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HEALING A BROKEN MENTAL HEALTH SYSTEM:

**Lisa M Gomez Of the Employee Benefits Security
Administration On 5 Things That Can Be Done
To Fix Our Broken Mental Health System**

An Interview With Stephanie Greer
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Employers can work towards creating mentally health workplaces and learn more about how to address workplace stress and worker mental health needs.



The current state of the mental health system is a conversation that echoes in the halls of policy-making, the corners of social advocacy, and within the private struggles of individuals and families. As we continue to witness an unprecedented need for robust mental health support, the shortcomings of the existing system become more glaring. It is within this backdrop that we seek the insight of those who are at the forefront of behavioral health. In this interview series, we are talking to behavioral health leaders, policymakers, mental health practitioners, advocates, and reformers to share their perspectives on healing our broken mental health system. As a part of this interview series, we had the pleasure of interviewing Lisa M. Gomez.

Lisa M. Gomez was appointed by President Joe Biden and confirmed by the U.S. Senate to serve as the Assistant Secretary of the Employee Benefits Security Administration, an agency within the U.S. Department of Labor that oversees all private employment-based retirement, health and other welfare benefit plans. Previously, she was a partner with the labor, employment and employee benefits law firm Cohen, Weiss and Simon LLP in New York City, and spent almost three decades representing various Taft-Hartley and multiemployer pension and welfare plans, single employer plans, jointly administered training program trust funds, a federal employees health benefit (FEHB) plan, supplemental health plans, and VEBAs covering employees in a wide array of industries. Lisa earned her law degree from the Fordham University School of Law and her undergraduate degree from Hofstra University.



Thank you so much for joining us in this interview series. Before we start, our readers would love to “get to know you” a bit better. Can you tell us a bit about your background and your childhood backstory?

I was raised in a working-class family and was the first to attend college. While I wasn't sure exactly the direction that I wanted to take, I knew I wanted to work to protect others and make a difference. While in law school, I learned about the struggle to protect America's workers and their hard-earned benefits. I came to understand that my parents did not have most of these basic protections in their jobs. Despite years of hard work, they did not have any form of workplace retirement benefits to provide security in later years and the financial burden of health care without adequate coverage was very real. As I started learning more about labor and employment law protections, I also learned about legal protections related to employee benefits, such as retirement and health benefits. Prior to coming into my current position, I spent almost 30 years representing employee benefit plans, focusing on protecting the benefits of workers and their families, and helping them to understand their benefits. I also worked to counsel the labor organizations and employers who sponsor these plans to understand and appreciate their legal responsibilities to participants and their families. It's been an honor and a privilege to now bring that experience to my position as Assistant Secretary of the Department of Labor's Employee Benefits Security Administration, where I can fully devote myself to protecting the benefits of America's workers, retirees and their families.

Can you please give us your favorite “Life Lesson Quote”? Can you share how that was relevant to you in your life?

I'd have to say that my favorite “Life Lesson Quote” is one that I have hung on my office wall while I was in private practice and brought with me when I came to the Department of Labor. It says “May you be proud of the work you do, the person you are and the difference you make.” This has been relevant

to me because, as I said above, the driving force behind everything I have done has been to try to make a difference, and to always bring my authentic self in doing so. In my current role, I am honored and fortunate to be able to start every single day thinking about what I can do that day to make a difference in the lives of the over 152 million American workers, retirees and their families with respect to their workplace retirement and health benefits. That's an enormous responsibility, but it is also an incredible privilege to be in a position to be able to make real changes that affect people's lives at such a large scale.

Let's now shift to the main part of our discussion. It is often said that "the mental health system in America is broken". What does that statement mean to you? From your perspective what is "broken" today?

