Addressing the Mental Health Crisis in the Great Lakes Bay Region

HOSTED BY THE GREAT LAKES BAY REGION
MENTAL HEALTH PARTNERSHIP





IN MEMORY OF

CHAD WILLIAM DUNN

It's Personal...

Each of us has directly or indirectly been affected by mental health issues. The Great Lakes Bay Region Mental Health Partnership is fueled by the memory of Chad William Dunn (11.20.81 - 7.29.13). Here is his story, as shared by his family.

All who knew Chad experienced his passion for loving and living life to its fullest. Throughout his amazing but tragically abbreviated life, he encouraged everyone to do the same. When mental illness struck, Chad remained brave and confronted his illness with bold defiance. His compassionate disposition never wavered; even in the midst of his own battle against bipolar disorder, he continued helping and caring about others.

Chad's diagnosis was shocking and terrifying to both Chad and our family. We had never experienced anything like this before. We quickly ran into the stigma surrounding mental illness and discovered that there is no clear route to comprehensive care.

While Chad drew strength from the loving support of family and the few friends who were aware of his mental health struggle, plus mental health professionals, it was not enough to beat the enormity of his mental illness. Shortly after Chad's

death, we learned about existing diagnostic tools and treatments that could have dramatically improved Chad's health and wellness.

In the spirit of Chad's life, we are committed to channeling our grief as fuel to help open the doors to a brighter future in the fight against depression, bipolar disorders and other brain illnesses. We want those doors opened wide—with a great sense of urgency. We must help our neighbors and friends who are struggling. We must do all we can to make a difference. And, we must do it now.

We invite you to take a look at the great work that has emerged from the recent region-wide collaboration: Addressing the Mental Health Crisis in the Great Lakes Bay Region. Important initiatives are underway, and community support and commitment are essential for meaningful progress. We think you will find many opportunities to connect... to get involved... to make a difference.

Letter from the Director



GREAT LAKES BAY REGION MENTAL HEALTH PARTNERSHIP STEERING COMMITTEE

DAVE DUNN

DR. FURHUT JANSSEN

DR. GEORGE KIKANO

KIM KOSBERG

ROB VALLENTINE

A bit of history...

The Chad William Dunn Memorial Fund is a key contributor to the Great Lakes Bay Region Mental Health Partnership. Chad courageously battled mental illness for five years, but lost his fight against bipolar disorder with his suicide death on July 29, 2013. After Chad's death, the Dunn family was determined to channel their grief by seeking improvement in mental health care in the Great Lakes Bay Region.

Over the last five plus years, members of Chad's family connected with numerous individuals concerned with mental health and wellness including Dr. John Greden, Founder and Executive Director of the University of Michigan Depression Center and Founder of the National Network of Depression Centers; Rob Vallentine, President of The Dow Chemical Company Foundation; Dr. George Kikano, Vice President for Health Affairs for Central Michigan University and Dean of the Central Michigan University College of Medicine; and Dr. Furhut Janssen, Assistant Professor and Program Director for the Department of Psychiatry at Central Michigan University College of Medicine.

After connecting with these key supporters, the group met with the Board of Directors for the Great Lakes Bay Regional Alliance early in 2018. The Alliance Board agreed that there is a mental health crisis in our region and unanimously supported the start of the Great Lakes Bay Region Mental Health Partnership. The Partnership was immediately formed and hired me to serve as director a few months later in June 2018.

Taking action through collaboration!

An early strategy for the Great Lakes Bay Region Mental Health Partnership was to bring together members of the community to tackle this difficult issue. The Mental Health Partnership hosted a workshop titled Addressing the Mental Health Crisis in the Great Lakes Bay Region and used a process called the CollaborateUp method.

The two-part workshop was held in November 2018 and February 2019. Attendees represented health systems, higher education, community foundations, private sector companies, nonprofits, K-12 schools, mental health providers, government officials, concerned citizens, spiritual leaders and some people experiencing their own mental health issues.

