

**Mental Health Collective Action
CENTER FOR COMMUNITY HEALTH (CCH)
COLLECTIVE ACTION WORKGROUP**

REPORT

Summary of Mental Health Collective Action

The *Center for Community Health (CCH)*'s *Collective Action (CA)* workgroup identified mental health wellness as a shared public health priority area. Mental health was chosen based on a through process that began by reviewing hospital and public health community health needs assessments (CHNA) and gathering CCH member input. From that analysis, four public health priorities were identified. CCH-CA members then rank ordered the priority areas with their specific programs that would support the priority area, and developed criteria for selection. CCH-CA also invited the executive director of MN National Association of Mental Illness (MN NAMI) to provide expert advice regarding suggested programs. CCH-CA identified four evidence informed programs to support. After further review, the CCH-CA decided to focus on three programs (Make It Ok, Psychological First Aid, and Mental Health First Aid). CCH-CA will phase in the fourth program at a later time. In addition, CCH-CA decided to identify collective actions for May Mental Health Month as a way of learning how to work together collaboratively. For May Mental Health Month, the CCH-CA members decided to write a proclamation that supports the three programs and provided talking points for newsletters or press releases. CCH members' organizations were strongly encouraged to use those documents to support May Mental Health month. In addition, CCH members were asked to let CCH-CA know if an article was written, a press release submitted, or a proclamation signed.

The "*Zone of Mental Health Stability*" model came out of multiple discussions about what the CCH-CA members hoped to accomplish. The model recognizes that individuals, both those with and without mental health diagnoses, have ups and downs on a daily basis but that the collective goal is to keep individuals within a zone of mental wellness. The selected programs help community members recognize when people are slipping out of the zone, raise awareness of mental health stigma, and provide advice on how to help through trainings and resources. Because this concept isn't familiar to all, CCH-CA created a model that depicts and describes the "Zone of Mental Health Stability. As the group discussed this concept further, the critical role of community support continued to be expressed. And, while CCH-CA didn't focus on social conditions or social connectedness that support mental wellness, members felt it was important to describe the importance of community support as it relates to maintaining mental well-being. To increase awareness and understanding of this critical component, CCH-CA created a model, "Community Base for Mental Health Stability and Equity" that depicts and describes the community support model. Additionally, a logic model was also developed to identify activities planned by the CCH-CA to achieve these goals. CCH-CA also identified proposed measures for the recommended activities as well as measures to assess impact of collective action.

CCH has over 30 member organizations. The communication plan, which includes a report detailing the work of the CCH-CA, was developed as a way of sharing the models, measures, and activities. This work will be used to continue the CCH-CA work, for organizations to individually support work internally, and to be used for grant proposals.

This Report is the result of funding from



It is submitted by Janny Brust, co-chair Collective Action Workgroup and grantee, with Zach Holmquist, graduate student UMN SPH, and Dr. Angie Carlson, Data IQ, And

Collective Action Workgroup Members:

Representative	Organization
Carol Berg	UCare
Bonnie Brueshoff	Dakota County Public
Janny Brust, Co-chair	MN Council of Health Plans
Ashlyn Christianson	Blue Cross Blue Shield/Blue Plus of MN
Heather Clark	Preferred One
Ann Ellison	Fairview
Marsha Hughes	HealthEast
Libby Lincoln	Park Nicollet Foundation
Marie Maslowski	Maple Grove/North Memorial
Kim McCoy	Stratis Health
Gretchen Musicant	Minneapolis Health Department
Susan Palchick	Hennepin County Public Health
Heather Peterson	Allina (East Metro)
Pakou Xiong	HealthPartners
Donna Zimmerman, Co-chair	HealthPartners

Report details:

The following documents provide additional details of the CCH-CA's work.

Center for Community Health (CCH)

Document 1 provides details about CCH. CCH is a collaborative with health plans, hospitals and local public health agencies in the seven-county metro area in Minnesota. CCH was formed for two purposes: 1) to align the processes of the community health needs assessments (CHNA) that are required of local public health agencies and hospitals; and 2) to collectively act to impact a shared public health priority. CCH has two work groups to accomplish those objectives.

The Collective Action Workgroup was tasked with developing and implementing activities that address a shared public health priority area based on CHNAs. The Collective Action workgroup meets once each month at the Minnesota Council of Health Plans. Its members include representatives from the hospitals, health plan, and public health sectors.

Minnesota Aligning Forces for Quality (MN AF4Q) Mini Grant: The Minnesota Council of Health Plans (Council), a member of AF4Q, received a mini grant of \$24,380. The purpose of the mini grant was to detail how health plans align their work on a shared public health priority area, as required by a state mandated “collaboration plan” with local public health agencies and hospitals. Identified actions and measures as well as communication plan and report were deliverables.

The months of January, February and March of 2015, the period of time for the mini-grant, were spent in establishing the foundational documents to move the CCH-CA forward. These foundational documents are described in further detail in this report and the documents themselves are included as appendices to this report.

The first activities of the CCH-CA are now in process. Member organizations have begun implementing activities for May Mental Health Month and the first discussions for organizing activities for an additional public awareness campaign in October are in their infancy. There is also work that is occurring to map the three existing programs in order to leverage resources and assess` gaps or opportunities. This forward progress was made possible with the initial mini-grant funding.

Mental Health Wellness Was Chosen for Collective Action:

Document 2 *details the process for selecting mental health wellness* as the shared public health priority across the three sectors. Briefly, CCH did a statewide analysis of recent CHNAs. The analysis showed that there were five public health priorities that most local public health agencies and hospitals identified, with mental health as one of the priority areas. Those priority areas as well as actions to impact the priority area were discussed at a full CCH membership meeting. The CHNA analysis and member input was reviewed by the CCH-CA workgroup. Four priority areas were selected for consideration of collective action. Workgroup members were asked to work with their colleagues to rank order the four priorities according to selection criteria that CCH-CA had been developed. Workgroup members were also asked to identify programs or activities that could impact the public health priority they selected as their top choice. MENTAL HEALTH WELLNESS was chosen at the shared priority for collective action.

