Mental Health Action Plan

Background: According to the Office of Disease Prevention and Health Promotion, mental health is a “state of successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and to cope with challenges” (Healthy People 2020 Mental Health and Mental Disorders, 2014). Mental disorders are among the most common causes of disability, with the resulting disease burden of mental illness among the highest of all diseases. It is estimated that 18% of U.S. adults – nearly 44 million people – suffer from any form of mental illness, and 4% – nearly 10 million people – suffer from a “seriously debilitating” mental illness (Healthy People 2020 Mental Health and Mental Disorders, 2014). Mental health and physical health are closely connected, as mental health plays a major role in one’s ability to maintain good physical health, as mental illnesses influence participation in health-promoting behaviors (Healthy People 2020 Mental Health and Mental Disorders, 2014). In turn, problems with physical health, such as chronic diseases, can have a serious impact on mental health and decrease a person’s ability to participate in treatment and recovery.

According to the National Alliance on Mental Health, only 41% of U.S. adults with a mental health condition have received mental health services in the past year (Mental Health by the Numbers, 2016). Multicultural communities face additional challenges related to accessing care with African and Hispanic Americans being found to have used mental health services at approximately one-half the rate of Caucasian Americans (Mental Health by the Numbers, 2016). Public health interventions can create major improvements in fostering mental health and reducing the burden of mental illness. To be effective, it is essential that the public health system clearly define population disparities, set goals for improvement, focus on community-based research, and educate the community about the effects of social determinants of health on mental health and mental illness.

Key goals and objectives of Healthy People 2020 supported by this action plan:

- **Mental Health Status Improvement**: Reduce the proportion of persons who experience major depressive episodes
  - Decrease the percent of adolescents aged 12 to 17 years who experience a major depressive episode from 8.3% in 2008 to 7.5% in 2020 (Objective MHMD-4.1).

- **Treatment Expansion**: Increase the proportion of adults with mental health disorders who receive treatment
  - Increase the proportion of adults aged 18 years and older with serious mental illness (SMI) who receive treatment from 65.7% in 2008 to 72.3% in 2020 (Objective MHMD-9.1).
  - Increase the proportion of adults aged 18 years and older with major depressive episodes (MDEs) who receive treatment from 69.0% in 2008 to 75.9% in 2020 (Objective MHMD-9.2).
Outcome Objectives EPLAN 2016-2021 Mental Health

• By 2021, decrease the percentage of residents (10%) reporting a time during the past 12 months when mental health treatment or counseling was needed but not received, as reported in the Evanston Community Health Survey.

Impact Objectives EPLAN 2016-2021 Mental Health

• By 2017, develop a comprehensive Mental Health resource and referral guide to share with city departments and community Mental Health partners and continue to update annually.
• By 2017, develop a structured multidisciplinary Hoarding Taskforce and increase effectiveness through holding quarterly meetings.
• By 2017, work with the Evanston Mental Health Board and other community partners to develop a method for measuring ratio of Evanston population to Mental Health Providers.
• By 2018, partner with Presence St. Francis Hospital to offer quarterly Mental Health First Aid training to all city employees, seeking participation from all City of Evanston departments.
• By 2018, hold 3 community educational seminars on hoarding and create an Evanston hoarding support group, holding regular meetings for Evanston residents.

Intervention Strategies

• Mental Health First Aid training is a course that gives people the skills to help someone who is developing a mental health problem or experiencing a mental health crisis. The evidence behind the program demonstrates that it does build mental health literacy, helping the public identify, understand, and respond to signs of mental illness. City employees trained in Mental Health First Aid will be better equipped to assist individuals with mental health conditions.

• The Evanston Mental Health Board consists of nine community members who are appointed by the Mayor to plan, fund, coordinate and evaluate local community-based services for individuals with psychiatric impairment, individuals with developmental disabilities, and individuals who abuse alcohol and/or other drugs. The Mental Health Board allocates funds to community agencies through contracts for specific programs; monitors and evaluates Evanston agencies that provide mental health services; and provides advocacy services to facilitate, expedite, and/or change systems to ensure provision of services. This partnership is especially important in facilitating the data-collection and resource guide portions of the plan.

