



Episode 1 — Joyable

The founding mission of Joyable was really simple. It's, how do we make it so that people who need help can get high-quality care? Because today, the vast majority of people who need help don't get it. And those people who do get care wait, on average, for a decade.

Welcome to the Cure for the Common Company, a podcast series looking at innovations in the world of employee health and well-being. Steve Blumenfield and Lindsey Conon from Willis Towers Watson's Health and Benefits Practice are talking to entrepreneurs and industry leaders who break new ground to meet the needs of today's workforce, and deliver benefit solutions that can separate employers from the pack.

Hi, everyone. Welcome to this week's Cure for the Common Company podcast. I'm Steve Blumenfield. And I'm Lindsey Conon.

And we are here today with Pete Shalek, the co-founder and CEO of Joyable, and now Chief Product Officer of AbleTo, which recently acquired Joyable. Hi, Pete.

Thanks for having me here. It's great to be here.

Would you just take us back to the beginning? What inspired you to start Joyable in the first place?

I started it for the same reason that a lot of people I know care about behavioral health, which is that I'd seen friends and family members suffer with anxiety and depression. And I just experienced how hard it is to actually get help. I don't know if anyone listening to the podcast, or if either of you, have ever looked for a therapist, but that process —

We both have.

—it sucks. Like, there's no other way to put it. And I've had that experience looking for a therapist for myself, and you get in — I remember the very first therapist I found. First of all, I, like — I had insurance. I won't say who the insurer was at the time. I went to their provider listing page, and you get these, like, thumbnail photos and a paragraph where they say they specialize in literally everything.

Everything. Yeah.

And, and then I'm looking at the photos and I'm like, I guess I want an older woman to be my therapist? And then I'm like, wait, what does that say about me? I'm, like, psychoanalyzing myself. Is that the right thing for me, actually, to be doing?

You should definitely judge yourself when you select a therapist. That's exactly what you need to do.

Yeah. When you need help, the first thing and the most beneficial thing is to judge yourself, I've found.

Yeah, I think so.

Anyway.

[LAUGHTER]

And so I just had seen that and how hard it was. And by the way, you know, the first several people weren't a fit. And between each of those sessions it took months or years because I was like, I tried and it didn't work. And, you know, it's just a really hard process.

And so the founding mission of Joyable was really simple, it's, how do we make it so that people who need help can get high-quality care? Because today, the vast majority of people who need help don't get it. And those people who do get care wait, on average, for a decade. They suffer with clinical anxiety or clinical depression for 10 years before they go and get help.

Wow.

It's tragic and true, Pete. The evidence is clear. Our employers have told us this through our surveys again and again, that about 90% placed a high importance on providing benefits to get employees and their families the behavioral health support they need. Yet Lindsey and I, we talk about this all the time, the effects of mental illness in our own lives and the lives of our families.

But back to the facts, the statistics. They're really clear. According to organizations like NAMI, the National Alliance on Mental illness, which I'm affiliated with, and leading government agencies, you can say roughly one in five people are suffering from some degree of need for behavioral health or mental health support at any given time. So there's clearly a need for solutions to satisfy that demand.

Exactly. And it's great, today, that the stat you said that I've seen before that almost 90% of employers say behavioral is a top priority. It's amazing. That's new. And it's a really positive trend. You know, if you had gone 10 years ago, I don't think behavioral was at the top of anyone's list. And now we talk to employers, and the vast majority of them say it's either number one, number two, or number three on our list.

And that's a great trend. And I think it's powered by other good trends, which is that the stigma of behavioral health is coming down, the fact that people are more and more focused on getting help, and beginning to view their mental health and their physical health at parity. So it's a great trend we're on. And I think it's one that we still have a long way to go, but, you know, hopefully there's a wave that we can all help accelerate.

So, you know, as David mentioned, we've both looked for a therapist. We have friends that we've helped look for a therapist or for treatment, and, you know, I'm really interested in learning about how Joyable would make this easier for me, and for my friends, and my family.