Document 3 describes the three programs recommended for mental health wellness. The workgroup initially had 19 suggestions for actions, and after receiving advice from Sue Abderholden, Executive Director, MN NAMI, and further discussion chose the following three programs:

- **Make it OK:** A program aimed at reducing mental health stigma and increasing public awareness of positive mental health practices.

- **Mental Health First Aid:** A training program focused on assisting those who are developing a mental health problem or experiencing a mental health crisis.
- **Psychological First Aid:** A tool focused on helping those who are experiencing traumatic events.

A fourth program, QPR-Suicide Prevention, is currently being reviewed by the Collective Action Workgroup. QPR-Suicide Prevention is a training program focused on suicide prevention.

The Collective Action Framework (CAF): Document 4, defines collective action as any action taken together by a group of people or organizations whose goal is to achieve a common objective. By pooling knowledge, resources, and manpower, a group can collectively produce a larger positive impact than any individual organization could alone. The document provides guidance and examples of collective action.

May Mental Health Month: Documents 5 and 6 provide examples of CCH-CA activities.

- The workgroup decided to work together to create two products: 1) talking points that could be used for a press release or news article and 2) a proclamation supporting May Mental Health Month. Documents could be used in full or part by individual member organizations. A news article and proclamation will be issued by the CCH steering committee. Additionally, CCH-CA will collect data on organizations that used these templates.
- **Talking Points: Document 5 provides the talking points** that could be used for an article or press release for May Mental Health month.
- **May Mental Health Month Proclamation: Document 6 is a sample proclamation** with ‘whereas’ clauses that can be used by CCH member organizations.

Model for the “Zone of Mental Health Stability (ZMHS)”: Document 7 depicts and describes ZMHS. Briefly, ZMHS is the range of normal emotional and mental states that each individual experiences daily as they go about their lives. Stressful or life changing events can lead individuals to leave the *Zone*, and enter pre-crisis or crisis states where the stability of their mental state may be threatened.

CCH chose Make it OK, Mental Health First Aid, and Psychological First Aid specifically because these programs help keep individuals in the “zone” by increasing individuals’ abilities to: 1) increase awareness of mental illness as a way of reducing stigma, 2) train individuals to identify and assist people in pre-crisis states, and 3) train professionals and first responders on how to assist people who are experiencing crisis events.

The Community Base for Mental Health Stability and Equity (CBMHSE): Document 8 depicts and describes CBMHSE. This model demonstrates the importance of the community in helping individuals maintain the ZMHS. It depicts the physical environment that surrounds us, the network of family and friends that support us, and the impacts (positive or negative) on our mental health and wellness. Without a supportive community environment it is difficult for individuals to maintain the ZMHS. And, while efforts to support social conditions that produce health and social connectedness is not the direct focus of CCH-CA’s work, its member

organizations support community collaborative actions that address this critically important work.

A “Working Logic Model” for Collective Actions: Document 9 details the components of the working logic model. The work group developed a “working logic model” that details the inputs and outcomes estimated to be achievable as a result of collective action. Substantial progress has been made on all of the activities identified in the logic model—results of many of them have been included as documents in this report. For one of the activities a sub-work group has been formed to map the activities for the three mental health programs. The purpose of the mapping is to identify communities where programmatic gaps are apparent (e.g., geographic areas, age groups, cultural/ethnic groups), where overlapping work efforts are present, or ways that working differently could improve effectiveness. Collective actions for May Mental Health month are also underway, and through workgroup involvement by participating members, individual organizations have been sharing their plans for mental health activities during the month of May.

Evaluation Measures: Document 10 lists a number of potential measures that have been identified to measure progress toward, and achievement of, the short and intermediate outcomes identified in the Logic Model. This document provides a summary of each of the proposed measures, the conceptual area from which they arise, the currently recommended operationalization statement, data source(s) and a measure timeline. Discussion of these measures and timelines for measuring outcomes were presented at the CCH-CA meeting in April and will continue at future workgroup meetings. Progress has already been made in geo-mapping training sessions in an effort to expand the coverage area in the 7-county metro area, and the reach measures for May Mental Health month are now being implemented.

Communication Plan: Document 11 details the communication plan. As part of the mini grant’s deliverables and the CCH communication processes, the work of the CCH collective action workgroup is being written into a report that can be shared with a wider audience. A slide deck will be developed from the report. The report will also be used for future grant proposals.

Guiding Definitions: Document 12 provides guiding definitions for terms that have been used in workgroup discussions and presentations. To increase clarity of purpose, the Collective Action Workgroup arrived at consensus about these definitions related to their collective actions for mental health wellness. This document will be shared with the larger Center for Community Health members.

CCH Partners

Public Health Agencies

- Anoka County Community Health & Environmental Services
- Carver County Public Health & Environment
- City of Bloomington, Division of Health
- City of Edina Community Health
- City of Richfield Public Safety
- Dakota County Public Health
- Hennepin County Human Services & Public Health
- Minneapolis Health Department
- St. Paul-Ramsey County Public Health
- Scott County Public Health
- Washington County Public Health & Environment

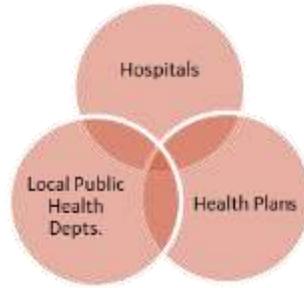
Health Plans

- Blue Cross Blue Shield/Blue Plus of MN
- HealthPartners
- Medica
- Metropolitan Health Plan
- PreferredOne
- UCare
- Minnesota Council of Health Plans

Hospitals/Health Systems

- Allina Health: Abbott; Regina Medical Center; United Hospital; Unity & Mercy Hospital – Northwest Metro
- Children’s Hospitals and Clinics Ridgeview Medical Center
- Fairview & Fairview Corporate Community Health
- HealthEast: St. Joseph’s, St. John’s, Bethesda & Woodwinds Hospitals
- HealthPartners family of care: Methodist, Regions & Lakeview Hospitals; HealthPartners & Park Nicollet Medica Clinics
- Hennepin County Medical Center
- Maple Grove Hospital
- North Memorial Medical Center
- Minnesota Hospital Association

Document 1: Center for Community Health



Vision: Using data and assessment tools, health plans, hospitals and governmental public health agencies will achieve the Triple Aim of improving the patient experience of care (including quality and satisfaction); improving the health of populations; and reducing the per capita cost of health care.

