

Justice In Action Mental Health Research Briefing

Research Chairs: Sara Bevans of Eastridge Presbyterian Church, Jan Boller of Waverly First United Methodist Church, Mary Feit of New Visions Community United Methodist Church, Jen Yoder of Our Saviour's Lutheran Church

Hearing the Concerns of Our People

Concerns related to mental health care were first identified during a Listening Process organized by Justice In Action during the fall of 2022, which consisted of 80 small groups meetings with over 600 participants.

Community members shared concerns such as:

- “My loved one spent 15 hours in the emergency room being medically triaged and never got the mental health care that she needed.”
- “It took me six weeks of calling therapists before I found one who would treat my teenager. Even then the waiting list was two months long.”
- “When I called the crisis line to ask where to get help for my child's mental health issues, they said the only avenue was to call the police.”
- “My friend went to the emergency room and wanted to check himself into the hospital because of mental health concerns. They sent him home because there were no beds available.”

Selecting the Priority of Mental Health

At our annual Community Problems Assembly on November 10, 2022, the 300 Justice In Action network members present voted to make mental health a priority. That night, Janice Anderson—a member of St. David's Episcopal Church, whose sister suffered from mental illness—shared a personal testimony on the problem.

Researching the Problem and Viable Solutions

The Mental Health Research Committee held the following research interviews and meetings leading up to the March 30 Rally event:

- Dr. Dave Miers, Senior Director of Behavioral Health Services at Bryan Health
- Carrin Meadows, Director of NAMI-Nebraska (National Alliance on Mental Illness)
- Emily Gratopp, UNL Extension and Health Equity Report Author
- Katie Kranau, Nurse Manager of Bryan ER
- Sara Hoyle, Lancaster County Human Services Director
- Scott Etherton, Program Director of the Mental Health Crisis Center
- Lincoln Police Department Mental Health and Homelessness Team
- Kathy Byorth, TASC Mental Health Crisis Response Team
- Kristin Nelson, Director of Emergency Services Region V
- Kasey Parker, Director of the Mental Health Association of Nebraska
- Lynn Ayers, Lancaster Connected
- Erin Schneider, Behavioral Health Education Center of Nebraska
- Topher Hansen, CenterPointe
- Liisa Kuuter, Family Navigation Project
- Doretta Brookins, Families Inspiring Families
- Kerry Kernen & Jesse Davy, Lincoln-Lancaster County Health Department

The Mental Health Research Committee also reviewed 35 documents. Some documents were provided by the organizations interviewed. Other documents were obtained from internet searches or relevant news sources.

The Problem

A subtle, far too silent and dangerous public health hazard affecting roughly 24,000¹ Lincoln and Lancaster County households—nearly 20% of our county’s population—has been allowed to persist and grow over decades. If left alone to take its natural course, at worst, people, especially youth and young adults, are condemned to a miserable life and, likely, preventable death. This health hazard is mental illness. Although widely ignored by public policy and health insurers until there is an emergency or death, the downward trajectory of mental illness can be prevented.

People experiencing mental health issues in Lancaster County are often unable to access timely and appropriate care and end up interacting with the criminal justice system, which is costly and robs them of the opportunity to receive the ongoing care they need to lead productive and positive lives.

While many mental health services exist in Lancaster County, coordination across the continuum of care is a challenge. We have heard stories from those who have been able to access in-patient care at Bryan West Hospital that the hospital is like a revolving door due to lack of coordinated care in the community. Patients often return shortly after discharge because they can’t receive ongoing care in the community due to a lack of insurance, limited accessibility of care in certain parts of town, or a general lack of providers. Many people in our faith communities and beyond do not know where to go to get help because there is no central point of contact to help navigate a complex system.

Members of the Lincoln Police Department told us that for many years, their officers have been serving as the primary navigators of Lincoln’s mental health services.² While the new federal 988 hotline shows promise in helping to triage calls and provide crisis care to defuse situations, it does not provide precrisis or follow-up services in the community. Region V has also begun accepting proposals for a new Voluntary Crisis Response Center, which may help expand voluntary crisis care for adults; however, this still doesn’t address *prevention* of a crisis for residents of all ages or follow-up *after* a crisis.³

Myths and Facts about Mental Health

Myth: “Mental health problems don’t affect Lincoln and Lancaster County.”

