

MAY, 2021

THE PULSE

EnRICHing the lives of individuals we serve and keeping a pulse on healthcare integration at RBHA



One in 5 adults in the United States have experienced a mental health condition. One in 25 have experienced a serious mental health condition such as bipolar disorder or schizophrenia. May is mental health awareness month and a great time to show support of individuals living with mental and behavioral health condition. 19% of adults living in the United States have an anxiety disorder. Suicide accounts for over 800,000 deaths globally every year. It is the second leading cause of death worldwide for ages 15 to 29 years old. Also individuals living with serious mental illness face an increased risk of having chronic medical conditions. Adults in the United States living with serious mental illness die on average 25 years earlier than others, largely due to treatable medical conditions. Among the 20.2 million adults in the U.S. who experienced a substance use disorder, 50.5% had a co-occurring mental illness. An estimated 26% of homeless adults staying in shelters live with serious mental illness. Mental health treatments such as therapy, medication, and self-care, have made recovery a reality for those experiencing mental and behavioral health conditions. Yearly 43% of adults with mental health conditions and 64% of adults with serious mental health conditions are getting treatment.

For more information visit Mental Health America (MHA) website

<https://www.mhanational.org/mental-health-month>

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MENTAL HEALTH FACTS & RESOURCES

MENTAL HEALTH FACTS

Mental Health Problems Are Common in 2017:



- 46.6 Million** Adults had Mental Illness
- 17.3 Million** Adults had a Major Depressive Episode
- 3.2 Million** Youth (age 12-17) had a Major Depressive Episode



7%-12% of youth (age 12-17) had a serious emotional disturbance (SED) such as major depression, debilitating anxiety, or disruptive disorders

SED refers to children who have a diagnosable mental, behavioral, or emotional disorder that results in functional impairment which substantially interferes with or limits the child's role or functioning in family, school, or community activities.

ONE IN 25

Americans lived with a serious mental illness (SMI) such as schizophrenia, bipolar disorder, debilitating anxiety, or major depression

SMI affects individuals 18 or older who have a diagnosable mental, behavioral, or emotional disorder that resulted in functional impairment which substantially interferes with or limits functioning in family, employment, or community activities.

Many With Mental Health Illness **DO NOT** Receive Effective Treatment:

About **6 in 10 (59%)** youth aged 12-17 with a major depressive episode **did not receive** treatment for their depression



More than half (57%) of adults with any mental illness **did not receive** mental health services

One Third (33.3%) of adults with serious mental illness **did not receive** mental health services



About **92%** of adults with both a mental illness and substance use disorder **did not receive** treatment



Center for Behavioral Health Statistics and Quality. (2018). Results from the 2017 National Survey on Drug Use and Health: detailed tables. Rockville, MD: SAMHSA. • Interdepartmental Serious Mental Illness Coordinating Committee. (2017). The Way Forward: Federal Action for a System That Works for All People Living With SMI and SED and Their Families and Caregivers.

INDICATORS OF MENTAL HEALTH ISSUES

- Exposure to trauma (abuse, accident, disaster or violence)
- Withdrawal from social and pleasurable activities
- Exposure to or in temporary stressful living conditions
- Poor work or school performance; unemployment or school dropout
- Eating or sleeping too much or too little
- Family history of SMI or SED
- Presence of a substance use disorder

HOW TO ADDRESS MENTAL HEALTH ISSUES

- Contact your doctor, therapist or counselor to help you cope
- Call a supportive family member or close friend
- Keep your household organized and safe
- Socialize with friends/family in positive settings
- Attend faith-based services
- Do not use of alcohol
- Exercise or engage in regular physical activity
- Practice healthy sleep and eating habit

TREATMENT IS EFFECTIVE • EVIDENCE-BASED TREATMENTS

Evidence-based treatments are based on rigorous research and have demonstrated effectiveness in achieving positive treatment outcomes. Examples of evidence-based treatments for mental health illness include:

- **Cognitive Behavioral Therapy (CBT)** explores how an individual's thoughts and beliefs influence their mood and actions. CBT reduces the severity of current symptoms and reduces the risk of future episode by developing skills to challenge unwanted thoughts and tools to cope with stress or mental health symptoms.
- **Prescription Medications** are important to the treatment of mental health illnesses. Medication provides relief for many people and help manage symptoms to the point that an individual can resume life activities. Medication tends to be most effective when it is used in combination with counseling and therapy.

