



HEALTHY HOUSE Within a MATCH Coalition

"Building Understanding Between Cultures"

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Healthy House Within a MATCH Coalition Strategy Suggestions

Merced County Department of Mental Health Innovation Component of MHSa Innovative Strategies

Innovative Strategy #1:

Mental Health First Aid for targeted groups of English speakers

A. The Issue

One in four Americans lives with a mental health problem each year. Yet, far too many – up to two-thirds – go without treatment. In Merced County, the numbers of county residents living with mental health problems may even be higher than these national statistics. Stigma hinders individuals with early signs of a mental health disorder from seeking help.

B. The Need

There is a significant need to increase mental health literacy in Merced County. Currently, there are no local training programs designed to help English-speaking community residents gain knowledge to correct the many myths about mental health problems and to eliminate the associated fear and stigma, and develop critical skills needed to assist someone experiencing early signs of mental health problems or a mental health crisis. In addition to the general community, front line workers in hospitals, federally qualified health centers, rural health centers, nursing home staff, public health staff, members of faith communities, school personnel, local police and corrections personnel, and childcare providers are only a few of the groups would benefit from this type of targeted training.

Healthy House has been recently contracted by the Merced County Department of Mental Health to deliver trans-adapted Mental Health First Aid programs for Spanish, Hmong, and Punjabi speaking community members.

Healthy House piloted the first Mental Health First Aid training in English during November and December of this year for English speakers. The participants included nurses, hospital social workers, staff from the Area Agency on Aging, the Homeless Shelter and Head Start, and community members from Merced and Planada. The community members who were not associated with an agency were students or individuals with limited financial resource and were unable to pay the nominal registration fee of \$50.00. We expect that there will be many community individuals who will not be able to pay the registration fee. There may also be limitations on the numbers of employees that organizations are financially able to send to the training because of the poor fiscal environment.

C. The Proposed Solution

Mental Health First Aid programs will be offered regularly in Merced County. *Mental Health First Aid* is an interactive twelve hour training that introduces participants to risk factors and warning signs of mental health problems, builds understanding of their impact and overviews common treatments.

Specifically, participants learn:

- the potential risk factors and warning signs for a range of mental health problems, including: depression, anxiety/trauma, psychosis and psychotic disorders, eating disorders, substance use disorders, and self-injury,
- the prevalence of various mental health disorders in the U.S. and the need for reduced stigma in their communities,
- a 5-step action plan including the skills, resources and knowledge to assess the situation, to select and implement appropriate interventions, and to help the individual in crisis connect with appropriate professional care, and
- about the local professional, peer, social, and self-help resources available to help someone with a mental health problem in Merced County.

D. The Projected Results

As a result of the trainings, we expect that with an increase in mental health literacy, we will begin to eliminate the fear and stigma facing individuals and families who experience mental illnesses and addictions. It will help to encourage and support the philosophy of recovery within our county.

Just as CPR training helps a layperson without medical training assist an individual following a heart attack, Mental Health First Aid training helps a layperson assist someone experiencing a mental health crisis. Evaluations and randomized controlled studies have proven the effectiveness of Mental Health First Aid in improving participants' knowledge of mental disorders, reducing stigma and increasing the amount of help provided to others.

Five published studies in Australia show that the program saves lives, improves the mental health of the individual administering care *and* the one receiving it, expands knowledge of mental illnesses and their treatments, increases the services provided and reduces overall stigma by improving mental health "literacy". For further evidence supporting the implementation of Mental Health First Aid, the Australian Mental Health First Aid website: <http://www.mhfa.com.au/> provides additional information.

Innovative Strategy #2:

Adapt the concept of *Photo Voice* (photographs) as a new and innovative method to capture the narrative stories of individuals struggling with a mental disorder to increase healthcare provider/clinician understanding of the world view and cultural lens of patients/consumers.

A. The Issue

Clinicians, mental health workers and healthcare providers are challenged when serving marginalized groups of consumers with mental health disorders who do not speak English especially when these individuals also have chronic health conditions such as diabetes. Many of these challenges are due to the social, cultural and economic gap between service providers and patients/consumers. When patients/consumers have life experiences – life narratives – that are foreign to clinicians and other

healthcare providers, it is difficult for clinicians and healthcare providers to meet their needs.

B. The Need

As a result of increased outreach to community residents who speak Spanish, Hmong and Punjabi, more individuals will seek mental health services. To improve the outcomes for these individuals, there is a need for clinicians and healthcare providers to better understand the social and cultural life experiences from the patient/consumer perspective.

C. Proposed Solution

Adapt the tool, Photovoice, as a method that offers non-English speaking patients/consumers a voice that is unconstrained by the limitations of the clinical visit or the imperfections of language interpretation. The Photovoice process consists in providing inexpensive cameras to patients/consumers, in this case those with mental health disorders, chronic diseases and minimal or no English language ability, and offering them a chance to photograph “what is important to their lives and what my illness means to me.” Ultimately, the photographs and accompanying patient/consumer comments would form a visual narrative of the patients’ perception of their mental health disorder and chronic disease and the resulting impact both have on their lives. These resulting visual narratives would enable clinicians and healthcare providers to see literally through their patients’ eyes the impact of mental health disorders and chronic disease on patients’ lives.

