Community Dialogue on Mental Health

Report of Community Forum

Prepared by the 4C Campus Community Civic Collaborative

Executive Summary

On April 26, 2014, approximately 30 community members from the Harrisonburg/Valley area gathered at the Muhlenberg Lutheran Church Activities Center from 9:00am – 12:00pm to discuss mental health in the community. The event was hosted by the 4C Campus Community Civic Collaborative, a joint partnership between the Fairfield Center and the James Madison University School of Communication Studies, as part of a national initiative to promote conversation about this important issue in communities around the country.

The forum followed a modified National Issues Forum format which provided an opportunity for participants to consider the challenges we face in our community regarding mental health support and then deliberate the benefits and trade-offs of ways we as a community could act in order to support positive mental health. Discussions took place in small circles with a trained 4C facilitator and note taker in each group to guide the process and record the thoughts shared during the dialogue. The event concluded with all participants gathering to reflect on the discussion and consider whether or not they could identify any common ground on ways to address mental illness in the Harrisonburg/Valley community.

This report has been distributed to community members and organizations as well as Creating Community Solutions in order to contribute to the national dialogue.

Small Group Discussions

Beliefs and Challenges

Beliefs about mental health:

- Mental health issues are caused by biological factors added with life events
- Mental health issues are complex and hard to define
- Mental health affects the whole (Family, friends)
- How you take care of yourself is an important factor
- Understand there are difference in short-term and long-term mental illness
- Mental health is just as important as physical health
- Society thinks a pill will solve everything

Influences on our beliefs about mental health:

- Stereotypes; i.e. if a person has a mental health issue it means they are crazy
- How mental health has been defined throughout history
- Personal experiences with mental health or individuals with mental health issues
- Separating individuals with mental health issues from the mainstream; i.e. separate classes in public schools
- The media and sensationalized reports that paint sufferers of mental health issues as dangerous to the community
- Legislation
Challenges to Discussing Mental Illness/Mental Health

- Lack of understanding and meaningful education
- People are ashamed to talk about mental illness and don’t want to be associated with it
- Mental illness is not tangible; you can’t always see physical symptoms so it’s hard to view or respond to it
- Language about mental health has a different, more stigmatized weight than language about physical health
- People want an easy fix rather than a respectful, helpful dialogue that considers the roadblocks
- We live in a culture obsessed with happiness
- Ordinary people aren’t sure how to listen and talk to those affected by mental health issues

Challenges in our community

- Problems with access
  - Especially for those with lower incomes, homeless individuals, and the immigrant populations
  - Lack of access to credible sources on mental illness (internet)
- Problems with resources
  - Lack of resources and understaffed for JMU students
  - Not enough funding for long-term care
  - No in-patient facility or integrated system of psychiatric care
  - Not enough options besides law enforcement for responding to mental health episodes
  - Lack of safe space and support groups
  - Not enough budgeted for mental health professionals in the prison system
  - Lack of educational and informative resources that provide in-depth knowledge to the community
- We lack clear definitions for what determines mental illness or mental health
- JMU and the Valley community aren’t doing enough to collaborate to address and frame mental health
- Free clinic doesn’t devote much time specifically to mental health
- We cannot assume that everyone wants the help that they need

How we might respond as a community

Reduce negative attitudes and raise awareness about the importance of emotional and mental health

- Talking about mental health will put everyone at ease
- Reframe to change perceptions and reduce stigmas by changing the language used to describe mental health
  - We need to clarify what we’re talking about
    - Understanding the different complexities under the umbrella term of “mental health issues” (knowing all the different areas/problems addressed)
    - Not “disabled,” but “differently abled”
    - Seeing aspects of mental illness as a gift
    - Not an identity/label, mental health issues are traits/aspects of a person (not the whole)
- Utilizing role models (celebrities), people in the community and society to share their mental health stories to show how common it is
  - Using Public Service Announcements to increase the audience
- Community workshops with corporate leaders
- Eliminate mental health questions in job applications
- Make it a school topic: engaging children can eliminate children’s own self-stigma
- Promote more support for research
Help people access local mental health supports and services to meet their needs