Mission: To improve the health of our community by engaging across sectors and serving as a catalyst to align the community health assessment process and the development of action plans to impact priority issues and increase organizational effectiveness.

Partners: Health plans, hospitals and local public health agencies in the seven-county metro area of Minnesota.

Actions in 2015: Activities will occur within two workgroups:

Assessment Alignment (co-chairs: Rina McManus, Ramsey County; and Joan Pennington, HealthEast)

- Recommending an assessment framework with common language and processes to guide members in conducting future community health needs assessments and allow for aggregate analysis of community health needs across the Twin Cities seven-county metro area.
- Determining a more effective use of data by identifying opportunities for collaborative data collection and analysis and eliminating barriers to data sharing among CCH members.

Collective Action (co-chairs: Janny Brust, MN Council of Health Plans; Donna Zimmerman, Regions):

- Identified Mental Health wellness as an area for collective action.
- Identified and recommended three evidence-based programs for collective action (Make It Ok, Mental Health First Aid, Psychological First Aid.)
- Collaborating on May Mental Health month by having common messages for provider and consumer articles and proclamations.

Accomplishments:

Finances:

- Have more than 30 paying member organizations.
- Received a grant from Robert Wood Johnson through Minnesota Aligning Forces for Quality to participate in a one-year training program by the Center for Creative Leadership (CCL) that provides resources and tools on effective collaboration. Five members of CCH participated.
 - Received funds to hire a University of Minnesota graduate student

to do the community health assessment analyses.

- Received \$10,000 grant from Stratis Health for facilitation.
- Received a \$24,000 grant from Robert Wood Johnson through the Minnesota Aligning Forces for Quality to work on alignment of data and measurement. Includes funds to hire a data and research analyst and a graduate student from the University of Minnesota to assist the work group with aligning collective mental health measures and activities.

Products:

- Completed four analyses of the community health assessment.
- Provided a document that explains the community health assessment requirements for hospitals, health plans and public health agencies.
- Created a communication vehicle, *CollaboGRAM*.

Relationships/Partnerships:

- Twice a year host “full” membership meetings as a way of keeping the CCH community informed.
- Work with Metropolitan Public Health Analysts Network on data issues.
- Explored possible partnerships beyond CCH members. Examples include the University of Minnesota, Silos to Circles and other collaborative groups outside the seven-county metro area that are working on community needs assessments.

Organizational Structure:

Members: Appointed by CCH member organizations. These representatives have responsibility and accountability for community health assessments or other related activities within their organizations.

Executive Committee: Has three members (Janny Brust, Lowell Johnson, Joan Pennington). Committee members are chosen by the Steering Committee, with one representative from each sector.

Steering Committee: Comprised of 12 members: four representatives from each sector – metro hospitals, health plans, and public health agencies. Non-voting members include Stratis Health and the Minnesota Department of Health. The Steering Committee’s role is to make decisions for CCH and set annual objectives and work plans based on input from the full membership. Steering Committee members serve a two-year term. [Members: Ken Bence, Medica; Ashlyn Christenson, BCBS; DeDee Varner, HP, Janny Brust, MCHP; Lowell Johnson, Washington County; Rina McManus, St. Paul-Ramsey County; Gretchen Musicant, City of Minneapolis.; Susan Palchick, Hennepin County; Joan Pennington, Allina; Donna Zimmerman, Regions; Ann Ellison, Fairview; Ellie Zuehlke, Allina]

Guiding Principles:

- Our work will focus on what can be done across all three sectors
- Our level of engagement will reflect our respective priorities and capacity
- Members will be clear about who they are representing (sector, organization or self) when contributing opinions and ideas
- Our work will be data driven
- We will strive for efficiency and avoid added work
- Our efforts should add value to our work
- We will avoid areas that might raise antitrust concerns, such as reimbursement matters and payor/provider relationships
- Membership in CCH does not preclude members from doing individual work in their own sectors
- We will strive to create/achieve health equity

Document 2: Process for the Selection of Mental Health as a Priority Area

PROCESS for Identifying a Collective Action:

- **Analyzed Past Community Health Needs Assessments (CHNA):** Members of the CCH Collective Action and Streamlined Assessment Process workgroups worked together to inventory and analyze the most recent CHNAs that were completed by hospitals and local health departments.
 - CHNA Inventory Project Summary – completed April 2014
 - CHNA Data Collection Methods and Sources – completed May 2014
 - CHNA Health Priorities and Prioritization – completed June 2014
- **Received Input from Members:** The Collective Action workgroup also reviewed the CCH June 23rd full membership meeting notes that listed ideas for possible collective action. Ideas at the June 23rd meeting were solicited using the World Café tool, which was learned at the Center for Creative Leadership (CCL) training session. The workgroup members discussed the ideas from June 23rd in more depth and began creating a list of top topic areas and programs that support those areas. They also began discussing criteria that could be used for decision-making.
- **Established Criteria:** The Collective Action workgroup finalized criteria and, based on their previous analysis, identified their top 4 public health topics.
 - Mental Health Project – promotion, prevention, awareness
 - Social Connectedness – data and measurement
 - Nutrition Awareness Campaign
 - Integration of Activity Into daily Living
- **Rank Order priorities:** Workgroup members were given a homework assignment that was to be completed with input from their colleagues. The homework assignment asked members to rank order the four priority areas and to identify up to 3 evidence-based programs that could be implemented for their top choice.
 - The workgroup reviewed the homework assignment results. There were ten responses.

Mental health prevention, promotion and awareness was chosen as the prioritized topic.

