



Mental health & well-being

Recent health, climate, and political crises have both highlighted and exacerbated the world's mental health challenges. In particular, the COVID-19 pandemic has shone a light on fissures and failings within the global mental health system and the institutions surrounding and supporting it. In fact, it has illuminated the fact that mental health is more than a health issue alone, clearly highlighting the sociology of mental health in ways previously given lip service, but never really having been responded to in a concerted, systemized way.

Public health agencies have warned that a wave of depression and anxiety,¹ post-traumatic stress disorder, and other mental ill-health issues are on the horizon due to multiple crises in 2020,^{2,3} inciting urgent calls to action. In addition to COVID-19's impacts, multiple studies have found a strong link between heavy social media use and an increased risk for depression, anxiety, loneliness, self-harm, and even suicidal thoughts.⁴ Mental and behavioral health is also moving up the priority list in government, provider, health plan, and employer health equity discussions.

Mental health and behavioral health difficulties place a significant and under-recognized burden on the global economy, public and private health care systems, people's social needs, and basic human rights.⁵ The human cost is immense:



Between a quarter and half of the global population is affected by a mental health challenge at some point in their lives.⁶



Nearly 800,000 people die by suicide each year, which is roughly one death every 40 seconds. Suicide is the second leading cause of death in the world for people aged 15-24 years.⁷



Between 2011 and 2030, the cumulative economic output loss associated with mental health difficulties is projected to be \$16.3 trillion worldwide.⁸



Secondary consequences of mental ill-health are estimated to cost employers USD \$2,000 per employee per year from absenteeism, presenteeism (employees habitually coming to work when they shouldn't—especially coming in sick or working overly long hours), leaveism (improper use of leave), and unnecessary turnover.⁹ Deloitte research comparing the cost of poor mental health to UK employers in 2017 and in 2020 shows an increase from £33 billion–£42 billion to up to £45 billion annually, due mainly to a significant increase in presenteeism and leaveism.¹⁰



Direct and indirect costs of mental ill health are estimated at over 4% of global GDP, more than the cost of cancer, diabetes, and chronic respiratory disease combined. By 2030, mental illness costs are expected to reach more than USD \$6 trillion annually.¹¹

2022's co-occurring pandemic is the pandemic of mental health. The continuation of COVID-19-induced lockdowns, deaths of loved ones, and financial stressors has shone a light on the ubiquitous lack of access to timely, high-quality, and affordable mental health services worldwide.

The COVID-19 pandemic's detrimental impacts have elevated the topic of mental health in many countries' political and social agendas. Similarly, prominent individuals' willingness to discuss their mental health issues in public forums is democratizing the topic, especially among younger generations. However, significant roadblocks exist to normalizing mental health care on a broad scale (figure 1):

Figure 1: Major challenges faced in achieving better global mental health outcomes.



Stigma, discrimination, and absence of legal and medical protections



Chronic underspend, inaction, and lack of access



Sub-scale and siloed health care systems



Gaps in clinical and scientific knowledge



Changing determinants of mental health

In large swaths of the world, mental illness is stigmatized and regarded as shameful. While there has been some perception shifts during the course of the pandemic, and governments in traditionally conservative countries like Singapore, India, and China (the latter two countries account for one third of the global burden of mental illness¹²) are starting to roll out mental health programs, many societies lack widespread understanding that mental illness is like any other illness. It requires health literacy to recognize symptoms at every age, prevention strategies established in primary school-aged children, early diagnosis, and timely access to effective treatments.

Another challenge to enabling effective mental health programs is a persistent workforce shortage. Despite increasing use of peer support workers, there just aren't enough psychiatrists, psychologists, nurses, social workers, occupational therapists, and other mental health workers to deal with the number of people who need help: The median numbers of mental health workers per 100,000 population vary. The global median of mental health workers is nine per 100,000 people (varying from below two per 100,000 in low-income countries to over 70 in high-income countries). That's less than one mental health worker per 10,000 people.¹³ Replacing the traditional hour-long psychotherapy session with brief solution and goal-focused models of therapy may ease workforce shortages without treatment outcomes suffering. In addition, adoption of digital approaches to mental health care could become an essential tool. These efficacious, convenient, and affordable apps can be used in conjunction with traditional, face-to-face therapy, or as the platform to provide synchronous or asynchronous support from a mental health therapist. A growing body of evidence shows that these types of platforms have increased accessibility by removing social stigma and the challenge of traveling to an in-person appointment. They are also facilitating access for those who have previously shied away from face-to-face therapy.¹⁴

