

WEBVTT

1 "Donovan, Amanda" (1956759296)

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Welcome and thank you for calling into Cigna's 2024 Children and family awareness series. My name is Amanda Donovan and I'm a coaching and support case manager at Cigna. Due to the format of this call, you'll not be able to ask questions during the teleconference. The conference will be open for Q and A at the completion of the presentation.

2 "Donovan, Amanda" (1956759296)

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A handout for today's seminar is available online@cigna.com forward/ children and families. Please note that not all policies cover today's topic for more specific information if your policy covers topics discussed in today's seminar, please contact the number on the back of your insurance card.

3 "Donovan, Amanda" (1956759296)

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Today I have the pleasure of introducing Clayton Davis. Clayton Davis has been a behavioral health clinician for over 25 years. He joined Cigna behavioral operations in 2011 to provide wellness coaching, behavioral clinical reviews, and case management for members. He transitioned to New York, New Jersey market as a behavioral clinical account manager in 2018, and the.

4 "Donovan, Amanda" (1956759296)

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This role, he translates the latest behavioral health innovations and pro products into actionable steps that our business partners can use for improving their team's mental health. Prior to Cigna, he was a therapist and clinical director for 16 years with mental health organizations in the Midwest. A short description of today's presentation, we'll be talking today about the state of mental health with youth. Clayton Davis will identify factors affecting mental health services today and how services have evolved to face the current challenges. Resources such as virtual mental health and coaching programs are two tools that will be explained and how they can help families address their behavioral needs. We would like to thank you for being here today. Clayton, you're welcome to start your presentation.

5 "Davis, Clayton" (4212013824)

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All right, thanks. Thanks for letting me jump in here and and share with you a lot of the different things about mental health. And it's something that I've been around for many years and I kind of seen some of the aspects of mental health evolve and change and what are some of

the new tools. So what I want to do is kind of walk her through us where we've been, where we are today, and kind of where we're heading when it comes to mental health.

6 "Davis, Clayton" (4212013824)

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And so we can kind of see in terms of mental health, if we go back to the very beginning component that in the very start, like, about a hundred and 50 years ago and, and older, that it was believed that mental health issues came from either demons or possessions or connected to individuals.

7 "Davis, Clayton" (4212013824)

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Not following the very specific tenements of their face. And back then, we didn't necessarily have counselors or therapists or psychiatrists. These issues were treated by the local religislaters. And so today we still have some options for treatments within many faith, but they, but the face have actually added education on evidence based counseling.

8 "Davis, Clayton" (4212013824)

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Methods within the training of their leaders to kind of use within those community services so that it's not unusual for a number of organizations to actually have some counseling programs, but it's more based upon secular methodo methodologies while they integrate some components of it.

9 "Davis, Clayton" (4212013824)

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The other aspect is treatment in the early days was very barbaric. It was thought that individuals were very dangerous and they were pretty much incarcerated. The asylums were not that much different than actual prisons with some of the horrible, you know, human abuses that they did. And in fact, to this day, they're still.

10 "Davis, Clayton" (4212013824)

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A little bit of stigma and fear around mental health issues, which is a complete myth because now that we've learned a lot about, you know, the aspects of mental health, we looked at statistics, someone with a mental health issues is actually more likely to be the victim of a crime instead of, you know, being the one to perpetuate the crime. And you can kind of see as we started to increase our awareness, we came more sophisticated in our scientific methods where we started looking at data, we started observing, we started talking.

11 "Davis, Clayton" (4212013824)

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Talking with individuals of learning about the dynamics of it. So we and once we started to get a better understanding of some of the dynamics, the stigma began to lessen and the innovations started to improve about what do we, what can we do to help somebody overcome some of their mental health challenges. And over time, we've developed.

12 "Davis, Clayton" (4212013824)

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Many very effective talk therapy is what I'm gonna call it. These are methods such as cognitive behavioral therapy tools that's been around for 50 years, dialectical behavioral therapy, which is a little more recent and mindfulness exercises that people are able to engage in to get a better understanding of what is the dynamics of what's.

13 "Davis, Clayton" (4212013824)

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Engine and what are some coping skills for them? And these have also been very thoroughly researched. You know, we've actually been able to look at what methodologies is legitimate and actually has been shown to be effective, and then also some different approaches we've discovered is doesn't really have any bases that are not scientifically proven to be effective. You know, and what we've done is we've been able to also make advancements in technology bringing in. I'm gonna talk a little.

14 "Davis, Clayton" (4212013824)

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Little bit about that in, in a moment. Also medication management. We've got a lot more sophisticated in the medications able to complement treatments with based upon the continued research, and we're still researching today about the different tools and resources that are available to be able to help people understand and manage their mental health. Cause many times, you know, it maybe a case that somebody is struggling with the mental health challenges and this is something they can talk through. Maybe it's a 15 year old that's having a hard time at school, and which is not that unusual.

15 "Davis, Clayton" (4212013824)

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And maybe a little bit of talk therapy can help. Other times there maybe an issue where for whatever reason, the serotonin and other neurotransmitters sloshing around the brains is just not necessarily at the right balance, and so maybe bringing a psychiatrist. So I want to talk a little bit about how do we connect with those resources and what are the.

16 "Davis, Clayton" (4212013824)

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What's available today? Now, to kind of set the stage, I want to talk

about how mental health is connected to physical health, you know, because one of the things about mental health is we're starting to shift more and more to view mental health the same way we look at.

17 "Davis, Clayton" (4212013824)

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You know somebody's physical health. I like I like to think and sometimes we look at different athletes where we're starting to see every so often an athlete step aside from competition because they need to get their mental health a little more stabilized, you know, just like they would for a physical issue if they say they sprung an ankle. And I think that's really important that we're.

18 "Davis, Clayton" (4212013824)

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Trying to place that emphasis. I always think back to the Olympic gym list and the prior Olympics that had to step away from, you know, an event because mentally just was not there. And in that case she made a legitimate, you know, citation of this is kind of dangerous. I'm flying and twisting around, you know, however, like 1015 feet in the air, where if she's now.

19 "Davis, Clayton" (4212013824)

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At 100 %, she could land wrong. And so being able to recognize that the potential dangers of that, you know, cause we look at, e.g., if somebody's dealing with a mental health condition, large majority of time that they're probably also gonna have a physical health condition. You know, you say somebody that's dealing with depression, probably let's give them say diabetes.

