

Speaker 1 ([00:05](#)):

Hi, I am Gora Geral. I'm a psychiatrist and I serve as a Chief Wellness Executive and vice President at Northwestern Medicine. I also serve as the Wellbeing Consultant for the Center for Workplace Mental Health on the Brave of Heart Fund. I'm really excited today to be joined by my C E O, Dr. Howard Chrisman. Dr. Chrisman, I'd love for you to introduce yourself.

Speaker 2 ([00:26](#)):

Well, thank you Dr. Agarwal, and thank you everyone for this opportunity. As Dr. Agarwal said, I am the c e o and president of Northwestern Medicine. I've been in this role for nine months, but I am also a practicing interventional radiologist. I've been doing that for 26 years now. So I have the privilege of being in this role of working with Dr. Agarwal. Bit of my own personal background. I have three children, a wife of 30 years who's a federal judge. So you can imagine how many arguments I win at home and the yellow lab. So that's sort of my story and my background, and I look forward to this conversation.

Speaker 1 ([01:04](#)):

Thank you so much, Dr. Chrisman. Those of you who have watched our videos in the past know that we tend to focus in on initiatives that healthcare systems can adopt to continue to move the access to mental health care forward. This call is going to be a little bit different as we want to share how at Northwestern Medicine, we've created a campaign of initiatives for mental health, including changing our credentialing, so physicians will no longer feel stigmatized when they seek mental health. Enhancing and expanding our E A P benefits, providing coaching, peer support, and a robust wellbeing program, and providing leadership training along with support for suicide. Postvention, the way Northwestern Medicine has addressed this issue was to try to create many of the initiatives that you've heard separately on our toolkit. Today's conversation is really designed to help understand how senior executive leadership think about moving forward on these initiatives, and that's why we wanted to get Dr. Crispin's perspective today. So Dr. Chrisman, I wanted to see if we might begin by having you share a little bit about how and if mental illness has ever impacted you personally with friends, family, close colleagues, and if that exposure sort of has impacted your thinking about mental illness and performance. As we sort of know, there's this historical culture for some people that assumes that if you have mental illness, you aren't strong enough or you can't be trusted with important roles. I think that that's a big barrier to folks seeking healthcare.

Speaker 2 ([02:52](#)):

I guess the way I think about this is all of us in some way have had individuals we know, whether it's immediate loved ones, friends or associates that had some interaction with mental health and a spectrum of anything from anxiety and depression to obviously more and higher acute illnesses. So I think as leaders, it informs us both personally and professionally. And I think your observation around how there's perhaps been a different way we've approached this from healthcare versus physical elements is true. And one of my personal beliefs is that in order for us to be able to provide the care we want to provide to others, we have to care about individuals themselves. It's not just their own wellbeing, but the wellbeing of their families or their friends. And oftentimes in healthcare, we can provide necessary resources for physical ailments. So individuals with certain disease states outside of mental health seem to be readily available.

Speaker 2 ([03:56](#)):

But what I've appreciated over the years, and even more so as A C E O, is that when I've been impacted this either through my own circles or for those that I know, it's often been difficult to get the necessary resources to get people better. And the outcome of that is often one that's frustrating both for myself as a leader and for those individuals. And as we all know on this call, when you need these resources and you can't get them in a timely way, it's very difficult to understand. And so my individual experiences, more so through those that I've known in my circle of friends or families of patients that I've cared for, there's been a frequent enough ask on the part of the healthcare system where we've not been able to perhaps manage to their needs and meet their expectations that this became a passion of the organization and a passion of my leadership around how do we think through this to really solve what is a national crisis, in my opinion.

Speaker 1 ([04:58](#)):

No, I think that's exactly right, and that's the purpose of this work is to really identify that what are the barriers that we can remove to improve that access? Because when you need this care, you need it now. And your frustration is shared by many, you sort of alluded to your unique career trajectory. You've served as the chair of many departments and now serve as our first physician, c e o. Do you feel like you bring a different perspective to the mental health needs of clinical professionals as a clinician yourself?