Participants were challenged to identify actionable and concrete ideas to urgently address the mental health crisis in the region, with a focus on five key target groups: youth, young adults, middle-aged/working adults, senior adults and mental health providers. In order to solve mental health problems in the Great Lakes Bay Region, each group investigated how to reduce stigma, make it easier to support people seeking services and information, increase access to services and increase quality of care.

Creating change—together!

The role of the Great Lakes Bay Region Mental Health Partnership is to guide and support the initiatives identified in the workshop to ensure that they take hold, have clear deliverables and timelines, have measures in place for proper evaluation, regularly report on progress, are leveraged for broader impact and are creating sustainable change in the region.

We are excited to continue collaborating with stakeholders—tackling the mental health crisis as a community to help people obtain the best possible care. Please enjoy the following overview of the Great Lakes Bay Region Mental Health Partnership and summary of Addressing the Mental Health Crisis in the Great Lakes Bay Region.

Sincerely,

DR. MATTHEW J. SAMOCKI

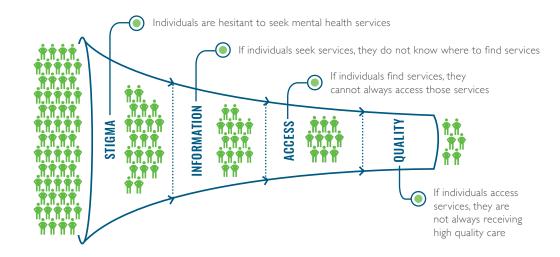
About the Great Lakes Bay Region Mental Health Partnership

MISSION

Collaborate with stakeholders to proactively tackle the mental health crisis as a community to help people obtain the best possible care.

PROBLEM PIPELINE

STIGMA
INFORMATION
ACCESS
OUALITY



VISION

Ensure that
everyone in the
Great Lakes Bay
Region knows
where to turn for
help when struggling
with a mental health
issue, seeks help
without fear of
stigma and receives
prompt access to
excellent care.

KEY MESSAGES

CRISIS

The Great Lakes Bay Region is experiencing a mental health crisis. The impact is both broad and deep affecting education, employment, overall health, social contributions, family members and friends.

STIGMA

There are deeprooted stigmas
associated with
mental health.
Patients and family
members sometimes
avoid getting
help because of
misconceptions about
mental health care.

BARRIERS

Many people do not know where to turn for support when dealing with mental health issues. There is a serious lack of access to quality care and treatment; cost and availability of care are deterrents to getting needed help.

TOGETHER

We are better together, tackling the mental health crisis as a community to help people obtain the best possible care. We need unprecedented collaboration among stakeholders to make a real difference.



