



Mountain Plains (HHS Region 8)

MHTTC

Mental Health Technology Transfer Center Network

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Thank you for joining us today!

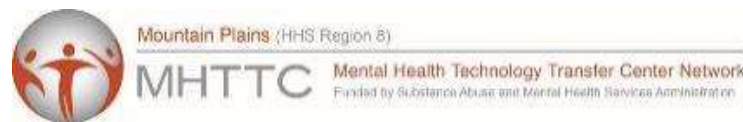
- Please Note:
- We all attendees are muted for the presentation portion of today's session.
 - Today's presentation will be recorded.

SAMHSA
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Services Administration

Rural Resilience: Bridging Mental Health Support for Men in the Heartland

Dr. Jordan Thayer (he/him)

April 3, 2024



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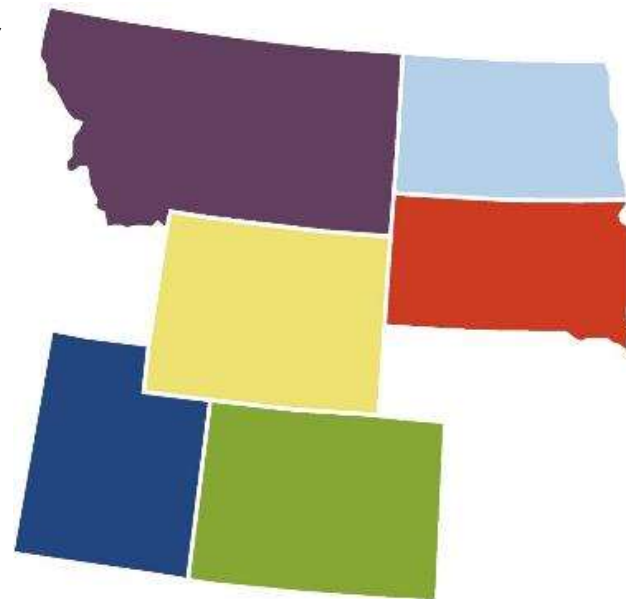
At the time of this presentation, Miriam E. Delphin-Rittmon, Ph.D. served as acting SAMHSA Assistant Secretary. The opinions expressed herein are the views of Dr. Jordan Thayer. No official support or endorsement of DHHS, SAMHSA, for the opinions described in this presentation is intended or should be inferred.

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The Mountain Plains Mental Health Technology Transfer Center

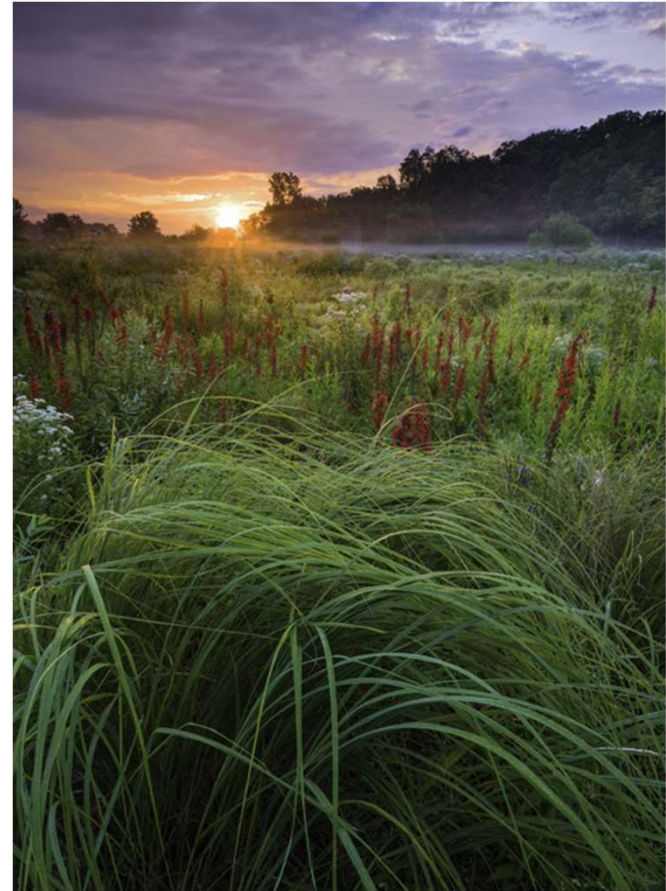
The Mountain Plains Mental Health Technology Transfer Center (Mountain Plains MHTTC) provides training and technical assistance to individuals who serve persons with mental health concerns throughout Region 8 (Colorado, Montana, North Dakota, South Dakota, Utah, and Wyoming).

