



Strategies for Supporting Mental Health Telehealth and beyond!

January 2023

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If you or a loved one experiences overwhelming sadness, worry, stress, or thoughts of harm, please reach out for CRISIS Support.

Delaware - Crisis Intervention Services

New Castle County 800-652-2929 Kent/Sussex call 800-345-6785

In the United States, text 741-741 or call 1-800-273-TALK

NEW: 988 for Mental Health Crisis

National Maternal Mental Health Hotline: 833-943-5746





Agenda

- 1 Introductions
- 2 Mental Health Today
- 3 Telehealth and Your Mental Health
- 4 Supporting someone who does not think they need support
- 5 Resources and Q & A

NAMI

Established 1979

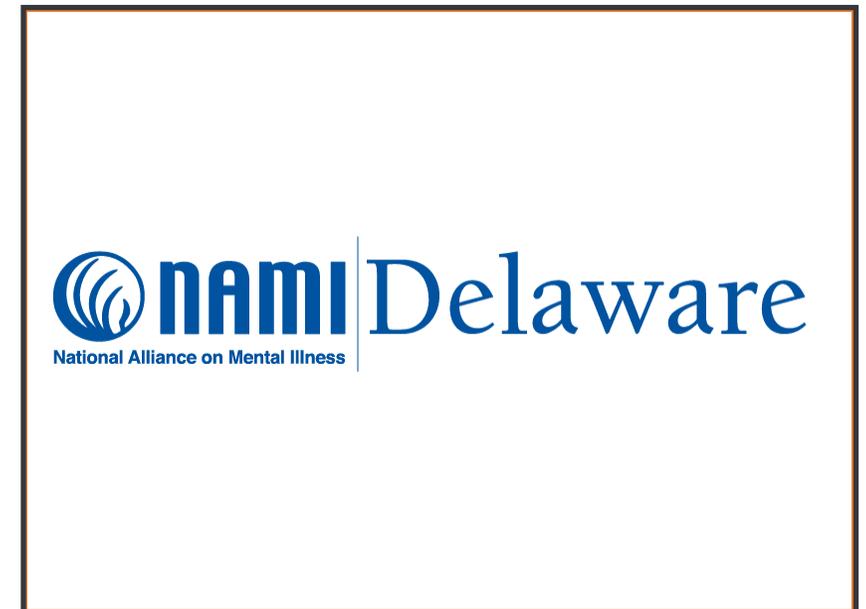
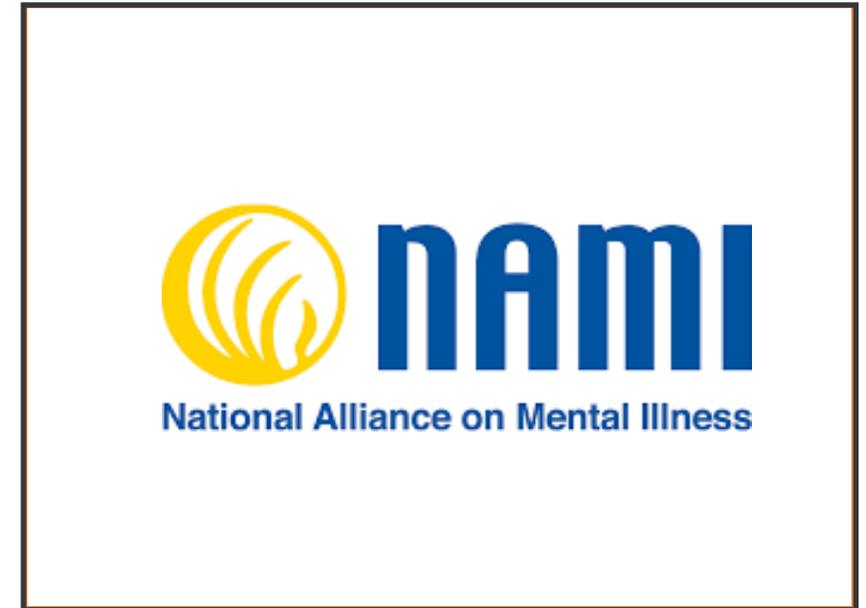
The nation's largest grassroots mental health organization dedicated to building better lives for the millions of Americans affected by mental illness

