

The background of the entire image is a dark, teal-colored sky filled with numerous dandelion seeds in various stages of flight. Some seeds are in sharp focus, showing their delicate, feathery structure, while others are blurred, creating a sense of movement and depth. The seeds are scattered across the frame, with a higher concentration in the lower half. A single, thin stem of a dandelion is visible on the left side, extending from the bottom towards the center.

RECENTERING MENTAL HEALTH

Benjamin F. Miller, PsyD







- This is truly a unique moment
- However, like all moments, this one will also pass
- We know what to do and should take action - the question remains: How big will we go?



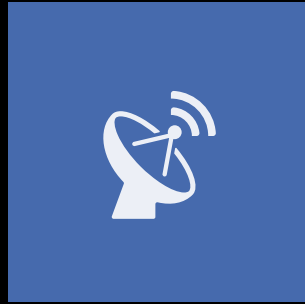
ctangular Ship

ACCESS TO MENTAL HEALTH CARE



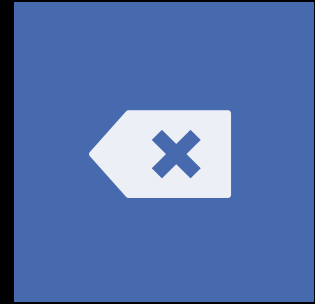
Long waiting times

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

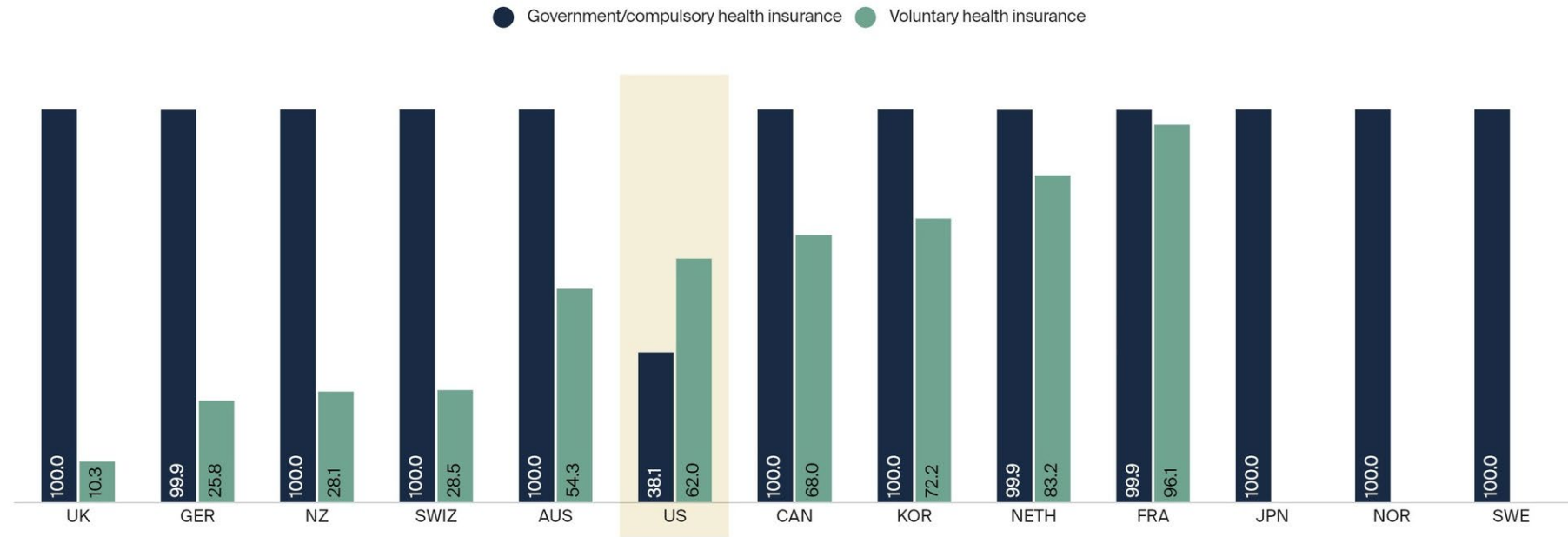


**A
LABYRINTH
AND A
LOTTERY**



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

Percent of total population with health insurance coverage



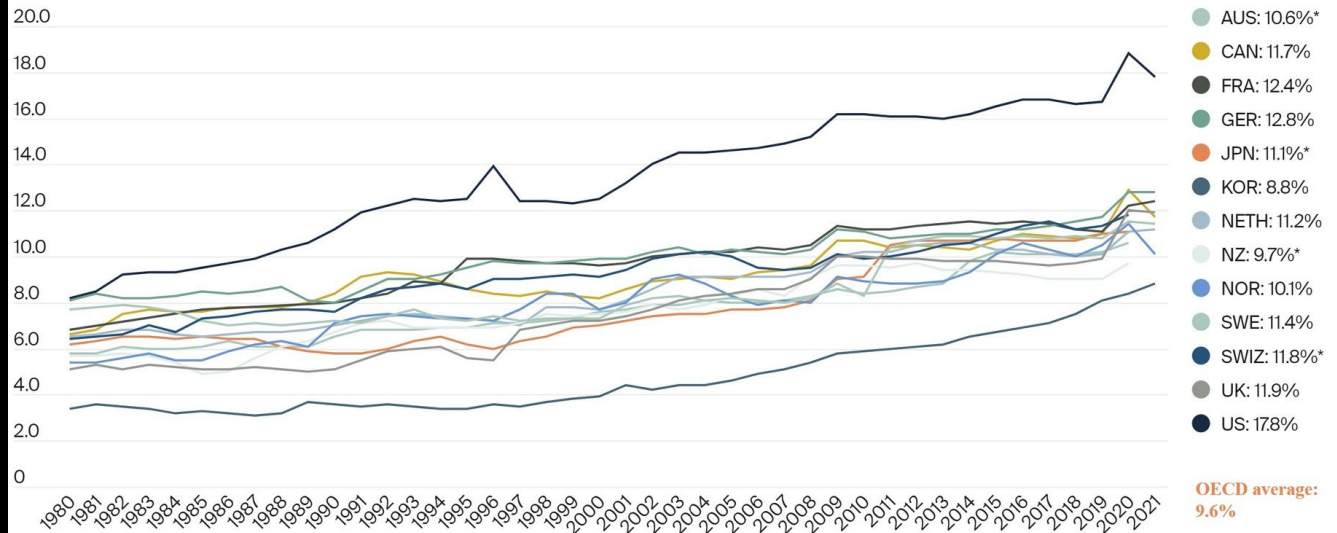
