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Global-Local Health Exchange:

Utilizing WHO's Global Mental Health Resources for Local Public Health Challenges

Session Outline

- Overview
- WHO Mental Health toolkit
- Site presentations
 - Calvert County Behavioral Health
 - Housatonic Valley Health District
- Interactive session



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Overview of NACCHO's Global-Local Health Exchange Program

Lucy Slater, NACCHO

Jamee Kuznicki, NACCHO



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Background

- Widening mental health (MH) care gap in U.S.
 - 20% of adults experienced a mental illness in 2019
 - Over half did not receive treatment
 - Key populations face major inequities in risk and access to care
 - Rising rates of substance use, suicidal ideation
- MH crisis exacerbated by COVID-19
 - 40% of adults experienced anxiety, depression
 - Loneliness and isolation reported as major MH concerns

Sources:

Cox, C., Garfield, R., Kamal, R., et al. 2021. *The Implications of COVID-19 for Mental Health and Substance Use*. Kaiser Family Foundation. <https://www.kff.org/coronavirus-covid-19/issue-brief/the-implications-of-covid-19-for-mental-health-and-substance-use/>

Fritze, D., Nguyen, T., and Reinert, M. 2020. *The State of Mental Health in America 2020*. Mental Health America. https://mhanational.org/sites/default/files/State%20of%20Mental%20Health%20in%20America%20-%202020_0.pdf



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Adapting Global Models to Local Settings

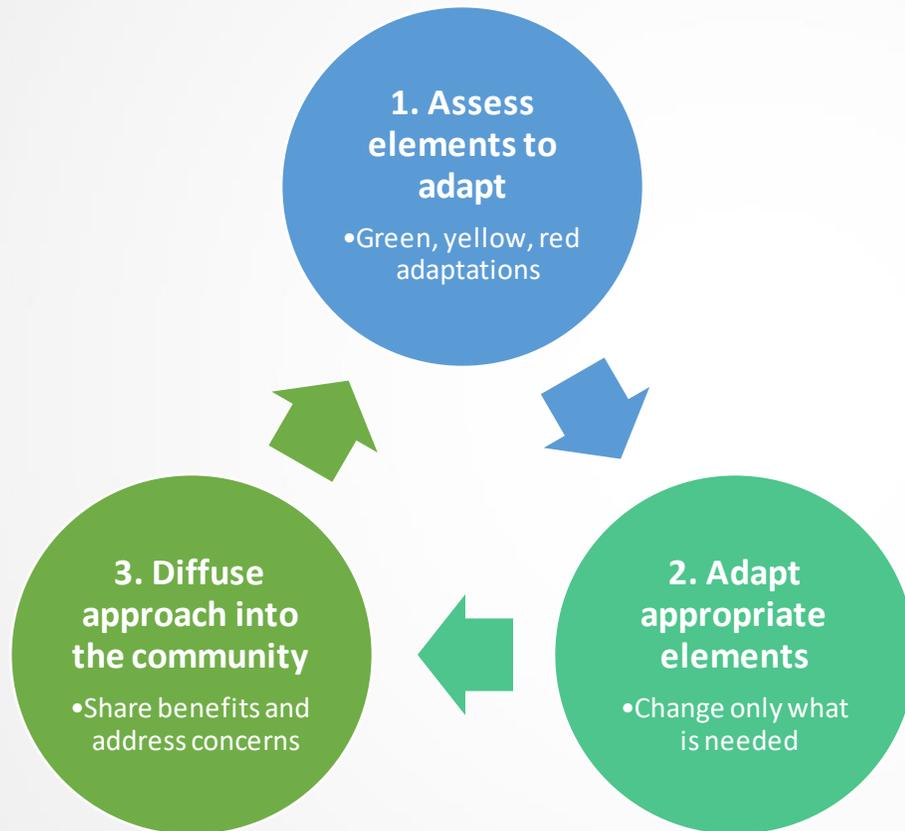
- Global health offers unique and promising perspectives and solutions
- Translate lessons from global approaches into actionable strategies for local health departments (LHD)
- Opportunities:
 - Innovative and novel approaches
 - Community-oriented
 - Cost-effective
 - Bi-directional learning
 - Health equity



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Adaptation Approach



Guidance for Adopting and Adapting Global Health Approaches for U.S. Local Health Departments (v.1) Aug 2020

At its core, global health is defined as a bidirectional endeavor, with "a mutuality of real partnership, a pooling of experience and knowledge, and a two-way flow between developed and developing countries" (Kaplan et al, 2009). There is much that other countries, including low- and middle-income countries, can teach U.S. local health departments to improve persistent health challenges. While a relatively new area of study, there are examples of the adaptation and diffusion of global ideas within U.S. communities, and through these examples and the broader examination of program adaptation, we can learn the most effective strategies to adopt and adapt global strategies for LHDs.

