



Creating Community Solutions

Part of the National Dialogue on Mental Health

Summary Report

Creating Community Solutions

Kansas City, MO/KS – September 21, 2013

Two mayors and some 360 participants spent Saturday, September 21, 2013, identifying the actions needed to improve mental health in metro Kansas City, particularly among young people. Mayor Mark Holland, mayor/CEO of the Unified Government of Wyandotte County / Kansas City, Kansas, opened the event, sharing his experience with a grandfather who had schizophrenia. Sly James, mayor of Kansas City, Missouri, served as the event co-sponsor along with Mayor Holland. Mayor James introduced Kathleen Sebelius, secretary of Health and Human Services and former Kansas governor. She told the crowd that she had trouble recently getting help for two family members with mental health problems. “All of us know someone facing behavioral health issues,” she said. “We need to get rid of the idea that it’s somebody else. It’s all of us.”



The Creating Community Solutions effort has three objectives:

- Get Americans talking about mental health to break down misperceptions and promote recovery and healthy communities;
- Find innovative, community-based solutions to mental health needs, with a focus on helping young people; and
- Develop clear action steps for communities to move forward in a way that complements existing local activities.

The mayors appointed a planning team of 14 mental health stakeholders to work with the project director, Consensus, to organize the event. Consensus is a Kansas City-based public engagement nonprofit. The meeting used the AmericaSpeaks design, which meant that participants worked in small groups to consider different aspects of mental health. Their thoughts were sent via linked iPads to a “theme team,” and then each participant used a keypad during polling on the common themes.

The planning team conducted extensive outreach to fill every seat in the Imperial Ballroom in the Muehlebach Tower of the KC Downtown Marriott. This summary report provides a sense of who attended and their priorities for action.

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Creating Community Solutions—Kansas City

Who attended Creating Community Solutions-KC?

The Census data is for the six-county metro area, including Missouri counties Jackson, Clay, Platte and Ray, and Kansas counties Johnson and Wyandotte.

Gender	Sept. 21	Census
Female	68	51
Male	32	49
Age	Sept. 21	Census
14-18	7%	8%
19-24	7%	9%
25-34	11%	18%
35-44	12%	17%
45-54	24%	19%
55-64	26%	14%
65 and better	12%	14%
Race/Ethnicity	Sept. 21	Census
Asian or Pacific Islander	0%	2%
Black or African-American	33%	13%
Latino	5%	8%
Native American or Indian	1%	<1%
White or Caucasian	48%	71%
More than one race	9%	2%
Other	3%	3%



What is your experience with mental health? (Select all that apply)	
I am a mental health service provider	32%
I have direct experience with mental health issues with a family member or friend	72%
I have direct personal experience with mental health issues	55%
None of the above	13%

Where do you live?	Sept. 21	Census
Clay County, MO	6%	13%
Jackson County, MO	50%	39%
Johnson County, KS	15%	32%
Platte County, MO	1%	5%
Ray County, MO	1%	1%
Wyandotte County, KS	17%	9%
Some other county in MO	3%	
Some other county in KS	7%	
None of the above	0%	
What is the highest level of education you have attained?	Sept. 21	Census
Elementary or middle school	1%	3%
Some high school	8%	7%
High school graduate	9%	26%
Some college	20%	23%
College graduate (including associates degree)	25%	29%
Post-collegiate degree	37%	12%

What were their perspectives on mental health?

How important to you is the issue of mental health?	
Extremely important	73%
Very important	25%
Somewhat important	3%
Not at all important	0%
It's hard to know who needs mental health care.	
Strongly disagree	10%
Disagree	12%
Somewhat disagree	12%
Neither agree nor disagree	13%
Somewhat agree	23%
Agree	18%
Strongly agree	12%
Society discriminates against people who have mental illness.	
Strongly disagree	6%
Disagree	1%
Somewhat disagree	2%
Neither agree nor disagree	3%
Somewhat agree	10%
Agree	28%
Strongly agree	50%



People can't always get the mental health services and treatment they need.	
Strongly disagree	3%
Disagree	2%
Somewhat disagree	1%
Neither agree nor disagree	2%
Somewhat agree	8%
Agree	18%
Strongly agree	66%
If we don't treat people with serious mental illnesses they could become a menace to our community.	
Strongly disagree	5%
Disagree	7%
Somewhat disagree	6%
Neither agree nor disagree	12%
Somewhat agree	18%
Agree	18%
Strongly agree	33%



Photo credits: Corinna West, Rod McBride, Jennifer Wilding, Nick Haines

Themes from the discussion

Participants worked in small groups to discuss several issues. The discussion was led by a trained facilitator, and a volunteer at the table took notes on an iPad.

Why are you participating in the national dialogue?