Fact: Bryan Health’s Community Health Needs Assessment Survey in 2021 found that Behavioral Health was the “dominant need in the community.” Related to this were attempted suicides and rising police calls for mental health. The graph below demonstrates that attempted suicides have risen to a 20-year high among all age groups.⁴

¹ Nebraska Department of Health and Human Services Division of Behavioral Health. (2021) *2020 Nebraska State Epidemiological Profile*. Accessed from <https://dhhs.ne.gov/Behavioral%20Health%20Documents/2020%20Nebraska%20State%20Epidemiological%20Profile.pdf>, and <https://censusreporter.org/profiles/05000US31109-lancaster-county-ne/>

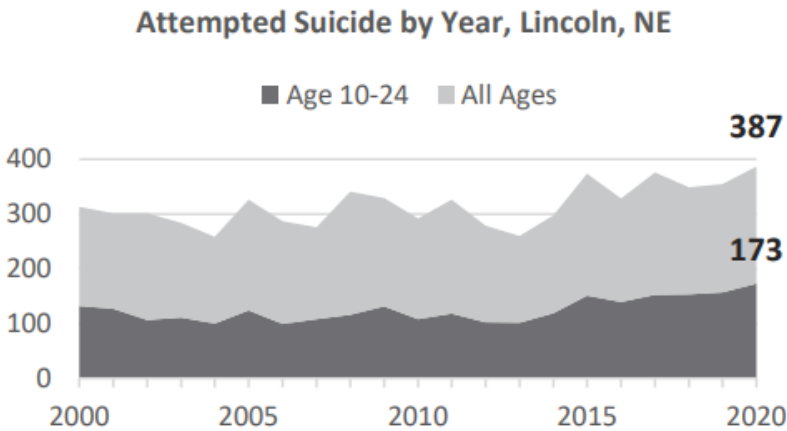
² Interview with Lincoln Police Department

³ Interview with Kristin Nelson, Director of Emergency Services Region V

⁴ Bryan Health. (December 2021) *Community Health Needs Assessment Report*. Retrieved from [https://www.bryanhealth.com/app/files/public/0da00659-3961-4adf-92ce-e4de474b30a6/2021%20CHNA%20Final%20\(BMC%20West\).pdf](https://www.bryanhealth.com/app/files/public/0da00659-3961-4adf-92ce-e4de474b30a6/2021%20CHNA%20Final%20(BMC%20West).pdf)

Attempted Suicides

Attempted suicides in Lincoln, Nebraska have risen to a twenty-year high, both among the 10-24 year old age group and among all ages in general.



According to data from the Lincoln Police Department, in 2021 mental health calls for service totaled 2,257. Of those calls, 40.4% were for children (7–16 years old) and youth (17–26 years old).⁵

The Nebraska State Suicide Prevention Coalition found that suicide attempts in Lincoln among people ages 10–24 increased by 11% from 2019 to 2021, and Lancaster County as a whole reported 13 suicides per 100,000 people.⁶

Myth: “Children don’t experience mental health problems.”

Fact: Even very young children may show early warning signs of mental health concerns. These mental health problems are often clinically diagnosable and can be the product of the interaction of biological, psychological, and social factors. Half of all mental health disorders present with signs before a person is 14 years old.⁷ Unfortunately, only half of children and adolescents with diagnosable mental health problems receive the treatment they need according to USDHHS.⁸

The mental health of other family members also has an impact on children. According to studies of Adverse Childhood Experiences (ACEs), having a family member with a mental health

⁵ Lincoln Police Department Crime Analysis Unit (March 18, 2022). *2021 Mental Health Calls for Service (CFS) Data*. Retrieved from https://www.lincoln.ne.gov/files/sharedassets/public/police/crime-analysis/mh_all.pdf

⁶ Hammack, A. (May 14, 2022). “Suicide deaths in Nebraska dropped during pandemic, but experts keeping eye on trends.” *Health Matters in the Heartland*. Published in *Lincoln Journal Star*, https://journalstar.com/lifestyles/health-med-fit/health-matters/suicide-deaths-in-nebraska-dropped-during-pandemic-but-experts-keeping-eye-on-trends/article_05c310ad-73d4-586d-ace7-468bd34aeb9c.html