- **Identified activities:** There were 19 suggestions for activities under that topic. For example, there were multiple recommendations for the Make It OK anti-stigma campaign and a mental health first aid kit. There were also recommendations for specific programs by individual members as well as ideas for a general approach such as working with community health workers or disparate populations.
 - The workgroup will ask their colleagues for additional information about specific programs on the list, with the expectation that the workgroup will prioritize an activity in November. The group expressed interest in supporting, collectively, mental health month (May) in addition to a yet to be identified program.
 - The CCH Steering Committee was notified of the group's progress, with the expectation that if a Steering Committee member disagreed with the direction, that the Collective Action workgroup would be notified.
- **Received advice from an expert:**
 - Sue Abderholden, MN NAMI, joined the workgroup to discuss the activities/programs list that had been generated. Based on that discussion, the following was decided:
- **CCH Collective Action Workgroup is recommending a menu of mental health programs for collective action.**

TOP CRITERIA FOR SELECTION OF A PROJECT:

- Collective impact/value-added/leverages collective strengths
- Size of population impacted/degree of impact
- Upstream
- Community buy-in/health equity lens
- Supported in research or evidence/ measurable

Other criteria for consideration:

- Top leadership buy-in

Document 3: Description of the Four Programs Recommended

- **Make it OK** <http://makeitok.org>. Make It OK is a program aimed at increasing public awareness of positive mental health practices. The Make It OK campaign is designed to encourage people to talk more openly about mental illness and ask for help. In addition to raising awareness about the need to improve conversations about mental health and wellbeing, the Make It OK initiative provides concrete steps on how to effectively discuss these issues in a productive and non-confrontational way. The resource-rich MakeltOK.org website aims to normalize discussions of mental health, and to examine why mental health is still treated differently than traditional medical disorders. Make It OK also features its three part documentary series online, which won an Upper Midwest Emmy.
- **Mental Health First Aid (MHFA)**. <http://www.mentalhealthfirstaid.org/cs>. Mental Health First Aid is an in-person training that teaches individuals how to assist people who are in crisis or are at risk of developing a mental illness. This eight-hour course teaches individuals to identify signs of addiction and mental illness, and to implement a five-step action plan to assess the situation and provide timely assistance. MHFA connects trainees to local resources and professionals who can help in severe situations. MHFA has separate training programs for adults and youth.
- **Psychological First Aid** <http://www.health.state.mn.us/oep/responsesystems/pfa.html>. Psychological First Aid is an evidence-informed approach used by first-responder personnel to assist children and adults experiencing immediate mental and emotional trauma as the result of a traumatic event, public health emergency, or other disaster. PFA is sponsored by the Minnesota Department of Health Office of Emergency Preparedness, and is available as an online manual and a six-hour interactive online course that can teach individuals their recommended post-disaster interventions.

Document 4: Collective Action Framework

Collective action is any action taken together by a group of people or organizations whose goal is to achieve a common objective. The strength of the pooled knowledge and resources of the group can produce a larger positive impact than any individual organization could alone. To achieve this collective impact, a group collaborates closely through a backbone support group that coordinates a common agenda, shared measurements, mutually reinforcing activities, and facilitates continuous communication between participating groups.

By supporting the work of three mental health programs in the seven-county metropolitan area, the Center for Community Collective Action Workgroup intends to improve general awareness of mental health and wellness, and increase the accessibility of mental illness training and resources for the communities served by its member organizations. With the overall goal of reducing the likelihood of mental health crises in the seven-county metropolitan area, the CCH seeks to improve the ability of its communities to: 1) identify and understand mental illness, 2) decrease the stigma surrounding mental illness, 3) identify pre-crisis indicators of mental illness, and 4) rapidly refer crisis situations to professional help. This effort will utilize the collective resources of our member groups, with the following guidance:

- 1) Member organizations are encouraged to work together to implement their chosen mental wellness programs. For example, two or more members can collaborate to implement a training program for the community. The collaborating members might: share conference space to host the event, train/dedicate staff to run the course, supply funding for outside trainers, create advertisements for the program, or support the program in some other way.
 - a. Members can utilize their own branding, and
 - b. Members are free to promote their chosen programs how they see fit.
- 2) Members have equal input into collective decisions.
- 3) Member participation in the CCH mental wellness initiative is voluntary.
- 4) Members can support a mental wellness program on their own.
- 5) Member organizations can supplement their mental wellness initiative activities by identifying additional programs to support. One such example is the TXT4Life program, a suicide prevention program that educates communities and provides a text messaging based intervention for at-risk individuals.

**Document 5: May Mental Health Awareness Month: Talking Points
For a news article or press release**

**May Mental Health Awareness Month: Talking Points
for a news article or press release**

Below are talking points that can be used for a news article or press release for May Mental Health Awareness Month. The text may be used in whole or in part to inform your efforts.

May as Mental Health Month

- 2015 marks the 66th official celebration of May as Mental Health Awareness Month, a time devoted to increasing awareness of mental illness and mental health issues.¹
- The focus of this year's awareness campaign is the mental health of young people.¹

The Center for Community Health has identified mental health as a focus area

- The Center for Community Health (CCH) is a collaborative effort of the seven-county metropolitan area's public health agencies, health plans, and hospital systems.
- CCH has identified mental health as important focus area for collective action through its Community Health Needs Assessments (CHNAs).
- To support mental health and awareness in the seven-county metropolitan area, the CCH recommends three programs: Make It OK, Mental Health First Aid (MHFA), and Psychological First Aid (PFA).

How can you or your organization support May Mental Health Awareness Month?

Join the Center for Community Health's efforts by:

- 1) Signing the May Mental Health Awareness proclamation**
 - 2) Taking the Make It OK pledge (<http://www.makeitok.org/take-the-pledge/>)**
 - 3) Writing an article or issuing a press release, focused on mental health awareness**
 - 4) Learning more about the three programs described below. Visit the programs' websites and get practical advice on how you can get more involved.**
- The Center for Community Health has identified three programs whose activities address the need to increase awareness of mental health and wellness, improve individuals' ability to identify mental illness and provide support, and prepare first-responders to provide psychological support after a disaster. You can get involved by supporting these organizations in the seven-county metropolitan area:
 - **Make It OK** – <http://www.makeitok.org>
Make It OK is a program aimed at increasing public awareness of positive mental health practices. The Make It Ok campaign is designed to encourage people to talk more openly about mental illness and ask for help. In addition to raising awareness about the need to improve conversations about mental health and wellbeing, the Make It OK initiative provides concrete steps on how to effectively discuss these issues in a productive, and non-confrontational way. Make It OK offers a free 45 minute workshop on how to talk about mental illnesses, what to say, and how to spread the word.

