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# Three Proposed Interventions to Address Mental Health Stigma in Adams County

Public Health 780: Evidence-Based Decision-Making  
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## **Three Proposed Interventions to Address Mental Health Stigma in Adams County**

Adams County Health and Human Services

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## SUMMARY STATEMENT

The 2017 Adams County Community Health Assessment identified mental health as a top priority in the community. Like many rural areas, Adams County faces significant barriers to mental health treatment, including limited access to mental health services and significant stigma associated with seeking these services. Mental health stigma can be addressed with strategic, synchronized, and unified messaging over time. Various community agencies can be involved in such messaging, including schools, law enforcement, radio stations, bars, and movie theaters. This proposal outlines three separate interventions that use local resources to address mental health stigma in Adams County: 1) a Teen Mental Health First Aid training for high school students, 2) a Crisis Intervention Team program for law enforcement, and 3) a social marketing campaign to reach the entirety of Adams County.

## PUBLIC HEALTH ISSUE

Mental illness is an identified problem in Adams County and is exacerbated by mental health stigma. According to the Centers for Disease Control and Prevention (CDC, 2018), more than 50% of the U.S. will be diagnosed with a mental illness during their lifetime. In Wisconsin, 29.7% of residents reported having between 1 and 13 poor mental health days in the past month, which is greater than the national average (24.9%) (Behavioral Risk Factor Surveillance System, 2019). Similar to national averages, 13.4% of Wisconsin residents reported having more than 14 days of poor mental health in the past month (Behavioral Risk Factor Surveillance System, 2019). Mental illness is particularly prevalent in younger age groups, where over 1 in 4 report having depression and 1 in 6 Wisconsin public high school students report self harm (McCoy, 2017). According to their 2017-2022 Community Health Improvement Plan, the Adams County Department of Health reported a suicide rate of 20.1 per 100,000, which is significantly higher than the statewide average of 13.5 per 100,000. When surveyed, 27% of respondents believed that mental health is *the top health priority* in their communities. Mental health stigma is an isolating experience that can exacerbate mental illness. In Wisconsin, about 38% of residents disagreed that people are caring and sympathetic to individuals with mental illnesses (CDC, 2012). The level of disagreement increased to over 50% in individuals with frequent psychological distress (CDC, 2012). In the 2017-2022 Community Health Improvement Plan, Adams County residents noted that mental health stigma is a community challenge that should be addressed. Given the prevalence of mental illness in Adams County and the role of stigma in perpetuating mental illness, addressing mental health stigma is an important component to increasing the health and wellbeing of Adams County residents.

## EVIDENCE-BASED POLICY REVIEW

### Intervention #1: Teen Mental Health First Aid

#### *Description of Intervention*

Teen Mental Health First Aid (tMHFA) is an evidence-based training course that teaches high school students (10th-12th grade) how to identify, understand, and respond to signs of mental illness and substance use disorders among their friends and peers. The tMHFA program is a recently adapted version of the more widely used Mental Health First Aid (MHFA) program that specifically meets the needs of teens. Adolescents are at high risk for the onset of mental illness and are more likely to seek help from their peers than from adults or health professionals

(Yap et al., 2013). Low mental health literacy and significant mental illness stigmatization among teens (Jorm et al., 2007) highlight the need for teen-specific MHFA. The tMHFA training uses interactive activities to disseminate information on the signs and symptoms of mental illness, appropriate responses to peers experiencing mental health problems, and how to seek help from a trusted adult. The official five-step teen “action plan” includes: 1) Look for warning signs, 2) Ask how they are, 3) Listen up, 4) Help them connect with an adult, and 5) Remember your friendship is important.

### ***Summary of Evidence***

**MHFA:** The general MHFA program has been evaluated by the County Health Rankings’ tool “What Works for Health” (WWFH) and received a rating of “some evidence” (County Health Rankings & Roadmaps, 2019). WWFH uses a six-point scale to rate the effectiveness of policies and programs based on available evidence. From lowest to highest, ratings include: 1) evidence of ineffectiveness, 2) mixed evidence, 3) insufficient evidence, 4) expert opinion, 5) some evidence, and 6) scientifically supported. MHFA’s rating of “some evidence” indicates that it has been tested more than once, that results trend positive overall, and that it is likely to work, but further research is needed to confirm its effects. Specifically, MHFA has been shown to improve understanding of mental health, confidence helping others, and attitudes toward mental illness—i.e. reduction in stigma. These effects have been shown to persist six months post training, but longer term effects are unclear. It is also unclear if those at risk for or with mental health problems seek and/or receive more mental health services after engaging with MHFA-trained individuals, but research suggests that MHFA does have the potential to promote service use, especially in rural areas.

