UPPER VALLEY COMMUNITY HEALTH IMPROVEMENT SUMMIT SUMMARY

ACCESS TO MENTAL HEALTH

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WORLD CAFÉS

WHAT ARE THE FACTORS IN OUR COMMUNITY CONTRIBUTING TO THIS NEED?

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- Let's talk about what issues: just about everyone has a story about isolation, substance misuse.
- As content expert this is what we see-people we are seeing have mood disorders, anxiety, depression, significant change in the type of people we served, it used to be psychotic disorders that were chronically mentally ill.
- The population served is shifting, age 2-3 to age 90, see children presenting with anxiety and depression, social media is a factor, bullying is 24/7 with no break, all of that lends to the numbers as well as the rate of suicide, not unrelated of availability of unlimited information
- Workforce shortage contributes to access.
- Barriers for access are lower wages and fewer professionals entering the field.
- New access program at West Central, when you call now, people are seen within the week.
- Clients die 25 years younger than the whole rest of the population.
- People are uncomfortable, they don't understand it, they cannot see it.
- Workforce shortage
- Many people in the UV are very stressed, some people are so strapped for money, they don't know where their next dollar is coming from
- Pre-k programs are not testing for lead poisoning, lots of housing that is creepy
- Transportation barriers to services or work
- Single households, or two working parents second, third shifts, everything starts to fall apart. Need third shift daycare.
- Social isolation for four months out of the year, cannot afford skiing and snowboarding
- You have a better chance of getting mental health services if you get dragged into DHMC and get a full evaluation than if you pick up the phone
- Employers do not help employees find summer activities, keeping students occupied is important.
- During summer, treatment appointments are less, less people referring the students to the providers.
- Higher education offerings are too expensive, NH students come out of college with highest student debt. Stigma in two year schools.
- State of NH just started covering substance use disorders three years ago, now it is a crisis.
- High percentage of minorities in prisons in VT and NH high correlation to poverty, mental health and substance use disorder.
- Social media use is up to age 45, people are tied to devices and anxiety and depression

- Mood disorders can be easier to treat, some of them are not lifelong illnesses, social determinants of health are ongoing so treating the illness is not standalone success. We have social isolation in our area
- How do we make this profession work for this generation, we will not have a workforce of the future if we cannot figure this out
- Substance use disorder
- Is there more access to MAT services than there is for Mental Health providers? The for profit organizations have increased access.
- Underinsured or uninsured or those that move between those two, how do you build a bridge for services, they don't understand their benefits.

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- Mental health effects people's ability to access housing
- See children who need services and have to wait months to get treatment.
- Isolation in this rural area with pockets of more population in towns. People are not as open to receive services that are not specifically in their town.
- There are extreme ends in this area- between economic incomes, family needs, this can create stigma.
- Amplifiers: isolation in general- increase mental health illness- moved further away from having community centers (ways that people come together); negative side of social media- lacking support of face to face interactions because of social media; challenges of affording basic living- adding a level of stress that can increase mental health challenges.
- Social media and bullying among the younger ages- linked to politics and president not leading by example. This can connect to suicide issues.
- People have limited insurance which limits people's ability to get into other places that may not take their insurance/ their insurance does not accept that provider.
- Weak in social and emotional anxiety (short term but critical) vs. chronic illness (lifelong challenges). People in the first area do not want to say that are mentally ill.
- Community Mental Health has high turnover (my counselor has changes 4 times since I have been here). Once the staff can put time in to achieve their license they are less likely to work with people who do not have insurance or Medicaid/Medicare. This limits access and experience for people seeking care at community mental health centers.
- Pay scale of mental health clinicians in private practice vs. public practice. Linking to reimbursement rates.
- Lots of policing gaps in the region.
- Gap for supportive services vs. there is funding for housing infrastructure.
- Stigma- 60 years ago the biggest problem was how to express what was going on. This was a feeling of not being able to tell myself what was happening.
- Stress, lack of sleep
- Substance misuse- co-occurring challenges.
- Economic stress
- Social media and the impact social behaviors have on society and kids- kids are growing up without the social interactions- fit into teams, work together. Causing this for adults too. You can't now go home and get away from people. This is happening silently and leading to suicide because kids don't have the tools to overcome this
- Not enough community activities and interactions. Do we have a free center where kids can go? What interests children today and are we moving these activities back to people?
- Transportation is not available to get kids to activities.
- Early education for children around safe social media; also teaching adults how to do this and proper monitoring.
- Cost to receive services.

