

**Toward Better Mental Health in Dakota County –  
A Public Health Approach to Mental Health**

**A report of the Dakota County Human Services Advisory Committee  
December 11, 2001**

*Public health is what we, as a society, do collectively  
to assure the conditions in which people can be healthy*

-Institute of Medicine

**Executive Summary**

The Dakota County Human Services Advisory Committee (HSAC) took on this question in March 2001: *What is the Public Health Department's role in mental health?* The question was a difficult one, and HSAC began the study with some reservations. So used was HSAC to thinking of mental *illness*, particularly serious mental illness, that some members of the group left the first session asking what magic public health nurses had that would serve clients better than social workers. Gradually the group came to see that traditional public health principles and core functions served the study well. The group moved toward mental health *promotion*. Mental health promotion is a set of activities that allows people to enjoy optimal mental health. These activities include overall good health care, social and coping skills, healthy behaviors, and public policies that support these activities.

If there is a single overarching message to this report on Dakota County Public Health Department's role in mental health promotion it is this: stigma associated with mental health/mental illness must be erased. The U.S. Surgeon General wrote:

*"The nation has the power today to tear down the most formidable obstacle to future progress in the arena of mental illness and health. That obstacle is stigma. Stigmatization of mental illness is an excuse for inaction and discrimination that is inexcusably outmoded."*

HSAC agrees whole-heartedly with this sentiment.

HSAC puts forth this set of reasonable and focused recommendations to promote mental health in Dakota County. The recommendations use current health promotion efforts and existing alliances to give mental health promotion a strong foundation and a springboard. The package of proposals herein is generally budget neutral, though it may require some re-ordering of current staff priorities.

► **Recommendation:** Adopt a public health approach to mental health promotion. Assign responsibility to the Dakota County Public Health Department. A public health approach puts attention to health promotion, screening and early identification – all activities that clearly belong on the mental health promotion end of the risk/response continuum. See Figure A.

Figure A: Mental Health Risk/Response Continuum

		Lower risk	Higher risk		
	Promote healthy functioning, coping for all populations	Identify and refer people <i>at risk</i> for functioning, coping problems	Restore healthy functioning, coping	Treat to prevent deepening, recurrence of illness	Assure safety and stability
<i>Target populations</i>	All, but viewed as subgroups.  Example: -Parents of young children	People with no history of mental illness, but are at risk due to stress or other environmental factors.  Example: -People who have lost family members	People with diagnoses, and can function with meds, supports.  Example: -Adults with schizophrenia who perform activities of daily living.	People with diagnoses, but are unable to function.  Example: Children with SED <sup>1</sup> who are in alternative learning settings	People with mental illness who are dangerous to selves, others.  Example: Adults committed to RTC.

<sup>1</sup> SED – Severe Emotional Disturbance.

► **Recommendation:** Develop strategic partnerships with other interested health organizations. HealthPartners, for example, is embarking on a five-year public health plan to improve information and public attitudes about depression, and to encourage people to get care for depression when they need it. HSAC recommends that Dakota County Public Health work with interested health organizations on mental health promotion.

► **Recommendation:** Act as convener to spark conversations about mental health promotion. Dakota County Public Health Department is in a good position to start countywide conversations on mental health and illness. For example, Public Health could use its contacts with the school districts to convene representatives of teachers, school social workers, counselors, nurses, principals, and administrators to convey the important messages on mental health and mental illness

► **Recommendation:** Develop, measure and report on community mental health indicators. HSAC suggests that the Public Health Department find and/or develop ways to monitor and report on the mental health status of Dakota County residents. HSAC further recommends that the Public Health Department advocate for community mental health status indicators to be included in Dakota County's annual Social Indicators Report as one way to raise awareness of the importance of mental health to overall community health.

► **Recommendation:** Talk plainly about stigma. At the same time, raise awareness about the importance of mental health promotion. HSAC believes that it is important to address stigma head on, debunking the myths and so-called conventional wisdom about mental health and illness. It is also important to couple those messages with facts that give people something to remember and act on. The Public Health Department is the appropriate body to take this on. These messages should include:

- Mental health is part of overall health and well-being.
- Mental illness is exactly like any other kind of illness in that there are causes, effective treatments, and management strategies.
- One in five of us have some kind of diagnosable mental disorder in any given year. Mental disorders include lower risk conditions such as stress, anxiety, and phobias that get in the way of normal daily functioning.

► **Recommendation:** Build on the existing health promotion foundation. Much of what happens now in the Dakota County Public Health Department is related to mental health promotion even without that label. Home visiting, parenting skill development, healthy lifestyles promotion – all of these have connections to improved mental health. It makes sense to highlight these connections and to continue finding and disseminating new evidence-based practices.

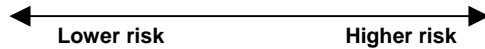
► **Recommendation:** Support public policies that promote mental health. The Dakota County Board of Commissioners has long supported prevention and early intervention efforts, reasoning that long term costs and impacts could be ameliorated. HSAC recommends that the Dakota County Board of Commissioners support public policies that promote mental health in its legislative agendas.