It's a great question. So at a high level, what both AbleTo and Joyable do is we just make it simple to get high-quality care. So that's really the big and the most important thing. What I've found is people talk a lot about access in behavioral health, and both Joyable and AbleTo use technology to improve access to care.

So AbleTo has a network of over 600 therapists around the country, in all 50 states, that you can connect with using telehealth, and you know, you get appointments next day. Same day, next day, the day after, so you can get to people immediately.

Joyable is a digital therapeutic. It's an app that leads you through a structured course of cognitive behavioral therapy. You can start that instantly. So whereas, nationally, you have a multi-week wait, when you use either AbleTo you could see a therapist the next day, when you use Joyable you can start the app literally the same moment.

So we're making it so that the moment someone's in need, the moment you feel stressed, you can go and get the care you need. So that's the first big piece, is access. And that's actually what a lot of the digital health companies that are out there are talking about, is access. Even in behavioral health, a lot of them are talking about access.

I think it's fascinating. If you don't — if you don't mind me stepping in for a second, here, Pete, on that, we think about leverage for the health care system. It's impossible to deliver leverage when what you're selling is a block of time, a 50 minute block of time. There is no leverage for that. So what's beautiful about solutions like Joyables, Joyable and others of its type, where you can break that down into component pieces? You can actually sell the unit of care through a digital therapeutic that can achieve a similar outcome without being — without being time-bound.

So you can deliver scale to the system. Without solutions like this, there simply aren't enough therapists, or — and won't be, in the time of our lives, to solve this problem.

That is exactly right. There is a huge supply-demand imbalance. If you just look at the number of people who need help, who, according to the National Institute of Mental Health or NAMI, are suffering from anxiety or depression, there is supply — therapists and psychiatrists — to meet maybe a quarter of the people who need help today. So if we want to go from where we exist, which is today, according to the National Institute of Mental Health, one in seven people get minimally adequate care — if we want to go from 1 in 7 to 7 in 7 — which is, by the way, astounding that 86% of people with anxiety or depression aren't getting minimally adequate care —

Yeah.

But if we want to do that, we have to break the model that the only way to help somebody is with a therapist or a psychiatrist. And that's not to say — therapy and psychiatry is absolutely essential. It's not to say that we need to replace them. It's just we need to augment them.

Yes.

We need to find the people who have issues that can be, or needs, that can be treated with things like a digital therapeutic and give them high-quality outcomes so that we can free up the capacity of therapists and psychiatrists to focus on more intensive needs, whether that's bipolar disorder, very severe depression, schizophrenia, whatever that is. Basically, it becomes about, how do you build a system that is resilient enough to manage — to understand a population, to recognize there's no one size fits all, and to find people the right care?

So beyond access to care, what are some of the other critical needs that have to be addressed?

The thing that really attracted me to AbleTo, and that's true about AbleTo and Joyable, is that we both believe that access isn't enough. You need to have high quality. And the stats are actually almost half of people get care of some form or another. But only one in 7 get adequate care.

So we're talking about the majority of people who go to see a therapist, who go to see a psychiatrist, who get a script from their PCP for an SSRI or another type of antidepressant, the vast majority of them are not getting good care. And so we need to find a way to both have — you know, increase the access because of the supply-demand balance, and to recognize that all the supply is good supply. And we need to have good, quality, consistent care delivered.

Right, you brought up the notion of the type of care, and you mentioned traditional medications as therapy. It is interesting that we have a paradigm, at least in the United States, that's so skewed towards taking a pill to cure — the brain is a very complex organ. And the efficacy of many of these drugs is, in some cases, inferior to actual care, whether it's delivered digitally or is delivered by a human interaction. So we are really supportive of solutions that help to kind of break that default cycle of going to a med. They're great when they're for the right condition, for the right person, but they're not the only path to go down.

