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EXECUTIVE SUMMARY

Mental Health and Suicide Prevention Assessment: Framework Development and Recommendations for Public Health Action

PREPARED FOR TRI COUNTY HEALTH DEPARTMENT

BY

SHANNON BREITZMAN
ROBYN ODENDAHL

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Background

Tri-County Health Department (TCHD) sought to assess and describe the behavioral health assets/activities and gaps in Adams and Arapahoe Counties. This assessment, together with an assessment previously completed in Douglas County for the Douglas County Mental Health Initiative (DCMHI), will inform development of a collaborative, data-driven suicide prevention framework and a broader mental health framework within which the suicide prevention framework will be embedded. The frameworks are intended to serve as a clarifying catalyst for implementation of shared strategies and provide effective language to convey the unique public health role in improving mental health and reducing rates of suicide.

Methodology

A two-pronged approach was used to inform the assessment, including to collect and review relevant county-level mental health and suicide data and conduct key informant interviews with community leaders in Adams and Arapahoe Counties. Findings from collection and review of these data were organized into the following themes:



- Public health considerations.
- Prevalence of mental health issues.
- Needs and gaps in mental health and suicide prevention services and resources.

The assessment also includes a review of evidence-based programming as it relates to suicide prevention.

Summary of Findings

Public health considerations: The assessment describes risk and protective factors for poor mental health as a foundational understanding for defining and assessing assets and gaps as it relates to mental health in the Tri-County Region. A community that seeks to promote positive mental health and well-being, and prevent suicide, is one that has the capacity to develop and implement strategies and opportunities that acknowledge the complex combination of events and conditions unique to each individual, relationship, environment, and community. The assessment examined the extent to which risk and protective factors associated with mental health and suicide occur by county compared to Colorado as a whole.

Prevalence of mental health issues: The assessment includes various statistics and trends on mental health and suicide. From a review of these indicators, generally, the Tri County Jurisdiction is comparable to Colorado. However, there are jurisdictions that may experience slightly worse or better mental health. Data shows that Adams County generally experiences worse mental health while Douglas County is doing better, which is similarly indicated in the hardship scores (described above). The number of suicide deaths in the Tri-County Region, while increasing over time as it is across Colorado, appears to be proportionate to the population size (23% of suicide deaths in Colorado in 2017/18 and 24% of the State's population).

Needs and gaps in mental health and suicide prevention services and resources: The assessment includes an exploration of access to mental health care as well as perceptions from community leaders interviewed as key informants. Access to mental health care begins with an understanding of insurance status in the Tri County Region. Having health insurance is the main way people pay for health services, including mental health.

Themes from the Interviews with Community Leaders on the Mental Health System

Strengths of the Current Mental Health System

- A growing awareness of mental health as a community-wide issue.
- Stigma is decreasing.
- Increase in the application of trauma-informed approaches.
- For those who access mental health services, they work.
- A growing focus among community stakeholders on prevention and upstream approaches.

Ongoing Challenges with the Mental Health System

- Limited awareness of what mental health resources and services exist among both organizations working to connect people to these resources as well as individuals navigating the system on their own.
- Limited options and choice of mental health resources and services.
- Limited understanding about eligibility and “fit” with available mental health services.
- High costs of mental health care resource and services.
- A lack of a comprehensive, cross sector collaborative group.
- Inadequate or unsupported transitions of care.
- Ongoing stigma about poor mental health.

Additionally, key informants noted that for some specific populations or sub populations, these challenges are greater and more prevalent including: Individuals with social determinant of health needs; older adults; racial and ethnic minorities; criminal justice population; veterans; individuals and families experiencing homelessness; individuals with intellectual and developmental disabilities; middle class individuals; fathers; individuals who are undocumented; and Lesbian Gay Bisexual Transgender Questioning Plus (LGBTQ+) individuals

Implications for the Frameworks

The mental health and suicide prevention frameworks adopted by TCHD need to serve as an umbrella for existing frameworks, strategies and programs that are assets in the communities served by the health department. The frameworks need to also reflect what is known about the gaps that currently exist and how those gaps can be addressed across partners. Findings from the assessment suggest the frameworks should articulate the following actions for mental health stakeholders to fill the following gaps:

- Create choice for individuals seeking mental health services and resources, and ensure individuals are made aware of the options, their eligibility, and fit via multiple channels, venues, and languages.
- Support continuity of care across the mental health continuum of services and sectors and systems.
- Unite the many collaborations that exist within each community into a cross-sector and system effort, unified by a shared backbone organization, mission, values, and language regarding mental health.
- Educate on social determinants of mental health to help stakeholders identify strategies at the community and societal levels of the social ecology that reduce barriers to mental health care.
- Inform public health professionals working on more traditional public health issues like obesity prevention, tobacco cessation, and chronic disease prevention and management, to integrate language and action about mental health into their vernacular about risk and protective factors and prevention strategies.
- Create opportunities to engage those with lived experience in strategy and programming.

Role of Tri-County Public Health Department

Key informants shared their thoughts and ideas on what TCHD’s role should be in supporting mental health and suicide prevention efforts in the Tri-County Region. Assessed by HMA CS, their perspective offers a valid starting point to develop priorities for public health in improving mental health and reducing rates of suicide. Key themes regarding TCHD’s optimal role include:

- Serve as a neutral convener and potential backbone to support any collective work and implement an effective framework in each unique community served.
- Regularly assess to understand community needs, gaps and solutions.
- Offer a clear understanding of data, trends and evidence-based practices.
- Lead collaborative identification of barriers and implementation of effective strategies.
- Reduce stigma and increase awareness that physical health and mental health are not separate.
- Ensure community members are engaged in and influencing solutions.
- Increase understanding of the strong relationship between mental and substance use disorders.
- Advance a policy agenda with a population focus, including state guidance and legislative action.
- Increase capacity within other sectors, including school districts.
- Ensure behavioral health services are accessible, consistent and effective.
- Research for new insights and innovations, including how to best reduce inequities.
- Ensure strategies are culturally relevant and designed to reduce inequity.
- Ensure widespread awareness that mental health and suicide prevention are priorities for TCHD.

Conclusion

In conclusion, the findings from this assessment will be used to develop a collaborative, data-driven suicide prevention framework and a broader mental health framework within which the suicide prevention framework will be embedded. HMA CS will facilitate the development of these frameworks with TCHD and a steering committee of stakeholders in this process.