- **Mental Health First Aid[®] (MHFA)** – <http://www.mentalhealthfirstaid.org/cs>
Mental Health First Aid is an in-person training for youth and adults that teaches individuals how to assist people who are in crisis or are at risk of developing a mental illness. This eight-hour course teaches individuals to identify signs of addiction and mental illness, and to implement a five-step action plan to assess the situation and provide timely assistance. MHFA also provides trainees with local resources, and connects them to local resources and professionals who can help in severe situations.
- **Psychological First Aid (PFA)** - <http://www.health.state.mn.us/oepr/responsesystems/pfa.html>
Psychological First Aid is an evidence-informed approach used by first-responder personnel and individuals to assist children and adults experiencing immediate mental trauma as the result of a traumatic event, public health emergency, or other disaster. PFA is sponsored by the Minnesota Department of Health Office of Emergency Preparedness, and is available as an online manual and a six-hour interactive online course that can teach individuals PFA's recommended post-disaster interventions.

Why is awareness important? Stigma surrounding mental health is a barrier to seeking help

- Stigmatization of mental health issues persists today, and still influences our perception of individuals with mental illness.
- Stigma may prevent individuals with mental health concerns from seeking help or appropriate medical care.
- Stigma may limit discussions around mental health and wellness, which can further alienate individuals suffering from mental illness.

Mental Health issues are common in the United States

- All ages, socio-economic classes, and racial and ethnic groups are affected by mental health issues and mental illness²
- **ADULTS:** The National Institute of Mental Health (NIMH) estimates that 43.7 million American adults had any form of mental illness in 2012, representing nearly 1 in 5 adults in the US.²
- The rate of mental illness is higher among men than women (22.0% vs. 14.9%).²
- 11.9% of American adults surveyed by the Behavioral Risk Factor Surveillance System (BRFSS) reported frequent bad mental health (14 or more days in past 30-day period).³
- **CHILDREN:** The National Comorbidity Survey-Adolescent Supplement (NCS-A) found that nearly 11% of adolescents have a depressive disorder by the age of 18.⁴
- The Child/Adolescent Anxiety Multimodal Study (CAMS) found that 8% of 13-18 year olds have experienced an anxiety disorder, with average age of onset around 6 years.⁵
- Mental health conditions can range from minor phobias to more severe psychoses that impair the normal functions of everyday life.
- The stigma that surrounds discussions of mental health often means that individuals living with mental illness are left to struggle on their own, or go without appropriate care.

Mental Health issues affect the State of Minnesota

- In 2000, the U.S. Public Health Services estimated that nearly 168,000 adults and 56,000 children in the State of Minnesota live with serious mental health conditions.^{6,7}
- In 2011, 9.1% of Minnesotans surveyed by the BRFSS reported frequent bad mental health (14 or more days in past 30-day period).³
- In recent years the Minnesota State Legislature and Governor Dayton have passed legislation to improve funding and strengthen mental health programs in the state.⁸
- By expanding case management services for youth transitioning to adulthood, improving access to mental health services for low-income families, and supporting mental health programs in the juvenile justice system, Minnesota has increased its ability to meet the mental health needs of its citizens.⁹
- This positive work represents a large step in the right direction, but more work remains to be done to improve awareness and understanding of mental illness in the state.

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Document 6: Proclamation

Organization Logo

Proclamation

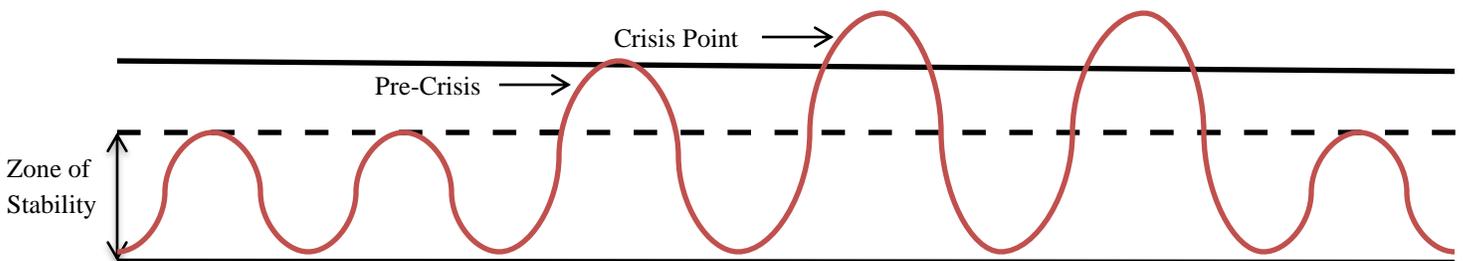
- Whereas: May is Mental Health Awareness Month; and
- Whereas: Mental wellbeing is important for people of all ages, races, social classes and walks of life; and
- Whereas: Mental health routinely emerges as a high priority in the seven-county metropolitan area's community health needs assessments; and
- Whereas: The Center for Community Health, a public/private health improvement initiative involving members from public health agencies, health plans, hospitals and health systems across the seven-county metropolitan area, has identified mental health a focus of their health improvement activities; and
- Whereas: The Center for Community Health has challenged the seven-county metropolitan area to **take the "Make It OK" pledge** (<http://makeitok.org/take-the-pledge/>) **and visit the websites for "Mental Health First Aid** (<http://www.mentalhealthfirstaid.org/cs>) **and Psychological First Aid** (<http://www.health.state.mn.us/oep/responsesystems/pfa.html>); and
- Whereas: <<<organization>>> is a member of the Center for Community Health,

We, the members of <<<organization>>> join with the Center for Community Health member organizations to **visit the websites for Mental Health First Aid and Psychological First Aid and take the Make It OK pledge** during May "Mental Health Awareness Month".

