

THIS MONTH:
MENTAL HEALTH



GETTY

COVID’s impact on mental health: Have we recovered yet?

By Roberta Baker
Union Leader Staff

The coronavirus dealt a blow to mental health. Have we recovered yet?

The answer is yes and no, according to mental health experts in New Hampshire.

During the pandemic, “That uplifting hope connection that people got from being around other people eroded,” said Cynthia Whitaker, executive director of the Greater Nashua Mental Health Center. Underlying mental health conditions were exacerbated. New symptoms emerged. “A little anxiety became a lot of anxiety. A little depression became a lot of depression. It forced everyone up a level of mental health care needs. Have

“A little anxiety became a lot of anxiety. A little depression became a lot of depression. It forced everyone up a level of mental health care needs.”

CYNTHIA WHITAKER
Executive director, Greater Nashua Mental Health Center

we recovered? That’s a hard question.”

Kristen Kraunelis, director of quality improvement at the Mental Health Center of Greater Manchester, said anytime humans, who are security-loving creatures, are plunged into the unknown and have to adapt quickly, “we can feel uneasy and stressed.”

As a result of COVID and what it did to daily life, anxiety and depression surged in response to

worry, fear and isolation, especially for children, teens, young adults and seniors.

Six years later, most of us are not as socially engaged or resilient as we were pre-pandemic, and we have a higher baseline level of anxiety, according to authorities on mental health.

Stress, medical issues, trauma, financial challenges, grief and loss — “A lot of those things that worsen mental health problems have worsened” in the pandemic’s wake, said Dr. Sarah Rocha, a child and adolescent psychiatrist and medical director of Elliot Behavioral Health Services in Manchester. “We’ve seen more acuity and more demand,” she said. The good news is “people who might not have sought mental health care in the past are choosing to seek it now.”

And that’s simultaneously a challenge and a big win in New Hampshire and across the United States, which suffers from

an ongoing workforce shortage in mental health care.

Against that backdrop, New Hampshire’s behavioral health system is evolving to increase availability, educate consumers, and offer quicker intervention and more convenience. We have mobile crisis units, suicide hotlines, telehealth, trauma-informed care, mental health awareness and prevention programs, and professional peer support.

The state’s community mental health centers offer “Open Access” walk-in hours during the week, which gives first-time and other patients same-day contact with a mental health care provider.

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Short on providers,
NH rethinks mental
health care delivery

By Roberta Baker
Union Leader Staff

Mental health care is a confusing landscape.

Consumers have questions including: Where and who do I go for what I’m experiencing? How do I start the uncomfortable conversation? Who will get to know me and my story and treat me like a whole person, not just the sum of my symptoms?

The answer may lie, in part, in integrating primary and behavioral health care. The goal is to provide a kind of one-stop shopping where people know you and can support your mental well-being while treating your chronic and emerging medical conditions under the same roof. It’s a rising trend in health

care — including in New Hampshire.

“I think that even though it feels like common sense that the mind and body impact each other, our health care system is siloed,” said Dr. Aimee Valeras, a social worker at Concord Hospital Family Health Center who also trains residents in the Dartmouth Hitchcock family medicine residency program at the center.

“Often the doctor wants the patient to change their behavior in some way. Change their diet. Change their exercise. Use medical treatment. Physicians are needing to engage patients in health behavioral change,” Valeras said.

“Mental health care becomes far more accessible

► See Workforce, Page B4



GETTY

‘I’ve been there’

Peer support is changing struggle into recovery

By Roberta Baker
Union Leader Staff

When Desiree Malouin returned to New Hampshire after living out West, the experienced dog trainer and commercial truck driver couldn’t find stable or gainful employment. Post-traumatic stress disorder kept rearing its head.

She went on disability for 13 years, unable to handle job stress or ongoing commitments, while hoping and aiming for a better life.

Then a door opened.

Today, after receiving life-changing help, Malouin is a peer support coordinator at the Greater Nashua Mental Health Center, serving as a peer support specialist herself. Her road trip to health, although far from a smooth highway, is inspiration for others navigating the bumpy route back to mental health.

