Live Well Omaha +
C4 Community Health Conversations
Process Summary and Thematic Responses

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DEMPSEY STRATEGIES

C4 Community Conversations
Process Summary

Members of the Douglas, Sarpy, Cass and Pottawattamie Health Departments invited community members to a series of locally hosted conversations to discuss the results of the recent Community Health Needs Assessment which indicated Mental Health (and secondly, Access to Care) as the leading health concern across the four-county area. The purpose of these conversations was to learn more about how different parts of our community are particularly impacted in the area of Mental Health, and how best to amplify mental health supports for our communities.

Paige Dempsey facilitated each of the conversations for consistency in execution. A summary of responses follows along with the raw responses provided via an Excel spreadsheet.

The agenda for each discussion included the following key questions:

• How do we define mental health?

• What are the best available resources/supports available in this community right now?

• What are the roadblocks to accessing the mental health care you need?

• What else do we need to know?

There were themes that resonated across all communities and some challenges that surfaced particular to each community we visited. Overall, however, there was a lot of support for the conversations and momentum around continuing the work of providing mental health care, information and support as a needed resource across all of our communities.

An overview of themes and responses is attached on the following pages.

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Themes Across Communities

How do we define mental health?

- Anxiety
- Depression
- Stress
- Trauma
- Poverty
- Addiction
- Self-medicating
- Stigma
- Toxic stress
- Lack of social supports
- "Drawing the line at the neck"
- Whole health: mental/physical
- Touches everyone
- Affects all ages
- All socioeconomic status
- Where to start?
- How to access supports?

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What are the best available resources/supports available in this community right now?

- Mental health providers
- Non-profits and other service providers
- School counselors/social workers
- School based health centers
- Community groups
- Online support (e.g. Facebook moms group)
- Nurse practitioners
- Churches and community centers
- Law enforcement
- Telehealth providers
- EAPs/Employee benefits
- Informal connections
- Family and resource helplines
- Home visits
- Provided assessments
- Parks/Environment

What are the roadblocks to accessing the mental health care you need?

- Cost, lack of insurance, financial burden
- Lack of resources including providers, beds, etc.
- Lack of providers who look like me in my community
- Lack of in providers (new staff, cultural history, history of abuse/misuse)
- Legal status
- Don't know where to start; Don't know what's out there/available resources
- Need therapy(ies) not just medication
- Stigma of reaching out and getting help
- Social norms such as "I'll be fine" and pull yourself up by your bootstraps mentality
- Lack of awareness of mental health issues
- Need to form trusting relationship with provider/therapist (ever changing providers also makes that difficult)
- Locations of service may be hard to access, too few, far away and/or not easily reachable by public transportation
- Need for confidentiality; don't want people to know
- Time, availability of appointments, working around life and work schedule
- Not aware that solving issues is possible and that you can get better
- Lack of information in other languages
- Lack of culturally relevant supports (such as healthy foods to eat in that culture and how to prepare)
- Lack of family support/understanding
- Culture/values (not allowed; e.g. machismo)
- Hard to identify the "start" and "end" of mental illness like some physical illnesses
- Virtual care hard to access and often not reimbursed
- Need ongoing care not just medication and then you're done
- Need to be proactive not just reactive in getting care
- General lack for mental health supports by government and others
- Cultural expectations of busyness, not slowing down and self-care

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What else do we need to know?

- Need to make connections re: physical health + mental health
- Need to work on removing stigma on receiving mental health care
- Need for more holistic/integrated care across providers
- Need to have more workplace supports (time off, EAP, etc.) to make mental health a priority
- Need for more diversity in providers
- Need for training of more providers
- Poverty makes this all even more difficult, and makes life more stressful (therefore more mental health issues)
- Family/cultural/religious norms sometimes contradict the idea of needing mental health supports
- People are afraid to share their secrets and wonder if their stories will stay confidential, and worry about possible legal or other consequences
- Need to acknowledge need not only for therapists who look like you but who have had similar experiences and learning how they coped
- People often wait until they are in crisis to get help
- People need more supportive and nurturing relationships not just mental health treatment
- Need to acknowledge connection to physical health
- How will we know if we moved the needle?
- Need a holistic/integrated approach
- Need more messaging around mental wellness and reducing stigma

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Themes Within Communities

North Omaha, Douglas Co.

The prevailing theme in North Omaha related to race and cultural issues. First wanting to access supportive services from a culturally competent provider who lives and works in the community and who may look like or have a similar background to the people in the community but also wanting to maintain confidentiality and trust in accessing those services. While resources are available there remains room to educate people around where and how to access services. A good conversation arose around accessing existing supports and/or creating supports such as workplace EAP programs. Additionally there is the ongoing concern of affordability, scheduling and transportation as in most areas. There was great support and momentum for continuing this conversation sooner rather than later.

South Omaha, Douglas Co.