This method of collecting a visual narrative is not new. Photovoice was developed by Caroline C. Wang of the University of Michigan and Mary Ann Burris, research associate of the School of Oriental and African Studies at the University of London. It is often used among marginalized people as a way of community consultation and empowerment. The photographer, Wendy Ewald, has published books of photography including “Appalachia, a Self-Portrait,” “Portraits and Dreams,” and “Secret Games” in which children were given cameras and simply given instructions to “photograph your dreams.” Other photographers have used the same methods in offering cameras to those in prison. The resulting images offer powerful insights into the conscious and unconscious needs of the lay photographers and provide a means of communication previously inaccessible.

A culture brokering team would work with patients/consumers to document their narrative stories related to the photographs taken and

share this information directly with clinicians, mental health workers and healthcare providers providing the care of these individuals. The team would also develop a variety of presentations and DVD to share the highlights of the project for delivery to the broader health and mental health community of providers. The DVD would be made available for loan to local healthcare providers and clinicians and for sale to providers outside of Merced County.

D. The Projected Results

As a result of this project, consumers/patients will feel respected and empowered through the process of telling their stories. Clinicians, mental health workers and healthcare providers will gain insights about the worldview and life experiences of patients/consumers. We expect that these insights will improve communication and help to identify and overcome obstacles to achieving health and wellness.

This visual narrative will be a means of placing the patient's narrative of his life and illness back at the center of the clinical evaluation. It will thereby promote increased understanding between patients and their providers and inform changes and improvements in the management of mental health disorders and chronic disease.

Innovative Strategy #3:

Provide a local forum for community discussion, planning, and assessment towards developing innovative and culturally-competent Electronic Health Record (EHR) systems and related Health Information Exchange (HIE). This forum will also provide a platform for performing a county-wide assessment of current healthcare professionals and organizations capacity and involvement in EHR / HIE system implementations.

A. The Issue

National initiatives are requiring greater implementation of, and access to, EHR systems for use by healthcare professionals, healthcare organizations, and clients. Cost efficiencies, improved client care, expanded research opportunities, healthcare outcomes, reduction in client paperwork, and client access to personal healthcare data are among some of the expected advantages of expanding EHR system use. Examples of these initiatives are found in national standard organizations work and federal initiatives.

A prominent and recent federal example is seen in the 2009 American Reinvestment and Recovery Act (ARRA), which included an expansion of the U.S. Health and Human Services (HHS) Office of National Coordinator (ONC) EHR/HIE efforts and funding opportunities. Examples of these funding examples may be seen at:

http://healthit.hhs.gov/portal/server.pt?open=512&objID=1310&parentname=CommunityPage&parentid=2&mode=2&in_hi_userid=10741&cached=true

Other recent federal examples are the December 2009 ONC and CMS proposed rule and interim rule regarding EHR technology. These rules are currently open to public comment and may be viewed at:

http://www.cms.hhs.gov/Recovery/11_HealthIT.asp

<http://healthit.hhs.gov/standardsandcertification>

Although the current HHS EHR technology funding targets mostly hospitals, private physicians and federally qualified health clinics, other healthcare organizations (specialty groups such as mental health and substance abuse) will also be expected to eventually promote adoption of Electronic Health Records (EHR).

B. The Need

Achieving an efficient EHR and HIE is a complex, time-consuming, and collaborative effort between all healthcare providers and their clients. This means that healthcare providers and clients in Merced County must understand each other's needs, progress and capacities for implementing EHR and HIE systems. Furthermore, this collaboration must address these needs in a culturally-competent manner.

Currently, it appears that EHR/HIE development in health and mental health organizations in Merced County is not being done collaboratively. Instead, the local approach appears fragmented with few efforts to formally collaborate and share progress regarding similar EHR/HIE efforts. Thus, local county mental health and substance abuse healthcare professionals, as well as their colleagues in other local healthcare professionals are often unaware of current national, state, and local EHR / HIE initiatives. They are also unaware of how their organizations might mutually support similar EHR / HIE efforts designed to provide better

health care. This is an unfortunate situation and may result in several unanticipated consequences. A few of these consequences might include:

- Longer resistance by healthcare professionals to accept technology changes
- A local non-competitive advantage for EHR/HIE funding opportunities
- Lack of understanding of local community EHR/HIE needs and capacity
- Inefficiencies in healthcare costs
- Inefficiencies in quality healthcare delivery
- Inefficiencies in rapid reporting of healthcare outcomes
- Longer delays in designing and establishing and/or implementing new training programs related to EHR / HIE operations

C. The Proposed Solution

Develop a local planning process and forum to:

- Determine how Merced County mental health and substance abuse client healthcare can be improved through collaboration with local EHR / HIE system developments.
- Regularly share information on national, state, and local efforts / funding related to EHR / HIE systems
- Complete an assessment on local county healthcare EHR / HIE related needs and capacity.

D. The Projected Results

The Merced County Mental Health Department will:

- Be more informed on national, state, and local EHR / HIE development and funding opportunities.
- Have an ability to influence the local development of culturally-competent EHR / HIE systems.

- Have more opportunities to engage its own healthcare professional staff in EHR / HIE technology changes
- Have a county-wide assessment of local EHR / HIE developments and capacity
- Have a greater outreach to local healthcare community professionals who are also treating mental health and substance abuse clients
- Have an opportunity for its clients to provide more input into local culturally-competent EHR / HIE systems development
- Position the department with a more competitive advantage in funding opportunities requiring local EHR / HIE related collaborations