## **Background.**

**Mental Health and Mental Illness Topics Gain Visibility.** Celebrity Rosie O'Donnell disclosed her struggle with depression in her national magazine. *Minnesota Parent* had a spread on dealing with post-partum depression. Even the local *Riverview Times* had a feature about suicide. Does it seem like mental health, after years of invisibility, is suddenly on everyone's lips?

The role of the Public Health Department in mental health is the latest in a series of HSAC studies that have used a risk/response continuum to organize its fact-finding and recommendations. Consistent with the thinking that mental health and mental illness are not polar opposites, but rather points along a continuum, HSAC developed a *Mental Health Risk/Response Continuum* representing people at low risk for mental illness to those already suffering from serious and persistent mental illness (SPMI) or severe emotional disturbance (SED). Figure B shows the continuum.

Figure B: Mental Health Risk/Response Continuum



	Promote healthy functioning, coping for all populations	Identify and refer people <i>at risk</i> for functioning, coping problems	Restore healthy functioning, coping	Treat to prevent deepening, recurrence of illness	Assure safety and stability
<i>Target populations</i>	All, but viewed as subgroup.  Example: -Parents of young children	People with no history of mental illness, but are at risk due to stress.  Example: -People who have lost family members	People with diagnoses, and can function with meds, supports.  Example: -Adults with schizophrenia who are functioning	People with diagnoses, but are unable to function.  Example: Children with SED who are in alternative learning settings	People with mental illness who are dangerous to selves, others.  Example: Adults committed to RTC.
<i>Strategies – what works</i>	<ul style="list-style-type: none"> <li>•Enhance protective factors, ameliorate risk factors; build assets</li> <li>•Collaborate among schools, employers, others to deliver consistent messages</li> </ul>	<ul style="list-style-type: none"> <li>•Early childhood programs</li> <li>•Collaboratives</li> <li>•Targeted home visiting</li> <li>•Screening for mental illness</li> <li>•Crisis stabilization</li> <li>•Outpatient services</li> <li>•Employee assistance program</li> </ul>	<ul style="list-style-type: none"> <li>•Targeted early childhood programs</li> <li>•Collaboratives</li> <li>•Outpatient services</li> <li>•Community Support Program</li> <li>•Employment</li> <li>•Early intervention</li> <li>•Wraparound services</li> <li>•Homes-based services</li> <li>•Crisis stabilization</li> <li>•Residential treatment</li> </ul>	<ul style="list-style-type: none"> <li>•Outpatient services</li> <li>•Partial hospitalization</li> <li>•Community Support Program</li> <li>•Day treatment</li> <li>•Intensive home-based therapy</li> <li>•Screening – Juvenile Services Ctr.</li> <li>•Crisis stabilization</li> <li>•Residential treatment</li> </ul>	<ul style="list-style-type: none"> <li>•Commitment</li> <li>•Inpatient treatment</li> <li>•Residential treatment</li> <li>•Correctional foster care - children</li> </ul>
<i>Number of Dakota County residents impacted:</i>  <i>Children – 9-17 yrs;</i>  <i>Adults – 18+ yrs</i>	Children =50,600  Adults =254,000	Children = 7,600 with diagnosable disorder in any given year  Adults = 58,400 with diagnosable disorder in any given year, and 29,200 with impaired functioning	Children = 5,600 with significant impairment, 2,500 of these with extreme impairment  Adults = 13,700 with serious mental illness, 6,600 of these with serious and persistent mental illness (SPMI)		

This study was meant to focus on the left side of the continuum – mental health promotion (area inside bold borders). This continuum shows that most people are at low risk of serious mental illness. The challenge, in the words of Karen Lloyd of HealthPartners, is to keep low risk people in the low risk category. This is where mental health promotion makes sense. Using the continuum allowed HSAC to visually represent the resources and levels of effort going into prevention/health promotion, early identification, and treatment. It also included descriptive information about the target populations for each point on the continuum, along with the numbers of people who might be affected. By attaching this kind of data to the risk/response continuum, HSAC was able to begin articulating when, how, and why local government has responsibility for mental health promotion.

Then came September 11, 2001. And the race was on all over the country to figure out how to reassure anxious Americans. In a flash, this HSAC study took on a gravity and depth that no one could have predicted.

HSAC's topic was: *What is the County Public Health Department's role in mental health?* To answer this question, though, HSAC had to take a step back to ask several groundwork questions:

- Why does mental health matter?
- What is the difference between mental health and mental illness?
- How many people are impacted by mental health issues?
- What are the best ways to promote mental health?

### **Why does mental health matter?**

"Mental health is everybody's business." This quote is from The Citizen's Briefing Book on Mental Health Issues, a publication of the State of Minnesota's *Toward Better Mental Health in Minnesota* project. Is mental health really *everybody's* business?

