

# Reflecting on 15 Years Well Spent

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We always overestimate the change that will occur in the next two years and underestimate the change that will occur in the next 10. Don't be lulled into inaction.

Bill Gates

After 15 years leading the National Council for Behavioral Health, this year, I'm stepping down as president and CEO. It's been a time of unprecedented growth and a tremendous challenge. I'm proud to have been part of the National Council's first 50 years and, along with our members, celebrate our progress. But as we continue to face challenges, new and old, I also know that we can't be lulled into inaction.<sup>1</sup>

When I joined the National Council in 2004, some in the behavioral health community spoke of a system in shambles and unfairly pointed fingers at others. But my perspective was from the ground up and I saw a different reality. When I testified before the Institute of Medicine, I described our members as essential community providers, chronically underfunded, struggling to transform lives.

I told them how our members were reimbursed at rates far lower than others that share the safety-net—hospitals, health centers, the Veterans Administration—creating a workforce crisis and compromising quality. Then, together, we went to work.

We moved health care integration from concept to reality. Today, integrated physical and behavioral health care isn't the flavor of the month—we know it's the best way to meet the complex needs of individuals with chronic, co-occurring conditions.

We embraced the science and practice of recovery and of trauma-informed care. Recovery is now the expectation, not the exception, in mental health and substance use treatment. We recognize and are increasingly prepared to respond to the trauma the majority of our patients' experience.

In this issue, Van Deirse et al. point out that women with severe mental illnesses who experience intimate partner violence face additional challenges that exacerbate their mental health issues.<sup>2</sup> We must stop asking, "What's wrong with you?" and start asking, "What happened to you?" By educating primary care providers through an initiative with Kaiser Permanente, the National Council is creating a health care culture that recognizes and supports individuals victimized by trauma.

We successfully advocated for parity, for full inclusion of mental illnesses and addictions in the Affordable Care Act (ACA) and for the creation of Certified Community Behavioral Health Clinics (CCHBCs). CCBHCs are remaking specialty behavioral health care in this country<sup>3</sup> by providing crisis services; integrating physical and behavioral health; delivering medication-assisted therapies; implementing evidence-based practices; partnering with peers; and collaborating with law enforcement, schools, and hospitals. They are creating organizational climates that support

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innovation (Knight et al.) and working with groups that have special needs, such as veterans, who may not otherwise receive evidence-based services (Finley et al.).<sup>4-6</sup> CCBHCs are hiring new staff, easing the critical shortage of psychiatrists, especially in rural areas (Moberly et al.).<sup>7</sup>

We don't pay for cancer treatment with demonstration grants, and we shouldn't do so for mental illnesses and addictions. Today, lack of access to care has replaced stigma as the leading barrier to a healthier America.<sup>8</sup> We need sustained funding that supports a comprehensive continuum of services, and the Excellence in Mental Health and Addiction Treatment Expansion Act is a good start.<sup>9</sup> The Act extends the CCBHC program, meeting the growing demand for more mental health and addiction treatment capacity and giving more people the opportunity to recover.

We brought Mental Health First Aid<sup>10</sup> to the USA and have trained 1.5 million people. This means 1.5 million people from all walks of life are now able to initiate a conversation with someone experiencing a mental health or substance use crisis and refer them to community resources and professional help, if needed. We aim to make Mental Health First Aid as common as CPR.

We continue to promote the adoption of technologies that have revolutionized other industries and are now being applied to health care—technologies that support and educate staff, increase treatment capacity and measure outcomes, put patients in charge of their own health, support the office operations vital to effective care, and deliver psychiatric services into our clinics and homes from across the country. We can be both high-tech and high-touch.

Working together, the National Council has done this challenging and rewarding work. But we have much left to do.

Startling figures show that average life expectancy in the USA dropped for the third straight year,<sup>11</sup> driven by the twin scourges of increasing overdose deaths and suicides.<sup>12, 13</sup> These diseases of despair, driven in part by economic hardship (Buckingham-Howes et al.),<sup>14</sup> have a long-term impact on behavioral health. Partisan divide over the Affordable Care Act is likely to continue and Medicaid is under assault.

We understand financing, quality, and the process of planned change, and we must continue to use this expertise to solve problems and promote social justice.

We must continue to promote clinical integration at the site of service, not merely moving money from one managing entity to another.

We must acknowledge that the social determinants of health mean that being poor is bad for your health and that diversion programs are unlikely to reduce recidivism unless we have the means to hire staff that have the skills to assess, treat, and manage risk.

We must celebrate those in recovery and give voice to the patients and families still suffering.

As I step down from the National Council, I'm not setting down my mantle. This work is too important to me, to the people we serve and to the nation. But I can rest easy in the knowledge that I will be leaving the National Council with a stronger and more resilient behavioral health community than when I started

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