



Population Mental Health

Mental Health is not solely a behavioral health issue. It is a population health issue that requires the addition of prevention and early intervention typically associated with wellness and public health activities.

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Summary

In December 2020, Gallup stated: “Americans' Mental Health Ratings Sink to New Low.” The pollsters noted a nine-point decline in U.S. adults rating their mental health positively beginning in 2019—before COVID-19 and ongoing social and political unrest.¹ Now, in the wake of these more recent significant traumas, losses, and unexpected changes in our lives, the failings of the mental health system and the toll it’s taking on society can no longer be ignored. We are in the midst of a national mental health crisis, and it is playing out in every community in the country. There is not only a high

¹ Brenan, M. (2020, December 7). *Americans' Mental Health Ratings Sink to New Low*. Gallup. <https://news.gallup.com/poll/327311/americans-mental-health-ratings-sink-new-low.aspx>

financial cost, expected to reach more than \$6 trillion annually by 2030, but also tremendous pain and suffering—we are losing lives.

What is needed is a paradigm shift from the principally reactive system of mental health care now in place to a population mental health care system. A population mental health care system should include prevention, early intervention, self-assessment, triage, and an effort to combat issues of health equity, along with the generally accepted interventions of today such as behavioral health therapy, clinical care, and medication.

The current crisis requires that leadership in public health and corporate wellness programs stop thinking about mental health as a primarily behavioral health issue and instead respond by adding early intervention programs to create a comprehensive approach.

Background

Mental health disorders are now the single leading cause of disability worldwide, resulting in nearly 800,000 people dying by suicide each year—roughly one death every 40 seconds.^{2,3} In the U.S. alone, two out of five adults report symptoms of anxiety and depression, with diverse communities disproportionately undertreated.⁴ Youth in our country have reported a 40 percent increase since 2009 in their persistent feelings of sadness and hopelessness.⁵ Ironically, while this crisis has been growing, pharmaceuticals have improved, multiple methods of psychotherapy have proven effective, and various positive psychology practices, such as mindfulness and gratitude, have been popularized and proven beneficial. How could it be that as our treatments get better, mental health outcomes are getting worse?

In his new book, *Healing: Our Path from Mental Illness to Mental Health*, author and psychiatrist Thomas Insel, MD, discusses how we're failing at

² Whiteford, H. A., Degenhardt, L., Rehm, J., Baxter, A. J., Ferrari, A. J., Erskine, H. E., Charlson, F. J., Norman, R. E., Flaxman, A. D., Johns, N., Burstein, R., Murray, C. J., & Vos, T. (2013). Global burden of disease attributable to mental and substance use disorders: findings from the Global Burden of Disease Study 2010. *Lancet (London, England)*, 382(9904), 1575–1586. [https://doi.org/10.1016/S0140-6736\(13\)61611-6](https://doi.org/10.1016/S0140-6736(13)61611-6)

³ World Health Organization. (2021, June 17). *Suicide*. <https://www.who.int/news-room/fact-sheets/detail/suicide>

⁴ Panchal, N., Kamal, R., Cox, C., & Garfield, R. (2021, February 10). *The Implications of COVID-19 for Mental Health and Substance Use*. KFF. <https://www.kff.org/report-section/the-implications-of-covid-19-for-mental-health-and-substance-use-issue-brief/>

⁵ Ethier, K., & Hermin, J. H. (2020, October 23). *Youth Risk Behavior Surveillance Data Summary & Trends Report: 2009-2019*. Centers for Disease Control and Prevention. www.cdc.gov/nchhstp/dear_colleague/2020/dcl-102320-YRBS-2009-2019-report.html

mental health care: “Put simply, the mental health problem is medical, but the solutions are not just medical—they are social, environmental, and political.”⁶ For example, antidepressant medications and some forms of psychotherapy used together are effective for up to 80 percent of those affected by depression. But worldwide, more than 70 percent of those who need mental health services lack access to care.⁷ In other words, the mental health crisis is a public health issue that requires public health policies and interventions to heal it.

Why a Public Health Approach?

Given the prevalence and severity of mental illness in our communities, its effects on the physical and social wellbeing of individuals, and the consequential significant financial burden, public health professionals must address the increasing need for care and diminishing access to it. Deryk Van Brunt, DrPH, Clinical Professor at UC Berkeley and cofounder and CEO of CredibleMind, said at NACCHO's⁸ 2022 360 Conference, “In part, the challenge of mental health in our communities is a public health leadership issue.”



