

WABASH COLLEGE

Wabash Democracy & Public Discourse Initiative

2017 IPHA Annual Conference Final Report

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On April 20, 2017, Wabash Democracy & Public Discourse partnered with Indiana Public Health Association to hold conversations among conference attendees about pressing mental health problems in the state of Indiana. At the conference, there were three separate *deliberative discussions* on youth suicide & prevention, racial disparities in mental health, and substance abuse. These deliberations employed small groups in three rooms, discussing possible policy and local actions to improve mental health in Indiana.

This report includes a summary of the discussion, as well as the ideas, priorities, and action items that were determined after discussion in the two-hour deliberation event. The analysis is a thematic summation of what was said at the tables, and therefore reflects the opinions of those who stayed for the deliberation and participated.

Topic 1: Youth Suicide & Prevention

Background

The discussion on youth suicide & prevention took place in the North Ballroom of Purdue University's memorial union. The conversation was comprised of two small table groups that shared passion and alarm for the high rates of teen suicide in Indiana. Many were particularly stunned by the statistics shared by Ms. Alice Jordan-Miles, Director of the Indiana Suicide Prevention Coalition. In the Q&A portion, at the beginning, participants were allowed to ask Jordan-Miles questions. Most of the participant questions revolved on *how* to treat depression and *how* mental health professionals can

educate people about the signs and awareness of depression. Jordan-Miles spoke about QPR (Question, Persuade, and Refer) training, as well as working to change society's view of mental health so as to compare depression treatments to any other medical treatment of a physical injury or disease. From the Q&A portion that lasted about 15 minutes, the participants gathered broke into two small groups for deliberation.

Exploration

All discussions opened up with an exploration phase, when participants shared experiences on the effects of youth suicide. They were also asked to share their initial thoughts about what was heard in the morning and during the Q&A portion. Based on the notes, both groups felt that there is a huge problem with the current stigma of mental health diagnoses and treatments. Participants noted that they have seen the effects of this stigmas in two ways: first, for those who haven't experienced depression, it may be difficult to understand and therefore harder to recognize signs; second, the stigma may make it less likely that those who need help will seek it. Some participants wondered if this was more of a problem for youth than older adults.

Participants also noted that they have seen many barriers for families and youth when seeking care. To their knowledge, there are few treatment centers specifically focused on youth. Additionally, the costs of counseling are expensive for many young people and families in Indiana.

Identifying & Prioritizing Problems

During this portion of the conversation, participants sought to identify the issues and problems around youth suicide and depression as it impacts Indiana. The problems the participants discussed during this portion came from the conversation each facilitator heard at their table in the *exploration* portion. The facilitator then named issues heard in the *exploration* phase and had the group confirm those issues to ensure that the identification of the issues accurately reflected the conversation.

Facilitators identified these following issues that were noted by participants:

- Stigmas of Mental Health, particularly young people feeling weird or weak
- Lack of education for both youth and adults.
- Poverty; families can't focus on mental health for their children because they can't afford to focus and/or treat.
- Bullying was believed to be a cause of youth depression.
- Few/no cost effective youth centers; no participant expressed awareness of treatment centers focused on youth.
- Parental consent; youth often to have parent consent to seek treatment, which can deter youth from seeking help.

- Integrated practices; creating cohesiveness between primary care professionals and behavioral health professionals.
- Teacher Training; teachers need to be aware of the signs of depression and learn what actions they can take to help children.

As participants looked at these issues, two common themes that emerged were lack of knowledge/education on mental health and the lack of opportunities to seek that knowledge.

After reviewing these issues, both groups prioritized a single issue that they thought was both pressing and feasible to begin addressing. The first group decided to focus on **fighting stigmas against mental health**, particularly how these could be addressed through education. The group reached this prioritization decision because they saw stigma as a root cause of other problems. The second group prioritized the **issue of bullying in schools and the underlying pressures** that children face from their peers and parents. Participants were particularly interested in finding out what were the external factors that led children and teens to have mental health problems.

While, poverty and cost barriers to mental health care were also noted as very important issues, participants thought that these issues would be too big to address in a moderate amount of time, and so chose to focus on fighting stigma and addressing bullying/pressures that might keep children from receiving mental health care.

