

Affinity Forum

# Advancing Population-Based Behavioral Health Inside and Outside the Hospital Walls

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## Session 1:

Community Health  
Strategies to Improve  
Behavioral Health

In collaboration with:



*Advancing Health in America*



# Welcome!

## Moderator



**Nancy Myers, PhD**

Vice President of Leadership  
and System Innovation

American Hospital Association



**Jonathan Adler, MD**

Assistant Professor, UMass Chan  
School of Medicine

Chief Medical Officer,  
CredibleMind

## Today's Panel



**Deryk Van Brunt, DrPH**

Clinical Professor, UC Berkeley  
School of Public Health

Founder and CEO,  
CredibleMind



**Arpan Waghray, MD**

CEO, Providence's Wellbeing Trust

Past Chair, American Hospital  
Association Committee on Behavioral  
Health

# What We'll Cover Today

- Why proactive community-focused strategies are key to advancing behavioral health
- The view from the ED, from the health system executive suite, and from Public Health
- How platforms and partnerships are shaping a new population-based approach
- What it looks like – and what's next (preview of Session 2)
- Questions & discussion

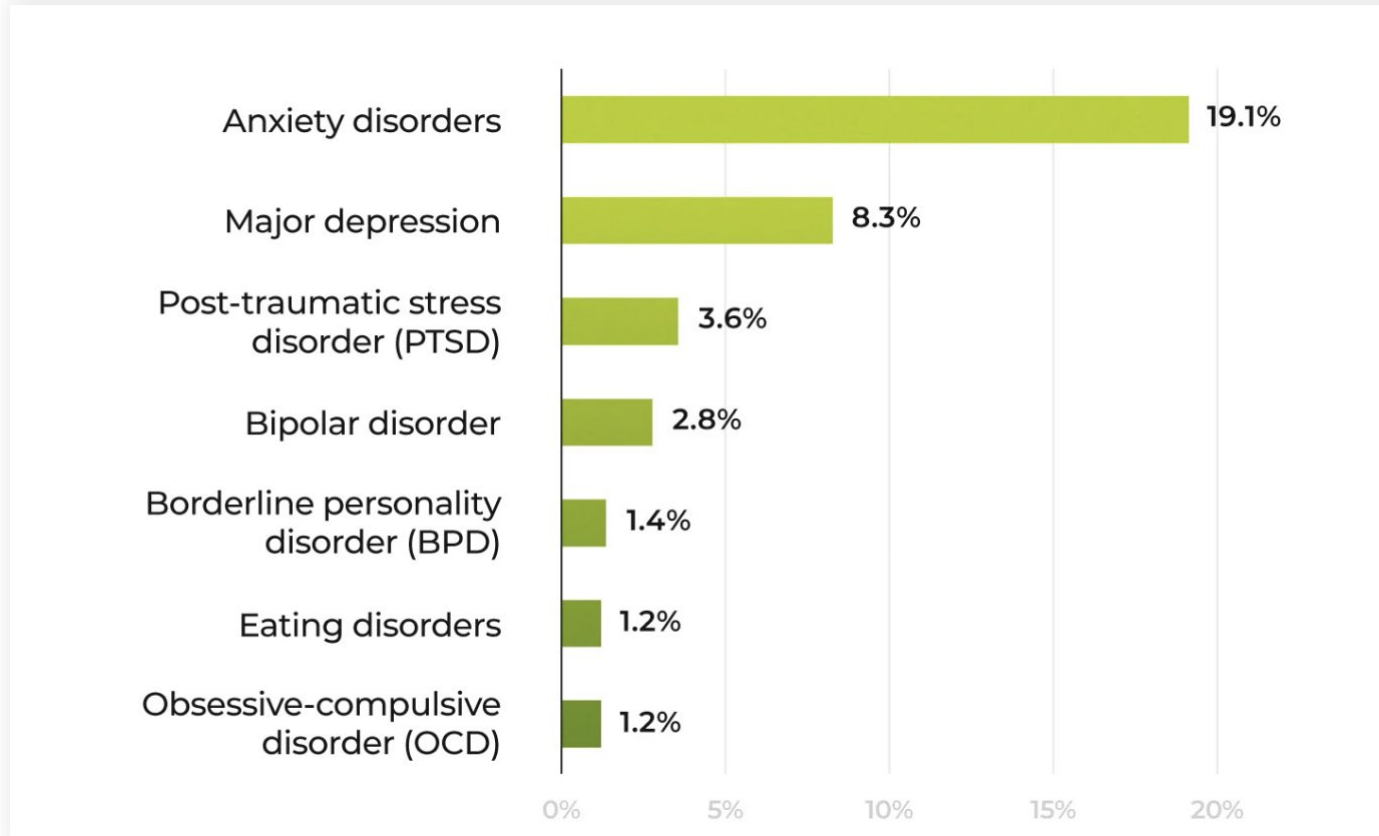
In collaboration with:



# Why Population Behavioral Health?



# Mental illness prevalence in the U.S. remains high...



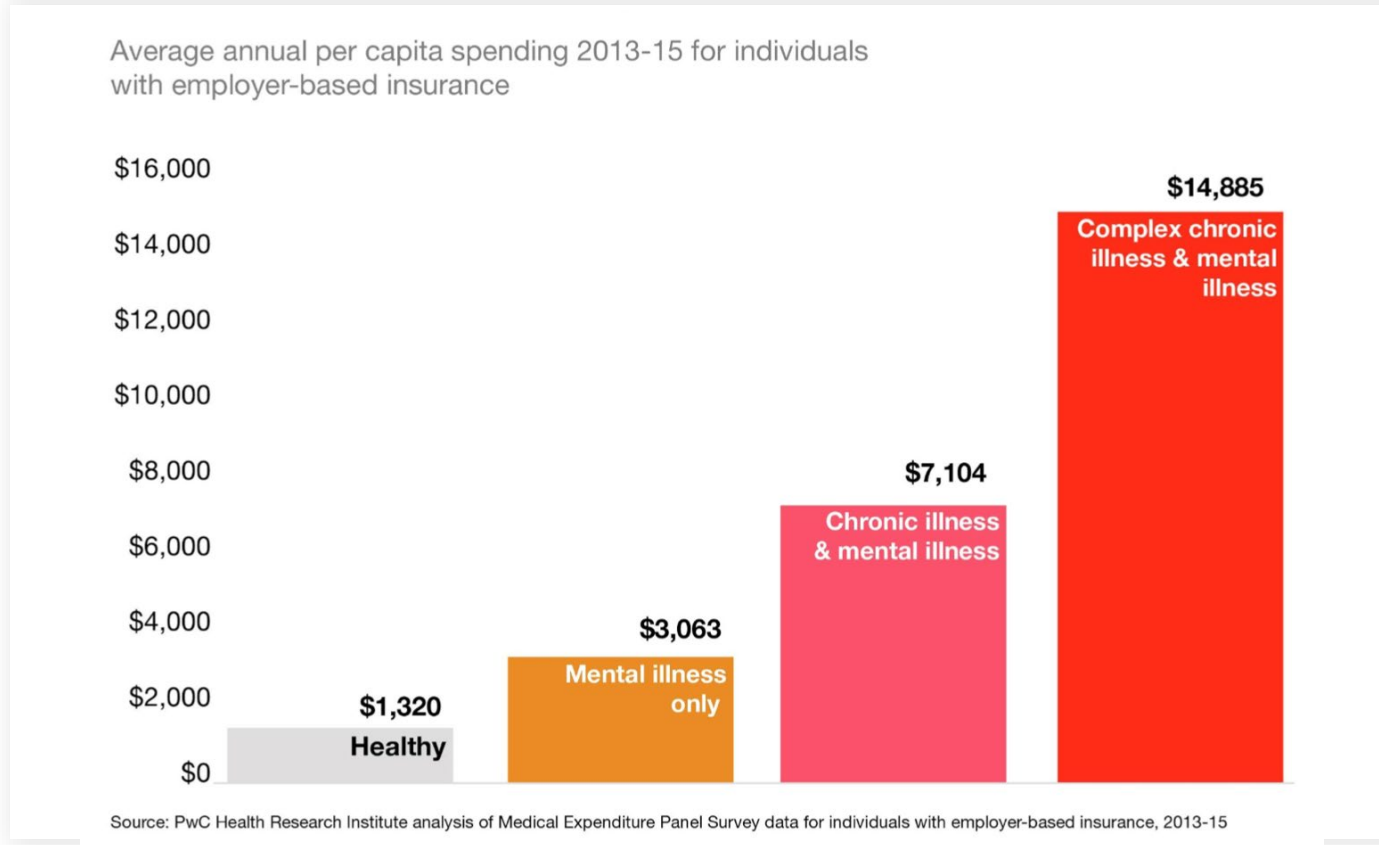
**...often outstripping  
our care resources.**

Over 122 million people lived in a mental health workforce shortage area (2024). Just 27% of the mental health need in shortage areas is met by mental health providers.

[Kaiser Foundation + CNN study \(2022\)](#)

Prevalence of mental illnesses in U.S. adults over the past year [via NIH](#)

# The costs of poor mental health affect everyone...



## ...especially hospitals.

- Those with mental health conditions have **higher prevalence of physical health conditions and vice versa**, especially true at lower incomes.
- Hospitals experience a **2X readmission rate** for patients with mental health and comorbidity.
- Those with complex chronic illness and mental health **use the ED 4x more and cost 5x more**

**Sources:** CHIA Massachusetts, 2020, AJMC, 2022 Meharry Medical College x Deloitte, 2024, PwC Health Research Institute, 2013-15.