- Appropriate mental health services for long term care- there are not options for this type of care.
- What are the levels of care? Appropriate types of facilities? Level this out?
- People are sitting in ER's for a long period of time when they should be in a facility.
- Care is being delivered in SILOS- treat the family, not just the person; clients are seeing many other resources, but there is a lack of consistency because of the silos. People can fall through these gaps; patient loses trust and is getting inconsistent messages from providers.
- Insurance dictates care, not the providers.
- Lack of mental health peer support to help lower wait lists and bring solutions to people in an effective and efficient way.
- People knowing who the right provider is for what their needs are.
- Why can't we have one record system so everyone has this record? HIPPA.
- Ease of use- for the patient to fill out every time they go to receive care.
- Referrals are online now, and many families cannot do this online system.
- Who referrals need to come from to receive care (social worker vs. pediatrician).
- People need to have options for people to be able to connect with someone to receive good care, and for people to feel like they can be who they are. "Pick the person".
- Stigma- people do not want to go and access the services and admit that they need care; stigma that providers don't want to refer people to mental health as this is off-putting and can decrease care people go to receive.
- Shortage of workforce. Takes a long time to get a Masters of Social Work; pays poorly; hard to get certified.
- Care coordination- providers not just giving people a list of names, but someone working with them to call and access those services.
- Insurance challenges of accessing care; limited care- appeal, etc.
- The river! It makes it difficult to access care- services change.
- Transportation barriers vs. where the services are.
- Some people with severe mental health challenges cannot use public transportation (2 or 3 times a year when a rider is restricted to ride the bus- quite often they are homeless. Go as long as they can and then get a no trespassing order- NH has to be one year, cannot be a month, or something different. Is Vermont the same? We think so. Someone else was kicked off because they were falling because they were drunk. Then people can access public transportation.

WHAT COMMUNITY ASSETS ARE HELPING TO ADDRESS THIS NEED?

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- Workforce loan forgiveness
- New programming, access re-design
- NAMI-access to information (website) to community members who are willing to seek out information
- Willingness for people to get involved
- Community trainings- Mental Health First Aid, Connect Suicide Prevention opens up the conversation so community members can make referrals, lowers stigma
- Qualified staff, good quality programs

- Awareness so people can talk about solutions to a difficult problem, reducing stigma
- Stigma is decreasing because people are talking about their experience
- Mental Health counselors in schools and prisons
- Free UV public transportation
- West Central & HCRS, Clara Martin-Community Mental Health Programs
- Private mental health providers

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- West Central Behavioral Health and HCRS
- Second Growth
- Positions in the PD's that are working to identify offenders who are there because of mental health challenges.
- Crisis Intervention Training to train PD's in how to respond to mental health emergency/calls- this has been done in Hartford and Lebanon. Hartford has seen a reduction in the responding hours. There is more training for law enforcement but it is slow to come. Free/donate their time for the training.
- Partnership between Twin Pines and housing case managers- serving many people who would not have this otherwise. People are receiving supporting services for families with The Haven as well.
- Private foundations (Byrne, etc.)
- We are hoping (Orford, NH) to train to help with lower level anxiety- mindfulness, etc. to help prevent situations from moving to the next level.
- Counsels on aging and community nurses.
- DBHRT – fast emergency services.
- IDN
- One Care in Vermont- part of the first for one care system in Vermont. This is a statewide EMR system called care navigator in which all providers can share information- clients have to consent to who can see what and how much- who can enter info. into this system. Practices can now talk to each other.
- Community mental health agencies goes to meet with providers.
- Pathways
- Next Step- peer support club.
- Wise and Headrest
- Childhood Advocacy centers (CHAD)
- NAMI
- Turning Points Network
- Upper Valley Aquatic center; rec departments; other free places where people can go to release the pressure. Libraries; parks and rec; etc.
- The junction
- Remix
- Listen Center
- Transportation can go across the river.
- Local agencies who do local fundraising for support agencies.
- Vocational rehabilitation

"IF YOU HAD A MAGIC WAND, HOW WOULD YOU ADDRESS THIS NEED?"