20 "Davis, Clayton" (4212013824)

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And what happens is when you're not taking care of your middle house many times that's gonna spill over in your physical house or like if you know anything about depression, depression will whisper things in your ear and kind of remind you like, oh, I don't feel like doing my A1C test with the dr.. I'll schedule it i'll schedule it next month. Next month comes around, the depression says the same.

21 "Davis, Clayton" (4212013824)

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Thing. And then over time, eventually, somebody may have a diabetic emergency where they need to go INTO or some other kind of major event that affects them. So it's looking at that co morbidity lowers people's life expectancy by 25 years if you're dealing with a chronic condition medically and physically. And then the other thing is for the individuals trying to treat it.

22 "Davis, Clayton" (4212013824)

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This can cost them financially three to six times more. So if you're the parent of a child, it's one of those things that we really want to be able to, you know, get early intervention and also look at it. Now when we look at COVID, COVID obviously had a huge back impact on people's physical health, but it also had a huge impact on our physical health. You can kind of see this little, all these different waves of impact, and I want to draw your attention to that reddish orange line. It's in the that's the 2nd wave. This is the line around.

23 "Davis, Clayton" (4212013824)

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Mental health. So you can actually see that mental health spikes up and gets to be have a large large impact and it is the last to actually come down and settle down in this whole dynamic there. And we can actually see that it's still affecting us, you know, because initially you had the COVID hit, you know, back in 2020.

24 "Davis, Clayton" (4212013824)

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Led into 2021 and so on that at 1st people a lot of times put off a lot of different things they were doing. They put all taking care of the mental health cause they had other concerns. They many times they put off doing some medical tests like maybe it's a colonoscopy. They, they put that off and delayed it for a variety of reasons because of concerns of well going into, into some of the facilities.

25 "Davis, Clayton" (4212013824)

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And some of the facilities themselves were not doing certain tests and procedures. So then when the COVID started to settle down, there was a pint of demand where more and more people didn't started to address their physical issues. You know, they caught up, they got their colonoscopy, they got some of the other tests that then maybe they put off their mandograms and whatnot. But the problem was mental health is still stayed spiked up.

26 "Davis, Clayton" (4212013824)

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In fact, we saw between pre COVID and today a 25 % increase in the number of people presenting with mental health challenges across the board. You know, we saw major rises in anxiety. We saw depression go very high up and also unfortunately suicide suicide increase.

27 "Davis, Clayton" (4212013824)

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In fact, in 2022, the CDC recorded a record year. There's more suicide than 2022 than any other year prior to that. And we're still kind of look, you know digesting the 2023 numbers and Sabi wouldn't be surprised if they did some studies and they found that that was even

higher than 2022. And in fact, for children and adolescents, suicide according to the CDC was the 2nd leading cause of death for ages ten to 14 and ages 20 to 34.

28 "Davis, Clayton" (4212013824)

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So we definitely want to prioritize taking care of the mental health and making sure that it's getting treatment so it does not continue to escalate to a higher level of severity. And I think the other component was the loneliness access.

29 "Davis, Clayton" (4212013824)

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You know, we've we've published studies about loneliness from Cigna about all the the burdens that loneliness contributes to mental health and physical health. You know, one of the steps we always used to say that, you know, somebody that's suffering from chronic loneliness, the impact on their physical health is actually just as equivalent of smoking about a pack pack and a half a day.

30 "Davis, Clayton" (4212013824)

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In terms of long term. And I think when you look at the children and adolescents and young adults, this is a critical time. I always think back as the parent of the child, well technically a young adult, I remembered that their 1st year of college was at the height of COVID.

31 "Davis, Clayton" (4212013824)

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Where they didn't necessarily know, and I always think back my 1st year of college, all the different social connections I made, I went away to school, you know, in 19 I'm out of the house for the 1st time unsupervised, which is gonna be scary. And I think back on the connections, I'm still friends. I can think on my phone, if I pull my phone right now, I have texts from five.

32 "Davis, Clayton" (4212013824)

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Five people that I met, my freshman year many many many years ago, and so that tight social connection, my child, their 1st year, COVID hits their freshman year. They, the roommate bailed out, so they had a large, you know, sweet setting in the dorm completely to themselves.

33 "Davis, Clayton" (4212013824)

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So the isolated alone, then immediately they switched to virtual learning, so there was NO classes to go to. Then the, then the lung mealtimes you had staggered mealtimes, you go down, get your meal and take it back up. It was almost like a very institutionalized jail. The only difference was there's NO bars from my oldest, was in loan in the

room slept in the room at.

34 "Davis, Clayton" (4212013824)

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By themselves, was in classes on the computer in there, and so missed out a lot of integration of social connections on that 1st year.

35 "Davis, Clayton" (4212013824)

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Now there is one thing I'm gonna circle back on in that there was one thing that is actually that came that was a positive in is that accelerated the use of virtual mental health services. Because, e.g., we had capability of virtual virtual mental health before COVID. I can think back when I was a clinical director, gosh.

36 "Davis, Clayton" (4212013824)

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Years ago, we were setting up virtual psychiatric appointments with a psychiatrist in st. Louis to be able to have some of our members that were being treated in that organization and satellite offices out in the rural Missouri Outozarks where there were NO psychiatrists, so we were able to coordinate them showing up at an outpatient counseling office.

37 "Davis, Clayton" (4212013824)

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Those are to be able to see virtually a psychiatrist to be able to look at assessments and be able to write description to get that medication for that individual to complement their therapy. So it's been around, but people just weren't using it as much. They just either didn't see the need or they didn't feel comfortable with it. And so I can tell you like, e.g., within Cigna, in 2019, less than 2 % of outpatient therapy was being done in a virtual environment. Today.

38 "Davis, Clayton" (4212013824)

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It's spiked up up into the mid sixties at the height of COVID, but today even with things settling down, we are still seeing 56 % of outpatient counseling services being done virtually. So it's still a, a key component. I'm gonna talk a lot more deeper about the technology components about it.

39 "Davis, Clayton" (4212013824)

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So, now, with everything going on the last few years, one of the things it also did is it exposed a lot of shortages within the healthcare industry across the country. So what you're looking at here is a county by county breakdown of which counties.