Exactly. It goes to the point you just made about the supply. About 80% of antidepressant scripts today are written by primary care physicians. And if you talk to them, 2/3 of PCPs say that they, when somebody comes in to them who needs behavior health, they have no idea where to refer them.

And so if you're a primary care physician and someone comes in and says they're overwhelmed, they're stressed, they're anxious, you can't refer them to a therapist even if that's the right care for them. What can you do? You write them a script because at least are doing something for them. And the result of that is the point you made, which is that almost 80 million Americans are on some form of psychiatric medication when, of course, some of them should be on it, but I think almost everybody agrees that number is larger. It wouldn't be the — if you had a perfect system, that would not be the ideal number.

Yeah.

You'd have more people in therapy and fewer people on those medications.

And fewer people self-medicating through recreational drug use.

Exactly.

If Joyable were an animal, what would it be?

If Joyable were an animal, what animal would it be? I would say that Joyable brings great comfort to people. And by improving their emotional well-being, and having grown up with dogs that brought great comfort to me, I would say that Joyable would be a dog.

All right, so the Joyable puppy.

Yeah, exactly.

A person's best friend.

That's the next product.

All right, I like it.

[INSTRUMENTAL MUSIC]

One of the things you keep mentioning is digital therapeutic. And so I just want to take a step back and understand, for our audience, what that is, and how you define it, and how you define it specifically at Joyable and AbleTo.

Absolutely. So the provocative way to say it is that Joyable offers an app that is as effective as an antidepressant. So what that means in practice, to actually explain what a digital therapeutic is, the most effective treatment for anxiety or depression today is cognitive behavioral therapy. And the basic premise of CBT, which is cognitive behavioral therapy, is that it's not a situation that makes you anxious or depressed. It's how you interpret that situation.

So if I asked you to feel sad right now, what would you do?

I'd frown.

That's — there you go. That's a physical action that changes your emotion. If you asked me to feel sad, I would think of a sad moment in my life. I would think about something bad that happened to me. And the idea is, there, my thought is actually driving how I feel. Your physical action of frowning is driving how you feel.

And so the basic idea of CBT is that we look at our thoughts, we look at our actions, and by doing those, we actually change how we feel. And that's been shown — CBT has been around for 40 years — it is the gold standard treatment. It's been shown time and time again to have huge impact on the way people feel and the quality of their life. And so what we've realized, and this is really research that started in the early 2000s, is that it's not the therapist, per se, that, with CBT, makes somebody better. It's they're doing those exercises.

Just like if you went to the gym with a personal trainer and they told you to lift weights, and you did those things, you'd get in shape. If you did those exact same exercises without the personal trainer, you'd get in shape. That's how a digital therapeutic works. So we, basically, have worked with the world's leading experts in CBT, people who created cognitive behavioral therapy and are viewed as the number one, the number two expert in the world on it.

We've taken those protocols and we've broken them into these really delightful, and fun, and interactive five-minute digital activities you can complete on any web-connected device or smartphone. And we've really made it easy for people to then get access to that highest quality care. So as you go through and you complete those activities, you do that practice, we've shown — and now we have peer-reviewed outcomes that demonstrate — that the improvement in your symptoms, the decline in your anxiety or the decline in your depression, is the exact same thing you would get from taking an antidepressant or from seeing a best-in-class face-to-face therapist.

So Pete, that description of CBT is terrific, and it's a wonderful tool. It's not for everybody or every circumstance. Could you tell us a little bit about the concierge solution that you bring to employers as well?

One of the things that brought AbleTo to Joyable together is that we both recognize there's no one-size-fits-all in mental health. And so a digital therapeutic, it's not that we believe everybody should do that. It's for some people who either have the right type of clinical need and the right preference for that, they can get care that way.

Joyable as a standalone entity, we offer our services to employers. And we have not just our digital therapeutic, but a suite of offerings around that that allow us to support a full population. One of those is what Steve just referred to, which is our concierge offering, which is really a white-glove way that we help people find and schedule appointments with therapists and psychiatrists.