The mental health system in America is broken because despite the fact that nearly 50 million Americans are currently living with a mental illness, and even though federal law requires that there be no greater restriction on obtaining coverage under your health plan for behavioral health conditions than it is to get medical or surgical care, people seeking mental health and substance use disorder care continue to face discrimination and stigma. We've said it over and over — mental health is essential to our overall health and quality of life, just as much as physical health. Now, more than ever, we are experiencing a mental health and substance use disorder crisis that intensified as a result of the COVID-19 pandemic. Over the past several years, America's workers, families and seniors have faced unprecedented challenges. While it should be no different for someone to seek care for diabetes than it is to seek care for depression, the reality is that it can require a lot of courage to ask for help when it comes to mental health or substance use disorder care. And when individuals do reach out for help, too often they are then forced to jump higher, try harder and wait longer to get the care they want and need — in ways that we simply do not see for medical or surgical care. As a result, too many individuals who set out in search of

care for mental health conditions or substance use disorders never end up receiving treatment.

Congress sought to address this nearly 15 years ago by enacting the Mental Health Parity and Addiction Equity Act (MHPAEA). Our experience at the Department of Labor, however, has shown that people continue to face greater barriers to receiving mental health and substance use disorder treatment than they would face when seeking coverage for the treatment of medical conditions. We need to do better, and I am confident that, together, we can do better.

What about any bright spots? Do you think there are any elements that we get right in today's world that we wouldn't want to reverse unintentionally?

Under the Biden-Harris Administration, the Department of Labor has dedicated an unprecedented amount of time and resources to bringing health plans into compliance with regard to mental health parity, by ensuring that when an individual seeks treatment for a mental health condition or substance use disorder under the health coverage that they were promised by their employer, that treatment is available just as easily as it is for any medical condition. We have also worked together with the Departments of Treasury and Health and Human Services to issue a proposed rule that would further strengthen the law's protections. But we also recognize that there is an immense amount of work left to do. While we have seen some improvements as health plans and insurers start to eliminate barriers and exclusions and provide broader mental health and substance use disorder coverage, we are in a moment of crisis, and the pace of change is too slow. We simply cannot afford to continue to wait to see meaningful results for people who are simply seeking better mental health. One thing that we don't want to see happen is for people living with a behavioral health condition being in a worse place than they currently are if plans or insurers decide

to no longer offer mental health benefits. Under federal law, plans are not required as a general matter to cover all mental benefits but, if they do, they have to cover them in a way that is no more restrictive than they cover medical and surgical benefits.



In your opinion, what are the 5 most impactful things that could help heal the broken mental health system? These could be on any level including training, workforce, policy, culture, equity etc.

1. Plans and insurers need to work together with regulators to make mental health parity a reality, rather than just a concept. This can be achieved by taking steps such as eliminating blanket pre-authorization requirements for mental health benefits; ensuring comparable coverage of nutrition counseling for people with eating disorders, applied behavioral analysis (ABA) therapy to treat autism, and medication-assisted treatment for opioid use disorders; finding ways to improve the adequacy of their mental health provider networks; addressing impermissible limitations and restrictions on mental health benefits; and eliminating special gatekeepers for mental health and substance use disorder treatment.

2. We need to keep reinforcing that there should not be any stigma associated with mental health conditions and substance use disorders by normalizing the conversations about these conditions. It should be no different to talk about living with depression than it is talking about living with hypertension. It should be no different to take a day off if you don't feel well mentally than if you don't feel well physically. It should be no different to seek physical therapy when your body is hurting than to seek behavioral therapy when your mind is hurting.
3. We need to continue to provide outreach and awareness about resources that are available to people living with mental health conditions. With respect to coverage for care, if someone is facing especially high hurdles just to get needed mental health or substance use disorder benefits, they should call an EBSA benefits advisor at 866-444-3272 or make an online request for assistance at askebsa.dol.gov. EBSA's benefits advisors can help them understand their rights to mental health care, the benefits available to them under the plan and can provide assistance in working with their health plan or insurer.
4. Employers can work towards creating mentally health workplaces and learn more about how to address workplace stress and worker mental health needs.
5. Employers can train both their management employees and all employees about how to support employees who are living with mental health conditions. By supporting each other, we can work towards eliminating the stigma surrounding mental health conditions and substance use disorders and providing people the support they need.

