BROOKINGS

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Ms. Jennifer Wilson
SAMHSA
Survey of Behavioral Health Workforce Employers, Part of the Mental and Substance Use Disorder Practitioner Data Grant Funded by SAMHSA, Grant# H79FG000028

Dear Ms. Wilson,

In response to the *Federal Register* notice about the April 1, 2021 regarding the survey of behavioral health employees and providers, I write to submit some modest comments.

As background, I was one of the early "pioneers" in the use of well-being in economic analysis and have written numerous books and academic articles on the topic. I have done extensive work on well-being in countries around the world, with a focus on the poor. I also wrote the first paper in economics on what well-being causes, rather than what determines well-being. We showed that happier people were more likely to have better outcomes in the labor market and health arenas five years later ("Does Happiness Pay?" *Journal of Economic Behavior and Organization*, 2004).

Most recently I have done extensive work on despair/lack of hope among less than college educated whites in the U.S. and show that trends in ill-being - and despair in particular - pre-dated the rise in deaths of despair by over a decade. As such the metrics can serve as warning indicators. We recently built a vulnerability indicator along these lines for states and countries across the U.S. – which now also includes places where COVID mortality and deaths of despair coincide (https://www.brookings.edu/interactives/wellbeing-interactive/). We find that white prime aged males out of the labor force are the most desperate and least healthy group, with high levels of opioid consumption and very low levels of geographic mobility (they do not move to where the jobs are), as well as high levels of anger. This research has been published, most recently, in *Science*, the *Journal of Population Economics*, and *Social Science and Medicine*.

Perhaps more relevant, I have been working closely with partners at the Robert Wood Johnson Foundation on the inclusion of well-being metrics and approaches into their Culture of Health priorities. I was also was a member of a 2011-2012 National Academy of Sciences panel on well-being metrics and policy, and am now seeing a major increase in the inclusion of well-being

questions in surveys such as the Fed surveys, the BLS and Census Pulse, as well as in health surveys of HHS and the CDC, and have provided comment on several of them.

Given what we are now finding in terms of despair and premature mortality, trends which have been exacerbated by COVID, I think it would be useful to add a few well-being questions to the SAMSHA questionnaires for both the providers and the employers. Enhancing well-being is increasingly viewed as an important part of preventing and reversing behavioral health issues. The idea is that sustainable mental health entails the positive dimensions of well-being in addition to the avoidance of ill-being.

I would ask you to consider asking both the providers and employers if they would consider asking both their employees and their participants when they are screened upon entering and leaving the program the following well-being questions.

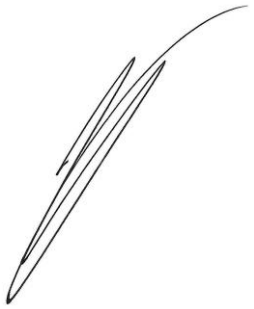
The first is the classic Cantril ladder of life satisfaction question, which asks respondents to place themselves on an 11-point ladder where 0 is the worst possible life they can imagine and 10 is the best possible life they can imagine. The second question, immediately following the first one, asks respondents which ladder step they think they will be on in 5 years. The latter is a good measure of hope and optimism. I would also include two other questions (if they are not being asked already) – one on experiencing stress or anxiety frequently yesterday, and another on feelings of loneliness or feeling down yesterday (both which often link to reported depression), both with 0-1 answers.

The purpose of these questions would be to explore the well-being and ill-being of employees as part of efforts to retain employees at a difficult time, and the second would help gauge the extent to which treatment enhanced the well-being of patients in treatment. Each of these questions would only add 30 seconds to the survey (so a total of 2 minutes of response time) would provide a baseline of well-being/ill-being for both employees/caregivers and patients. The willingness to add such questions into the information that employers and providers collect such questions could be added into the surveys after question #26 about employee retention issues and after question 32 about patient demographics.

Additionally, in terms of the patients, our research finds that those most likely to be in the deaths of despair category have the lowest scores on this of all questions, and that low-income minorities, especially African Americans, are much more optimistic than low income whites. Most recently, we also find that even during COVID low income African Americans remain the most optimistic race*income cohort, even though they are the most vulnerable to COVID. Their high optimism scores also link to much better mental health reports than other groups; optimism seems to have protective qualities even during the pandemic.

Thanks in advance for your consideration and please feel free to contact me if you have any questions or would like to have the exact question phrasing in the event you are interested in using them.

Yours sincerely,



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