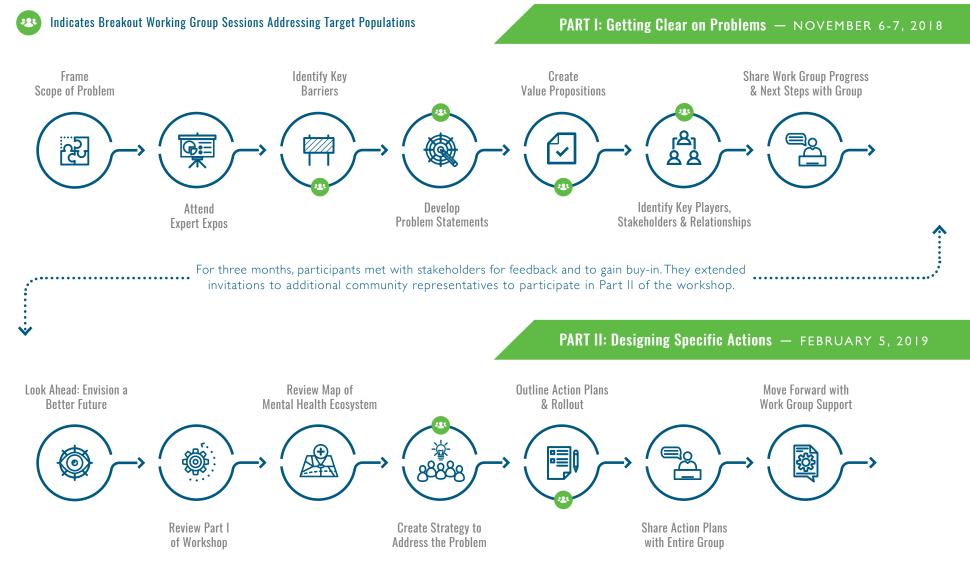




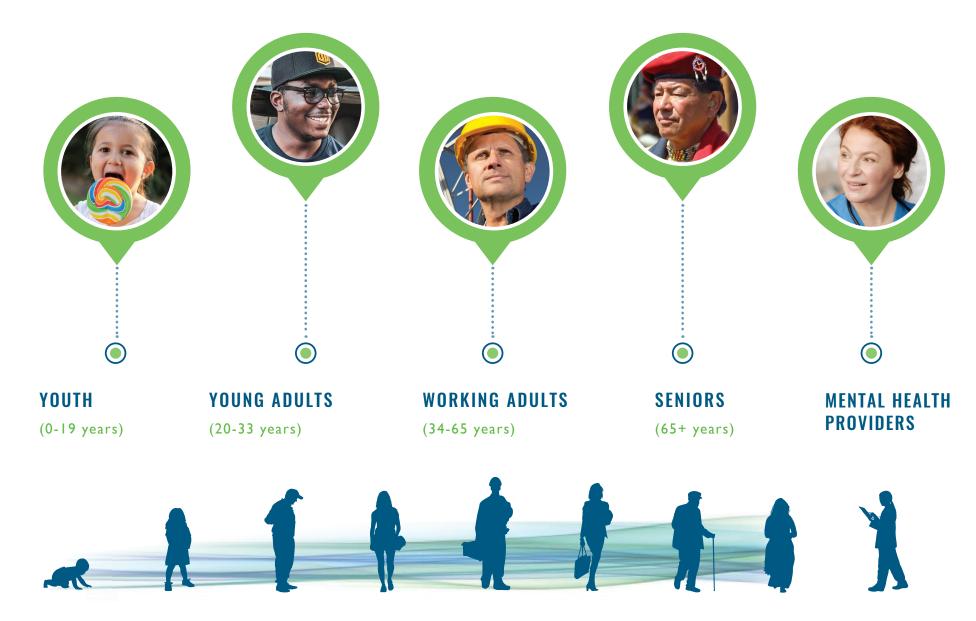


Collaboration Process

Addressing the Mental Health Crisis in the Great Lakes Bay Region was a collaborative effort designed to engage representatives from every county and every part of the community. Small companies, multi-national corporations, health care providers, social workers, community mental health managers, educators, medical school faculty, students, non-profit leaders and family members joined together to understand the problem of mental illness in the community, and then re-convened to formulate potential solutions. The diagram below shows the process they followed.



Target Populations



Youth (ages 0-19)

Mental illness can start young; children should be equipped with the life skills to 'struggle well' into adulthood

RATIONALE

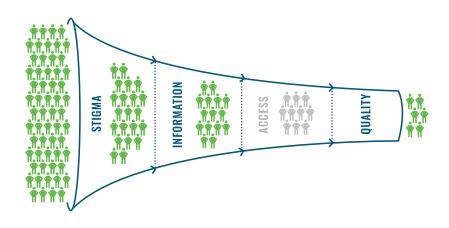
Children today face increasing challenges and mental illness can start young. We envision a region that places children at the center and prepares them for physical, social and emotional well-being. This includes teaching life skills, building resiliency, forming healthy relationships and learning how to 'struggle well.' There is information and a growing body of evidence that suggests there are readily available, affordable prevention programs for children at risk.



PREVENTION & INFORMATION

We envision a region that places children at the center by equipping them with information, resources and other tools that address their physical, social and emotional well-being.

