At A Glance: Priority Health Outcomes

Mental Health

The 2025-2028 Delaware State Health Improvement Plan (SHIP) utilized insights from the 2022-2023 Delaware State Health Assessment (SHA) to identify five key health priorities based on health disparities throughout the state. The five priorities include chronic disease, mental health, maternal health, premature death, and avoidable injury. The SHIP breaks down the mental health priority into goals focused on access to mental health services and on improving mental health outcomes and awareness. This edition of the *At A Glance* series aims to understand the strengths and weaknesses of mental health services in Delaware, following a conversation with Marie Wenzel, the CEO of the National Alliance on Mental Illness (NAMI) Delaware.

Depression, one of the SHIP mental health indicators, has been slowly increasing over the past few years in Delaware. In 2023, the depression rate in Delaware was 20.1%, which was higher than 17% in 2018 (Centers for Disease Control [CDC], 2023). Also in 2023, 14% of adults surveyed in Delaware reported frequent mental distress, defined as experiencing at least 14 days of poor mental health in the past 30 days (CDC, 2023). This is slightly under the national average of 15% of American adults experiencing frequent distress (America's Health Rankings [AHR], 2025). Access to treatment has also been found to be difficult here in Delaware. In 2021, of the 47,000 Delaware residents who did not receive mental health care for their condition, around 38% stated it was due to the cost of mental health treatment services (NAMI, 2021). Additionally, workforce shortages are a significant issue that affects access to treatment. Around 289,000 Delawareans (one-quarter of Delaware's population) live in mental health care professional shortage areas (Office of Women's Advancement and Advocacy [OWAA], 2024). Poorer mental health status often leads to other public health concerns, such as higher rates of substance use and drug overdose. Delawareans in 2023 had a rate of opioid overdose deaths of 45.9 per 100,000, which is double the likelihood of overdose compared to the national average rate of 25 per 100,000 (CDC, 2025). Wenzel emphasizes that these numbers show not only the rates of mental health conditions in Delaware but also how they are reinforced by the lack of providers and access to care.

Mental health is a cornerstone of community well-being, and Delaware has made meaningful progress in building awareness and access. However, achieving lasting improvement will require sustained investment, stronger workforce development, and a continued focus on equity and inclusion. Advocacy organizations, such as NAMI Delaware, play a crucial role in promoting mental health awareness, advocating for policy change, and offering peer-led education programs. Wenzel emphasizes that the state has made progress in reducing stigma, especially since the COVID-19 pandemic increased awareness of mental wellness. Statewide initiatives such as the 988 Behavioral Health Crisis Line, school-based supports, and mobile crisis teams have expanded resources and provided immediate access to crisis intervention and care coordination. Additionally, she discusses how growing collaboration between nonprofit, government, and community partners has strengthened service delivery and innovation. To strengthen mental health outcomes, Delaware must continue to expand its behavioral health workforce, improve access to culturally appropriate care, and increase funding for community-based services. By prioritizing prevention, collaboration, and culturally responsive care, Delaware can establish a mental health system that enables every resident to thrive.

References

America's Health Rankings (2025). *Summary of Delaware.* America's Health Rankings. https://www.americashealthrankings.org/explore/states/DE

Centers for Disease Control and Prevention (2023). *Behavioral Risk Factor Surveillance System Survey Data.* U.S. Department of Health and Human Services, Centers for Disease Control and Prevention

National Alliance on Mental Illness (2021). *2025 State-Specific Mental Health Fact Sheets*. NAMI's Advocacy Headquarters.https://nami.quorum.us/mhpolicystats/

Office of Woman's Advancement and Advocacy (2024). *DHR - Women's Advancement Reports*. Delaware.gov. https://dhr.delaware.gov/women/reports.shtml

Delaware SHIP Stakeholder Interview with Dr. Alexandra Wynn, Elena Lynn, and Marie Wenzel, CEO of NAMI Delaware

Q: Could you introduce yourself, share your position, and how long you've worked there?

Marie Wenzel: Sure. My name is Marie Wenzel, and I'm the CEO of NAMI Delaware. I started on October 1 of last year, so I'm just a couple of months shy of my one-year anniversary.

Q: Overall, what is your impression of the current state of mental health care in Delaware?

Marie Wenzel: I think mental health care in Delaware has made meaningful strides — especially in expanding access points and increasing public awareness. That said, the system is still strained by growing demand and limited provider capacity, particularly in rural areas. There's a growing recognition of the need to address these issues, but the demand still outweighs our ability to meet Delawareans' needs.

Q: You mentioned access as an issue, what are some of the main barriers that cause that lack of access or make it difficult for residents to seek care?