⁷ Retrieved from Substance Abuse and Mental Health Services Administration, *Mental Health Myths and Facts*. <https://www.mentalhealth.gov/basics/mental-health-myths-facts>

⁸ Retrieved from Substance Abuse and Mental Health Services Administration, *Mental Health Myths and Facts*. <https://www.mentalhealth.gov/basics/mental-health-myths-facts>

condition is one of those ten ACEs. The higher the ACE score is, the greater the risk for learning and behavior problems in childhood and for physical and emotional problems in adulthood, with increased mortality later in life. (Harvard Center on the Developing Child, 2022).⁹ For these reasons, it's important that services are available for not only children but also their families, taking a whole-person and whole-family approach.

Myth: “Help is just one phone call away.”

Fact: Just getting an initial appointment with a provider is a time-consuming challenge that can take days, weeks, or even months.

When a person or their loved one is in need of mental health care, ease of access and timely response times are critical to prevent a concern from becoming a crisis. Currently, people are spending considerable time trying to navigate the existing complex mental health care system, often resulting in a call to 988, 911, or a trip to the Emergency Department. According to the Commonwealth Fund, which reviewed systems of mental health care across the globe to understand equitable ways of expanding access and improving outcomes, “care should be convenient, customizable, and scalable to meet need. Normalizing mental health problems and reducing the hassle factor in getting help may encourage more people to seek and stay in treatment. The success of [programs in the UK and other countries] points to the importance of having easy on-ramps for people to get care in the manner they want.”¹⁰

A nonscientific study was performed by our organization to gauge the difficulty of accessing mental health treatment in Lancaster County. Initially, five psychiatric offices were contacted. Four of the five answered with a recorded message, asked the caller to leave a message without indicating when the call would be returned, and told the caller to dial 911 or go to the emergency room. In a follow-up survey, online information for fourteen different psychiatric and behavioral health practices was reviewed to determine whether or not the practice specialized in child/adolescent treatment, whether appointments could be scheduled online, and availability of telehealth. Of the fourteen practices, only four indicated that they provided child/adolescent treatment. Only one of the fourteen had an option for scheduling appointments online for MyChart users, and five indicated that telehealth was available. These results confirm anecdotes we have heard from countless individuals that it is difficult to access mental health care in Lancaster County, specifically from private providers, and to understand which services are offered at which offices.

Addressing the Problem

The good news is that our City and County government can help fill the gap to accessing timely mental health care. It turns out that the citizens of Lancaster County are not alone in their struggle to navigate a complex mental health system. In Toronto, Canada, a group of parents seeking mental health care for their children were feeling the same way. These parents encountered barriers in the system as they sought access to services and support. The parents demanded change. They wanted a timely and personalized service that would match them with the right program and/or professional help. They wanted someone who could “get in the boat” with them to support them along the way.¹¹

⁹ Harvard University Center on the Developing Child. (2015). Take the ACE Quiz — And Learn What It Does and Doesn't Mean. Retrieved from <https://developingchild.harvard.edu/media-coverage/take-the-ace-quiz-and-learn-what-it-does-and-doesnt-mean/>

¹⁰ Retrieved from the Commonwealth Fund, *Making It Easy to Get Mental Health Care: Examples from Abroad*. <https://www.commonwealthfund.org/publications/2021/feb/making-it-easy-get-mental-health-care-examples-abroad>

¹¹ Interview with Liisa Kuuter, Program Manager Family Navigation Project

As a result, the Family Navigation Project was launched in 2013. Founded by a hospital-psychiatrist in partnership with his patient's families, they have helped over 4,500 youth and their families from across Ontario navigate the mental health and addictions system with very high satisfaction rates. While they began with just one employee and a handful of volunteers, they have now expanded to a staff of more than 10. Their "Navigators" do not diagnose or treat, but rather walk alongside people to help them find the appropriate public or private services based on their extensive knowledge of resources and deep relationships with community providers. Some of the key elements of the program include:

- a centralized point of contact,
- a timely response from a trained staff person,
- and accessibility regardless of insurance status or ability to pay.

