

How we can seize
today's opportunity to
accelerate progress
on behavioral health



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What's inside





01

How we can meet the growing need for behavioral health services – and why we must

Even before COVID-19 thrust mental health and behavioral health concerns into the spotlight, reports documented a rise in diagnoses worldwide. The World Health Organization estimates that since 1990, the number of people suffering from depression and anxiety grew by almost 50%, to 615 million people worldwide.ⁱ

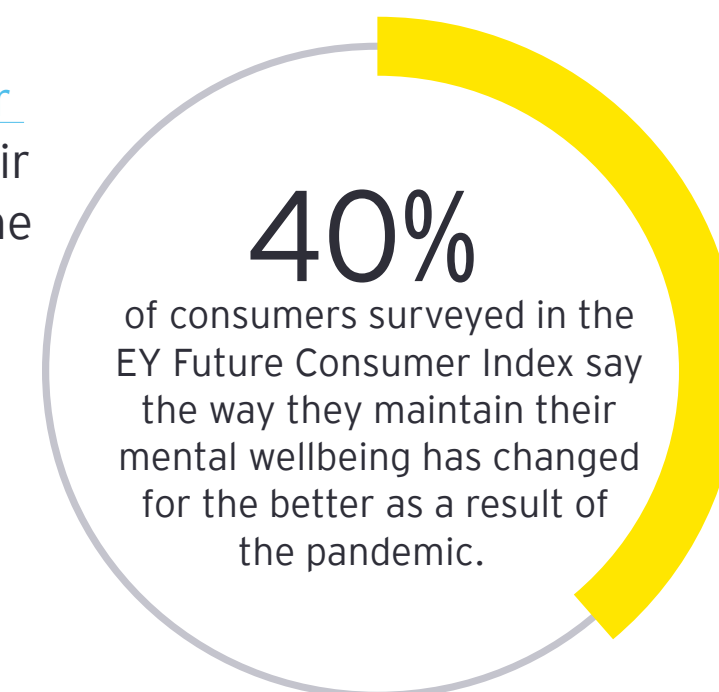
Reports show that COVID-19 increased the extent and severity of negative behavioral health experiences. In a report from the European Parliament Research Service, eight out of 10 people in Italy reported a need for psychological care, and more than one-third of people in the Netherlands' population reported feeling anxiety.ⁱⁱ Quarantines and physical distancing reduced social connections, changed routines and strained relationships; people faced grief, feelings of isolation, loneliness and boredom – all contributing to more anger, aggression and other behavioral health impacts. In a report published in *The Lancet*, researchers found that the biggest increases in behavioral health challenges during the COVID-19 era were of major depressive disorders (27.6%) and anxiety disorders (25.6%).ⁱⁱⁱ

In research conducted by EY teams, 42% of respondents to the *2021 Gen Z Segmentation Study Insights Report* said they usually or always felt anxious or depressed during the COVID-19 pandemic. (Read more: [Report: Gen Z mental health | EY - US](#))

Furthermore, [40% of consumers surveyed in the EY Future Consumer Index](#) say the way they maintain their mental wellbeing has changed for the better as a result of the pandemic.

Now, three years on from the start of the pandemic, the public health emergency has expired, but we are still living with long-post-COVID-19 trauma, compounded by the effects of many other societal changes and disruptions since 2020 alone: We've been through work from home and return to office, hiring frenzies, quiet quitting and loud layoffs^{iv}, the Black Lives Matter movement and calls for social justice, bank collapses, the ongoing opioid epidemic, and generationally high inflation. We have witnessed a refugee crisis, gun violence, war and uprisings.

Behavioral health challenges are prevalent. There is a clear consensus among medical professionals, patients' rights advocates, governments and many others that a crisis has been growing globally for decades. In October 2022, a leading Israeli clinical care psychologist said we are facing "a mental health pandemic."^v Too often, behavioral health hasn't been sufficiently addressed because of the stigma, shame and secrecy surrounding it, along with lack of access to services.





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Ultimately, there is no health without mental health.

Dr. Tedros Adhanom Ghebreyesus, Director-General,
World Health Organization

The combination of these and other factors has brought governments, businesses, physical and behavioral health providers, and many others to a collective and hugely consequential inflection point. The need for more and better solutions for behavioral health care is unprecedented. Inaction, when the need is so high and solutions are within our reach, would be unconscionable.