Identifying & Prioritizing Solutions

(1) Fighting the stigma against mental health through education. For this issue, participants thought the following were possible action steps:

- Community Based Participation/Teaching Community Members. The goal would be to encourage participation of community members as advocates, not as enemies. Education is needed, but such education must consider and address different points of view. For some, mental health may be a foreign idea, and so training programs are needed that increase community participation and buy-in.
- Coping Skills Education. Many children grow up in environments where they are not taught how to deal with failure or hardships. Children need to learn basic coping skills so they are able to deal with problems in healthy ways.
- Increase Funding for Non-Profit Groups. Organizations like Indiana Suicide Prevention Coalition need funding in order to educate and work with partners.
- Parenting Classes on Mental Health. Education programs also need to focus on teaching parents about youth mental health (a comparison was made to health education programs about puberty). Parents need to understand the reasons why their child might have mental health problems, so they can embrace their children and seek proper treatment. Classes like these could be done online or offered through social media.

After identifying the possible actions, the facilitator asked the group to then consider what the most important actions towards addressing this problem. The group identified two prioritized actions:

- Educating through Social Media. Participants thought social media should be used more by mental health clinics, hospitals, and groups like IPHA. Social media could normalize mental health as a disease and not a sign of weakness.
- One Centralized Message. Participants believed that there needs to be collaboration among organizations in the state, in order that all organizations could broadcast a central message about youth mental health to the widest audience possible. This would increase the frequency of the message to people. Participants also suggested that this centralized message could be organized by IPHA.

(2) Bullying and Understanding the Pressures of Children. For this issue, participants thought the following were possible action steps to consider.

- State Department Training at Local Level. QPR (Question, Persuade, Refer) training needs to be more frequently trained and implemented at the local level.
- Identifying Causes of Suicide. There needs to be more data available for understanding the correlations and causes of youth suicide. This could be aided by partnerships between health agencies, health departments, and law enforcement.
- Suicide Prevention Coalition. There needs to be more outreach to young people.
- Local Campaigns. Localized campaigns could help smaller communities understand mental health and the underlying causes of depression.

After identifying the possible actions, the facilitator asked the group to then consider what the most important actions towards addressing this problem. The group identified two prioritized actions:

- Data Collection. The group felt there needed to be more data available and research conducted so that the underlying correlations and causes of youth suicide are better understood.
- State-Provided Training for Local Communities. Local communities need to be aware of QPR (Question, Persuade, Refer) training and have the funding to offer that training to community members.

Topic 2: Racial Disparity in Mental Health

Background

The discussion on Racial Disparity in Mental Health took place in the Stewart Center on the campus of Purdue University. The conversation was comprised of four groups that shared interests in resolving racial disparities in mental health. In the Q&A portion, at the beginning, participants were allowed to ask Dr. David Rollock, Professor of Clinical Psychology at Purdue University, questions about his morning presentation. Most of the questions asked related to how different ethnic and cultural groups perceive mental health differently. Rollock spoke about how different ethno-cultural groups deal with mental health issues, and how divergences across these ethno-cultural lines impacts the way providers can provide treatment. From the Q&A portion that lasted about 15 minutes, we broke out into our two small groups.

Exploration

All discussions opened up with an exploration phase, where participants could share both experiences with the effects of racial disparities and mental health. They were also asked to share their initial thoughts about what was heard in the morning and during the Q&A portion. Based on notes from the conversation, participants felt many of the major problems in this issue revolved around education about mental illness, the stigma associated with it, and misunderstandings between ethnic and cultural groups. Participants drew attention to the lack of knowledge regarding what mental health issues entail is a major barrier to seeking help from professionals. Participants also noted that cultural differences in regards mental illness can affect the ability of providers to give adequate care to patients, and may be a barrier for some groups in even seeking out mental health professionals. Finally, others suggested that the stigma surrounding mental illness makes it less likely for people to seek professional help, regardless of ethno-cultural background.