NAMI Delaware

Founded in 1983

Our mission:

To support, educate, and advocate until there is a cure for severe and persistent mental illness



Sue Mulhern

30+ years - Financial Services
Project Management Professional

3+ years - NAMI Volunteer

Nov 2021 - NAMI Delaware
(Advocacy and Education)

Personal Lived Experience with
Mental Health Diagnoses

Mom of adult daughter
with Severe and Persistent
Mental Illness (SPMI)



Greg Nemes

NAMI Delaware Operations Coordinator

1 Year - NAMI Delaware Helpline
Volunteer

Joined NAMI Delaware Full Time -
October 2019

Personal Lived Experience with a
Mental Health Diagnoses



Did you know?

Mental Health

is something we all have because we are alive

Mental Illness

is a real health condition that can develop

Mental illness

is common and treatable and it does not discriminate; it can affect anyone

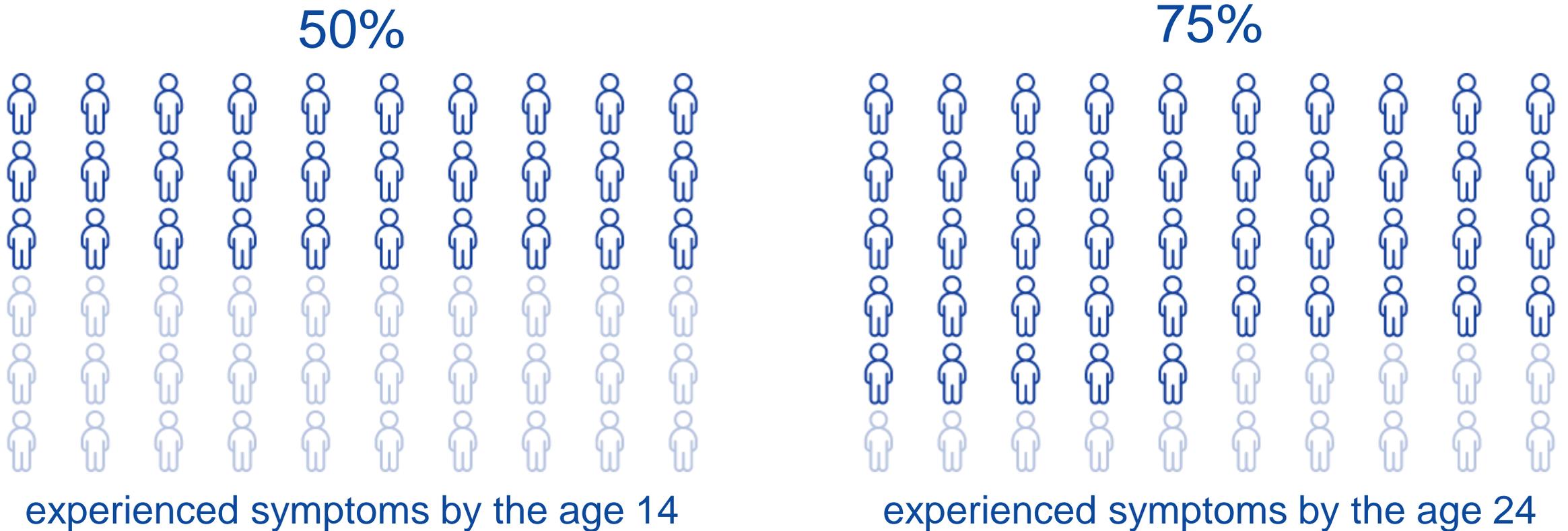
but...

it's also invisible and often misunderstood

DID YOU KNOW?

Mental Illness *may be a disability*. Mental illness can be considered a disability when it disrupts performance and negatively influences a person's day-to-day activities. The degree and extent that a person's functioning is impaired is another important factor in defining a potential mental health disability.