40 "Davis, Clayton" (4212013824)

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Are had experiencing a shortage of physicians to be able to have or do they have enough positions to adequately serve the number of people that are in the population of that county? So the darker the the shade of the county, the more severe that that county is in shortage of physicians. And so we're gonna look here for just.

41 "Davis, Clayton" (4212013824)

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Your traditional primary care physicians, your PCP. You can kind of see here there's some spots in the area, you can see the Midwest, the south, the south, the Texas or particularly hidden some of the rural counties. Then now when we start looking at, now pay attention to what happens to the math, when we look at mental health provider shoulder.

42 "Davis, Clayton" (4212013824)

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Which just explodes. We got some shortage and pretty much almost the entire nation is and some type of shortage here. So you can kind of see that, that almost all of them. And this is kind of led to issues such as wait time.

43 "Davis, Clayton" (4212013824)

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I'm gonna pick on I practiced out of North Jersey and the New Jersey Association of Counselors did a study on what are wait times like, and they found that it's a six week waiting list to an outpatient appointment in, in the organizations in Jersey and that's typical across the.

44 "Davis, Clayton" (4212013824)

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Country of having very long wait times because of there's a shortage of providers. There's also some other aspects in there, e.g., you know, that people just don't know where they are, they don't know how to navigate it. And then another thing is there's some other components because in our last month's webinar, we talked about gen Z and one of the things about gen generation Z and this is that age group is the age groups that are say middle school.

45 "Davis, Clayton" (4212013824)

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Late elementary educate education and early college and some young adults in that that Gen Z group have been reporting the most amount of symptoms around mental health, but the other scary thing is they're also accessing mental health the least. So if you're looking.

46 "Davis, Clayton" (4212013824)

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Let's say a 16 year old or maybe it's a 19 year old in college or



maybe a middle schooler, they're not connecting to it. And so some of the things that the reasons they're not is we talked about last month, but lack of understanding of the network of what resources available, lack of understanding about mental health, concerns about what's it gonna cost. They have NO idea what the cost is.

47 "Davis, Clayton" (4212013824)

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And then the other component is since the generation Z is a lot more diverse, there's a certain level of comfort because mental health is a little different than other types of services because we wanna feel comfortable emotionally, more so if you're, if you're saying a 15 year old kid, we wanna have a certain degree of connection with them. We don't.

48 "Davis, Clayton" (4212013824)

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We want the stranger because already they're a stranger, but we don't want to have even more things that differentiate that persons. So we hope a lot of times we found that, you know, an adolescent may want somebody who looks like them, that culturally they can connect to. Maybe it's a case of age group. And I think that's the other challenge within the mental health network.

49 "Davis, Clayton" (4212013824)

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That the diversity has been historically not a very diverse field in terms of the providers. You know, the average age for a mental health therapist is typically in their forties, which puts them, you know, right around, you know, the tail end of generation Z The difference between generation X and generation Z is just light and day, you know, and so that that's another thing, but.

50 "Davis, Clayton" (4212013824)

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I'm gonna get there that there are some improvements on how can you connect with the with the search search tools and resources here. So, but one of the things that has changed is technology. So I think at this point.

51 "Davis, Clayton" (4212013824)

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You know, I've already mentioned we got a lack of mental health providers, we got long wait times to see a counselor, there's an increased need for help and limited diversity. So the good news is this is where technology has stepped up to be able to offer solutions to help the mental health fields with with tools such as virtual therapy, a lot of.

52 "Davis, Clayton" (4212013824)

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The other things to be able to maybe provide other types of services that maybe we didn't have before. So I think that when we start looking at everything we've got here, there are some advantages and there is some concerns around bringing in technology and mental health.

53 "Davis, Clayton" (4212013824)

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So the 1st thing is, next access and availability. So as I mentioned before, we went from 2 % to 56 % of people, you know, utilizing it for outpatient therapy. You're traditional coming in, talking to a therapist, and let's talk it out here because it increases the access because even though there's a a.

54 "Davis, Clayton" (4212013824)

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Small network and now it is improving, we are getting more and more people, but it, you know, it takes time to get therapists trained and going. But here's what it does is we can make the network more efficient so that, e.g., you maybe working in, say, New York City upper east side, and maybe you're struggling with finding a therapist that has the expertise you're looking for in the upper east side.

55 "Davis, Clayton" (4212013824)

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What happens with virtual is that this opens up the entire state of New York to be able to search instead of just that little, you know, you know, maybe a 6th block area within the upper eas side. And so now, just because there's a lack of maybe appointments that you need in, in mayor, there maybe a therapist up in.

56 "Davis, Clayton" (4212013824)

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Use New York that is just as qualified as just as much experience and, but has availability on the time frame that you're available to be able to meet with affairness. So that actually greatly enhances the access. I can tell you right now, e.g., one of the tools that we have within Cigna is that being able to connect with some of the providers. There are some providers that.

57 "Davis, Clayton" (4212013824)

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You're you know your traditional, your private practice, maybe it's one or two therapists, they share an office and they've added you know cameras to their laptop to be able to, that's one type of virtual access. But there's number of providers that do not operate operate in a brick and mortar. They are purely application based.

58 "Davis, Clayton" (4212013824)

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And here's the other thing is about the virtual because I know many people have voice concerns about virtual therapy. Well, one of the things when you're dealing with a virtual therapist, you gotta remember, 1st of all, the therapist is still the same therapist that pre COVID. We all went to the same, well not the exact same, but we all fundamentally we went to graduate.

59 "Davis, Clayton" (4212013824)

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School, we got training and counseling techniques. We went on and did field work for our clinical hours, we got certified, we took the same test, and we became a licensed therapist. The only difference now is you're delivering your therapy through a camera much like I'm talking to you through a camera instead of across the room. Because I think the other thing is to remember is that virtual therapy, you don't necessarily need to have physical connection.

60 "Davis, Clayton" (4212013824)

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I think that's the other component that we look at there in terms of that, and that you don't necessarily need to have to take labs. I practiced as a clinician for about 1617 years before joining Cigna, and I can tell you right now, I never drew blood. I'm not qualified to do that. I've never had to do a physical once again.