SAMHSA's mission is to reduce the impact of substance abuse and mental illness on America's communities.
1-877-SAMHSA-7 (1-877-726-4727) • 1-800-487-4889 (TDD) • www.samhsa.gov

SAMHSA
Substance Abuse and Mental Health
Services Administration

Be Well RVA Project

RBHA's Be Well RVA Project is a new SAMHSA-funded grant that includes both prevention and clinical activities aimed at addressing behavioral health needs, with a specific focus on suicide and domestic violence.

What we do:

Care Coordination:

- Real-time contact with staff and/or RBHA clients in the ER/hospital to coordinate follow-up with RBHA services (linking with assigned RBHA case manager, accessing Rapid Access); provide ongoing support until the client re-connects with RBHA;
- Collaboration with Rapid Access to schedule intake appointments for new clients; provide supportive counseling prior to case assignment;
- Support for case management services: provide additional client reminders for appointments and to pick up medication and take it regularly; coordinate appointments with outside specialists (scheduling appointments, getting records).

Short-term Counseling: Develop safety plans; provide safety checks; enhance coping skills; provide support until the team feels SI or DV is not a current threat to the client's safety.

Peer Recovery Supports: Provide community recovery supports for individuals and their families, including linkage to behavioral health and community-based resources; provide short-term follow-up and monitoring.

Prevention Activities: We partner with VCU Project Empower and RBHA's Prevention Services to provide education, training and resources.

- **For any RBHA staff: We have a monthly virtual training on Domestic Violence/Interpersonal Violence/Sexual Violence (DV/IPV/SV) by Carol Olson from Project Empower. The training occurs on the fourth Tuesday of the month from 9am-10:30am. Please contact Lauren Stevens if you would like to attend.**

Meet the Be Well RVA Team

Name	Position	e-mail	Work phone	Work cell
Jillian Olson	Care Coord.	Jillian.Olson@rbha.org	804-312-8247	804-494-9059
Toni Stewart	Care Coord.	stewartb@rbha.org	804-819-5238	804-773-9989
Shamara Williams	Clinician	Shamara.Williams@rbha.org	804-312-8246	804-494-9055
Gayle Hobson	Peer	Gayle.Hobson@rbha.org	---	804-807-2913
Sara Hilleary	Care Coord. Supervisor	Sara.Hilleary@rbha.org	804-819-4201	804-205-0106
Lauren Stevens	Project Coordinator	stevensl@rbha.org	804-343-7625	804-489-0390

How you can take advantage of Be Well RVA to assist your clients: If you have a client who you think would benefit from additional counseling and supports to address suicidal and/or DV issues, please complete the Be Well RVA Case Manager Referral Form (<https://redcap.rbha.org/surveys/?s=TTN3EK7NRF>) and/or contact a member of the Be Well RVA team. We look forward to working with you!

SYMPTOMS OF novel coronavirus (COVID-19), compared with flu, common cold and allergies



SYMPTOMS	COVID-19 Symptoms range from mild to severe	COLD Gradual onset of symptoms	FLU Abrupt onset of symptoms	ALLERGIES* May be abrupt or gradual onset of symptoms
 Fever	Common	Rare	Common	No
 Cough	Common	Common	Common	Common (asthma)
 Sore throat	Sometimes	Common	Common	Sometimes (itchy throat and palate)
 Shortness of breath	Sometimes	No	No	Common (asthma)
 Fatigue	Sometimes	Sometimes	Common	Sometimes
 Loss of smell and/or taste	Common	Common	Common	Common (hay fever)
 Aches and pains	Sometimes	Sometimes	Common	No
 Headaches	Sometimes	Sometimes	Common	Sometimes
 Runny or stuffy nose	Sometimes	Common	Sometimes	Common
 Diarrhoea	Rare	No	Sometimes (especially for children)	No
 Sneezing	No	Common	Sometimes	Common
 Vomiting or nausea	Sometimes	Rare	Common in children. Rare in adults.	No

For more information, visit www.health.qld.gov.au/coronavirus

Adapted from material produced by WHO, Centers for Disease Control and Prevention.

*Respiratory allergies include allergic rhinitis (hay fever), and allergic asthma. Other common symptoms of hay fever include itchy nose and itchy, watery eyes.



IT'S FLU SEASON!

Flu vaccinations are available at
the RICH Recovery Clinic!



**To make an appointment for the
RICH Recovery Clinic, contact
your case manager for a referral**

The RICH Recovery Clinic
DOES NOT distribute the COVID-19 Vaccine