1 in 5 adults and 1 in 6 youth live with a mental health condition of those who do have a diagnosis...



56% of those living with mental illness did not receive mental health treatment in past year

Those who do seek treatment, wait an average 11 years



Primary reason people don't seek mental health treatment:

STIGMA *



* SOURCE: <https://www.ncbi.nlm.nih.gov/pubmed/18444452>

** SOURCE: <https://www.thenationalcouncil.org/press-releases/new-study-reveals-lack-of-access-as-root-cause-for-mental-health-crisis-in-america/>

Other barriers to treatment for include:

- Lack of adequate and affordable health care
- Limited options and/or long waits
- Lack of awareness of resources available
- Shortage of providers trained in mental health
- Lack of funding and mental health training in schools
- Missed opportunities for early prevention and intervention by parents, school officials and medical providers
- Poorly coordinated services (between schools, social services and medical providers, etc.)



Common Warning Signs



- Feeling very sad, withdrawn or unmotivated for more than two weeks.
- Intense worries or fears getting in the way of daily activities like hanging out with friends or going to classes.
- Extreme difficulty in concentrating or staying still.
- Drastic changes in behavior, personality or sleeping habits
- Sudden overwhelming fear for no reason, sometimes with a racing heart or fast breathing.
- Severe mood swings causing problems in relationships.

