00:00:02:06 - 00:00:27:05
Unknown
Good morning, everybody. Matthew Lemoyne on the president of the stand. We have some board members on the on here as well. Miss Clark. Miss Frazier. We I'm going to get started. I just got a couple of updates and a PowerPoint. I'm going to try to see if I can share my screen. Share my screen. Give me one second, and you guys let me know if you can see the PowerPoint and you guys see the PowerPoint.

00:00:27:06 - 00:00:50:14
Unknown
Is it. Can you guys see it? Yes. Okay. Perfect. All right. So welcome today. If you guys don't know already, we're going to be having a presentation on Mental Health 101. It's going to be presented by Mental Health Association of Delaware by Derek Derek Turner and Jason O'Connor. They're going to talk about mental health. They're going to dive into their stories, and it's going to be very impactful.

00:00:50:15 - 00:01:14:01
Unknown
But before they start, I just want to give a few updates on on stand and where we at when we're where we are currently. There's just a couple updates. We are going to be sending out invoices, by the end of November. That's going to be happening. It's $30 for the year. If you don't want to be a part of stand any longer, please reach out to Maryland and remove you from the stand.

00:01:14:02 - 00:01:29:13
Unknown
Membership. And just try to be cognizant of trying to pay your, your invoices within the 30 days so it can kind of help us and see who wants to be a part of Stan, who doesn't want to be a part of staying and kind of, you know, get on track with, getting getting those things in.

00:01:29:15 - 00:01:54:08
Unknown
We don't have any new members as of today. When I check the membership, I didn't see any new members that we didn't recognize in September when we had our conference. Currently, because we had the conference and we we had some experience with the conference. We got about in our primary, savings account. We got $418.21. And then in our checking account, we have 144 $45.36.

00:01:54:08 - 00:02:14:08
Unknown
So we're going to look at some things to kind of increase, you know, our, our our monetary whether it's, you know, fundraising, you know, if you guys have any suggestions. I've loved to to hear them, you know, maybe getting some sponsorships, you know, doing something like that to kind of increase our, our capital. All. Just board openings.

00:02:14:11 - 00:02:34:10
Unknown

The only position that we have open of currently is the secretary position. Some of the terms that are coming up, you know, my president seat is coming up in December 20th, 2026. So it's coming up this this, this December next month. I'm most likely going to stay on, VP of communication that's coming up in March 2026.

00:02:34:11 - 00:02:57:15
Unknown
And Vice president, his term is coming up December 2026. And like I said, we have the secretary position open. And then for future presentations, I'm going to link up with miss Jean at the Guess building to get some dates in line for next year. And like I said, if you want to present on the topic, if you're very interested in presenting on a topic, please reach out to the board.

00:02:57:15 - 00:03:16:08
Unknown
We'd love to have any suggestions. And also remember when you present for the year. If you do a presentation, your membership is covered for that year. Okay. That if that makes sense to you. So if you present this year coming up or you say, hey, I'm going to present or I want to present, your membership is covered, you're not going to have to pay a membership for that year.

00:03:16:08 - 00:03:34:12
Unknown
So the individual that presented at the conference, they are not going to have to pay a membership for the following for the following year. Okay. That's that's pretty much it. Guys, I wanted to keep it short and sweet so we can get into the mental health one on one. You know, if you have any questions, please contact one of us listed on the board member.

00:03:34:13 - 00:03:49:08
Unknown
On the on the Stan website or here. If you have any questions, have any concerns. Let us know. I'll stop sharing, and I'll let, Derek or Jason kind of take over. So you guys are good to go.

00:03:49:09 - 00:04:13:07
Unknown
Everybody. There. Were you going to introduce yourself first? I mean, I could I was going to let you go because, I mean, you you're Mr. Jason, so. Absolutely. But yeah, I'll start, man. So my name is Derek Turner, junior. I am a certified peer recovery specialist. I've been a certified peer almost five years. I currently work at the Mental Health Association as a peer educator.

00:04:13:08 - 00:04:37:06
Unknown
So I have the honor of training just amazing people to become peers and, you know, certified peer specialists that go out and absolutely just go out and help people, man, and support people and help get people to how they define recovery. A little bit about my story. I've had 22 year, over 22 years clean from pills and mental health.

00:04:37:06 - 00:05:01:15
Unknown
I struggled mightily with suicidal ideation, especially in my adult years. I kind of got into this world by accident. Like, it's a it's kind of funny. I met a director for a clinic because I coached her son in basketball when I was coaching middle school basketball, and she asked me to be a peer. And I know I love it like this is being a peer is everything to me.

00:05:01:15 - 00:05:27:00
Unknown
Like it's not a lifestyle. It's not a job. Like it's my life, it's my personality. And other than that, you guys will never see me without my drumsticks. I'm an avid drummer. Drumming saved my life, and it's something that I teach now to people in recovery, just to kind of give them an extra tool to use. So it's a little bit about me and a little bit about kind of how I got here.

00:05:27:00 - 00:05:31:10
Unknown
And I'm gonna pass it to Mr. Jason.

00:05:31:12 - 00:06:00:12
Unknown
My name is Jason O'Connor. So I'm a person also, now just over ten years in recovery from substances. In that time, there was homelessness and a whole lot of, a whole lot of struggle. You'll see as we get into the later slides, I've had a pretty extensive, a pretty, pretty broad experience level in the field of moved from a number of places.

00:06:01:00 - 00:06:28:11
Unknown
Every level of care really, from outreach to, inpatient currently with the mental health court program, the the mental health yes, mental health court program in Sussex. I managed the piers the mental health court piers down here in Sussex. One piece for me, I can tell you that I always bring this with me regardless. Used for x amount of time.

00:06:28:12 - 00:06:55:09
Unknown
Got clean. Lost my son. And that day was when recovery changed for me. It stopped being about staying clean and started about being about staying alive. How was I still going to be here tomorrow? Every day. And that is if I talk about a turning point in the recovery. That would be my turning point in my recovery.

00:06:55:10 - 00:07:18:06
Unknown
Because it just changed how I view all the things that I need to do moving forward. But with that, also a Navy veteran, connected with Governor Challenge Sussex. Huddle up a couple other things. We'll talk about that later on to. Right. Thank you.

00:07:18:08 - 00:07:47:02
Unknown
All right. So I'm going to have Mr.. Jason's going to share a screen. And we're going to go ahead and kind of get started a little bit with Mental health 101 and just kind of give you all just some pointers. You know, what it looks like, how you can help and just some nuances to kind of, you know, just keep an eye on, you know, your loved ones, people that you care about and make sure that they know that you can reach out to them and they know that you're a safe space for them.

00:07:47:02 - 00:07:59:02
Unknown
So we're going to help you kind of, you know, get an idea of what that looks like. Next slide sir.

00:07:59:03 - 00:08:23:09
Unknown
Alright, so a little bit about our programs here at MHA. As you guys see we have a ton of them. Starting off with peer services, we have our certified peer recovery specialist classes. I'm going to go into a little bit more about what those classes are kind of later on in the presentation. We also have our doc peer education program, which is phenomenal.

00:08:23:09 - 00:08:52:02
Unknown
And it's one thing that we're really proud of where we actually go into the prison systems here in the state and train either long term, you know, long, long term, you know, in a long term incarcerated members to be peers within the jail system while also being able to train them to on their way out. So that way they have, you know, a career and something to kind of get started when they finally walk, when they finally walk on the other side of that fence.

00:08:52:03 - 00:09:17:09
Unknown
We also have suicide prevention training and we do it at different levels. So QPR assist mental health first aid. These are like really intensive, really deep dives into just the idea of suicide and what suicide isolations are, what it looks like both from a survivor's point of view and from a family point of view. We also have safe talk, which is kind of in the middle.

00:09:17:13 - 00:09:40:11
Unknown
You know, it's, it's more educational based and just more of a framework for people that might not know anything about suicide prevention but want to help. We also have lifelines, which is one of my favorites. This is where we kind of go into we go into suicide suicide prevention for youth. So the so we kind of gear it more towards our younger audience.

00:09:40:11 - 00:10:02:10
Unknown

So lifelines can we've taught them as young as fifth grade and as old as juniors in high school. Some other programs that we have our, our summits and conferences are some of the most fun things you'll attend. We just recently did the empowering Wellness. I mean, excuse me, the You Matter D higher education conference, which is a lot of fun for us.

00:10:02:13 - 00:10:38:11
Unknown
We get to go to the different colleges in the state and host and really kind of kick it with the younger generation and help kind of get them started on a path of wellness. We also have our Empowering Community Wellness Symposium, our Peer Support Summit, and another one that we're really, really proud of and one that's really popular is our Military and Veterans Mental Health Summit, where we take some time to honor those that, you know, made sacrifices for us so we can kind of do what we do here, gives us a chance to highlight, you know, some of the things that they struggle with and, you know, some of the experiences that they have.

00:10:38:13 - 00:11:04:11
Unknown
We also have tons of workshops that are pretty much free of charge, like the Master Your Stress workshop and the self-care workshop, or 2 or 2 of our most important ones. Self-care is something we preach a lot and teach a lot in our piercer class, but it's something I think everybody can kind of rock with and really kind of put a little bit more effort into it, because we all know if you can't take care of yourself, you can't take care of other people.

00:11:04:11 - 00:11:34:10
Unknown
And when you work in the service industry like ours, taking care of yourself matters like it really does. Also, one of the things that we try to make sure people know is that we have wellness groups. So the thing about our wellness groups, they are free of charge. We've had we have some that are virtual. We have a couple that are in person, and all you really need to register for our wellness groups is just the email address and, you know, access to the internet, and we try to cover it many different areas in mental health.

00:11:34:13 - 00:11:57:09
Unknown
You can see by the slide. So we've got, you know, journaling classes. We have disability and chronic illness wellness groups. One of my favorites is the Depression and Anxiety Wellness Group. I used to facilitate that my first year here. And so the people in that group are phenomenal. So if you know somebody that might need a little bit of extra support, I might be interested in it.

00:11:57:10 - 00:12:11:08
Unknown
Definitely tell them. Definitely check out our wellness groups and see if there's one that kind of, you know, speaks to your soul, and one that you kind of want to get involved in. Next slide, Mr. Jason.

00:12:11:09 - 00:12:37:13
Unknown
So I want to take a second to really kind of dive into physical health versus mental health and really kind of reiterate the fact that physical health and mental health are intertwined. Like if one goes, the other goes. So being able to understand the importance of both is really, really big. So starting with physical health, you know, people generally understand what it is, what your body needs in order to stay healthy and resilient.

00:12:37:15 - 00:12:57:00
Unknown
Whereas with mental health, people understand what it is, but they may not know what the brain needs in order to stay healthy and resilient. You know, it's easy with our bodies, you know, because like, well, exercise will eat, right? You know, we'll stop, you know, stop bad habits. But when you're dealing with brain health, it might be a little different.

00:12:57:01 - 00:13:19:06
Unknown
Some days you might not be sure which you know that what you need that day. So being able to understand that it's okay to not really know how to deal with mental health. That's the fun part about it for me as a peer. Like we get to figure that out, we get to kind of figure out what you like and which you don't like, and then turn those into strengths that you can use to stay healthy and resilient.