Identifying and Prioritizing Problems

During this portion of the conversation, participants sought to identify the issues and problems around racial disparities and mental health as they impacts Indiana. The problems the participants discussed during this portion came from the conversation each facilitator heard at their table in the *exploration* portion. Each of the four tables prioritized two key problems in regards to this issue, totaling eight main issues relating to this topic:

- Counselors' understanding of cultural/personal needs
- Cultural misunderstandings
- Grouping race and culture together
- Addressing social competence

- Focusing on treating mental illness rather than preventing mental illness
- Stigma as a barrier to addressing mental health
- Assessment tools and false diagnoses

Identifying and Prioritizing Solutions

After prioritizing problems, there was a short break and upon return, the groups generated solutions that would address the problems and prioritized them. In this section of the discussion, participants developed solutions that could be implemented at both the state and local levels. Each table talked about two different problems that were identified in the previous section of the discussion.

Table 1 discussed the problems of cultural misunderstandings and counselors' misunderstanding the cultural and personal needs of their patients. In this discussion, participants noted that solutions generated needed to focus on addressing overcoming cultural barriers. The two prioritized solutions this group provided were **diversifying providers** and to provide **educational training to counselors on ethno-cultural disparities**. Participants in this group felt that these two options would make mental health services for underserved groups more accessible and would decrease the stigma surrounding the issue

Table 2 discussed social competence and the confusion of race and culture. The participants of this discussion noted that overcoming these barriers would need to address the lack of knowledge surrounding this issue. The solutions the group provided were to **provide cultural training to providers** as well as to **establish a common vernacular on mental health issues**. Participants of this group felt that these two solutions would decrease the disparities in care given to underrepresented groups by establishing a level playing field.

Table 3 discussed the focus on treatment rather than prevention and the stigma surrounding mental health. In this particular discussion, participants noted that the solutions needed to emphasize education, while not forgetting about increasing the availability and quality mental health resources. With this in mind, the solutions this group provided were to **create initiatives to educate the public** and **invest resources in providing mental healthcare**. The participants felt that these two solutions would be necessary in order to reduce the stigma associated with mental health and focusing on long-term prevention, while providing treatment now to patients who need it.

Table 4 discussed the problems of the assessment tools used and false diagnoses in mental healthcare. In the discussion of potential solutions, goals of the participants were to generate solutions that addressed how mental health care is assessed. In order to create more unity, the solutions developed by participants were to **restructure the system for mental health care at the state level** and to **have local focus groups report out to state agencies**. These solutions would allow the state to have greater uniformity in assessment

tools for mental health, while allowing local groups to have an impact on statewide assessment tools.

In summary, participants felt the main solutions to the problems previously addressed revolve around education and developing a common understanding of what mental health issues are. Participants felt that many of the problems that create divergences between ethnic and cultural groups in mental health can be solved with educating the public and making sure people know what resources are available to them. Participants also noted that education alone would not solve the issue, and that more funding from the state level would allow providers to be more effective in treating mental health issues.

Topic 3: Substance Abuse and Mental Health

Background

Substance Abuse had a high attendance from those who went to the conference, creating seven tables of small groups in a room in the Stewart Center at Purdue University. Before beginning the deliberation, participants were encouraged to ask questions of Mick Shoenrad, Practice Manager of Behavioral Health at Indiana University Health Arnett, who had a chance to speak about substance abuse as a panelist in an earlier session. The questions had a theme of inquiring how to make the theoretical and idealistic solutions pragmatic and feasible. Additionally, there were a few questions related to his talk earlier and his experiences with the issues of substance abuse. For both types of questions, Shoenrad related the issues in his line of work and how they related to the specific questions. After running slightly over the 15 minutes allotted for the Q&A, the facilitators encouraged the groups to begin discussions of issues around substance abuse and mental health.

Exploration

All the tables had the participants introduce themselves and gave them an opportunity to give the reasons they were interested in talking about substance abuse as well as their expertise in this subject. From looking over the table notes, the common three issues identified among the groups were de-stigmatization, education, and accessibility. While participants identified de-stigmatization and culture as difficult issues to tackle, they noted education could be enhanced to help. While this part of the discussion focused on more issues rather than the solutions, it was notable the amount of emphasis education was viewed as a viable, long-term solution.