- It is fair to say that we all have mental health. The quality of mental health differs person to person, but we all have it.
- One in five Americans has some kind of diagnosable mental disorder in any given year.
- Four of the ten leading causes of disability for people over age five are mental disorders. Further, depression by itself is the leading cause of disability among people in developed nations.<sup>2</sup>

If the numbers do not convince, consider the impact mental health status has on daily life.

- *Healthy People 2010* says that "Mental health is indispensable to personal well-being, family and interpersonal relationships, and one's contribution to society."
- The American Academy of Pediatrics says, "...in the long term, preventive efforts and early treatment of behavioral problems and mental disorders in childhood result not only in changes in behavior but also in changes in the brain. The potential impact of early intervention on instances of violence and number of incarcerated juveniles and young adults is great. Even a modest reduction in negative outcomes among youth will more than compensate for the increased health care costs at this time. Certainly, for children and families, the avoidance of problems and associated misery is a worthwhile goal in a humane society."

If a person's mental health is less than optimal – if he or she has a mental disorder or even illness – there are significant costs and consequences.

- Mental illness and suicide account for 15% of the *burden of disease* on established market economies, according to a study by the World Bank and the World Health Organization. Using a measure called Disability Adjusted Life Years – DALYs – the two organizations were able to measure the number of healthy life years lost to premature death and disability. This seemingly obscure indicator revealed a surprising fact -- that mental illness/suicide together were second only to heart disease in terms of DALYs in economies such as that of the United

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<sup>2</sup> Presentation to HSAC by Dr. Carrie Borchardt on March 20, 2001. Borchardt, a psychiatrist at the University of Minnesota, quoted information from the U.S. Surgeon General's 1999 report on mental health.

States – ahead of cardio-vascular disease and cancers.<sup>3</sup>

- The Citizen's League, a local public policy think tank, pointed out that in the Minneapolis Public Schools, for example, "...13 percent of children were identified as having a mental health problem...These challenges are reflected in graduation statistics showing that children with emotional and behavioral disorders that are in special education programs have four-year graduation rates of 22%."<sup>4</sup>
- According to the U.S. Surgeon General, "Policy makers and service providers in health, education, social services and juvenile justice...have come to appreciate that mental health is inexorably linked with general health, child care, and success in the classroom, and is inversely related to involvement in the juvenile justice system."<sup>5</sup>

Mental disorders cause cognitive problems (such as poor concentration and memory), low energy and motivation, distorted perceptions of reality, irrational fears or beliefs, difficulty getting along with others. All of these, HSAC learned, can have ripple effects in people's lives -- low job or school productivity leading to loss of job/school failure, problems with personal relationships, and loss of social safety net.

Why does mental health matter? The answer is simple: mental health matters because the costs of ignoring it are too high.

*Attack aftermath ravages fragile emotions; Sense of insecurity gives focus to many, but fear is common*

Headline from USA Today

*Fragile Psyches: Mental Health Counselors Gear Up for Potential Crisis in New York*

Headline from New York Times 11/5/01

HSAC's study is point on given the truly awful events of September 11, 2001. Why does mental health matter? HSAC answers that question with another: When has mental health mattered more?

### **What is the difference between mental *health* and mental *illness*?**

There is no clear line between mental health and mental illness. It is instead a matter of degree, of persistence and of how much it interferes with daily life. For example, not everyone who is overly active, inattentive or impulsive has attention deficit/hyperactivity disorder (ADHD). Some people are just more easily distracted than others. Similarly, not everyone who is grieving the loss of a spouse is clinically depressed. It is normal to grieve loss, and to have one's life disrupted by grieving.

*Mental health* is "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 adversity."<sup>6</sup>

*Mental illness* refers to "all diagnosable mental disorders." Mental disorders are "health conditions that are characterized by alteration in thinking, mood, or behavior associated with distress and/or impaired functioning...Alterations in thinking, mood, or behavior contribute to a host of problems – patient distress, impaired functioning, or heightened risk of death, pain, disability or loss of freedom."<sup>7</sup>

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<sup>3</sup> U.S. Surgeon General, Mental Health: A Report of the Surgeon General, 1999, p. 133.

<sup>4</sup> Citizen's League, A Failing Grade for School Completion, 2001

<sup>5</sup> U.S. Surgeon General, Mental Health

<sup>6</sup> U.S. Surgeon General, Mental Health

<sup>7</sup> U.S. Surgeon General, Mental Health

Mental health and mental illness are not polar opposites, then, but rather points on a continuum.

### How many people do mental health issues impact?

We have already said that about one in five Americans suffer from some kind of diagnosable mental disorder in any given year. This information comes from two important incidence and prevalence studies conducted under the auspices of the federal government. These studies provide HSAC a more refined interpretation of the data. Applying these data to Dakota County 2000 census, Figure C shows the estimated number of adults who live in Dakota County who have some level of mental disorder. Figure D also using these studies and census information to show the breakout of the data for Dakota County children between the ages of 9 and 17 years with emotional disturbance.