Notes: Government/compulsory health insurance data: 2021 data for AUS, CAN, FRA, NZ, and NOR; 2020 data for GER, KOR, NETH, SWE, SWIZ, UK, and US; 2019 data for JPN. Voluntary health insurance coverage data: 2021 data for AUS, CAN, and NZ; 2020 data for GER, KOR, NETH, and US; 2019 data for UK; 2017 data for FRA and SWIZ. [Government health insurance](https://www.oecd.org/health/Spending-on-private-health-insurance-Brief-March-2022.pdf) refers to public benefit basket covering a minimum set of health services. [Voluntary health insurance](https://www.oecd.org/health/Spending-on-private-health-insurance-Brief-March-2022.pdf) 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>

The U.S. is a world outlier when it comes to health care spending.

Percent of GDP spent on health, 1980–2021*



[Download data](#)

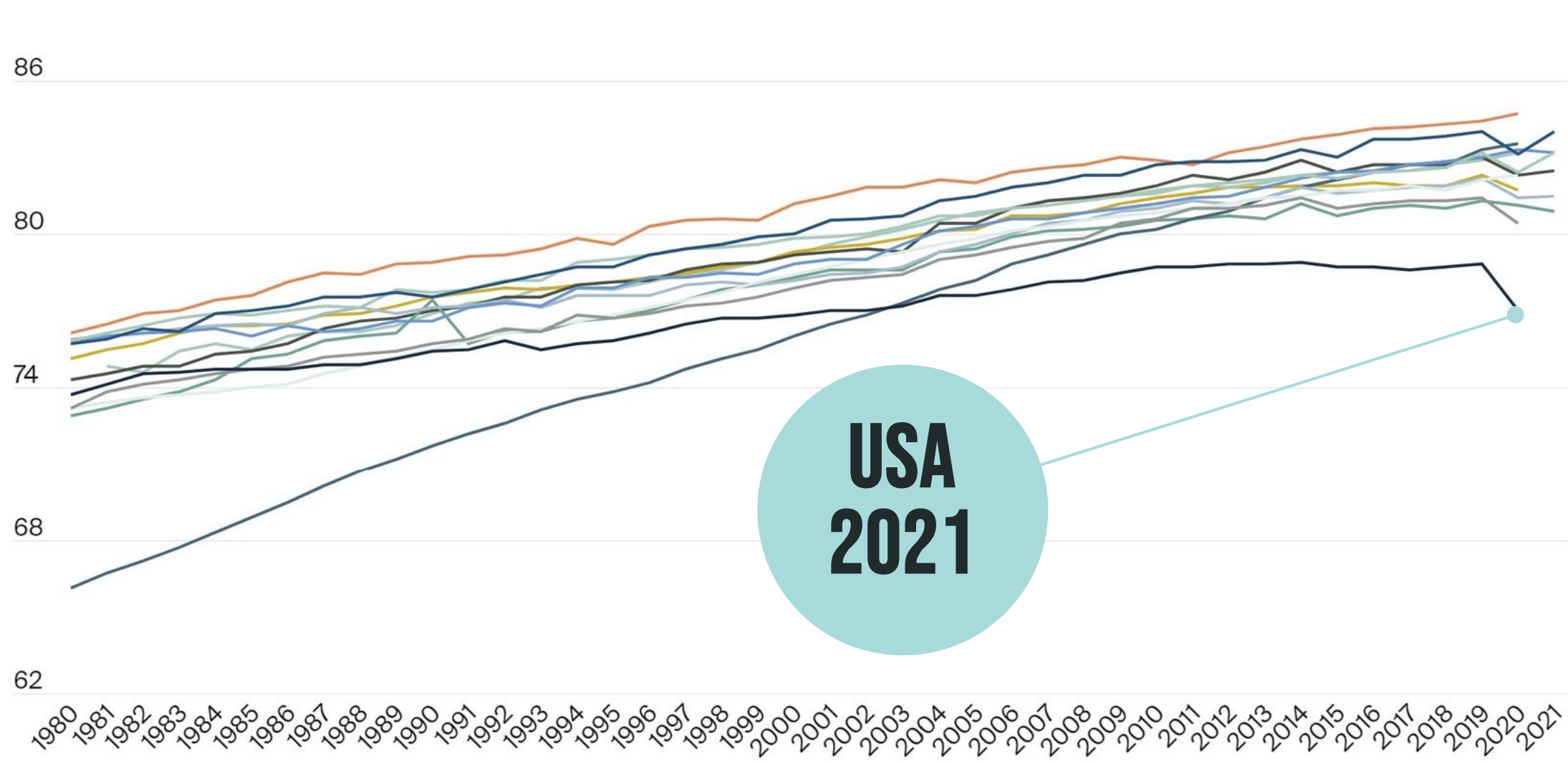
Notes: * 2020 data. Current expenditures on health for all functions by all providers for all financing schemes. Data points reflect share of gross domestic product. Based on System of Health Accounts methodology, with some differences between country methodologies. GDP = gross domestic product. OECD average reflects the average of 38 OECD member countries, including ones not shown here.