The Family Navigation Project involves a collaboration among public, private, and community advocacy organizations, based on the relationship-based care model (RBC). The RBC model involves collaboration across the professions and specialties and patients and families, with a centrally held value of care, communication, and collaboration. It has been demonstrated to be both care-efficient and cost-efficient, and it is effective.¹²

Fundamentally, the program accomplishes its goals by relying on relationships, relationships between system navigators, mental health and primary care providers, community organizations, peer supporters, and patients. In an interview with the program director for the Family Navigation Project we learned that, besides getting patients to the appropriate provider or service, this robust system of relationships accomplishes a couple of key things that are currently missing in Lancaster County's mental health care system:

- It creates a feedback loop where, by maintaining ongoing relationships both with patients *and* service providers, navigators are able to inform service providers about barriers or successes patients are experiencing with their services, and in turn they are able to share up-to-date information about provider services with patients.
- Secondly, when they have come across workforce shortages and long waiting lists, the Family Navigation Project's navigators have been able to raise awareness about other modalities of care and refer people to one-on-one peer support or support groups that can be a good fit for some individuals or provide stability while they wait for clinical care. Additionally, the Program Director described how primary care providers also view navigators as an asset that they can turn to in order to help patients presenting with needs they are unable to effectively address.

Navigation programs following the RBC model already exist in other medical fields, such as cancer treatment. In fact, the Family Navigation Project relied heavily on lessons learned from the Patient Navigation Program for cancer patients at the Harlem Hospital Center in New York City. This program began in 1990 and has been duplicated in countless other medical centers since.

Mental health is just as important as physical health. When Lancaster County closed the Community Mental Health Center over a decade ago, funds were invested in an array of community nonprofits that provide various mental and behavioral health services. The issue remains, however, that people don't know which service is best for their situation or how to access those services. While some local nonprofits are providing peer support

¹² Koloroutis, M. (Ed.). (2004). Relationship-Based Care: A model for transforming practice. *Creative Health Care Management*.

and resource navigation assistance, such as Families Inspiring Families, they are limited in the population they can serve and how long they can be of assistance based on restrictions created by Medicaid and the State.¹³ For this reason, we are proposing that Lincoln and Lancaster County implement its own mental health navigation program by adapting the model of the Family Navigation Project and building on existing community strengths in order to meet the needs faced by people of all ages and all walks of life in our community.

Not only is intentionally investing in our mental and behavioral health care system the morally right thing to do, but it is also a good business decision that will positively impact the entire community. As measured by the National Safety Council, “mentally distressed workers cost employers over \$2,800 more in health care services per year than their peers, \$4,700 a year in extra days of work missed, and \$5,700 a year in costs related to turnover.”¹⁴ Ensuring that citizens have the support to get mental health care when and where they need it will serve the community better *and* result in cost savings. Both individuals and our county will reap the benefits when fewer people are relying on expensive and limited acute and emergency mental health resources.

While it must be accessible to everyone living in Lincoln and Lancaster County, any new program should be intentional about reaching out to and providing services for underserved populations in our community. Multiple experts interviewed identified a need for providers and services that specifically serve racial and ethnic minorities, members of the LGBTQ+ community, the elderly, and others. A model for reaching these populations exists in the methods and goals outlined in the Lincoln/Lancaster County Health Department’s 2022 Community Health Improvement Plan and could be utilized as a navigator program is implemented.¹⁵

Proposed Solution:

To provide the public with a supportive place to begin their search for mental health services, we seek a full commitment to the implementation of a nonemergency mental health navigator program. This navigator program should include a centralized point of contact with timely response from a trained staff person and accessibility regardless of insurance status or ability to pay. It should follow the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care. This program should be accessible to the general public as well as the following underserved populations:

- **People who are part of racial and ethnic minorities**
- **People identifying as LGBTQ+**
- **Children and Adolescents**
- **People who are elderly or homebound**
- **People experiencing disabilities**

¹³ Interview with Doretta Brookins, Families Inspiring Families

¹⁴ National Safety Council. *Mental Health Employer Cost Calculator*. <https://www.nsc.org/workplace/safety-topics/employee-mental-health/cost-calculator#/results?industry=0&locations=W3siZW1wbG95ZWVzIjoiMTAwIiwic3RhdGUiOjI4fV0=>

¹⁵ Lincoln-Lancaster County Health Department *Community Health Improvement Plan: 2022 Workplan*. Retrieved from <https://www.lincoln.ne.gov/files/sharedassets/public/health-dept/public-health-informatics/community-health-assessment/chip2022.pdf>