Marie Wenzel: Starting at the systems level, there are major provider shortages, we have a behavioral health workforce shortage across the state. There are also funding shortages for provider organizations, especially community-based ones. Many can't offer competitive pay to attract or retain qualified staff, which means fewer people providing services overall. Because of this, wait times are often longer. Another barrier is the limited availability of culturally and linguistically appropriate services.

Q: Could you talk a little more about the cultural and linguistic services?

Marie Wenzel: Sure. Delaware is small but diverse. In New Castle County, you might find more culturally appropriate options, but in Kent and Sussex counties, those services are far more limited. For example, we need more Spanish-speaking and French Creole-speaking providers in southern Delaware. When people have to travel long distances for culturally appropriate care, transportation becomes an additional barrier.

Q: You also mentioned some strengths earlier, what do you see as the main strengths of Delaware's mental health system?

Marie Wenzel: Delaware has strong advocacy organizations, NAMI included, and many dedicated providers who genuinely care about improving the system. We're seeing more peer-led

and trauma-informed approaches statewide, which is encouraging. There's also growing collaboration across sectors — nonprofit, government, and community organizations - that are more willing to connect and innovate together. Finally, the focus on expanding mental health resources in schools has been valuable for reaching young people earlier and promoting early intervention.

Q: Can you talk more about some of the specific resources that are helping people engage in mental health care?

Marie Wenzel: Absolutely. We're big supporters of 988, the behavioral health crisis line. It's been a major investment for Delaware and an effective way to connect people to services. We also value the school-based supports and the state's mobile crisis teams. While those teams are sometimes understaffed, which limits their reach, they're still an essential part of connecting Delawareans to care.

Q: What about gaps, where do you think resources or funding are still falling short?

Marie Wenzel: Behavioral health providers have been waiting years for a rate study to be rolled out. Meanwhile, inflation keeps rising, so costs go up while reimbursement rates stay the same. Even with a new implementation plan, by the time it's fully rolled out, we'll probably need another study. We need sustained funding and a faster process. Workforce shortages also tie into this; we should be incentivizing young people in Delaware to pursue behavioral health careers. The field has historically been underpaid and undervalued, which discourages people from entering it. Because Delaware borders states offering higher salaries, it's easy for residents to live here but work elsewhere. That drains our in-state workforce.

Q: Switching gears a little, has the stigma around mental health in Delaware changed over the past few years?

Marie Wenzel: Definitely. Stigma is decreasing, especially among younger generations. COVID-19 played a big role; it brought mental health issues to the forefront because everyone was affected in some way. People who hadn't experienced mental health challenges before began recognizing their own needs or those of loved ones. Since then, awareness campaigns, community providers, and advocacy groups have continued pushing for change and supporting legislation that promotes mental health access and stigma reduction.

Q: What's being done to address health equity in mental health care across Delaware?

Marie Wenzel: That's a really good question, and honestly, I wish I had a stronger answer. I'm not sure how much intentional effort there has been to directly address health equity gaps. A lot

of it ties back to the workforce and pay. Behavioral health work is emotionally demanding and high-stress, and when pay doesn't reflect that, it discourages people, especially those from underrepresented groups, from entering the field. Rural areas with diverse populations face additional challenges because services are already limited, and culturally competent care is even harder to find. Insurance type also affects access; Medicaid versus private insurance can lead to very different experiences and treatment quality. That's another equity issue we need to confront.

Q: Looking ahead, what are your hopes for the future of mental health care in Delaware?

Marie Wenzel: My biggest hope is for a fully resourced, coordinated, and accessible system, one where income, location, language, or background never determines the quality of care you receive. We need a broader continuum of services, so people have real choices instead of being limited to one provider. I'd also love to see a more robust workforce pipeline, more social workers, therapists, and psychiatrists. The psychiatrist shortage is a national crisis, but it's worse in Delaware because we don't have a medical school. When people have to leave the state for training, they're less likely to come back. Finally, we need deeper integration of mental health services in schools for early intervention and stigma reduction. When people learn early that it's okay to seek help, it becomes a normal part of adulthood and overall wellness.

Q: I didn't realize Delaware doesn't have a medical school; that definitely helps explain some of the workforce issues.

Marie Wenzel: Exactly. It's true across professions, but especially for physicians and psychiatrists. State-funded psychiatry positions pay a fraction of what private practice offers, which makes it hard for new doctors to justify choosing the public sector after taking on so much student debt. Even those who are mission-driven sometimes can't afford to make that choice, and that's something we have to address if we want to strengthen our system.

Q: Last question, is there anything else you'd like to add or clarify that we haven't covered?

Marie Wenzel: Yes, at NAMI, we put a strong emphasis on peer-led programs. People with lived experience need to be central to these conversations. They should have a voice in shaping policy, identifying treatment gaps, and guiding what the mental health system looks like. Ultimately, they're the ones directly impacted by what's working and what's not, so their input is essential for real, lasting change.