Speaker 2 ([05:31](#)):

Yeah. So I've been fortunate to be appointed a number of different leadership roles, and each of those leadership roles provides a bit of a different lens. In part as a practicing physician around colleagues in an environment that as we all are well aware of, can be a high pressure, I've been able to be sort of just not perhaps said a different way on the front lines with this as a colleague and then to be a physician leader as an interim chairman. So I've chaired four different departments that have a different environment and different cultures to see it through that lens. And then in my leadership role as a healthcare system, and all of those have informed me in my thinking, but thematically, it's all the same as how do we first identify those in need? Because as was referenced earlier, sometimes people are hesitant or recalcitrant to expressing, I need help.

Speaker 2 ([06:26](#)):

So how do we create an environment where the things we say are matched by the things we do? People that know me appreciate that if we're going to say something, we're going to do it. And I think that's critically important. And in healthcare it's even more important because sometimes how we do it and how we allow individuals to get guidance and seek help have to be done perhaps in a different way than other pathways. So we have to be cognizant of how people imagine they can trust us enough to share some of their most intimate concerns. So I think each of the roles as a, for me, slightly differently in how we reach people, how we communicate, but the underlying theme is the same, whether I'm scrubbed into the case working with a colleague that needs help, or whether I'm leading an organization, it's just acknowledging that we need to be able to provide the necessary tools to help with this.

Speaker 2 ([07:20](#)):

And then the other part of this that is an adjacency is sometimes it's not the individual but someone in their family or some friend. And you can all imagine if you have a family member, as I said earlier, I have a wife of 30 years, I have three young kids in their twenties. If they're struggling, I struggle. It's just a reality for many of us. It's that expression in some ways is you only as happy as the unhappiest child. And so if you have a child or a parent or colleague or a sibling, you oftentimes take on some of that. I

don't know if it's sadness or some of that uncertainty. And so the more we can help not just the individual, but those that surround the individual with resources, I think the healthier climate we'll have here at Northwestern Medicine,

Speaker 1 ([08:07](#)):

That's really well said. And obviously post pandemic, the youth mental health crisis has exploded. So the impact on all the parents and all those parents at their jobs of course are impacted if home life is not going well because your child is struggling. So I think that's really well said. I think the other thing I would pick up on is you talked about what I consider as a core leadership behavior is that our words match our actions and that leadership behavior, that leadership practice is core to building psychological safety. You and I have often talked about this idea that leadership practices have a profound impact on the mental health of those that they serve. Any other leadership practices that you've found help facilitate, improve mental health for our workforce and the people you serve?

Speaker 2 ([09:04](#)):

I guess I would answer that in a couple of ways. One is my own leadership practice and how I will share who I am and how I think and how those behaviors inform me. One of the things that we do here at Northwestern Medicine, we have what we call day one, which is an opportunity for new hires to get together to sort of be acclimated to our environment for us to share a lot of our best practices. But part of that is I give an introduction and that introduction is more about me and my commitment to them. And part of what I do is how I sort of introduce myself. I tell them about me personally, tell them that I have three children. I tell 'em I have a wife of 30 years. I tell 'em of my interest, I tell 'em of the importance of life balance.

Speaker 2 ([09:50](#)):

And then I said in understanding that I commit to them that we're going to create a high performing environment so that they can also enjoy the things that are outside of their workplace. If they can enjoy that balance, they're just a better person and they're more able to do the things we're asking them to do. And so I advance that. I'm very open and transparent about who I am and about how I'm committed to making sure that they have the same opportunities. In my case, it's my family and it's outside interest. And individuals have a different way of what they're prioritizing, but we need to allow for those balanced events to occur. I think the other part of this, and Dr. Agaral has educated me, the importance of managers and individuals that you report to is that these individuals have a degree of influence in your own life that is maybe only exceeded by a spouse.

