CASE STUDY

"Middletown Addressing and Intervening on Depression and Anxiety Now" (MAIDAN)

The American Health Professional College (AHPC; Mission statement: *To train the next generation of health professionals to provide the highest level of care to patients, families, and communities*) and its affiliated hospital, Universal Health Care (UHC; Mission statement: *To provide high value, high quality care to our patients*), have been engaged in an 18-month process to better address an important and growing health inequity in their community of Middletown, USA – access to mental health care. UHC's most recent community health needs assessment revealed that not only was the prevalence of depression and anxiety increasing in Middletown, but despite equal need across all groups, low-income and racial/ethnic minority Middletowners were less likely to receive care: Whereas 75% of White and 82% of high-SES residents reported they were "able to access mental health services when they had need", only 45% of lower income and 36% of racial/ethnic minority Middletown residents reported similar access to care.

In response, AHPC and UHC invited community stakeholders to join their conversations, including local public heath representatives, area behavioral health providers, leaders of the faith community, patients, the director of the local homeless shelter, and the chief of police. All told, there are now 12 members of a task force, 5 from AHPC/UHC and 7 from the broader community. They decided to call themselves the "Middletown Addressing and Intervening on Depression and Anxiety Now" (MAIDAN) task force. Over MAIDAN's first 12 months, the task force members undertook the following activities to bring to the table information relevant to how they might address the issue of equitable access to mental health care:

- Developed a mission statement: *To improve mental health access for all Middletowners while closing income and racial gaps*
- Identified all health professions coursework and experiential learning opportunities related to behavioral health
- Identified all research projects related to mental health utilization and access in the Middletown community
- Identified and gathered utilization data for Middletown's behavioral health clinics
- Identified programs, resources, and assets in the Middletown community related to behavioral health care and suicide prevention
- Conducted a gap and asset analysis to identify areas of opportunity, including missing, underutilized, and overextended internal and external partners. For example:
  - Neither UHC nor AHPC had formal connections to the suicide hotline or to local wellness assets (e.g. yoga / meditation)
  - 3 of the 4 health professional schools at AHPC worked with the local churches, resulting in fatigue among the church leaders and congregants
- Held 3 town halls to solicit community member feedback about why this inequity might exist, what potential solutions might be, and how MAIDAN could best contribute to/drive those solutions
- Developed a long term goal of this work: **In five years, achieve at least three years of a downward trend in the racial and economic gaps in self-reported access to mental health care without decreasing self-reported access for white and upper income Middletowners.**

Since the MAIDAN team realized that there was a significant amount of activity related to mental health in the Middletown community, rather than initiate new programs the team decided it would instead focus on increasing the efficiency and impact of extant programs.

Specifically, MAIDAN identified that both the School of Medicine (SOM) and the School of Nursing (SON) had programs for interested trainees to visit the homeless shelter once per week to screen for mental health needs and make appropriate referrals to local FQHCs' behavioral health clinics. MAIDAN saw an opportunity to align and expand these programs but identified the following challenges:

1. The SON and SOM programs were unaligned in terms of the screening tools used and data collection, including the collection of race/ethnicity.
2. Other health professional learners – such as social work and physician assistants – were not involved and should be. This would require new resources from AHPC.
   a. Additionally, APHC representatives were unsure that the Dean of the PA school considered mental health to be an important part of PA training.
3. If possible, the SON and SOM leads would like to expand this screening and referral program to several local churches, but MAIDAN representatives from some of the churches expressed concern due to:
   a. Previous experiences with researchers from AHPC who were seen by at least one congregation as "dropping in and then immediately dropping out"
   b. Hesitancy of some church elders to endorse pharmacological interventions for behavioral health concerns. Instead, in the past when mental health issues have been identified among the congregation, church leaders have (a) suggested 1 on 1 conversations between themselves and the congregant, and (b) on one occasion held a symposium with local mental health professionals to engage with the congregation in a dialogue about stress, meditation, self-care, and social support.
4. The referral sites – run by UHC – had clinical records that did not communicate with the main hospital's EMR resulting in fragmented and uncoordinated care. To resolve, this would require significant resources from UHC.
   a. Further, other community-based, mental health assets were using whatever software / data management systems they happened to have.
      i. Due to staffing issues, appointment wait times at these community-based services are often weeks long, resulting in missed appointments. Anecdotal evidence suggests that for Middletown residents in the less well-off and minority neighborhoods, the first point of behavioral health contact might be with UHC's Emergency Department or the Police Department.
5. Representatives from the homeless shelter explained that many of Middletown's homeless are afraid to seek care at UHC or its FQHCs because of their proximity to the police station: there had been a recent crackdown against loitering in the park.

MAIDAN was committed to pushing forward with this work and began developing an implementation and evaluation plan to guide them. As they moved in this direction they are considering:

- Concentrating first on changes they can make among themselves (the organizations and units represented in MAIDAN) rather than focusing on what someone else (some other organization or unit) needs to do
- Focusing later on areas that require more resources and instead using findings from earlier evaluations to provide evidence that the changes would justify the resources. They are thinking that they would also need to show how the change would benefit those who control the resources and what the tradeoffs would be between supporting the access to mental health care goal versus other goals the resources are now supporting.
- Framing their actions in terms of a link to goals. Distinguish short, intermediate and long term goals. Some ideas they discussed are:
  - Within 1 year, provide practice-based training for at least 50% of Middletown police officers on appropriate ways to interact with citizens in mental health distress who are from different economic and racial groups, and determine the value of the training in addressing mental health inequities.
  - Within 1 year, and with input from a broad array of stakeholders including patients and their families, identify, test, and initiate ways to merge SON and SOM mental health screening and referral data in order to develop a patient-centered, unified data collection system that is better able to identify inequities and suggest action.
  - Within 2 years, identify and pilot an interprofessional (nursing, PA, MD, and social work students) service learning opportunity to connect local church congregations with minority and low-income communities and to UHC-based behavioral health resources.

As they ponder an implementation plan, they are thinking that if they want a sustainable strategy, each organization will need discussions within their organization about what roles, responsibilities, and opportunities they have to promote equitable access to mental health care and what the priority is within each organization for this.