**tMHFA:** tMHFA was first piloted in the United States in 2019, reaching 83 different sites by the end of the 2020 school year. The findings of this pilot are currently being investigated by researchers at the Johns Hopkins University Bloomberg School of Public Health; they are expected to publish their results in late 2021 (Mental Health First Aid, 2020a). However, data has already been published on tMHFA programs in Australia, where the program was initially developed, and where it has been up and running for several years. Two Australian studies, one of which was a randomized controlled trial, demonstrated that students who completed the tMHFA training had improved mental health literacy, were more confident in supporting a peer with a mental health problem, and viewed help-seeking behavior more positively (Hart et al., 2016; Hart et al. 2018).

### ***Implementation***

**Intervention.** Implementation of tMHFA training allows for moderate flexibility, but does require certain guidelines be met. For example, schools offering tMHFA training to students are required to train the entire grade level. For maximum impact, this program would be integrated into the curriculum as a recurring event over time, and training would be made available to all students at some point in their high school career. With this design in mind, the most feasible option may be to deliver tMHFA training annually to a single grade, such that all students are trained when they are in, for example, 10th grade. It is acceptable to split up the training such that half the students are trained in the fall and the other half in the spring. Another option would be to deliver the training once every three years to all eligible grades (10th, 11th, and 12th), but this approach may place undue strain on administration as it would be a less frequent, larger-scale endeavor. Training sessions themselves can be delivered in either three 90-

minute sessions or six 45-minute sessions, depending on scheduling needs. The program is ideally delivered in-person, but can be taught remotely if social distancing protocols are in place.

Another requirement is that schools offering tMHFA training to students must also train at least 10% of adult staff in Youth MHFA (YMHFA)—a program adapted for adults who work with youth. (To clarify, *Teen* MHFA trains teens to support other teens, whereas *Youth* MHFA trains adults to support youth.) YMHFA is a 6-hour course that can be taught in a variety of settings: entirely virtually, entirely in-person, or in a blended format. Since a key step in the tMHFA action plan is connecting with a trusted adult, it is critical that there are YMHFA-trained adults present within the institution.

Both tMHFA (for students) and YMHFA (for staff) must be taught by an MHFA-certified instructor. One option is to find an MHFA-certified instructor in the community using the MHFA website (Mental Health First Aid, 2020b). Another option is to identify individuals in the community (potentially school teachers and staff) who would be interested in becoming MHFA-certified instructors themselves. They would have to attend a 5-day training course (currently offered over Zoom), and could then facilitate tMHFA training among students and YMHFA training among other staff. Of note, instructors must teach at least three courses annually to maintain their certification. The MHFA website has an abundance of information on program implementation and requirements (Mental Health First Aid, 2020a).

**Evaluation.** Program evaluation is a necessary step to assess the intervention’s efficacy and identify areas for improvement. Per tMHFA guidelines, students will take a pre-training and post-training assessment that measures their knowledge of mental illness warning signs, their skills and confidence in providing mental health first aid to a peer, and their actual usage of tMHFA skills in the six months following training. Although not required, pre/post surveys can also be administered among staff who take the YMHFA training, to assess their confidence in assisting students with mental health concerns. To evaluate long-term outcomes, it may be beneficial to also administer surveys among students and staff about school culture, including general attitudes and stigma around mental illness. Long-term data should also be collected on the number of students who seek support from staff members, adolescent use of Adams County mental health services, and county-wide youth suicide rates, in order to assess potential impact in these domains.