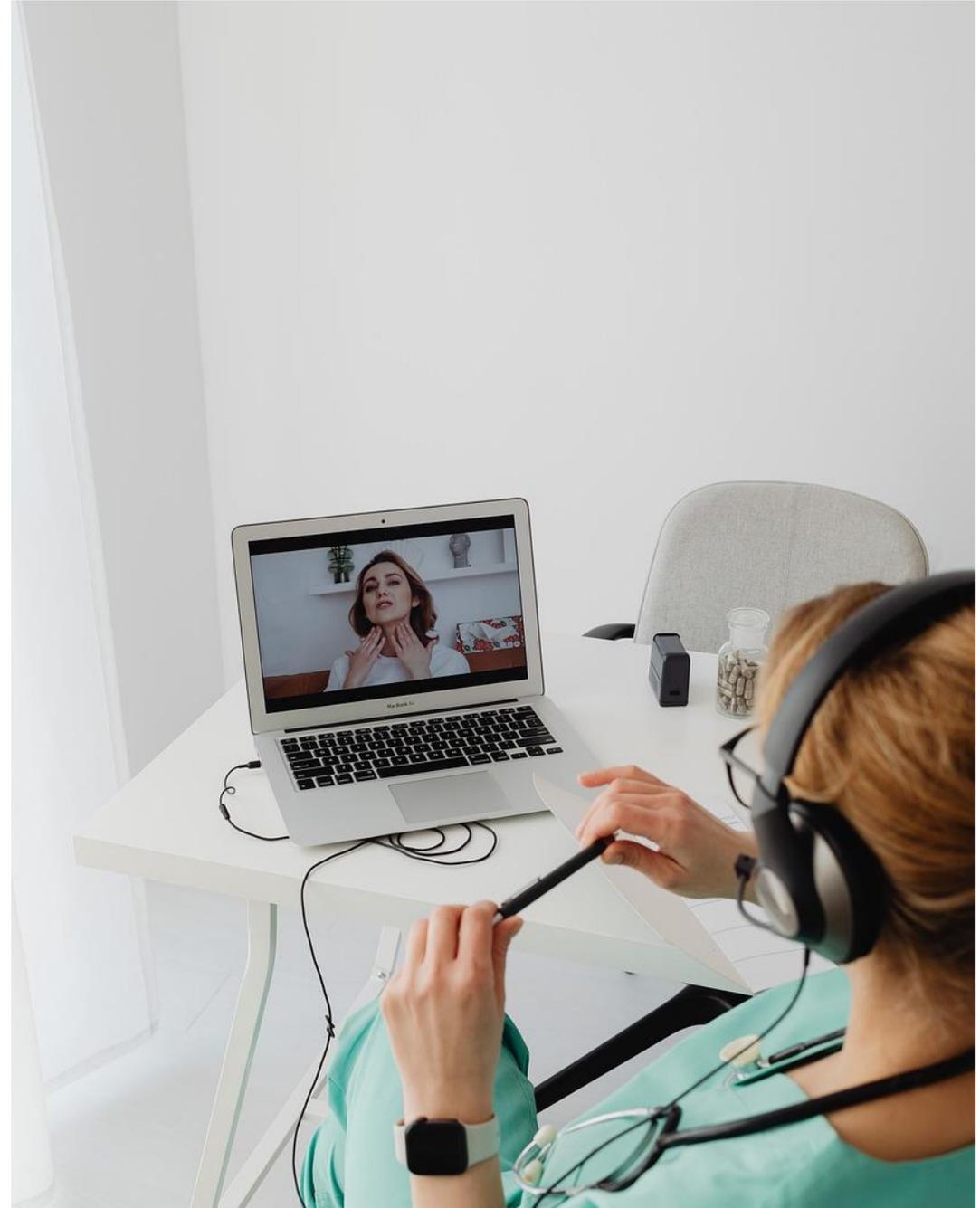
OTHER WARNING SIGNS

- Out of control, risk-taking behaviors.
- Significant weight loss or weight gain.
- Not eating, throwing up or using laxatives to lose weight.
- Excessive use of drugs or alcohol
- Making plans or trying to hurt or kill oneself.



- Constant Fatigue - may be attributed to possible biological, environment and/or social factors
- Physical Pain - up to 50% of chronic pain sufferers experience symptoms of depression
- Perfectionism - possibly due to distorted perceptions
- Lack of Emotion - loss of ability to experience joy
- Avoidance - possible coping strategy; often makes symptoms worse

Telehealth and Your Mental Health



Telehealth and Your Mental Health

Telehealth, Telemedicine, Teletherapy, Online Therapy and Virtual Therapy may be used interchangeably

1. Before COVID-19, telehealth was slowly but steadily growing in popularity. In early 2020, when the pandemic began, telemedicine services exploded in popularity.
2. The goal is to improve one's well-being, reduce symptoms of mental health conditions and find/treat their root cause(s) managing sessions through voice or video calls.
3. Benefits include reaching people who would not be able to make in person/office appointments and, in some cases, the pricing is more affordable than in person therapists.
4. Telehealth is not right for everyone. In person counseling may be more beneficial for people:
 - Experiencing an acute mental health emergency
 - Having thoughts about suicide or harming themselves or others
 - With serious mental illness like severe depression or schizophrenia

Telehealth Considerations

1. Cost - In many cases the cost is more affordable for online services AND the individual avoids travel costs and the cost of additional time of to travel to/from appointments.
 2. Privacy - According to a 2020 survey by Family Medicine and Community Health only 31% of mobile health applications have sufficient privacy policies
 3. Communication - Individuals need to determine their comfort level with telehealth vs. in person and understand comfort using online/virtual applications.
 - Ease of Use - Overall, more convenient, broader reach, fewer barriers
- *Note, for certain facets of the US Population (>55), some barriers might exist, including technology, access, understanding of virtual applications, etc.*

Telehealth Statistics



- 69% of people 18 - 49 years old took advantage of virtual medicine in 2021
 - Convenient / Easy / Flexible
- 41% of Medicare beneficiaries do NOT have access to a computer with high-speed internet at home OR do not have a Smart Phone with a wireless plan
- 75% of telehealth visits done by video
- 9% of telehealth visits done by telephone
- 3% of telehealth visit done by email or chat

Telehealth Statistics

- May 2022 Study - as COVID restrictions have lifted, telehealth remains highly used by young adults. Compared to pre-COVID average of 10.2% increase in consistent telehealth usage
- 63% of telehealth were AFAB (Assigned Female at Birth)/37% AMAB (Assigned Male at Birth)
- RACE: 27% non-Hispanic black; 25% non-Hispanic white; 22% Hispanic; 20% Americans of other races