The South Omaha conversation was co-facilitated in English and Spanish with the help of Claudia Granillo from Live Well Omaha. Here we heard concerns about legal status, cost, and the absolute difficulty in using public transportation for daily life and work, let alone to access mental health supports. One thing that also was front and center was the prevalence of cultural norms (e.g. machismo and religious beliefs) which make it even harder to seek support in this community. Finding time to access care in addition to meeting work challenges is difficult. Additionally the group brought forth the growing homelessness problem as well as environmental factors which do not incentivize people in the community to spend time outdoors as parks and public spaces are difficult to access and often not well kept.

Papillion, Sarpy Co.

In Sarpy County we heard there is an expectation that everything is "perfect" in certain areas and things like mental health are not supposed to be issues in that community. However, there was also mention of the high suicide rate particularly among military families. At this meeting, there was a robust discussion around the need for and availability of alternative therapies, creating a culture of well-being, and utilizing small intimate support groups to name a few. Additionally, attendees were well aware of supportive services offered however most worked in the mental health field in one capacity or another.

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Council Bluffs, Pottawattamie Co.

Council Bluffs was our first community conversation and it seemed at first we might not have any participants. One gentleman came in and then another immigrant father and his son (who had been in the country a number of years) joined us. While small, we had a very enlightening conversation here too. The stated concerns were around treating people with disabilities and mental illness like regular people by hosting events to get them out of the house and socially connected in a meaningful way. Additionally, there was concern expressed around the difficulty of navigating "systems" particularly in regards to providing Guardianship and other legal matters. Here we first heard about the need to provide support for caregivers in addition to those dealing with mental health issues.

Oakland, Pottawattamie Co.

The theme from Oakland was lack of providers and locations to receive mental health services. Some providers have left the area feeling unable to properly meet the need. Virtual care is challenged by the poor broadband service and lack of insurance reimbursement. And often mental health issues aren't diagnosed along with a presenting illness (such as addiction or alcoholism). Here it was acknowledge and discussed (even with a high school student in attendance) that there is an expectation of showing you are doing well, even when you are not, and that seeking and accessing care remains a challenge due to the stigma and for the reasons stated above. Also Oakland has some of the highest poverty rates in the County.

Plattsmouth, Cass Co.
The Plattsmouth conversation had a small turnout and focused a lot on the school community. Only one nurse practitioner is available at the local clinic to provide mental health care and the school counselors seem ill equipped to handle the mental health needs of youth at the school. Additionally it was said that parents need to be "parented" to in that they no longer seem to be doing the work and providing the support that was once expected. Here it was noted that there is a "small town mentality" but also that a small town provides many opportunities for outreach as well.

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Western Douglas Co.

The guiding theme at this discussion was that mental health affects everyone from children to adults, as well as the family and caregivers of those who are struggling. People often don't think of mental health with the same care and importance that we address our physical health. Here it was noted that mental health issues should be seen as a "normal" part of life and normalized at an early age. Additionally we should make self-care and well-being a priority from the get-go rather than waiting until a crisis has developed.

Reflections from the Facilitator

Across all of the communities there was great enthusiasm for these conversations and hope for the future. There remains work to do but some work may consist simply in pulling forth and sharing existing resources and creating messaging around the normalization for mental health and well-being. Not all solutions need to be high cost, but additional resources certainly will need to be developed in some areas. The community members provided great insights and recommendations and are your best resource for moving this work forward.
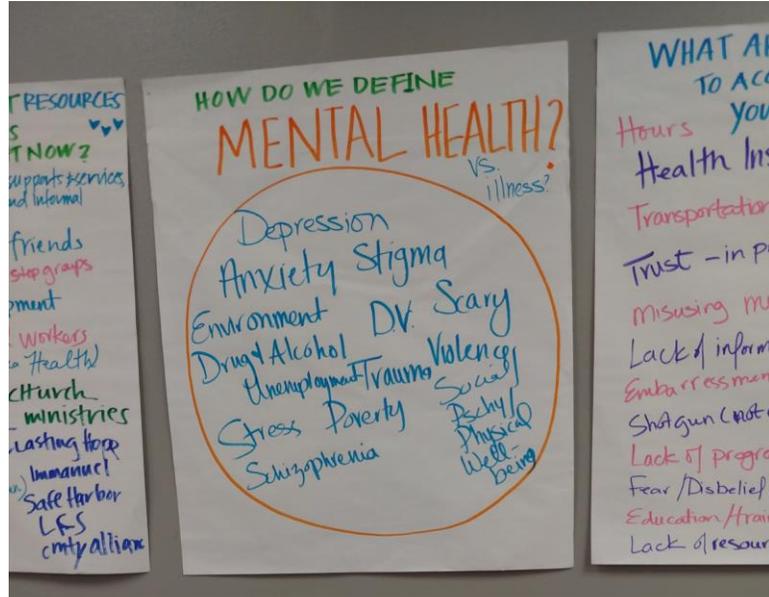
Thank you for inviting me to be a part of these important conversations. I am confident that together we can improve the mental health and well-being of our communities! Paige