

Mental Health

Goal

Improve the quality of mental health for Delaware citizens and families and ensure access to appropriate mental health services.

Objectives

1. By 2010, decrease from 3.1 to 2.0 the average number of days per month in which Delaware adults report that their mental health was not good. [Relates to Healthy People 2010 objective 18-9b]
2. By 2010, establish an operational mental health plan that addresses cultural competency. [Relates to Healthy People 2010 objectives 7-11r, 18-13]
3. (Developmental) By 2010, increase the number of persons seen in primary health care who receive mental health screening and assessment. [Relates to Healthy People 2010 objective 18-6]
4. (Developmental) By 2010, increase the proportion of children with mental health problems who receive early identification, assessment, and referral to treatment. [Relates to Healthy People 2010 objective 18-7]
5. By 2005, establish an initiative that requires health insurance plans to offer a minimum standard of coverage for mental health and substance abuse. [Relates to Healthy People 2010 objective 18-10]

Important roles for each sector*

Business

- Establish and promote employee assistance programs and mental health benefits, and increase employer awareness of the ways mental health affects business health.

Community

- Work to reduce the stigma of mental disorders, promote local mental health resources, and advocate for workplace environments and policies that support mental health.

Health Care

- Implement policies and train health care providers to provide appropriate mental health screening, education, and referrals.

Education

- Develop and implement life skills programs to enhance mental health.

Government

- Ensure behavioral health is given parity with physical health in policies and insurance coverage, and create strategic plans for a continuum of community mental health services.

Notes:

The numeral assignment of each objective does not indicate priority, simply enumeration.

“Developmental” objectives are those that currently do not have state baseline data and, therefore, have no operational definitions. The purpose of developmental objectives is to identify areas of emerging importance and to drive the development of data systems to measure them.



Healthy Delaware Hero



The Mental Health Association in Delaware (MHA)

The Mental Health Association in Delaware (MHA), founded in 1932, is a non-profit organization that provides mental health education, support, and advocacy while collaborating with others to provide mental health leadership in Delaware.

MHA offers prevention and early intervention programs in the community and within businesses. It seeks to educate the public about depression and anxiety disorders as well as about ways to help maintain good mental health. MHA also runs an annual campaign targeted to teens through high school wellness centers as well as broadcast and print media. In addition, MHA has a support services program with 15 support groups statewide for people who are being treated for depression or an anxiety disorder or who have lost a friend or family member to suicide. An MHA Information and Referral service responds to questions related to mental health and existing treatment options.

Resources (General)

- Alliance for the Mentally Ill, (302) 427-0787, fax (302) 427-2075, <http://de.nami.org> - information on chronic and persistent mental illness
- Behavioral Health Consortium, (302) 765-9740, fax (302) 765-9745, www.mhainde.org/quicklist.htm - linkage to Delaware resources for mental health
- Division of Alcoholism, Drug Abuse, and Mental Health, (302) 577-4461, fax (302) 577-4484, www.state.de.us/dhss/irm/dadamh/dmhhome.htm - information on mental health and compulsive gambling programs for eligible persons, resources
- Department of Services for Children, Youth, and their Families, Division for Child Mental Health Services, (302) 633-2600, fax (302) 633-5118, www.state.de.us/kids/cmhhome.htm - programs for eligible children, resources for service providers
- Mental Health Association in Delaware, (302) 765-9740, fax (302) 765-9745, www.mhainde.org - prevention/early intervention training, worksite and school presentations, materials

The mentioning of specific programs does not connote endorsement and was not meant to be exclusionary. We apologize for any unintentional omissions; please bring these to our attention.

Closing the Gap

Disparities in access to mental health treatment are widespread but are particularly evident among the elderly, disabled, and persons with both mental illness and substance abuse problems. The mental health of children and adolescents also is a particular concern.

As life expectancy continues to increase, the number of persons experiencing mental disorders of late life will expand. This trend will present unique challenges in organizing, financing and delivering effective mental health prevention and treatment services for this population. Treatable disorders that are prevalent in later life such as depression and cognitive loss will require greater diagnostic precision and provision of targeted treatment services.

Nationally, among adults aged 18 years and older with a lifetime history of any mental disorder, 29 percent also have a history of a substance abuse disorder. This population experiences more severe and chronic medical, social, and emotional problems than persons with either a mental illness or substance abuse problem alone. These persons require integrated mental health and substance abuse services.

Mental and behavioral disorders in young people can lead to school failure, alcohol or illicit drug use, violence, or suicide. Nearly one in three children who visit a school based wellness center in Delaware do so because of an emotional reason, and five percent of all visits are because of serious mental health problem. Surveys in Delaware's high schools reveal that more than one in four students have felt sad or hopeless every day for two weeks or more in a row, and almost one in five said they seriously thought about attempting suicide within the past year. Several studies have found that suicidal thoughts and suicide attempts are three to seven times higher among gay and lesbian youth compared with heterosexual youth.