We belong to the Technology Transfer Center (TTC) Network, a national network of training and technical assistance centers serving the needs of mental health, substance use, and prevention providers. The work of the TTC Network is under a cooperative agreement by the Substance Abuse and Mental Health Service Administration (SAMHSA).



Land Acknowledgement Statement

Today, the University of North Dakota rests on the ancestral lands of the Pembina and Red Lake Bands of Ojibwe and the Dakota Oyate - presently existing as composite parts of the Red Lake, Turtle Mountain, White Earth Bands, and the Dakota Tribes of Minnesota and North Dakota. We acknowledge the people who resided here for generations and recognize that the spirit of the Ojibwe and Oyate people permeates this land. As a university community, we will continue to build upon our relations with the First Nations of the State of North Dakota - the Mandan, Hidatsa, and Arikara Nation, Sisseton-Wahpeton Oyate Nation, Spirit Lake Nation, Standing Rock Sioux Tribe, and Turtle Mountain Band of Chippewa Indians.



The MHTTC Network uses affirming, respectful and recovery-oriented language in all activities. That language is:

STRENGTHS-BASED
AND HOPEFUL

INCLUSIVE AND
ACCEPTING OF
DIVERSE CULTURES,
GENDERS,
PERSPECTIVES,
AND EXPERIENCES

HEALING-CENTERED AND
TRAUMA-RESPONSIVE

INVITING TO INDIVIDUALS
PARTICIPATING IN THEIR
OWN JOURNEYS

PERSON-FIRST AND
FREE OF LABELS

NON-JUDGMENTAL AND
AVOIDING ASSUMPTIONS

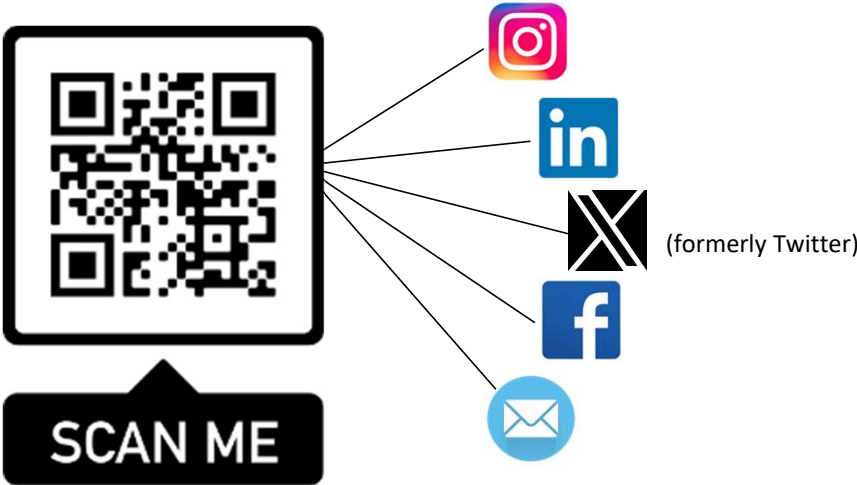
RESPECTFUL, CLEAR
AND UNDERSTANDABLE

CONSISTENT WITH
OUR ACTIONS,
POLICIES, AND PRODUCTS

Adapted from: https://mhcc.org.au/wp-content/uploads/2019/08/Recovery-Oriented-Language-Guide_2019ed_v1_20190809-Web.pdf

Stay Connected

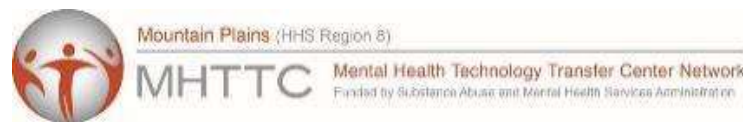
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Rural Resilience: Bridging Mental Health Support for Men in the Heartland

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A stylized landscape illustration. The background is a light beige gradient. On the left, there are reddish-brown mountains with white outlines. In the center, there are dark, jagged silhouettes of trees or bushes. On the right, there is a large yellow sun partially obscured by a dark blue hill. There are also several soft, purple and blue clouds scattered across the sky.