Figure C: **Adults** in Dakota County with Mental Disorders

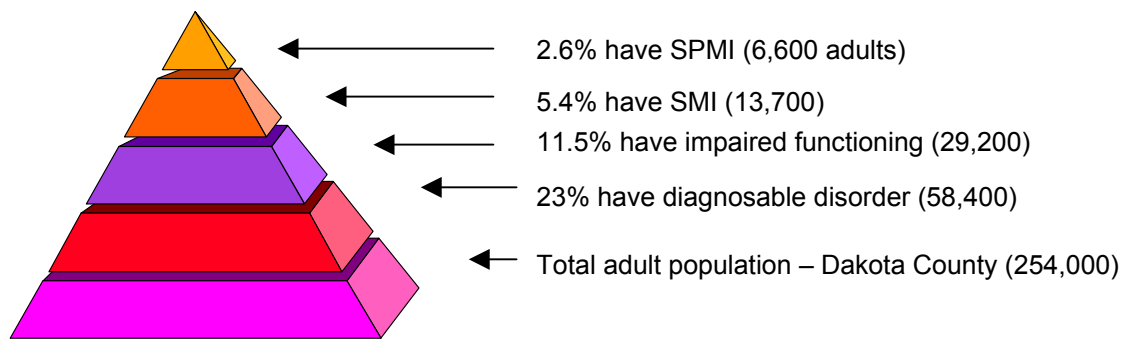
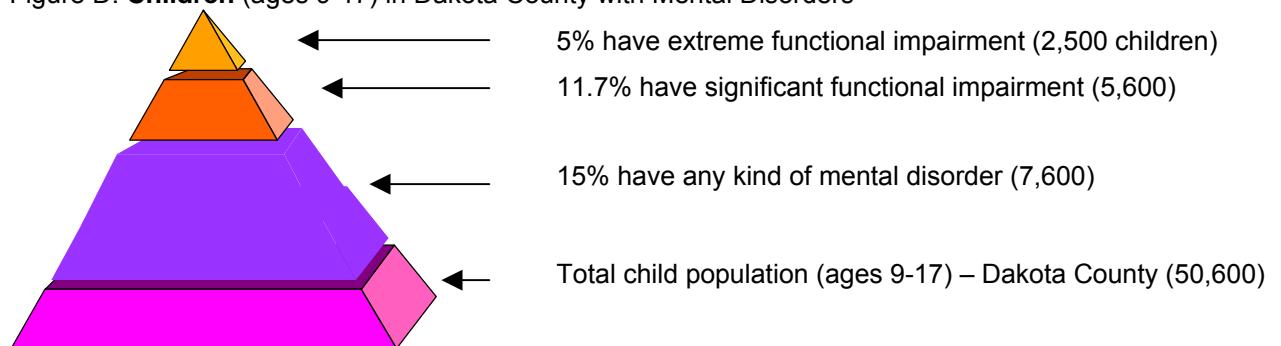


Figure D: **Children** (ages 9-17) in Dakota County with Mental Disorders



While mental disorders impact about 20% of the American population each year, it is important to note that only a portion of this number represents people with serious and persistent mental illness (SPMI) or severe emotional disturbance (SED). Most of the people who have mental disorders are at low risk for long-term problems, so their challenge is to manage their disorders until their circumstances change.

### What are the best ways to promote mental health?

As with other health conditions, mental health is easy to ignore unless and until problems surface. The expert advisers who spoke with HSAC, as well as the literature HSAC consulted agreed that *preventing* serious mental illness such as schizophrenia is not possible – yet. The interplay among biology, genetics, brain chemistry, environment and life experience is still too complex to grasp. Why are some people more optimistic than others? Why do some people recover from tragedy while others never do? Even as research on treatment and interventions continues, as work on the human genome project isolates important genes, it is important to continue mental health

promotion work. The following strategies include those that are promising practices, or have some evidential base.

1. *Talk in plain terms about mental health, mental illness, what works and what does not work.* HSAC's previous work on child neglect and domestic violence put a spotlight on research-based interventions, such as home visiting for families with newborns, and parenting skills development, that attend to variables that can be changed. These efforts also contribute to mental health. Other activities and interventions such as regular exercise and adequate rest sound like old saws, but have new research showing them to be important ways to promote mental health.

Some organizations are promoting promising practices. For example, Search Institute, a locally based youth research and advocacy organization, identifies 40 developmental assets that it says impact the growth and development of young people. Another respected organization in the field, Konopka Institute, appears to be working along similar lines. Konopka's lexicon includes risk and protective factors.

