

Mental Health COVID Update

Presented to Maine's Joint Standing Committee
on Appropriations and Financial Affairs
Tuesday, June 30, 2020

My name is Jenna Mehnert, and I am the CEO of NAMI Maine. NAMI Maine's mission is to provide support, education, and advocacy to the one in four Mainers living with a mental health condition, the one in twenty-five Mainers living with an acute mental illness, and the hundreds of Mainers struggling with thoughts of suicide. Maine's citizens were struggling with a lack of resources and access to mental health care prior to COVID. The impact of the pandemic has been significant.

It is important to note that before the pandemic:

School-Aged Children

As a state, we lose a community member to suicide every 36 hours, and every two weeks, that person is under the age of 18.

The Association of Child and Adolescent Psychiatrists identify Maine as having a significant shortage of psychiatric providers in all but four of Maine counties.

2019 Maine Integrated Youth Health Survey (MIYHS), 32.1% of high school students in the State reported that they felt so sad or hopeless almost every day for two weeks or more in a row, that they stopped doing some usual activities during the past 12 months. Only 25.2% of those students reported that they received help from an adult when they felt so sad or hopeless, and then only 3.7% of those students reported that the adult they received help from was a school staff member.

16% of Maine high school students seriously considered attempting suicide in the past year, with 8.9% of those students attempted at least one time.

According to the 2019 MIYHS, 24.8% of Maine middle school students have felt so sad or hopeless almost every day for two weeks or more in a row, that they stopped doing some usual activities.

20% of Maine middle school students have seriously considered suicide, with 7.7% of those students attempting at least one time.

Maine falls behind the recommended student to staff ratios for the following school staff roles: counselors, social workers, and psychologists.

LEGISLATIVE CONTACT

Jenna Mehnert, MSW, *Executive Director*
(207) 907-0303 • jenna@namimaine.org

POSITIONS & POLICY AGENDA

www.namimaine.org/advocacy

Maine lacks a comprehensive mental health system that starts with certified School Social Workers in schools and continues through to the lack of any secure mental health facility to prevent youth from being placed at Long Creek for their “safety”.

Young Adults and Adults

Maine has only ONE first episode psychosis program in the entire state despite the profound success of first episode programs nationwide.

40-70% of our jail population is on psychiatric medication as is about 65% of inmates within the custody of Maine’s prison system.

We are a state that violates people’s probation for an inability to secure mental health or substance use treatment services although Pew Charitable trust has identified several treatment deserts in the rural counties.

NAMI Maine is an entity that is very involved in all aspects of the continuum of care. There are two perspective for which we can add unique information- youth and the CIT Program.

We operate a teen text line for youth 14-20 and have received a wide variety of types of text from youth struggling with anxiety and feelings of sadness. The lack of connection for youth is causing a permanent impact on their wellbeing. The levels of anxiety are reaching new heights and their brains will not simply recover.

NAMI Maine is the lead coordinating entity for the Crisis Intervention Team Program for the State of Maine. We work closely with the 53 police departments (only 7 of the 16 counties participates) to implement this evidence-based

- Departments have reported that the acuity of cases they responded to increased
- At least 3 suicide deaths included notes that the lack of resources available to them made them feel hopeless in three different parts of the state
- Departments reported that they saw multiple individuals more than once due to the lack of services providing resources and therefore were not able to stabilize fully with community supports
- Departments were reporting call volume was increasing while anecdotally crisis services were reporting anticipating an influx but had not experienced it
- Departments were reporting their only ability was to transport to hospitals when someone was in crisis. The perception given was that EDs were not then calling crisis services to assess. On at least one occasion, a department had to bring an individual to the hospital twice within an hours’ time because a thorough assessment had not occurred (unclear if the hospital had made the decision to not call crisis themselves)

LEGISLATIVE CONTACT

Jenna Mehnert, MSW, *Executive Director*
(207) 907-0303 • jenna@namimaine.org

POSITIONS & POLICY AGENDA

www.namimaine.org/advocacy

- Two different departments experienced 3 suicide deaths in 2-week clusters during the height of the lock down. Statistically indicating that there was an increase in suicide deaths although long term research will have to confirm it
- Departments reported an increase in overdose deaths and/or overdoses occurring
- Departments reported that there was an increase in responding multiple times to the same locations due to family conflicts, particularly with children who were lacking resources
- One department call log for the month of April included 57 MH/Check welfare calls:
 - o Of those 57-
 - 9 calls were the same individual calling to request services and transport to ED for assessment themselves
 - 3 calls were parents calling for their juvenile children and seeking assistance
 - 27 calls were requests by mental health providers requesting that police complete a welfare check and/or transport to ED. Crisis did not co-respond in any of these cases
 - 2 were individuals in PNMI Programs
 - 2 were ACT team requesting checks

This means by removing the individual who called 9 times 56% of the MH/welfare calls that this department received were mental health providers requesting law enforcement respond.

NAMI Maine is here today to strongly urge you to use COVID related funds to build a first-responder level of mobile crisis mental health services- a system where the mental health crisis worker always responds and brings law enforcement with them when needed.

I started my career investigating child sexual abuse in Lewiston/Auburn. When I was going to take a child into state custody, I had to go to the home and complete my role. If I felt I would not be safe, I brought a police officer with me. I did not have the option to just send the police and not go into that potential complicated situation. Mobile crisis should not have that option either. To meet the needs of Mainers, NAMI Maine is asking you to invest resources in the mobile crisis response system and to hold providers accountable for responding 100% of the time.

ABOUT NAMI MAINE: *Incorporated in 1984, the National Alliance on Mental Illness, Maine Chapter (NAMI Maine) is the state's largest grassroots mental health organization. With support from national and regional affiliates, the agency is dedicated to building better lives for everyone impacted by behavioral health concerns. NAMI Maine engages with leaders and community partners at all levels to improve the state's mental health system through collaboration and education.*

LEGISLATIVE CONTACT

Jenna Mehnert, MSW, *Executive Director*
(207) 907-0303 • jenna@namimaine.org

POSITIONS & POLICY AGENDA

www.namimaine.org/advocacy