Speaker 2 ([10:40](#)):

And even in that situation, perhaps equal to. So think about the profound impact that our managers and leaders have on the workforce. And so how do we provide them with the necessary tools? So for example, here, we took our managers through a Kellogg training program, our business school training program with Northwestern University to teach them the necessary tools around communication. How do they help answer questions that are sometimes difficult that they may not be prepared for? How do they raise a hand where they need help? So I think it's a commitment to not just our workforce, but the leaders of the workforce to give them the necessary tools and provide them with the same sorts of skillsets that are needed to manage what, as we all know, are very complex environment.

Speaker 1 ([11:24](#)):

And I'll brag on you a little bit. I think the other behavior and practice leadership practice that you do a great job on is modeling in general. I think when I see you and hear about you coaching your kids' sports and making time for that, or when I hear you rejuvenating and taking time to rest and recover, that gives me permission to do that as well. And so I appreciate the powerful impact of modeling as a leadership practice, and thank you for being a good model to us in that way.

Speaker 2 ([11:57](#)):

Yeah, I think I would add to, I actually think, well, I appreciate that. A good observation is as leaders, one of the things is a lot of people pay attention to what you say and what you do. Perhaps something that was relatively new to me in this relatively new CEO role, but it is impactful. And so it's not only what you say, but also what you do. And if you take time to be with your family, if you go to a sporting event, if you take a holiday, whatever it is, it gives people, I think a little greater degree of permission and freedom to be able to also look in their own world and ask what they can do and appreciate that it's very much supported at the highest level. So I think as important as leaders to realize people watch what you do and what you say. And so sometimes what you do gives people permission to make sure that they breathe a little bit and fill the tank as we like to say.

Speaker 1 ([12:51](#)):

Absolutely. Absolutely. You've obviously been a leader for a while. Having said that, as you mentioned, new to the CEO role, I'm new to my chief wellness role, and as I give talks, I think one of the things that I sort of chuckle on is people say, listen, you have the ear of the C-suite. So when you want to see things improve on a wellness front or a mental health front, you all can do that. What can I do as a frontline worker? How do I get the attention of those in the C-suite? What would you recommend to someone on the frontline that's trying to influence their C-suite at their healthcare system to pay more attention or provide additional resources on the mental health front and obviously a challenging environment fiscally, what would you say are ways that they may successfully influence?

Speaker 2 ([13:51](#)):

Yeah, I think it almost goes back to the conversation around actions and behaviors. I mean, if the C-suite is an environment that is seen as approachable as expecting individuals to actually come forward, if it's that sort of the flip pyramid we talk about, right? It's not that the CEO's at the top of the pyramid, it's the opposite. It's the workforce that's at top. So for an individual, if they're in an environment that is like that, I would encourage people to really advocate for themselves and their colleagues. I would, as I referenced earlier, this concept of a day one, one of the things I say is, I'm reachable by cell phone. I'm reachable by email and I'm reachable by just walking up to where we are on the third floor and knocking on the door. So I think part of it starts at the top that you have to hopefully be in an organization which is part of this conversation that's welcoming of that, because that's the only way we get better.

Speaker 2 ([14:47](#)):

The other part is to have the courage actually, if it's not in that environment, to sort of raise a hand and hope to influence it. And so look, there's nothing more important than our workforce and our workforce should be empowered to have the confidence to do these things. And there's sometimes sort of a chain of command, for lack of a better way to say it, that you would hopefully have a responsive manager that would listen to you and perhaps guide you. But at the end of the day, I think most current leaders would welcome the opportunity for someone to come and knock on the door and say, Hey, I want to share something with you. I think we can do better. And so my encouragement would be to have the

confidence in the leadership that they want to hear these things. And for me, all of us in this role that I'm in, spend a lot of time at board meetings and a lot of other things.

Speaker 2 ([15:32](#)):

There's nothing more informative to me than when I sit with the front lines or I'm walking and someone taps my shoulder an email that I get, because those really inform my thinking around whether we are actually getting the job done or not. And frankly, what I've found is many of my colleagues that are really on the frontline seeing the patients or interacting with families, they're not necessarily worried about that I'm the ceo. They're a little less filtered perhaps than those that directly reports to me. So I like that, right? They're just going to tell it like it is. So they should feel confident and their leaders are willing to listen to these things. Most of us appreciate it.