2. *Recognize mind and body as a single entity.* HSAC learned over the course of this study that the traditional division between *physical* health and *mental* health is outmoded. The brain sends chemical and electrical signals to the rest of the body. If something goes wrong in this complicated communication process, the person develops health conditions that could be manifested in everything from diabetes to depression. From here it is easy to understand how healthy habits such as good diets and vigorous exercise normally associated with physical well being also have been shown to improve mental health.
3. *Emphasize mental health promotion, screening and early intervention.* The Citizen's League concluded that only 3% of public funds meant for children's mental health were being spent on early identification and intervention of mental disorders. A shame, the group said, because "some childhood mental illness can be prevented. Many others can be prevented from causing long term damage."<sup>8</sup> A HealthPartners representative told HSAC that one objective of its Partnership for Better Health – Depression program is "to keep low risk people of all ages in the low risk category."<sup>9</sup> A Blue Cross and Blue Shield representative said that screening and early intervention is important for adolescents and adults, too. He told HSAC that it is always preferable to intervene early because the chances for getting positive long term outcomes are greater than waiting until a person's condition worsens.<sup>10</sup>

The Minnesota Department of Health representatives told HSAC that mental health promotion is a set of activities that allows people to enjoy optimal mental health. These activities include overall good health care, social and coping skills, healthy behaviors, and public policies that support these activities.

4. *Make it easy to get screening and services.* The Citizen's League report pointed out that Minnesota's Children's Mental Health Act of 1989 was to meet the mental health needs of all children, but that few children are getting screenings or services. One issue appears to be misunderstanding around how and when primary care physicians are supposed to screen for mental health problems. Further, according to the American Academy of Pediatrics, the screening tools now in use were developed based on adults, and therefore do not help physicians account for complicating developmental issues.

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<sup>8</sup>Citizen's League, *Meeting Every Child's Mental Health Needs: A Public Priority*. January 2001.

<sup>9</sup> Karen Lloyd, HealthPartners Behavioral Health Program, in HSAC presentation on August 21, 2001.

<sup>10</sup> John Scanlon, Blue Cross and Blue Shield of Minnesota, Medical Director of behavioral health in HSAC presentation on August 21, 2001.

Screening and treatment for adults is equally important – and access is equally difficult. The main point of access to screening and services is primary care physicians. But these doctors often lack the time, training and tools to adequately screen and serve mental disorders. HealthPartners, in its Partners for Better Health – Depression program is providing training, a simplified and validated depression screening tool, and decision support information for its physicians. Others recognize the role that employee assistance programs (EAPs) can play in overcoming screening and service barriers. Because they are structured to provide immediate, limited service, EAPs can provide a bridge until the formal health system can accommodate people's needs.

5. *Rigor among professionals will increase confidence among consumers.* The evidence on mental health promotion efforts is emerging, and as stated above, there are strategies that seem to work. But it must be noted that there is no accepted canon on mental health promotion. There is little agreement on which efforts work, why, and for whom. Blue Cross and Blue Shield's Scanlan told HSAC that his organization is advocating uniform terminology and definitions among the large health services payers as a precursor to developing standard treatment protocols. He pointed out how "getting the terms straight among providers will help remove stigma associated with mental health."
6. *Raise awareness of mental health issues among other health professionals.* HealthPartners has its Partners for Better Health – Depression program, a five-year effort, is meant to encourage early intervention/treatment, and to disseminate best practices to its physicians. The health plan found that among its members who have had cardiac problems, minor depression increases mortality by 60%, and major depression triples the risk of dying. The organization also found that 10-15% of its diabetic patients have major depression, and that depression can decrease care compliance. HealthPartners adopted the *Healthy People 2010* goals related to depression:
  - Improve understanding of depression across the risk/response continuum so that people view depression as an illness with treatment and management strategies.
  - Improve the share of HealthPartners members who have depression who get treatment.
7. *Raise awareness about mental health issues in the workplace.* The Citizen's League also studied mental health issues in the workplace. The group concluded that employers are reluctant to address mental health for fear of taking on unmanageable costs. The group found that psychiatric issues account for 60% of employee absences. Also 50-70% of all visits to primary care physicians are related to psychiatric problems.<sup>11</sup> In his presentation to HSAC, the League's executive director Lyle Wray said that the incidence and prevalence of stress related and other adjustment disorders appear to be increasing as the pace of society – including the workplace – increases.

There is evidence that employee assistance programs (EAPs) and health benefits that allow easy access to mental health care quickly can help head off deepening problems among people with some kinds of mental disorders, but these are often out of reach for small employers. The Citizen's League recommended having public agencies commit to educating employers about mental health, including how to accommodate work settings for the 20% of employees who, in any given year, have lowered productivity

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<sup>11</sup>Citizen's League, [Mental Health in the Workplace: an issue for one in five employees](#). January 2001. The report cited a study from the American Psychological Association.

because of mental disorders. One way to communicate quickly and inexpensively with all types of employers is through the Internet.