Malouin has battled anxiety and depression since childhood, and she believes her PTSD stems from trauma she experienced as a child.

“I didn’t understand what peer support was, but yes, I do have lived experience,” Malouin said, recalling her job application and interview. “It took a while for me to get into the role.”

Now she coordinates Nashua’s community mental health center’s



UNION LEADER FILE

Ebony Martin, a peer-to-peer support worker, heads out to do field work, at the Greater Manchester Community Mental Health Center in Manchester in March 2023.

peer support specialists — an army of professionally trained listeners and kindred spirits who don’t solve other people’s problems, but help them to take the wise steps themselves.

“What I’ve learned first is, as a peer, we have that lived-in experience. We can connect with (people) based on our shared mental health and substance abuse experiences,” and “because they realize we’re like them. We have a diagnosis,” have

been on disability, have ongoing challenges, “and have been where they are right now.”

It’s a reciprocal relationship, Malouin said. “We grow and develop skills together. We don’t approach a client as if we know more than they do.”

The key to the healing relationship is seeing someone as an equal, and providing living proof that there’s a

► See Peer Support, Page B5



PROVIDED BY CONCORD HOSPITAL FAMILY HEALTH CENTER

Dr. Andy Valeras, a family physician and associate director of the Dartmouth Hitchcock residency in preventative medicine and Dr. Aimee Valeras, a social worker at the Concord Hospital Family Health Center, which integrates primary care and behavioral health.

No Flavors this week

The monthly NHMedical section takes the place of this week’s Flavors section. Flavors, with Our Gourmet, returns next week.

COVID

From Page B1



PROVIDED BY MENTAL HEALTH CENTER OF GREATER MANCHESTER
Cassandra Durand, director of ProHealth Integrated Primary Care and Research, talks to a patient at the Mental Health Center of Greater Manchester.

“No wait, no delay. Just come in,” said Jen Devoe, vice president of quality improvement at the Mental Health Center of Greater Manchester. In addition to conducting a whole-health screening, an intake assessment reviews what brought you in for help, your particular areas of struggle and what you’re looking for from treatment.

“It’s our opportunity to get to know someone” and make an informed match with a provider, Devoe said.

Community mental health centers are increasingly offering primary care on site. Primary care practices are giving direct referrals to mental health practitioners or offering behavioral health care in conjunction with a primary care visit.

Psychiatric nurse practitioners, who are licensed in New Hampshire to prescribe psychiatric medications, are helping to alleviate the bottleneck caused by the nationwide psychiatrist shortage that is felt strongly in rural areas.

Quicker access, widespread awareness and more mental health touchpoints are reducing the stigma of mental illness and contributing to an understanding that mental health struggles are common and treatable, not something to suffer in silence, clinicians report.

“It could be the person sitting next to you and a lot of times it is that person sitting next to you that has a mental health condition,” said Ebony Martin, a peer support specialist at the Mental Health Center of Greater Manchester. “Just dealing with life in general can be isolating. You don’t have to deal with it alone. There are people who have gone through what you’re going through, or they’re going through it at the same time you are. We can get through it together.”

Mental health is entering into more conversations, mental health experts say, with less of a paralyzing feeling that it’s too strange or taboo to bring up.

With shared mental and emotional struggles, people realize, “They’re part of the human experience and we can talk about it,” said Dr. Aimee Valeras, a social worker at Concord Hospital Family Health Center, which integrates primary care and behavioral health care in one location.

She added, “One of the benefits of the pandemic is that people started talking about how they were feeling.”

COVID and the lockdowns, Valeras said, “sent everyone’s psychological stress skyrocketing, and we learned that everybody is vulnerable.”

Across the board, mental health patients are reporting heightened anxiety, which affects well-being.

“Before the pandemic, we took life for granted. Then the whole world shut down,” said Dr. William Charmak, a psychologist and psychopharmacologist at Foundation Counseling and Wellness in Nashua, which is part of Southern New Hampshire Health.

