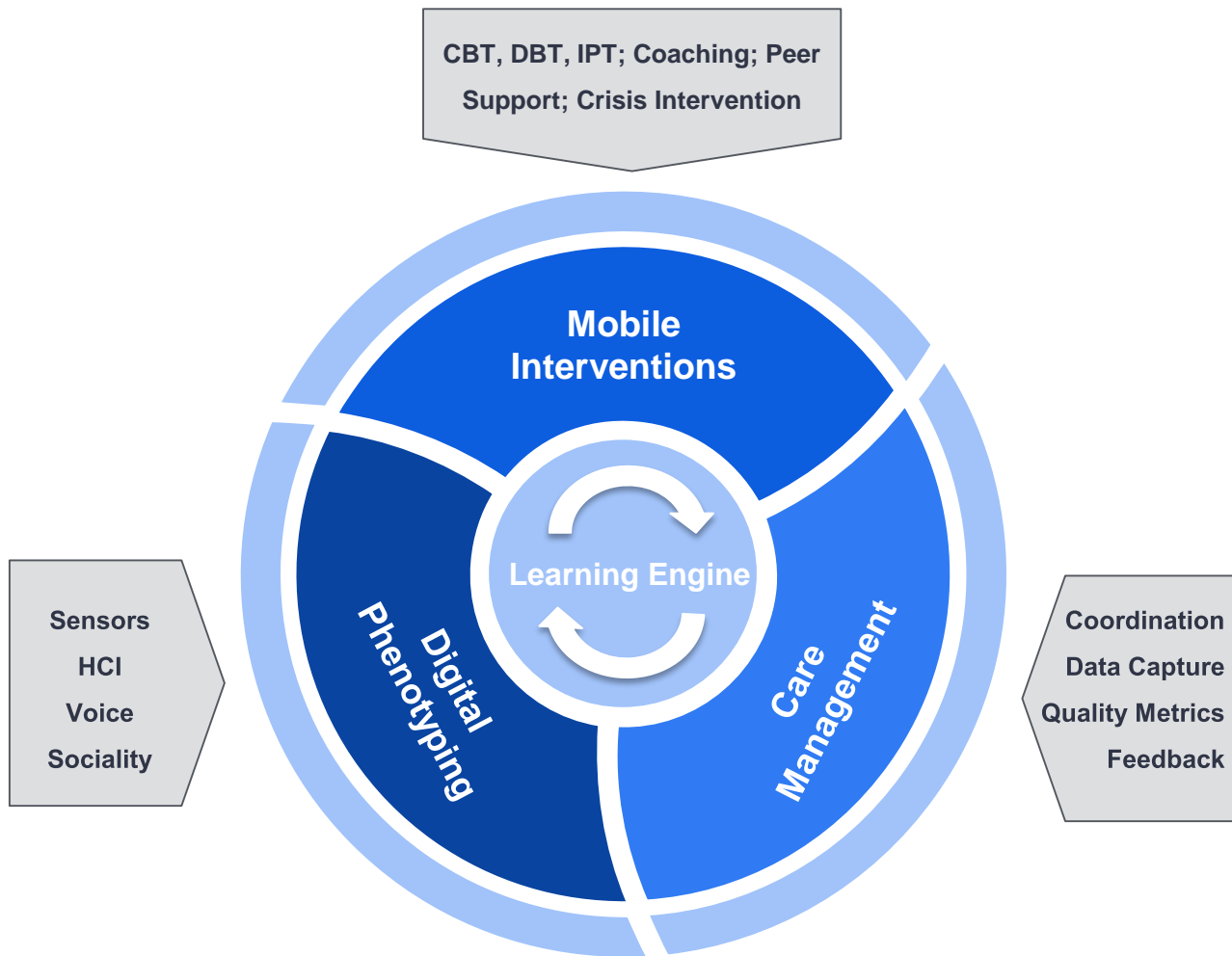
Telehealth 1.0



Telehealth 2.0



The Digital Health Landscape

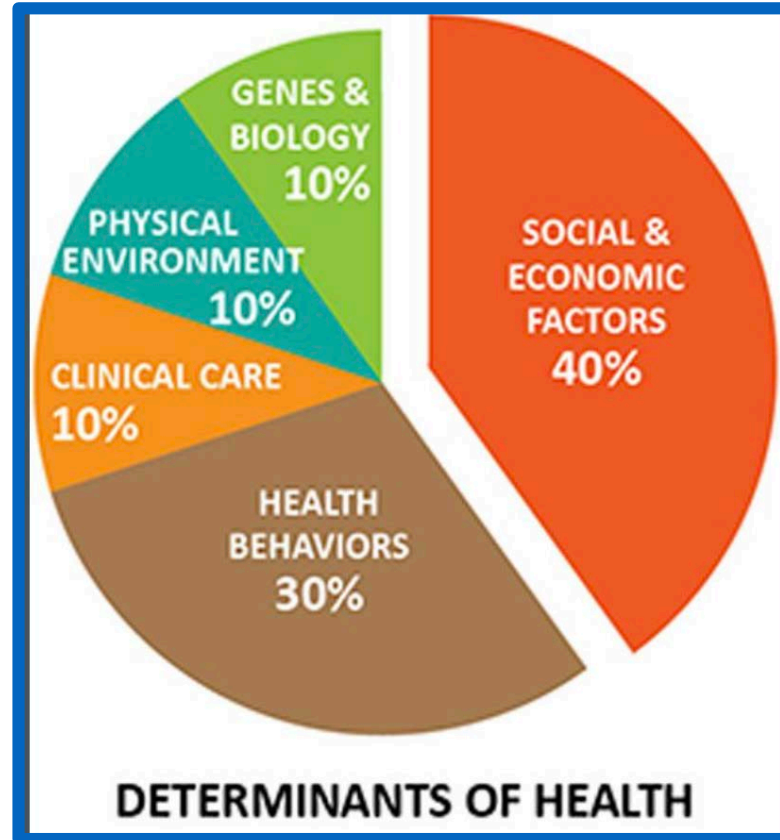


Recovery

“Every disability conceals a vocation, if only we can find it, which will turn the necessity to glorious gain.”

C.S. Lewis, *A Severe Mercy*

Health ≠ Healthcare



10% related to care

US annual = \$3.2T

70% related to social factors and health behaviors

US annual = ?

Source: WHO

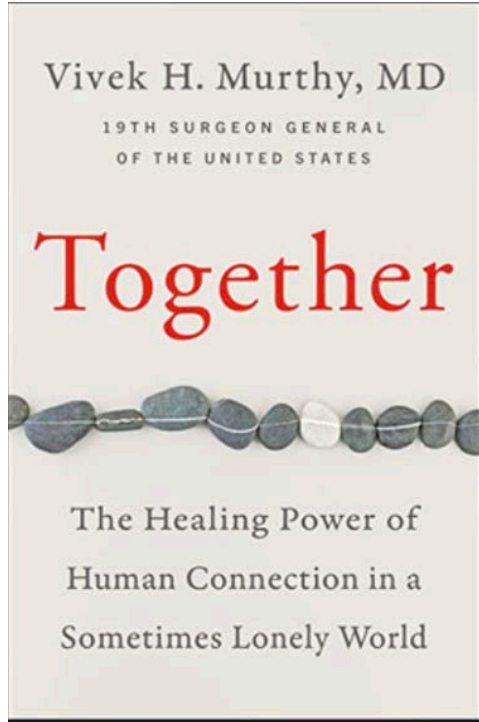
The Road to Recovery



The 3 P's: People, Place, Purpose

Covid Pandemic Attacks All of the P's

Loneliness is a Public Health Crisis



US Census Data

- more than a quarter of the US population (27%) lives alone
- over half the U.S. adult population is unmarried
- 1 in 5 have never married
- divorce rate in the US around 40% of first marriages

Solutions

- Social networks
- Shed movement
- Clubhouses
- Online social support

Homelessness as a Public Health Problem



- 25% of homeless (138K) are people with SMI
- 50% of nation's unsheltered homeless are in CA

Solutions

- Supportive housing
- Operation Roomkey
- Supporting board and care
- Longer term planning

Finding Purpose

“He (she) who has a why can live with almost any how.”

Nietzsche

Solutions

- Supportive education and employment
- Peer services
- Advocacy

Recovery

The problems can be defined as medical

The solutions need to be defined as social

Family – Peers - Friends

Clubhouses –NAMI F2F- Supportive Housing – Individual Placement

Why do we have this crisis in care?

It's more than a care crisis.

“America’s healthcare system is neither healthy, caring, nor a system”
Walter Cronkite

Sick-Care System

Reactive/Episodic
Late Stage
Symptom-Focused
Crisis-Driven

Health-Care System

Proactive/Continuous
Early Stage
Recovery-Focused
Preemptive

What would a mental health system look like?

Sick-care (crisis services, medical care, psychological care, reimbursement)

+

Recovery (housing, supported employment, ACT, social support, safety net, continuity and integration of care)

+

Prevention (education, resilience training, early intervention)

Summary

- We face a crisis in mental health and a crisis in mental healthcare
- We have solutions for engagement, quality, and accountability
- Our goal must be recovery: people, place, and purpose
- The problems are medical; the solutions are more than medical

Thank You!



Transforming Behavioral Health

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