So we understand people's needs, and then we actually go and literally find you somebody who's in network, who's high-quality, we vet them, and we can schedule an appointment for you to make it really simple. So someone just has to say, I want to feel better. And that experience that all of us have had? You don't have to worry about, am I going to the right place? You don't have to worry about how that process works. We just do that for you.

And that has been something that our clients have loved — we call our users clients — that our clients have loved. It's 98% satisfaction. And it's something that, obviously, our employers find incredibly valuable because almost everybody who works in H.R. has looked for a therapist at some point —

Yeah.

—and knows how hard that is. And so the idea that we take that lift for them makes a big difference. AbleTo, today, is focused on people with both behavioral health needs and physical health needs. So high-cost members, and they do, each week, a 45-minute session with a therapist and a 45-minute session with a coach. And what they've demonstrated is that we drive huge amounts of savings in medical costs.

So you had mentioned something a little bit earlier in our discussion around evidence-based care and helping people find what we would then say is high-quality care. And that a lot of the care being used is actually not high quality. And so you've talked a little bit about CBT as being a gold standard, and then you talked a little bit about your concierge service.

So, as you're doing that, how, other than CBT, what are some of the other types of quality providers or quality evidence-based care that you look for when you are trying to match people with either in-network providers or, you know, potentially an AbleTo therapist or something along those lines, like, what are you looking for?

It depends on the need of the individual. So there's a great deal of literature. One of the interesting things about behavioral health is that we actually know treatments that work really well for a lot of people. CBT happens to be one of them for a lot of things, but for others it's not. So for instance, if someone is dealing with post-traumatic stress disorder, CBT is effective. But more effective, at least in the literature, would be a technique called prolonged exposure, which we can — it's sort of a type of CBT, or cognitive processing therapy.

And so if we're looking for a therapist for somebody who's dealing with PTSD, we will look for someone who specializes in, or has expertise in, that type of therapy. And there are many, many types of evidence-based therapy. They don't all have — some work better than others. Some have bigger effects than others. But it's really about understanding what a person's need is so that we can then get them the right care for them.

Let's shift a little bit to talk about employers. What have you learned, working with employers, that maybe you didn't expect when you first dreamed up this company?

Oh, a huge amount. I think the biggest thing — when we dreamed up Joyable, actually, at first it was just — we didn't have the concierge service. We didn't have these other services that I haven't even mentioned yet, but we really were just focused on the supply-demand problem. It was a very theoretical exercise. We really started by saying, this is somebody — people we want to help. There's not enough supply, and we really want to be able to deliver this high-quality service.

We found we came to employers that they really want to be able to support their whole population. And they don't want, you know, they have too many vendors. I mean, you guys know this better than

anyone else. They're overwhelmed by the number of vendors they have. They're overwhelmed by the way they communicate to their employees. And they want partners who can help simplify for them, not make things more complicated.

And that actually led Joyable able to create things like a concierge service. That didn't exist until we started really working with employers and understanding their problems. And that helped us to both make the right solution for the employer, but also for their members. It was the employers' ideas that brought us concierge, and it's the members who love it, which is great. And so we've learned quite a bit through that iterative process.

There's a lot of — huge amounts of data that many people here have probably seen about the impact of behavioral health. So there was great Melman report was put out almost a decade ago, now, that shows that if you have anxiety or depression, it basically doubles the cost of your medical spend. And that's driven by large increases. If you have chronic co-morbidities, large increase in the cost. It doubles the cost of cancer, of heart disease, the things that move the needle on medical spend.

And we talked a lot about that upfront, but it's a little bit theoretical. And so beginning to make it really concrete for people is what made a big difference. And sometimes that's medical spend and sometimes that's human capital. We work with one of the largest hospital systems in the country at Joyable. And for them, their biggest issue is physician burnout.

Mm-hmm.