Bridging Mental Health Support for Men in Rural Communities

April 3, 2024

Facilitator



Dr. Jordan Thayer (he/him)
Licensed Pediatric and School
Psychologist, SAMHSA Faculty Trainer,
Former High School Teacher

Practiced in Minnesota, Illinois, Nebraska,
and Washington rural settings

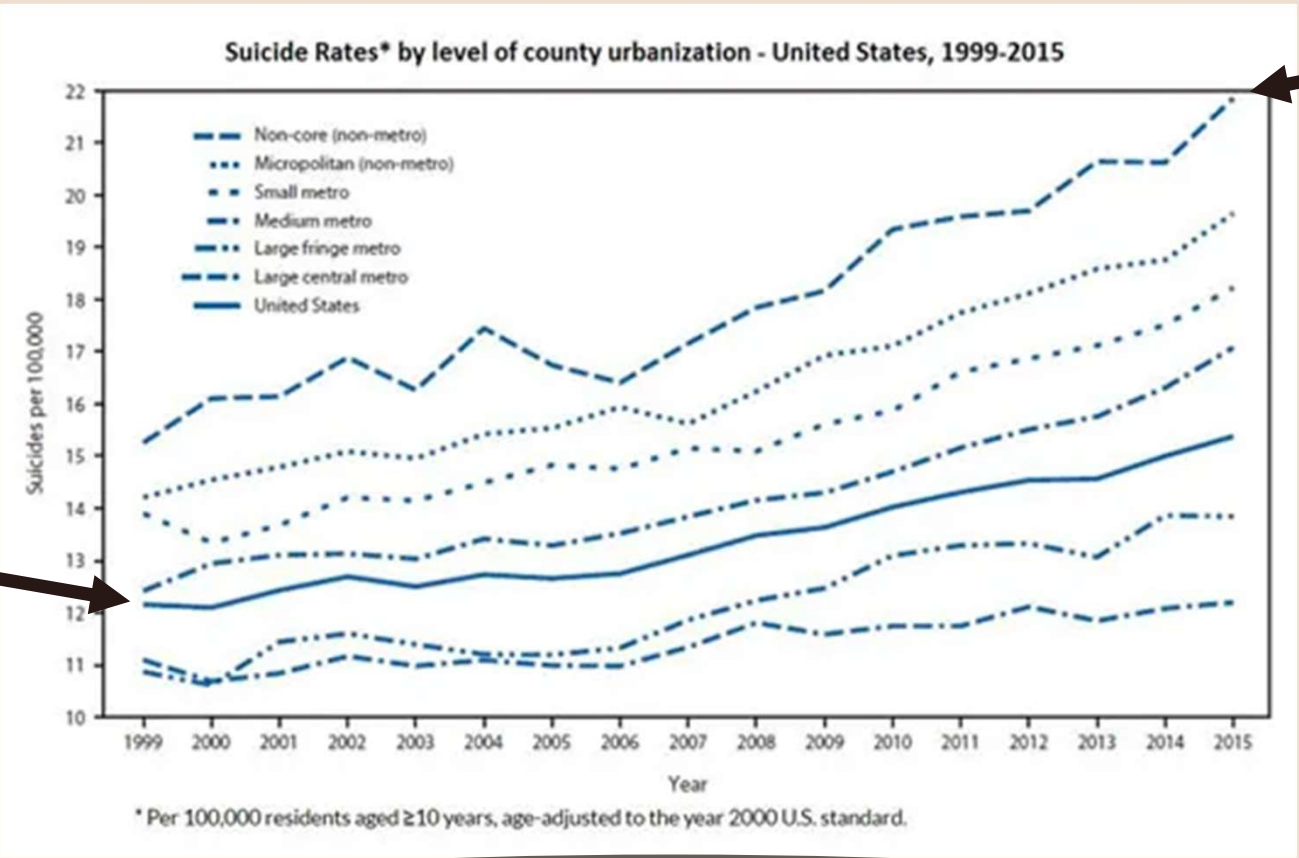
Overview of Today's Session

Throughout our short time together, we will work toward:

- Understanding the Unique Challenges For Men in Rural Communities
- Strategies for Effective Communication
- “Getting Into” places
 - The Role of Community and Faith
 - Integrating Support in the Workplace
 - Building Holistic Health Systems

We will have time for a Q&A at the end.

Urgency for Rural Mental Health



Rural communities

U.S.A. average

“A significant number of men who have died by suicide had visited a healthcare provider within 30 days prior to their death”—Center for Disease Control, 2023

But it extends beyond suicide...

Value

Economic Productivity & Employment

Physical Health & Capability

Close Community & Family Ties

Resiliency in Change

Legacy & Stewardship

Impact

Decreased productivity, higher absenteeism, higher job loss ((Ngui, Khasakhala, Ndetei, & Roberts, 2010)

“Negative” psychological states highly correlated with cardiovascular disease (CVD), inflammation, diabetes, chronic fatigue and “sickness”, delayed recovery, disorganized executive functioning and decision-making (Balon, 2006; Clarke & Currie, 2009; Cohen et al., 2015)






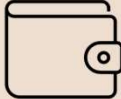
Barriers to mental health access linked to dissolving family dynamics, increased conflict, and general familial tensions (Boydell et al., 2006).

As the world changes, rural communities require different forms of resilience that emphasize general economic independence and technological integration (Hanson & Heeks, 2020; Su, Change, & Pai, 2022)

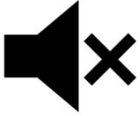


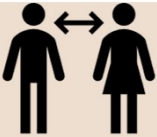
Importance of drawing up inner strengths & community, but can come at a cost of actual land management capacity (Gorman et al., 2007; Wang et al., 2019)

Barriers for Support for Mental Health in Rural Areas

Contextual Factors

- Economic Productivity & Employment 
- Transportation 
- Lack of Providers 
- Lack of Training Centers 
- Limited Selection of Modalities 
- Financial Constraints 

Cultural

- Mental Health Stigma 
- Traditional Masculinity EXPRESSION Norms 
- Privacy Concerns 
- Rapid Contagion 

“Getting Into” Their Spaces

Focusing First on Indirect Services

Provide the Patient Health Questionnaire-9 to all nearby medical clinics

WHY

- PHQ-9 is fairly standard practice that shouldn't "raise an alarm"
- While its questions are usually interpreted within the context of depression, they actually cover A LOT of potential issues

Language for Doctors

"This screening helps us identify factors that could be affecting your physical health, including sleep patterns, energy levels, and overall mood. Identifying these early can help us manage potential physical health issues like diabetes or thyroid problems more effectively."

WHY	Language for Doctors
<p>Broaching the topic of mental health can be daunting for medical practitioners. Here are some options</p>	<p>Script for Introducing PHQ-9 Screening: "We're starting to look more closely at how your overall well-being affects your physical health. This simple questionnaire will help us understand if there are any areas we should explore further to keep you feeling your best."</p>
	<p>Script for Discussing Mental Health Concerns: "It's common for physical health issues to affect our mood and energy levels. How have you been feeling lately? Any changes in your sleep, appetite, or energy that we should talk about?"</p>

Key Warning Signs for Healthcare Providers

WHY	Warning Signs (not on PHQ-9)
<p>Healthcare providers need to aware of these sometimes less obvious warning signs</p>	<ul style="list-style-type: none">• Reports of Sudden Behavior Change• Worrying or Fear (generally about family or career)• Difficulty Organizing Tasks• Unexplained Physical Symptoms• Extreme Mood Swings• Change in Performance at Work or School• Excessive Anger, Hostility, or Violence• Feeling Overwhelmed or Paralyzed by Daily Tasks