00:13:19:08 - 00:13:36:08
Unknown
On the awareness side, for both with physical health. People know how to identify changes to their body and when to go see a doctor. You know, I had to learn that myself. You know, being in my 40s, I got to spend a little bit more time at the doctor's office to what I like to. But I'm at an age where that's kind of mandatory.

00:13:36:09 - 00:13:56:13
Unknown
Now we're on the mental side, though. People often can cannot identify when their mental health declines and when they need to seek help until it's too overwhelming. And that's something we really try to raise awareness to, is that you want to stay in tune with yourself and know when you're starting to slip, know when those bad days are coming.

00:13:56:13 - 00:14:33:07
Unknown
Know when your triggers are. Know when your triggers are you know, happening. So that way you can get out ahead of it and kind of do something to mitigate it so you don't get overwhelmed. Now dealing with the systems, people understand how to navigate their their health care system and physical treatment when it's needed. Where on the other side with mental health, most people may not know how to understand the health care system or even how to navigate it to be able to help maintain their mental health, which is one of the things that we try to do a lot with

outreach, is just let people know what programs are out here way where they

00:14:33:07 - 00:14:41:08
Unknown
can go and seek help in the support that they need. Next slide, Mr.. Jason.

00:14:41:09 - 00:15:05:12
Unknown
What's what people. What I've learned in this journey, becoming a peer and just getting, you know, well made more well versed in mental health, the same health practices for both sides, for both physical health and mental health. You can use them on both ends. So that would be preventative care. You know, safety practices, even recovery. You know, different types of recovery and recovery programs and crisis prevention.

00:15:05:12 - 00:15:27:12
Unknown
So you don't have to do too much different between the two. It's just being able to understand which which one you're dealing with at the moment. Next slide. So I'm going to throw this out there to you all just really quickly. Like you can either throw it in the chat or, you know, come off mute. Just kind of, you know, share your thoughts.

00:15:27:12 - 00:15:51:14
Unknown
But in what ways do stress affect you in your everyday life? Because while we all understand stress and we know stress affects affects our lives. It's good to know that it affects us differently and it's going to affect us individually. So I'm curious, man, like how is stress affect some of you guys.

00:15:51:15 - 00:16:19:05
Unknown
So. Hi this is Michelle. So when stressed I would say I often forget to eat because I just I don't get hungry so I forget to eat. Yes. That's a huge one. Like in all of the ways like and all of the symptoms that we see with stress, appetite, appetite changes is usually the first one to go. And it it gets worse when you have kids because you'll make sure they eat.

00:16:19:05 - 00:16:38:12
Unknown
But then by the time it comes around you, you're sitting there like do I eat or do I go to sleep? And most of the time we choose sleep. So thank you for starting us off, man. Like I appreciate you. Okay, so Miss Margaret also dropped in. I lose track of details. Got another one. Too much worries. Awesome, man.

00:16:38:12 - 00:16:58:13
Unknown
Thank you. Miss Karen, that's a good one. And one that we don't really talk about that often, which is, you know, physical, you know, muscle

tightness, you know, being able, like, your body just feels like it just doesn't move correctly. And cognitive fatigue. You just spoke to my whole heart with that. That is that's where that's where mine usually is.

00:16:58:15 - 00:17:13:02
Unknown
Like, it'll just feel like your brain's just tired and you can't figure out why. So man, thank you guys for like I appreciate y'all man. Thank you for sharing with me. And next slide sir.

00:17:13:03 - 00:17:41:05
Unknown
So a few of you mentioned like you know physical ailments to stress. So I want to take a second and really just kind of talk about how stress affects the body. So few of you mentioned lack of concentration and energy. I mean, it could also be headaches, panic, depression, even anger and anger. Anger is a little tricky because you could have a person that doesn't really seem like they get angry that much, then all of a sudden they're just talking out.

00:17:41:05 - 00:18:05:08
Unknown
So being able to manage that and see that as huge also increased heart rate and blood pressure, leading the risk of high cholesterol and heart attacks. Once you reach a certain age, man, blood pressure starts to be a thank you. Pay attention to the also cholesterol, so why not give it? When you manage stress, it helps lessen the it helps lessen those risks as well.

00:18:05:09 - 00:18:35:12
Unknown
Also we have upset stomach acid reflux, pain ulcers and like like our first chair mentioned changing appetite leading to either weight loss or weight gain. Also one that we don't really think about too often. Like if you're if you know you've been stressing out for a while and like you keep getting this cold that never goes away or you, you know, you have that, you know, it feels like you, it feels like you continuously get the flu after, you know, one after another.

00:18:35:14 - 00:19:04:08
Unknown
The stress is actually suppressing your immune system. So it can affect even how we fight off different colds and infections. We mentioned earlier with joint pain, muscle tightness, you know, lowered bone density. These are all and even protein breakdown. It's another you know, it's another really, really you know, giant risk that stress causes. And then lastly decreased hormone production leading to, you know, reduced fertility and sex drive.

00:19:04:11 - 00:19:16:01
Unknown
So these are just all the different things that stress can do to the body. So imagine what it does to the brain man. Next slide.

00:19:16:03 - 00:19:35:14
Unknown
So I'm not going to spend too much time reading through all of these because I'm going to break down with some of the, you know, some of the classics with, you know, different mental health diagnoses. One thing I want you all to take from these, though, as you all read, you know, some of the clues, behaviors, things like that.

00:19:35:15 - 00:19:57:07
Unknown
One thing I teach my students is it's important to know that person's norms and know their baselines, because if you know how they are on a normal day, then you'll start to see when they'll show these symptoms. Because it's going to be shown in their own way. It's going to be shown in their own behaviors, their own vernaculars, their own conversations.

00:19:57:08 - 00:20:30:03
Unknown
So it's really good to have an idea of what this how this person's rhythm normally is. So that way you can spot it because chances are you'll spot it before they will. So kind of getting into depression, you know, some of the emotions that you might see if somebody's going through depression would be like sadness, you know, guilt for, you know, something they either did or didn't do, you know, anger and mood swings, helplessness and hopelessness or two that usually go hand in hand or even, you know, lack of emotional responses.

00:20:30:05 - 00:20:52:12
Unknown
You know, some other thoughts might be, you know, self-blame or even self-criticism, which is what I struggled with a lot. You know, having that pessimistic attitude or even, you know, it might it might mess with your memory and might mess with your, your concentration as well. Now, again, with behaviors. Remember that it's going to be determined on the individual person.

00:20:52:14 - 00:21:14:10
Unknown
So if you know that person is not really a big emotional crier and you see them crying more often than not, might be might be time to check on them. You know, if somebody is usually very put together and crosses, you know, make sure all the teams are cross and all the eyes are dotted, then you see them like, you know, a couple weeks just kind of forget things or neglect certain responsibilities.

00:21:14:11 - 00:21:38:05
Unknown
Yeah. That might be a that might be a reason to check on them. You know another one that that's harder to see unless you know that person really well is loss of motivation. Like depression really does rob you sometimes of your sense of your sense of purpose and your and your motivation. So being able to see when that's starting to slide in a person, you might be able to catch it before it goes any deeper.

00:21:38:07 - 00:22:03:03
Unknown
And then of course the physical elements we've got all like we got all the classics here man. Chronic fatigue, lack of energy, sleeping changes. One that I didn't know until I started doing this. So I started reading this presentation. Didn't know constipation was a sign of depression. So that's good to know moving forward. And even for our even for our young ladies, our ladies out there having a regular menstrual cycle.

00:22:03:03 - 00:22:27:02
Unknown
I, I raised a daughter. I had to learn way more about those things than I actually wanted to as a, as a guy, but I could always know when she was off because I would have to pay attention to, you know, I know that week she's irritable. So it kind of let me give her some space. But if it happens, you know, off schedule, then I know it's time for me to check on my check on my daughter.

00:22:27:03 - 00:22:31:00
Unknown
Next slide, sir.

00:22:31:01 - 00:22:53:12
Unknown
So a lot of people, a lot of people have, you know, there's some miscommunication. Let me say it this way. And misinformation about depression versus clinical depression. So I kind of want to take a second and make sure that you guys know kind of what the differences are between the two. So depression as a whole is characterized as feelings of sadness, hopelessness and a loss of interest.

00:22:53:13 - 00:23:26:05
Unknown
Now the thing is, it can either be temporary or chronic just because it doesn't last as long as most people would, or what the normal lasting should be doesn't change the fact that it still might be depression. What they're going they're going through. And usually depression can be brought on by stressful events. So this could be a loss, you know, a terminal illness or, you know, a deep illness or even, you know, a trauma that completely affected your whole well-being.

00:23:26:07 - 00:23:50:03
Unknown
Now, on the other side, clinical depression, it it's it's a diagnosed mental health condition. So this is somebody like you went and saw somebody and they clinically diagnosed you with having it. Also there's persistent and severe symptoms which may interfere with daily life. You know, this depressed mood or loss of interest could last for at least two weeks.

00:23:50:06 - 00:24:17:03
Unknown
So you can see that you can see with clinical depression and has more of an elongated feel to it. And then once that we kind of mentioned earlier,

you know, changes in sleep, changes in appetite, difficulty concentrating or making decisions, and then the feeling, the worthlessness and hopelessness feeling which could then lead into suicidal thoughts and behaviors. Next slide sir.

00:24:17:04 - 00:24:41:03
Unknown
So anxiety. So one that's getting a lot of lot of run out. You know and currently in society is anxiety because a lot of people are starting to be more educated on it. Be more educated on what some of the signs and symptoms are. So with anxiety this can mess with your heart man. So that's like your card of cardiovascular system or even your respiratory system.

00:24:41:05 - 00:25:08:09
Unknown
You know, anxiety can mess with you neurologically as well. And once that kind of happens, now we're getting into like your gastrointestinal man. So that's like your digestive system and even even your skeletal system. So and looks like anxiety can affect every single part of the human experience. Now some of the psychological signs for it, you know, this is unrealistic, excessive fear and worry.

00:25:08:12 - 00:25:29:05
Unknown
And I try to explain to people it's no, it's not a bad thing to worry about things. We're human beings. We want to make sure that things work out. We want to make sure that, you know, things are going to end well. Having that worries perfectly natural. It's when that worry and that fear completely disrupts your life. That's when it might.

00:25:29:05 - 00:25:55:01
Unknown
That's when it might drop into more anxiety than worry it, you know, like people that might suffer from anxiety. Their minds might not ever turn off. So they're constantly going, they're constantly racing, or their minds just go blank and just go tilt for a second. You know, you see decrease. You see decreases in concentration in memory, a big ones in decisiveness because they're not sure which choice is going to work.

00:25:55:03 - 00:26:18:04
Unknown
So they're not sure which choice to make. You know then then you could see things like restlessness, feeling on edge, that sheer nervousness and nervousness that leads to tiredness or even sleep disturbances and vivid dreams. The behavioral the on the behavioral symptoms and signs again. And you're going to hear me stress this a lot through these slides. You want to it.