“It was like thinking the sun rises every day and

then suddenly it doesn’t. The pandemic has shaken that reality. It’s a form of trauma, and that trauma gets hard-wired,” he said.

In COVID’s aftermath and the world in its current state, “There’s a lot of insecurity. People are less assured. There’s a lack of predictability — and a lot of what-ifs,” Charmak said. “There’s pervasive anxiety in young adults who feel less empowered in the roles they want to pursue,” and it’s easy for people to become stuck.

The line between psychological stress and a mental health diagnosis is the extent to which it gets in the way of daily life, said Valeras at Concord Hospital. Since COVID, more people are avoiding social interactions instead of seeking them out, and even if it just results in small talk or a little laughter, these connections are important.

Susan Stearns, executive director of NAMI-NH, the state’s chapter of the National Alliance on Mental Illness, said it’s important to capitalize on the gains in awareness that COVID sparked.

“We need to not let mental health and suicide go back into the shadows,” she said. Since the pandemic, “we’ve made some progress and we want to stay the course.”

“If there’s one good thing that came out of COVID, it’s that we’re all vulnerable, and we need to let other people know that we’re vulnerable,” said Rik Cornell, a social worker at the Mental Health Center of Greater Manchester.

“We need to not let mental health and suicide go back into the shadows. We’ve made some progress and we want to stay the course.”

SUSAN STEARNS
Executive director, NAMI-NH, the state’s chapter of the National Alliance on Mental Illness

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When medication fails, magnetic therapy can help lift depression

By Roberta Baker
Union Leader Staff

Can magnetism move the needle in persistent depression — when the debilitating mental illness does not respond to different medications?

Research shows that it can, according to a psychiatrist in southern New Hampshire.

Transcranial magnetic stimulation or TMS, a noninvasive procedure accidentally discovered in the mid-1980s, uses magnetic pulses to stimulate nerve cells in the brain and regulate mood and symptoms in people with treatment-resistant depression and obsessive-compulsive disorder, according to the Mayo Clinic and other medical research centers.

In 2008, TMS was approved for use in treatment-resistant depression by the Food and Drug Administration and has since opened a window of hope for patients who haven't responded to anti-depressants, including SSRIs (selective serotonin reuptake inhibitors), such as Prozac and Zoloft, or MAOIs (monoamine oxidase inhibitors), earlier-generation medications designed to boost mood and brain activity.

The list of medication for mental illness can fill a small encyclopedia. When they work, they can be life-changing, doctors and patients report. But for significant numbers of depression sufferers, the search for the drug that works without worrisome

side effects can be discouraging and endless.

"Depression is a nasty disease," said Dr. Ashwini Saxena, a psychiatrist and chief medical officer at the Mental Health Center of Greater Manchester. People with it "have tried what they could. Any relief they can get is worth it."

Saxena said drug studies have shown that the first trial of an anti-depressant has a 60% chance of success. The second try, with a different medication, has a 30% chance. With the third attempt, the odds of alleviating depression drop to 10%. That means 90% of those patients are out of luck and relief, and their illness is characterized as treatment-resistant depression.

TMS, on the other hand, has a 70% to 80% chance of improving depression, said Saxena.

It uses electromagnetic energy to stimulate the brain's frontal cortex, the area linked to mood, planning and action. The treatment occurs on 36 days — five days a week for the first six weeks, followed by three times during week seven, two times during week eight and once in week nine.

The sessions typically last 20 minutes. Patients can drive themselves to and from appointments. The mental health center can write letters requesting that employers excuse them from work.

The treatment initially feels "like mild woodpecker knocking," Saxena said, and the intensity is gradually

increased over one or two days. Occasionally, patients complain of headaches afterward, which can be treated with Tylenol, he said.

Saxena said a majority of patients experience improvement within a week or two. Symptoms are checked weekly, and after nine weeks, patients are discharged to their primary care physicians for monitoring.

Currently, two mental health centers in New Hampshire offer TMS treatment by referral from a psychiatrist or primary care physician: the Mental Health Center of Greater Manchester, which started to offer TMS in 2021, and the Center for Life Management in Derry.