The Second Step: Get into Work Spaces (and/or EAPs)

Getting into their workspace is more about public health prevention & EXPOSURE

What	Why
<ul style="list-style-type: none">• Partner with first-aid responders to merge first-aid training with mental health• Stress management workshops• Regular check-ins with EAP services (leader driven, with success examples)	<ul style="list-style-type: none">• Mental health “check ins” are generally better accepted under moments of distress• Stress management workshops can be connected directly to productivity• If institutionalized, EAPs are often underutilized but a road “in”

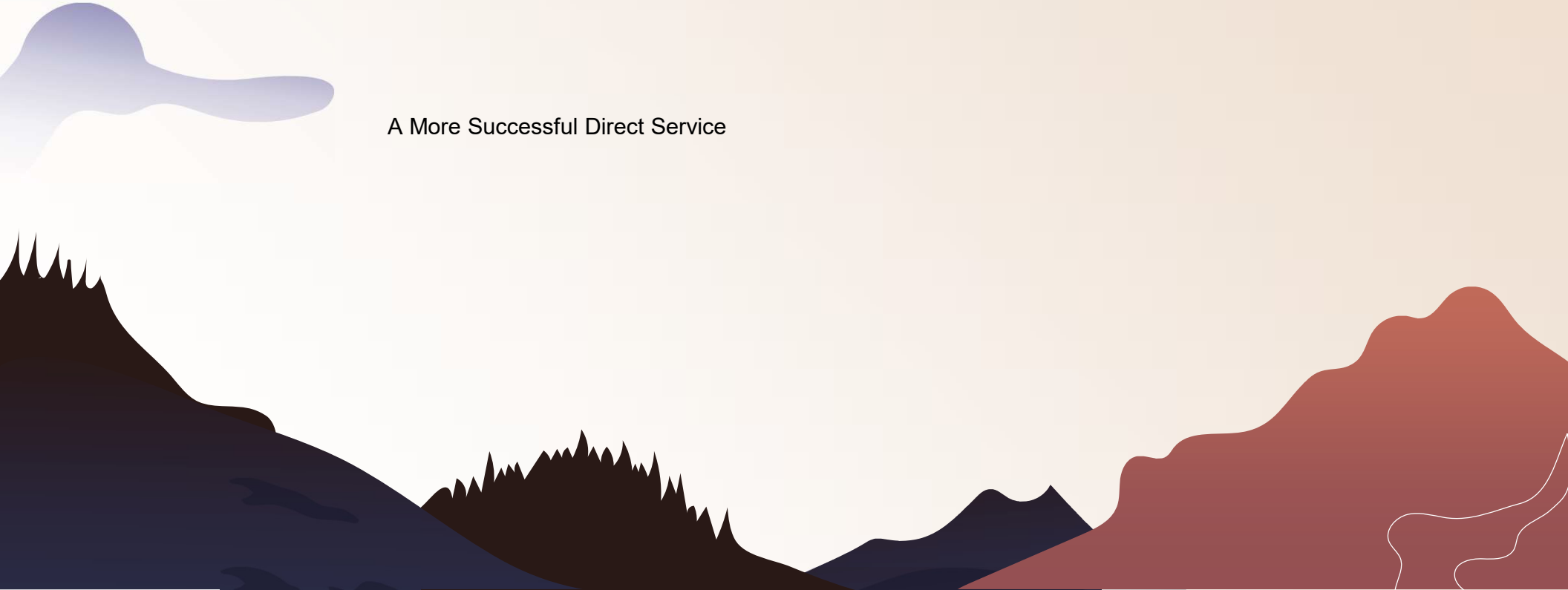
The Third Step: Get into Faith Organizations/Community

Utilize “Referent Power” by incorporating local faith and community leaders (Raven, 1986)