PROBLEM PIPELINE



ACTIONS

- Identify a backbone organization, putting the child 'at the center' in order to wrap services for children through a collaborative network of organizations and suppliers who serve as 'prevention champions' and network for appropriate intervention when required.
 - » Investigate and pilot training for in-service school system staff, youth sports/ activity staff, and non-profit and faith-based youth service staff.
 - » Incorporate assessments into primary care pediatrics/obstetrics as an important vital sign when evaluating overall health.
 - » Create a comprehensive information sharing process so stigma and lack of knowledge do not prevent youth and families from seeking care.
 - » Promote relevant and current public service announcements, helplines and informational resources throughout school systems, youth organizations and youth programs.

Young Adults (ages 20–33)

Young adults are at greatest risk, yet know little about mental illness and its symptoms

STIGMA

Young adults have not been taught how to recognize issues or symptoms, appropriately support one another, seek help and/or encourage their peers to seek help.



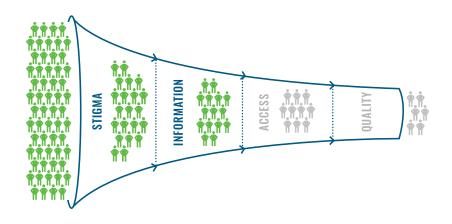
ACTIONS

- Develop a series of presentations/modules to deliver information and foster dialogue around mental health and mental illness. The modules will be based on existing evidence-based research and will further increase mental health knowledge and 'normalize' conversations around mental well-being. Progress will be measured using pre- and post-activity assessments.
 - » Identify local resources and top professional, expert-supported mobile phone apps for mental health.
 - » Focus activities on students who attend colleges, universities, trade schools and networking groups in this region.
 - » Publish summaries of effective programs that demonstrate a significant decline in stigma, and consider replicating them for all colleges, universities, trade schools and networking groups in this region.

RATIONALE

Young adults are at the highest risk for severe, acute mental illness. Typically, they have had little education about mental health and are reluctant to share their concerns with peers, family or colleagues out of fear of isolation and/or discrimination. This means that young adults are often left to struggle alone when facing a mental health issue. They have not been taught how to recognize issues or symptoms, appropriately support one another, seek help and/or encourage their peers to seek help. By 'normalizing' the conversation and extending health conversations and education to encompass both physical and mental aspects, stigma will decline and mental health will improve.

PROBLEM PIPELINE



Working Adults (ages 34–65)

Employees lack awareness or are reluctant to seek help for mental health challenges

RATIONALE

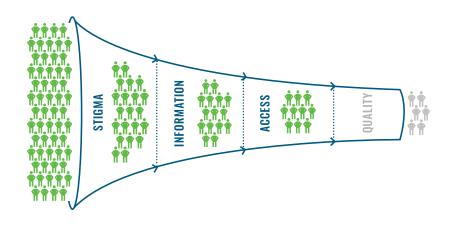
Adults often fail to recognize and/or disclose mental health problems, especially if they believe that disclosing an issue will risk their career or livelihood. Armed with proper knowledge and resources, employers are in the best position to create a culture of caring and belonging while, at the same time, insisting on treatment and assisting in ensuring employees receive care as needed. Unaddressed, mental health issues negatively affect the businesses and organizations that employ them, reducing profitability, lowering morale and harming customer relations. There is a clear business case for incorporating this approach for organizations of all sizes: savings through reduced insurance costs, fewer safety incidents, increased productivity and morale, and retention of high-performing employees.



EMPLOYER SUPPORT

Employers are in the best position to create a culture of caring and belonging while, at the same time, insisting on treatment and assisting in ensuring employees receive care as needed.

PROBLEM PIPELINE



ACTIONS

- Normalize mental health in the same way that physical health is 'normalized' and set an expectation that employers address mental health as part of overall wellness.
- Identify key contacts in businesses and organizations throughout the Great Lakes Bay Region who are responsible for employee health/ wellness and benefits.
- Encourage businesses to identify gaps in understanding, coverage and utilization.

