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POPULATION HEALTH SCIENCE SUMMIT:  
NEW APPROACHES, NEW MODELS, NEW OPPORTUNITIES “FLASH  
TALK”  
DR. TOM INSEL, VANNA HEALTH  
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TRANSCRIPT

**Dr. Tom Insel:** Well, thanks, Mitch. It's really an honor to be here and Arthur, I think Arthur's here. Was here. Your leadership on this topic has just been so incredibly important. I just think we all need to, when you come back in the room at some point today, recognize what you've done because this is a real historic change in the way that the APA or actually the field has been willing to address what I think is a real moment of urgency for us. Arthur, I was just saying how much I appreciate your leadership, so thank you.

[applause]

To that point, I really want to say that this is the moment to have this conversation because as a couple of people said in those summaries, we failed. We have profoundly failed the population at a moment when we are in what many, many people are calling a mental health crisis. The White House says that. The Surgeon General says that, and a recent publication said that 90% of Americans also believe that we're in a national mental health crisis. It's actually I think three different crises. It's really a trifecta that we're struggling with right now.

The youth mental health issues, which we've heard a little bit about already. The problem of serious mental illness and the substance use disorder crisis, and those three are really quite different. We've been talking a lot about psychological well-being. I want to now shift my focus to an area that's a little different, which is to talk about mortality because that is actually what we are facing as a nation. If you look at the deaths of despair, the numbers are stunning with not only a massive increase, but absolute numbers now that have surpassed 250,000.

It was before COVID, enough to reduce life expectancy for the first time in a century but this continuing increase would be the public health problem of this century if we weren't talking about COVID if we hadn't dealt with COVID. Actually, when you take this from the lens of young people arguably it is the epidemic of the century. When you look at COVID itself, we lost 1.1 million people to COVID. Most of them were over the age of 65. When you look at what this meant for people under the age of 30, 8,268 deaths in that same period of time of the pandemic.

When you looked at suicide, overdose deaths, and deaths of despair, again, we're well over 140,000. I'm with you that we need to think about flourishing and psychological wellness. I think that's critical right now at a population level but the first fierce urgency of this is something we cannot turn our eyes away from because this is on our watch, and we have to think about how we begin to turn this around.

One other issue and I sometimes put this in terms of equity, is that if we were to take the group of people with serious mental illness, and for a moment think about them as a minoritized or

marginalized part of our society, there would be no other minority group with so many measures of social injustice. This is a group with the highest level of unemployment, the lowest life expectancy, the highest rate 16-fold increase in the use of violence by police, and the highest rate of incarceration.

Of course, if you are a person of color with serious mental illness, it's double jeopardy all the way. You're the one filling up those red bars there. Again, this is on our watch and whatever we have done from a healthcare perspective hasn't fixed this problem. Our children could rightly ask us, looking back, how did we allow people with psychological problems to become criminal? How did that happen? How did we allow them to become homeless eating out of dumpsters? In what world was that okay? Yet, that's very much the world we've created.

Now, some of you know I wrote a book about this problem, and in doing the book, what I couldn't figure out was I spent two or three years traveling the country and actually the world talking to providers and families and patients and payers and a whole bunch of people about why this has been such a problem. Where have we failed? I had this funny thing happen, which is when I talked to providers, they would say, "We're doing a great job. I don't know what your problem is. I take care of sick people and they get better. I know what I'm doing. I use evidence-based treatments, and they work."

Yet we had the data that at the population level, we were doing terribly, and I couldn't put those two together. Arthur mentioned this earlier today, the part of the answer is in this engagement problem that if you, and these are data that NIMH put together now 8 years ago, 10 years ago. If you look at people with serious mental illness, you see that basically, only 40% are getting any services. 40% of those are getting minimally acceptable care, and about a third of those get better, a third get not much better, get some benefit, and a third really don't improve at all.

I call this the 40-40-33 rule and if you are going to focus on kids, it's really the 20-20-33 rule and if you're looking at SUD, substance use disorder, it's probably the 10-40-20 rule. Sure, we are helping people that we see, and that population, if you just take 0.4 times 0.4 times 0.3 is about 6% of who we need to be helping. That's on the serious mental illness side, on all these other groups, it's far worse. The real challenge for us, I think, is how do we move from 40-40-33 or 20-20-33 or whatever, one of those metrics you want to 80-80-50.

That's the world we need to be in. By the way, this is exactly where we were with HIV in Africa 20 years ago, and we decided we were going to go from, in that case, 2 to 80, which is the numbers we're looking at to about, at that point 80% of people would be in treatment or be vaccinated. We need to shift to that mindset to a mindset that lays out very clear metrics for what does success look like and be able to define that quantitatively. As I think about this, there's three things that I would put to you.

Again, I'm coming to you not as a psychologist, but as somebody who works in the private sector. I think about this in some way that's somewhat different than where many of you are coming from. I think my value is telling you maybe what you don't want to hear. The first is that our healthcare system is just a business. I don't like to say that, it sounds crass, but it is just a business. It's like any other business delivering services. The difference is it doesn't work. It's really, really badly broken, but it's just about the margins.

If you want to get healthcare to do anything in America, you just have to figure out how it's going to save somebody money. We talk a lot about implementation science. Just think about it as sales. You just have to figure out how do you move something into the balance sheet so it saves

somebody money and it gets implemented. If it doesn't, it doesn't happen. The key point and Arthur made this point already, is that if we're really interested in health, it has almost nothing to do with healthcare.