The participants saw many of the issues as interconnected and that it would take a multi-faceted solution to be effective. In large part, the participants believed substance abuse education should expand to include its prevalence among all types of people, and

destigmatize substance abuse as an illness that can be cured rather than a criminal behavior. Each table prioritized two key problems in regards to this issue; they are summarized in the listed below:

Identifying and Prioritizing Problems

During this portion of the conversation, participants sought to identify the issues and problems around racial substance abuse as they impacts Indiana. The problems the participants discussed during this portion came from the conversation each facilitator heard at their table in the *exploration* portion. At the end of the first part of the deliberation, each table suggested in a report out to the whole room one or two aspects of the problem to discuss in greater detail. The prioritized issues included:

- The impact of substance abuse and mental health issues on next generation.
- The issues of physicians and their responsibilities, including struggles in over-prescribing, incentives to prescribe medicine rather than alternatives, and the lack of time budgeted for physicians to meet with clients and address potential issues and side effects.
- Education, especially youth awareness.
- Cultural Issue.
- Accessibility.
- De-stigmatization of substance abuse, recognition that it impacts people from all walks of life.
- Lack of resources, particularly for providers, transportation, and affordability of treatment.
 - Providers
 - Transports
 - Affordability

Identifying and Prioritizing Solutions

After prioritizing problems and the subsequent report out, six tables were assigned one of the issues above. The participants then left their original seat and moved to the table with the issue they wished to discuss further. The list from above was shortened into the following tables:

1. Education, youth focus
2. Education, providers and patients focus
3. Stigma and Culture
4. Lack of Resources
5. Stigma and Culture (2nd table due to interest of participants)
6. Use of Current Resources

After the participants moved to their desired topic, they generated actions that would address the specific problems and prioritized them. In this section of the discussion, participants were encouraged to develop actions that could be implemented at both the state and local levels.

Table 1 talked about education with a focus on youth. Participants identified three possible actions to improve education around substance abuse and mental health. First, they stressed the need to educating individuals about resources (councilors, physician access, in-patient care, etc.). Second, they highlighted that there are programs that target younger audiences, and they would be an important educational asset that could be expanded. Third, they suggested making the Healthy Indiana Plan and Insurance (HIPI) easier to stay on and use through revising procedures to maintain enrollment/eligibility, and reduce steep penalties within HIPI to enable those might have missed a payment to stay enrolled.

Participants at table 2 discussed education with a focus on providers and patients. The potential solutions they discussed were: (1) revisit the ADA act; (2) create and enhance substance abuse and mental health courses; and (3) have the state provide after school programs and create a division of mental health addiction. The participants viewed this is a means to start the conversation between children and their parents or guardians at home. Finally, this table also stressed that teaching skill building around handling problems would benefit youth and others.

At tables 3 and 5, they talked about culture and stigma. At the local level, these participants concluded that local figures first needed to publicize the issue of substance abuse and address its stigma. Second, all providers should strive for “repetition and persistence,” a motto coined by the participants to describe situational training. Situational training, as described by the participants, is for providers that see patients that may be abusing to be adept in a multitude of scenarios that may be happening as well as be able to talk about it effectively and empathetically. At the state level, these participants felt education around the severity, pervasiveness, and particulars of this problem for the youth as well as educating policy makers themselves were important. Overall, they felt the value of seeing other perspectives and strong local leadership were the key to success to help solve the issue of stigma.

Table 4 discussed lack of resources. Participants highlighted many issues around resource scarcity, including education of existing providers of the need for them, changing reimbursement for primary care providers, reimbursement or loan forgiveness for participating or being available as a provider, legislation to reduce testing and reporting for prescriptions and case managements, volunteers willing to take people to doctor appointments, and expanding clinic hours. The participants felt the most important things to address were educating and using reimbursement/loan forgiveness program (to increase the number of providers providing for substance abuse patience). They also

stressed the need for legislation to increase testing and reporting responsibilities for those in charge of prescriptions and case managements.

Table 6 discussed use of current resources with an eye towards improvement. These participants discussed hotlines, public transportation to mental facilities, and insurance reimbursement. They prioritized increase in mental health services and subsidized education for psychologists and nursing assistants and public transportation so those who need help in substance abuse have the ability to get adequate care.

The participants overall were generally optimistic and enthusiastic about the changes, believing them to be feasible and impactful. The participants viewed the primary focus should be on education, destigmatize/culture, and the youth through a multi-faceted approach of both state and local actors addressing the issues through existing resources and the addition of more.

Conclusion of the Event

After the deliberations concluded, participants congregated back into the North Ballroom for closing remarks from Dr. Eric Wetzel, Professor of Biology at Wabash College. Most participants seemed very appreciative of the ideas and conversations that came up throughout the afternoon.

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