

Case

The National Dialogue on Mental Health



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Brief Description

The National Dialogue on Mental Health began with a conference held by President Barack Obama and his administration at the White House Conference on Mental Health. The conference took place on June 3rd, 2013 and brought together 200 mental health experts, 12 members of congress and celebrities to help launch the national level conversation [2]. The conference served as a call to action to try and mobilize the public to help individuals suffering from mental illness and prevent future tragedies from taking place as a result of ignoring mental illness. The National Dialogue of Mental Health is composed of several organizations who pull together to utilize various platforms to tackle different mental health issues. The National Dialogue on Mental Health encompasses promoting mental health research, mental health education, prevention of mental illness, the promotion of good mental health, treatment, early identification, crisis response, and supports for recovery [4].

Problems and Purpose

The purpose of starting the National Dialogue on Mental Health was to bring awareness to mental health. Promoting greater awareness for mental health would hopefully stimulate research around prevention, treatment and recovery support. The national dialogue aimed to reduce the stigma surrounding mental health disorders and the shame that surrounds treatment. People that suffer from mental health problems

are discouraged to seek help for fear of being shamed and stigmatized. Most of the people that suffer from mental illness delay seeking treatment. Before the National Dialogue on Mental Health, of people with mental health disorders, less than 40 percent seek treatment [2]. On average, people with psychosis go untreated for 110 weeks [2]. The conference emphasized that we don't intervene with mental illness soon enough, we need to treat mental illness as we do other medical illnesses and try to intervene before the onset of serious symptoms. Those who go untreated for psychosis have a higher risk of using substances and committing suicide [2].

Negative attitudes towards people with mental health illnesses poses a problem because it reduces the likeliness that those who are suffering from those disorders will pursue treatment. Mental health problems are very common in America with one in four adults experiencing a mental health problem in a given year [6]. A purpose of this national dialogue was to shift the attitude toward mental illness within communities. 39 percent of Americans believe that people with mental illness are unpredictable, 24 percent believe that they are dangerous, however, only 3 to 5 percent of violent acts are committed by individuals suffering from mental illness [4]. Many people that suffer from mental illness run into barriers because only 44 percent of Americans believe that individuals with mental illness can be successful in the workplace and only 30 percent believe a person can recover from mental illness [4]. These beliefs held by the general public create stigma around the illness which therefore leads to most not seeking treatment. The national dialogue aimed to create awareness and generate public support around combatting this issue and induce action to help prevent and treat it around the country.

Background History and Context

The first White House conference on mental health was held in June of 1999 by then president Clinton and Tipper Gore. This conference was centered around reducing stigma and the mental health of youth. The conference was held in the wake of a school shooting that had taken place 6 weeks prior in Littleton, Colorado. 13 years later, The White House held another conference, The National Dialogue on Mental Health, to bring the nation together to elevate the dialogue around mental health and spark change. The National Dialogue on Mental Health conference was held in the wake of another school shooting. Mental illness became a critical public health priority after the shooting at Sandy Hook Elementary school in December of 2012. The tragedy brought the debate of how to prevent and treat mental health back into the spotlight [6]. After the shooting occurred, widespread speculation that the shooter suffered from mental illness further stigmatized mental illness by linking it to violence. The public quickly started calling for measures to better diagnose and treat mental illness to prevent another tragedy.

Organizing, Supporting and Funding Entities

During the conference, then president Barack Obama, talked about increasing the mental health workforce through investments [2]. The government implemented the Affordable Care Act, which expanded mental health care to 60 million more people [2]. The National Institute for Mental Health is pouring focus and funding into research centered around predicting and preventing mental illness. CCS, Creating Community Services is an organization that was formed from several deliberative dialogue organizations that came together to support the National Dialogue on Mental Health. One of the CCS organizations took the task of forming local committees in the towns of Albuquerque (NM), Greater Kansas City (MO/KS), Washington DC, Birmingham (AL), Sacramento (CA), and Columbus (OH) to raise money for implementing the plan, each town raised up to 200,000 dollars [5].

RAISE, the recovery after an initial schizophrenia episode, is a project by NIMH that researches early treatment for people who have had a psychotic episode to try and reduce the symptoms of ensuing

episodes and mental deterioration. Following the conference, RAISE expanded to organize connection between community mental health care to primary care and mental health resources in school [2].

Federal funding was increased by over 300 million dollars in the 2014 fiscal year into the Substance Abuse and Mental Health Services Administration (SAMHSA) and mental health facilities [3]. The additional funding was to increase access to mental health services and to help improve mental health facilities.

Participant Recruitment and Selection

CCS is the organization that conducted large-scale public conversations by organizing 6 lead city dialogues that included over 11,000 participants total between 258 distributed conversations [5]. Everyday Democracy, AmericaSpeaks, NICD, the National Issues Forum, the Deliberative Democracy Consortium and the National Coalition for Dialogue and Deliberation all united to create the CCS, which was led by Dr. Carolyn Lukensmeyer of NICD, National Institute for Civil Discourse [5]. CCS organized and introduced multiple platforms to connect with people nationally to talk about mental health. CCS produced materials for participants to use to learn about mental health, utilized surveys, and provided measures that were recommended to use in local action plans [5].