What is a project you or others are working on today that gives you hope? How can our readers learn more about this work?

This past July, together with the Departments of Health and Human Services and Treasury, we issued proposed regulations to strengthen and reinforce the protections under federal mental health parity laws. The aim of these proposed rules is to ensure that individuals living with mental health conditions and substance use disorders benefit from the full protections afforded to them under MHPAEA, while providing clear standards for plans and insurers on how to comply with the law.

In addition to this regulatory work, we launched an outreach and awareness campaign aimed at increasing public awareness about their rights to mental health parity in benefits and the ways that EBSA can help them in understanding and accessing their benefits. We have been providing information through social media; television and radio shows, podcasts, articles and through various public events across the country, teaming with mental health advocates and supporters to spread the message. Readers can follow our work by checking out our resources at <https://www.dol.gov/agencies/ebsa/laws-and-regulations/laws/mental-health-and-substance-use-disorder-parity> and by going to <https://www.dol.gov/agencies/ebsa> to subscribe for EBSA email updates.

How do you see technology shaping the future of mental health care and its accessibility?

During the COVID-19 public health emergency, many health care providers expanded the use of telehealth to deliver both behavioral health services and medical/surgical services and many plans expanded coverage of telehealth services. The availability of behavioral health services via telehealth is critical to making sure that patients are able to access care. We should be thinking about ways in which getting treatment is easiest, and telehealth can play a role in expanding access.

In your view, how do social factors like poverty, education, and culture affect mental health care and its effectiveness?

Together with the Department of Health and Human Services and the Department of Treasury, this summer we released our latest Report to Congress on mental health parity issues and enforcement. As we said in that report, the data shows that many factors affect mental health care. Even before the pandemic, over 15 percent of children ages 12 to 17 reported experiencing at least one major depressive episode, and over 2.5 million experienced severe major depression. Suicidal behavior among children has sharply increased over the past decade. In 2021, 22 percent of high school students seriously considered attempting suicide during the previous year. Suicide rates among Black or African American children below age 13 has been increasing rapidly, and they are nearly twice as likely to die by suicide than White children. For LGBTQ kids ages 13 to 24, 45 percent seriously considered attempting suicide in the past year, and nearly half of the multiracial LGBTQ youth surveyed seriously considered suicide. Young people have also experienced a sharp rise in eating disorders throughout the pandemic. Eating disorders, overall, are among the deadliest mental illnesses, alongside substance use disorders. In addition, the overdose death rate was highest for American Indian and Alaska Native people and Black or African American people. We are working in our outreach efforts to consider how we can best try to reach members of underserved communities to get the message out about rights to mental health parity in coverage and how EBSA can help.

We are very blessed that some very prominent names in Business, VC funding, Sports, and Entertainment read this column. Is there a person in the world, or in the US with whom you would love to have a private breakfast or lunch, and why? He or she might just see this if we tag them. :-)

I would love to meet with Demi Lovato, since she has been very open about her experiences with bipolar disorder, eating disorders and substance use disorders and such an incredible public advocate for mental health awareness. She may not be aware of the work that EBSA does in this space to ensure that people living with these and other conditions have access to coverage and care. As I have mentioned, we are working hard to get the word out about EBSA and how we can help, and having someone with such a public reach would help us to get our message out more broadly, specifically with younger generations who may not be focused on health benefits that are available to them through their parents' coverage or through their jobs and what rights they have.

How can our readers further follow your work online?

We are continuing to work on our outreach and education efforts with respect to mental health parity, and you can follow our work by checking out our resources at <https://www.dol.gov/agencies/ebsa/laws-and-regulations/laws/mental-health-and-substance-use-disorder-parity> and by going to <https://www.dol.gov/agencies/ebsa> to subscribe for EBSA email updates.

Thank you for your time and thoughtful answers. I know many people will gain so much from hearing this.