• The Mental Health Association of San Francisco Peer Hoarding Support Group provides proven strategies for leading a Peer Hoarding Support Group which can be integrated into the City of Evanston’s proposed support group.
• Institute for Compulsive Hoarding and Cluttering hosts public informational presentations on topics related to hoarding and cluttering behavior. This model will be helpful in designing and planning the City of Evanston’s educational seminars on hoarding.

• The Montgomery County, MD Task force on Hoarding Behavior plan outlines the development of a taskforce to share information, expertise and resources to better address the complexity of hoarding situations and develop a concerted and coordinated multi-agency intervention strategy. This model can be utilized by the City of Evanston to further refine and streamline its existing Hoarding Taskforce.

**Partners**

• Evanston Mental Health Board  
• City of Evanston Hoarding Taskforce  
• Evanston Police Department  
• Evanston Fire Department  
• United States Veterans Administration  
• Age-friendly Taskforce  
• North Shore University Health System  
• Youth & Opportunity United (Y.O.U.)  
• Peer Services  
• Housing Options  
• Presence St. Francis Hospital  
• CJE SeniorLife
<table>
<thead>
<tr>
<th>Health Issue</th>
<th>Prevalence of mental health conditions that are not well managed</th>
</tr>
</thead>
</table>
| **Risk Factors Addressed by the MHAP** | • Lack of access to care or treatment  
• Lack of awareness/understanding of mental illness |
| **Contributing Factors** | • Lack of information on where to seek care  
• Cost of care/treatment too high  
• Wait times too long at healthcare facility  
• Stigma of mental illness  
• Social acceptance of substance abuse  
• Lack of mental health screenings |
| **Focus Areas and Objectives** | *See accompanying Table 2* |
| **Intervention Strategies** | • Evanston Mental Health Board partnership  
• Mental health first aid training  
• Mental Health Association of San Francisco Peer Hoarding Support Group  
• Institute for Compulsive Hoarding and Chuttering model  
• Montgomery County, MD Task force on Hoarding Behavior model |
| **Barriers/Challenges** | • Variations in health insurance coverage  
• Reaching the homeless  
• Combating stigma related to mental illness |
| **Resources Available** | • Evanston Mental Health Board  
• City of Evanston Hoarding Taskforce  
• Evanston Police Department  
• Evanston Fire Department  
• US Veterans Administration  
• Age-friendly Taskforce  
• Substance Abuse and Mental Health Services Administration (SAMHSA)  
• Evanston 311  
• North Shore University Health System  
• Youth & Opportunity United (Y.O.U.)  
• Peer Services  
• Housing Options  
• Presence St. Francis Hospital  
• Albany Care  
• CJE SeniorLife |
<table>
<thead>
<tr>
<th>Focus Area</th>
<th>Outcome Objectives</th>
<th>Tools to Utilize</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access</td>
<td>• By 2021, decrease the percentage of residents (10%) reporting a time during the past 12 months when mental health treatment or counseling was needed but not received.</td>
<td>• Presence St. Francis Hospital</td>
</tr>
<tr>
<td></td>
<td>• By 2017, develop a comprehensive Mental Health resource and referral guide to share with city departments and community Mental Health partners and continue to update annually.</td>
<td>• North Shore University Health Systems</td>
</tr>
<tr>
<td></td>
<td>• By 2017, develop a structured multidisciplinary Hoarding Taskforce and increase effectiveness through holding quarterly meetings.</td>
<td>• Evanston Mental Health Board</td>
</tr>
<tr>
<td></td>
<td>• By 2017, work with the Evanston Mental Health Board and other community partners to develop a method for measuring ratio of Evanston population to Mental Health Providers.</td>
<td>• Current City of Evanston Hoarding Taskforce framework.</td>
</tr>
<tr>
<td></td>
<td>• By 2018, partner with Presence St. Francis Hospital to offer quarterly Mental Health First Aid training to all city employees, seeking participation from all City of Evanston departments.</td>
<td>• Montgomery County, MD Task force on Hoarding Behavior model</td>
</tr>
<tr>
<td></td>
<td>• By 2018, hold 3 community educational seminars on hoarding and create an Evanston hoarding support group, holding regular meetings for Evanston residents.</td>
<td>• Evanston Mental Health Board</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Mental Health First Aid training</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Institute for Compulsive Hoarding and Cluttering educational seminar model</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Mental Health Association of San Francisco Peer Hoarding Support Group format</td>
</tr>
</tbody>
</table>