And so we really wanted to talk to them specifically about — even though physicians are, you know, about 10% of their population, we really wanted to talk them specifically about, what does it mean to be a physician? What does that burnout mean? And what does it cost to them? Because for that employer, actually, medical cost is a big deal, but the cost of replacing a single lost physician, in their number, is a million dollars.

Wow.

And so when you have a digital intervention like ours, which is relatively inexpensive because of the digital nature, we were able to, you know, show a very substantial ROI with even modest assumptions of usage, which were, you know, a tenth of what we saw, basically, in our broader population.

And you had to learn to speak in their language and use examples, metaphors that really speak to their needs.

Exactly. And that, there's no — within industries you see some similarities, but to your point, each organization is different. The way that they make decisions, the way that they talk, the way that they think, what their priorities are right now, and it's really about listening more than it's about speaking. And it's about trying to figure out what they need and seeing, in an honest way, is this the right solution for them? Because if behavioral health is not a priority for them, then we should say, it's great. We'll tell you a little about this and let's talk again next year or whenever makes sense for you.

So you talked a little bit about a hospital system as one of our clients, and each client is — or each employer is unique. That being said, do you see any industries within your book of business where a solution like yours is really palatable and is really, really important? Or are there certain, you know, multiple industries that you see, you know, employers looking to implement a solution more than others?

It's actually, it's — I've been surprised. We thought — we actually did our initial targeting, we were talking to employers based on industry. And that turned out to be a terrible proxy.

[LAUGHTER]

As it turned out.

Yeah.

You know, and we had these theses around this type of employee needs it, and —

Yeah.

And what we found is, you know, even with towers we have, we have hospitals, we have large construction firms, we have great tech companies, we have media companies. It's really across the board. The thing that we found has stood out for us is that employers who really value their people, and who think that their people are their core assets —

Absolutely.

—are the people who are most excited about this. And that goes across industry.

And we've seen that time and time again. It's intuitive. You think that, well, companies with this financial circumstance, and there's some influence to that, and with this industry, and vendors always want to segment the market using those traditional means. But these purchase decisions are not made in that manner.

Yeah.

Exactly.

Employers play a different role. I like to think of it as the company psychographics are what really drive these decisions. And sure, the other things are important, the demographics are important, but the psychographs are key.

I've heard you say a few times, Pete, we had a thesis. And it turned out that that thesis maybe wasn't exactly how the world played out, which I think is something we see often with entrepreneurs, especially when they start the business from outside, maybe the consumer. So just say a bit more about the education you've had around starting with that thesis and having to adjust.

The most fun part about being an entrepreneur is constantly learning. Like, actually, for me, that's what I enjoy. That's why I do this, and that's why I — is — and I had joked with, my co-founder and I, said that our job was to go and do whatever the company didn't know how to do, to really suck at it.

[LAUGHTER]

Like to go and to be bad at it. And then to go from being bad at it, to mediocre at it and then find somebody who's truly great and to hire that person. And that's what we've done, literally. We basically fire ourselves, roll by roll, out of the company. We did the first design work, we wrote the first code, and then we hired an amazing design team. We hired amazing engineering team.

I went and did our early employer sales. I went and did our employee sales. I can assure you, I'm not a sales person.

[LAUGHTER]

That is neither —

[INAUDIBLE]

Yeah, exactly.

[LAUGHTER]

Exactly.

Have you found the job you can do yet?

No. No, no.

Maybe the next one.

No, I — what — it's funny. The fun part about doing it personally is also you find what you love. And actually what I really love is product, and figuring out how you can create something out of nothing that helps people. Whether those people are an individual in need, or an employer or a health plan, like, dreaming those things up are what gives me the most energy. I actually like the process of learning, so I like doing all the things I'm bad at too.

[LAUGHTER]

But that is really the part that I find that I'm both best at and that I get the most enjoyment out of.