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*

**USA
2021**

OECD average: 80.4

[Download data](#)

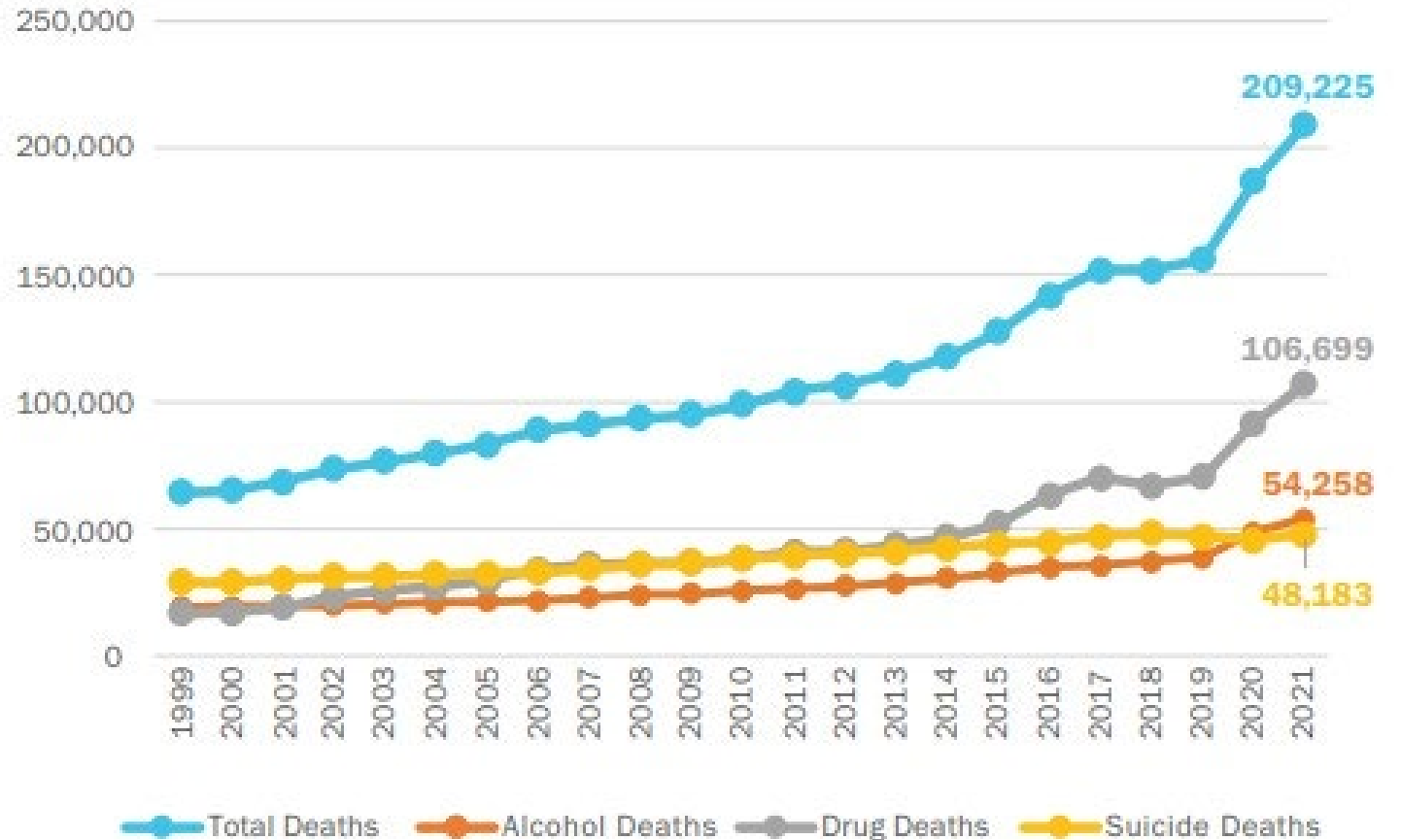
Note: * 2020 data. Total population at birth. OECD average reflects the average of 38 OECD member countries, including ones not shown here. Because of methodological differences, JPN and UK data points are estimates.