Efforts of the National Dialogue were focused on five areas. One area utilized was media campaigns. Many campaigns focused on reaching out to teens and young adults, such as OK2TALK.org, a site where individuals can share their personal stories of combating mental illness. Over 40 million dollars of airtime was donated to the site and it had received over 1.2 million views as of June, 2014 [3]. Another media campaign held by CCS was “Text, Talk, and Act”. This nationwide dialogue was held 4 times which allowed text and face-to-face discussion on mental health [5]. The other four areas that were focused on were teaching students about mental health, giving health care providers access to mental health resources, reaching out to faith groups, and getting local communities involved [3]. These areas allowed adults, students, health care professionals, and many others within communities across the nation to participate in the National Dialogue on Mental Health.

Methods and Tools Used

Each lead city took part in conducting a dialogue with various participants and professional facilitators. The discussions were surrounding the topic of mental health and included presentations and information provided from an issue guide. While conducting these discussions, CCS used many medias in order to collect sufficient data to be able to analyze both qualitatively and quantitatively. Firstly, they had surveys conducted pre and post the events in the lead cities. They also collected polling data from more than 1,400 individuals who participated in the conversations as well as held telephone interviews with those who spoke in the CCS conversations. Lastly, they compiled written documents which included written reports on lead cities event, community plans, and an earlier evaluation of Text, Talk, and Act [5].

What Went On: Process, Interaction, and Participation

Over the course of the discussion session, there were four main topics discussed. The first was the importance of mental health in the community. The second was the all the challenges that come with addressing mental health. The third was discussing recommendations for improving mental health for youth (ages 12 to 17 and 18 to 24). The last topic discussed was the recommendations for the action planning steps. Each topic was discussed for about 40 minutes with the goal of being able to discuss each topic in great depth while also building knowledge and awareness. Every city used a process of involving a large and diverse group of participants [5].

Polling data collected from the participants asked demographic questions such as age, race, ethnicity and education level. Some polling questions were asked before and after the event such as; How confident are you that the other participants in the days discussion can come up with an effective plan for addressing mental health challenges in the community? What phases of life does mental illness begin? What is the likelihood that a person recovering from mental illness can do so? Two of the questions asked were only asked after the event had already taken place. Those questions asked whether the participant thought the discussion helped them better understand mental health challenges in their community and whether or not their views changed about addressing mental health issues [5].

Members of the evaluation team conducted phone interviews for 24 of the key players in the discussion. Some of those who were interviewed were the participants, observers, and leaders. The purpose of the interview was to gain different perspectives on whether or not the discussion was effective for the community. The interviews lasted approximately 45 minutes [5].

The CCS evaluation team looked over documents made after each discussion even. Documents such as reports about what happened during discussion and themes that emerged. The documents also provided information about the format and length of the events, topics discussed, questions asked, and the number and demographic of the participants [5].

The data collected was evaluated on a qualitative and quantitative basis. The data collected from the surveys specifically, was used to compile statistics about the demographics of the group, calculated the change in their answers from the pre to post questions to examine their change in views. The team then compared the results to each of the lead cities and gathered what was the same and different for each of them. They also compared the answers to the questions they asked only when the event was finished. The data that was evaluated qualitatively was the polling data, the telephone interviews, and the information from the documents involving action plans. The data collected was then placed into codes and sub codes depending on the themes that arose from the information [5].

Influence, Outcomes, and Effects

The overview of the polling responses suggest that the attendees at all lead city sites had a beneficial effect on participants understanding and awareness of mental health issues. However, the effect of understanding and awareness differed between the lead cities. Other outcomes from the data collected include:

- 78% of participants recorded feeling optimistic about addressing mental health challenges in their community
- 40% of respondents felt more confident in being able to create an effective plan to tackle mental health in their communities
- 81% of participants felt that recovery from mental illness is extremely or very likely

[5]

Furthermore, common themes regarding all of the community action plans from each lead city were developing community education programs, engaging the youth directly in spreading awareness of mental health, utilizing effective programs to help people detect it early and lead them to the right resources, developing specific programs for “transition age youth” (ages 18 to 24), and developing a system to integrate mental health resources into schools and other health services [5].

Creating Community Solutions succeeded with their intended results for the deliberations and studies. Overall, CCS’s efforts have led to progress in bringing community conversations and deliberative methods to communities struggling with mental health. The use of roundtable conversations has educated and helped bring into action the use of the appropriate resources for the mentally ill. The research has helped increase government funding priorities and institutional changes [1].

Analysis and Lesson Learned

Although there were differences with how each lead city conducted their dialogue, there was a lot of similarities with the solutions and recommendations for the mentally ill. The themes discovered were common among the different cities and focuses a lot around identification, prevention, and access [5].

Although the CCS team had so many successes with this project, there were definitely a lot of lessons they took away from the experience as well. One of the takeaways from the experience is understanding that addressing mental health is a long term effort and cannot be solved from one project. The second lesson is that attracting the right people in the process is difficult. The third is that marginalized populations continue to require a carefully constructed outreach effort to bridge the gap[1]. Through everything, this project proves that diverse representation helps to promote meaningful dialogue and strengthen the engagement of communities who haven’t been able to speak out about the issue prior [1].

See Also

There are no other entrees on participedia about the National Dialogue on Mental Health.

References

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Notes

Lead Image Source: National Institute of Mental Health

www.nimh.nih.gov/about/directors/thomas-insel/blog/2013/a-national-dialogue.shtml.