00:26:18:05 - 00:26:41:13
Unknown
You want to pay attention to the person and what's not normal for them. So if you see them intentionally avoiding situations, you start to see obsessive compulsive behaviors, even if they start to mention phobias and

things that completely just overwhelm their sense of safety. Also, one that I wanted I noticed with my kids a lot distress and social situations.

00:26:42:00 - 00:27:06:01
Unknown
My kids were great shopping it up with me. I would go to school events with them and watch them struggle. You know, just in social settings. So being able to see that and help them with that. And, I like my numbers. I'm a huge daddy guy. So I wanted to kind of throw in that more than one out of six adults will experience an anxiety disorder in a year.

00:27:06:05 - 00:27:19:00
Unknown
So anxiety is something that kind of, you know, reaches across the board, man, it's something that we all might have gone through at different points in our lives. Next slide sir.

00:27:19:01 - 00:27:44:10
Unknown
So bipolar disorder. And this was one that I really had to learn a lot about when I first became a peer, because I didn't quite understand it. Like I didn't understand the differences of what truly, you know, what it about bipolar disorder. So learning this was a huge thing for me. So when you're dealing with somebody that had that, you know, that might suffer from bipolar disorder, their emotions, it might they might deal with extreme sadness.

00:27:44:10 - 00:28:07:14
Unknown
They might deal with hopelessness all the time. They might have elevated moods or excessive worrying and anxiety. One of the ones that we might be familiar with. Mood swings. You know, that roller coaster that you might go through then, of course, like the irritability that tend like that we see with people that suffer with this, you know, with their thoughts, you can see a lot.

00:28:07:14 - 00:28:35:11
Unknown
You can see a lot of overlap between the thoughts and bipolar disorder and the thoughts and anxiety, you know, the racing thoughts, the suicidal ideation, worry or poor concentration. Unusually talkative, which again goes to understanding that person's norms, you know, with behaviors. You know, it could be something like they might just they they might be easily distracted or you might see them in a low, dark, downtrodden mood all the time.

00:28:35:12 - 00:28:57:01
Unknown
You know, they might express thoughts of suicide, you might see them lose energy and motivation and things. And it also could be, you know, they could use substances to help kind of the medicate, excuse me, to medicate and also regulate some of these peaks and valleys that they go through. And then getting into getting into the physical signs.

00:28:57:02 - 00:29:10:06
Unknown
You got chronic fatigue, lack of energy, sleeping and appetite changes, weight changes and then like constant headaches as well. Next slide sir.

00:29:10:07 - 00:29:33:07
Unknown
So I want to take a second to get into post-traumatic stress disorder or PTSD is as it's more commonly known. So some of the emotional signs that you might see again, you guys are I'm sure you guys are starting to notice a pattern here with the emotional part of it. A lot of these symptoms are the same. So to kind of get into ones that might be a little different emotional numbness.

00:29:33:08 - 00:30:03:10
Unknown
Like I see that a lot in peers where there's something going on in their life that is truthfully that is truly emotional. And you just see them just kind of numb and just like, okay, whatever, you know, you start to see them detach a bit, which is, you know, which is something that I see a lot in peers the longer they're in this game or even just drifting off like that was something that, you know, I, I've had clients where I'd be talking to them and you can watch in real time.

00:30:03:10 - 00:30:27:14
Unknown
Their minds just drift and go on to something. And it usually was usually was brought on by, you know, a conversation that caused them to maybe relive something that might like what might have been the cause of post of their stress. Now, in the behavioral side, you could see avoidance of trauma related situations like you see this a lot in war vets a lot.

00:30:27:14 - 00:30:48:12
Unknown
You know, you see this a lot in people who have, you know, gone through conflict or gone through, you know, abuse or neglect as a child, you know, nightmares. One that I learned about a few days ago from my colleague, Miss Golda. Hypervigilance. And if you're not sure what hypervigilance is, it is that need to be on guard at all times.

00:30:48:12 - 00:31:23:00
Unknown
You know that the those alarms in your brain never shut off. You're always you're always making sure that you're on point, which can get to be exhausting after a while and then some and then ones. That one's that one that we're familiar with is reactive. The loud noises or certain situations like, as much as we love fireworks and love the beauty and the pageantry of fireworks for our vets, that might have been in, you know, high conflict areas, those sounds bring back some really bad memories for them, and I'm always conscious of that every 4th of July.

00:31:23:01 - 00:31:48:03
Unknown

You know, like my uncle suffered with it and he really didn't like fireworks. He was also a Vietnam War vet as well. You could also see self-destructive behaviors and, you know, just avoiding people, places, activities or even isolating and ignoring those at their closest to. So cognitively, what it might look like, they might have intrusive thoughts, you know, reliving that stressful event in real time.

00:31:48:06 - 00:32:12:06
Unknown
They might have difficulty concentrating or even memory issues. One that my uncle suffered with a lot was just negative thoughts about yourself or the world. And he used to, as much as he would, as much as he would be honored by when people said, you know, thank you for your service, I would always watch him cringe every time somebody would do that because of his experience during the war.

00:32:12:07 - 00:32:23:11
Unknown
So he never really talked about it, never liked talking about it, never liked being reminded of it as well. Next slide sir.

00:32:23:12 - 00:32:55:01
Unknown
So one that I'm really familiar with that has substance use disorder. This was a lot of my life actually. And one of the biggest things that I try to tell people about, those of us who struggle with that, struggle with this guilt and shame are two things that we are really good at doing to ourselves. So if you know somebody that's struggling with this, please understand that they're already putting themselves through guilt and shame in ways that would actually break your heart.

00:32:55:03 - 00:33:17:01
Unknown
We get how messed up it is, what we're doing. We just can't stop. Sometimes we're not. We don't have the ability to stop. You know, anger was one that I dealt with a lot. So I use substances to try to medicate that. And sadness, depression, paranoia these are all things that these are all emotions that we deal with as we struggle with this journey.

00:33:17:03 - 00:33:33:15
Unknown
You know, there were things that I lost interest in and didn't want to do anymore just because I was focused on my drug of choice. At the time, I used to use substances to detach from feelings, like in the world that I was living in, the life that I was carrying at the time, feelings would have got me killed.

00:33:34:00 - 00:33:54:03
Unknown
So I needed something to numb and, you know, separate those from me. You know, thoughts that this person might be going through, preoccupation with that substance. Like if they're just working just to get to that drink, or all they could think about is when when they can when they can hit the block and go get their next bag.

00:33:54:07 - 00:34:20:11
Unknown
That's a preoccupation that might be really dangerous. Also, denial and justifying use is something that we do a lot, a lot we don't. It takes us a while to see just how bad, you know, the substances that we're using affect our lives. You know, we're going to deny it all. We we got a handle on it or I you I'm a I'm only I, I drink when I'm sad and I'm having a bad day.

00:34:20:12 - 00:34:40:12
Unknown
So yeah, I'm gonna go get me a drink. You know, you see the you see us with impaired judgment and decision making. Because most of the time our decisions are leading towards us getting to our next fix or even, you know, minimizing consequences. I told myself all the time. Oh, well, it's not that bad. It won't be that bad.

00:34:40:12 - 00:35:04:15
Unknown
I'm not them. That will never happen to me. And newsflash it did you guys. Also, behaviors are really important to pay attention to. You know, one of the things, one of the things we get really good at and, you know, with substance abuse is lying and keeping secrets. When I was going through recovery, you know, I didn't tell people that the pain that I was going through were withdrawal symptoms.

00:35:05:00 - 00:35:22:11
Unknown
I hid behind old sports injuries. I lied and said it on my back. Hurts that day, or I would just disappear and keep it a secret from people. So that way they didn't know that I was going through what? You know, I used to, you know, we we we we make some risky choices and, you know, some risky behaviors.

00:35:22:11 - 00:35:42:09
Unknown
We do trying to, you know, trying to make sure that we get what we need, you know, like that can be anywhere from boosting stores or, you know, robbing houses, you know, stealing and financial struggles are really big with us because our money in whatever resources we have, go towards whatever it is that we need to do for that day.

00:35:42:10 - 00:36:17:04
Unknown
In the physical side, these are pretty obvious, like the changes in appearance, you know, like you start focusing more on getting high than taking care of yourself, showering, brushing your teeth. You know they might have sleep problems. You know, you might see them sweaty, you know, really sweaty or sweating out. Because my been a few hours since they got since their last fix, you know, you could see, you know, low energy or even an increased tolerance, which means now they need more and more of that substance to feel that euphoric high that we're all that we're all chasing.

00:36:17:05 - 00:36:20:09
Unknown
Next slide sir.

00:36:20:10 - 00:36:43:04
Unknown
So some other ones because I don't want I don't want you all to think that it's only those four or those like. Yeah, those are the classics. Those are the OGs. But there are other, you know, mental illnesses out there. So we got eating disorders like anorexia nervosa, bulimia nervosa, binge eating disorders, avoidant restrictive food intake disorders, which was the new one I learned about last year.

00:36:43:04 - 00:37:06:12
Unknown
And it's, if you ever take the time out to read about that, it's it it'll shake your soul a little bit. It's it's sad watching people go through something like that. You also have psychotic disorders and dissociative disorders. So like for example, dissociative identity disorder. You also have autism, you know, an autism spectrum disorder, attention deficit hyperactivity.

00:37:06:12 - 00:37:34:14
Unknown
So that that can either be because a lot of people think they have an idea of what ADHD is. ADHD can be inattentive, it can be hyperactive, or it can be a combination of both. So whether that person is inattentive doesn't doesn't make it any different than somebody that is hyperactive. They're still suffering from the same thing. And then lastly we have panic disorders social anxiety disorders and agoraphobia.

00:37:34:15 - 00:37:46:04
Unknown
So these kind of round out the different types of mental illnesses that we have out there. Next slide sir.

00:37:46:05 - 00:38:09:13
Unknown
And at this point I'm actually going to slide it to Mr. Jason. And he's going to take you through probably the fun part of this, which is how like recovery and the fact that recovery is possible. So Mr.. Jason, sir, the floor is yours, man. Thank you. So hey guys, before the transition, do you got you. You might have given guys like a ten, 15 minute break.

00:38:09:15 - 00:38:58:13
Unknown
Perfect. All right. Hey, we're going to take a break. And and when we come back, Jason's going to hop on. Well, everybody come back around, like, 955.

00:38:58:14 - 00:51:45:03
Unknown
Check.

00:51:45:04 - 00:52:16:05
Unknown
Just checking or be back.

00:52:16:06 - 00:52:29:02
Unknown
All right, let me go ahead and jump in. I'll go back. All right. So we talked about a lot of the signs and symptoms and the. Really.

00:52:29:03 - 00:52:52:10
Unknown
Difficult parts of mental health, mental illness. Now, when you get to talk about the recovery part, I can tell you, for me, the beginning of recovery was incredibly confusing because I had spent, many years thinking that I was that I knew how to get out of it. And now I have a bunch of people telling me that I have no idea.

00:52:52:11 - 00:53:03:09
Unknown
Once I began to listen to them, I did start to. There's a hand up. It. Was that just Karen?