The silver lining of those dark clouds is that these realities are taking place alongside other game changers. These include:

- ▶ Ever-accelerating technological advances that enable telehealth options, such as online therapy
- ▶ A clear, ongoing lessening of stigmas relating to behavioral health
- ▶ The coming of age of a younger generation that appears to have more-inclusive and less-stigmatized views on many subjects, pointedly including behavioral health ([Report: Is Gen Z the spark we need to see the light? | EY - US](#))

Equally encouraging is the prospect that governments, companies and organizations can undertake measurably impactful initiatives quickly and soon. And they can do so even as they develop and implement accompanying projects designed to accelerate and sustain long-term, systemic reforms.

The question is not whether fundamental change is possible, but how key stakeholders can act – individually and collectively – to instigate and execute efforts to seize the moment.

This mental and behavioral health awareness e-book will explore:

- ▶ The financial tolls of behavioral health and how we can fuel progress with existing resources
- ▶ How communities are filling the growing need for behavioral health care support: five global examples
- ▶ Pathways to progress: providers, proximity, process

The pandemic wasn't and isn't the only reason for rising behavioral health challenges, but it has been a tipping point. Join me in exploring how we can work together across government, private sector and technology to improve our response to evolving behavioral health challenges.

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- i. "Investing in treatment for depression and anxiety leads to fourfold return," World Health Organization, <https://www.who.int/news/item/13-04-2016-investing-in-treatment-for-depression-and-anxiety-leads-to-fourfold-return>, 2016.
 - ii. Scholz, Nicole, "Mental health and the pandemic," European Parliamentary Research Service, [https://www.europarl.europa.eu/RegData/etudes/BRIE/2021/696164/EPRS_BRI\(2021\)696164_EN.pdf](https://www.europarl.europa.eu/RegData/etudes/BRIE/2021/696164/EPRS_BRI(2021)696164_EN.pdf), July 2021.
 - iii. "Global prevalence and burden of depressive and anxiety disorders in 204 countries and territories in 2020 due to the COVID-19 pandemic," *The Lancet*, Elsevier, November 2021.
 - iv. Sarkar, Chandan, "Putting humans at the center amid mass layoffs: a checklist," LinkedIn website, <https://www.linkedin.com/pulse/putting-humans-center-amid-mass-layoffs-checklist-chandan-sarkar/>, January 2023, accessed November 3, 2023
 - v. Jeffay, Nathan, "A mental health pandemic": Israeli therapist warns of COVID's lasting effects," *The Times of Israel*, October 2021.

02

The toll of mental health and how to fuel progress with existing resources

Mental health challenges are prevalent and increasing, and the global cost is measured in trillions of dollars per year. Yet, mental health funding has not been a top priority. We are all paying the price, but we are in a position to help.

In 2019, nearly a billion people were living with a mental health disorder.ⁱ In another report issued prior to the pandemic, the World Health Organization calculated that depression and anxiety alone cost the global economy more than \$1 trillion annually, and estimated the total societal cost of all of mental health disorders – including indirect costs of mental health, such as reduced productivity and loss of earnings – at between \$2 trillion and \$5 trillion per year.ⁱⁱ Since then, COVID-19 arrived, and with it, a 25% increase in the incidence of anxiety and depression globally.ⁱⁱⁱ

People with mental disabilities represent 29% of the US Social Security Disability Insurance beneficiaries, according to a White House report.^{iv} That percent is larger than the combined share of beneficiaries due to physical injuries, cancer, circulatory problems and nervous system diseases. However, in recent years, governments have spent less than 3% of their health budgets on mental health,^v and only 4.6% of health-related research has focused on mental health.^{vi} Much of the spending is dedicated to hospital-related infrastructure and services,^{vii} instead of other impactful and much-needed services.

A photograph of a man with a beard and glasses, wearing a tan turtleneck sweater, sitting at a desk with a laptop. He has his eyes closed and his hands raised in a meditative gesture. The background is a bright, modern office space with a window and a plant.

4.6%
of health-related research
has focused on mental health

Because mental health conversations are at the forefront, governments, businesses and other organizations have an unprecedented opportunity to take sharply focused, readily achievable steps – in workforce practices, policy directives and other change-inducing ways – to address existing challenges and fuel enduring progress.