2022 NACCHO 360 Conference (left to right): John Auerbach, MBA, Director of Intergovernmental and Strategic Affairs at the CDC; Deryk Van Brunt, DrPH, Clinical Professor at UC Berkeley and cofounder and CEO of CredibleMind; Sandra Ford, MD, MBA, Special Assistant to the President for Public Health and Science at The White House; Dante Gonzalez, PhD, Assistant Director of Public Health at City of Corpus Christi

⁶ Insel, T. (2022). *Healing: Our path from mental illness to mental health*. Penguin Press.

⁷ Wainberg, M. L., Scorza, P., Shultz, J. M., Helpman, L., Mootz, J. J., Johnson, K. A., Neria, Y., Bradford, J. E., Oquendo, M. A., & Arbuckle, M. R. (2017). Challenges and Opportunities in Global Mental Health: a Research-to-Practice Perspective. *Current Psychiatry Reports*, 19(5), 28. <https://doi.org/10.1007/s11920-017-0780-z>

⁸ NACCHO: National Association of City and County Health Officers

To promote a healthy society, mental health policies should be prioritized at the same level as physical health policies. In fact, we must approach them not as two separate entities but as two sides of the same coin. According to the World Health Organization, mental health is essential for overall health: "Health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity."⁹ They even go as far as to say there is "no health without mental health."¹⁰ Research indicates that individuals with a mental illness can experience a reduction in life expectancy of up to 20 years.¹¹ In addition, mental illness has been shown to influence the onset, progression, and outcome of a variety of physical illnesses. For example, depression has emerged as a risk factor for such chronic illnesses as hypertension, cardiovascular disease, and diabetes and can adversely affect the course and management of these conditions.¹² The risks to society extend beyond health matters, with poor mental health linked to worse educational outcomes and a decreased likelihood of employment.

Prevention

Prevention lies at the core of public health. You may have heard the public health parable that shifts the focus from downstream individual treatment to upstream prevention strategies for the whole community. It's the story of a person walking along a riverbank when they notice someone drowning. They jump in and pull them safely to shore, only to notice others struggling. More passersby join the effort trying to save as many people as possible, but the numbers are overwhelming. Finally, someone starts running upstream. A rescuer shouts, "Where are you going; we need your help here!" The runner replies, "I'm going upstream to find out why so many people are falling in!"^{13,14}

This current mental health crisis is already upon us. It's clear why we are currently focusing on those who are drowning and putting our efforts toward

⁹ World Health Organization. (n.d.) Health and Well-Being. Retrieved September 16, 2022. www.who.int/data/gho/data/major-themes/health-and-well-being

¹⁰ *ibid.*

¹¹ Chesney, E., Goodwin, G. M., and Fazel, S. (2014). Risks of all-cause and suicide mortality in mental disorders: a meta-review. *World Psychiatry*, 13: 153-160. <https://doi.org/10.1002/wps.20128>

¹² Chapman, D. P., Perry, G. S., & Strine, T. W. (2005). The vital link between chronic disease and depressive disorders. *Preventing Chronic Disease*, 2(1), A14.

¹³ I.K. Zola, "Helping Does It Matter: The Problems and Prospects of Mutual Aid Groups." Addressed to the United Ostomy Association, 1970.

¹⁴ McKinlay, J. B. (2019). A Case For Refocusing Upstream: The Political Economy Of Illness. *IAPHS Occasional Classics*, 1, 1-10. <https://iaphs.org/wp-content/uploads/2019/11/IAPHS-McKinlay-Article.pdf>

rescuing them. However, this often leaves caregivers and policymakers depleted and overwhelmed by both the extreme need for services and the lack of resources to meet that need. It's estimated that the U.S. will have a shortage of 250,000 mental health providers by 2025.¹⁵ Shifting our focus forces us to make changes in the culture, our environment, our attitudes, and our behaviors. In mental health care, an upstream approach brings us back to the potential root cause of the problem at the population level and provides the opportunity for intervention *before* people require expensive treatments like counseling or medication, miss work, misuse substances, harm themselves or others, or worst of all, commit suicide.

An upstream approach is not only best for patients. It also provides the best returns for employers and society. In fact, research has found that universal and targeted group interventions produce the greatest return on investment, while reactive interventions provide the lowest overall return on investment.¹⁶ According to a recent report by Deloitte, the average ROI from early interventions, such as mental health awareness and changes in organizational culture, is 6-to-1, and from proactive mental health support, such as workshops and coaching, it's 5-to-1. In comparison, the ROI for reactive support such as therapy only averages 3-to-1.¹⁷

Because the majority of people with mental distress prefer to work on their issue without professional assistance, i.e. self-care, we must enable them to have comprehensive access to evidence-based self-care information.