00:53:03:11 - 00:53:37:13
Unknown
No, I that was just a mistake. Okay, cool. Just want to make sure. So one thing that's important to remember. Recovery is not linear. You'll you'll regress back into what it was you were dealing with before a little bit. It's extremely frustrating to find yourself progressing and then regressing and then progressing and then regressing, for you and for your family.

00:53:37:15 - 00:54:01:11
Unknown
It's one group that tends to not get as much attention as I think they need to as the family members, the loved ones of those who are struggling. And the next piece is that it is not going to be the same for everyone. Every person is different. What's going to work for you is going to be different than the another person.

00:54:01:13 - 00:54:32:10
Unknown
Yeah. All right. So SAMHSa eight Dimensions of Wellness. Each of these kind of needs to be in some sort of balance in order for us to maintain a steady recovery. So our emotional wellness needs to be relatively straight, spiritual, whatever that looks like for you. For me, I am not religious in any way whatsoever, but there is a spiritual component to everything that I do.

00:54:32:11 - 00:55:07:13
Unknown
Intellectual, learning actually does help release endorphins. Did not know that until I started doing it. It was very helpful. Physical. So regular exercise. One thing I always caution people of is that if they

begin recovery, they begin the the exercise part of it. A lot of times people will overdo that part, and ignore a lot of the others, like financial, which can throw everything else out of whack.

00:55:08:00 - 00:55:31:05
Unknown
My anxiety is going to go high if my finances aren't right. But occupational. Are you stable and content in the position that you have where you work? Social. And this is another thing. Whatever it looks like for you. Are you going to have a large social circle with lots of friends, or are you going to have a small, tight knit group?

00:55:31:07 - 00:56:01:14
Unknown
Whatever works best for you, but each requires a little attention. Kind of on a daily basis, which for me, I will tell you. We don't put the label of addict on anybody else. I identify as an addict because I need to remember that there are things that I need to do on a daily basis to stay in this end of life.

00:56:01:15 - 00:56:22:08
Unknown
So create balance, embrace support from others. That's that social. And valuing routines and habits. So for me, developing routines and habits had none whatsoever prior to none that were healthy. Right.

00:56:22:09 - 00:56:40:05
Unknown
All right. So what are your go to activities for self-care?

00:56:40:06 - 00:56:47:05
Unknown
Anybody want to pop in or in the chat? Music and reading.

00:56:47:06 - 00:57:04:11
Unknown
Meditation. Meditation. Meditation. I think it was. I think there was three in a row. That's pretty cool. I'm trying to figure out where my. There it is. Chat was missing for me.

00:57:04:12 - 00:57:31:10
Unknown
All right. Painting, reading, music. Nature exercise. Yes. So I love that. Because that doesn't. Okay. Pilates. All right. It's a little bit more, but, it doesn't have to be extreme exercise. It doesn't have to be anything that's like, you know, you don't have to go to the gym and lift all of the weights.

00:57:31:11 - 00:57:56:00
Unknown
There's drums, music, dancing, walking. Yeah. So any physical activity is going to help. I have one that I actually started with not that long ago. I'm not great at yet, but I have really started to enjoy my plants. I've

got a few house plants. I had a garden over the summer. It was so-so, but the weather did not go.

00:57:56:01 - 00:58:15:02
Unknown
It was dry. It was hot. So, but that's a that's one thing that I used to kind of just get away from the stressors of life.

00:58:15:03 - 00:58:21:09
Unknown
So some, excuse me, healthy coping skills.

00:58:21:11 - 00:58:41:02
Unknown
So deep breathing and meditation. If you guys mentioned those things, that's something you. It all comes back to the breath I tell people. In my current position, that, they'll get difficult news or.

00:58:41:03 - 00:59:12:09
Unknown
A response that makes them angry from their spouse, their task worker, their whomever. But I always tell them, just stop for one second and take a breath. The everything that you need to know is going to live and die within that one breath. That pause is going to get you where you need to be. So it helps them to make a more sound decision.

00:59:12:13 - 00:59:19:08
Unknown
Painting, drawing. Other activities. We had most of these listed.

00:59:19:09 - 00:59:37:13
Unknown
My wife actually journals like mad like constantly. And it seems to be really, really helping her with processing a lot of different things. Discussing situations with the partner or close friend.

00:59:37:15 - 01:00:03:07
Unknown
It's nice to have somebody to be able to reflect back things that I've said or their perception of what I'm thinking, because sometimes I might be thinking a little bit. I might have some highly judgmental thoughts of myself, or might be overly concerned about something that's really not nearly as, detrimental as it feels it might be. Counseling or therapy?

01:00:03:08 - 01:00:32:07
Unknown
I remain in therapy to this day. I see a psychiatrist to this day. Writing down how you feel in a notebook or private blog. Yoga or other gentle exercise. I'm all about the gentle exercise. Or walking. Walking used to work for me, but I don't have a destination. I don't walk, so I need to figure that out.

01:00:32:08 - 01:01:06:06
Unknown

All right, so some unhealthy ones. Binge eating or restrictive eating, bearing, repressing feelings or simply denying the problem exists. Denial is not just a river in Egypt. It is a very serious issue. If you ignore the problem, it simply just grows. So self-medicating cigarettes, caffeine, drugs or alcohol? Self-harming to punish yourself or to feel something.

01:01:06:07 - 01:01:10:02
Unknown
I think everybody.

01:01:10:03 - 01:01:30:03
Unknown
It could also be to, distract you from the feeling that you are having. Because any feeling is better than the one that you're experiencing. Isolating yourself from the people around you. That's one that I will certainly do.

01:01:30:05 - 01:01:52:14
Unknown
Acting out negative emotions. So I hurt on the inside. I'm going to make everyone else hurt on the outside. So me specifically. No, but, becoming verbally abusive or so angry that you'll get in a physical fight with people.

01:01:53:00 - 01:02:19:10
Unknown
Sometimes your children might bear the brunt of a lot of the hollering. And if your wellness isn't in line, or if you are not as well as you can be, your children oftentimes will deal with what that looks like. Dissociating. This is me disconnecting yourself from your emotions, problems, or memories. That's not intentional for most people.

01:02:19:11 - 01:02:29:14
Unknown
It's a defense mechanism, and it's my brain trying to keep me safe, and I get that. It's just something that I still deal with. I'm.

01:02:29:15 - 01:02:45:07
Unknown
Thinking that soon I'll be able to experience the emotion, find a healthy way through it. That's what the therapy for me is for.

01:02:45:08 - 01:03:06:03
Unknown
So, nicotine and mental health. I did not know who all we would be presenting to. So I did leave these in there. So one of three adults with mental illness smokes. As an aside, some people who smoke, who have who deal with mental illness. Cigarettes are like medicine for them. And I wouldn't take it away.

01:03:06:05 - 01:03:21:15
Unknown

Not in the moment, at least. About 1 in 4 U.S. adults have some form of mental illness or substance use disorder. These adults consume 40% of all cigarettes smoked by adults. So we also have to remember that the.

01:03:22:00 - 01:04:03:07
Unknown
Nicotine pouches, the, vapes and all those things are also a much bigger issue than they had been. It seems like people that I never thought would have a nicotine issue whatsoever just vape. So not a lot of people know that. There is a connection between. Excuse me. Nicotine and mental illness. So we're going to raise dopamine, and then when we don't have that kick to get the dopamine to create the pleasure, we're going to wind up seeing that need.

01:04:03:10 - 01:04:35:06
Unknown
So more pleasurable than food, which, I think, Derek might be surprised by that one just because he likes to cook. I like to cook. I'll tell you, sugar will definitely change my mood, but nicotine does even more. So your brain starts to produce less dopamine, meaning that you'll need to smoke more to get the same effects that you need or same effects that you once at.

01:04:35:07 - 01:05:05:11
Unknown
So initially it's to it's going to reduce anxiety. And over time you're going to have more anxiety and nicotine withdrawal. For me, the more anxiety comes from the nicotine withdrawal. Rage sets in and I have to just be away from people. And that's something that I still work on today. Getting a lot better. I'm slowing getting there.

01:05:05:12 - 01:05:34:07
Unknown
Right. Benefits of quitting. So in minutes, your heart rate drops. 24 hours. The level in the blood drops to zero. After several days, carbon dioxide levels in the blood drops to level of someone who does not smoke after 1 to 12 months. Coughing and shortness of breath decrease. They won't have gone away yet. 1 to 2 years risk of heart attack dropped sharply 3 to 6 years.

01:05:34:08 - 01:05:51:12
Unknown
Added risk of coronary heart disease drops by half and 5 to 10 years. Added risk of cancers of the mouth, throat and voice box drops by half. And risk of stroke decreases. Speaking to.

01:05:51:14 - 01:06:12:08
Unknown
My position, I learned that if you. I don't remember exactly what the numbers were, so please don't quote me. If you did smoke for this many years and it's been this many years since you stopped, they still want to do additional heart and lung examinations.

01:06:12:10 - 01:06:17:07

Unknown
Up until you've been.

01:06:17:08 - 01:06:30:03
Unknown
Sorry. I just saw something in the chat. Until you've been off of nicotine cigarettes for I can't remember. I think it was 20 years. I'm not sure.

01:06:30:04 - 01:07:02:13
Unknown
Right. So ten years. Added risk of lung cancer drops by 10 to 15 year risk of cancers of the bladder, esophagus and kidney decreases. 15 years. Risk of coronary heart disease drops to close that of someone who does not smoke, and risk of cancers of the mouth throat voice box drop. So our risks of cancer will go down significantly just by stopping nicotine use.

01:07:02:14 - 01:07:05:09
Unknown
All right.

01:07:05:10 - 01:07:17:11
Unknown
It's easier to do it now than later. I don't think we need to look at the whole thing. There's. We pretty much listed all those.

01:07:17:12 - 01:07:32:01
Unknown
So Delaware quit line. If you wanted to snap a picture of this.

01:07:32:02 - 01:07:35:14
Unknown
Okay.

01:07:36:00 - 01:07:51:00
Unknown
All right, so in Delaware, 145 people died by suicide in 2023. Nationally, 49,316 deaths by suicide in 23, 1.5 million attempts.

01:07:51:01 - 01:08:07:07
Unknown
80% of individuals contemplating suicide will show warning signs to friends and or family. Which means and I want to really emphasize this, that 20% will not. Those are.

01:08:07:08 - 01:08:41:04
Unknown
Some as a as a prior service member. I can tell you that we're typically the ones that are going to show no signs, no symptoms. We're not going to let anything on. It's kind of part of the culture to not show to stoic. Just be stoic. Don't show what you're feeling. Your emotions don't talk about it. So checking in with folks, is a critical piece.

01:08:41:05 - 01:09:09:07

Unknown
So know the facts. So feelings of hopelessness, self-loathing and loneliness. These are just a really. It's a really broad overview. Actions increase substance use, self-harm, recklessness. We talked about those a little bit earlier to changes or loss of interest in hobbies isolating eating, sleeping habits. Now one thing I want to remind everyone to isolating loss of interest and hobbies.