PAIN IN THE NATION

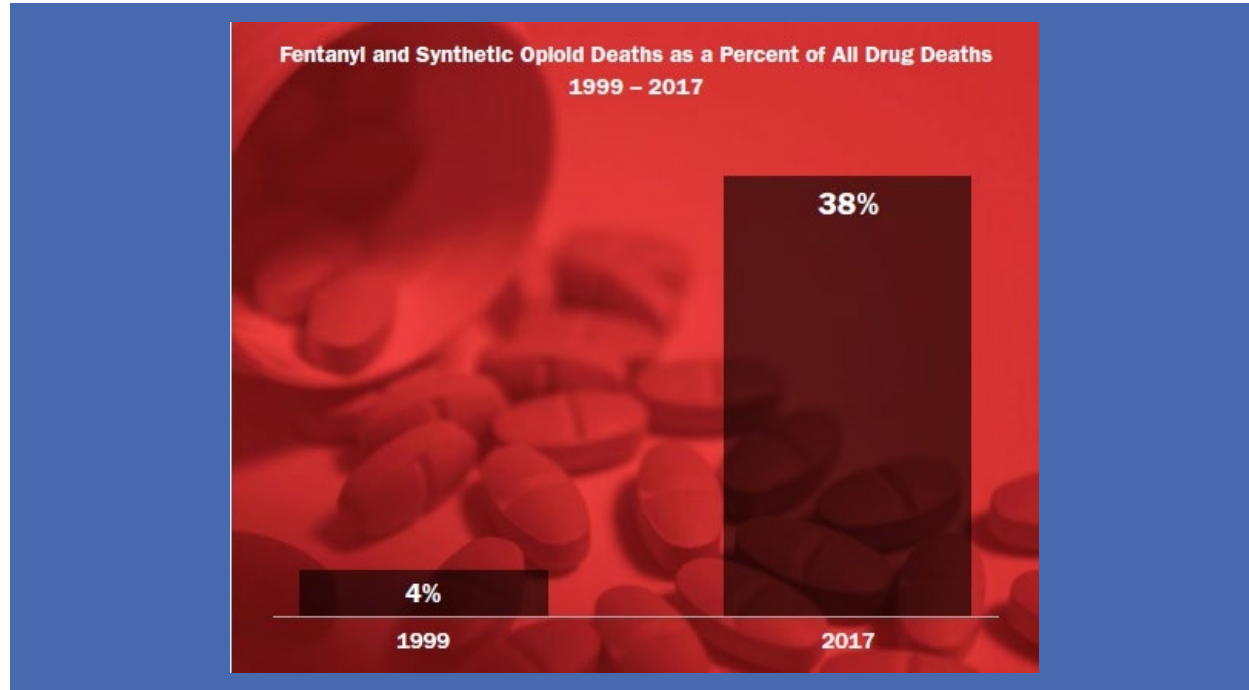
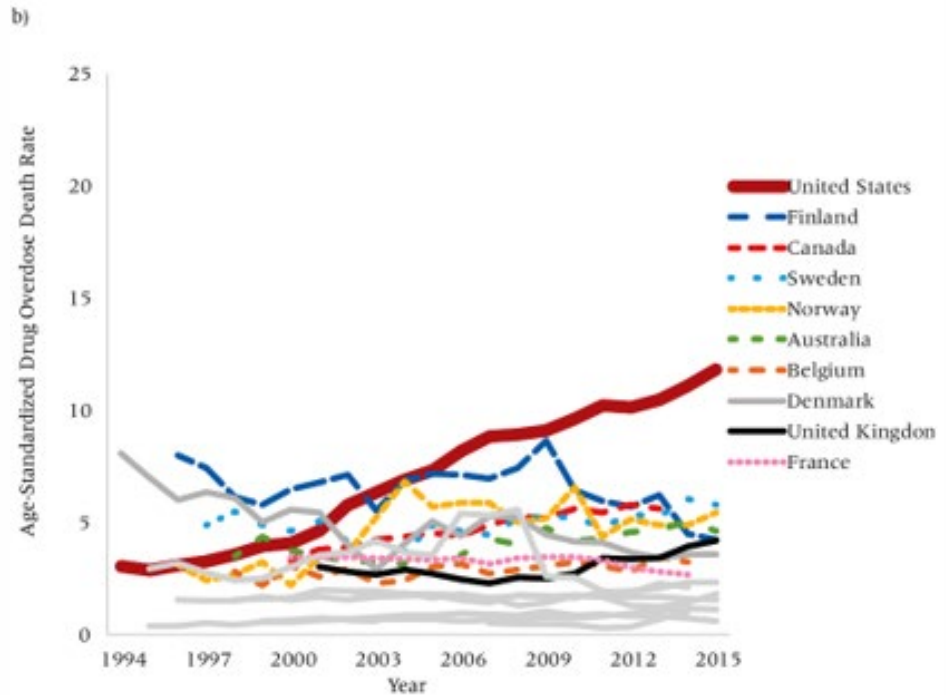
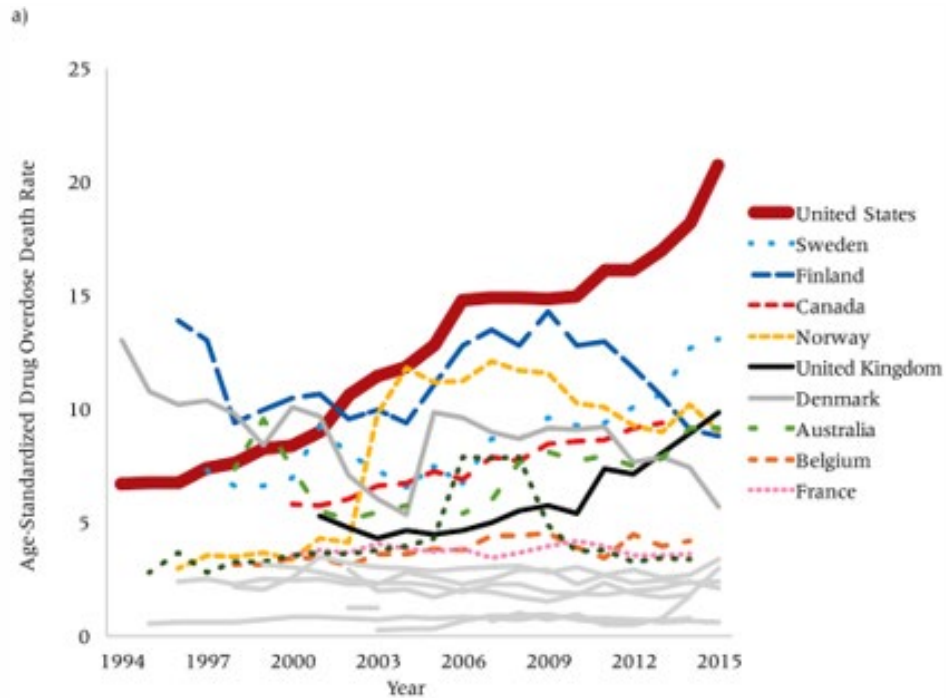
DEATHS OF DESPAIR