- Develop and implement a pilot program for companies with less than 100 people that addresses knowledge, culture (stigma) and barriers to care, including pre- and post-program assessment.
 - » Share the results including success stories — through Chambers of Commerce and other networks, and invite similar-sized companies to replicate the program across the region.
- Leverage existing information and materials; provide a repository to share toolkits, training modules and assessment methods.

Seniors (ages 65+)

Loneliness is a leading cause of depression in senior adults

LONELINESS

Early intervention in senior adult loneliness will help prevent depression and increase quality of life.



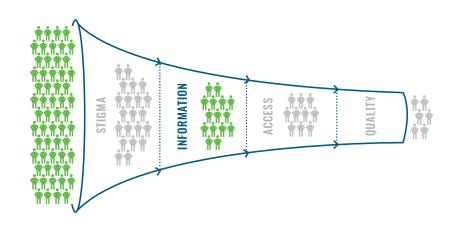
ACTIONS

- Add a question to the *Social Determinants of Health* questionnaires in health systems in order to establish a baseline and begin to 'normalize' the conversation between primary health care professionals and patients.
- Develop and distribute a toolkit providing easy ways to connect with senior adults to help alleviate loneliness.
- Raise awareness, understanding and empathy through a 'community read' program.
 - » Identify appropriate books and provide them to interested members of the community to raise awareness.
 - » Host regular discussions for community participants.

RATIONALE

Depression is the most prevalent mental illness among the senior population. Loneliness correlates most heavily with depression, and there is currently no reliable system for identifying and assessing senior adult loneliness and/or isolation, nor a referral system for more serious depression. There is also no 'first responder' training with simple, appropriate options for mild loneliness. Early intervention in senior adult loneliness will help prevent depression and increase quality of life. To accomplish this, we need to use a two-pronged approach—clinical (medical) care and community interventions.

PROBLEM PIPELINE



Mental Health Providers

Mental health care and primary care providers may not recognize the need for, or have access to, services for themselves

RATIONALE

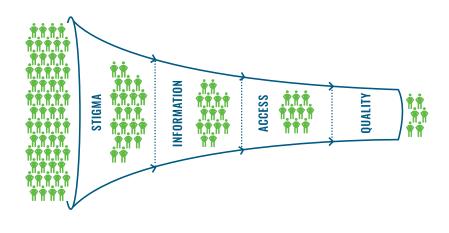
Caregivers spend their days listening to, and helping, people who are experiencing a range of mental and emotional challenges. This can be very draining and can even result in "secondary trauma." However, many organizations that offer counseling/mental health services do not provide essential mental health support or coverage for their own employees. Professionals could benefit from opportunities to share, train and reflect with one another—without fear or stigma—both in-person and virtually.



PROVIDER COMMUNITY & WELLNESS

Many organizations that offer counseling/mental health services do not provide essential mental health support for their own employees.