Mental Health - Telehealth Claims in Feb 2021

- 55% of telehealth medical claims were for Mental Health Visits
- 23% - Major Depressive Disorder
- 28% - Generalize Anxiety Disorder
- 19% -Adjustment Disorders
- 7% - ADHD
- 5% - Bipolar Disorder



February 2021- [FAIR Health](#), a nonprofit organization that aims to bring transparency to health care costs

National Center for Health Statistics

**Supporting
others who
might be
resistant to help**



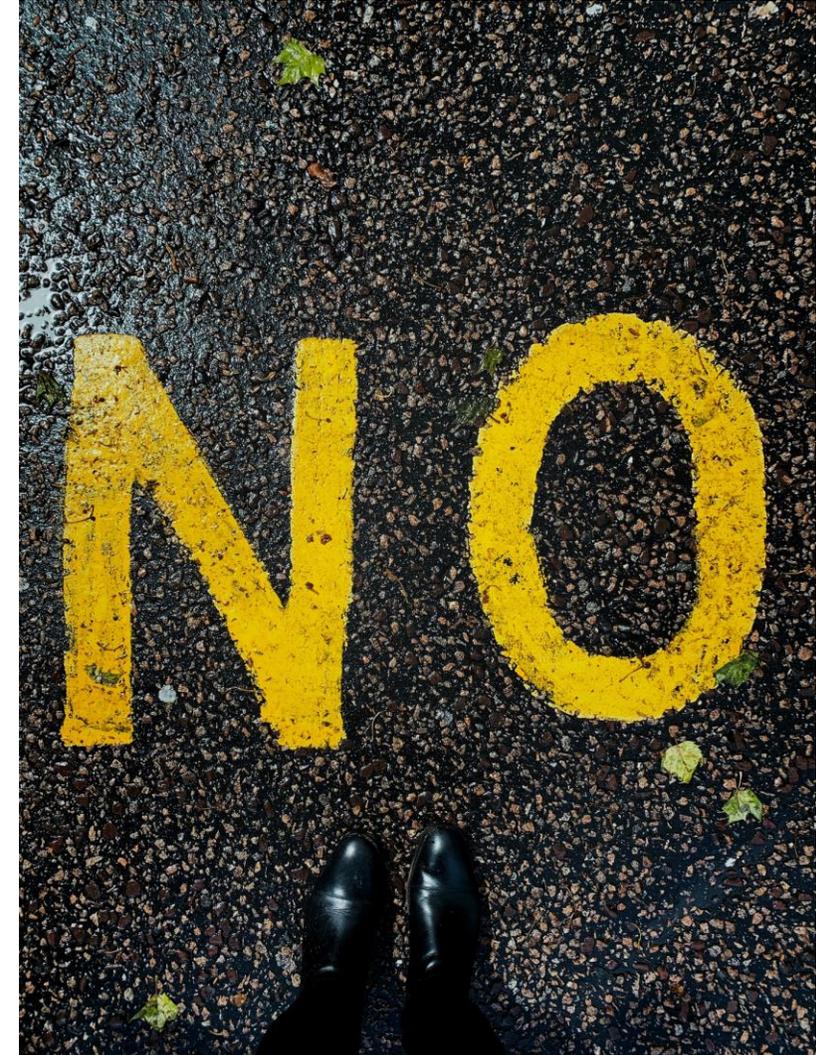
Resistance to Help - Why?

- Fearing loss of Self-Esteem
- Thinking they will "spontaneously" get better
- Believing friends/loved ones may not understand or may look down on them
- Fear of rejection and/or exclusions in the community
- May not want to be seen as bothering others/bringing others down
- May not know how to talk about their mental health



Resistance to Help - Why?

- Fear of losing control
 - Involuntary commitment
- May have had a bad experience when sharing their struggles previously
- Adverse side effects from medication



Can I Force Someone To Get Treatment?

- Must be deemed to be an immediate threat to self or others
- In such cases, can call a mobile crisis unit
- If no mobile crisis unit is available in your area, may need to call the police.
- Ask if it is possible for a CIT trained police officer to respond
 - Trained to recognize signs and symptoms of mental illness, as well as de-escalation strategies.