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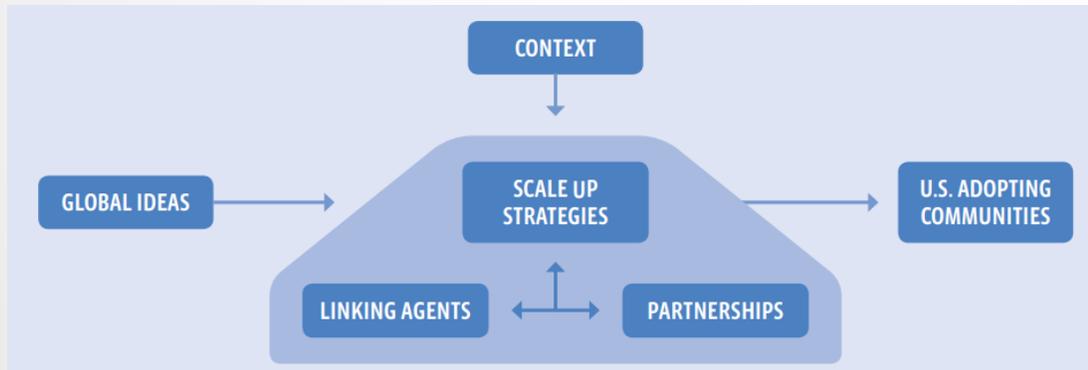
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Adaptation Approach



Sources:

Dearing, J.W., Lapinski, M., Shin, S.Y., et al. 2019. *A Model for Introducing Global Ideas to the U.S.* Health & Risk Community Center, Michigan State University.

https://hrcc.cas.msu.edu/_assets/Dearing_et_al_2019b.pdf

ETR and CDC Division of Reproductive Health. 2012. *A Guide to Adapting Evidence-Based Sexual Health Curricula.* ETR. <https://www.etr.org/ebi/assets/File/GeneralAdaptationGuidanceFINAL.pdf>

Movsisyan, A., Arnold, L., Evans, R. et al. Adapting evidence-informed complex population health interventions for new contexts: a systematic review of guidance. *Implementation Sci* 14, 105 (2019).

<https://doi.org/10.1186/s13012-019-0956-5>



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RWJF Program

- Phase I: Planning

- 2019 Member Survey
- Top two priorities – MH and Substance Use Disorder (SUD)

- Phase II: Implementation

- Pilot approach with early LHD adopters and share lessons learned



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RWJF Program

- Goal: Enhance non-specialist MH and SUD programs in local settings using a proven global approach
 - Leverage WHO's MH resources
 - Focus on non-specialists
- Objectives:
 - Provide LHDs with tools to better prepare for and respond to existing and emerging MH and SUD needs in their community using WHO's resources
 - Assist LHDs to develop a plan to integrate WHO solutions into sustainable programs to address community MH needs



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RWJF Program

- RFA launched November 2020

- Awards to Calvert County Behavioral Health and Housatonic Valley Health District

- Activities:

- Training and orientation to WHO tools
- Support sites to adapt WHO resources and develop implementation plan
- Piloting of adapted approach
- Development of sustainability plan
- Sharing of results, challenges, and lessons learned



Utilizing Global Mental Health Resources for Local Public Health Challenges

WHO Mental Health Technical Material and its use by LHDs in the U.S.

Dr. Shekhar Saxena, Professor of the Practice of Global Mental Health

Harvard T.H. Chan School of Public Health

Formerly Director of Mental Health and Substance Abuse, WHO-Geneva



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Some background assumptions

- Health is more than health care
- Health should be seen as a need but also as a right and not a commodity to be bought if you can afford it
- Public health principles suggest that prevention should be prioritized
- Communities need to be involved closely in matters related to their own health
- Mental health is an integral part of health
- For mental health, all countries (including the U.S.) are developing countries; a lot needs to be done!