The major themes included:

- Want to learn more about mental health policies, politics, resources and treatment alternatives.
- “I have a mental illness.” Concerns about my own treatment. Desire to reduce stigma.
- “I want to have my voice heard.”
- Have a family member or friend with mental illness; affected by suicide.
- Am a mental health professional; seeking professional development.
- Am here to help young people.
- Represent different perspectives (cultural, elderly, military) in dialogue.
- Am a student pursuing a career in mental health.
- Give and get resources about mental health.
- Want to be a change agent; promote systems change.
- Advocate for improved policies and services; reduce barriers; improve access.
- Concerned about criminal justice system; legal implications.
- Concerned about violence, gun violence and bullying.



Why do you think it is important to address mental health issues?

- It affects everyone – all communities and families, either directly or indirectly, throughout all stages of life.
- Because “a crisis for one member affects all.”
- “Some people will not seek help because of labeling.” Eliminate stigma and judgment.
- There is a lack of resources, education and access to mental health services.



- Untreated mental illness contributes to homelessness, incarceration; can lead to suicide.
 - Current policies complicate treatment (ex. HIPPA).
 - Because people deserve to get appropriate assessment, treatment and proper diagnosis as early as possible.
 - Some treatment options “feel like experiments” and may lead to suffering and mistreatment.
 - Over-reliance and lack of understanding about medications.
 - Prevent mistreatment by law enforcement and other mental health institutions.
 - Requires total community investment and involvement.
 - High costs to community; expense and impact of trauma.
- “Ignorance and inaction are expensive.”

Themes from the discussion

Participants worked in small groups to discuss several issues. The discussion was led by a trained facilitator, and a volunteer at the table took notes on an iPad.

<i>Stigma</i> Contributes to deepening of mental illness; labeling is hurtful; fear of being different prevents access to existing services; causes loneliness.	59%
<i>Poverty and mental illness</i> Creates trauma and toxic environment; can't afford treatment.	48%
<i>Fragmentation of services</i> Fragmentation across state lines; lack of coordination of care. "We are cliquish and proprietary;" compete for limited funding.	46%
<i>Trauma and toxic stress</i> Poor awareness of impact; tough to identify; "an alternated sense of normal for children of violence."	44%
<i>Substance abuse and mental health</i> Kids are self-medicating; viewed as acceptable by some.	44%
<i>Myths and perceptions</i> Faith and prayer alone is not enough; can't always "see" mental illness.	37%
<i>Suicide</i>	35%
<i>Criminal justice</i> Lack of understanding by police; contributes to incarceration; does not focus on prevention.	35%
<i>Bullying</i> Preventions treatment; it is dehumanizing; can lead to suicide; lack of awareness and action among educators and other stakeholders.	31%
<i>Homelessness</i> Lack of housing options; caused by substance abuse; runaway youth.	31%
<i>Role of peers</i>	30%
<i>Cultural biases</i> Daily issues of racism and poverty are magnified by mental illness.	29%
<i>Dispelling the myths</i>	24%
<i>Attitudes about sexual orientation</i> Lack of understanding and tolerance leads to bullying.	11%



Additional factors

Family members' involvement in individual treatment (parents, grandparents).	61%
Funding, privacy and insurance barriers.	61%
Denied access to service.	36%
Provider diversity – "lack of service providers that looks like the people they serve."	32%
Lack of provider compassion.	30%
Media and online social networks lead to social isolation.	23%
Lack of access in rural communities.	19%



Supporting youth and young adults

Participants discussed the specialized mental health needs of people ages 12-17 and 18-24. For each age group, participants answered the question, What are the specific services or strategies that we (schools and communities) should provide to more effectively address what youth need?

Strategies for youth 12-17	
Develop more K-12 curriculum on mental health awareness and skills and reduce stigma; develop life skills, job skills.	47%
Needs to be regular mental health screenings in schools and early identification, more mental health "first aid" in schools.	42%
Schools need more licensed mental health workers.	29%
Need more accessible, affordable extracurricular, job and volunteer activities.	29%
Need more positive outlets and safe places for youth (art, music, phys. ed.).	27%
More anti-bullying, cyber-bullying prevention programs in schools.	25%
Need more adult and peer mentoring programs IN the school.	24%
Increase parent involvement, education and volunteerism.	22%
Provide ongoing professional development for school personnel.	21%
Ensure confidentiality at school for youth seeking help.	18%

Strategies for young adults 18-24	
Develop strong support networks with positive peer role models and mentors.	40%
Life readiness training including: conflict resolution, budgeting/finance, relationships and parenting skills.	40%
Vocational/Job training, internships and professional development.	33%
Provide mental health services that follow youth as they transition into young adulthood.	31%
Support for families of young adults dealing with mental health issues.	30%
Educate/"Enlighten" educators to be more aware of and active with mental health issues.	29%
Make and distribute mental health information in formats/media accessible to youth.	25%
24-hour access for age-appropriate crisis support.	19%
Sensitivity training and support for law enforcement officers.	16%
Provide access to transitional living and housing options.	14%



Actions

Participants discussed what actions we should take as a community to improve mental health, then were polled on their favorites.