### ***Resources and Funding***

Adams County has many existing assets to help implement a tMHFA intervention in their high school. The school itself can provide classrooms or other space for training, as well as the teachers and staff interested in becoming YMHFA-trained. The Adams-Friendship School Resource Officers will be important contacts throughout the process. Community partnerships will also be valuable when it comes to implementing tMHFA training. The Adams-Friendship Area School District will want to partner with MHFA-certified instructors, as well as the Adams County Health & Human Services Department. Connecting with outpatient behavioral health services, psychiatry services, and Northwest Connections (the Adams County 24-hour crisis line) will strengthen the program’s ability to provide resources to students. Funding can come from a variety of sources, including the School-Based Mental Health Services Grant Program (Wisconsin Department of Public Instruction, 2020). Less topic-specific but still viable funding options include the Community Collaboration grant program (Wisconsin Partnership Program, 2020) and the Health Generations Program Grant (Anthem, 2020).

## Intervention #2: Crisis Intervention Team

### *Description of Intervention*

**Introduction.** Crisis Intervention Team (CIT) is a solution focused community program designed for law enforcement responding to people with mental illness (CIT International, Inc., 2017). The training consists of an extensive 40-hour curriculum taught over five consecutive days during which officers work together with community stakeholders such as mental health professionals, behavioral health and advocacy sectors, and people with lived experience with mental illness and their family members (CIT International, Inc., 2017; United States Department of Justice, n.d.). The CIT model equips law enforcement to safely redirect people in crisis away from the criminal justice system and into the health care system whenever appropriate through the development of communication skills, practical experience, and role-playing (CIT International, Inc., 2017; United States Department of Justice, n.d.). The curriculum emphasizes an understanding of mental illness and although changing attitudes is not an explicit goal of the CIT model, officers' perceptions and mental illness stigma are acknowledged and discussed throughout training (Haigh et al., 2020). There are five core components of the CIT model, including community collaboration, a vibrant and accessible crisis system, training for law enforcement and other first responders, behavioral health staff training, and family/consumer/advocate participation (CIT International, Inc., 2017). There are several organizations that provide support for the understanding, development, and implementation of CIT training, the most prominent of which are CIT International and the National Alliance on Mental Illness (NAMI), which has affiliates in Wisconsin known as NAMI Wisconsin (CIT International, Inc., n.d.; National Alliance on Mental Illness, 2020a, 2020b). NAMI Wisconsin includes the NAMI Wisconsin CIT Advisory Committee and CIT & CIP Wisconsin (National Alliance on Mental Illness, 2020a, 2020c).

**Justification.** Individuals with mental illness interact with law enforcement commonly. A review of literature revealed that 40% of people with mental illness have been arrested at least once in their lifetime (Brink et al., 2011), and 76% of individuals with mental illness in contact with police have a history of previous charges, many of which are minor nuisance offenses (Schulenberg, 2016). Additionally, it is estimated that 7% to 10% of police activity involves responding to mental health calls (Haigh et al., 2020). While Adams County makes a strong effort to follow-up with individuals identified by law enforcement as possible mental health crisis cases, many are lost to follow-up and their interactions with police are the only interactions they might have in regard to their mental illness (personal communication, October 16, 2020). Therefore, these interactions with police can be critical for those with mental illness and should be as informed and stigma-free as possible, given that officers' attitudes and beliefs, including stigma, have been shown to influence how police interact with and manage confrontations with those with mental illness, largely affecting dispositions of those interactions as well (Ritter et al., 2010; Tribolet-Hardy et al., 2015; Watson et al., 2004; Watson & Angell, 2007).

Regarding Adams County specifically, there is evidence that Adams County experiences higher than average rates of mental health crisis (compared to Wisconsin statewide averages), and that those experiencing a mental health crisis commonly interact with law enforcement. According to a Wisconsin Department of Health Services (DHS) report, Adams County consistently has poorer outcomes than statewide averages with regards to the rate of individuals receiving crisis services as well as the rate of involuntary emergency civil detention psychiatric

hospitalizations (Wisconsin Department of Health Services, 2019). Particularly concerning in the report are the increased youth rates in Adams County when compared to statewide averages, but adult rates are increased as well. Among Wisconsin counties, Adams County had the second highest rate of involuntary emergency civil detention psychiatric hospitalizations for youth in 2017, which was 68.3 per 10,000 (compared the statewide average of 13.3). See Figures 1 and 2 in the appendix for a visual representation of Adams County's data from the year 2017 according to the Wisconsin DHS report.