Further, this call for the prevention and early intervention of mental health problems needs to be translated into concrete guidelines much as we do today for physical health. Guidelines related to factors such as blood pressure, weight, smoking, and alcohol consumption need to be expanded to include their mental wellbeing equivalents, such as good sleep, stress management, common mental health conditions (which can be identified through screening), mindfulness, and spending time in nature.

¹⁵ HRSA Health Workforce. (2016, November). *National Projections of Supply and Demand for Selected Behavioral Health Practitioners: 2013-2025*. U.S. Department of Health and Human Services.

<https://bhwh.hrsa.gov/sites/default/files/bureau-health-workforce/data-research/behavioral-health-2013-2025.pdf>

¹⁶ Deloitte. (2020, January). *Mental health and employers: Refreshing the case for investment*.

www2.deloitte.com/content/dam/Deloitte/uk/Documents/consultancy/deloitte-uk-mental-health-and-employers.pdf

¹⁷ *ibid.*

Stigma

Despite the existence of services for mental health care, there is still an overwhelming need for more. Why? In part, the answer is stigma. The stigma surrounding mental health not only prevents individuals from seeking care but also increases barriers to access, squanders possible points of early intervention such as discussions with primary caregivers about their concerns, and likely interferes with an individual's ability to even reflect on their mental health. Instead, what we often find in the real world from loved ones, public health entities, and caregivers is silence, helplessness, ignorance, lack of knowledge or skill, or avoidance. Research repeatedly shows an increased likelihood of treatment avoidance, delays in care, and discontinuation of service associated with stigma. Because of this stigma, access challenges, and other factors, Wang et al. found that the "delay among those who eventually make treatment contact ranges from 6 to 8 years for mood disorders and 9 to 23 years for anxiety disorders."¹⁸

Parallel to efforts to shift the focus to upstream interventions of mental health care, we must also dispel current myths and educate individuals about mental health care support and access in order to break the stigma. Education and stigma-free access to mental health screenings and evidence-based resources could help improve early intervention and the prevention of serious mental health concerns. Providing mental health literacy training or launching mental health awareness campaigns across communities and organizations can help raise awareness around the symptoms of mental illness and connect individuals to resources early. In 2021, McKinsey & Company found that 80 percent of workers said they'd benefit from an anti-stigma awareness campaign, but only 23 percent of employers reported offering this type of program.¹⁹ We know that people experiencing mental health symptoms can recover and live long and happy lives, but we must take action to reduce the shame associated with needing and seeking support so that individuals don't suffer in silence.

¹⁸ Wang, P. S., Berglund, P., Olfson, M., Pincus, H. A., Wells, K. B., & Kessler, R. C. (2005). Failure and delay in initial treatment contact after first onset of mental disorders in the National Comorbidity Survey Replication. *Archives of General Psychiatry*, 62(6), 603–613. <https://doi.org/10.1001/archpsyc.62.6.603>

¹⁹ Coe, E. Cordina, J., & Enomoto, K. (2021, July 23). *Overcoming stigma: Three strategies toward better mental health in the workplace*. McKinsey & Company. www.mckinsey.com/industries/healthcare-systems-and-services/our-insights/overcoming-stigma-three-strategies-toward-better-mental-health-in-the-workplace

A New Model

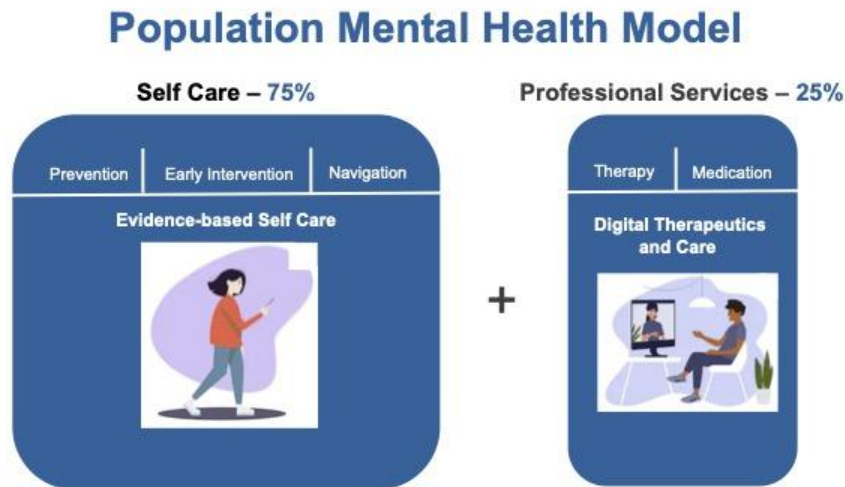
Looking downstream, we find individuals across the globe struggling with mental illness, and while there are proven treatments and strategies to effectively support them, more than 70 percent of people who need mental health services lack access to care. This alarming problem, known as the “mental health treatment gap,” leads us to the massive mental health provider shortage that currently exists. We’re in a national crisis, and COVID-19 made it worse. We have a behavioral health shortage that has resulted in a shift to primary care doctors picking up the slack, and they often prescribe medications rather than non-pharmaceutical interventions that might be just as effective or better. Also, optimal monitoring and adjustment of the medication type or dosage may not occur. Additional talk therapy or clinician-directed self-help is not part of this primary care delivery model, making the treatment less effective.