PROBLEM PIPELINE



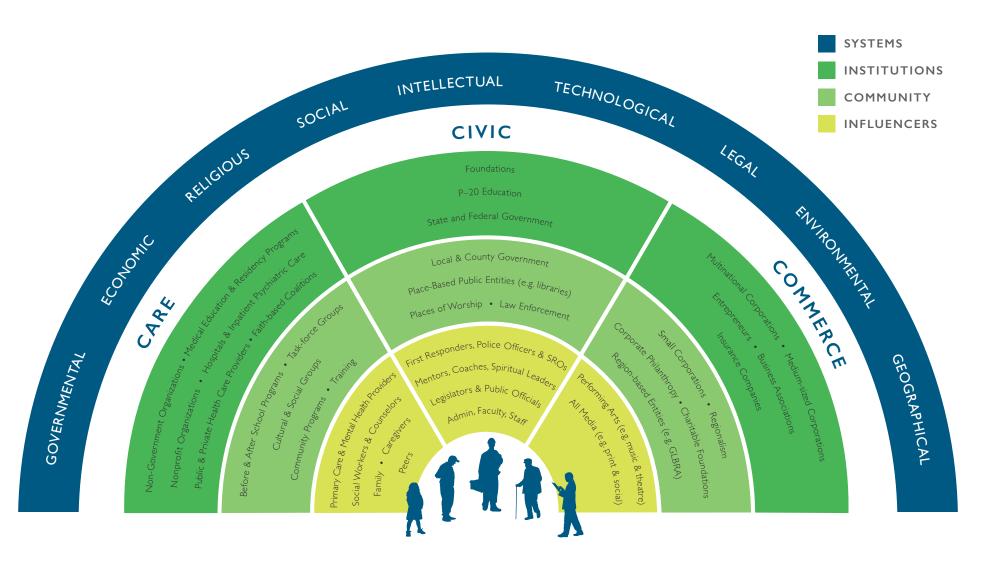
ACTIONS

- Investigate interest in developing a Great Lakes Bay Region Interagency coalition of providers.
- Provide affordable, accessible opportunities (virtually and inperson) for professional training and professional reflection, in order to build competencies, foster dialogue, 'normalize' conversation, and reduce fear and stigma among professionals.
- Identify tools for organizations to assess their culture to determine whether there currently is a 'culture of caring.'

- Develop a toolkit for providers and agencies within the Great Lakes Bay Region regarding available assessments, 'how to' guides, networking opportunities, and specialty services and referrals.
- Develop an affordable, shared approach for all providers of mental health and primary care to access Employee Assistance Programs (EAPs).
- Develop a web-based portal of available mental health providers and programs for easy reference by and for providers.

The Great Lakes Bay Region Mental Health Ecosystem

The Great Lakes Bay Region Mental Health Partnership recognizes that stakeholders must problem solve through unprecedented proactive collaboration to create a community where everyone knows where to turn for help, seeks help without fear of stigma and receives prompt access to excellent care.



A Call to Action

The Great Lakes Bay Region Mental Health Partnership will support the mental health initiatives coming out of Addressing the Mental Health Crisis in the Great Lakes Bay Region to ensure that everyone in the Great Lakes Bay Region knows where to turn for help when struggling with a mental health issue, seeks help without fear of stigma and receives prompt access to excellent care.

We will guide and support the initiatives identified in the workshop to ensure that they take hold, have clear deliverables and timelines, have measures in place for proper evaluation, regularly report on progress, are leveraged for broader impact and are creating sustainable change in the region. To accomplish this, we will collaborate and regularly convene for the following actions:



- Establish systems, frameworks and templates
- Establish partnerships with stakeholders and identify working group leaders
- Implement 30-, 60-, and 90day strategies, plus long-term strategies
- Develop measures, evaluation and reporting methods
- Design and redesign based on lessons learned



LEVERAGE

- Communicate the success of the initiatives
- Recruit additional stakeholders and organizations to participate
- Scale up for broader implementation



SUSTAIN

- Periodically evaluate and report on progress
- Continuously communicate within the working groups and the region
- Share success stories
- Reward and recognize commitment and impact

Registered Participant List

Bobbie Arnold, Charles J. Strosacker Foundation Dr. Mahela Ashraf, CMU Laura Asiala. PYXERA Global Dr. Catherine Baase, Michigan Health Improvement Alliance Margaret Bach, Child & Family Services of Saginaw **Dr. Donald Bachand**, Saginaw Valley State University Michael Bacigalupo, State Theatre of Bay City Kim Baczewski, Charles J. Strosacker Foundation Dr. Abishek Bala, CMU Ronald Beacom, NAMI-Midland County Dr. Alexander Bejna, CMU Denise Berry, Family & Children's Services of Mid-Michigan **Dr. Stephen Bigelow**, Bay City Public Schools Jacqueline Billette, MiHIA Dr. Thomas Bills, CMU College of Medicine Dr. Marina Bogdanovic, MidMichigan Health/MPG **Dr. Mark Boquet**, The Dow Chemical Company Darrell Boverhof, The Dow Chemical Company Moira Branigan, Great Lakes Bay Regional Alliance Sarah Brooks. Davenport University Joy Buchanan, Safe Communities-Midland Cammie Bugenske, Windstream Communication Bridget Cashin, McLaren Bay Region Frank Cloutier, SCIT Ashley Couturier, MidMichigan College Joan M. Cramer, Saginaw County Medical Society Richard Crespin, CollaborateUp