[INSTRUMENTAL MUSIC]

We talked a lot about Joyable and AbleTo, but we haven't actually talked about the connection between them. So can you talk a little bit about why we keep talking about two different companies, Joyable and AbleTo, and how they're connected, and why that's important for employers to understand?

Absolutely. So the background is that Joyable was acquired by AbleTo in March of this year. So it's been about three months. And it's funny, it was totally serendipitous. Joyable was out, we had an offer for somebody to invest in the company. And we're talking to some investors about it, and actually one of the investors happened to be on the board of AbleTo. And so I got connected into Trip, who's the CEO of AbleTo, and we had a conversation.

And what really struck me was two things. One was that it was the first people I'd spoken to in behavioral health who were as focused on outcomes as we were. It was the first thing we spoke about, it was the first thing they spoke about, and that was really differentiated versus a lot of what you hear is about access, access, access. But what you get on the other side, there was no commitment to the consistency that came there.

And the second thing was that we both had a vision, a dream, of becoming not just one way to help people, but a way that could be comprehensive in the way that we support individuals. We both knew that there was no one-size-fits-all in behavioral health. And we had seen that through our concierge service, but we were, with our concierge service, we were still referring you out to an in-network therapists. We didn't have a close relationship with that therapist that was your relationship, we just made it easier to get there.

Whereas what AbleTo had done was found a way to make therapy high-quality and consistent, which is incredibly hard. And so — and they looked at us and they said, oh, my God, you found a way to make therapy scalable and to help all these people with a digital intervention. That's really hard.

And we began to realize that we kind of had two pieces of the pie. We had the same vision for what the whole thing should look like, and we said, this is just going to allow us to help more people faster if we put it together. And it'll allow us to, when we work for an employer, when we work with a health plan, whomever our partner is, to really simplify it for them, because it makes it so that they can be guaranteed they're getting quality care across the spectrum. And they can have one partner who's delivering that care.

OK. I like the way you described those two pieces here, and let's continue that a little bit, even, further. So we tend to think of this space, and many spaces, as you need a front door, or a way for people to walk in and get the care that they need. Something that's not intimidating in the parlance of mental health, there's a lower stigma, or removed stigma.

Exactly.

So that front door. Then there is a delivery of care, whatever means it's used. A need to maybe deliver care for more complex circumstances, and then there are the extremely complex circumstances that might involve inpatient care. And, of course, there's the crisis moments. So where would you say that AbleTo, with Joyable, plays today across that spectrum?

So with our employer partners, we really do — we support all of those things. So we start as the front door. We are a single place for people to come to get help, and that allows us to understand people's needs and to get them to the appropriate care. And that's really important, because the vast majority of people come to us now, we can care for directly. We can do it with our digital programs or we can do it with a therapist that we can connect you to.

Of course, everything we do is technology enabled. And so it's, you know, teletherapy, it's this digital intervention in Joyable. And so there are some folks who have very severe mental illness, or just, you know, have a strong preference to see somebody in person. And in those cases, we want to be able to

support you to getting to the right care. And so, in that world, we have the ability to refer you and to handhold you as you go through that experience.

And that's the concierge service?

That's the concierge service. Exactly.

So do you have any capabilities, or is this something you would link out to, for prescribers, or for inpatient care, or for EAP, employee assistance programs?

All of that would be referred out today, and in partnership. Obviously, things like — some parts of that that can be delivered remotely are things that we're interested in and looking at as pieces to add on for the future.

So you talked about your focus on outcomes. What are some of your outcomes for your clients, and how does that compare to some of the statistics that we've talked about throughout this pod today?

Yeah. Ultimately what we want to do and we want to be held accountable to is improving the population's mental health. And so, as we think of it, it's really — it doesn't have to be complicated. Its how many people are using it? So we call that utilization. How many people who start using it finish using it? You know, stick through a treatment? We call that adherence. And for the people who've finished programs, what are their outcomes?