**A Public Health Approach to Mental Health**

A public health approach to any health condition looks at entire populations, gauging each population’s health status, needs and strengths. A public health approach also means providing information, ideas and encouragement for people to practice healthy behaviors. HSAC believes these public health concepts easily translate into mental health promotion. Mental health promotion is a set of activities that allows people to enjoy optimal mental health. These activities include overall good health care, social and coping skills, healthy behaviors, and public policies that support these activities.

In reviewing the mental health risk/response continuum, HSAC believes that Dakota County Social Services and treatment providers best handle the right side of the continuum, where individual treatment, stability and safety are paramount. HSAC sees the Dakota County Public Health Department as best suited to take responsibility for the left side of the continuum, where core public health responsibilities dominates. Figure E below is HSAC’s view of the differences between mental health promotion and mental illness treatment.

Figure E: Promotion vs. Treatment

<p><i>Mental Health Promotion Principles:</i></p> <ul style="list-style-type: none"> <li>▪ Population-based</li> <li>▪ Focus on health promotion</li> <li>▪ Do what others cannot/will not do</li> <li>▪ Greatest good for greatest number</li> <li>▪ Organize community resources</li> <li>▪ Epidemiological approach</li> </ul>	<p><i>Mental Illness Treatment Principles:</i></p> <ul style="list-style-type: none"> <li>▪ Individual-based</li> <li>▪ Focus on treatment</li> <li>▪ Contract with providers for services</li> <li>▪ Maximize individual’s outcome</li> <li>▪ Match individual to resources</li> <li>▪ Individual diagnosis</li> </ul>
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Dakota County Public Health Department already carries out a number of health promotion activities that also promote mental health:

- Promoting assets, especially in youth (examples: Youth Prevention Committee, Dakota Partners for Healthy Communities)
- Screening and early identification of problems (examples: Dakota Healthy Families, Healthy Beginnings, WIC)
- Early intervention (examples: Youth Risk Behaviors, PHN assessment/case management for families and individuals at high risk for suicide, violence, obesity, substance abuse)

**Conclusions**

**1. Mental health is an important facet of overall health.**

Just as surely as blood pressure is a health concern, something to be monitored, controlled and treated, mental health is a health concern. HSAC heard from the Citizen’s League, the Minnesota Department of Health, and Blue Cross and Blue Shield that it is pointless to separate mental from physical health. HSAC heard from HealthPartners that people with cardio-vascular disease and minor depression have a 60% greater chance of dying than those patients who do not have depression. 70% of diabetics who have complications also have major depression – and that can get in the way of managing their diabetes.

The old way of thinking – that mental health and physical health are two separate and distinct things – is inaccurate and outmoded. Not only does it ignore the interplay of the brain and the rest of the body, but also it also inadvertently feeds the stigma associated with mental health and mental illness.

**2. Mental health and mental illness are related, but are not the same thing.** HSAC found it necessary to distinguish between the two concepts. It laid out a risk/response continuum to show that,

just as with other aspects of health, there are degrees of health or illness. HSAC used this continuum to stay focused on mental health promotion. The group agreed early in this study to put aside in-depth considerations of mental illness. It also recognized that any attention given to mental health promotion will help people better understand mental illness.

3. **Mental health promotion is preferred over prevention.** HSAC struggled with the concept of prevention in a mental health context. It heard from Borchardt, Scanlan, Wray, and the Minnesota Department of Health (MDH), that the foundations of mental health/illness are in bio-chemical and neurological components that interact in still mysterious ways with the environment and individual life experiences. HSAC decided that because serious mental illness such as schizophrenia are not preventable – at least not yet – it would be fairer to think in terms of mental health promotion.

Mental health promotion is a set of activities that allows people to enjoy optimal mental health. These activities include overall good health care, social and coping skills, healthy behaviors, and public policies that support these activities.

4. **Mental health promotion is gaining visibility.** HSAC was pleased to see that other organizations were looking at mental health promotion at about the same time as this study. For example, the HealthPartners five-year plan to deal with depression among its members includes public health approaches such as public awareness campaign, training the health care providers, and measuring health status of members. Blue Cross and Blue Shield's program of community discussions ("Minnesota Acts") attempted to understand people's expectations about mental health. The State of Minnesota's *Toward Better Mental Health in Minnesota* helped to jump start local discussions about mental health and illness. All of these efforts relied heavily on the influential 1999 report of the U.S. Surgeon General on mental health.

5. **There are costs of doing nothing.** HSAC concludes that there are direct costs to Dakota County of ignoring mental health promotion. There are also costs to schools, employers, health plans/payers, families and individuals. HSAC learned that:

- The Children's Mental Health Act has not lived up to its promise of meeting every child's mental health needs, according to the Citizen's League. Untreated depression and other mental disorders result in higher K-12 costs because more children end up in special education. These disorders also contribute to higher costs for juvenile justice and foster care.<sup>12</sup> Finally, they are associating with suicides and attempted suicides among youth. MDH told HSAC that suicide is the second leading cause of death among young people in Minnesota.
- Employers do not understand mental health and illness, again according to the Citizen's League. Like much of society, they believe that mental illness automatically means violence, or at least someone who could not be productive. They fear the potential costs for screening and treatment. What they do not know is that they are probably already employing people with mental disorders. They don't know that as much as 60% of their employee absences – non-productive work time – could be traced to psychological origins. They may not be aware of relatively low cost ways to accommodate people with mental disorders that will help everyone's bottom line, things such as flexible work schedules, time off for appointments, and the availability of employee assistance programs.
- Mental illness/suicide is second only to heart disease in terms of lost productive years among market economies such as that of the United States.