# Behavioral Health from a Patient's Perspective

3 in 4

75% of those with symptoms start with self-care (vs. seeking treatment).

8 to 10

Average time from symptoms to treatment is measured in years.

6

Average wait times to get access to care now averages *6 weeks or more.*

250,000

Estimated U.S. shortage in behavioral health providers in 2025. Gap is increasing, suggesting **we can't "treat" our way out .**



**Our view:**

**It's time for a  
population-  
based model of  
Behavioral  
Health**





# Four Pillars of Population Behavioral Health

JOURNAL OF MEDICAL INTERNET RESEARCH

Adler & Van Brunt

## Viewpoint

### It is Time to Realize the Promise of the Digital Mental Health Transformation: Application for Population Mental Health

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\*all authors contributed equally

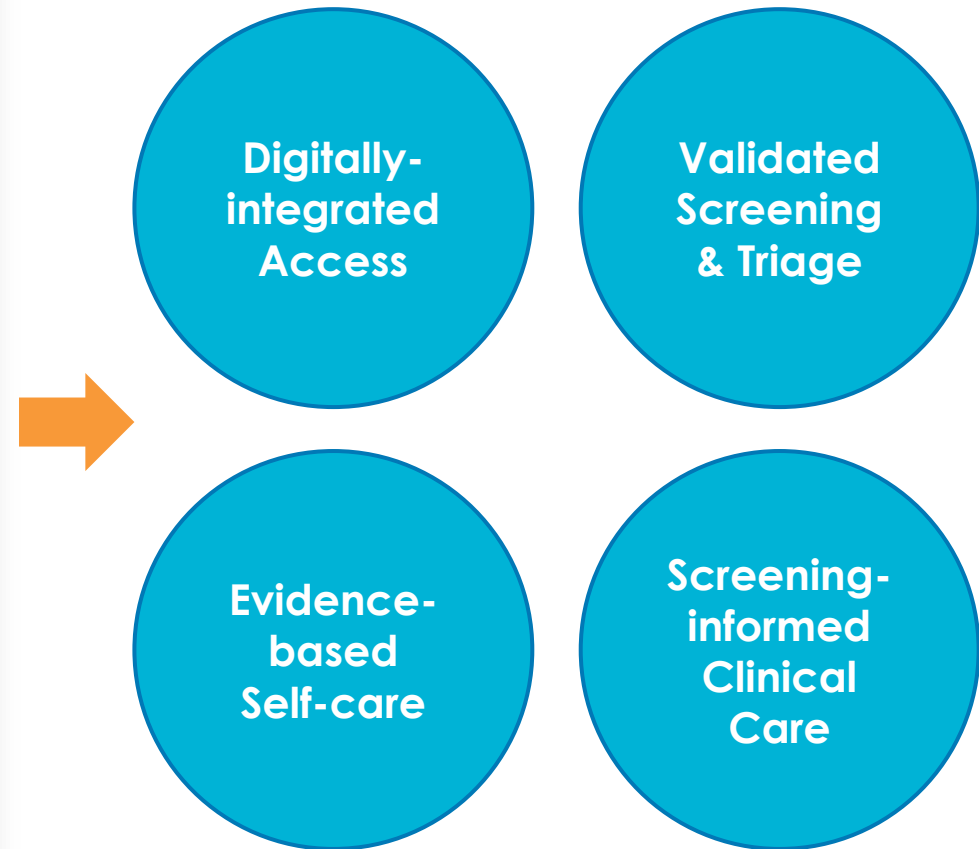
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#### Abstract

The past 25 years have seen the explosion of digital health care—from 1s and 0s initially serving most researchers for accomplishing their work, to the creation of smartphones, mHealth, and more recently artificial intelligence. The revolution for digital mental health is no longer in its infancy, as new tools are created to address mental health, sometimes even undergoing evaluation for adoption and efficacy. In fact, a recent study reporting on National Health Interview Survey data (annually conducted by the National Center for Health Statistics) indicated that, in 2024, 40% of adults reporting serious psychological distress used a digital health tool, which has increased from 21% in 2017 and 10% in 2013. Given the widespread access to digital tools and the potential of digital mental health, it is time for a new paradigm of care to address the mental health crisis in the United States. Reactive care, consisting largely of medication and counseling provided to those already experiencing severe or debilitating symptoms of mental anguish, is not adequate to address the needs of 22.8% of the US population (>55 million people) experiencing symptoms of a mental illness, and the larger number of people with preclinical mental health concerns. A population mental health approach is needed that includes early identification, intervention, and prevention, in addition to reactive care.