Is there anything I can do when a family member, friend or loved one does not want help?



What Can I Do To Help?

Trust - In some cases, the individual may not be ready to open up

- Possibly need time to be sure they can trust you
- Cultural Considerations may influence if/when/what they choose to share
- Ask if they have a trusted person they can speak with
- Remain open since they may come to you in the future
- Even if they are not actively sharing, they are listening so offer information that they can access on their own such as NAMIDelaware.org or NAMI.org

What Can I Do To Help?

- Early intervention may help to keep symptoms from becoming more serious
 - May reduce the risk of other impacts (job loss, relationship issues, substance misuse challenges, etc.)
- Privacy - Speak with the individual in a private location
 - Minimize Distractions
 - Do not share information with others that are not professionals
- Effective Listening - Be sure to listen openly and without judgement
 - Be aware of tone of voice, body language and facial expressions
 - Allow for silences
 - Listen and Validate
 - Resist the urge to fix or give advice



What Can I Do To Help?

- When possible, it is better to work with your friend/loved one to collaboratively decide on a treatment plan when they are ready, rather than telling them what they should do.
- Just as you want to be in control of your own life, they also want control over the choice of whether or not to seek treatment.
- Demanding someone get treatment may lead to resentment and may make it less likely they will agree to a treatment plan.



However, as mentioned previously, there are instances where taking an individual to a hospital involuntarily is necessary.

Remember Self-Care!

It can be easy to become so focused on helping others, that our own mental and physical health is not prioritized.

- Talk with a trusted friend/family member
- Set boundaries
- Take time to do things you enjoy
- Join a support group for families
- Be kind to yourself: A family member or friend not immediately accepting help does NOT make you a failure



What NAMI Delaware DOES:

**Educate,
Advocate and
Support**

WHAT WE ARE NOT:

**NOT a Crisis
Support Line/Organization
Do NOT offer direct services**

Do NOT diagnose



NAMI Delaware HELPLINE

NOT A CRISIS LINE

- **Trained staff offer empathy and resource referrals**
- **HelpLine in English (888) 427-2643**
To access a Helpline specialist, dial 1
- **Helpline En Español (302) 415-4356**
- **Helpline Email: HelpLine@namide.org**



NAMI DE: Safe, Affordable Housing

NAMI Delaware has been developing a continuum of permanent affordable housing since 1987 for persons who have a chronic mental illness.

