

# Beyond the Couch: Psychiatry's Data-Driven Future

A precision approach to treating behavioral health takes shape

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Written By Bruce Shutan

**M**indful of longstanding challenges associated with treating complex behavioral health conditions, psychiatrists and neuroscientists are increasingly embracing precision psychiatry. The approach marks a paradigm shift toward more meaningful evidence-based, data-driven decision-making, and is expected to produce greater efficacy and lower costs for self-insured behavioral health benefits.

Dani Kimlinger, CEO of MINES and Associates, Inc. sees a bigger appetite now for precision in the diagnosis and treatment of mental health conditions to counteract a one-size-fits all approach. It's already reducing trial and error in treatment, she explains. For example, clinicians are suggesting alternatives to antidepressant or anti-anxiety medication that have been blindly prescribed for years without much progress being made.

"We tend to see that a lot of these prescriptions are coming through primary care – not necessarily through behavioral health trained psychiatry, which can be a challenge," she says (see accompanying story).



Dani Kimlinger

As many as 89% of job seekers now cite mental health coverage in their top three considerations for choosing a new job, observes Johnny Crowder, founder and CEO of Cope Notes. But in order to harness the power of these benefits beyond pursuing a more data-driven strategy, he says they need to be accessible without having to jump through a lot of hoops while workplace wellness should be regularly promoted.

## DEMANDING BETTER TREATMENT

In the mental health arena, Enthea C-Founder and CEO Sherry Rais has noticed the discourse has changed in conversations with employers, payers and unions that are no longer willing to just freely dispense Xanax, lithium or other scripts to treat various illnesses. In short, they're tired of investing in mainstream psychiatric treatments that fall short on efficacy.

"The goal is more accurate diagnoses and personalized or individualized treatment plans

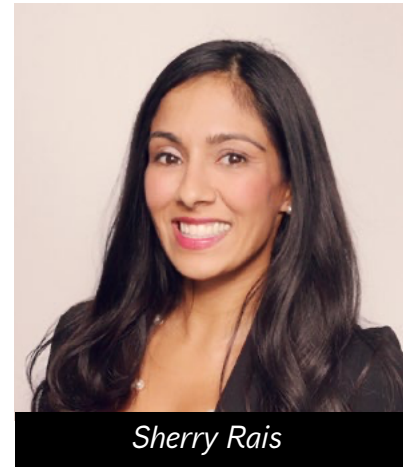
that lead to better outcomes," she says. "What I'm hearing from employers is a growing frustration about these costly initiatives that aren't effective. They want things that are outcomes-based and will actually work, and they want things that will address the specific needs of their population."

For example, blue-collar industries and unions might have high incidents of substance use disorder, whereas suicidal ideation is higher among first responders. She explains that ketamine is the only medicine that reduces suicidal thoughts in as little as four hours, calling it a literal lifesaver and game changer.

People with certain brain derived neurotrophic factor genotypes who are depressed have better outcomes after ketamine-assisted therapy, she adds. Genetic testing could be used to determine if someone would be like a good candidate for this type of alternative mental health treatment.

## PSYCHEDELICS EFFICACY

The use of ketamine and psychedelic-assisted therapy, including psilocybin and stellate ganglion block, are some of the most promising areas for applying precision mental health therapy, according to Rais, whose firm integrates those treatments with psychiatry and psychotherapy as part of a holistic therapeutic process.



Sherry Rais

Interventional psychiatry treatments directly change brain function and increase neuroplasticity by using a compound and combining that with talk therapy rather than being given in isolation with talk therapy as an option. She says these treatments are four times more effective than taking antidepressants alone or having talk therapy alone. The results have enabled Enthea to grow from 3,000 covered lives just two years ago as a workplace benefit to 300,000.

Rais says ketamine and psychedelic providers such as Journey Clinical, Skylight Psychedelics, Innerwell, Field Trip Health and Homecoming Health collect data across the patient journey from pre-treatment screening to post-ketamine therapy to track moods and adjust treatment dosage and frequency in real time.

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This data collection may reveal that someone is better candidate for more somatic integration vs. cognitive integration, which then leads to personalized treatment plans in the context of ketamine assisted therapy and personalized doses.