*J Med Internet Res* 2025;27:e63791; doi: [10.2196/63791](https://doi.org/10.2196/63791)



# Perspectives from the field



# The view from the ED



**Jonathan Adler, MD**

Assistant Professor, UMass Chan  
School of Medicine

Chief Medical Officer,  
CredibleMind



# Secondary Traumatic Stress



Nurse practitioner Capri Reese, right, gives a pep talk to nurse Tamara Jones after a 56-year-old woman in the COVID-19 unit prompted a rapid response, meaning respiratory or cardiac arrest, at Roseland Community Hospital in Chicago on April 28. *Ashlee Rezin Garcia, AP*

**Emotional duress from learning of other's firsthand experience**

Can lead to symptoms that overlap with PTSD and burnout

Caregivers often experience STS along with experiencing direct trauma

# Secondary Traumatic Stress & Burnout: Caregiver Impacts

- High association of **with errors**, unprofessional behaviors, and low patient satisfaction (**Press-Gainey**)
- >40% of hospital staff nurses score in the high range for job-related burnout
  - **>20% say they intend to leave their hospital job** within 1 year
- **300 to 400 practicing physicians die by suicide** each year
- Physicians reporting signs of burnout are twice as likely to have suicidal ideation
  - 23% of MDs have had SI
- Nurse's incidence of suicide is 1.5X the general population
- Medical students' incidence of **suicide is 3X** age-matched population
- \$4.6B in direct costs from MDs alone (**\$7,600/MD/yr**) due to "physician turnover and reduced clinical hours..."



# Two Ways to Crack This

## Organizational Transformation



- ✓ Care, and communicate it, good ROI :-)
- ✓ Provide reimbursement/time for self-care
- ✓ Leverage data for support (make it visible)
- ✓ Prevention / treatment of secondary trauma
- ✓ Limiting case-loads, increase leave time
- ✓ Part-time, shared and flexible hours
- ✓ Systematically provide self-care resources
- ✓ Compensation for educational time

## Individual Transformation



### *Physical Health*

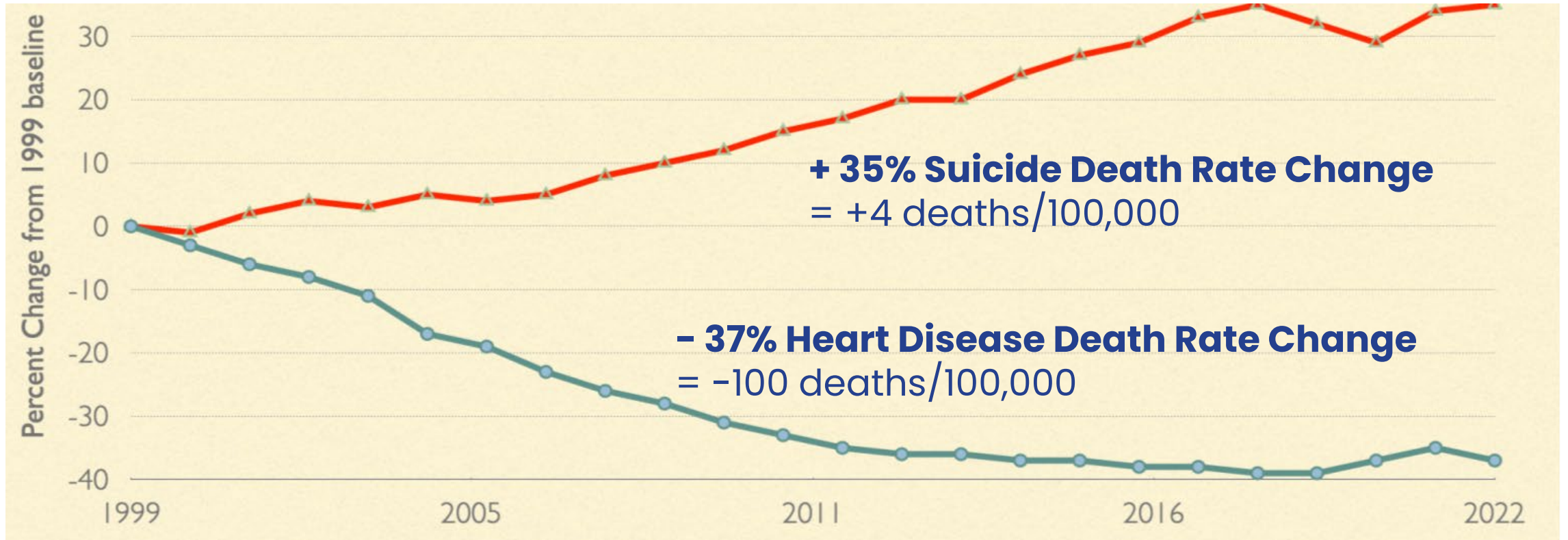
- ✓ Sleep
- ✓ Nutrition
- ✓ Physical Activity