Mental health as a dimension



Mental Health Services (WHO, 2009)



Scaling up services

mhGAP Intervention Guide

for mental, neurological and substance use disorders
in non-specialized health settings

Version 2.0



World Health
Organization



Mental Health Gap Action Programme

Doing What Matters in Times of Stress: An Illustrated Guide



GROUP PROBLEM MANAGEMENT PLUS (GROUP PM+)

Group psychological help for adults impaired by distress
in communities exposed to adversity

Generic field-trial version 1.0, 2020
Series on Low-Intensity Psychological Interventions – 4

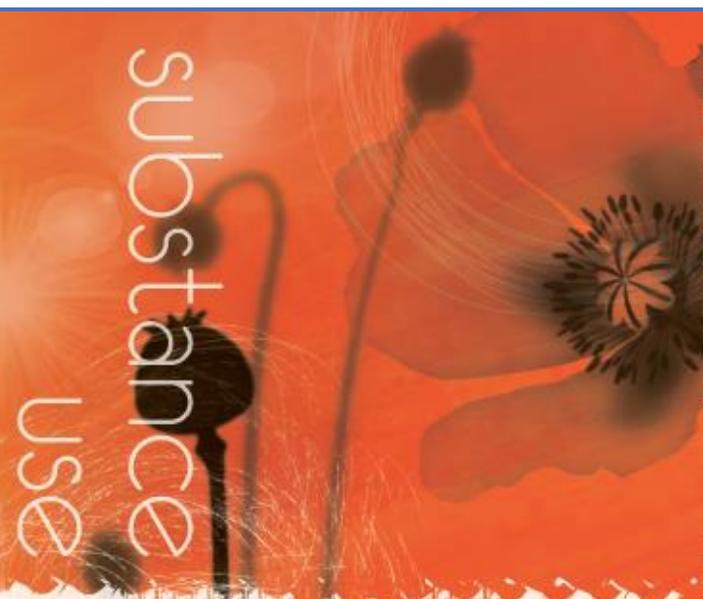


BRIEF INTERVENTION

For Hazardous and
Harmful Drinking

A Manual for Use in Primary Care

 World Health Organization
Department of Mental Health and Substance Dependence



Community management
of opioid overdose

 World Health
Organization

Module 1

How to talk about mental health



1.1 How to talk about
mental health in your
community

1.2 Reduction of
stigma, discrimination
and social exclusion

1.3 How to involve
people with mental
health conditions and
their families when
planning activities in
your community

Module 2

How to promote mental health and prevent mental health conditions



2.1 Healthy lifestyles

2.2 Life skills

2.3 Strengthening
caregiving skills

2.4 Suicide
prevention

2.5 Substance use
prevention

2.6 Self-care for
community providers

Module 3

How to provide support for people with mental health conditions



3.1 Promoting human
rights

3.2 Identifying mental
health conditions

3.3 Engaging and
relationship-building

3.4 Providing
psychological
interventions

3.5 Referring for
more care and
services

3.6 Supporting carers
and families

Module 4

How to promote recovery and rehabilitation for people with mental health conditions