61 "Davis, Clayton" (4212013824)

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Not qualified to do that nor needing to do that. And I don't have I don't have to have physical contact. I never had any physical contact with any of the patients I treated. It's just a case of, can I stay them? Can I talk to them? So virtual mental health is able to pivot a lot more smoothly than other types. So it's been able to kind of add that access level.

62 "Davis, Clayton" (4212013824)

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Now, one of the other variables about though is people don't a lot of times don't realize that yes, it's expanded, but it's only expanded at a state level now because one of the rules about virtual therapy, and I know that sometimes I've had somebody ask me like well am I I know this one person, my coworker that works virtually out of Houston tech.

63 "Davis, Clayton" (4212013824)

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Access has a great therapist. Why can't I go use that therapist virtually? We're still doing it over the phone. Well, because one of the rules about, you know, licensure because that's not changed, you still need to be need to be licensed. But the problem is that that limits some of the access to other states is the therapist has to be

licensed in the primary state of residents of the person they're, they're treating. So if you're looking for a therapist for your adolescent.

64 "Davis, Clayton" (4212013824)

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So maybe you want to use somebody, that therapist, they can only treat them if they're licensed in the same state that you live in. But, however, that is evolving because that's the other aspect about mental health and change because there's a lot of things, the technology that, you know, 15 years ago we didn't see, we didn't, we didn't have the infrastructure, we didn't have the regulations and the the legislation to kind of really take into account some of these new tools.

65 "Davis, Clayton" (4212013824)

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That is actually being looked at today, so that they're looking at what they're calling an interstate compact. So what the interstate compact will do is certain states will then join that to where they will recognize the licensure of somebody who's accepted that level of licensure for another state. So right now, this is like I said, this is a work in progress. This is not official yet. We have 36 states that have joined the con industry.

66 "Davis, Clayton" (4212013824)

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A compact price process for you know professional counselors. 17 will have more have introduced legislation for that and six more have pending legislation. So that's a good majority of the country has, has legislation either on the books or ready to go or is in the.

67 "Davis, Clayton" (4212013824)

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Process putting together. And the goal is to ideally have this all being able to approve by the end of 2024. Now, once again, we're talking about legislation and the process of going through that, so we don't have that capability today, but this is one of those future things to where once we get that, that is also gonna.

68 "Davis, Clayton" (4212013824)

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Fundamentally make a huge game changer in the way we deliver and access mental health services. So now, then you wouldn't be just a case of, you know, looking for a therapist in upstate syracuse, then you're opening up 3640, maybe even all 50 different states from finding a provider. Because I think that's one of the themes about mental health today.

69 "Davis, Clayton" (4212013824)

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And that we've had a wide range of specializations, just like with physical health because once again, we want to follow the physical health models so that we're looking at that component of the different expertise, you know, just like the physical health, we have a primary care physician, we have a near nose and throat. We may have a diet.

70 "Davis, Clayton" (4212013824)

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All these different specializations so that you may find that to have someone who has expertise, very precise expertise for what you're looking for, where mental health is the same thing. You know, like I remember when I was practicing a couple times people would ask me, you know, can you treat this condition with so and so? And I would say, well, actually that's kind of out of my out of.

71 "Davis, Clayton" (4212013824)

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My area of expertise, you know, I I have a lot of, you know, expertise and anxiety and substant abuse, but then maybe a case where they're talking about autism spectrum that ADA, I'm not really trained in ADA to be able to confidently deliver that type of service, even though a technically I'm licensed I can do that stuff. So you we can be able to find those very specializations of what you're looking for. I think another thing is.

72 "Davis, Clayton" (4212013824)

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We also started to have electronic appointment books, so more and more therapists are opening up their appointment booked virtually. So they know obviously there's some, you know, security firewalls and other things so you can't see other people's appointments, but we now got to a point where more and more private practice practitioners and some of the.

73 "Davis, Clayton" (4212013824)

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Those app based providers are able to show schedule now options, so if you go to mysigna.com right now, you will actually see which providers have shared that. And so now you can actually instead of waiting six weeks to get that therapy appointment, you can actually start looking and finding.

74 "Davis, Clayton" (4212013824)

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A provider that actually makes your area that you're looking for in virtual therapy and you can get those appointments typically within two business days. So that's another thing that that increased access availability of tech. And here's the other question I get about virtual mental health services.

75 "Davis, Clayton" (4212013824)

00:26:39.419 --> 00:26:58.949

Is how good is it? Is it really that, you know, effective? And I can actually say yes, and a lot of different things we're actually seeing that individuals are getting just as much out of the, out of virtual therapy. There's been multiple studies that looked at that.

76 "Davis, Clayton" (4212013824)

00:26:58.949 --> 00:27:18.949

You know, e.g., you know, people that are suffering from social anxiety actually find it's a little more comfortable because they don't have to, you know, get in the car or go sit in the waiting room or take the subway or however they get there. So they don't have to, you know, add that anxiety ramping up before they get to the office, they can kind of like focus in on that.

77 "Davis, Clayton" (4212013824)

00:27:18.949 --> 00:27:39.049

Children with autism. In some cases, a child that's on the spectrum, they're in their home environment, they're in their room where they're more comfortable, where they're more relaxed and they don't have all those other external stimulation or change of routines and patterns that makes them highly uncomfortable. So there's some benefits in some cases that it might actually be.

78 "Davis, Clayton" (4212013824)

00:27:39.049 --> 00:28:00.439

A good step for them. And the other thing is the therapist, now that we've had it for a little bit, the therapists are actually reporting some benefits. Like e.g., people are more likely to make their appointments, so being consistent with making their appointments to treat the issues. And the other thing is the therapist noticed that people are getting comfort levels. They're able to share.

79 "Davis, Clayton" (4212013824)

00:28:00.439 --> 00:28:19.739

Gets share some of the things that are really bothering because, let's say facts a lot of times therapy's embarrassing and if you're talking about say a adolescent or a, you know, a kid in middle school, they're already having a hard time feeling uncomfortable or embarrassed. And so being able to share things virtually.

80 "Davis, Clayton" (4212013824)

00:28:19.739 --> 00:28:39.739

Has been has been noted that people are able to get to some of those ables in a virtual environment quicker than in a face to face. I always like to say that, you know, typically somebody doesn't just spill everything right out of the 1st session. You know, and that's normal. I expect that because even though yes, I'm a therapist yes,

this is a space space to be able.