01:09:09:08 - 01:09:30:00
Unknown
All these things. If we remember earlier on, we talked about how these can also be symptoms of depression, of anxiety, of different other mental illness. They may not be as extreme as suicide, but it's worth having the conversation.

01:09:30:01 - 01:10:03:14
Unknown
So threats. So statements like you won't have to deal with me much longer. No one would notice if I wasn't around. So situations. So the high risk behaviors. Getting in trouble often. Grief, bullying or abuse. So, I don't know if anybody's heard the saying, hurt people, hurt people. And that is one more sign to be cognitive of.

01:10:03:15 - 01:10:30:09
Unknown
All right. So say that you do know of someone who is struggling with suicidal thoughts. What are some ways to help them?

01:10:30:10 - 01:10:39:01
Unknown
Listen, I love that. That's probably a number one.

01:10:39:03 - 01:11:02:10
Unknown
The reason we want to listen rather than talk as much as because they may not feel like anyone understands them. Listen and do not talk. I just need the space to be able to tell you what it is that I need and what I'm experiencing. They may want to vent, for sure.

01:11:02:11 - 01:11:37:10
Unknown
As a survivor myself, I will tell you that had I had people ask, hey, how are you? And then just hear what I have to say instead of trying to offer all the suggestions immediately. Don't judge. Wonderful. So they don't. The person doesn't want necessarily to end their life. They want whatever is happening to stop. And don't compare experiences.

01:11:37:10 - 01:11:57:05
Unknown
Absolutely. My experience isn't the same as yours. We could have experienced the same thing on the same day, in the same way, at the same time, and I will have dealt with it differently than you. Reinforced someone's value. Remind them they are not alone. Okay, well, how about.

01:11:57:07 - 01:12:11:07
Unknown
How about asking directly about their intentions?

01:12:11:08 - 01:12:39:02
Unknown
So with that, I show you care. I feel everybody pretty much was communicating that to us in the chat. Stay calm. You being so panic never saved anyone. So me being even and settled with the person is going to help us create an atmosphere of.

01:12:39:03 - 01:13:05:01
Unknown
Understand it. Yet that active listening. So a lot of those MI techniques, are super helpful just to get them talking. The open ended questions. Ask about suicide directly. Now, why do we want to ask directly? Why do you think that is?

01:13:05:02 - 01:13:37:12
Unknown
So instead of saying something like, are you thinking about hurting yourself? They may look at that in such a way, like, well, now I'm actually looking to make myself stop hurting. That's what I'm thinking. So you might not get the accurate answer. Or are you thinking about doing something stupid? That place is judgment on the person for having the feelings of wanting to die by suicide.

01:13:37:13 - 01:14:12:04
Unknown
And they may withdraw and not want to talk to you. So say, are you considering suicide? Ask directly with open ended questions where they can share versus responding with you. Always. Yes. Open ended questions are the best. Sometimes you'll get zero response, but that patients holding that space for people is going to be critical for hopefully getting them to a place where they no longer have these feelings.

01:14:12:05 - 01:14:40:13
Unknown
So get help. Refer them to someone who can help. So 98 is just like in crisis line if you're a veteran. Nine, eight, eight. And then press one. There's also, ace as curious. Oh, I never heard that before. I like that. So we we, one of the things that we do is QPR, sos question, persuade, refer.

01:14:40:15 - 01:14:53:11
Unknown
Now, I think I like escort better, though, just because I'm going to take them to where they need to go or go with them. They can drive. Don't care.

01:14:53:12 - 01:15:19:08
Unknown
I see Mac. Experiential reflection. Would you be able to expand on that at all?

01:15:19:09 - 01:15:23:15
Unknown
Okay.

01:15:24:00 - 01:15:59:11
Unknown
So life stories, just to try to relate. So escort to health professionals. Absolutely. Because it doesn't really matter so much which professionally, you get them in front of first, as long as it's in front of someone. And experience that I had a few years ago with a close friend whose brother was actively suicidal. And at the time, actually, it was also, experiencing a, hallucinations.

01:15:59:13 - 01:16:23:09
Unknown
He had a a and a wrist that he thought might be sprained. He couldn't get him to go to any psych facilities. He couldn't get him to go and talk to anybody about the suicidal ideation. He couldn't get none of those things, but he was able to say, hey, that wrist looks kind of swollen. Do you think you might need to see a doctor?

01:16:23:11 - 01:16:42:07
Unknown
And that physician was able to refer to a mental health facility. Who was able to help him. He's doing okay now. It's doing pretty well, right?

01:16:42:08 - 01:16:47:02
Unknown
So.

01:16:47:03 - 01:17:22:09
Unknown
The story is. So stories show connection to their realities. In other words, validating their experience. And normalizing their reactions. Because a lot of times we talk about with especially with trauma. Our responses are a normal reaction to abnormal, abnormal situations. Right. But it feels like it feels like an extreme overreaction. Or it seems like I should not have this stuttering issue, or I should not have any of these thoughts of dying.

01:17:22:10 - 01:17:47:15
Unknown
I should. So we start as a miss Haines. I can't remember what her first name was, would say is, we wind up shooting all over herself. So we that judgment. Me connecting with you. Like I can recall feeling x, y, z. Tell me what that's like for you.

01:17:48:00 - 01:18:17:03
Unknown
So. Right. So, resource for mental health needs. Crisis text line. You can do you can also text. Some people will not call. 741741. Crisis intervention services phone number. The reason they do not call it mobile

crisis is because they are not as mobile. They will interact over the phone and they will come out, to follow up.

01:18:17:04 - 01:18:46:03
Unknown
National suicide crisis line 988 again for veterans Press one. And that is all for this section. Does anyone have any questions right now?

01:18:46:04 - 01:18:55:00
Unknown
All right. With that, I'm going to stop sharing.

01:18:55:01 - 01:18:59:08
Unknown
And move over to Derek.

01:18:59:10 - 01:19:33:14
Unknown
All right. So I want to take you guys through a little bit and give you an idea of what just what the pure world is. How like some of the qualities that we look for in peers and just kind of give you all a bird's eye view of what we do because I, I have such a pride in the work that we do in the ability to provide a different type of relationship and connection with people that just might be struggling with, you know, mental health or struggling with substance use.

01:19:33:14 - 01:20:02:15
Unknown
And one of the things I used to have to tell my clients a lot was our approach is different than a clinician or a therapist. Does it mean that our approach is better or worse? It's just different the way that we the way that we connect with our clients, the way that we relate to them, the way that, you know, we interact with them, really allows that client to do two things that it's really difficult for people in recovery to remember to do.

01:20:03:03 - 01:20:27:03
Unknown
One, remember that they have a voice and they have, you know, a choice in how their recovery should go while also helping them remember that they have strengths, they have resilience. They have, you know, personality traits that are going to allow them to get to recovery. But I honestly, I think the most important thing that we do is peers.

01:20:27:05 - 01:21:04:14
Unknown
We provide hope. Like it seems subtle, but just the idea of somebody seeing a peer and knowing that that peer has gone through similar situations, have had to make decisions, have lived in trap houses before, or, you know, of war, the same socks for six weeks. If that client sees that peer and sees that peer, you know, going through their recovery journey, just our presence in their lives allows them to feel hope for the first time that in first time in who knows how long that they can actually get through this.

01:21:04:15 - 01:21:18:08
Unknown
So I'm going to share my screen and kind of take you all on a little bit of journey, a little bit of a journey of our world and kind of what we do.

01:21:18:09 - 01:21:45:02
Unknown
Cool. Let's check it out. This is the this is what peer support is and the traits and skills that make peer support unique. And I wanted to make sure that you guys had this information, just in case you come across somebody that has the skill set and the want to and the empathy to be a peer, but or to help people and maybe not know the best way to do it.

01:21:45:03 - 01:22:08:11
Unknown
So taking a look at what peer support is, if you split the words and we're going old school Merriam-Webster dictionary with these appear is just some it's just a person that is of equal standing with another. That's huge for our clients, because one of the things that we try to do is minimize that power dynamic. I want my clients to know that I am no different than they are.

01:22:08:12 - 01:22:35:05
Unknown
We are on the same level. I might just be further along on my recovery journey than they are, but we're still the same people and we're still. We're like, we're equals. And then if you look at support, it's to promote the interest and causes of another. So everything that we do is peers is always person centered. It's always the client is at the forefront of the work that we do because it's about them.

01:22:35:05 - 01:22:42:15
Unknown
It's about their recovery. It's about their journey and their experiences.

01:22:43:00 - 01:23:14:08
Unknown
So SAMHSa and if you're not familiar with what SAMHSa is, SAMHSa is the federal level substance abuse and mental health agency, where DCM is the state level. That's who we have in Delaware. So they define excuse me, they define peer support as peer support workers or people who have been successful in the recovery process, who help others experiencing similar situations through shared understanding, respect and mutual empowerment.

01:23:14:11 - 01:23:46:05
Unknown
Peer support workers help people become and stay engaged in the recovery process and reduce the likelihood of relapse. Now, we're not perfect. Like there's going to be times when, yes, people lapse and relapse, but we're trying to reduce the amount of times that that might happen. So peer support services can effectively extend the reach of treatment

beyond the clinical setting, into the everyday environment of those seeking accessible and sustained recovery process.

01:23:46:07 - 01:24:05:01
Unknown
So how does it work? I'm going to do a more abbreviated version of this story of the man in the home. And I wish Miss Golden was here because my colleague and teammate, Miss Golden, she's another peer educator. She normally comes up with the name. So we do this for our peer career info session that we do every month.

01:24:05:05 - 01:24:23:11
Unknown
It's open to the public, and it's just for people that want to learn more about this life, more about this career and how to get involved. So I think I'm a name. I think I'm a name in Gary today. So this is kind of how peer support works. So Gary wakes up one day and realizes that he's stuck in a hole.

01:24:23:12 - 01:24:45:13
Unknown
And as the day goes, he's trying to climb out of this hole, trying to climb out of this hole. And let's say a priest walks past. Gary yells out, yo, I'm stuck in this hole! Can you help me? Priest looks at him, I wish I could. I'll pray for you that you get out. Chuck seduced Rose away. So now, a few hours later, his best friend comes through.

01:24:46:00 - 01:25:01:14
Unknown
You know, Gary yells out, yo, bro, I'm stuck in this hole all day. Can you help me? Friend looks at him, sees him down there. I can't get down there with you. I'm actually on my way. I'm actually on my way to the bar to go watch the next game. So when you get out of the hole, link up with me.

01:25:01:15 - 01:25:21:14
Unknown
We'll watch the game together. Chuck's deuce rolls away. So getting later in the day, a doctor rides. A doctor rolls past. Gary yells out, yo, I'm in this hole! Sir, can you help me? Doctor looks at him, no, I'm not be able to help you, but here's a prescription to help you deal with being in the hole. Tosses the prescription, walks away.

01:25:22:00 - 01:25:37:10
Unknown
So now we're at the end of the day in a peer walks past. And before Gary can say anything. Peer hops down in the hole with him. Now Gary's freaking out like dog. I've been in this hole all day. I don't know how to get out of it. Now you're stuck down here with me like we're both down here.