(signature)

Document 7: Zone of Mental Health Stability

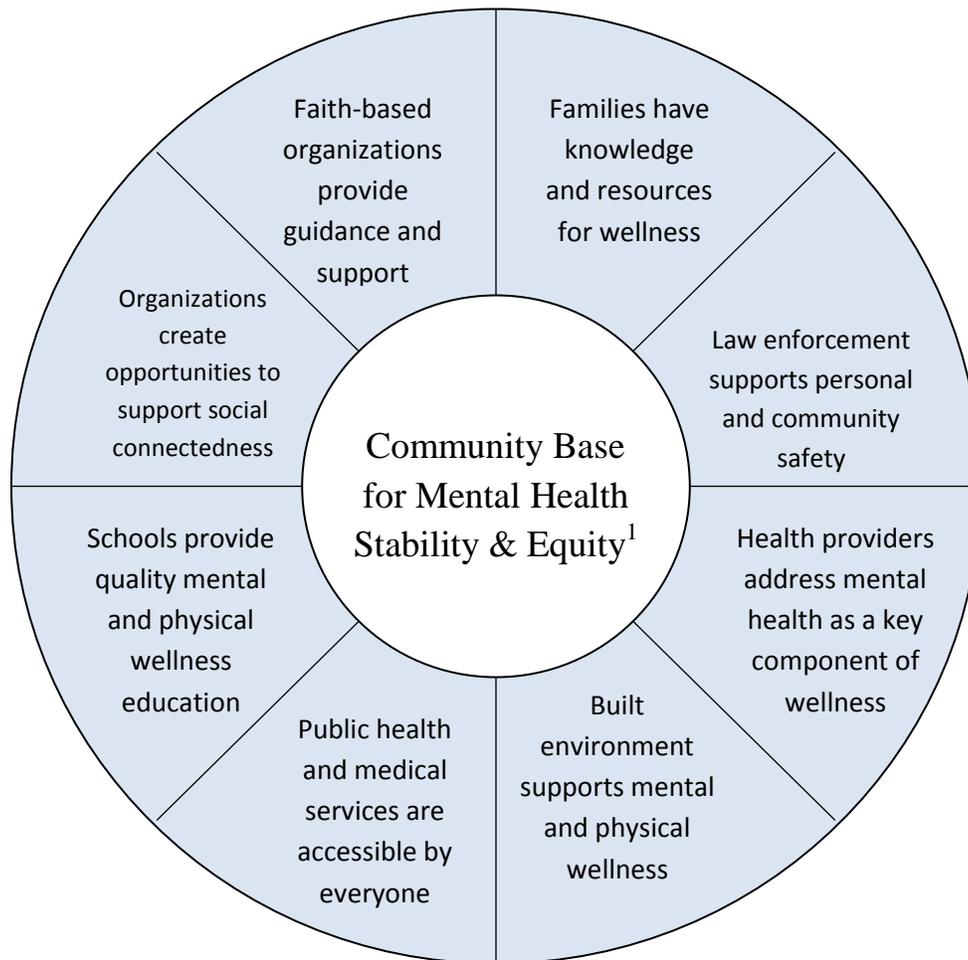
The Center for Community Health (CCH) has chosen community mental health and wellbeing as an important area for collective action by its members. The three sectors of the CCH – public health agencies, health plans, and hospital and health systems – will support the mental health and wellness of the communities they serve by collectively supporting the organizations behind programs like **Make It OK**, **Mental Health First-Aid**[®], and **Psychological First-Aid**. These programs are focused on increasing awareness of mental illness, normalizing conversations about mental health, teaching individuals to identify the signs of psychological distress in their peers, and providing assistance and resources during pre-crisis and crisis situations. By facilitating these programs, CCH collective action will enable communities to play a more active role in maintaining the mental health and wellbeing of their members.



Mental Health refers to the condition of an individual's psychological and emotional wellbeing. The majority of the population without mental illness, or those with mental illness who are able to manage their symptoms with medication or counseling, spend their days in the **Zone of Mental Health Stability** – the range of normal emotional and mental states that we experience as we go about our lives. There are many factors that can affect an individual's ability to stay in the zone of mental health stability, including their work, socio-economic status (SES), home environment, availability of food and other resources, and their social support network to name just a few. CCH members are already working to improve some of these areas in their communities by supporting the sale of healthful foods, improving transportation options, and creating community spaces and events. The CCH will work to further expand their positive impact upon community wellbeing by promoting initiatives that support community mental health awareness, trainings, and resources.

In addition to increasing general awareness of mental health as an important component of wellness by promoting Make it OK, the CCH supports the efforts of Mental Health First Aid[®] and Psychological First Aid to train individual community members to respond to psychological pre-crisis and crisis states. A **pre-crisis point** occurs when a single event or chain of events leads an individual to experience psychological or emotional disturbances that lie outside of the normal range of feelings and thoughts they would regularly experience. These pre-crises can spring from many of life's different arenas, and may occur at any time. Pre-crisis events can be identified by trained individuals, who can help bring an individual back to the zone of mental health stability, or provide resources and referrals to individuals who need additional help. **Crisis points** are situations in which there is immediate potential for personal harm to the individual experiencing the crisis, and require **intervention by trained professionals** who have the knowledge and capacity to intervene before irreversible harm is done. While crisis states requiring immediate professional help lie outside of the scope of care provided by the programs chosen by the CCH, improved understanding of mental health and earlier identification of psychological or emotional issues may help to reduce the frequency of crisis points.