While the U.S. Food and Drug Administration has granted these psychedelic treatments for various mental health conditions “breakthrough” status, they have not yet been approved for such usage at the federal level. Rais surmises that methylenedioxymethamphetamine, commonly known as MDMA or ecstasy, will be approved in 2026 followed by LSD and psilocybin. The latter drug has been decriminalized in Oakland, Calif., and the District of Columbia, and is being used as part of supervised treatment in Oregon and Colorado.

“We’re entering a completely new era in mental health where we are actually tailoring the experience to the individual,” Rais opines. “We want treatments that are effective, that have good outcomes that allow people to see a big difference.”

### **FAST-TRACKING THE RIGHT TREATMENT**

In rethinking behavioral health treatments, there’s an inherent need for speed when it comes to dispensing the most appropriate care. Kimlinger believes the precision approach could be beneficial on the primary care side because PCPs have such little time with their patients and simply adding a certain blood test could help cut through the noise on pinpointing the right treatment. “The longer that someone’s on an ineffective treatment, the greater risk they have to chronic illnesses, disabilities or their disabilities furthering other negative outcomes,” she says.

Precision psychiatry allows people to access care early and often, according to Kimlinger. “It’s important to think about the whole person as you go through and provide them support and treatment,” she says. “It’s not a one-size-fits-all approach.”

One area that she’s excited about is brain scan feedback in precision medicine, which is becoming bigger and broader. “If we can find a way to shorten the time to find an effective treatment for someone and improve outcomes, especially for folks who aren’t responding to the standard treatment, I think it’s a huge win for everyone,” she adds.

The clinical response to precision psychiatry across MINES & Associates’ PPO and employee assistance program networks has been mixed. “We have therapists that said, ‘Gosh, I went and got trained in brain spotting because I had clients that wanted that,’ or ‘I went and got ABA [applied behavioral analysis] trained for autism because there’s a shortage, and I want to be able to meet clients where they are be able to provide that specialty care,’” she reports.

The point of service also is a factor. While most of Kimlinger’s clients engaged in virtual care following Covid, there has been a trend back to in-person sessions – with as many as 57% choosing that traditional option last year rather than video, telephonic or message-based care.

In small towns, however, she believes virtual counseling can be very helpful because a patient doesn’t necessarily want his or her car to be seen outside a mental health appointment or be spotted in the lobby of a therapist office.

But there are obstacles. From a social-determinants-of-health point of view, she points out that not everyone is able to effectively engage in virtual counseling because they may live in a small apartment with their partner or family where they don't have a quiet, private place for therapy. And if they're a victim of domestic violence, it wouldn't be safe to engage in those conversations at home.

Wherever people choose to receive therapy, she says "it has to be human-centered. It has to meet people where they are. What is the modality that works best? Do they need someone who has a trauma-treatment background? Do they want a BIPOC [Black, Indigenous and People of Color] provider? What is the best fit for this person and who gets to decide that? How do we help people engage effectively?"

## **BARRIERS TO CARE**

While many people would welcome precision psychiatry, there are barriers to consider, cautions Tayebe Shah-Mirany, vice president of PsychHealth Care Management, LLC. For example, most information at the disposal of clinicians addresses swaths of the population, not individuals.



"That's why you have so much error in pharmaceuticals that are available to physicians when they're trying to treat a particular mental illness like depression or anxiety," she explains.

Another issue is that the pharmaceutical industry has invested fewer dollars in the development of some drugs because the populations are more heterogeneous, not individualized. That means uncovering common brain function is more like the luck of the draw.

Precision medicine has created an ability to biomark various types of cancers and determine whether or not a certain drug is going to work for a particular person. But doing the same in psychiatry isn't easy because no two brains are the same.

"If you can get more personalized because you can start to see patterns in people's brains, that's how you're able to get more individualized," Shah-Mirany explains. "You'll be able to actually get to a point where you might know who has a predisposition, and you can take action before the disease even presents itself. You can also determine what the prognosis is going to be."

The Centre for Precision Psychiatry in Quebec is creating a database to elevate evidence-based, data-driven decision making, Shah-Mirany says, noting that the biggest hurdle is getting a usable output for massive amounts of information that psychiatrists and psychologists can access to significantly improve outcomes.