81 "Davis, Clayton" (4212013824)

00:28:39.739 --> 00:29:09.319

To share and be non judgmental, but yet we still kinda hold back a little bit until we feel like we can trust and feel comfortable. And the internet for better or worse, people have in the last for whatever reason, feel comfortable sharing all kinds of stuff on the internet as opposed to in face to face. So it's there's some advantages to it. Also there's wellness options. You know, there's a number of tools I'll talk about with coaching here in a 2nd where it opens up, there's certain types of things that may not necessarily be com.

82 "Davis, Clayton" (4212013824)

00:29:09.319 --> 00:29:29.319

Counseling per se or our mental health tools that gets those into the people's, you know, front and center much faster. And also drives innovation, you know, e.g., I'm gonna just arbitrarily pick talk space as one. Talk space in addition to their traditional therapy, they've been able to add in other things with the technology such as tech met.

83 "Davis, Clayton" (4212013824)

00:29:29.319 --> 00:29:49.319

Messaging with the therapist. Maybe it's the case you don't necessarily need a whole 45 min session to kind of digest a lot of things. Maybe you just need about 5 min of going back and forth about how to do this coping field. Maybe they're working on cognitive behavioral therapy trying to challenge a dysfunctional belief system or an automatic thought. And so being like five to.

84 "Davis, Clayton" (4212013824)

00:29:49.319 --> 00:30:17.459

Minutes texting back and forth with the therapist in a, at a pre scheduled time is all they need. So drive that innovation so they can get what they need. Now, there's a lot of good things, but here's some other limitations with the technology. 1st of all, limited research. A lot of this has been happening at light speed. So we're still learning a lot about, you know, some of the virtual tools and resources about what does work, what does not work.

85 "Davis, Clayton" (4212013824)

00:30:17.459 --> 00:30:37.459

And I think that's part of the thing of being in developing resources. I think the other thing is privacy has come up, there's concerns about that with being able to make sure that you got the right level of technical support of being able to make sure that somebody cannot hack into your therapy session. So that's a legitimate concern where, more the large organization.

86 "Davis, Clayton" (4212013824)

00:30:37.459 --> 00:30:57.459

Such as, you know, the one I'm working for with Cigna actually put a lot of firewalls in there so that maybe in some, you know, maybe a smaller mom and pop, the problem is they need to make sure they're utilizing up to date tools and resources to be able to put, you know, reasonable amount of precautions. And then another thing is I was reading an article about.

87 "Davis, Clayton" (4212013824)

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About a lot of teams that are self diagnosing themselves from just things they get off the internet. What could go wrong with that? He says sarcastically. And so I think that's the other thing is there's a lot of misinformation out there. And I think that's the other problem about trying to get some of the tools virtually and online because there is a lot of either overselling and marketing for some things that make it seem like it's a lot.

88 "Davis, Clayton" (4212013824)

00:31:23.569 --> 00:31:50.779

More effective than what it is or just straight up misinformation. So being able to find what is going to be good for them. I think then there's the other thing is the latest thing that a lot of that's gets a lot of talking to media for a variety of reasons is AI artificial intelligence. So yes, AI is starting to, you know drift into the mental health field, so that there are some things where somebody find they've been trying to create a AI therapist.

89 "Davis, Clayton" (4212013824)

00:31:50.779 --> 00:32:13.849

And try and create some of the things for AI. Now there's some risk in that. And the American Counseling Association has actually done a deep dive into that and look at what it can and can't do. So there's a couple of things that, like I said, I want to kind of talk to you about what AI cannot do. So 1st of all, AI therapy tools are not for crisis issues. If somebody is.

90 "Davis, Clayton" (4212013824)

00:32:13.849 --> 00:32:48.149

You know, abusing drugs or alcohol to where there's a medical risk, this is not, this is not an appropriate use of AI. If there's a suicidal component or severe depression, this is AI is not necessarily equipped for those types of crisis issues. Also not for diagnosis. There's a lot of small subtle components when you're diagnosing somebody. It's not just reading off the thing or oh, I think they're bipolar. No, there's very it's a lot more sophisticated where people that do diagnosis have had multiple years of training in the mental health field to be able to kind of pinpoint some of these things.

91 "Davis, Clayton" (4212013824)



00:32:48.149 --> 00:33:08.149

Another component is, it's not diverse. And what I mean by that, a lot of the programs may not take into account that culturally somebody's language and approach and and mindset about what type of situation is gonna vary from one culture to the next. And so an AI may not be as sad.

92 "Davis, Clayton" (4212013824)

00:33:08.149 --> 00:33:37.789

Into those differences. So it's not multicultural. The other thing is these are fundamentally not licensed and there's not, you know, the accountability is a little bit different. One last thing about the dangers with AI is that, e.g., there was somebody recently that was looking at and kind of got a hold of an AI therapist tool and was just kind of experimenting and kind of like playing some mock therapy sessions with them. And one of the things they said is they kind of pointed out and said the statement of, you know what, I want to.

93 "Davis, Clayton" (4212013824)

00:33:37.789 --> 00:33:57.749

Up the cliff and then when I get the public cliff I'm gonna jump off it. The ai's response was, well, that's very good. You're getting outdoors to include within your mental health needs. So obviously the AI completely missed a lot of the components and so there is some dangers about that that we want to take into account here when you're looking at a component.

94 "Davis, Clayton" (4212013824)

00:33:57.749 --> 00:34:17.749

So, now the other tool that's kind of newish on the scene, it's actually been around, I can tell you Sing has been doing this for 1314 years, but is mental health coaching. So, this is one of those things I mentioned before, looking at treating it like the wide spectrum of services just like with physical health.

95 "Davis, Clayton" (4212013824)

00:34:17.749 --> 00:34:37.749

So then many times, maybe you don't necessarily need to do a full blown therapy session or need a psychiatrist to be able to describe medications. Maybe it's the case that you just want to learn a little bit and get a little bit of education and maybe some personalized support for mental health challenges. Maybe you're struggling with anxiety. It's not to a point you're having panic.