01:25:37:11 - 01:25:59:09
Unknown

The peer looks at Gary and says, I've been in a hole like this before. Let me show you a way that you can use what you do best to dig yourself out of it, and that is really how peer support works. Not only am I going to meet you where you are, like we have a saying, meet people where they're at, and that is fundamental and vital to the work that we do.

01:25:59:10 - 01:26:25:04
Unknown
But also we're going to hop in that hole with you. We're going to be at your side. We're going to support you through your good days, your bad days, and let you know that at least you got one person in your corner to help kind of guide you along until you gain the self-confidence, the self autonomy, and you know, you're the empowerment to be able to take control of your own recovery.

01:26:25:05 - 01:26:44:07
Unknown
So one of the things about us, we wear many hats as peers, and one of the things I tell my students is you could probably where every one of these in one shift, depending on who you're working with. So I want to kind of show you the different roles that we peers play in the, you know, in the world of mental health.

01:26:44:08 - 01:27:02:14
Unknown
So first, we're allies and confidants. So being able to support someone during their recovery is the most vital role appear can play for those in recovery. I can tell you from my own experience, this is one of the things that I take a lot of pride in because I know what it's like to be on the other side of it.

01:27:03:00 - 01:27:23:04
Unknown
My recovery was done in exile in cold Turkey from opioids, like even dealing with the mental stuff that I dealt with. I know what it's like to have to fight those battles by yourself. So one of the things that I always try to remind my clients is, I'm never going to let you go through what I went through because I know what it's like to be alone.

01:27:23:04 - 01:27:52:15
Unknown
So I'm going to make sure that I support everybody that comes through. Also, our lived experience, this is how our clients relate to us, and it can and can confide in us not because we're professionals, but because we have those same or similar scars they do. So we know exactly, maybe not exactly what they're going through and what they're feeling, but we have an idea because we've had to go through similar things in similar situations.

01:27:53:00 - 01:28:07:12
Unknown
We probably had some of those thoughts and had to make some of those decisions. And the clients. They relate to that because of that authenticity and that been there, done that kind of attitude.

01:28:07:13 - 01:28:29:10
Unknown
One of my favorite hats to wear is, is being a motivator and a cheerleader. Like, we get how important support is just in just in the regular world. It is vital in recovery. So being able to cheer that person on, to let them know like, yo, I'm proud of you, you're doing a great job. Like, keep up the good work.

01:28:29:12 - 01:28:51:04
Unknown
Or even on the days when they might slip or have a bad day. I'm still going to. I'm still going to hype them up like dog. You still got all this work that you did. Just because you had a bad day doesn't mean it's over. Like, and still hyping them up, still giving them that pride and that want to to go through it.

01:28:51:05 - 01:29:15:00
Unknown
Like I mentioned earlier, since we are further along on the path of recovery, clients will use our lives as role models to pattern their life around. Many times we will be asked for advice and guidance by our clients through that journey. And the the tricky part is being able to guide them without giving them advice. And it's really, really important for the work that we do.

01:29:15:01 - 01:29:40:01
Unknown
We're not going to tell a client what to do or how to climb that mountain of recovery. What we're going to do is sit down with them, ask them open any questions, you know, really get to know them. So that way they tell us what's the best way for them to get into recovery. We can also be that safety net for them because they're trying to rebuild their confidence.

01:29:40:01 - 01:30:02:00
Unknown
They're trying to rebuild that sense of purpose in their lives and trying to develop that, that internal strength that we all need to get get to recovery. Sometimes they might need to borrow it from us, and they might they might lean on us until they learn to develop it on their own. I used to tell my clients all the time, man, I got enough confidence for both of us.

01:30:02:01 - 01:30:30:15
Unknown
Borrow mine until you find yours. And it really meant something to them that they knew I was going to be there with them throughout it all. We're also problem solvers and resource brokering. So one of the advantages of walking a similar path as our clients peers are going to have knowledge of various programs shelters, food banks, clothing closets, things of that nature that are going to help our clients fulfill some of their more basic needs.

01:30:31:01 - 01:30:55:13

Unknown
You know, we in class, we kind of go over, you know, briefly, Maslow's hierarchy of needs, why it's good for peers to know that it's this. If you have a client that is struggling with substance use but you know is homeless. Guess what? You can't focus on the recovery part until you find them stable living and they feel safe because that's a that's a more immediate problem.

01:30:55:14 - 01:31:21:10
Unknown
Once they feel safe, if they have a roof over their head that they're proud of, it takes that stress away. Now they can start to put that energy to other things. Also, having firsthand knowledge of some of the problems that our clients face. It gives us a unique perspective on how to help them solve that problem. We may have had the same problem, and we came up with a way to solve it that our client might not have thought about.

01:31:21:13 - 01:31:28:00
Unknown
See? No, we've just done giving them a new wellness tool to use.

01:31:28:01 - 01:31:56:07
Unknown
One of the things we do a lot, a lot is advocation. So as our clients develop the self autonomy and self-esteem to speak for themselves, we peers are their voice and where their voice in social settings, helping them deal with stigma and discrimination, where their voice also in clinical meetings with staff members, because we might have information that our clients gave us that they might not have given to their counselor, might not have given to their therapist.

01:31:56:08 - 01:32:07:00
Unknown
That's vital for all of us to be able to do our jobs, our job, simply being getting that person to recovery.

01:32:07:01 - 01:32:33:05
Unknown
So some of the core competencies that SAMHSa defines as, you know, our pillars that we that that we live by, first and foremost, peer work is voluntary. I don't care how good you are, how you know, how amazingly trained you are as a peer. I don't care how relatable your story is, if that person doesn't want to work with you for whatever reasons.

01:32:33:06 - 01:32:49:13
Unknown
Then the peer work is not going to work because that person has to have buy in. It's up to them. If they want to work with us, it's up to them. If they want to share their experiences, that allows us to help guide them. It's up to them if they want to even listen to us about recovery plans.

01:32:49:15 - 01:33:17:12

Unknown
So everything that we do again is centered on the concept that until that person wants it and wants to do it of their own accord, it's not much we can do, man. Also, we are relationship focused. Like the relationship that we build with our clients is that's the foundation stone to our work. The reason being is because we're building a relationship with them that's respectful, that's trusting, that's empathetic.

01:33:17:14 - 01:33:38:11
Unknown
But most importantly, it's collaborative and mutual with that client. I want that person to know that we're in this together. But you're going to take the lead on this. You're going to you're going to show me what's going to work for you. Kind of like that, that old line, help me help you. That's real in our world. And that's one of the things that we live by.

01:33:38:12 - 01:34:20:14
Unknown
Lastly, we're trauma informed. And when most people hear trauma informed, they think it's treating it. They think it's assuming that everybody's been through a trauma. It's not entirely accurate. When we mean trauma informed, it's giving the person that grace that they might have gone through something. Now, if that person went through an experience that they don't define as traumatic, but they show all the signs and symptoms of having a traumatic experience, then we're going to treat that person as though they've gone through something, because chances are, man, everybody has gone through something in their lives that might affect how they operate, might affect how they interact with people and peers.

01:34:20:14 - 01:34:57:06
Unknown
Because we've seen so many different traumas in so many different ways that people have been affected by this. It's just easier for us to just treat everybody with that grace and that kindness. So some things were not, we're not any person has had a mental health challenge or addiction. It's to be like the ability to be able to use your experience as a tool and to be able to look back at your past objectively, without guilt, without shame, and be able to use your experience as a profession.

01:34:57:07 - 01:35:16:05
Unknown
Use it professionally. That's where some of the lines are drawn. So like, you got to be able like there's certain things that you have to be comfortable with and self-aware enough to be comfortable with in order to be a peer. Because when we share our stories, we're sharing them as professionals. We're sharing, we're using our expertise and our experience.

01:35:16:09 - 01:35:43:13
Unknown
As you know, we're we're saying our stories as experts, not as just people telling you a story. Some other things we're not is we're not a practice job. We're also not sponsors either. And I was when I first got

started in this game, I thought peers were no different than sponsors. And there are those differences between peers and sponsors as far as training, the professionalism, things of that nature.

01:35:43:14 - 01:36:03:01
Unknown
Some other things that I want to point out that that, you know, a lot of people think we're not enabling. I can't tell you how many times I've had to have some real tough conversations with my clients. Me like, yo, Doug, you know, that's not going to end well. But in the end, I still have to remember that they're allowed to make their own choice.

01:36:03:04 - 01:36:30:01
Unknown
So that's where the enabling that's where the confusion about enabling comes in at. Just because we were giving them the freedom and the dignity of risk to make their own choice, doesn't mean we're enabling bad behavior. What we're actually doing is allowing them to grow, allowing them to experience, you know, triumphs, allowing them to experience achieving goals because that's how they build their that's how they build their confidence.

01:36:30:03 - 01:36:45:10
Unknown
And we're in the last thing that we try not to do. We don't have power over our clients. We don't. It's not it's not how it's going to work with us. Again, we're teammates. We're going to go at this together.

01:36:45:12 - 01:37:14:12
Unknown
So what are our goals? First and foremost, most important goal we have. Because without hope, you you got nothing. So we're going we're going to instill hoping that person that this is possible that you can get to recovery and you can't overcome what you've gone through. We're also going to promote positive self-identity as well. Every person, regardless of how deep in recovery, how deep and active addiction they are, every single person has a strength and peers.

01:37:14:12 - 01:37:42:14
Unknown
We're going to dig and dig and work until you see that you have strengths. Because once you see that now those strengths become your foundation, that you build your recovery off of. We also reduce stigma. If you were to meet our whole peer education team, we're different ages, different backgrounds. We belong to different communities. We, you know, we have like we're just different people.

01:37:43:00 - 01:38:05:01
Unknown
But the one thing we all got in common, you all is like, we all have survived something in our lives. So being able to have different faces, different ages, different genders within, just within our team shows that recovery world is the only world that's not racist, misogynistic. It's not just either. Anybody can be in our world at any given time.

01:38:05:02 - 01:38:36:03
Unknown
Also, we role model wellness and recovery just by our very presence. We're further along in our journey, so just us being there shows that recovery is possible. We're also going to promote community inclusion. I have the honor of hosting an art show in which members of members of a recovery facility get to showcase their art, their, you know, their poems, their paintings, their drawings, even, you know, their musical skills to feel like they're part of a community again.

01:38:36:05 - 01:39:05:00
Unknown
Too often, those of us in recovery feel isolated and can only really relate, and only can really exist within our small world. That's not the case. We've got talents. We have skills. We have things that make us special. Just because we went through a drug addiction or we went through a harrowing, traumatic experience doesn't change that. And the more people that know that, you know, we had the same type of skills, the same type of hobbies, same type of talents as everybody else really does.

01:39:05:00 - 01:39:32:03
Unknown
Again, lesson, that stigma lesson, that's the you know, he helped to erase some of those stereotypes. We also we support person centered recovery. It's not my recovery. It's yours. So you tell me what's going to work with you in order for me to do that. That's where that mutual learning comes in. I'm going to learn just as much from my client, if not more from them, than they should learn from me.