Community campaign to educate the public (forums, PSAs, positive media initiatives)	46%
Incorporate mental health screenings in physical health visits and in schools.	41%
Increase funding for and sustainability of programs that work.	37%
Develop K-12 mental health curriculum.	32%
Improve access to mental health services.	28%
Engage the faith/church community in awareness.	24%
Improve coordination and transitions in service.	22%
Provide training for judicial and law enforcement personnel.	17%
Increase volunteerism, civic engagement (like this forum), and lobbying.	14%
Increase awareness and utilization of existing services.	13%



The theme team identified some other interesting actions to consider, including:

- Create an Angie's List of vetted resources.
- Expand in-neighborhood programs (ex. Social Work Truck, traveling fairs).
- "Make-a-Wish" website for children with mental health issues.
- Replicate this event for 12-24 year-olds only.
- Coordinate grassroots advocacy actions.

Participants also answered the question, What advice do you have for the planning team?

- Utilize an inclusive, interdisciplinary, inter-state team to move things forward.
- Regularly communicate with the community during all phases of work using various media.
- Create accountability for implementing action steps.
- Continue to seek wide community input and feedback (including business, criminal justice and university)
- Take into account that we are a diverse community and one size does not fit all (i.e. English is a second language for some).
- Utilize evidence-based research in planning.
- Adopt solutions that are working in other areas.
- Increase funding in the right place (set priorities).
- Identify the cost of NOT providing services or taking action.
- "Keep in mind that this is life-saving. This is an urgent need."



Evaluation polling

How confident are you that the participants in today's discussion can develop an effective plan to address mental health challenges in our community?	Beginning of meeting	End of meeting
Extremely confident	17%	36%
Very confident	32%	35%
Somewhat confident	41%	25%
Not at all confident	10%	4%

As a result of the table discussion you participated in today have your views changed about addressing the mental health challenges facing our community?	
Changed – a lot more optimistic	48%
Changed – a little more optimistic	36%
Did not change my views	15%
Changed – a little more pessimistic	0%
Changed – a lot more pessimistic	0%

Overall, did the discussion help you better understand mental health challenges in your local community?	
It was extremely helpful.	75%
It was somewhat helpful.	21%
It was not very helpful.	3%
It was not at all helpful.	1%

What is your level of satisfaction with the meeting today?	
Very low	1%
Low	0%
Medium	8%
High	33%
Very high	57%

Planning team members included

- Randy Callstrom, director of PACES, Wyandotte Mental Health Center
- Officer Rebecca Caster, LGBT liaison, Kansas City, Missouri, Police Department
- Luis Cordoba, executive director of student intervention programs, Kansas City, Missouri, School District
- Theresa Reyes-Cummings, director of program development, Jackson County Community Mental Health Fund
- Alinda Dennis, senior vice president, community impact, United Way of Greater Kansas City
- William Gabrielli, M.D., Ph.D., professor of psychiatry and internal medicine and chair of psychiatry, University of Kansas School of Medicine Department of Psychiatry and Behavioral Sciences
- Janine Hron, CEO, Crittenton Children's Center, Saint Luke's Health System
- Charmaine Kimble, transition peer outreach worker, Futures Program, Truman Medical Center Behavioral Health
- Judge Kate Lynch, 29th District Court, Kansas
- Mark Miller, director of Behavioral Health, Swope Health Services
- Captain Douglas Parisi, commander, Police Academy, Kansas City, Kansas, Police Department
- Guyla Stidmon, executive director, NAMI-KC
- Corinna West, psychiatric survivor, Olympic team member, performing artist, pharmaceutical chemist and creator of a nationally replicated stigma-reduction program
- Nick Wood, advocate and independent consultant; former systems change advocacy coordinator for the Disability Rights Center of Kansas

Project director: Jennifer Wilding, director, Consensus. jenwilding@consensuskc.org, 816.531.5078

Logistics director: Sean Swindler, Director of Community Program Development and Evaluation, Kansas Center For Autism Research and Training

Knowledge of mental health

At the beginning of the meeting, participants were polled on a series of fact-based questions about mental health. A few of the same questions were asked again at the end of the meeting to see if participants' answers had changed as a result of information provided during the day.

Question	Begin-ning	End
Approximately how many Americans will have a mental health problem in any given year?		
One in five	62%	
One in ten	19%	
One in twenty	10%	
One in fifty	6%	
During what phase of life do most adult mental illnesses begin?		
When people are children or young adults	89%	95%
After 25 years of age	11%	5%
How likely is it that a person seeking to recover from mental illness can do so with a combination of therapy, medical help, and continued support?		
Extremely likely	40%	62%
Very likely	39%	28%
Somewhat likely	16%	9%
Not at all likely	4%	1%
People with mental illness are much more likely to be victims than perpetrators of violence.		
True	91%	
False	9%	



**Thank you to the funders of
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