96 "Davis, Clayton" (4212013824)

00:34:37.749 --> 00:34:57.749

Attacks, but you just want to get better understanding of the anxiety and what are some things that you can do? And I think this is the other component that's really a good tool to use for mental health coaching is that it's many times it's easier because 1st of all, this

can be done in a virtual environment or telephonically. The other thing is you're not necessarily always need.

97 "Davis, Clayton" (4212013824)

00:34:57.749 --> 00:35:17.749

Getting somebody that's fully licensed. I like to think of it as like a personal trainer, like for maybe the case that you're just trying to lose some weight, so you're getting some personal trainer by someone that's a gym that maybe certified in exercise and how to be able to do that, you know, proper waylifting form and proper running form and kind of help co.

98 "Davis, Clayton" (4212013824)

00:35:17.749 --> 00:35:52.429

You a little bit, but they're not a licensed nurse or a licensed exercise with physiologists or a dr., but they do have expertise. So it's the same thing of being able to connect with professionals that pair of professionals that know a lot about safe stress reduction. And so this also helps being able to take some of the burden off, you know, our already taxed mental health provider network. And I think that's the other thing is once we start to learn a little bit about some of those dysfunctional thought patterns and coping skills, there's a lot of tools and resources that can have long term effects, not unlike, you know, maybe you're realizing that you're getting.

99 "Davis, Clayton" (4212013824)

00:35:52.429 --> 00:36:21.469

A little bit of weight and you want to kind of curtail that. And so maybe you start making some changes early on to minimize the severity of this happening later on. So I think that's the other thing. Once again, there's a lot of strength in it. There's the personal trainer. It's also many times lower cost to access because once again, we're not tapping into say a medical dr. for a psychiatrist. So that also helps out. In fact many times, if you dive into your, their benefits, you may find that there's some resources there.

100 "Davis, Clayton" (4212013824)

00:36:21.469 --> 00:36:41.929

Now the limitations is that wellness coaching is not a replacement for counseling or medication management if needed. And the coaches don't necessarily have a standardized license, like a, like a license clinical social worker or a medical dr. may have. And I think one of the other things is, so let's kind of also look at one of the other barriers.

101 "Davis, Clayton" (4212013824)

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Because as I mentioned before, one of the barriers is also almost too many options. So you have a shortage in there but also the the person themselves, so let's take a 16 year old. And this is kind of like the

journey of trying to connect two services to get help. And unfortunately, mental health services from point A to point B is.

102 "Davis, Clayton" (4212013824)

00:37:04.519 --> 00:37:27.299

Many times not a straight linear journey. You kinda, as you can see, it's gonna be squiggly all around the course. So you get, you get a kid that's working on, you know, once again I'm just gonna say anxiety because anxiety is like one of the top reasons people are seeking services and let's just take a 15 year old kid. He's struggling, but they may actually be doing some self management.

103 "Davis, Clayton" (4212013824)

00:37:27.299 --> 00:37:47.299

You know, and that's the thing is many times we always have some type of savvy, we have certain things that we do to help relieve this company. But the problem is, maybe what they're doing and they're self managing isn't necessarily the best. They're not always gonna have the savvy because once again, a child is still developing an understanding of who they are.

104 "Davis, Clayton" (4212013824)

00:37:47.299 --> 00:38:21.319

What the tools are. So maybe their way of managing maybe avoidance behaviors or isolation or just a lack of self awareness, and so I think that's the other thing is when you're working with adolescents and children to be able to be aware that the surface may look like they're self managing, but they not always are. So I think then the next step is many times is what they will do is they'll seek some type of perspective. It's kind of like where what's going on? I'm not sure what's going on. Is this a problem or not? And so they're gonna start researching things. And unfortunately, where are they going?

105 "Davis, Clayton" (4212013824)

00:38:21.319 --> 00:38:40.320

Going to get that information. You know, when you can look at two A and two B on this slide, you know, internet, other 15 year olds that may not have the full, you know, awareness. So I think that's another thing to always look back on. Where are you getting this, this advice? Where are you getting this assessment of some steps?

106 "Davis, Clayton" (4212013824)

00:38:40.320 --> 00:38:59.820

So I think that's another thing that we look at on getting because then there's some dangers there. You know, are they getting evidence based practices? But at some point, they do realize, and this is maybe something you work with them is they realize they can't do this alone. This is where they start transitioning into actually getting help and finding services.

107 "Davis, Clayton" (4212013824)

00:38:59.820 --> 00:39:16.590

So I think that's one of the things that's really, really good to try to find the services. And I think that kind of leads into therapist magic because we want to be able to match with the tools, and once again, this is something that's gotten more and more traction these days.

108 "Davis, Clayton" (4212013824)

00:39:16.590 --> 00:39:33.930

Because we we've gotten into realizing that therapeutic alliance. What therapeutic alliance is, is how connected you are to your therapist. Because having a strong predi strong therapeutic alliance actually is a very large predictor of positive clinical outcomes.

109 "Davis, Clayton" (4212013824)

00:39:33.930 --> 00:39:53.930

And so these are things that, you know, we've gotten more and more sophisticated about when you're finding matching tools. You know, a lot of the app based providers when you go through their electronic waiting room, they're gonna ask you a series of questions. In fact, on my cigna.com, if you're trying to find the therapist through the, the resource tools, there's a series of questions.

110 "Davis, Clayton" (4212013824)

00:39:53.930 --> 00:40:16.640

Questions that are gonna ask you, you know, and they're gonna ask you some things about yourself. And this is not because of being nosy, We're gonna ask about gender or what actually more specifically what gender you identify with. What is the age, what is your age? It may ask you about your cultural background. And so this is the things that therapists will actually self identify so that you can actually ask.

111 "Davis, Clayton" (4212013824)

00:40:16.640 --> 00:40:36.640

These questions and find that, you know, maybe I am more female, you know, comfortable with a female therapist versus a male or maybe it's somebody I'm gonna feel more comfortable to a younger therapist, you know, like when you're working with a 16 year old, they might respond better to a therapist that presents that somebody's younger, maybe someone in the late twenties early.

112 "Davis, Clayton" (4212013824)

00:40:36.640 --> 00:40:57.470

So they can feel more connection and a certain degree of comfort. And also culturally, you know, if it's somebody, if your, you know, if your child is, you know, African American, maybe they're gonna feel more comfortable with the African American the therapist. So finding the culture of what we feel comfortable with, I always ask.

