

Suicide Care Insights: Telehealth Adoption

Video Transcript

Kim: When I started practicing as a mental health provider in 1997, there was only one way to provide care to our clients: face to face. Through most of my career, it wasn't just the *right* way to do things, it was the only way. I couldn't have imagined it another way, especially not through technology—not through a screen.

Sadé: Brave Health is a virtual mental health clinic established in 2018. They focus on community mental health, offering therapy, psychiatry, and peer support services. Their Zero Suicide program has been made possible through the creation of an internal team in addition to the company-wide deployment of specialized trainings and targeted job aids.

Kim: So, I knew about telehealth, but I'll tell you—I had to be dragged into it kicking and screaming. Like so many providers, the pandemic forced my hand in using this technology. After some growing pains and much to my surprise, I now really believing in it.

Sadé: Brave Health is one of many organizations using telehealth when and where they need it. Notably, most of their clients across the 18 states they operate in are Medicaid beneficiaries.

Kim: I wasn't sure it was going to be effective. How could I develop a connection to a person I couldn't put my eyes on directly? How were they feeling on the other end of the screen? What if the internet went down? Was focusing on the individual a problem that wouldn't have existed in my office?

The root of my concerns was safety—for my client, and frankly, for myself. I had to be ready to do what I often ask of others: I had to give it a try. I had to be willing to do something different, and I needed to be prepared to learn from my experiences.

Sadé: Brave Health providers perform screenings during each appointment, create specialized treatment and safety plans, and offer participation in their Coping with Suicidality groups at multiple dates and times. Treatment is layered with asynchronous weekly check-ins, through messaging and phone calls, and using supplementary tools like Safety Plan mobile apps.

Kim: What finally won me over was realizing that often I learned *more* about the person...because, in a sense, I was in their home with them. I could see their living situation, their technology options, and skills, and we *both* could learn about the care *they* preferred. The technology became a tool to assess the best treatment options for overall success for the client.

I found I *could* effectively provide suicide care through a screen, despite the unique challenges telehealth may present. After living it, I had to concede that there were comparable challenges with in-person care, too.

I really wanted to run away from the technology. Now, to be honest, I'd have it no other way. If someone told me I had to go back to in-person only, you'd have to drag me there kicking and screaming!

This transcript is for "Suicide Care Insights: Telehealth Adoption," part of the *Suicide Care Insights: Stories & Tips to Cultivate Your Implementation* series on ZeroSuicide.com.

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