Speaker 1 ([16:13](#)):

And I think this is a case where your actions and words align. I mean, what I tell people after my talks is that the truth is I approached you when I was a frontline person. I wasn't actually in this situation. And you all took our suggestions very seriously. And so I believe that, and I think you're right that there are these thoughts about, Hey, you know what? I can't just send an email to my leader, but you'd be surprised how often they're very responsive to that.

Speaker 2 ([16:42](#)):

I agree.

Speaker 1 ([16:44](#)):

So I just want to finish up with, we talked a little bit about advice you would have for a frontline person. What encouragement or advice would you give to your fellow executive leaders about the need to provide mental health support to the workforce and to invest in some of these resources? Now, many of the things we did for our mental health campaign are actually free credentialing doesn't cost anything. It's really about just looking at your existing language and processes. But other things certainly have a dollar amount associated with them. But what would you say to your fellow executive leaders about making that investment?

Speaker 2 ([17:29](#)):

Yeah, I think a couple of thoughts that I would have and humble in my opinions here, because there are many other great organizations out there who do this perhaps better than we do, is in part one, I think of this more like the infinite game, as Simon Sinek might say, this is the concept of how we always do better and how are there others that are doing this better than us that can inform us? So I'm not shy about asking for help. I'm not shy about reaching out to other CEOs or have our C H R O or Chief Wellness Officer work with other organizations that seem to be doing a really good job in certain areas and what can we learn from each other. So I think there's opportunities for organizations to learn and not just in our industry. There's a lot of industries out there focused on that.

Speaker 2 ([18:15](#)):

So I would encourage conversations with board members who run large important companies who are also looking to identify ways to create a resilient workforce. I would think about having individuals on your leadership team that are focused on this in this situation. Obviously it's Dr. Agarwal, I could tell you

with great candidates and not meaning to embarrass G on this call, but what ends up happening is once you get the confidence in your leaders and the team, you really begin to think through as you make decisions, how do I filter this through that lens of wellbeing? And so you add a layer of information in your decision making that perhaps you didn't have before. And so I really think committing to a structure that thinks about this all the time, it doesn't mean you're always going to necessarily agree with that feedback, but it does provide a filtered lens that perhaps I didn't have before.

Speaker 2 ([19:12](#)):

So I think creating an organizational commitment that's visible with the chief wellness officer or the like to really be able to run ideas through and to get feedback on it is critically important. I think we've talked about this previously, actions and words have to match. And so if you believe in this, your own actions and how you behave and how you work with others have to match that it creates too much of an oddity of what you say and what you do are different, that people will begin to not necessarily trust that you really mean it. And so I think your actions are important. And I think spending a lot of time just listening, there is nothing that sort of captures your imagination more so than actually going out and my situation continuing to be active clinically or having the opportunity to sit with our nurses on the front lines of different sort of generations and say, how are we doing? Because there's a candid, sorry, a candidness around how they'll respond to you in that. So use your board, use your leadership team actions and words matter. Talk to your front lines. And then I think if you have a structure around this that can carry the conversation every day, that's really helpful, at least in our situation. And don't be afraid to ask others who are perhaps doing this better than you for their feedback and their wisdom.

Speaker 1 ([20:32](#)):

I think those are great tips and have been key to our success and our ability to really launch this comprehensive campaign around mental health support and access. And I'm proud to be a part of that and really grateful for your leadership. Thank you so much for taking all this time with us. We know how busy you are. We really appreciate it.

Speaker 2 ([20:53](#)):

Yeah. Well thank you for doing this. And I think we take this very seriously. At Northwestern Medicine, we're committed to this. As I said earlier, we have to care for those that care for others. Otherwise we won't get the outcome that we would want either as a organization that cares about people or as just a human who knows at some point in time, our own family, our own needs will be necessary. So appreciate the opportunity and however I can help, let me know.

Speaker 1 ([21:24](#)):

Thank you so much. Have a great day.

Speaker 2 ([21:26](#)):

Thank you.