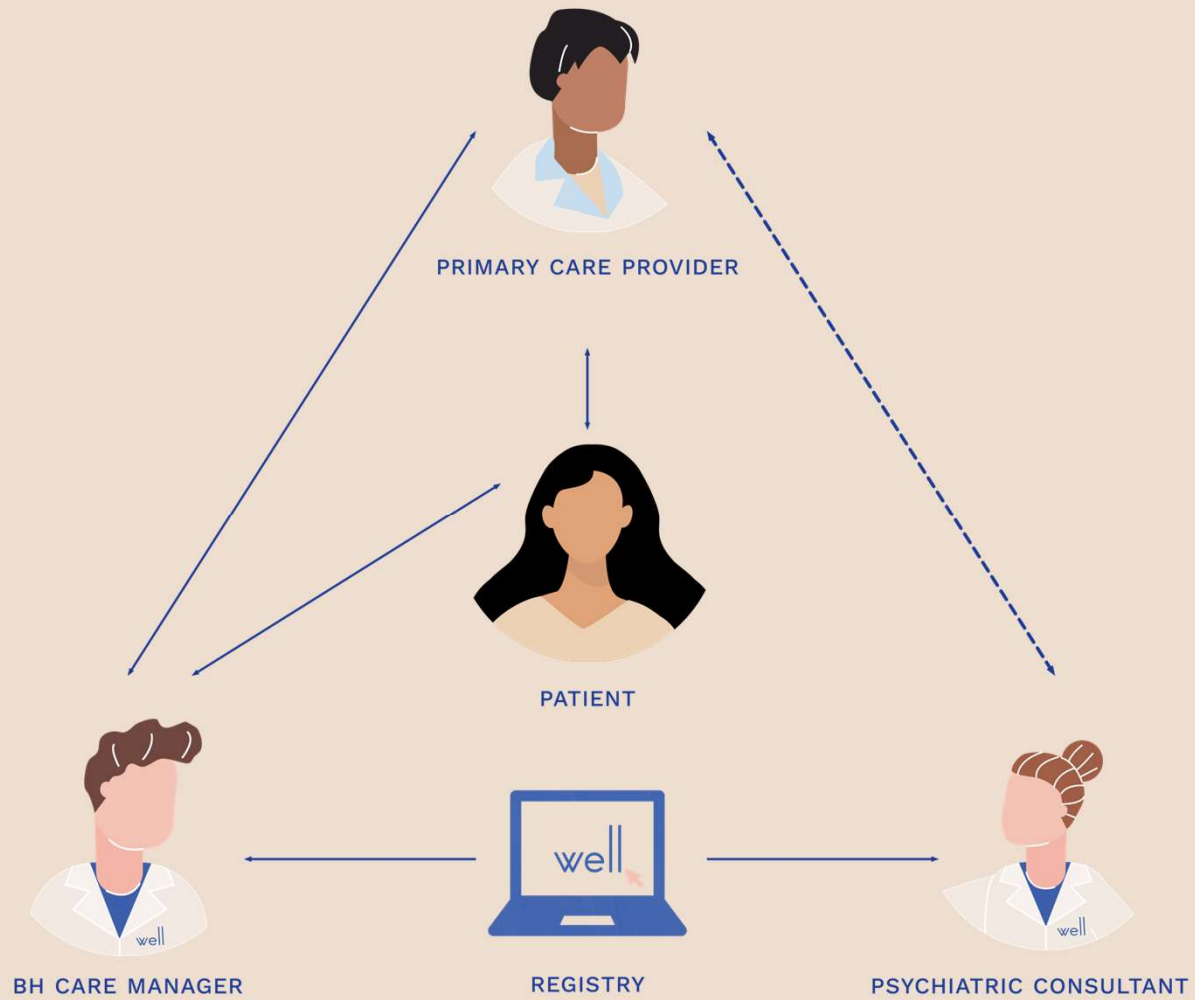
What	Why
<ul style="list-style-type: none">• Identify and share with faith-based, and community leaders (regardless of personal belief)• Train group leaders in your place• Lead with family events first	<ul style="list-style-type: none">• Appealing to shared concern but leading with faith beliefs can create a better partnership• The presence of a mental health professional may delegitimize the effort• Family is often reported as a primary value for rural men

Setting Up Integrated Behavioral Health

A More Successful Direct Service



What is Integrated Behavioral Health (IBH)?

