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August 12, 2021 12:47 PM

Employers, physicians must partner to meet nation's growing mental health needs

Dr. Norman Cherven and Michael Thompson

Dr. Norman Cherven, MD, is the chairman of the Council of Academic Medical Centers and founder and CEO of Health Policy Impact Inc. Michael Thompson is president and CEO of the National Alliance of Healthcare Provider Coalitions.

We all pay the price for a behavioral health system that doesn't work, and employers pick up most of the tab—employee mental health conditions cost employers more than \$100 billion and 217 million lost workdays each year.

Long before the COVID-19 epidemic hit, the nation's behavioral healthcare system was in crisis, with mental health diagnoses on the rise, coupled with a shortage of providers. The pandemic took a system that was already overtaxed and stressed it even further. Cases of depression, anxiety and substance abuse [have risen as a result](#) and will

only be further exacerbated with the delta variant surge. America's healthcare leaders must make behavioral health reform a top priority.

We all pay the price for a system that doesn't work, and employers pick up most of the tab—employee mental health conditions [cost employers](#) more than \$100 billion and 217 million lost workdays each year. That is why cooperation between employers and healthcare stakeholders—especially primary-care providers—is mandatory to begin to solve the problem. When dialogue and collaboration happen, solutions can be found.

Our fragmented system makes it next to impossible for patients to know how to access appropriate mental health care, let alone secure a diagnosis. Health leaders must focus on finding ways to integrate behavioral health with primary care.

All too often basic questions about behavioral health concerns are not part of standard primary-care screenings. Primary-care physicians—such as family medicine physicians, internists, obstetrician/gynecologists—could start the patient on a care path simply by asking the right questions. Then, if a mental health concern is identified, the physician can educate the patient and follow up with a warm handoff to a behavioral health specialist.