4.1 Community
follow-up

4.2 Vocational,
educational and
housing support

4.3 Social recovery
and connectedness

4.4 Self-management
and peer support

Module 5

Additional considerations when working in the community



5.1 Working with
people with co-
morbid physical
and mental health
conditions

5.2 Working with
children and
adolescents

5.3 Working with
pregnant women
or those who have
recently given birth

5.4 Working with
older persons

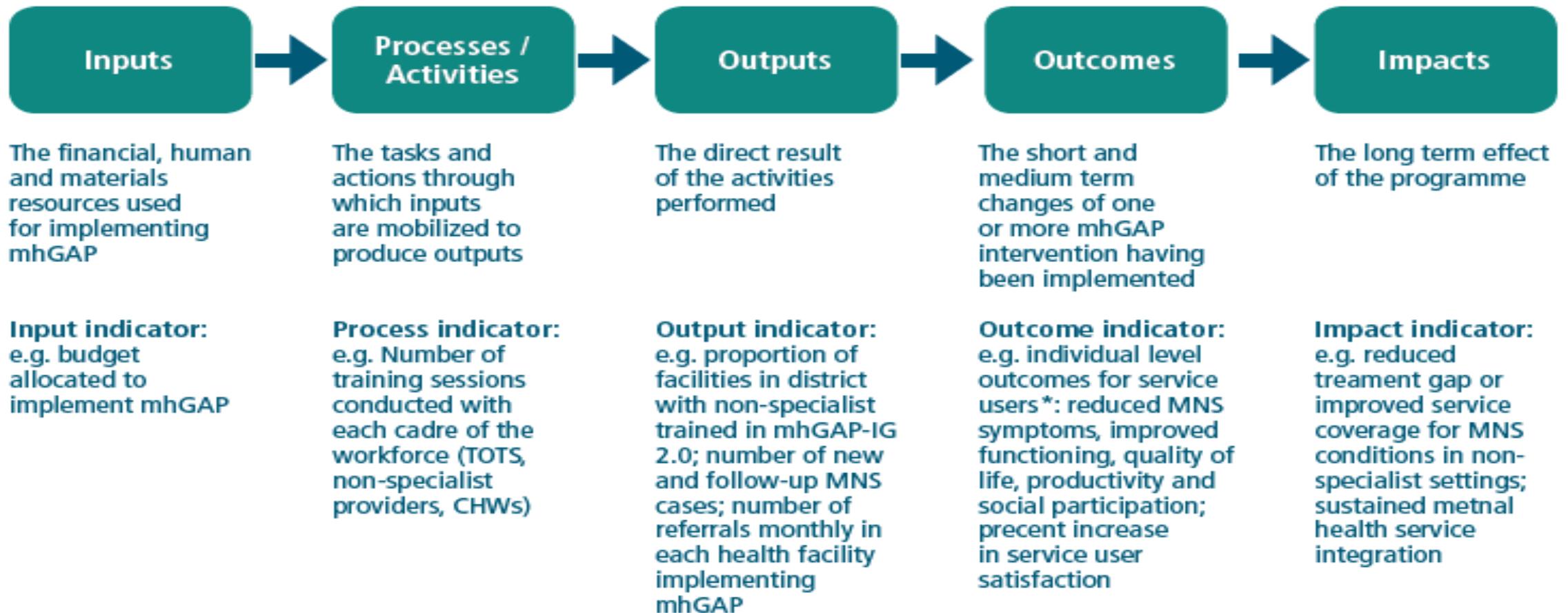
5.5 Working in
emergencies and
conflict settings

Training Key Staff at LHDs

- Careful selection of staff for training
- Full support from supervisors
- Sharing of material in advance
- Dedicated time for training
- Highly interactive mode of workshops
- Discussion on the local needs and contexts
- Technical support after the workshops

Evaluation Framework

Fig. 3. Example key indicators for mhGAP implementation



Sharing from Program Sites

Anita Ray, Calvert County Behavioral Health

Chelsea Simms, Calvert County Behavioral Health

Heidi Bettcher, Housatonic Valley Health District

Megan McClintock, Housatonic Valley Health District



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Calvert County Health Department

Housatonic Valley Health District

**Coping with COVID-19
NACCHO Sharing
session**



Objectives

Adaptive Approach

Results

Challenges

Questions

Project Approach



- Intended Audience
 - Adults with a focus on the senior population
- Mental Health Needs/Gaps
 - Address and acknowledge the effects that COVID-19 has on mental health
 - Promote positive coping skills during times of the COVID-19 pandemic era
 - Bring awareness to mental health stigmas

Project Approach



- Project Objectives
 - Ensure proper care and consideration are being sought out for community members with mental health needs
 - Encourage program participants to take an active role in the community as lay mental health leaders
 - Inspire lay mental health leaders to recognize ineffective coping skills and early warning signs of mental health problems
 - Teach program participants to educate self and others through support groups, interpersonal communication, and healthy lifestyle choices

Project Approach



- Activities
 - Presented information sessions virtually and in-person
 - Provided content regarding basic mental health information including:
 - What is mental health
 - Effects on good and poor mental health
 - Warning signs related to substance abuse and mental health issues
 - Mental health stigmas
 - Ways to promote positive mental health
 - How the pandemic has impacted mental health
 - Where to seek help
 - Hands-on activities
 - How to “unhook” from stress
 - Guided meditation exercise
 - Tools to relieve stress (stress balls)

Results



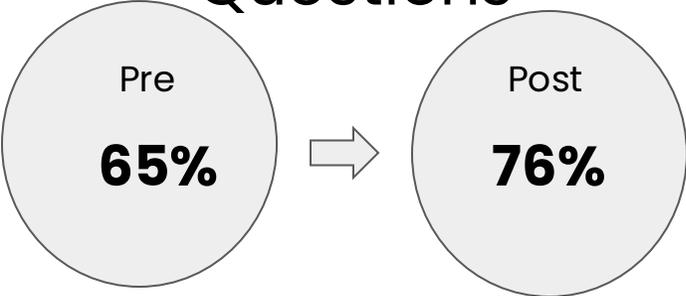
We handed out questionnaires at the beginning of each session to the participants. Participants anonymously filled out questionnaires. Patient contact information was collected and the same questionnaires were emailed to the participants two weeks later for comparison to the pre-presentation survey.