Five actions governments, businesses and organizations can take now to fuel progress on mental health

Many of the steps outlined here can be immediate and tactical and are intended to be taken expeditiously. Others are longer-term approaches designed to promote meaningful, systemic transformation. All will be more quickly and successfully implemented if they are deliberate, planned organizational or agency initiatives, rather than one-off or disconnected efforts. Moreover, even as many governments, companies and other organizations are individually searching for and finding ways to address the wide array of complex problems that fit under the umbrella of mental health, there's an unambiguous need for them to work together and learn from each other, whenever possible and appropriate, so that potentially effective ideas and solutions are shared and not siloed.

Even as many governments, companies and other organizations are searching for and finding ways to address the wide array of complex problems that fit under the umbrella of “mental health,” there's an unambiguous need for them to work together and learn from each other.

- 01. Implement policies and practices** to address immediate mental health care needs in the community, while also remediating and reversing the shortage of mental health professionals. Short-term adjustments include training for community members – teachers, workplace colleagues and neighbors – to provide early warning or second-tier assistance to promote awareness of mental health challenges and to assist with prevention and treatment.
- 02. Reshape understanding and attitudes** about mental health issues through public awareness campaigns, media education efforts, governmental and advocacy groups, and workplace initiatives.
- 03. Coordinate programs and services** relating to the social determinants of health and wellbeing, e.g., housing, nutrition, education and employment, with mental and physical health care systems. These determinants of health are widely believed to contribute to about 80% of health outcomes, with clinical care accounting only for the remaining 20%.^{viii}
- 04. Examine how short-term actions over time may lead to policy change** and cascading benefits. For example, providing assistance and housing for people who have disabilities or who were incarcerated will not only help them handle their own mental health challenges, but will also enable them to find employment – thereby simultaneously helping individuals, easing social stigmas, filling employer needs and promoting equity.
- 05. Integrate mental health programs** with existing health care systems that are typically focused primarily or exclusively on physical health. In particular, examine those programs that are trauma informed and integrate adverse childhood experience data and services, including for substance use disorders.

Even in the face of so many challenges, it's evident that investing in more-effective mental health prevention, mitigation and treatment will reap huge rewards. At the bottom line, it's clear that the world is dealing with a public health emergency of historic proportions, which requires big, thoughtful and innovative responses.



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- ^{i.} “Nearly one billion people have a mental disorder: WHO,” *United Nations website*, <https://news.un.org/en/story/2022/06/1120682>, accessed July 2023.
 - ^{ii.} “Investing in treatment for depression and anxiety leads to fourfold return,” *World Health Organization website*, <https://www.who.int/news/item/13-04-2016-investing-in-treatment-for-depression-and-anxiety-leads-to-fourfold-return>, accessed July 2023.
 - ^{iii.} *Ibid.*
 - ^{iv.} “Reducing the Economic Burden of Unmet Mental Health Needs,” *Council of Economic Advisers, The White House website*, <https://www.whitehouse.gov/cea/written-materials/2022/05/31/reducing-the-economic-burden-of-unmet-mental-health-needs/>, accessed July 2023.
 - ^{v.} “Investing in treatment for depression and anxiety leads to fourfold return,” *World Health Organization website*, <https://www.who.int/news/item/13-04-2016-investing-in-treatment-for-depression-and-anxiety-leads-to-fourfold-return>, accessed 2023.
 - ^{vi.} *Mental Health Atlas 2020*, World Health Organization, 2021.
 - ^{vii.} Mahomed, Faraaz, “Addressing the Problem of Severe Underinvestment in Mental Health and Well-Being from a Human Rights Perspective,” *Health and Human Rights*, Vol. 22, June 2020.
 - ^{viii.} “Healthy People 2030,” U.S. Department of Health and Human Services, *Office of Disease Prevention and Health Promotion website*, <https://health.gov/healthypeople/priority-areas/social-determinants-health/literature-summaries#block-sdohinfographics>, accessed July 2023.



03

How communities provide mental health care support: four global examples

The importance of mental health is being talked about and acknowledged. Public perception has changed.