Funding models are a longstanding barrier. For decades, mental health care has been tremendously under-resourced compared to physical health care. Mental health spending made up just 0.4% of global aid spending on health between 2000 and 2014. Low-income countries today spend an average of just 0.5% of their health budgets on mental health, with most of the money going to hospitals that function more like asylums than treatment centers. Even though funding levels are inching up, mental health has not yet risen to a priority area on the global health agenda.¹⁵

Necessity and opportunity are aligning for countries to produce transformative versions of mental health care that will be less expensive than traditional medicalized care. Doing so calls for:

- Emphasizing living/lived experience and shifting from prescriptive treatment to consumer empowerment and participatory decision-making
- Recognizing that mental health is part of a broader overall health experience in that it impacts and is impacted by physical, social, and relational well-being
- Identifying entrenched disparities and inequities in diagnosing and treating mental illness
- Designing models of care that augment face-to-face therapies with digital support
- Migrating from institutional to community mental health program delivery
- Focusing on early intervention and prevention
- Encouraging multi-stakeholder collaboration—governments, health care providers and insurers, community organizations, academic institutions, public companies, media outlets, and consumers—to advocate for mental health awareness and fund initiatives
- Training health systems and care providers to implement models of care that promote access and outcomes
- Utilizing the power of relationships and human connection through the inclusion of family, friends, and community supports in mental health prevention and treatment efforts

Australia tackles mental health system issues



Australia is at the forefront of countries responding to mental health system deficiencies and opportunities. In one major development, the [Royal Commission into Victoria's Mental Health System issued its final report](#) in February 2021; the undertaking represents the most comprehensive analysis ever of Victoria's mental health system to repair what Premier Daniel Andrews conceded was a "broken" system.¹⁷ The Royal Commission's final report articulates an ambitious new vision for the state's mental health service design, commissioning, delivery and governance. It identifies key opportunities and challenges and highlights responses from key bodies across the sector. The interim report in December 2019 included nine recommendations requiring urgent action and the final includes 65 recommendations in areas including: Aboriginal social and emotional well-being; collaborative center for mental health and well-being; community-based mental health and well-being; families, caregivers, and supporters; infant, child and youth mental health and well-being services, suicide prevention and response; workforce; and promoting mental well-being for all Victorians. Finally, the report looks to the immediate next steps that will support the implementation phase of the reform project. It is hoped that once the reforms have been implemented, the Victorian system will become the national benchmark, and that other states and territories may follow Victoria's lead.¹⁸

Emerging focus areas: Digital technologies, role of employers, impact measurement

Digital technologies have great potential to transform global mental and behavioral health systems to be more accessible, affordable, scalable, and fit-for-purpose. Case in point: the increased use of virtual mental health services by females under age 45 during the COVID-19 pandemic. Studies have shown that the pandemic has affected women—mothers in particular;¹⁸—more profoundly than men,¹⁹ and that lack of adequate domestic and emotional support can have detrimental mental health consequences.²⁰ For women who are pregnant or new moms during the pandemic, isolation can be especially difficult.²¹ However, this demographic appears to be taking advantage of virtual mental health services' flexibility and convenience: There is clearly a spike in usage and utilization during evening hours and much of that footprint is occupied by working mothers.

Applying digital technologies in mental and behavioral health care continues to trend positive—at a macro level there's been a huge R&D push for solution development. Technology giants, existing mental health providers, and disruptive innovators are working independently and collaboratively with health care providers, insurers, governments, public health agencies, and academic institutions to advance digital solutions that address various mental health conditions. But there are two concerning bottlenecks: identifying evidence-based, clinically efficacious, and effective solutions among the myriad being developed, and ensuring that consumers make the best selection to meet their specific needs.