Document 8: Community Base for Mental Health Stability & Equity

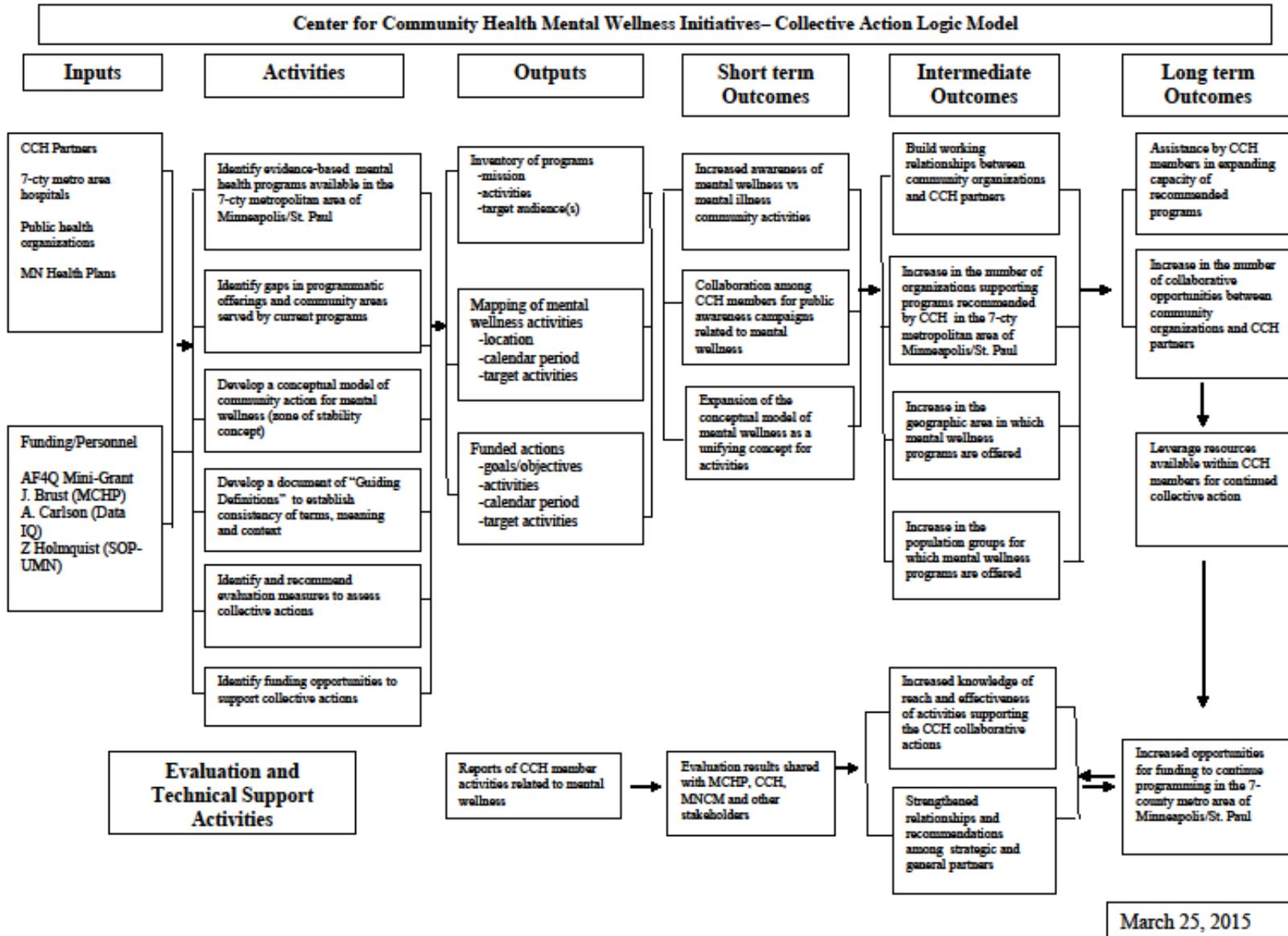


From the physical environment that surrounds us, to the network of family and friends that support us, there are many different aspects of daily life that can positively or negatively affect our mental health and wellness. By modifying these factors to create an environment that is safe, and provides for our needs, we can create a community base for mental health stability and equity. Examples of community actions that can create and preserve positive mental health and wellness include: working with local law enforcement to support an environment of culture understanding, encouraging physical activity by setting aside space for paths and recreation, and promoting the sale of fresh produce at local markets. By identifying and working to close gaps in the areas outlined in the healthy base for mental wellness model above, we can create an environment that supports and preserves mental health.

In addition to their planned May Mental Health Month Activities, many Center for Community Health (CCH) member organizations have already begun their own initiatives to positively impact their community by supporting a community base for mental health stability and equity. By working with communities to reclaim pedestrian space by closing unnecessary roads, supporting 'neighborhood night out' events with local police, or subsidizing healthy options at local farmers' markets, CCH members create community spaces and resources that can help promote better mental health and wellness outcomes for all. Member organizations contribute to this positive impact by supporting community-based collaborative activities focused on public health priority areas.

1. Adapted from: Institute of Medicine. Applying a Health Lens to Decision Making in Non-Health Sectors. 2014. Washington DC: The National Academies Press

Document 9: Logic Model



Document 10: Evaluation Measurements

Conceptual Area	Potential Measures	Proposed Data Source	Operationalize	Timeframe
Mental Health	Core Healthy Days	-BRFSS Core Healthy Days Questions	1) % of population Good-to-excellent health 2) mean unhealthy days 3) mean activity limitation days	Lagging reporting; reviewed on <i>ad hoc</i> basis
Collaboration	Collaboration Intensity Ratio	-CCH meetings -CCH Collective Action subgroup meetings	1) <u># of CCH members with contacts</u> # of CCH members	Yearly
Collective Action	Number of activities for which one or more CCH members participated jointly	-CCH meetings -CCH Collective Action subgroup meetings	1) Count of Collaborative Activities	Yearly
Community Activation	Number of hits for the CCH website	-website counters	1) Monthly (Google Analytics)	Continuous
	Number of downloads from CCH website	-website counters	1) Monthly (Google Analytics)	Continuous
Community Awareness	Number of Make It OK pledges	-website counters	1) # of individuals with electronic signature	Challenge in May 2015 Report in October 2015
	Geographic dispersion of programs	-CCH meetings -CCH Collective Action subgroup meetings	1) Geo-mapping based on reported locations of PFA/MHFA workshops 2) Quarterly to Biannually tracked	Continuous
	Number of promotional news articles	-CCH meetings -CCH Collective Action subgroup meetings	1) Biannual report by representatives	End of May/End of October
	Number of proclamations adopted	-CCH meetings -CCH Collective Action subgroup meetings	1) Biannual report by representatives	End of May/End of October
Social Connectedness	Number of community activities supporting social interactions (e.g. Nat'l Night Out)	-CCH meetings -CCH Collective Action subgroup meetings	1) Annual report by representatives	End of January
	Number of activities supporting "Community Base of Mental Health Stability and Equity" factors	-CCH meetings -CCH Collective Action subgroup meetings	1) Biannual reporting by representatives	Beginning of July/Beginning of January
Funding Resources	Number of funding resources for collective activities	-CCH records	1) # organizations approached for funding 2) # organizations committed to funding 3) \$ awarded to CCH collective actions	Continuous reporting during executive meetings