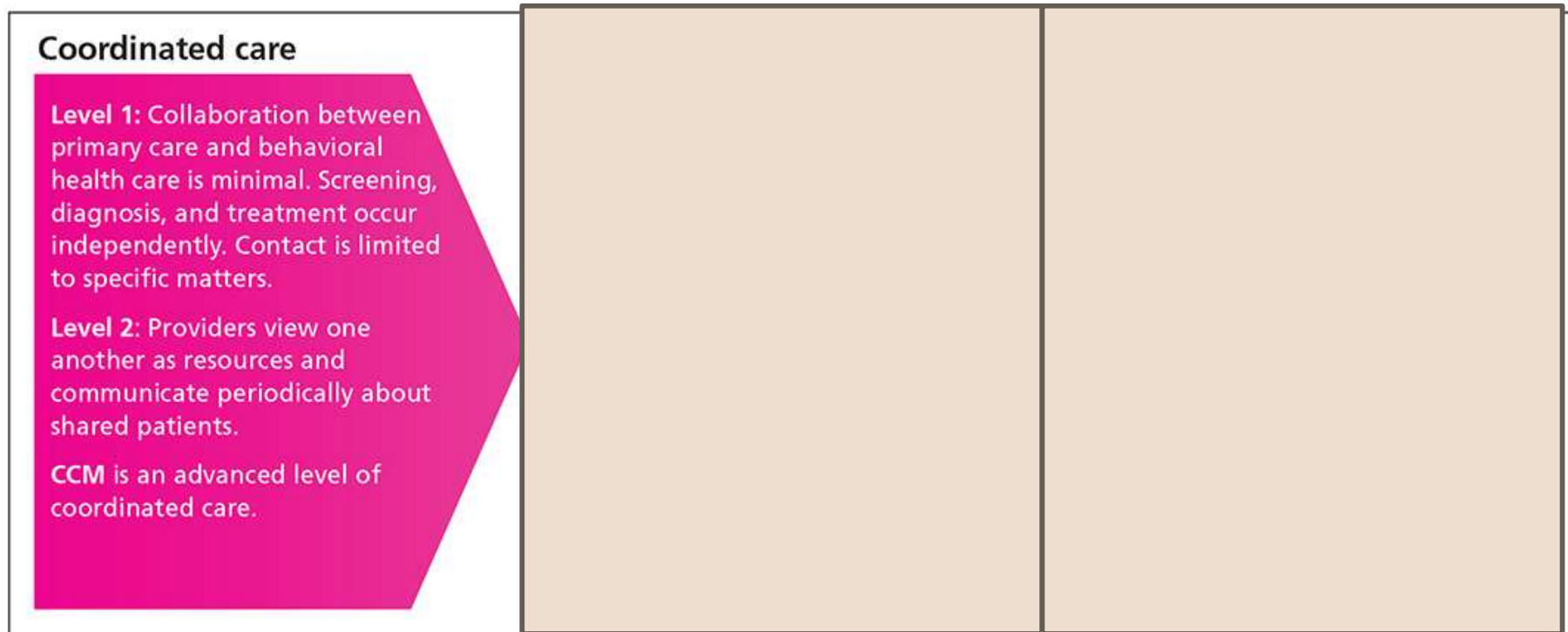


What is Integrated Behavioral Health (IBH)?

FIGURE 1

How collaboration changes on the BHI continuum^{12,13}

Six levels of collaboration spanning 3 basic models of care



BHI, behavioral health integration; CCM, collaborative care model.

- 1. Assessment of Needs**
- 2. Building a Multidisciplinary Team**
- 3. Training and Education**
- 4. Funding and Resources**
- 5. Collaboratively Create an Integrated Infrastructure and Workflow**
- 6. Community Engagement**
- 7. Evaluation and Adaptation**

1. Identify Appropriate Grant Opportunities

- **Federal and State Health Agencies:** Department of Health and Human Services (HHS), the Substance Abuse and Mental Health Services Administration (SAMHSA), and state-level health departments (MHTTC)
- **Private Foundations:** The Robert Wood Johnson Foundation, the W.K. Kellogg Foundation
- **Research and Academic Grants:** National Institutes of Health (NIH)

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Thank You for Joining Us!

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