6. **Beneath it all – stigma.** All of HSAC's presenters for this study and all of the written materials it considered have the same primary message: mental health is taboo as a policy topic in our communities and families because of the stigma associated with it. The Surgeon General wrote:

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<sup>12</sup> Lyle Wray, Citizens League Executive Director, told HSAC that a Rand Corporation study found that each high school drop out costs society \$1 million in social, health, and corrections costs, plus lost productivity and lower wages.

*“The nation has the power today to tear down the most formidable obstacle to future progress in the arena of mental illness and health. That obstacle is stigma. Stigmatization of mental illness is an excuse for inaction and discrimination that is inexcusably outmoded.”*

The Citizen’s League report on employment issues for people with mental health problems came to a similar conclusion, stating, “...mental health issues aren’t appearing on the radar screen of Minnesota’s employer community...Employers seem to be clinging to the notion that ‘we don’t have any of *those people* here.’ This makes a conversation about the adequacy or effectiveness of existing supports and services impossible...”

HSAC whole-heartedly agrees with these sentiments.

## **Recommendations**

These recommendations can be as modest or as challenging as resources allow. HSAC recommends that the Public Health staff consider approaching private funders for dollars to develop the ideas further. One source of funds that should be immediately investigated is the Gates Foundation.

1. **Adopt a public health approach to mental health promotion in Dakota County.** Assign responsibility for broad population level efforts to the Dakota County Public Health Department. A public health approach puts attention to *promotion*, screening, and early identification – all activities that clearly belong at the promotion end of the mental health risk/response continuum. A public health approach also focuses on population-based efforts, something that requires partnership with schools, employers and community groups. Finally, a public health approach includes assuring cultural competency for mental health promotion, with particular attention to the issues facing immigrants. HSAC believes that this is a necessary leadership role for local government, and that the Public Health Department is in the best position to engage these partners.
2. **Develop strategic partnerships with other interested health organizations.** One of the most exciting moments of HSAC’s exploration into mental health promotion came during the August 2001 meeting, during an exchange with representatives of HealthPartners and Blue Cross and Blue Shield. Here, finally, were organizations using the same words as HSAC – public health approach to mental health promotion. HSAC recommends that Dakota County Public Health staff work with interested health organizations to coordinate information about mental health promotion. One example would be to partner with HealthPartners on its most recent “Partners for Better Health” efforts involving depression. These kinds of partnerships make sense as cost-effective ways to promote mental health, building as they would on existing efforts and relationships.
3. **Act as convener to spark conversations about mental health promotion.** This recommendation is an obvious next step for the Public Health Department. HSAC imagines the Public Health Department using its contacts with school districts, for example, to convene representatives of teachers, school social workers, counselors, nurses, principals and administrators to talk about mental health, illness, and cooperative health promotion efforts. Public Health could repeat this exercise with small groups of employers, too, taking up the challenge offered by the Citizen’s League to provide information on best practices, community resources, legal requirements and basic accommodations.
4. **Develop, measure and report on community mental health indicators.** HSAC suggests that the Public Health Department find and/or develop ways to monitor and report on the mental health status of Dakota County residents. The indicators could be taken from other sources such as the student survey conducted periodically by the Minnesota Department of Children, Families & Learning, for example.

HSAC further recommends that the Public Health Department advocate for community mental health status indicators to be included in Dakota County’s annual *Social Indicators Report*. The Report already provides policy makers with snapshots of important aspects of life in Dakota County. HSAC believes that mental health status is an important indicator of overall health.

5. **Talk plainly about stigma.** Stigma is useful when people want to believe that they are somehow different from those who have illness, and that those differences will somehow convey immunity. It is

easy to understand the allure of stigma associated with mental illness: *If people with mental illness choose to be violent or depressed or manic, then I will simply not make those choices. And anyone who chooses these is just looking for attention. They should snap out of it.* The tragedy is that this convenient stigma prevents us from putting energy into things that really can make a difference. HSAC believes that it is important to address stigma head on, debunking the myths and conventional wisdom about mental health and illness. It is also important to couple those messages with facts that give people something to remember and act on. These messages should include:

- a. Mental health is part of overall health. Given the connections between mind and body, it makes no sense to separate mental health from physical health. Everyone knows how important diet and exercise are to maintaining healthy cholesterol, for example. It turns out that a healthy diet and regular exercise may also help maintain mental health.
- b. Mental illness is exactly like any other kind of illness in that there are causes, opportunities to identify it early, effective treatments, and management strategies. Just as with other illness, catching it early improves treatment effectiveness. With mental disorders, however, people may be reluctant to seek help because of stigma.
- c. One in five of us have some kind of diagnosable mental disorder in any given year. This includes the most common disorders: – depression, anxiety, and phobias. Knowing this, all of us – employers, peers and co-workers, schools, families, neighbors – have responsibility for recognizing the problem, accommodating each other, and encouraging each other to seek help immediately.