Around the world, increased requests for help and disparate resource networks are demanding innovative new approaches to ensure every individual has access to quality support.

A look at how communities are contributing to mental wellness demonstrates not only the breadth and complexity of mental health but also the universal needs for and benefits of listening and connecting, talk therapy and support groups.

Below are four approaches that merit further examination and perhaps replication, at the very least ongoing support, for their efforts and impact.

01. Zimbabwe: Friendship Bench and Grandmother Project

In Zimbabwe, mental health services are costly and hard to come by, primarily because there are too few qualified professionals. A nonprofit organization called Friendship Bench is working to fill the need by training community members to provide talk therapy to people experiencing common mild- to moderate-level mental and behavioral disorders, such as anxiety and depression.

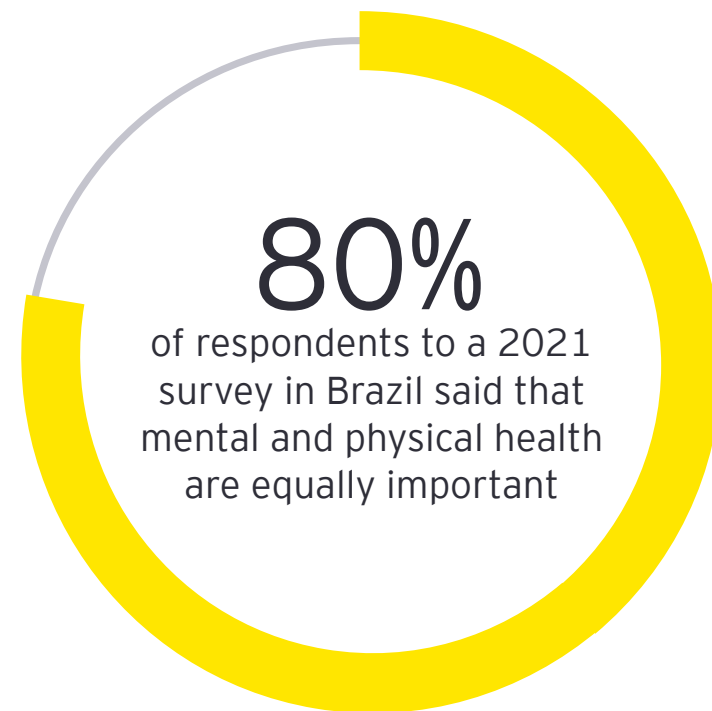
Initial training for the program focused on grandmothers, because they are widely respected and trusted. As of 2023, more than 1,700 people have been trained as community health workers, and more than 240,000 clients have received counseling or treatment from the Friendship Bench services.ⁱ Localities in Switzerland, the United States and several other countries have also planned or begun implementing similar Friendship Bench pilots. The project's organizers plan to train 2,000 community-based workers over the next year.ⁱⁱ

To learn more, about Friendship Bench, visit <https://www.friendshipbenchzimbabwe.org/>. To learn more about Grandmother Project, visit <https://grandmotherproject.org/>.

02. Brazil: The National Strategy for Strengthening Anxiety and Depression Care

A national effort in Brazil aimed at children and adolescents is one of several initiatives launched in 2022 in response to a COVID-19-fueled increase in mental health problems.ⁱⁱⁱ The Ministry of Health also instituted a 24-7 live line to assist callers suffering from anxiety, depression or suicidal thoughts and a separate tele-consultation project to broadly expand access to mental health services.^{iv}

Nearly 80% of respondents to a 2021 survey in Brazil said that mental and physical health are equally important.^v A similar proportion thought about their mental health very or fairly often, and 40% said mental health is Brazil's top health-related problem.^{vi} In a separate 2022 study, more than one-third of Brazilians acknowledged they had talked to friends and family about mental health issues, and about one-quarter said they had discussed these issues with a mental health or primary health care professional.^{vii}



03. United States: The Confess Project Of America

This organization trains barbers in Black communities to become mental health advocates, whose objectives include heightening awareness and destigmatizing mental illness. Barbers are trusted members of their communities, and their shops are often considered safe spaces for sensitive conversations.