Dr. Ann Date, Partners in Change

Meghan Dahl, MidMichigan Physicians Group-Psychiatry Dr. Lara Maria De Stefano, CMU **Dr. Craig Derror**, Flourishing Families Connected Communities Dr. Kathy Dollard, MidMichigan Health Maureen Donker, City of Midland Deanna Dubay, Davenport University **Dr. Stephanie Duggan**, Ascension / St. Mary's of Michigan David Dunn. Chad William Dunn's Father & Retired Banker Tracy Eagle, DNMM Dean Emerson, SVRC Industries, Inc. **Jill English**, Herbert Henry Dow High School Beth Eurich, Bay County Department on Aging Matt Felan, Great Lakes Bay Regional Alliance J. W. Fisher, Fisher Contracting Company Lori Flippin, Great Lakes Bay Regional Alliance **Diane Fong**, Bay Area Community Foundation Katharine Fraser, PYXERA Global Lori Frey, Hospital Council of East Central Michigan Dick Garber, Garber Management Group David Garcia, Saginaw Chippewa Indian Tribe Dr. Rosalind Garcia-Tosi, University of Michigan Depression Center Dr. Jean Goodnow, Delta College **Dr. John Greden**, University of Michigan Depression Center David Green, Huntington National Bank Jennifer Grigg, Bay City Public Schools

Dr. Christine Hammond, MidMichigan College Sapha Hassan, MiHIA Pat Hengesbach, Garber Management Group Dr. Joan Herbert, MidMichigan Health Janet Herbert, Hospital Council of East Central Michigan Victoria Hodge, Family & Children's Services Sam Howard, Wells Fargo Advisors Dr. Carol Janney, MSU CHM Dr. Furhut Janssen, CMU College of Medicine Mary Ellen Johnson, Saginaw County Youth Protection Council **Eddie Jones**, Saginaw Valley State University Farren Kaczor, Great Start Collaborative Saginaw County and Junior League GLBR Melissa Kesterson, Midland Area Community Foundation Trevor Keyes, Bay Future, Inc. Dr. George Kikano, CMU College of Medicine **Sarah Kile**, 211 Northeast Michigan Kim Kosberg, Chad William Dunn's Sister & Weed Man Lawncare Julie Kozan, Saginaw Intermediate School District **Andrea Krotzer-Burton**, Everyday Life Consulting & Rural CHW Network Mary Laffey, Multi Media Communications Consulting **Shannon Lijewski**, Everyday Life Consulting & Rural CHW Network Sandra Lindsey, Saginaw County CMH Authority Jason Luna, Saginaw Chippewa Indian Tribe