HSAC recommends that the Public Health Department develop contacts with local media around mental health promotion and illness so that as related news develops, the media will automatically contact Dakota County Public Health staff for the most useful and unbiased information.

6. **Build on the existing health promotion foundation.** It is important to move beyond simply saying that mental health is important, and toward what research says actually promotes mental health. People who want to help themselves and others need this kind of specific information. The Public Health Department is in an excellent position to seek out, compile, and convey this kind of information. For one thing, the agency already has expertise and access to research related to behavior risk reduction strategies. HSAC concluded that much of what happens now in the Dakota County Public Health Department is related to mental health promotion. HSAC's recommendation serves to underscore this work, and to encourage staff to build on the strong pieces it already has in place. It makes sense for the Public Health Department to highlight the connections between its current efforts and mental health promotion. HSAC recommends that the Public Health Department continue to find and disseminate new evidence-based mental health promotion practices.

As discussed above, HSAC recommends that the Public Health Department cultivate media contacts so that it can get publicize reliable information on promoting mental health.

7. **Support public policies that promote mental health.** The Dakota County Board of Commissioners has long supported prevention and early intervention efforts, reasoning that long term costs and impacts could be ameliorated. Though the terminology for this report is a bit different – *promotion* vs. *prevention* – the intent is the same. HSAC recommends that the Dakota County Board of Commissioners support public policies that promote mental health in its legislative agendas. One example of such policies is the Minnesota Children's Mental Health Act. That legislation is supposed to ensure early identification and intervention for every child in need, yet only a small portion of public funds, perhaps 3% according to the Citizens League, goes toward these purposes. The County Board could support legislation that would provide funds specifically for early identification and intervention.

HSAC began this study of Dakota County Public Health Department's role in mental health in March 2001 with some trepidation. What exactly was mental *health*? Is it different from mental *illness*? Shouldn't the focus be on people with illness and disability? The mental health risk/response continuum helped HSAC clarify where mental illness treatment ends and mental health begins. And, as national events unfolded,

HSAC's study about mental health took on new urgency. People who otherwise would be at the low-risk side of the continuum were, after September 11, suddenly more anxious, more depressed.

Perhaps the best thing that can come of this report is the recognition that mental health is truly everybody's business, and that it is part of the constellation of factors that make healthy and productive people.

## Study Advisors

The Dakota County Human Services Advisory Committee (HSAC) benefited from the information and thought provoking presented by a number of mental health and mental illness experts. HSAC is grateful for their willingness to volunteer their time and expertise for the effort.

<b>Meeting</b>	<b>Expert presenters</b>
March 2001	<ul style="list-style-type: none"> <li>• Carrie Borchardt, MD, psychiatrist at the University of Minnesota</li> <li>• Leslie Yunker, MA and Licensed in Child/Adolescent Psychology, Supervisor for Dakota County Social Services – Children’s Mental Health</li> <li>• Diane Stang,</li> </ul>
May 2001	<ul style="list-style-type: none"> <li>• Lyle Wray, Executive Director of the Citizens League</li> <li>• Mary Jones, LICSW, Dakota County Social Services – Adult Mental Health</li> <li>• Carol Fish, MS, Dakota County Public Health supervisor</li> <li>• Leslie Yunker, MA and Licensed in Child/Adolescent Psychology, Supervisor for Dakota County Social Services – Children’s Mental Health</li> </ul>
June 2001	<ul style="list-style-type: none"> <li>• Julie Brunner, Deputy Commissioner, Minnesota Department of Health</li> <li>• Candy Kraigthorpe, Program Coordinator – Suicide Prevention, Minnesota Department of Health</li> </ul>
August 2001	<ul style="list-style-type: none"> <li>• Karen Lloyd, PhD, Senior Director of Behavioral Health for HealthPartners</li> <li>• John Scanlan, MD, medical director for Behavioral Health Services, Inc. (BHSI), the mental health/behavioral health part of the Blue Cross and Blue Shield health services network</li> <li>• Joan Sirotiak, founder and co-owner of the Sand Creek Group, an employee assistance program (EAP)</li> </ul>

Others who offered their time and talents were:

Pat Adams, Dakota County Public Health Director (beginning July 2001)  
 Donna Anderson, Dakota County Public Health Director (through June 2001)  
 Shannon Bailey, Dakota County Public Health  
 Mary Montagne, Dakota County Public Health

### Human Services Advisory Committee Members

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