01:39:32:05 - 01:39:53:03
Unknown
And I will leave you with this. It's my homie, the Lorax. This is my spirit animal. I promise you guys, when I grow up, I want to be just like this dude. But I love what he says about advocacy. And he says unless someone like you cares a whole awful lot, nothing is going to get better. It's not.

01:39:53:06 - 01:40:11:08
Unknown
And that is really the foundation of what we do as peers. We're here because we care. Something in our heart and in our souls is telling us this is what we need to do. We need to go out and help people. So it really is a foundation of who we are, man.

01:40:11:09 - 01:40:35:03
Unknown
To do. And that is all I got is, far as you know, peer work goes. So a couple things that I want to add really quickly that work on the slide. Because like I said, we do a peer career info session that really takes a deeper dive into what the peer world is, how to become a peer, some of the skills and qualifications that we look at, that we look for.

01:40:35:07 - 01:41:00:02

Unknown
So if you have anybody that might be interested in it, a couple of the major ones. One, we require at least a year of continuous clean time. The number is more arbitrary than you might think. The reason being is we're not going to set you up for failure. We're not going to get you in environments that, you know, it can be a bit extreme because, you know, we we we don't work in the most glamorous of areas.

01:41:00:02 - 01:41:21:07
Unknown
And being able to maintain your own mental health and recovery is important to us. Ha ha. Thanks, Mr. Matt. I got you. Hold me. That's awesome. I just saw the comment. I ain't think nobody caught that. So cool. And, So yeah, the year continuous clean time matters. It does. Because we want to make sure that you have wellness tools in place.

01:41:21:07 - 01:41:41:01
Unknown
We want to make sure that you have you know, what your triggers are, that you have self-care routines in place because the work that we do is tough. We're dealing with people that are going through the worst times of their lives every day for eight, ten, 12 hours a day sometimes. And because we're human beings, we're going to take that home with us.

01:41:41:03 - 01:42:11:07
Unknown
So making sure that you have in place to help mitigate and lesson that effect. It's how you along and have a successful career at this also. You have to be in the game in order to be eligible for our class. What I'm what I mean by that is you have to have at least 2 to 300 hours of experience working or volunteering as a peer, even to be eligible, because we want to make sure that you're able to handle everything that comes with it.

01:42:11:08 - 01:42:33:07
Unknown
Another qualification. You have to either live or work in Delaware. 51% of the time. And it's not necessarily a qualification, but it's just a nuance that I tell people that are getting in that want to get into this, get into this life. Take the time out to figure out what people you want to work with. I have trained peers that were domestic violence survivors.

01:42:33:07 - 01:43:03:00
Unknown
I've trained peers who are cancer survivors. I've trained peers who were veterans, trained peers who, you know, grew up in a six figure household. You know, so there's many places that we can go to work as peers. So take the time out to be able to figure out which group you want to work with, which group aligns with your spirit and with your heart, because that's really going to that's how you're going to extend your reach and extend, you know, your career in this game.

01:43:03:03 - 01:43:27:14
Unknown

I got lucky, my first shot ever at being a peer was in a clinic, and I'm a clinic. Peer throwing through like that is who I am to my core. I've seen people that, you know, might struggle in a residential, you know, a residential setting, but would be phenomenal working in a cancer ward. So take the time out to figure out which group really speaks to you and which group you want to help the most.

01:43:28:00 - 01:43:49:14
Unknown
I'm trying to think if I forgot anything other than other than our class is a lot more fun than you think. Our training class is 50 hours and we push and challenge our students. We do. We push them as peers and we challenge them as people. We're going to put you face to face with your biases, because it's good to know that you have those, so you learn to work around them.

01:43:50:00 - 01:44:15:00
Unknown
We're going to talk about things like trauma. You're going to share your story. We're going to teach you how to craft your story. So it's a lot that we put our students through, but it's really fun. We have an 80% first first try success rate with the certification test and a 95% success rate for the second try. So as much fun as we have, we do do some really amazing work.

01:44:15:00 - 01:44:33:04
Unknown
And like I said, man, I can't see my life being anything other than a peer. This is my home. These are my people. Like, this is my tribe. And it's an honor just to be able to be a voice for them and to be able to train some amazing people that are just going out there to help make the world spin a little bit better.

01:44:33:04 - 01:44:50:13
Unknown
So before I slide over to Mr. Jason so he can tell you all a little bit about his program, did you guys have any questions for me or anything about just just a pure world as a whole?

01:44:50:14 - 01:45:15:06
Unknown
And thanks. I really that's the the success rate is something we take a lot of pride in. And I absolutely promise you, every single time a student hits us up and lets us know that they passed, they might not see it, but we're doing cartwheels in the office because we're just happy we have another person out there that is capable and willing to help somebody navigate the worst chapter of their lives.

01:45:15:06 - 01:45:28:14
Unknown
So that's where the pride comes in. Thank you guys. Man. And Mr. Jason, sir, floor is your is my friend.

01:45:29:00 - 01:45:43:00

Unknown
All right. Let me get back to sharing.

01:45:43:01 - 01:45:49:06
Unknown
There it is. Teams is different. Sorry.

01:45:49:07 - 01:45:54:08
Unknown
All right.

01:45:54:09 - 01:46:24:01
Unknown
Okay, so, we talked a lot. About what? Mental health conditions look like, what recovery looks like, what, peer services look like. So this is more peer services in practice. This is what I do on a daily basis. What my team does on a daily basis. And it started in New Castle County a number of years ago that I don't recall.

01:46:24:02 - 01:46:32:08
Unknown
I'll get to that slide, though. So bridge built upon lived experience.

01:46:32:09 - 01:46:43:01
Unknown
The Delaware peer, Delaware Mental Health court peer mentor program. Right.

01:46:43:03 - 01:46:52:00
Unknown
So at its heart, trust, hope and the power of shared experience.

01:46:52:01 - 01:46:59:03
Unknown
So with we, first thing we try to do is connect with people. How did that.

01:46:59:04 - 01:47:03:14
Unknown
Pardon.

01:47:03:15 - 01:47:21:14
Unknown
I have plenty of experience with a lot of different things. I do not have experience with incarceration, and I don't pretend to. I would not.

01:47:22:00 - 01:47:45:04
Unknown
Tell somebody that I do have an experience that I do not have. But I what I will be what I do know is that consistency is key. So steady support, I always show up. And if I cannot show up, they know why I'm not there long before it ever comes to the point where I can't show up.

01:47:45:05 - 01:48:09:14

Unknown
I had issues with trusting people who were in a position to where I needed help assistance from them. I'm not going to be that person that violates that trust. So a wider horizon. The program supports recovery and reintegration into the community. Not only progress through legal requirements. So.

01:48:10:00 - 01:48:39:02
Unknown
Our goal is to take somebody from the very beginning, and whatever, whatever their needs are, I will carry them, hold your hand, whatever, until we get to a certain point, and then they'll start to learn how to meet that need by themselves. And by the time they graduate, the goal is to have them to a point where you can metaphorically let go of the seat and they'll just take off on their own.

01:48:39:03 - 01:49:17:14
Unknown
That doesn't always happen exactly the way that it's planned. However, we do offer aftercare, which I know that's kind of for the doc folks. It sounds like. What aftercare? So once they have graduated from mental health court, we do still continue to help them if they require it. They just don't take priority over, active clients to the program recognizes the person behind the case and the possibilities ahead.

01:49:17:15 - 01:49:53:05
Unknown
So reduce stigma, support wellness, build trust, strengthen engagement, and support reentry. So promote community connection and work towards reducing recidivism. As we get through this, you'll see I have a slide that shows what our success rates were when I pulled the stuff up to create this PowerPoint. I had 20, 23 data. I have not updated that yet.

01:49:53:06 - 01:50:10:06
Unknown
So we talked about this earlier to listen, right. Make room for a person's story. One of the most important things that I've learned in providing service to people is, I don't know, there's no way I could possibly know.

01:50:10:07 - 01:50:45:15
Unknown
Because it's your experience. It's not mine. Oftentimes a person has never felt or been heard as peers. We recognize the need for active. Excuse me. Compassionate listening. I'm sharing my experiences with navigating the system helps to show that the participant can. That they can make the changes they desire. Like. Like Derek was saying earlier, me being where I'm at can be the example for the other person can be the motivation that they need.

01:50:46:00 - 01:50:49:03
Unknown
So.

01:50:49:04 - 01:51:30:08
Unknown
Helping with navigation, these systems are not simple to navigate. For someone who didn't have the resource to be able to navigate them in the first place. So you enter one of the specialty courts and now you're required to see a mental health provider. So their psychiatry, task probation sometimes IOP or PHP, and they're going to encourage that you get a job to the person didn't even have a car to begin with.

01:51:30:10 - 01:51:43:07
Unknown
So they didn't have any transportation. Living in the western Sussex County area. They don't have a way to get anywhere. How do I make any of this work? Well, that's where we come in.

01:51:43:08 - 01:52:01:01
Unknown
Getting the the there's a lot of barriers are going to be in the way. Our job is to get those barriers out of their way so that they can navigate this system and graduate. So we are all well aware of.

01:52:01:03 - 01:52:27:01
Unknown
Excuse me, extensive knowledge of the available resources and treatment providers in the area. And one of the other things too, is they will be assigned sometimes to see a specific person, a specific provider, or, something along those lines. So they'll be with that, that provider, or they'll say, hey, I have a negative experience with them from before.

01:52:27:01 - 01:52:47:06
Unknown
This is part of the trauma informed piece. That's not going to work for me. I can't do that. I want to graduate. I want to do it, but I can't go there. I have no problems referring elsewhere. We do have d train access. I will, if they prefer that I not do it that way. We'll just go to wherever.

01:52:47:07 - 01:52:50:01
Unknown
They.

01:52:50:02 - 01:53:16:01
Unknown
Will get into my car. We will go wherever we need to go. And a lot of times that's where I make my first connection. Because if I get a person seated next to me in the car, folks don't really like silence all that much. So that's where I get most of the rapport with people is we sit, we talk.

01:53:16:02 - 01:53:41:13
Unknown
I share bits of me, they share bits of themselves. And over time, we wind up developing a relationship. And, we have I have had pretty good success along the way. But again, one other piece to is, as Eric pointed out

earlier, peer support is, voluntary. They get to choose if they want to engage with me or not.

01:53:41:14 - 01:54:02:11
Unknown
I am obligated to reach out. They're not obligated to work with me. What I will say is one of the most important pieces here is there have been people who have struggled and struggled and struggled. All we did was made sure we were.

01:54:02:12 - 01:54:11:07
Unknown
They knew we were available, they knew that we were there. And.

01:54:11:08 - 01:54:26:15
Unknown
So a specific example actually, there was one gentleman who was on the verge of being kicked out of mental health court and being incarcerated.

01:54:27:00 - 01:54:51:04
Unknown
His case was one that was a diversion, meaning he didn't have probation. And when he completed all of his charges will be not only pros, and he was on the verge of being booted out of the program. I had reached out to him every week for 3 or 4 months, however long it was. He'd been there.

