

Needs and Innovations in Behavioral Health

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Key Takeaways:

1. Rates of depression, suicidal ideation, anxiety, and substance abuse have continued to rise over the past year. Compared to pre-pandemic levels, 3x more adults report symptoms of anxiety or depression, 2.8x more people report suicidal ideation, and drug overdose deaths increased 30%.
2. People of color and youth are disproportionately impacted:
 - a. Black Americans are 1.2x more likely than white Americans to report symptoms of anxiety or depression and 1.4x more likely to report suicidal ideation; Hispanic Americans are 1.3x and 2x more likely to report symptoms or suicidal ideation, respectively.
 - b. Those aged 11-17 are likelier than any other age group to score on screening tools for moderate to severe anxiety and depression, and despite increased access, 60% do not receive any mental health treatment.
3. In response to increased need, investment in digital mental health solutions increased to \$2.4B - over 2x the amount invested in 2019.
4. There are currently \approx 20,000 mental health apps for consumers to choose from, with little guidance regarding appropriateness or efficacy – only 5 are approved by the FDA.

SUGGESTED READINGS (below)

American Psychological Association: Mental health apps are gaining traction

<<https://www.apa.org/monitor/2021/01/trends-mental-health-apps>>

Forbes: Venture Funding For Mental Health Startups Hits Record High As Anxiety, Depression Skyrocket

<<https://www.forbes.com/sites/katiejennings/2021/06/07/venture-funding-for-mental-health-startups-hits-record-high-as-anxiety-depression-skyrocket>>

KHN: In a Murky Sea of Mental Health Apps, Consumers Left Adrift

<<https://khn.org/news/article/mental-health-apps-tech-startups-cognitive-behavioral-therapy-saturated-market-unregulated>>

Discussion Questions

- What is the “state of the nation” when it comes to both behavioral health and behavioral health services in the United States?
- The common wisdom is that there is a shortage of behavioral health providers in the US. Do you agree or disagree, and why? At what provider levels are the shortages, if any?
- Another common complaint about behavioral healthcare services is that they are isolated from other healthcare services. What can be done to better integrate?
- To what degree do behavioral health providers need to be specialists? What about the roles of others, such as primary care physicians, nurse practitioners, coaches, community health workers, or peer groups?
- What is the current role of computer programs and artificial intelligence/machine learning in supporting behavioral health? What does the future hold?
- You can’t have a conversation about behavioral health today without talking about COVID. What has been the impact of the pandemic on behavioral health conditions?
- One known impact of the pandemic on behavioral health services has been the dramatic shift to telehealth. What is gained and what is lost in the patient-provider relationship with telehealth for behavioral health services? Are these best limited to patients with less severe problems?
- Mortality caused by suicide, alcohol, and other drugs - often called “deaths of despair” is up around the nation. San Francisco in 2020, for example, had 700 accidental drug overdose deaths. By comparison, it had 300 COVID deaths. How much of this is a clinical problem and how much of this is due to factors outside the scope of healthcare?
- There are a number of start-up companies providing behavioral health services that contract directly with insurers and employers. What is different about this model and what can we expect of it from the future? Are the differences clinical or only business?
- We often talk about payment reform: the move from volume to value. What does that mean in the behavioral health world?
- Behavioral health status is notoriously difficult to measure. How do we best assess patients and the quality of services? How should we evaluate if progress is being made?
- How do we ensure that innovations in behavioral health services improve access to effective and appropriate care for groups traditionally underserved by mental health treatment, such as people of color, LGBTQ+ people, the uninsured, those who are low-income/unhoused, etc.?
- At what point does what we call “behavioral health” move from being a necessity to a luxury? Should insurance companies, for example, cover twice-weekly psychotherapy for five years for a high-functioning adult who has difficulty maintaining relationships? Should couples counseling be covered? Where do we draw the line?
- Should certain modalities of therapy be preferenced over others? Should the choice to do gestalt therapy instead of cognitive behavioral therapy be left solely to the provider and the patient, or should payers and purchasers have a say?