"I wish that more people had access to TMS," Saxena said. "Improvement lasts at least a year. If symptoms come back, we can do it again" a year later, provided they had improvement the first time.

"People leave testimonials," Saxena said. "It's inspiring to read what it does for their lives. Even if the patient doesn't feel like it helped, loved ones notice more interaction with friends and family and an improved social life."

Transcranial magnetic stimulation therapy uses electromagnetic energy to stimulate the brain's frontal cortex, the area linked to mood, planning and action.

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Workforce

From Page B1

in the same place and it reduces the stigma,” as well as time and inconvenience “of having to do something different, somewhere different.”

The Family Health Center at Concord Hospital integrated primary and behavioral health care in 2013, after starting to develop the model in 2007.

Integrated care is becoming more mainstream as more research is published.

By addressing both mental and medical health in the same place — for instance, diabetes, COPD or sleep apnea as well as anxiety, depression or substance abuse — patient outcomes are better, said Valeras. Physicians are able to engage in shared decision-making and bring in motivators for discouraged patients, such as “We want to get you to your granddaughter’s graduation because that’s what’s important to you,” she said.

At Concord Hospital Family Health Center, “mental health consultants are on the floor, ready to be pulled in,” said Dr. Andy Valeras, a family physician and Aimee’s husband. He also serves as associate director of Dartmouth Hitchcock’s residency program in preventive medicine at the center.

Together, “we can address mood issues that might be driving the lack of energy to make a change,” he said.

“If we both know the patient well, we can see the patient together,” Aimee Valeras said. “Sometimes it’s doing the visit as partners. Other times it’s grabbing a mental health clinician if a need emerges.”

Other health care systems and medical practices, including Core Physicians, Cheshire Medical, Wentworth-Douglass



PROVIDED BY ELLIOT HEALTH

Dr. Sarah Rocha, a child and adolescent psychiatrist, works with Nancy Messinger (seated), a behavioral health navigator for primary care patients at Elliot Health. Since January 2025, 2,703 behavioral health assessments have been completed, and 1,499 patients have been referred to the behavioral health navigator service, according to Elliot Health.

and Health First, are linking behavioral and primary care in the same building or clinic.

It’s working as preventive medicine, and family members can be pulled in, according to Concord Hospital Family Health.

“If we can provide a body with appropriate sleep, nutrition and exercise, the body usually takes care of itself,” said Andy Valeras, the physician. “If we can provide people with coping skills before an event happens in life,” they’re better to ride the ups and downs ahead.

“For the patients, it feels like they have a home they go to when they’re in crisis,” said Aimee Valeras,

the social worker. “You’re not burdening us with your whole story. We have a whole team here to help you cope.”

Mental, behavioral health at Elliot

Elliot Health is making mental health care easier to access at its 17 primary care practices, which make 300 to 350 referrals to mental health care each month, according to the greater Manchester health system.

“One of the challenges we’ve identified is that accessing behavioral health is confusing,” said Dr. Sarah Rocha, a child and adolescent psychiatrist and chief medical officer at Elliot Behavioral Health. “There

are lots of different levels and types of care and credentialed people. If I have a mental health problem, how do I know to see a psychiatrist or a mental health counselor?”

“We make it simple,” Rocha said: Anyone who needs mental health help can request it during a primary care visit, and a PCP can expedite it through the medical records system.

Within seven days, a patient in pediatric, internal medicine, family medicine or geriatric practice can have a telehealth appointment with a licensed clinical social worker, who gets a sense of the patient’s level and type of need and makes appropriate

referrals, sending patients where they need to go, Rocha said.

Patients are screened for depression once a year. Those who are suicidal or having serious mental health problems can be connected with mobile crisis units, or referred to stabilization, residential or partial-hospital programs. Family members can request appointments for loved ones, she said.

A behavioral health navigator comes up with a customized list of five to 10 resources that are accepting new patients, work with the patient’s insurance plan and perform the care services they need.