- Improving accessibility
  - Especially for veterans, poorer demographics, inmates
  - Making mental health resources and support more affordable
  - Accessibility needs to be incorporated in daily life
  - Need to decrease language barriers in order to increase accessibility
  - More cooperation with insurance and support for the uninsured
  - Bring back house calls for people who are unable or not comfortable leaving their homes
- Creating reentry programs
- Church should take some responsibility
- Collaboration between university and Harrisonburg communities as well as local organizations and service providers
- Integrating separate health services (homeless, prison, university, etc.)
- Need more programs and spaces such as Summit House in order to reach a larger demographic
- More funding for “best practices,” such as those that have already proven effective
- Better support models such as family-to-family help and education programs
- More resources does not mean people will choose to use them
  - “Should people be forced to have treatment? Probably not, but we don’t even have full access or knowledge of the services available
- Clarify what resources are offered: Our Community Place, Community Services Board, City Government, and RMH resources and referrals
- More resources are expensive — how much are we willing to spend?

Build connections throughout the community to help and support people with existing mental health issues, and create an atmosphere that promotes emotional and mental wellbeing

- Training first responders to be able to help in mental health issues
  - Comparison to CPR Model — train people how to respond & deal with mental health crises in a similar way
  - Compassion — put focus on how to treat and talk to people
- Increasing education and support through community dialogue
- More community places that spill over, allowing more people to understand this mindset/way of life

Final Debrief/Community Solutions

- More openness and sharing among community members, neighbors, family, friends, etc.
- Reduce apathy: Make yourself accessible to friends, strangers, family
- Ask people “how are you?” and take time to listen
- Increasing awareness to bring about greater help
- Being aware of labels and making an effort to reduce stigmas
- Volunteer: connect volunteers with resources
- Accepting opportunities on a personal level: mentorship
- Create accessibility points
- Lobby for reform
- Incorporate mental health into health education in the schools
- Safeguard our own mental health
- Agree to pay higher taxes: Re-prioritize our budget
- Remove pressure (systems of oppression)
- Drug treatments
How Do We Support Positive Mental Health in Our Community?

An Important Community Conversation

April 26, 2014 9:00am to 12:00pm

In our conversation today we will consider the challenges we face in our community regarding mental health support and then deliberate the benefits and trade-offs of three perspectives we could adopt as a community in order to support positive mental health.

1. Reduce negative attitudes and raise awareness about the importance of emotional and mental health.
2. Help people access local mental health supports and services to meet their needs.
3. Build connections throughout the community to help and support people with existing mental health issues, and create an atmosphere that promotes emotional and mental wellbeing.

There will be a break after the first hour of conversation.

To keep the conversation productive, please respect the following ground rules:

- Be present for the conversation — silence and put away your phones
- Listen with respect
- Each person gets a chance to talk and only one person talks at a time
- It’s OK to disagree with someone else — in fact, it can be helpful — but personal attacks are never appropriate
- Help the facilitator keep things on track
- After this event is over, it is OK to share the main ideas discussed within the group, but not OK to link specific comments to specific people

Statistics on Mental Health in Rockingham County/ Harrisonburg:

- Both adults and seniors reported higher instances of serious psychological distress during the past 30 days than in previous years and significantly higher than the national average
- The overall percentage of adults who experienced serious psychological distress during the past 30 days was 20 percent for the City and 14.6% for the County when compared to National Health Interview Survey target of 3.4 percent.
- 15% of women reported experiencing intense stress, depression, and/or difficulty managing emotions for at least two weeks or more in the past forty days compared to 18% of men.
- Among female respondents, 12% saw a mental health professional for an emotional or mental health concern compared to 10% of men.
- In 2011, more adults reported getting treatment for mental health and well being than in 2006. This was also higher than the national average of 13.4%.
- The most common sources of social support for both adults and seniors are friends, family, and spouses.
- According to the Harrisonburg- Rockingham Community Services Board, of the funds they received in 2012, 71% went toward mental health services. They were able to serve 1,951 individuals and/or families with mental health services.

The 4C Campus Community Civic Collaborative is a partnership between James Madison University’s Institute for Constructive Advocacy and Dialogue and The Fairfield Center, a local conflict resolution center.