### *Emotional Health and Resilience*

- ✓ Self-help / self-care
- ✓ Psychoeducation
- ✓ Stress management strategies
- ✓ Navigation to care when indicated

# Percent Change in Deaths

Per 100,000 over 23 years, normalized to 1999



**Source:** CDC National Vital Statistics System



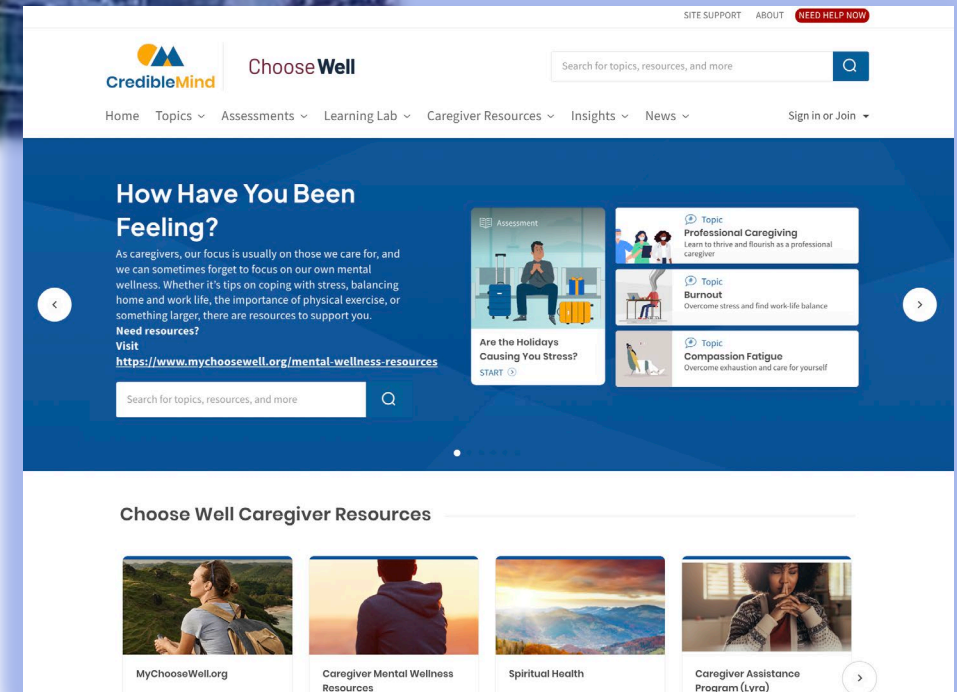
# The view from the Large System Executive Suite



**Arpan Waghray, MD**

CEO, Providence's Wellbeing Trust

Past Chair, American Hospital  
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# A multi- community model



# Some key steps in addressing the findings of your CHNA



**Digital Front  
Door to Self-  
care/triage**

**Resources  
for SDOH  
Factors**

**Peer Support  
&  
Community  
Health Teams**

**Harness  
Coalitions &  
Collaboration**

# Harnessing Coalitions and Collaborations Powering Population Behavioral Health



**Source:** CredibleMind national survey of community organizations, July 2025.

# A Multi-Community Population Behavioral Health Framework

Stage → Community ↓	Upstream Prevention	Screening & Early Detection	Navigation to Appropriate Care	Transitions, Discharge & Follow-up	Enablers (Applies to All)
<b>Community at large</b>	ACEs prevention; social connection; universal mental-health literacy; suicide-safer communities. ( <a href="#">CDC</a> , <a href="#">World Health Organization</a> )	School/primary care anxiety & depression screening policies. ( <a href="#">uspreventiveservicestaskforce.org</a> )	Warm handoffs to community BH, 988/CC lines, digital CBT, SUD treatment.	Caring contacts; peer supports; postvention; rapid access clinics. ( <a href="#">Zero Suicide</a> )	Equity & SDOH data; cross-sector partnerships; performance incentives. ( <a href="#">World Health Organization</a> )
<b>Health workforce</b>	Healthy work design, psychological safety, reduce admin burden; anti-burnout plan. ( <a href="#">HHS.gov</a> , <a href="#">National Academies Press</a> )	Routine, voluntary well-being check-ins; confidential access to care. ( <a href="#">JAMA Network</a> )	Rapid EAP/peer support; streamlined access to therapy/meds; protected time. ( <a href="#">HHS.gov</a> )	Return-to-work supports; ongoing monitoring; schedule flexibility. ( <a href="#">HHS.gov</a> )	Leadership accountability; metrics (burnout, retention); remove licensure stigma. ( <a href="#">HHS.gov</a> )
<b>Patients (in/outpatient)</b>	Integrated BH in medical care; lethal-means counseling. ( <a href="#">World Health Organization</a> )	Universal depression (adults), youth anxiety, unhealthy alcohol use screening (with pathways). ( <a href="#">JAMA Network</a> , <a href="#">uspreventiveservicestaskforce.org</a> )	Collaborative Care/CoCM; SBIRT; stepped care; specialty referral. ( <a href="#">AJMC</a> , <a href="#">SAMHSA</a> )	Discharge safety planning + rapid follow-up (7 & 30 days); warm handoffs; proactive outreach. ( <a href="#">NCQA</a> , <a href="#">JAMA Network</a> )	Quality management; Zero Suicide framework; TJC NPSG 15.01.01 compliance. ( <a href="#">Zero Suicide</a> , <a href="#">Joint Commission</a> )