Document 11: Communication Plan

January-March 2015

- Presentations
 - At the full CCH meeting on January 29
 - At the CCH steering Committee in March (done)
- Slides:
 - Slides created for presentations in March
- Report:
 - Draft and final report completed
 - Draft communications for the May Mental Health month in March (done)
- May Mental Health documents for member organizations
 - Created a template for a proclamation
 - Developed talking points for press release or articles

April 2015 on

- Presentations: May
 - CCH Steering Committee
 - MN Aligning Forces for Quality Task Force
- Slides: May
 - Additional slides based on the final report
- Website:
 - Report featured on MN AF4Q website: May
 - Identify a common place to share slides and report: June

Document 12: Guiding Definitions

The following definitions that emerged during round table discussions held by the CCH collective action workgroup from January 2015 through March 2015, and were accepted based on consensus and common understanding.

Advocacy: Is any action intended to publically support or recommend a specific cause or policy.

Center for Community Health (CCH): The CCH represents the collaborative effort of the seven-county metropolitan area's public health agencies, health plans, and hospital systems.

Collaboration: The intention on the part of two or more groups to jointly work towards a mental health program, or action.

Collective Action: Is any action undertaken by a group of people or organizations whose goal is to achieve a common objective, with the understanding that the pooled knowledge and resources of the group can produce a larger positive impact than any individual or organization could alone.

Community: An individually perceived and defined sense of belonging to a larger group. It can be attached to a physical location (a neighborhood, zip code, city, etc.), organizational structure, interest group, or another socio-economic/cultural group. Individuals can also affiliate themselves with multiple communities simultaneously, and may join or leave self-defined communities fluidly.

Community Activation: An increase in the proportion of community members who are knowledgeable about mental health and committed to taking action on behalf of community members experiencing adverse psychological events.

Community Awareness: An increase in the proportion of community members who are knowledgeable about mental health.

Community Capacity: A measurement of community readiness, assessed by the number of community members who are trained, ready, and willing to respond to adverse events experienced by individual community members (in this case negative mental health events). Community Capacity has a reciprocal relationship with individual resilience and vice versa, such that increased Community Capacity leads to increased individual resilience, which in turn increases Community Capacity.

Community Resilience: A multi-dimensional population-level concept that describes a community's ability to deal with crisis or disruptions that affect a large proportion of a society or community structure. Emergency preparedness is a prototypical example of this, as it provides a response to a large-scale, community-experienced, disaster situation. *Examples: The terrorist attacks of 09/11/2001, the Israeli-Palestinian conflict, natural disasters, etc.*

Individual Resilience: The ability to successfully adjust to novel situations that could disrupt or otherwise affect normal behaviors and mental health stability.

May Mental Health Month: May has been officially recognized as Mental Health Month since 1949, and is a time devoted to increasing awareness of mental health issues. The focus of May Mental Health Month for 2015 is the mental health of young people.

Mental Health (MH): A person's condition with regard to their psychological and emotional wellbeing.

- *Positive Mental Health:* A mental health state in which the individual resides in the *Zone of Mental Health Stability*, and experiences the 'normal' range of experiences emotional and mental states that are experienced during daily life.
- *Negative Mental Health:* A mental health state in which the individual has left the *Zone of Mental Health Stability* and experiences emotional and/or mental disturbances that lie outside of the normal range of mental states experienced during daily life (e.g. *MH Pre-Crisis Situations* and *MH Crisis Situations*).

Mental Health Crisis Situation: A situation in which there is immediate potential for personal harm to the individual experiencing an emotional or mental crisis, requiring intervention by trained professionals who have the knowledge and capacity to intervene before irreversible harm is done.

Mental Health Pre-Crisis Situation: A situation that occurs when a single event or a chain of events leads an individual to experience psychological or emotional disturbances that lie outside of the normal range of feeling and thoughts that they would normally experience.

Minnesota Council of Health Plans (MCHP): The MCHP is an association of licensed nonprofit health care organizations providing coverage to more than 4 million individuals in the Minnesota Twin Cities *Seven-County Metropolitan Area*. The MCHP promotes the delivery of high-quality, affordable health care.

Prevention: Based on CDC terminology, prevention (primary, secondary, and tertiary) refers to actions taken to prevent the occurrence of disease or illness, to arrest its progress in the population, or to reduce its consequences once population infection has been established.

Primary Prevention: Seeks to prevent the initial onset of diseases by altering behaviors or exposure that can cause disease. *Example: Teaching individuals the skills needed to stay in a healthy mental wellness zone, preventing negative mental health situations entirely.*

Secondary Prevention: Includes procedures that detect and treat pre-clinical signs of disease or illness, thereby controlling the progression of the disease in its early stages. *Example: Identifying negative mental health states early and initiating treatment, thereby allowing individuals to remain mentally healthy, and successfully adherent to recommended treatment.*

Tertiary Prevention: Seeks to reduce the impact caused by a disease state that is already present in an individual, thereby improving the individual's function, longevity, and

potential quality of life. *Example: After a negative mental health state already exists, work that is undertaken to minimize the severe consequences of negative mental health like suicide, or ongoing disruption of care.*

Promotion: The act of advancing or encouraging the distribution or importance of an idea or initiative.

Social Connectedness: Continued participation in community-based social relationships and social support systems that improve physical and psychological wellbeing.

Seven-County Metropolitan Area: Refers to the metropolitan area surrounding the Twin Cities of Minneapolis and St. Paul, and includes: Anoka County, Carver County, Dakota County, Hennepin County, Ramsey County, Scott County, and Washington County.

Stigma: A distinguishing characteristic of a negatively perceived trait or circumstance.

Zone of Mental Health Stability: Refers to the range of ‘normal’ emotional and mental states that are experienced by an individual as they go about their daily life.