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



OPINION > HEALTHCARE

THE VIEWS EXPRESSED BY CONTRIBUTORS ARE THEIR OWN AND NOT THE VIEW OF THE HILL

We've responded to the substance misuse crisis as if it's only about opioids

BY JOHN AUERBACH AND BENJAMIN F. MILLER, OPINION CONTRIBUTORS - 02/05/20 10:30 AM ET

SHARE TWEET



Getty Images

Just a few days ago, we learned that life expectancy had risen for the first time since 2014 and saw the first decline in drug overdose deaths since

Opinion
How to submit an op-ed.

Most Popular

- 1 Retired conservative judge: 'Trump disqualified himself...
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INTRICATE AND COMPLICATED

- **Economic Factors**

Economic downturns, unemployment, and financial instability increase stress and despair, contributing to substance abuse and suicide

- **Mental Health Issues**

Growing mental health issues combined with inadequate access to care worsens conditions, leading to substance abuse or suicide

- **Social Isolation**

Isolation and loneliness increase depression/anxiety risk, which can increase deaths of despair

- **Opioid Epidemic**

Widespread opioid misuse has dramatically increased overdose deaths

- **Societal Changes**

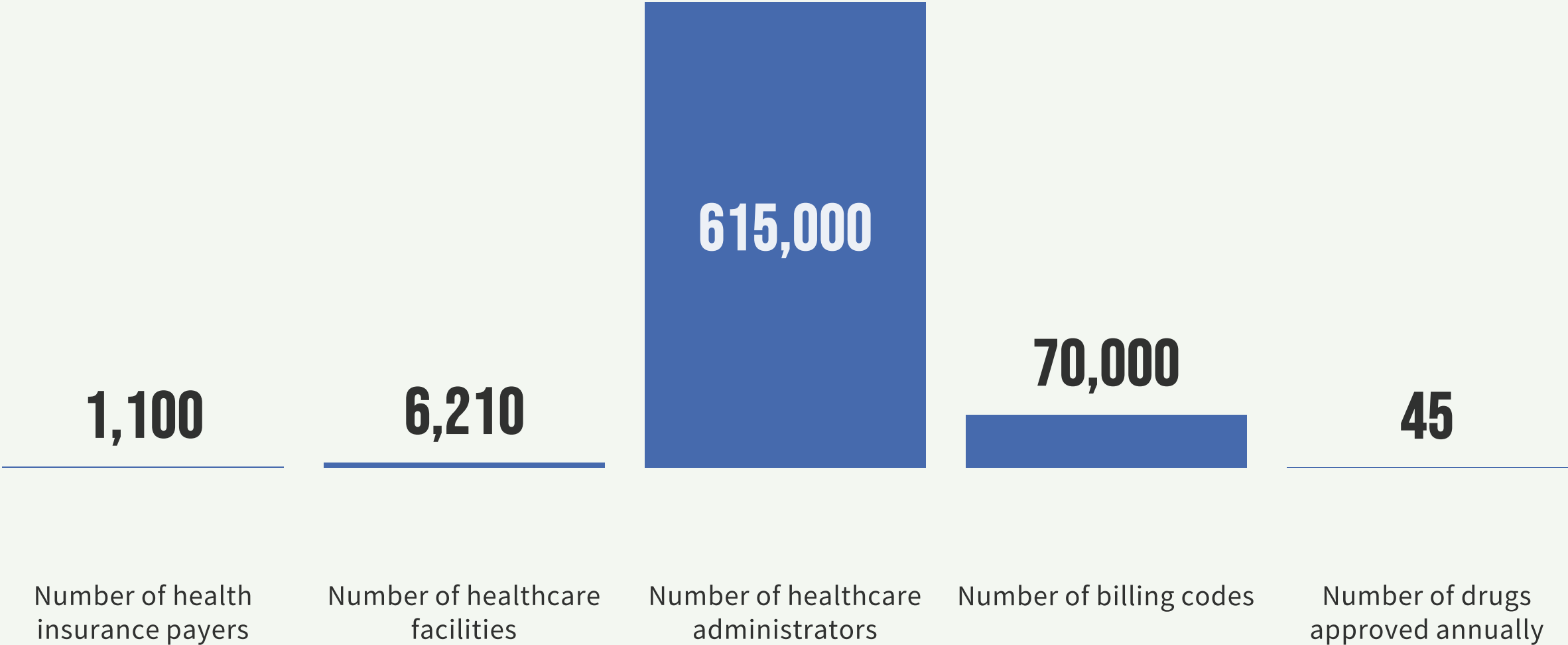
Breakdowns in communities/institutions leave people feeling disconnected and without support