The COVID-19 pandemic has helped to accelerate the development and adoption of digital health apps;²² Apple's²³ and Google's online app stores now offer over 10,000 apps related to mental health.²⁴ Online services such as internet-based Cognitive Behavioral Therapy (iCBT) courses are becoming more common. Even computer games, wearables, and augmented reality are being showcased for their utility in mental and behavioral health intervention. Most are being marketed directly to consumers, who have been adopting them at dramatic rates during COVID.

Regulated, evidence-based, mental health apps can help improve access to advice and support as well as help to reduce symptoms of anxiety and depression. However, the overwhelming majority of available mental health apps and online programs are not evidence-based,²⁶ and many are unlikely to be effective. Also, there currently is no quality control mechanism nor regulatory oversight of digital mental health solutions, raising ethical concerns about these new tools and services²⁷ and illustrating the need for trusted agents or governing bodies to forge a path to establish safety and quality digital mental health standards.

The **World Economic Forum** and **Deloitte** have developed a **global governance toolkit** that aims to provide governments, regulators and independent assurance bodies with the tools to protect personal data, ensure high quality of service and address safety concerns. This toolkit is a practical next step to help stakeholders:

- Understand the potential for digital mental health services in improving the mental and behavioral health of all people
- Develop principles and standards for the safe, ethical, and strategic implementation of digital mental health services
- Adapt, pilot, and adopt these standards and principles in countries, jurisdictions, health systems, and across the globe
- Improve access, efficacy, quality, and safety of digital mental health solutions by adopting better practices and standards
- Make strategic investment and incentivization decisions in the global digital mental health ecosystem to encourage its growth
- Make informed decisions to seamlessly incorporate digital mental health tools into a health system, workplace, community, product, or service



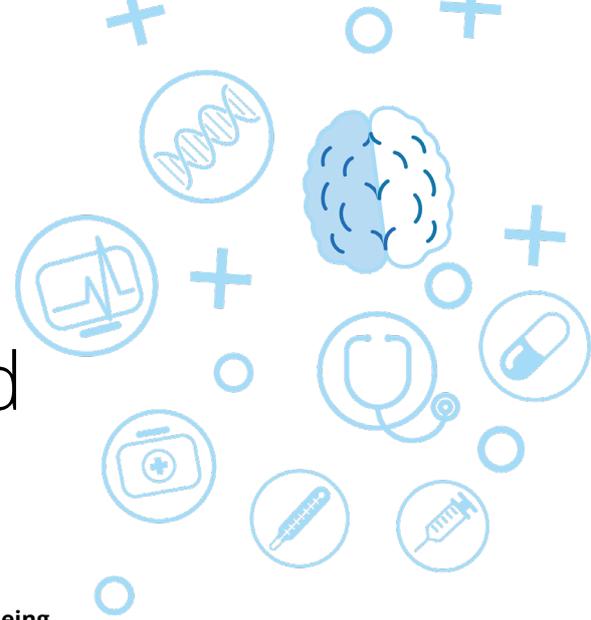
Fortunately, there are some very responsible and evidence-based digital mental health solutions available to consumers; many at little or no cost. As one example of this, Black Dog Institute, an independent, not-for-profit medical research institute affiliated with UNSW Sydney in Australia, emphasizes efficacious treatments and evidence-based programs. Black Dog provides free, online mental health support tools and mobile apps that are developed and tested through ‘translational’ research trials.²⁸ Among its offerings are an online clinic/personal assessment tool that users can discuss with their primary care physician; myCompass, a self-help program for people with mild to moderate depression, anxiety, and stress; and HeadGear, an easy-to-use smartphone app that guides users through a 30-day mental fitness challenge designed to build resilience and well-being.²⁹

In addition to interest in leveraging digital solutions in mental and behavioral health care, discussions are growing around the merits of increased employer involvement and investment in supporting both mental health and well-being in the workplace, versus leaving it to government, insurers, or the employees themselves. Employers have a vested interest in doing so: Poor mental health impacts individuals’ overall health, their ability to work productively (if at all), their relationships with others, and societal costs related to unemployment, and health and social care.³⁰ The challenge we see in organizations is that they often conflate mental health with wellness (“they are the same”), or unintentionally promote the message that mental illness can be treated via a wellness intervention. When organizations perpetuate that myth, it can have negative consequences on the workforce.