113 "Davis, Clayton" (4212013824)

00:40:57.470 --> 00:41:19.010

People, you know, just be really, really honest with yourself, and this is where if you're helping your child to try to find the therapist, ask them these questions and so that, you know, trying to get them encourage them to open up, which may not be easy because once again, if they're struggling with something they're a little embarrassed about, they may feel funny and it maybe hard to talk to them, but it's it's good.

114 "Davis, Clayton" (4212013824)

00:41:19.010 --> 00:41:41.750

Good to be able to find who are you gonna be comfortable with. And I think that's the thing you can start looking at as far as these matching tools, which is really a great tool to be able to assist with that. So some of the actions to take when you're looking at this, because once again, we've got a lot of different things that are out there, you know, we've got the explosion of virtual mental health in which actually the.

115 "Davis, Clayton" (4212013824)

00:41:41.750 --> 00:42:07.700

Good news, it's effective. It's also being able to find these resources that are, you know, to match them. And I think here's the other thing is, don't get too caught up on getting to the quote right level because all of these resources these days is everybody's gonna be asking questions to see do they need to bring in another level of care or would they better benefit from a higher or lower level of care? I can tell you right now.

116 "Davis, Clayton" (4212013824)

00:42:07.700 --> 00:42:26.460

There's been a number of people that I treated and I'm not gonna go down that rabbit hole, but you know, my clinical assessment was there maybe some other things that medication management would very would greatly enhance the therapy process, in which case I would then recommend them bring in a, you know, seeing a psychiatrist.

117 "Davis, Clayton" (4212013824)

00:42:26.460 --> 00:42:42.690

Or maybe it's a case that to complement the therapy, so our therapy sessions can be spent more on identifying some of the coping skills. Maybe I also encourage them to utilize say a stretch management program embedded in their benefits. So don't get caught up on that.

118 "Davis, Clayton" (4212013824)

00:42:42.690 --> 00:43:02.690

The one thing I do encourage you is, as you utilize, utilize your mental health resources that you have. And, and that's there's another reason why I say through your insurance providers, this is not like a

commercial thing, but it's because when you go through your insurance providers, there's a number of things they've already done a lot of the work for you.

119 "Davis, Clayton" (4212013824)

00:43:02.690 --> 00:43:26.840

So 1st of all, they're gonna be able to connect you to in network providers. So this is one that's gonna be at a lower cost to you. And the other thing is not just on a cost level, the in network providers have been vetted by clinical staff so that these programs have had other clinical experts look at it, review the programs, and be able to recognize that they're utilizing what we call evidence based.

120 "Davis, Clayton" (4212013824)

00:43:26.840 --> 00:43:42.690

Practices. So I think that's the other component of being able to utilize your insurance provider to find out what are the tools that they have available, but also once again making sure that it's been something that's been developed and been researched and has been.

121 "Davis, Clayton" (4212013824)

00:43:42.690 --> 00:44:02.690

Been been proven to be effective. Cause I know, e.g., there is a lot of things that are still in the pipeline being researched in terms of, you know, we already mentioned AI, some of the other tools and resources with coaching programs adding stuff. Also in medication, there's been a lot of research in different types of medication to enhance.

122 "Davis, Clayton" (4212013824)

00:44:02.690 --> 00:44:22.690

Well, you know, like you may have been looking at pulse culture where they're doing research in academe and suicide and mushrooms in terms of some of the active agreements in there to be able to see what can be utilized to help treatmental health issues. I can tell you those particular ones are being actively researched, but they are not currently in.

123 "Davis, Clayton" (4212013824)

00:44:22.690 --> 00:44:51.680

Approved they're still experimental. So I think that's the other component is looking at what is then are been evolved out of the experimental stage so that, you know, you're not necessarily trying something out that has not been approved yet to be effective. And also in some cases could be dangerous. So I think that's the other thing is utilize that. I've already mentioned before educate yourself in the latest tools such as the virtual mental health options. You know, this is where once again, you can either go.

124 "Davis, Clayton" (4212013824)

00:44:51.680 --> 00:45:10.530

All in to your insurance provider, you know, e.g. Signa's 2047 365 days of the year so you can call and just simply ask, what do I got? Or you can go online and I think that's the other component. You can educate and find online what are the resources you have? And I think the other thing is.

125 "Davis, Clayton" (4212013824)

00:45:10.530 --> 00:45:30.530

Not to steal a quote from Ted Lasso, but be curious. Just explore there's so many things that are actually, believe it or not, at NO cost. So, e.g., within cigna.com, and this is whether or not you're enrolled, this is to anybody that can, you know, type in ww.Cigna.com.

126 "Davis, Clayton" (4212013824)

00:45:30.530 --> 00:46:00.930

There are tools in there. E.g., this webinar you're on right now, this was a free webinar. There's a library of materials you can educate yourself on about different conditions. There's a stress toolkit in there. So you can actually look and measure your stress, see where you fall on the scale cause sometimes you don't realize how stressed you are, even though you may have had a dozen people telling you that. Also mindfulness, there's some mindfulness podcasts in there in English and Spanish. So you can just, you know, sit down at the end of the day.

127 "Davis, Clayton" (4212013824)

00:46:00.930 --> 00:46:19.290

Pull it up hit play and kind of have a therapist walk you through, through the recording of them doing a mine body scan to kind of help you walk through. And then the last thing I want to reinforce is, it's never too early to explore mental health resources with a family, because once again, just like with physical health.

128 "Davis, Clayton" (4212013824)

00:46:19.290 --> 00:46:34.680

It's always good to be able to kind of get some early indications and to explore some of these things. And also just role modeling, you know, maybe do it together. Maybe you listen to a podcast together of doing a mind body scan because I think that's the other thing is.

129 "Davis, Clayton" (4212013824)

00:46:34.680 --> 00:46:54.680

I've always believed, and I was taught many many years back in grad school, a lot of times when you're working with adolescents and middle schoolers and, you know, young children in that they don't always listen. I know that's a big shocker, but they will pay attention, they do observe, and if you're role modeling certain activities such as taking care of your.