- **Limited Healthcare**

Limited access to quality healthcare and mental health services prevents treatment

COMPLEXITY OF US HEALTH CARE SYSTEM

Comparison of various metrics to measure complexity



CHALLENGING OUR ASSUMPTIONS



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.



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

Place matters more than we give it credit for.



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.



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.



The medical model is insufficient

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

LET'S RETHINK OUR APPROACH TO MENTAL HEALTH



FIVE CONSIDERATIONS



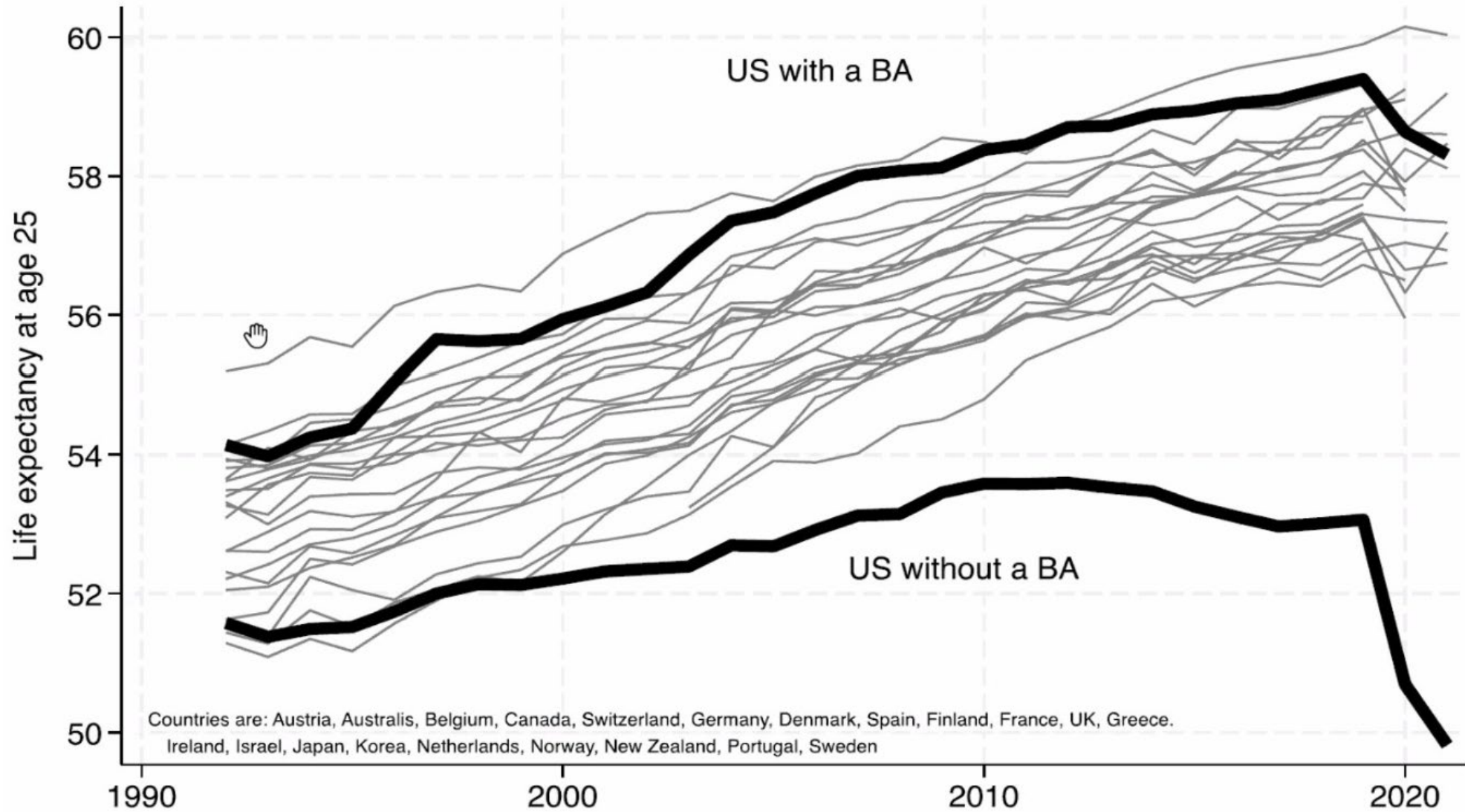
#1 PLACE

Let's reconsider where care is provided

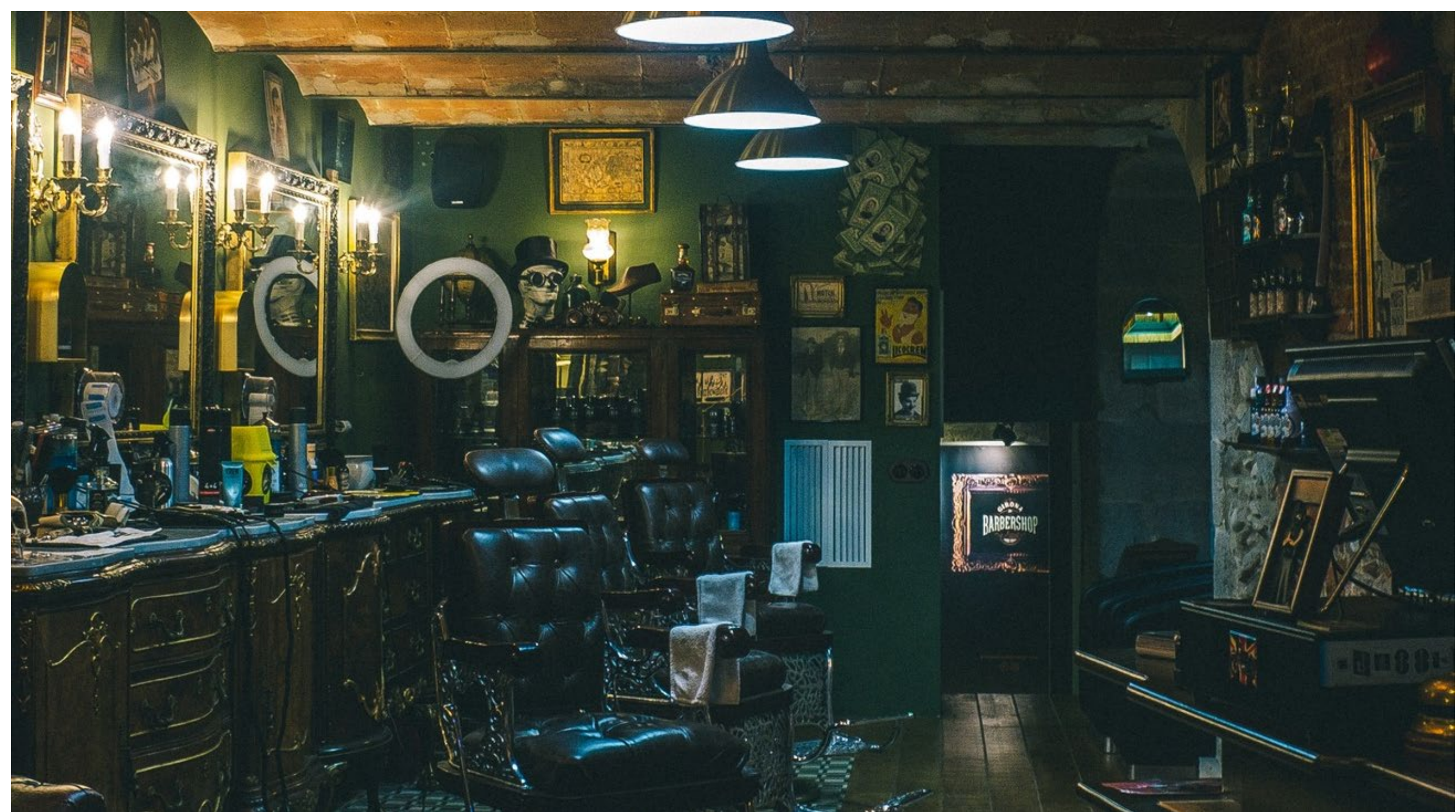




ADULT LIFE EXPECTANCY: US AND 22 OTHER RICH COUNTRIES









#2 PERSON

Let's reconsider who provides care