We are always making the mistake whenever we get together to talk about mental health, we start talking about mental health care. That restricts us to, as he said, about 10% of what actually will solve the problem. The problem is almost, especially for mental health, every place else, except in the mental health care environment. We have, I believe, made a mistake of thinking that if we just do a better job with diagnosis and treatment, we're going to fix this trifecta. We're going to be able to fix the youth mental health and the SMI and the SUD crisis.

I don't think there's any data that supports that assumption. We keep coming back to this idea that we can treat our way out of this. If we just have more clinics and better medicines and more providers, it will get better. I just ask you to show me an example of where that is true. I think the evidence increasingly is that we have to rethink the problem around prevention, as Ricardo said before, and recovery, and thinking about how do we scale those. That is really the challenge. For me, recovery is just, as I said in the book, very simple. It's just the three P's people, place, and purpose. How do we provide people, place, and purpose to those with the greatest needs? Now this isn't just rhetoric because we're doing this. I just thought it was really important for this audience to know that this way of thinking about population health and redefining health care to bring in these public health goals is already happening in some big, big, big ways, and you need to know about that.

In California, we've redone our Medicaid benefit system called the 1115 waiver, which happens every few years. The new waiver, which covers, well, I don't know, like 20 million people or something like that in California, it's pretty stunning because it allows a provider to write a prescription for food or to write a prescription for rent. It covers a clubhouse. It covers a lot of the things that we need to build community and to move upstream and to deal with not just social determinants but a whole range of issues that are outside of what we typically think of healthcare. It redefines healthcare.

California has made a major commitment to youth mental health in a way which I haven't seen anyone else do except a little bit in Australia. It's called the Child and Youth Behavioral Health Initiative. It's a \$4.7 billion state initiative that completely redefines how we think about the youth mental health crisis. It says we're going to start at birth. We're going to build out dyadic care. We're going to make sure that we have an entirely new workforce that looks like the kids we're trying to serve and also brings in families in new ways.

We're going to use schools as ground zero as the center of gravity for everything we do in the mental health space. We're not going to wait for a kid to have a diagnosis before they start to get services. It's really pretty phenomenal. It's going to build out a whole virtual platform for both young students as well as university students. It's an expensive undertaking, and it's a huge experiment. I just thought you should know these aren't just ideas, this is happening, it's happening in real-time, happening at scale.

We'll have to see, we'll learn if this is going to be enough, but certainly, it's cool to think that it's happening. Finally, which many people haven't heard about this but the largest commitment, federal commitment in the history of this country to people with serious mental illness was made last year right after the Uvalde massacre, the Bipartisan Safer Communities Act, which established the CCBHC program with \$8.5 billion in funding so all of a sudden there will be a new federal mental behavioral health system.

Kind of like what we tried to do in the '60s but we didn't do it well. We're doing it all over again but at a much bigger scale with a much different sense. This is going to have what's called a prospective payment model which will allow people to attend to population health issues not simply to classical medical model help for people with SMI. This is a big deal. It's in all 50 states or will be. This is the moment when what we're talking about here can begin to inform these massively big efforts that have unprecedented amounts of funding.

I'm super hopeful. I think we're having this conversation just at the right time, and we need to make sure that it fits into this. Now I wanted to end with some concerns. I worry that there's a tendency for us to focus on having a good conversation like we're having here, and we all get to a point where we can agree and we even write up a report. I want us to think about something more than just outcomes but to think about outcomes and impacts like, are we really going to make a difference? This goes back to Alan's comment at the beginning of the day.

Is there something that we're going to do here that actually will have an impact on an important public health goal? We can decide what that is, maybe it's decreasing suicide, maybe it's decreasing incarceration, maybe it's helping more kids to graduate from high school. Lots of opportunities, but I think there's an important task in saying this is the thing we really want to affect. We can't do everything, but there are some things we must do right now because of the moment we're in, and those really ought to be defined quantitatively as outcomes and impacts.

My question is, what does success look like and how will we measure it? I don't want to take a lot more time but just to say I think we need to think carefully about what we can do now with the scale we have. There are a couple of people here from Google. Someone told me over the weekend that YouTube has had 25 billion views of mental health content this past year, 25 billion. Think about what that means. We are out messages that really matter. Just think about the opportunities for scale. EPIC now has 130 million users just in the United States.

A company like SimplePractice is the back end for 180,000 therapists. There are lots of opportunities to begin to work at scale. I've got to stress that we've got to get serious about the economics. Cost came up a couple of times this morning. Again, if we don't pay for it, it doesn't get done so we've got to be thinking very carefully about not only the economic case that we make that this is going to save money, it has to save money if it's going to get done, but what is the cost of not doing this.

There's a paper out last week in *Nature Mental Health*, which is wonderful, that says mental health is the one area where it costs more not to treat people than to treat them which I think is a really great way of addressing this. Finally, in reading the things that were sent out, there was the first chapter by Kenneth Dodge I thought was just incredibly perceptive and smart. He ends this, and I think he's here, but I don't know him, so I'm curious. He says we have to be accountable, so who's going to be accountable?

How are we going to make sure that we define success and hold ourselves to that? I just really think the key issue for us is really defining what success looks like and making sure that we hold ourselves accountable beyond just talking about it, writing about it, and telling people that we did it but actually demonstrating those kinds of impacts. Those are the three kinds of buckets that I tend to think about in terms of where the crisis is that we have to begin to address.

I think for every one of them we have great things to offer, we have things that we know work, there's a science out there already that we can begin to apply. We got to get on it, and we've got to do it in a way that is really thoughtful, strategic, and ultimately accountable. Thank you.