With a problem this grave, we must also look to the future and develop innovative models and solutions. Digital delivery options offer immediate access without the limitations of transportation, location, cost, and stigma. Self-help solutions, mobile apps, and telehealth therapy all provide easy and accessible options for evidence-based therapeutic interventions and care that can target a wide range of mental health conditions, from mild to severe. These science-backed digital platforms also allow for a more tailored approach, utilizing multiple modes of support, including assessment, crisis intervention, ongoing remote therapy, grief support, personal growth, coaching, and text check-ins to engage with the individual not just when they are in crisis but throughout the ebb and flow of wellbeing across their lifespan.

Evidence-based self-help works. It’s an effective approach and an efficient use of resources:

- Self-Help can be as effective as therapist-administered treatments.
- Clinician-guided self-help has been shown to be useful.

- Physician-guided self-help reduces symptoms of depression and anxiety by 50%.^{20,21,22,23,24,25}



Our public health departments and behavioral health organizations that promote wellness must begin to work together, guided by a Population Mental Health model of care. Individuals in our communities who experience mental distress, as well as those who are simply working to improve wellness and resilience, must have access to the full spectrum of information and services, from evidence-based management of a diagnosable condition to self-care and spiritual growth informed by science.

This new model of Population Mental Health can help guide government agencies at the local and state levels, insurance companies, delivery-of-care organizations, workplaces, schools, coalitions, non-profits, and countless other organizations working to improve the mental wellbeing of a population—to

²⁰ Wilson, D. M. & Cash, T. F. (2000). Who reads self-help books? Development and validation of the self-help reading attitudes survey. *Personality and Individual Differences*, 29(1), 119-129. [https://doi.org/10.1016/S0191-8869\(99\)00182-8](https://doi.org/10.1016/S0191-8869(99)00182-8)

²¹ den Boer, P. C., Wiersma, D., & Van den Bosch, R. J. (2004). Why is self-help neglected in the treatment of emotional disorders? A meta-analysis. *Psychological Medicine*, 34(6), 959–971. <https://doi.org/10.1017/s003329170300179x>

²² Cuijpers P. (1997). Bibliotherapy in unipolar depression: a meta-analysis. *Journal of Behavior Therapy and Experimental Psychiatry*, 28(2), 139–147. [https://doi.org/10.1016/s0005-7916\(97\)00005-0](https://doi.org/10.1016/s0005-7916(97)00005-0)

²³ Bergsma, A. (2007). Do self-help books help? *Journal of Happiness Studies*, 9, 341–360. <https://doi.org/10.1007/s10902-006-9041-2>

²⁴ Bower, P., & Gilbody, S. (2005). Stepped care in psychological therapies: access, effectiveness and efficiency. Narrative literature review. *The British Journal of Psychiatry: The Journal of Mental Science*, 186, 11-17. <https://doi.org/10.1192/bjp.186.1.11>

²⁵ Falbe-Hansen, L., Le Huray, C., Phull, B., Shakespeare, C., & Wheatley, J. (2009). Using guided self-help to treat common mental health problems: The Westminster Primary Care Psychology Service. *London Journal of Primary Care*, 2(1), 61–64. <https://doi.org/10.1080/17571472.2009.11493246>

offer, together, a seamless full spectrum set of information and services from prevention to crisis management, in a true population mental health system of care.

Who to Contact to Assess the CredibleMind Platform for Your Community

The CredibleMind Platform is available to be deployed in any community in the U.S. and provides broad-based community access to mental health evidence-based approaches and wellbeing self-care resources, as well as links to local mental health professional services. Please contact CredibleMind if you want to learn more about how this Platform can be established in your community.

Contact information:

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