130 "Davis, Clayton" (4212013824)

00:46:54.680 --> 00:47:24.240

Mental health engaging and say a meditation period each day or doing certain things specific to your mental health, there's a more likelihood they're gonna follow through with some of that. And other thing is talk as much as you can. And I I say talk as much as you can because it's kind of a hard to balance the right amount of involvement that they'll let you in for. Whether it's something that is, you know, being able to talk freely or maybe it's a case that shut up on the bears.

131 "Davis, Clayton" (4212013824)

00:47:24.240 --> 00:47:44.240

But being able to actually try to get to a certain comfortable level about trying out some of these things and exploring them with the child. Because I think the other component is you want to make this a collaborative because as many of you probably know through experience that can't we just tell a kid exactly what to do? This needs to be a collaboration and it all.

132 "Davis, Clayton" (4212013824)

00:47:44.240 --> 00:48:04.240

Also needs to be something when they're talking about the number of choices, maybe more than one option of them being more engaged, because if they're more engaged, they're more likely to follow through and more likely to get positive results from them. And this is one of the reasons why another reasons that, you know, some of these tools about self directed such as, e.g., you know, I'm gonna say happy.

133 "Davis, Clayton" (4212013824)

00:48:04.240 --> 00:48:27.800

Is one of the tools that's available for, you know, for some people out there is that's just one of the tools you may or may not have access to it, but I'm just picking up because that's what i'm aware of where you self directed, you kind of play some silly little games, but it's designed around mental health where maybe your kids more likely to be comfortable, a 16 year old is more comfortable to be able to try that out or maybe there's seven.

134 "Davis, Clayton" (4212013824)

00:48:27.800 --> 00:48:47.800

So, you know, also double check the age requirements on the tool that you're utilizing, but they're more likely maybe do that in private and back in the room by themselves as opposed to that. So it's one of those cases of sometimes they're exploring things and they need to have a space where you're able to talk freely, whether it's in the therapy or virtual therapy in the room with the council.

135 "Davis, Clayton" (4212013824)

00:48:47.800 --> 00:49:21.344



Or utilizing some of these tools and resources. So once again, explore the options and talk about it, be curious and, you know, double check and see where you get you can find this because once again, there are people out there to be able to help you guide you to that because they want to kind of make it more efficient and kind of streamline that process. And with that, I am going to open it up to any questions that maybe popped up in the Slido there if, if you wanna kind of jump in there, Amanda.

136 "Donovan, Amanda" (1956759296)

00:49:21.344 --> 00:49:35.263

Yeah, thank you so much. It looks like we do have one question here. The question is, I have an older gender child who still lives at home and has started going to therapy. How can I best support him when he is experiencing a mental health episode?

137 "Davis, Clayton" (4212013824)

00:49:35.263 --> 00:49:46.584

I think one of the things is since you've already identified the child is engaged since there was engaged in therapy, correct? Was that in there? Yeah, it was.

138 "Davis, Clayton" (4212013824)

00:49:46.584 --> 00:50:16.860

Yes, simply ask the clinician that you I mean, your clinician is and the child is above, you know, your state's you know age of adulthood, they're obviously probably not gonna share some clinical things, but simply ask or you can actually ask if he's an older adult or, you know, or not older older adolescent. Many times they will have a coping cards and some of the things that they're working on. So you can maybe ask. I can tell you, e.g., when I was practicing, we would use something called coping cards.

139 "Davis, Clayton" (4212013824)

00:50:16.860 --> 00:50:36.860

To where I'd have the individual write down, these are the symptoms and give this card to somebody you trust that when you see X Y, and Z symptoms, I would like for you to do A, B and C with me. So that would be maybe one thing to process as far as a tool or a resource, but simply ask, ask your child that's going to therapy.

140 "Davis, Clayton" (4212013824)

00:50:36.860 --> 00:50:53.040

That what works for you, what have you been doing that you find effective, you can ask the therapist of what are some coping skills and they can share traditional coping skills for certain things that occur without breaking confidentiality. And so these are some things that you may want to consider.

141 "Davis, Clayton" (4212013824)

00:50:53.040 --> 00:51:10.365

So hopefully that kind of answers, and then the other thing is once again educate yourself, you know, going to Signa.com library of resources about different topics to kind of research and also webinars. Alright, next question.

142 "Donovan, Amanda" (1956759296)

00:51:10.365 --> 00:51:19.483

I am checking the Q and A right now and it does look like it is empty at this moment. We can give it another couple seconds or so and see if anything else pops in if that works for you.

143 "Davis, Clayton" (4212013824)

00:51:19.483 --> 00:51:40.070

No, that works, that works for me. And like I said, once again while we're waiting for if there's any other questions, thank you for your interest in looking at this. I can tell you right now that there's been so much activity in mental health. In fact I can tell you twelve months from now, there'll probably be new innovations, you know, maybe the compact will have gone through and that is, will change the availability.

144 "Davis, Clayton" (4212013824)

00:51:40.070 --> 00:52:04.140

Ability of where you find your mental health commission. There will probably be new medications available for psychotropics. Coaching programs will probably be refined, and so it's a lot of different tools and resources that we have. And I think that's the other thing is utilizing some of the places of how do you sort through this of trying to once again, learn about what these different resources can and can't do.

145 "Davis, Clayton" (4212013824)

00:52:04.140 --> 00:52:24.140

There's things that coaching services cannot do that a therapist can do. There's certain things that a psychiatrist can be able to do, that a therapist can't do. And so being able to do that. And there's things that, you know, you're self directed, you know, online tools and resources, there's a lot of things that they can't do, but they can do that maybe.

146 "Davis, Clayton" (4212013824)

00:52:24.140 --> 00:52:35.923

Freeze up these other levels of experts.

147 "Davis, Clayton" (4212013824)

00:52:46.321 --> 00:53:03.300

No, NO, I think that's it. Once again, thank you for coming and I And I encourage you to feel free to ask us some more questions than, you know, and utilize all the resources that you have available and try to

find out what they are.

148 "Donovan, Amanda" (1956759296)

00:53:03.300 --> 00:53:23.640

Perfect. Well, thank you so much everyone for attending and thank you for providing such wonderful insights Clayton. If you have any specific questions about any of the topics discussed today, please contact Cigna by calling the number on the back of your insurance card. Our next webinar will take place on 18 July 2024 with our presenter being Annie Serto again and discussing support with back to school. Thank you for attending and have a great day.