“The goal is to decrease

the barriers,” said Rocha. “The navigator doesn’t make appointments, but gives support to make sure they get connected and stays in touch to make sure it’s working out.”

Responding to the mental health crunch

Across the U.S., data shows that only 55% of currently licensed psychiatrists take insurance.

In New Hampshire, on average, new patients wait six months for a first appointment with a psychiatrist, Rocha said. The state circumvents this by allowing psychiatric nurse practitioners or APRNs, who accept insurance, to see mental health patients and prescribe and monitor medication.

“It’s doing what we can with what we have,” Rocha said.

Nationwide and in New Hampshire, telehealth can provide both psychotherapy and psychiatry, including for complex chronic conditions such as obsessive-compulsive disorder and eating disorders. Prior to the pandemic, no-show rates for psychiatry hovered around 17%. With telehealth, the rate in New Hampshire has dropped to 9%, which is at or below the industry standard, Rocha said.

Research shows that especially in psychiatric care, one of the factors that most drives your outcome is your relationship with the person providing your mental health care.

To determine if a clinician is a good match, it’s OK to ask questions about what they do, their areas of interest and expertise, and how often they’ll be able to see you, Rocha said.

“Seeking help is not a sign of weakness,” said Rocha. “It’s a sign of wisdom.”

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The concept of peer support is not new in New Hampshire, but it is evolving to become more professional, integrated and available.

Peer Support

From Page B1

light at the end of the tunnel.

“When I got my mental health diagnosis, I thought my life was over. I was broken,” said Ebony Martin, a peer support specialist and coordinator at the Mental Health Center of Greater Manchester. “Something happens when someone says, ‘Yes, I’ve been through that.’ And they say how they got through it.”

Peer support specialists meet with clients “where they’re at” physically and emotionally, Malouin said, going out into the community, meeting for coffee, taking walks in city parks or car rides — wherever they feel comfortable and have privacy to talk. That can include quiet space in a mental health center.

The concept of peer support is not new. But in New Hampshire, it’s evolving to become more professional, integrated and available — a key in recovery and the return to what mental health specialists call “a life worth living.”

Roughly 10 independent agencies across New Hampshire are licensed by the New Hampshire Department of Health and

Human Services to provide peer support.

Peer support is built around empowerment, and the power saying, “I’ve been there. I hear you and see you. Here’s what I did,” said Cynthia Whitaker, psychologist and executive director of the Greater Nashua Mental Health Center. “There’s hope in seeing someone else on the other side.”

It gives clients “a safe and nonjudgmental space when they may not feel that they have that elsewhere in their life,” said Jen Devoe, a vice president of quality improvement at Manchester’s community mental health center.

“Being around people with similar life experiences and understanding is validating,” said Cassandra Durand, director of Pro-Health Integrated Primary Care and Research at the community mental health center in Manchester.

“I feel I give people hope that they can get an apartment or a house or a good job, things they can have just like anyone else,” said Martin, the peer support specialist in Manchester. “I’m someone who’s right where they’re at.”

“A lot is being myself, being honest,” and admitting “I’m struggling, too. I’m not leading this perfect butterflies-and-rainbows life,” said Malouin. “For me it was quite a long struggle. I had to reinvent myself.”

For clients, the goal is eventually to not need peer support or medication (when that is safe and possible), and to “get back on their feet, get a job and start living their life. When you see someone get back on their feet, it’s awesome,” Malouin said.

She said receiving similar support enabled her to achieve milestones that otherwise would have remained impossible, including going to college and getting a bachelor’s degree, and eventually finding purpose and satisfaction in helping others.

There’s magic in being with people with the same or similar experiences and knowing you’re not alone, said Susan Stearns, executive director of NAMI-NH, the state’s chapter of the National Alliance on Mental Illness. “When you’re with someone who is truly a peer, they probably understand you better than anyone else.”

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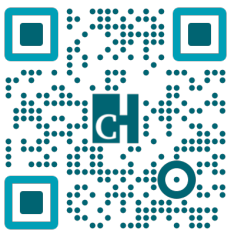
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With more than 140 primary care providers in 19 locations, we have the access you need to speak with a provider about mental health concerns and screenings. Mental health conditions, such as depression and anxiety, can affect how you feel, think, and function day to day.