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- Services people need, when they need them
- Insurance reform
- Medicaid/Medicare reimbursement rates would be higher
- Access to services and medications
- Affordable medications
- Help people understand mental health illness is a disease that can be treated
- Make services more available in the community, outside the office, this would address access issues and decrease stigma (with no office visits)
- You need to pay people a professional salary with full range of benefits to address workforce issue, you pay the dollar somewhere
- If you have sufficient mental health services, funded over time, your social draw on the resource will decrease
- Keep schools open year round (or other year round programming), this is where children get support and services and keep adolescents busy. Stress on families during the school breaks (additional expenses for summer activities).
- When Affordable Care Act was passed, including Mental Health as part of health, I thought it was going to get much better, it only got a little better.
- Better funding in schools to deal with ACES earlier.
- Parity for pay for counselors in schools and community mental health
- Think creatively about other long term support in the community, club house model, community mental health workers
- Build collective impact among resources, know your own seat and seeing how it connects with others
- Universal mental health care

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- Start at a school level to get people interested in mental health care as a career. Changing how we offer career paths
- Clinicians need to be paid higher; school needs to be affordable; people need to be able to afford to receive services at these agencies.
- For profit mental health agencies that have to offer X services to lower income families.
- Work with employers to give tax refunds to support their employees
- Burnout is high in this field; caseloads are high; working with a challenging population. People are coming in and out.
- Licensing liability could get in the way- encourage peer to peer communications.
- How can we have more community events and community dinners/ recreation options? How do we get people to come together?
- We have a workforce shortage. How can we help people who have mental illness be able to get employed (support environmental, pipelines for affordable living- opportunity)?
- How do we create housing opportunities who have mental illness and $ is effected by mental health services and are in rural areas (expensive to live where the services are offered).
- Can we use social media to create a media campaign? This past holiday season had some uplifting comments around mindfulness. Positive use of social media. Use payed advertising to promote positive thoughts.
- School programs that focus on using social media in a healthy way.
- Simple solutions like sharing YRBS data with students who share it with their parents.

- Global EMR; referral form- so everyone can have this.
- We need information that is readily available for where people can receive services. We need to coordinate the dissemination of this information. Quechee has a system primarily focused on seniors. John Reid said this. Google can find this.
- Community Care Coordinator
- Peer support directory.
- Free bike program
- Integration of mental health into medical education. FULL integrations.
- Public education that addresses the stigma. Publicity in media, papers, etc.
- More flexibility of grant funding. Across the border as well.
- Important information needs to be the first thing shown on a website and not deep into the site to access. "Three clicks or less".
- Person who can ride on the bus to provide assistance- not police enforcement, but some kind of care assistance. The bus said this would not work as well. Can we link this with a support agency who can come support this? How do we control this? The bus needs to have full assurance of this will be fixed or they will ride with them.
- Take away the limitations that the river brings. Do we need to have a waiver?
- Private insurers get rid of limits on the amount of visits people can have.
- Agencies not fighting for patients –VNA's as an example. People are not getting adequate care.
- VNA- Blackout on phones for sites by manufacturers.
- Opt in vs. opt out.
- Reducing stigma- let's normalize mental health
- In schools creating more access for mental health access
- Campaign on mental health.
- Providers need to treat mental health like it is more normal- similar to how smoking was put.
- Seize the awkward- like this.
- Starting in the school on the preventive side of behavior issues. Can we help in the school facilitate connections with services and break down the barriers?
- Work with judges and law enforcement to train them in trauma informed care and the effects of a mentally unstable parent of children's long term health