- Methodology: Survey included 11 questions
- Questions were a mix of qualitative and quantitative
- Each survey included the same five multiple choice knowledge-based questions, four Likert Scale questions, one yes/no question, and one open-ended question

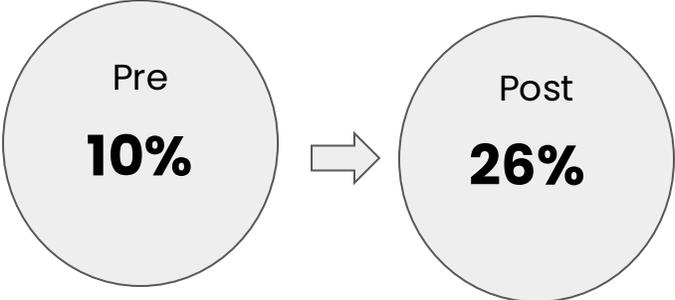
Results continued



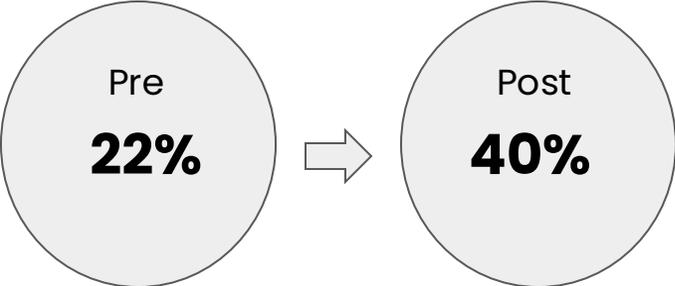
Multiple Choice Questions



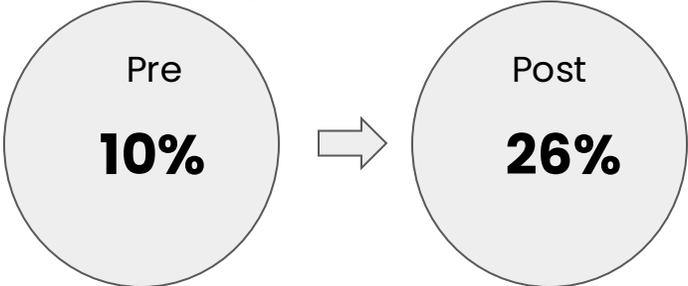
Yes/No Question



Likert Scale Questions



Open-Ended Question



Outcomes



- Saw improvement in each intended area
- Program participants verbalized that the presentation was helpful, especially while trying to establish a new “normal” lifestyle during the pandemic
- We saw a lot of open dialogue after each presentation, with participants sharing different experiences they went through during the pandemic and how they overcame struggles
- We also saw a lot of individuals offering advice to those who were not able to overcome their struggles with ease

Challenges



- Facility usage during the pandemic
- Participant transportation to and from program
- Reaching a more diverse age group
- Motivating those with existing mental health challenges to participate in programs
- Getting post-program survey responses



Megan McClintock, MS
Heidi Bettcher, RN, BSN
HVHD.us

Interactive Session: Identifying Local Needs and Approaches to Expanding Community-based Mental and Behavioral Health Programming

Dr. Oliveira e Souza, Pan-American Health Organization

Lucy Slater, NACCHO



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Discussion

What are the benefits and challenges of adapting these models?



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What resources do LHDs need to support this work?



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How can we maximize new and innovative models for expanding MH services within NACCHO?



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Closing

Learn more!



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The left side of the slide features a vertical banner. At the top, there are three overlapping circles: a teal one with 'NACCHO 3 6 0', a smaller teal one with 'NACCHO ANNUAL', and a green one with 'PHIITS'. Below this is a colorful illustration of the Atlanta skyline with buildings in various colors and a Ferris wheel. Underneath the skyline, the dates 'July 19–21 2022' are written. Further down, the text 'Atlanta HYATT REGENCY' is displayed. At the very bottom, a green bar contains the hashtag '#NA360' in white.