# Fireside Chat



## Session 2 Preview

- **How hospitals are harnessing digital health to expand access to mental health care** featuring live technology demos and peer discussions
- **How AI, data-driven tools and digital platforms support early intervention and community engagement**, while addressing barriers and cost drivers
- **Strategies for making the case to scale up community-based mental health programming** to boost access and strengthen outcomes

**We're saving your seat: Tuesday, Oct. 14, 2025 | 12:00 p.m. CT**



# Thank you!

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## Coming up: Session 2

Leveraging Digital Health  
for Scalable Mental Health  
Solutions

10/14/25 | noon CT

In collaboration with:



*Advancing Health in America*



# APPENDIX

("show me" slides)



# Addressing the whole population, and the whole person



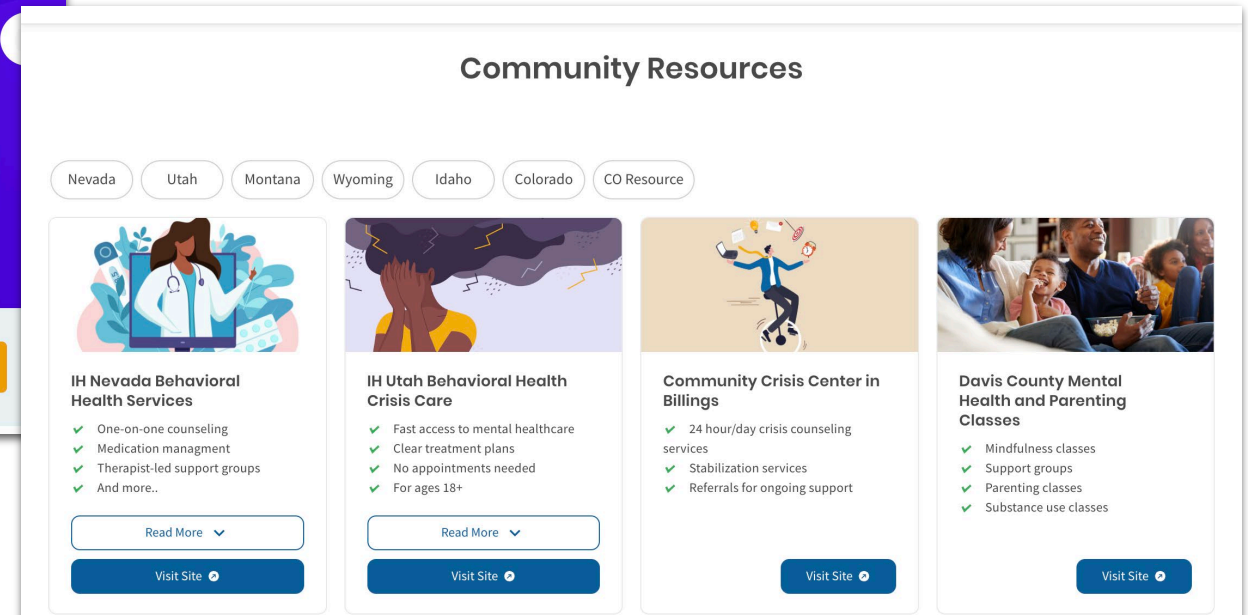
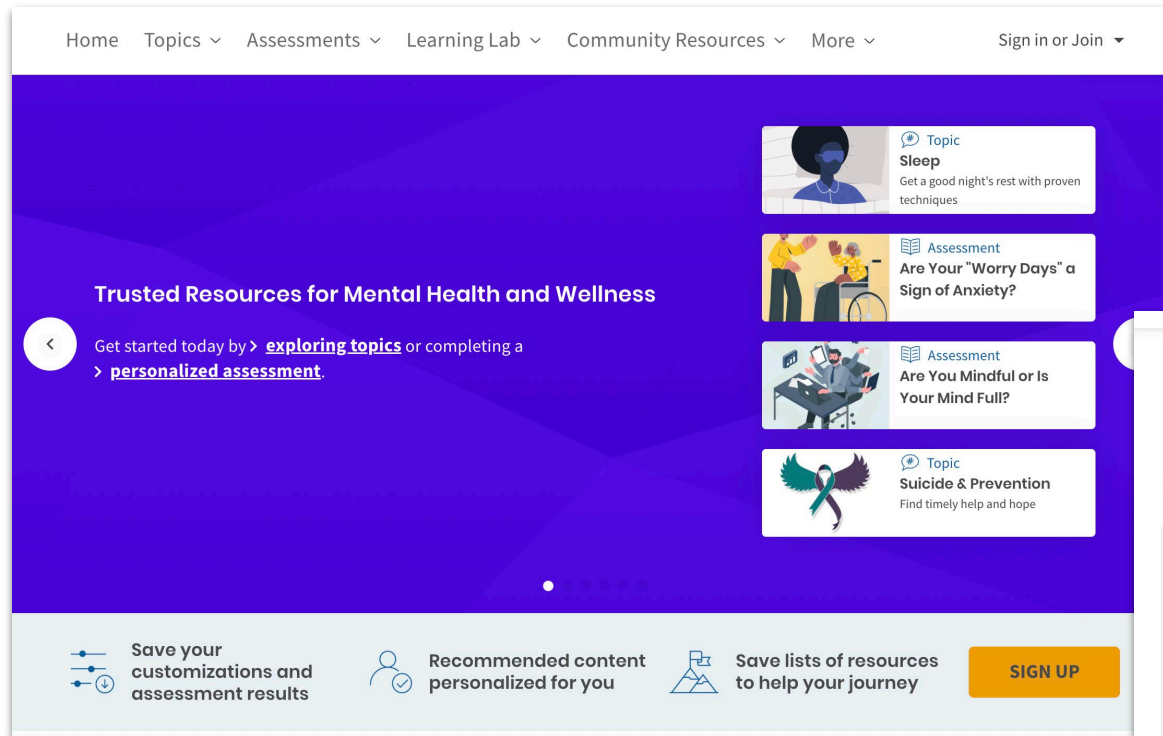
## Evidence-based Approaches