Barbers receive training around four pillars: active listening, validation, stigma reduction and communication. They are also taught to watch for signs of depression, anxiety and isolation, such as withdrawal, lack of affect or changes in grooming. With operations in 52 cities and 29 states, The Confess Project Of America has trained nearly 3,000 barbers, reaching more than 2.4 million people per year.^{viii} Its goal is to raise that number to 5,000 by 2024.

The initiative also works with city governments, universities and other organizations to examine how mental health intersects with law enforcement involvement and LGBTQ or gender inequality issues.

04. Australia: The National Mental Health and Suicide Prevention Plan

A multibillion-dollar, government-directed effort was launched in 2021 to reform mental health support and treatment for all the country's residents.^{ix} The budget investment for mental health and suicide prevention is the largest in Australia's history. This includes mental health services in response to the COVID-19 pandemic and a program to help teachers better understand and respond to mental health challenges.

The other areas targeted are suicide prevention, making mental health treatment services more accessible and effective, programs to support culturally and linguistically diverse communities and a 10-year strategy to deliver "a sustainable, skilled, supported and equitably distributed mental health workforce."^x

The importance of mental health is being talked about and acknowledged. Public perception has changed. It is encouraging that many tactical, strategic and grassroots initiatives have been rolled out with the explicit goal of improving mental health services. Much more can and should be done to make the most of this potentially

transformational moment. In the next chapter, we will explore additional pathways to progress through the three P's: providers, proximity and process.



i. "Friendship Bench One-pager," *Friendship Bench Medica Centre website* <https://www.friendship-benchzimbabwe.org/mediacentre>, accessed July 19, 2023.

ii. Ibid.

iii. "With an investment of R\$ 45 million, the Federal Government launches strategies to take care of the mental health of Brazilians," *Brazil Ministry of Health website*, <https://www.gov.br/saude/pt-br/assuntos/noticias/2022/junho/com-investimento-de-r-45-milhoes-governo-federal-lanca-estrategias-para-cuidar-da-saude-mental-dos-brasileiro>.

iv. Ibid.

v. "Public opinion on mental health in Brazil as of 2021," *Statista website*, <https://www.statista.com/statistics/1338303/public-opinion-mental-health-care-brazil/>, ©2023, Statista.

vi. Ibid.

vii. "Personal experience on means to tackle mental health issues in Brazil as of 2022," *Statista website*, ©2023, Statista.

viii. *The Confess Project Of America website*, <https://www.theconfessprojectofamerica.org/>, accessed July 19, 2023.

ix. "Prevention Compassion Care National Mental Health and Suicide Prevention Plan, Australian Government," ©2021, Commonwealth of Australia.

x. "Prioritising Mental Health and Suicide Prevention (Pillar 5) - Workforce and governance" *Australian Government Department of Health and Aged Care website*, <https://www.health.gov.au/resources/publications/prioritising-mental-health-and-suicide-prevention-pillar-5-workforce-and-governance>, accessed July 19, 2023.

04

Three keys to improving access to mental health care: providers, proximity and process

As the world continues to manage through monumental shifts – the pandemic, refugee crises, natural disasters, labor and supply shortages, poverty and price increases, and more – it’s no wonder we’re seeing an increased toll on mental health. This e-book has explored statistics showing that anxiety, depression and drug use are up. Nine in 10 Americans believe America is facing a mental health crisis.ⁱ

All too often, the headlines carry news of an undiagnosed or untreated mental illness and an associated disastrous outcome. While not making headlines, a growing number of obituaries carry the names of those lost to suicide and drug overdoses. Released data from the Centers for Disease Control and Prevention points to an all-time high suicide rate in 2022.ⁱⁱ (If you or someone you know is in crisis, call or text 988 for the Suicide & Crisis Lifeline.)

There are many potential paths forward. Earlier in this series, we highlighted five actions governments, businesses and organizations can take now to fuel progress on mental health, and how communities and nonprofits are responding at a grassroots level to the increased need for mental health care. This helps to increase awareness and reduce stigma around receiving care, but there are still obstacles around the access to care.



Nine in 10
Americans believe America is
facing a mental health crisis

To accelerate progress, we now explore how to increase access to health care through practical steps, such as assessing the provider network, improving proximity for all residents and reducing friction in the processes.

Providers: assessing the existing provider network

We have no definition for or concise understanding of how many providers supply mental health services, nor of the availability and efficacy of the services across physical location and telehealth.