01:54:51:06 - 01:55:14:10
Unknown
He never answered. He never. You know, he never wanted to talk more than a few seconds. Then one day, my phone rings and it's like, hey, do you think you can help me go to I? Absolutely. So we talked for over an hour that night about stuff that was going on between him and his mom and how he was having anxiety over this and that.

01:55:14:10 - 01:56:00:08
Unknown
And so when he graduated, I knew that just letting them know, letting him know that I was present and available anytime he was ready, was the deciding factor, was the thing that made him make that choice. Lived experience changes the conversation. We talked about this earlier too, with I understand, what I will say is, I do understand that there are massive feelings and I like I can tell you how I felt when I went through it.

01:56:00:08 - 01:56:07:07
Unknown
I don't understand, I don't know for sure how you feel. That's why.

01:56:07:08 - 01:56:39:08
Unknown
The I don't know principle has been one that's been been extremely beneficial for me. I have the same experience. I don't know what the response is for you. Let's talk about it. But knowing that I've been through it a lot of times is going to be enough for somebody to open up.

You're not alone. The mentor participant relationship can offer encouragement while a person works toward recovery and community reintegration.

01:56:39:09 - 01:56:49:09
Unknown
So I don't recall that piece of the slide being like that. So I prefer community.

01:56:49:10 - 01:57:26:11
Unknown
Participation rather than reintegration because they haven't left the community most of the time. They haven't left society. There's still a person who lives within the. It's just the way that they participate with it isn't preferred for them. Right. So progress can happen one connection at a time. So court navigate the requirements. We talked about those. They are many and they are mighty at times.

01:57:26:12 - 01:57:57:07
Unknown
For somebody who doesn't have the resource to begin with. Excuse me. Treatment. They'll engage with care. So task will tell them which types of treatment they need to be in. They will engage with that, recovery, build wellness and hope. So if it comes down to where they feel like, 12 step meetings are going to help them, we can actually take them to 12 step meetings.

01:57:57:08 - 01:58:13:10
Unknown
If it come not I will say that will not work for everyone. And I'm not going to try to impress it upon anyone. So community reconnect and move forward.

01:58:13:11 - 01:58:31:01
Unknown
Right. So we do help connect the pieces. So I have a little bit of help over here, a little bit of help over here. I help them draw the line and navigate to and through.

01:58:31:02 - 01:58:45:11
Unknown
Those pieces. All right. So collaborative beginning. So the way that, mental health court, actually, I believe it started off as drug court. In Delaware.

01:58:45:12 - 01:59:29:01
Unknown
Judge Jordan or Jordan? I don't really know what her how to pronounce her last name. Brought the principal. I believe it was from the Florida model. So statewide support came from Kevin, and she was the former director of D Sam and MH contributors. Former director, the late Jim Lafferty. Peer mentors at the time. Also the late James Cephas, Miguel Pozo and Gina, who was the newest addition to the peer team at that time up in New Castle County, which I, I put this note in here.

01:59:29:01 - 01:59:40:05
Unknown
Gina is now the statewide director of the Mental health Court peer mentor program. So, Gina's an absolute rock star. She is.

01:59:40:07 - 02:00:00:01
Unknown
I've. I've watched her change somebody's mind in Split Second. It's. Her experience has absolutely helped countless people.

02:00:00:02 - 02:00:15:06
Unknown
Right. So we were talking about the I mentioned the numbers earlier. These were 20, 23 numbers. So the impact at a glance, the figures below the outcome measures.

02:00:15:08 - 02:00:37:08
Unknown
Right. So increase in treatment session attendance. So people are assigned to go to some sort of treatment and they choose to miss appointments or they wind up missing appointments. That causes them to violate on probation. It causes them to have sanctions sometimes get kicked out of the mental health court. So.

02:00:37:10 - 02:00:52:07
Unknown
Of those who did not go 30% more, began to engage in, engage in and continue with their treatment. 25% reduction in missed court appearances.

02:00:52:08 - 02:01:24:00
Unknown
Decrease in one year recidivism rate. That's a big one. I have seen maybe three people who have graduated and returned to mental health court or returned to, the justice system in one way or another. And we have helped over a hundred to this point. So 50% participants reporting improved mental health. So this was via different assessment tools.

02:01:24:01 - 02:01:26:13
Unknown
They,

02:01:26:14 - 02:02:05:00
Unknown
They asked us some basic questions. A global score of some sort. And 50% of the people reported that they were feeling better after peer services had been added than they had been before. All right. So the team that's me, Jason O'Connor. Connection sober living in men's residential. Prior to becoming chorus. Cases or Kent community Kansas community services.

02:02:05:01 - 02:02:32:08
Unknown
Right up until they shut down, I was there Brandywine and Milford. I left cases and went to Brandywine and Milford from Brandywine and Milford,

Banyan, clinical support staff. So I this one is interesting just because they had a lot of people going AMA they put me in a position to try to mitigate that, limit that issue.

02:02:32:09 - 02:02:57:00
Unknown
And we went from over 20 in November to three in December. So whoever decided to do that, pick the right person, did the right thing, because that was definitely it made a big difference having that one person that could walk up and just in the moment talk to somebody who wanted to leave. So decent police diversion program.

02:02:57:02 - 02:03:22:12
Unknown
This was very much outreach. I don't know if anybody knows what it is. They go out, the police will go out and do what they do. They take their report. If it was somebody that may need substance abuse treatment and give it to a clinician and peer, and what we would do is go out and ask them, would you like to would you like to enter treatment?

02:03:22:13 - 02:03:56:10
Unknown
A lot of times they'd say, no, that's okay. Are you hungry? See if we can't get them some food. Just anything. Anything at all to connect. So. And been with MH a started off as a peer educator. Went to doc peer education, which was a wonderful experience. Excuse me. And now I am the lead peer mentor for Sussex County Mental Health Court.

02:03:56:12 - 02:04:23:07
Unknown
All right. So Katie Taylor, she's our newest person. In 22, code purple site coordinator. She actually was. I forgot to put this in there. One of our peer interns. And that was how we wound up meeting, and I said we absolutely need to have this person on our team. Thank goodness she actually decided she wanted to come.

02:04:23:08 - 02:04:37:10
Unknown
So also volunteering. So she act team peer. So I forgot to mention, this is, I'm sure everybody. Well, most everyone here knows what acting is.

02:04:37:11 - 02:05:08:10
Unknown
So with rising House, they have a peer. They go out to the house. Sometimes they'll bring meds. But mostly it's just do engage and hope. Hope that they can help the person stay on track. Let them know they're not alone. So she volunteered for a while. Springboard collaborative, the pallet village down in Georgetown. She continues to work there at night a couple days a week.

02:05:08:12 - 02:05:40:08
Unknown
And now she is a mental health court peer. Trista. Trista. We have a wide range of experiences. She was a CEO at Howard, our young. For five years.

She works at re part time, still since 2021. I don't know what Merrick is, but that's case management. And she's been with us since 25.

02:05:40:08 - 02:05:44:15
Unknown
Since May of 25.

02:05:45:00 - 02:05:50:01
Unknown
All right. Connection is part of the work.

02:05:50:03 - 02:06:14:12
Unknown
Yeah. All right. Mental health court peer mentor program brings lived experience into the justice system. Anecdotally, I had someone say, wasn't no justice involved in what? I'm in the system. And I said, okay, I won't call it that anymore. Offering guidance, encouragement and a pathway toward recovery and community connection. Right. Lead with dignity. Build trust. Make room for hope.

02:06:14:14 - 02:06:44:08
Unknown
Now, one other piece. We were talking about how we kind of how we'll we'll walk people through. We will, Carry them through until they can walk on their own. Had a gentleman who did not make appointments for himself. I had to do those. And then one day we started with him making the appointment with me sitting next to him.

02:06:44:08 - 02:07:12:02
Unknown
But I had to tell him everything to say, and he would repeat word for word, exactly what I said. Over some time, not long before he graduated, he said, hey, I have an appointment at this place at this time on that date. I called the other day and mate. So we just gradually went from, like, I can't even call these people to.

02:07:12:03 - 02:07:33:08
Unknown
I can call him. If you're sitting with me to now, I can. I make my own appointments. It's just what I do. And I was really proud moment, I don't know, I really he was one of my favorite clients to this point. Don't tell anybody I said that, but, all right, well, that is all that I have.

02:07:33:09 - 02:08:01:01
Unknown
And honestly, do we have any questions? Any comments?

02:08:01:03 - 02:08:22:13
Unknown
See, maybe not a question, but Mr. Harold's background is pretty tough, man. I gotta figure out where you found that. I like that dude. Like. That's nice.

02:08:22:14 - 02:08:41:12

Unknown
Well, I guess Mr. Matthew, the only thing left to say is, at least from my end. Man, thank you for letting us come hang out with you guys for a few hours and really kind of, you know, show you guys a little bit about what we do. So at least for my end, man, this was fun. Like I enjoyed this a great way to spend it Friday.

02:08:41:12 - 02:09:04:13
Unknown
So thank you for that. Yeah I want I want to say thank you to you guys. Thank you Derek. Thank you Jason. Thank you for the stand members that attended. Thank you for the board members. This was very insightful. The tips, the tools, the tidbits. I didn't even know about the constipation thing. You know, when you when we that that kind of stuck out to me when it comes to like depression and that messing around with your gut.

02:09:04:13 - 02:09:22:07
Unknown
I didn't even know about that. I have two girls as well. So as they get older, these are things I'm going to look into when it comes to, you know, things with their cycle and all that. I didn't I didn't know any of that. So that was very good information. And I appreciate you guys. And you guys really kept it very informative, very relatable.

02:09:22:08 - 02:09:40:10
Unknown
And I'm going to digest all this information and thank you guys again. This has been great. Appreciate you guys and hope we can collab and and connect. And if you guys could, can you guys leave your contact information in the chat. Because I know people would want that. Sure thing. And if you're able to share your PowerPoints to you guys can send me an email.

02:09:40:10 - 02:09:51:08
Unknown
I'll send it out to the to the board members as well. And and the network.

02:09:51:09 - 02:10:13:08
Unknown
Say, man, this was fun. And I threw our information in there. We can send you out a PDF of the slides that we did today. Yeah. So definitely. And and it'll have some more information on there as well. So man, this was fun man. The only thing left I got to say make sure that you guys had some fun and get you seven daily chuckles in.

02:10:13:09 - 02:10:34:05
Unknown
It's the same homework assignment I give all of my students. And the reason being, if you look for seven things in your day to laugh at, chances are you're going to find way more than seven. So with that point, the only rule that I have to it is you ain't got to justify why I made you laugh. If it made you giggle, made you giggle, you ain't got explain it to nobody, man.

02:10:34:06 - 02:10:52:14
Unknown
So make sure to get your seven chuckles in. And you guys had some fun this weekend okay. Appreciate you got once again thank you. MH. Hey. Thank you. Derek thank you Jason appreciate your members. And we're going to I'm going to conclude the meeting. I appreciate everybody hopping on. Enjoy your Friday. Stay blessed. Stay safe and we'll see you on the next one.

02:10:52:15 - 02:10:54:08
Unknown
Yeah, sure. Thank all of you so much.