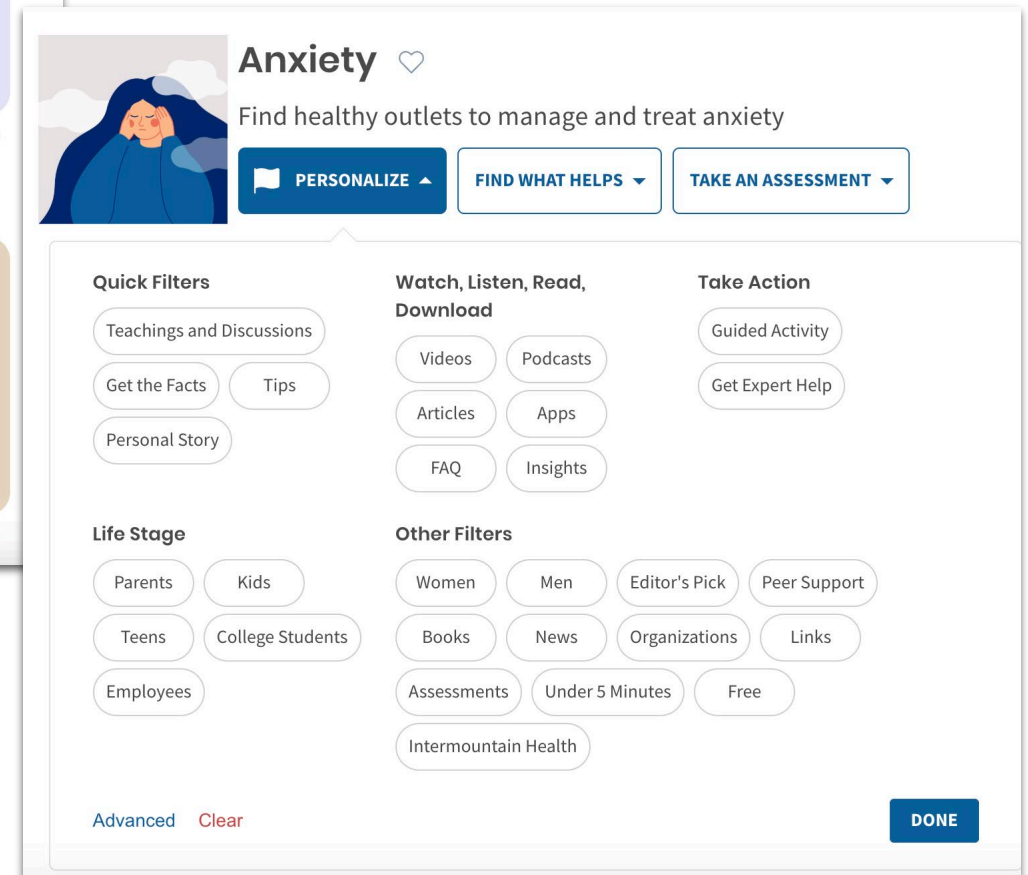
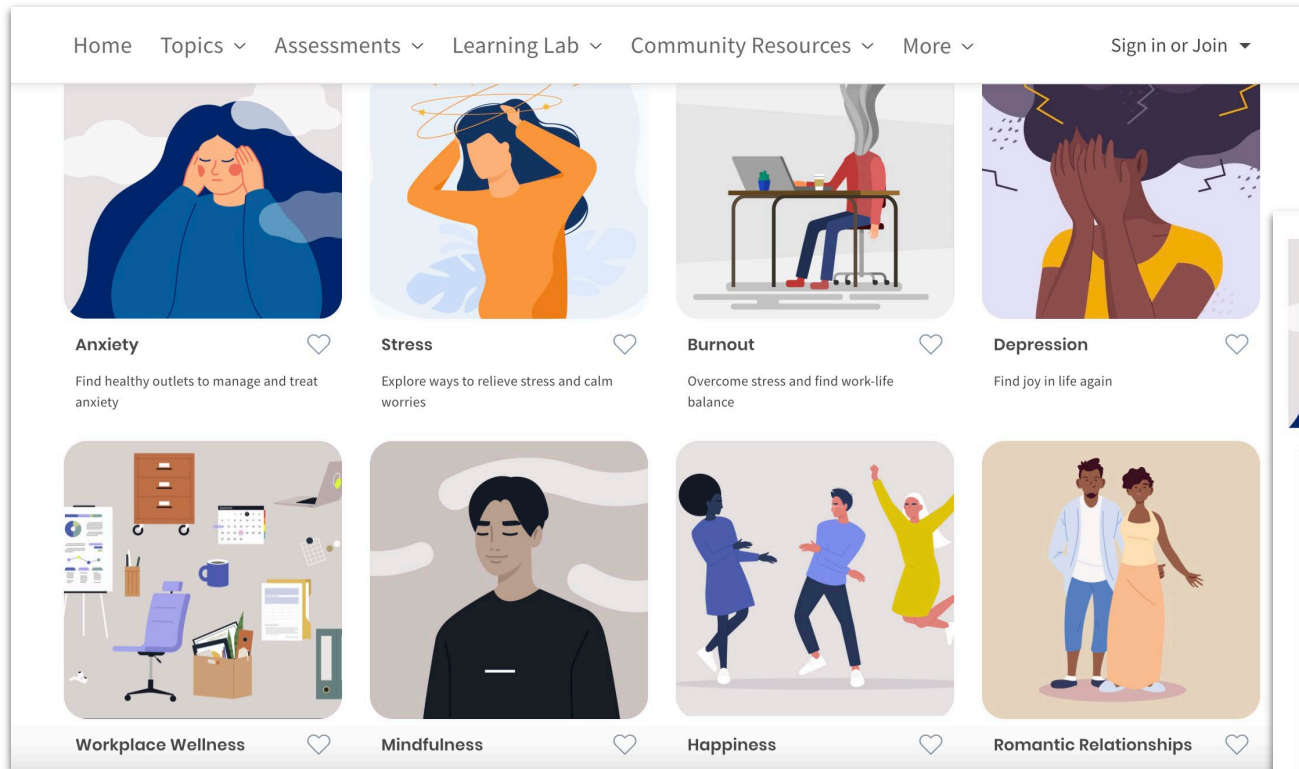
What Helps For Anxiety ⓘ		<a href="#">See Sources</a>
Great Evidence	Cognitive Behavioral Therapy	
Good Evidence	CBD Creative Expression Doctors & Medication Exercise & Body Movement Herbs & Supplements Mindfulness Nature & The Outdoors Yoga	
Some Evidence	Bodywork, Healing, and Relaxation Breathing Practices Sleep	
Good Idea	Meditation	



# A community-tailored “digital front door” for self-care + system resources



# Matching resources in a hyper-personalized way





# 20+ validated screenings, 100+ topics, 15,000+ vetted resources, 50M+ people with access nationwide