Better understanding this inventory of available services can help us to identify the gaps, recruit more providers, expand telehealth in a thoughtful manner and establish other strategies to enhance availability, with the goal of providing everyone access to an array of mental health services. Additionally, workforce strategies can be explored to recruit, retain and empower mental health providers. This focus on the provider ecosystem also creates the opportunity to improve distribution of services by licensure. “Working at the top of your license” means more effective provision of services and improved opportunities for access. As we explored earlier, this also opens the discussion around creative and “in community” service providers as well.

Proximity: reducing the distance to find care providers

Some proximity gaps in services are easy to identify, such as rural areas where access to even basic health services is sparse. Other gaps may be more obscure, such as those in urban areas that are not readily accessible by walking or public transportation. [Telehealth and connected digital platforms](#) are helping to address these challenges, but relying on technology platforms is not without drawbacks. Connectivity limitations and a lack of hardware or technical proficiency may impede access.

These challenges are complex, and there are no simple answers, but we have almost endless opportunities to reduce and remove these barriers.



Embedding mental health services in line with current life and community activities holds great promise. Since youth are often enrolled in school, the identification of mental health needs often starts in the school setting. However, there are not enough school counselors. According to the American School Counselor Association, the ratio of student to school counselors was as high as 694:1 in one state.ⁱⁱⁱ The association recommends a ratio of 250:1,^{iv} only seen in two states in the 2021–22 school year.^v

The aging population, meanwhile, is increasingly isolated, which is linked to serious health conditions.^{vi} Here again, we see the importance of simplifying processes and ensuring access in harmony with life or community activities.

Improving access to mental health services through schools, churches and other community organizations ultimately reduces proximity gaps and provides greater entry points to mental health services. It also begins addressing issues of stigma about receiving mental health care and can improve the feelings of trust between patient and provider.

Process: simplifying paperwork and payments

The importance of this final pillar cannot be overstated. Assuming providers and services are optimized and readily available, either in physical form or digitally, how do individuals engage with the health care system, and how is their care paid for and coordinated when multiple providers are involved?

If individuals choose to pursue mental health services, or if they have been mandated or referred for treatment, how they engage is a significant component of the critical path to wellbeing. Even for those with comprehensive private insurance, the path through referrals can be challenging. This reality is exacerbated for those



without insurance or the ability to directly pay for services. For those seeking public programs, such as Medicaid, the application process can take weeks for patients and providers, and for those with significant mental health issues of an immediate crisis, a long wait is not a viable path.

In addition to improving eligibility and enrollment processes to be more efficient, coordinating care is a challenge. For example, picture a child who receives services in school, and perhaps through a health provider referral for counseling, then later becomes a foster child and bounces through multiple placements with community-based organization support. There is almost 100% certainty the full suite of assessments, services, referrals

and prescriptions are not visible to any of the providers or the individual being served. In another example, an individual who has been receiving care at a hospital or crisis stabilization center may transition out of the setting without adequate follow-up.

These challenges are complex, and there are no simple answers, but we have almost endless opportunities to reduce and remove these barriers. Practical steps, such as assessing the provider network, ensuring proximity for all people and reducing friction in the processes, can result in tangible improvements. We can surmount the significant workforce, bureaucratic, attitudinal and economic challenges that stand in the way of progress. Doing so will unambiguously help individuals, communities and entire nations in numerous ways.

i. "Provisional Suicide Deaths in the United States, 2022," *CDC Online Newsroom website*, <https://www.cdc.gov/media/releases/2023/US-Suicide-Deaths-2022.html>, accessed August 11, 2023.

ii. *Ibid.*

iii. "Student-to-School-Counselor Ratio 2021-2022," *American School Counselor Association website*, <https://www.schoolcounselor.org/getmedia/b9d453e7-7c45-4ef7-bf90-16f1f3cbab94/Ratios-21-22-Alpha.pdf>, accessed August 11, 2023.

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v. "Student-to-School-Counselor Ratio 2021-2022," *American School Counselor Association website*, <https://www.schoolcounselor.org/getmedia/b9d453e7-7c45-4ef7-bf90-16f1f3cbab94/Ratios-21-22-Alpha.pdf>, accessed August 11, 2023.

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