Unique to NAMI Delaware
Serving approx. 300 people annually

Located in all three counties in Delaware
Currently managing 76 properties

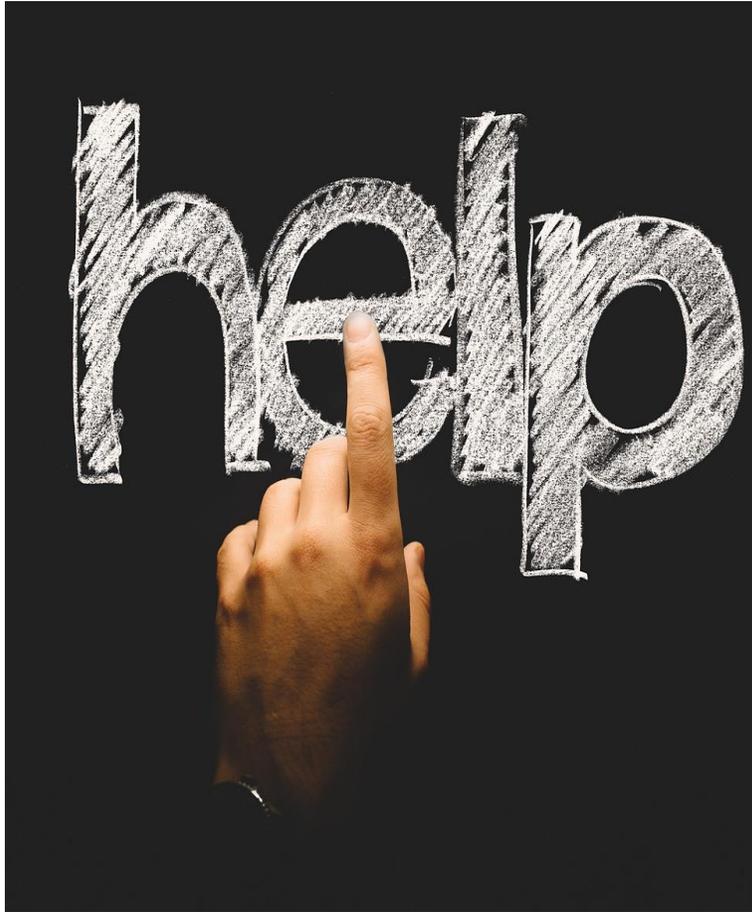


NAMI DE: Support and Educate

Provide information and support as well as mental health awareness and literacy for various audiences including peers, family members and general community



Support and Social Groups



Virtual Support Groups for peers and loved ones

- *NAMI Family Support Group*
- *NAMI Connection Peer Support Group*
- *NAMI Spouse Support Group*

Discover: Educational and Social Gatherings
Discover for Parents/Caregivers/Guardians
Discover in Spanish

Find the registration for our support groups at:
namidelaware.org/groups-classes

Educate - Caregiver, Family, Friends

No-cost Programs & Presentations

Signature programs, national trainings, and customized presentations

NAMI Basics for Caregivers (series of classes)

NAMI Family to Family (series of classes)

NAMI Smarts for Advocacy (class)

NAMI Family and Friends (presentation)

NAMI Ending the Silence (presentation)

NAMI In Our Own Voice (presentation)

NAMI Hope for Recovery (class)



Educate - Law Enforcement

Crisis Intervention Training for Law Enforcement



Veterans Response Training for Law Enforcement



Educate - Certificate Trainings

(virtual delivery available)

QPR
For Suicide
Prevention



MENTAL
HEALTH
FIRST AID®



YOUTH
MENTAL
HEALTH
FIRST AID®

www.MentalHealthFirstAid.org

Customized Presentations



- Individuals & Family Members
- Businesses
- K-12 & Higher Ed Faculty / Staff
- Law Enforcement
- Parent Groups
- Middle, High School and College Students
- Faith Communities
- Community Organizations

Community Awareness Presentations and Events

**NAMI Sharing Hope for
African American Communities**

**NAMI Compartiendo Esperanza for
Latino Communities**

**Mental Health in the
LGBTQ+ Community**

Volunteer Opportunities



- Host a presentation, group, or program
- Train as a facilitator or presenter
- Apply for Internship
- Lead a NAMI Walk team
- Advocate for mental health at Legislative Hall

Local Resources - Delaware

NEW: 988

<https://www.namidelaware.org/>

<https://www.helpisherede.com/>

Crisis Intervention Services 24/7

Northern Delaware: 800-652-2929

Southern Delaware: 800-345-6785

Child Crisis Response: 1-800-969-HELP (4357)



National Resources



NEW: 988

Suicide Prevention Line (800)273-8255

Crisis Text Line 741-741

NAMI (nami.org)

SAMHSA (Substance Abuse and Mental Health Administration - samhsa.gov)

The Mighty (themighty.com)

Healthy Place (healthyplace.com)

NAMI National Resources

<https://www.nami.org/Advocacy/Policy-Priorities/Improving-Health/Telehealth>

NAMI believes that public policies and practices should promote access to care for people with mental health conditions. NAMI supports laws and policies that expand the use of telehealth practices to support a wide range of effective and accessible mental health care services.

Telehealth has been shown to [improve patient satisfaction and be cost effective](#) for many diagnoses and has become an essential tool to help improve mental health care access.

NAMI believes policymakers should strengthen and expand telehealth coverage for mental health across all settings and forms of health coverage, including allowing reimbursement for new patients using telehealth. At the same time, providers and insurers should be encouraged to promote patient privacy protocols when patients use telehealth services. Additionally, further research should be prioritized to better understand different modes of treatment that best serve individual needs.



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SAVE THE DATES
- NAMI Walks - May 2023