And the great thing about that is those are three — those are literally three steps to helping somebody improve their life. And so there's no funny games, there's no guessing, there's no jumps in between them. And what we've seen across all three of those are really fantastic results. So to start with outcomes, we'll kind of work our way backwards, we see that, for the average person who goes through the program, we improve their behavioral health by 50% or more.

And when I say improve their behavioral health, that's using the gold standard ways of measuring outcomes in mental health. PHQ-9 for depression or GAD-7 for generalized anxiety, these are standard, third-party measures, questionnaires, that you ask people as they go through treatment about how they're feeling. And we see about a 50% decline in people's symptoms.

When it comes to adherence, we benchmark ourselves to face-to-face therapy, and we see that we're actually about double face-to-face therapy in terms of adherence to our digital interventions. And when it comes to utilization, we benchmark to existing behavioral health solutions, which are typically employee assistance programs, which see kind of low single-digit behavioral health utilization. If they have higher utilization, usually it's not in the behavioral health services. It's of some of the other ancillary services they provide. And what we see is that across our book, on average, we're getting to 18% of employees.

So we're getting to, you know, oftentimes 5 or 10 times what they're seeing today. So we're reaching 5 to 10 times more people, two times as many of them are staying through treatment, and we're getting outcomes that are as good as face-to-face therapy.

And that's really interesting, that 18% statistic, because we talked about, earlier, about 20% of individuals or human beings have a mental health and behavioral health need. And so you're capturing from that. It almost sounds like nearly all of your market.

We are reaching most of the people who need it. We're getting closer to the 7 in 7.

When would you tell an employer not to implement Joyable or AbleTo?

I think it really has to do with their focus on behavioral health. I think if they want to improve the behavioral health of their population, that we're a good solution for most folks. What we've seen is that there are employers who either behavioral health isn't at the top of their list. And that's great. They're — I mean, one of the big learnings we have is that behavioral it is the most important thing in the world to us, but employers have 10 or 20 things that might be on their list.

And so we found that we really get these great outcomes when we engage with our employers as partners. And that requires some work from the employer. It's not a ton, but we do need them to partner with us. So we would say, not the right fit if they're not interested in engaging in behavioral

health today, because that's where we get great outcomes. And I'd say, not a great fit if, just generally, behavioral health isn't at the top of their list.

You know, what we're — what AbleTo and what Joyable are focused on, is really treatment. And that's such an important part. And there's such a gap there, and we spend \$200 billion a year in the United States on behavioral health treatment. What we get for that is, honestly, sad. And there's still so much, even having great treatment, there are other things that need to be done in the world to support better emotional health that don't just deal with treatment.

It's the things that foster community and build stronger relationships between people. And these are things that are hard problems, but things that employers can help facilitate. And one of the questions we always asked at Joyable, and there's so much to do in treatment that I don't think we're going there any time soon, is how might we facilitate some of those things? We do do some work, and we've done some of this with some of Towers clients, around manager training and helping people be educated in —

Yeah.

— creating population knowledge, but there's so much to be done that it's almost — you know, I always say your physical health is part of your life. Our mental health is your whole life. We all live in our own heads. And so everything we do impacts our mental health. And how we build the systems that support and enable healthy mental health is — it's not a 5-year problem, a 10-year problem, or even a generational problem. It's something that will take many generations to try to build the right way.

Let's look into the future. It's about five years from now, and you all are wildly successful. There's an article in your favorite magazine or blog. What's the headline?

The company that's helped a million people improve their mental health.

So, Pete, thanks so much for joining us here today in this pod. I think, you know, throughout our conversation we've learned a little bit about how you think about mental health and behavioral health, and we hope it's been informative for our audience out there.

Thank you so much for having me. It was really great to spend time with you guys. Thanks.

[INSTRUMENTAL MUSIC]

Thank you for joining us for this Willis Towers Watson podcast featuring the latest thinking on the intersection of people, capital, and risk. For more information, visit the insights section of [WillisTowersWatson.com](https://www.WillisTowersWatson.com).