Jon Lynch, Three Rivers Corporation

Maryssa Lyons, CMU College of Medicine	Beverly Pyles, Midland County Health Department	Josh Sturmfels, The Dow Chemical Company
Dr. Iris Marteja , Covenant Medical Group	Dr. Neli Ragina , CMU College of Medicine	Scott Taglauer, HealthSource Saginaw
Deana Mason , Community Mental Health for Central Michigan	Dr. Kaushik Raval, HealthSource Saginaw	Ellen Talbott, McLaren Bay Region
	Tonya Raymond, MidMichigan College	Danielle Taubman, University of Michigan
George Matar, CMU College of Medicine	Derek Rothhaar, The Dow Chemical Company	Depression Center
Rev. Wallace Mayton, Memorial Presbyterian Church	Dr. Annette Rummel, Great Lakes Bay Regional CVB	Marni Taylor, Gratiot / Isabella Great Start Collaborative
Dr. Lisa McIlvenna , Fresh Aire Samaritan Counseling	Stephanie Salazar , University of Michigan Depression Center	
Laurel McLaughlin, MidMichigan College		Lisa Thompson, Self Love Beauty
Jennifer McNally, CMHCM	Dr. Matt Samocki , Great Lakes Bay Region Mental Health Partnership	Danielle Thurman, Gateway Financial Solutions
Dr. Lucy Mercier , Saginaw Valley State University		Dr. Jennifer Trpkovski , CMU
Adam Michels, J&A Counseling and Evaluations, Inc.	Dr. Douglas Saylor , Great Lakes Bay Health Centers	Chloe Updegraff, Great Lakes Bay Regional Alliance
Holly Miller, Big Brothers Big Sisters GLBR	Dr. Kathleen Schachman , Saginaw Valley State University	Stacey Urbani , Barb Smith Suicide Resource & Response Network
Penny Miller-Nelson, Midland Public Schools	Cindy Seger, CMHCM	Rob Vallentine, The Dow Chemical Company
Mitzi Montague-Bauer, Journey's Dream	Peter Shaheen, SSP Associates	Rich VanTol, Bay-Arenac ISD
Dr. Scott Monteith , THN	Dr. Samuel Shaheen, CMU Medical	Julie Villano, Midland Public Schools
Sharon Mortensen, Midland Area	Education Partners	Melissa Wallace, Office of Disability Resources
Community Foundation	Dr. Patrick Shannon , Saginaw Chippewa Tribe	Shakira Weaver, Bay County Department on Aging
Margaret Muter-Devericks , Great Lakes Bay Health Centers	Michael Sharrow, Midland Public Schools	Beverlee Wenzel, The ROCK Center for
Dr. Larissa Niec, CMU	Barb Smith, Barb Smith Suicide Resource &	Youth Development
Erin Nostrandt, Saginaw County Community Mental	Response Network	Dr. Jennifer Werries , New Pathways Counseling / CMU
Health Authority	Kristen Smith, Gryphon Place	Christopher Wesolowski, Hope Not Handcuffs
Jerry O'Donnell, WLUN	Amy Smithhart , Saginaw County Commission on Aging	Savana West, Nexteer Automotive
Salle O'Neill, Bay-Arenac ISD	Beth Sorenson Prince, Community Advancement	Jennifer Whyte, McLaren Bay Region
Janine Ouderkirk, Shelterhouse	Network	Barb Wieszcieicnski, MidMichigan College
John Pattison, Saginaw Chippewa Indian Tribe	Andy Sovis, Delta College	Dr. Gina Wilson, Windover High School
Dr. Kelley Peatross, Consumers Energy	Colleen Sproul, Saginaw County CMH Authority	Mike Zehnder, CMU
Dena Pflieger, The Dow Chemical Company	Dr. Karen Stanley-Kime , Partners in Change, PLC	Herb Zeilinger, Michigan's Great Lakes Bay Regional
Dr. Keith Pretty, Northwood University	Don Steele, SVSU	Convention & Visitors Bureau
Sam Price, Ten I 6 Recovery Network	Ava Stone, CollaborateUp	Dr. Scott Zimostrad , S.W. Zimostrad Ph.D. & Associates

Associates

About the Great Lakes Bay Region Mental Health Partnership

The Great Lakes Bay Region Mental Health Partnership is a collaborative initiative to address the mental health crisis in the Great Lakes Bay Region. The Partnership is working with community stakeholders and resources to ensure that everyone knows where to turn for help when struggling with a mental health issue, seeks help without fear of stigma and receives prompt access to excellent care. Key supporters of the Partnership include the Chad William Dunn Memorial Fund, Central Michigan University College of Medicine, University of Michigan Depression Center and The Dow Chemical Company Foundation.









This unique community collaboration was accomplished with the strategic assistance and advice of PYXERA Global and CollaborateUp.





For additional information, visit: greatlakesbaymentalhealth.com

Report Authors

Great Lakes Bay Region Mental Health Partnership: DR. MATTHEW J. SAMOCKI
Multi Media Communications Consulting: MARY LAFFEY
PYXERA Global: LAURA ASIALA, KATHARINE FRASER
CollaborateUp: RICHARD CRESPIN, AVA STONE

Copyright © 2019 Great Lakes Bay Regional Alliance. All rights reserved.