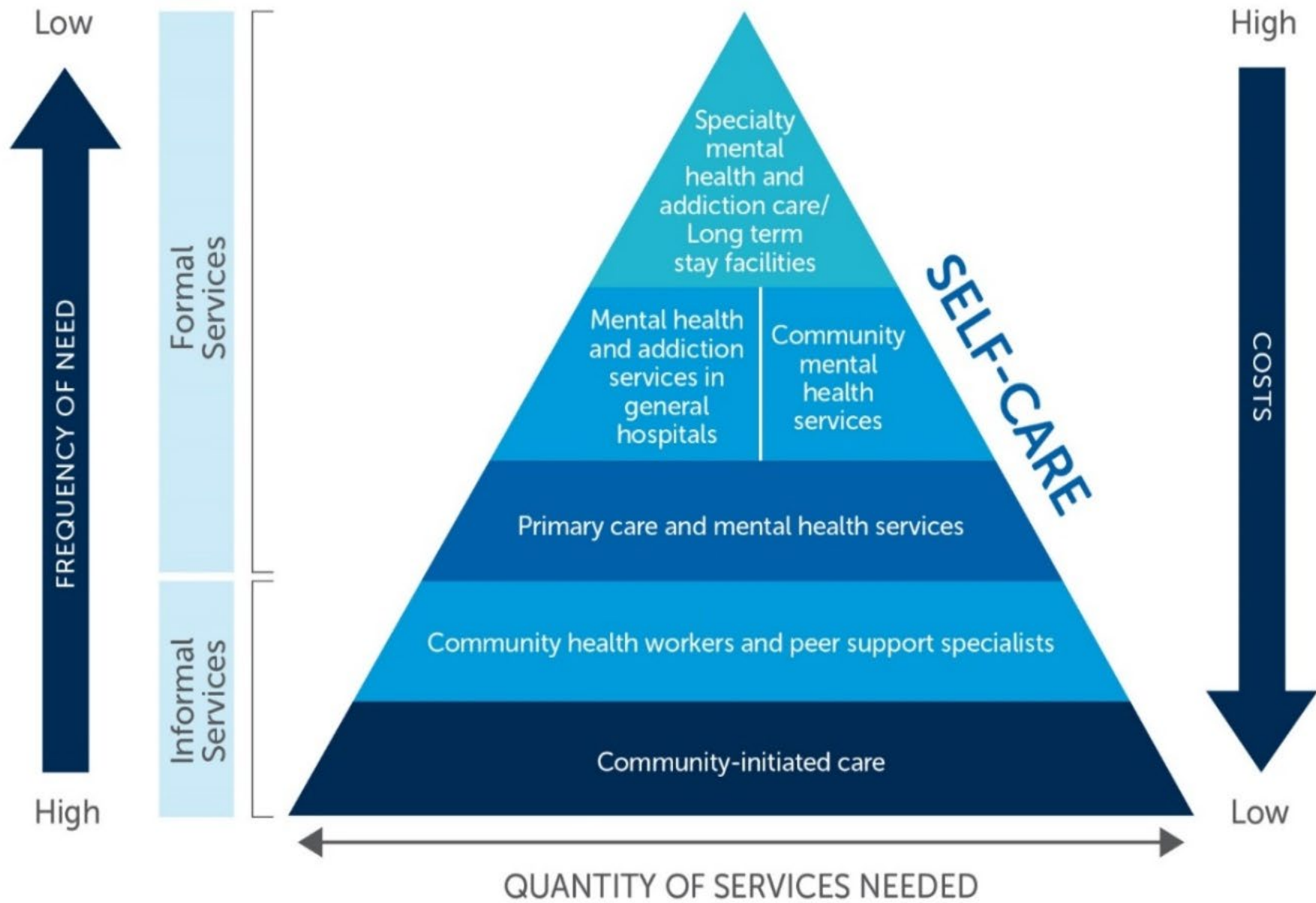


Figure 1: Framework for Mental Health and Addiction Workforce (Revised from WHO) World Health Organization. (2009). Improving health systems and services for mental health (978 92 4 159877 4). WHO Press. https://www.who.int/mental_health/policy/services/mhsystems/en/

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*

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



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](#)

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

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Elmo

@elmo



Elmo is just checking in! How is everybody doing?

10:46 AM · Jan 29, 2024 · **181.8M** Views



 14K

 49K

 122K

 15K





#3 PLATFORM

Let's reconsider how we train and provide care

10-20,000

MENTAL HEALTH APPS

MOST OF THEM CLAIMING TO HAVE EVIDENCE

3 %

WHO HAVE DOWNLOADED A MENTAL HEALTH APP

USE IT AFTER 30 DAYS





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





#4 PLAN

Let's reconsider who we include in our redesign



“THE LANCET PSYCHIATRY WILL BE REQUESTING THAT AUTHORS PROVIDE INFORMATION ON WHETHER AND HOW PEOPLE WITH LIVED EXPERIENCE WERE INVOLVED IN OR LED THEIR RESEARCH, INCLUDING REPORTING ON THE FOLLOWING: WHETHER THEY WERE INVOLVED IN SHAPING THE RESEARCH QUESTION AND STUDY DESIGN, CHOOSING OUTCOME MEASURES, PLANNING RECRUITMENT, WORKING AS LIVED EXPERIENCE RESEARCHERS, ASSESSING THE BURDEN OF INTERVENTIONS, WRITING UP THE STUDY, AND DELIVERING THE DISSEMINATION OF ITS FINDINGS.”

FOLLOW THE DATA





#5 PREVENTION

Upstream? Yes, please!



LET'S (RE)CLAIM MORE INTERVENTIONS FOR MENTAL HEALTH

POVERTY, HOUSING, AND MORE

**YOU ARE THE
LEADERS FOR
THIS MOMENT**






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



THANK YOU

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 <https://mentalhealth411.substack.com/>