While more employers are reviewing activities and developing strategies around employee mental health and well-being, many face challenges bringing proposed programs to fruition. These include a failure to see employee mental health as a priority versus other operational demands; a reactive approach to implementing mental health and well-being policies rather than focusing on prevention; a lack of understanding around how the company currently performs in this space; a poor evidence base to measure programs’ return on investment (ROI); and a dearth of best practice examples to promote improvements. Workplace stigma and perceptions around mental health underlie and exacerbate many of these challenges.³¹

Many organizations are focused on interventions (e.g., apps to track moods) but it also is going to be critically important for leaders to reflect on how they can create a workplace that is conducive to achieving good mental health and well-being for their employees. This means assessing the underlying causes of workplace stress (such as poor workplace culture, job design, low levels of autonomy, complicated reporting lines, bullying, sexual harassment, etc.) and leaders authentically responding to them. There are also opportunities to think about how organizational data can be leveraged to better support earlier identification of potential/emerging problems to enable real time responses (i.e., time sheet tracking of long hours, extended periods of absenteeism). Having better access to data that can help signify where things may be going awry will be integral to informing the most appropriate workplace response, especially when linked to strategies that seek to target the underlying causes prior to them occurring.

Questions/actions health care leaders should consider for 2022



How can we activate efforts to improve mental and behavioral health and well-being in our organization and the larger community?

Greater public awareness, increasing political attention, and growing emphasis on employer involvement—attributable, in part, to the COVID-19 pandemic and the spike in expressed need for mental health solutions—are providing unprecedented opportunities to amplify and act on important access and equity issues and to develop systems and services that are fit for purpose. Just as we personalize treatments for physical disease in individuals through an understanding of their microbiome and the personal stressors in their life, we can work to develop personalized mental well-being plans that are enabled and supported through a robust mental health wellness ecosystem. Among actions to consider:

Create mental health ecosystems. Mental health is a complex issue that requires collaboration among diverse stakeholders in the public and private sectors. Creating mental health-focused ecosystems comprised of governments, health care agencies/providers and insurers, corporations, technology disruptors, community organizations, academic institutions, and patient advocates can open the door to coordinated actions, investments, and advocacy to support local, national, regional, and global mental health initiatives.

Encourage employers to take an active role in employee mental health and well-being. Employers have a key role to play in supporting employees' mental health and well-being. There are two immediate opportunity areas for large employers—specifically, large health plans—to step up: piloting mental health and wellness solutions with their own employees, and sharing data with organizations that are testing whether or not their employee population would be favorably impacted by a particular solution. Importantly, employers need to guard against programs that disproportionately focus on white-collar and knowledge workers at the expense of other employees.

Provide governance to increase trust in digital mental health solutions. Disruptive technologies provide an opportunity to overcome challenges and create breakthrough solutions that improve mental health and well-being outcomes on a greater scale than ever before. They also raise ethical questions about safety, efficacy, equity, and sustainability—many of which are not answered by current regulatory structures and leave stakeholders open to possible privacy, quality, and safety risks. Resources such as the global governance toolkit developed by the World Economic Forum and Deloitte can help stakeholders develop, adapt, pilot, and adopt principles and standards to seamlessly incorporate digital mental health tools into a health system, workplace, community, product, or service.

Integrate mental health assessment and intervention into existing health care systems. By integrating mental health offerings into existing physical health-focused organizations, such as primary care and inpatient hospital settings, attention to mental health can become more ingrained in the health care culture. Prevention and treatment protocols and plans can include whole person health in lieu of solely focusing on physical health challenges, which never exist in isolation. There are no physical health problems without psychosocial components, and no psychosocial problems without physical health challenges. Integration can improve quality of care and satisfaction for consumers and providers, help to reduce mental health stigma, and reduce rates of avoidable health care spending.

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[At a tipping point? Workplace mental health and wellbeing](#)

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Endnotes

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