If the industry could have a better understanding of various subtypes within, say, depression and anxiety to create more pinpointed drugs, then she believes pharmaceutical companies will likely develop more psychiatric drugs that promise greater efficacy, and therefore, return on investment.

The thinking behind precision psychiatry is that stopping patients from having complications caused by being on the wrong medication will improve outcomes and lower cost. The approach also holds promise for polypharmacy. "Imagine if you could eliminate the number of drugs people are on and the side effects because you could more precisely understand their condition and develop drugs more precise and multifaceted?" Shah-Mirany suggests.





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## MEASURING THE RIGHT DATA

Perhaps no one knows the growing importance of applying precision to actually measuring seemingly subjective mental health results better than Crowder, whose firm provides daily text messages that combined peer support and positive psychology to help improve mental and emotional health.

His company began collecting individual testimonials from hundreds of happy users, which fell short of expectations from prospective employer customers. So, he documented case studies, then funded a formal research study that was later published in the Journal of Medical Internet Research to show a return on investment – only to learn that the qualitative study needed to be a quantitative study, which would take another 18 months to complete, followed by six to 12 months to have it published in the Journal of Mental Health.

“I’m learning that there are infinite levels to this game,” observes Crowder, a suicide survivor who grew up with severe mental illness.■

*Bruce Shutan is a Portland, Oregon-based freelance writer who has closely covered the employee benefits industry for more than 35 years.*



*Johnny Crowder*



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## ANATOMY OF AN EARLY ADOPTER PROGRAM

Dani Kimlinger, CEO of MINES and Associates, Inc., recognized the potential of precision psychiatry in 2017 when her company teamed up with Tamara Caronite, a subject matter expert on precision-medicine solutions.

Together, they sought to support an evidence-based approach to integrating behavioral health services into a primary care setting, including the intervention strategy of pharmacogenetics testing. That effort would help PCPs understand medication management and pass that information on to behavioral health professionals through case managers, which helped gain clarity, address complex needs faster and speed access to the most appropriate treatment.

When partnering with Caronite to determine, for instance, which antidepressants worked best based on genetics, she thought the approach was interesting and unique. “They had great data,” she recalls.

The program included protocol-based pharmacogenomics testing with recommendations, training, education, medication management, document management, reporting and care pathways to navigate through case managers to behavioral health providers.

Caronite, founder of DoradoCare, cites two compelling arguments for pharmacogenetic testing. One is a trial-and-error approach that fails two-thirds of patients on psychiatric medications, causing suboptimal results, adverse reactions, treatment complications and unnecessary suffering. The other is that research has evolved to high-level evidence sufficient for clinical practice in some cases.

“Drug choice is among the top modifiable risk factors in improving outcomes,” she says. “The challenge, and call to action, is to establish a standard for which to evaluate and satisfy a clinically sufficient solution that has meaningful impact and can be measured back to ROI expectations. Otherwise, the business and clinical propositions aren’t fulfilled.”

A strong case can be made for transitioning from subjective to objective prescription evaluation and from trial and error to evidence-based prescribing, Caronite says. However, not all tests are equal with payers facing an influx of products, mostly companies upselling software and ancillary services.

The fact is that many testing services are insufficient for clinical practice. For example, medication recommendations vary substantially between companies. “These tests may be data-driven to a company’s knowledge base but not to clinical practice standards: accurate to a target but not the target,” she says, suggesting that self-insured health plans use an objective vetting criteria for evaluating products.

Ultimately, the MINES and Associates experiment fizzled out, which Kimlinger describes as “an early adopter problem” involving a bold solution that was ahead of its time. She likened that experience to launching video and message-based counseling not catching on before the pandemic, noting that the timing was off in both cases.

However, her understanding is that it’s more accessible now to engage in precision psychiatry support and, therefore, it could be a good time for self-insured behavioral health plans to go to market with this approach.

“If you’ve seen one depression case, you’ve seen one depression case,” she says. “Everybody’s genetic makeup is different, but we also believe that there’s a psychology component that comes in addition to the genetic makeup that can predispose people to different treatments.” – Bruce Shutan



*Dani Kimlinger*



*Tamara Caronite*