Depression and anxiety are among the most common mental health conditions. Managing them often involves healthy habits such as regular physical activity, good sleep, balanced nutrition, limiting alcohol, practicing positive thinking, and staying connected with supportive people. These steps are most effective when combined with professional counseling and medicine.

Start by making an appointment with one of our primary care providers. They can screen for mental health concerns, ask questions about your mood and daily functioning, and help determine next steps. Together, you can build a personalized plan that may include lifestyle strategies, counseling referrals, or medication.

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APPOINTMENT

FDA approves first home-use headset to treat depression in US

By Ike Swetlitz
Bloomberg

The Food and Drug Administration approved Flow Neuroscience's headset that uses electrical currents to treat depression at home, the first device of its kind cleared for sale in the country.

Called FL-100, it weighs less than a pair of over-the-ear headphones and the company said Thursday it will be available in the second half of 2026.

It's been sold since 2020 in Europe, and customers can get it from Flow's website for 459 euros (\$537). Patients in the U.S. will

need a prescription, and the price will be roughly the same, Flow Chief Executive Officer Erin Lee said. It's also available in a few other countries.

There's mounting evidence about the effectiveness of electrical stimulation for depression, but its use in the U.S. has been largely limited to experimental trials or clinics that require in-person treatment.

Flow's approval follows increased interest in brain stimulation in general, made popular by Elon Musk's brain implant company Neuralink Corp. and others that are developing

devices to treat paralysis, vision loss and mental illnesses.

"We really see this as a defining moment in the timeline of mental health treatment," Lee said in an interview. The device could provide an alternative to psychiatric drugs that have unwanted side effects, she said.

The FDA approval is for major depressive disorder. Flow is planning more trials for bipolar disorder, traumatic brain injury, pain and addiction.

It is developing a new version of the device that will also be able to detect brain activity, so stimula-

tion could be customized, Lee said.

How it works

The headset uses transcranial direct current stimulation, where electrical energy is directed into the head from the outside. It has two pads that rest on the forehead to deliver the stimulation. Patients wear it a few times a week for 30 minutes each.

Flow gained approval with a study that showed patients who used the device experienced greater reduction in depressive symptoms than those who used a modified version that didn't provide ongoing

electrical stimulation.

Both groups showed improvement, though those using the real device improved more, as early as four weeks after treatment began.

The FDA approved the device through its "premarket approval" process, the most stringent pathway for medical devices, Lee said. The agency had floated the idea of clearing it through a less strict procedure, but Flow chose the more challenging path to reassure the public about its safety and effectiveness, she said.

The device can be prescribed by primary care physicians or specialists,

and Flow has been talking with telehealth groups whose clinicians could handle it, Lee said. The company is also talking with insurance companies about coverage. The headset is a one-time purchase for U.S. patients, though replacement pads are needed, Lee said. There are no subscription or maintenance fees.

Flow has raised \$22 million, and is in the middle of another funding round to support the U.S. commercial launch, which should bring in about \$30 million, Lee said. Khosla Ventures is the company's largest investor, she said.

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Thank you, Gov. Ayotte, the Executive Council, and the legislative Fiscal Committee for helping mitigate nursing home Medicaid cuts!



In the current state budget, nursing home advocates were grateful Gov. Ayotte and legislators tried to maintain Medicaid funding progress for vital care.

However, appropriated dollars could not sustain a funding increase, threatening Jan. 1 cuts, so policymakers worked to shift funds so cuts would be less severe. *We thank Gov. Ayotte and all who worked to help the care sector and mitigate harm!*

Yet work remains in the 2026 legislative session to address Medicaid rate problems big enough for many facilities to reduce care access and prompt closures. For example, consider care cuts to four hard-hit Manchester facilities: \$31.14 per resident, per day; \$25.26 per resident, per day; \$24.33 per resident, per day; and \$10.47 per resident, per day.

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