For mental health crises, Adams County contracts with Northwest Connections (NWC) to provide emergency mental health services via a crisis line answered by DHS trained crisis staff (Northwest Counseling & Guidance Clinic, 2020). The program is a collaborative effort between Adams County, service providers, and law enforcement that provides callers with information, support, assessment, and intervention and response planning (Northwest Counseling & Guidance Clinic, 2020). Every quarter, Adams County receives a data report from NWC. According to data from 2020 so far including January 1<sup>st</sup> through September 30<sup>th</sup> (quarters 1-3), there were a total of 335 crisis calls made, of which 54% were made by law enforcement on behalf of an individual undergoing a mental health crisis (Northwest Connections, 2020a, 2020b, 2020c). This is similar to trends seen in 2017, 2018, and 2019, when law enforcement made 52%, 44%, and 49% of crisis calls, respectively (Northwest Connections 2017, 2018, 2019). Crisis call data for 2020 by caller is illustrated in Figure 3 in the appendix, as well as the outcomes of those calls made by law enforcement in Figure 4. It is also worth noting that on average, law enforcement spent 31 minutes per call for a total of 91 hours over 179 calls so far this year (January 1<sup>st</sup> through September 30<sup>th</sup>) (Northwest Connections, 2020a, 2020b, 2020c).

### ***Summary of Evidence***

The evidence supporting the benefits of CIT are broad and extensive for both law enforcement and individuals with mental illness, including such benefits as reducing arrests of people with mental illness (Franz & Borum, 2011), increasing the likelihood that individuals will receive mental health services (Broner et al., 2004; Hanafi et al., 2008; Teller et al., 2006; Watson et al., 2010), improving assessment strategies of officers (Ellis, 2014), reducing force used by law enforcement when faced with resistance by people with mental illness (Morabito et al., 2012), reducing officer injury by 80% during mental health crisis calls (Dupont & Cochran, 2000), increasing officer knowledge about mental illness and ability to recognize symptoms of mental illness (Compton et al., 2014; Ellis, 2014; Hanafi et al., 2008), and reducing time officers spend responding to a mental health call (Dupont & Cochran, 2000). While it is difficult to estimate exactly how much CIT programs financially save communities, in Wisconsin, it costs approximately \$32,000 per year to incarcerate someone as opposed to community-based treatment alternatives of which the most expensive alternatives cost just under \$8,000 (County Health Rankings & Roadmaps, 2020). With regards to mental health stigma, although changing attitudes is not an explicit goal of the CIT model, there is a growing foundation of empirical evidence to support that police officers who receive mental health training such as CIT show improved attitudes, reduced stigma, and increased empathy for those with mental illness (Compton et al., 2006; Compton et al., 2014; Ellis 2014; Godschalx, 1984; Hanafi et al., 2008; Mulay et al., 2016).



### ***Implementation***

**Intervention.** Fortunately, Adams County has access to CIT training twice a year through a team known as CIT of Central Wisconsin, which is a collaboration of primarily Wood County Sheriff's Department, along with surrounding counties that assist on certain days, and occasionally some departments have more involvement (personal communication, November 11, 2020). CIT of Central Wisconsin provides free CIT training for law enforcement deputies and officers and occasionally correctional officers and dispatch teams in Wood County, Adams County, Clark County, and Portage County, though officers from other counties can join if there are open seats (personal communication, November 10, 2020). CIT of Central Wisconsin receives support to provide consistent and sustainable trainings through NAMI Wisconsin which includes the NAMI Wisconsin CIT Advisory Committee and CIT & CIP Wisconsin (National Alliance on Mental Illness, 2020a; personal communications, November 2020).

There are three police departments in Adams County – Rome PD, the Adams's County Sheriff's Department, and Adams PD. Currently, all six (100%) of Rome PD's patrol officers are CIT certified according to a Rome PD officer (personal communication, November 4, 2020). At one point in time, all of the Adams's County Sheriff's Department officers had been certified as well. However, due to employee turnover over the years, currently only eight of the sixteen patrol officers (50%) are CIT certified, according to a Sheriff's Department officer (personal communication, November 11, 2020). Unfortunately, Adams PD is currently undergoing some rebuilding and operating at half the staffing, and none of its officers (0%) are trained in CIT, according to an Adams City PD officer (personal communication, November 11, 2020). All three police departments in Adams County have expressed a strong interest in prioritizing CIT training and/or a great satisfaction with the CIT training that their officers have received from CIT Central Wisconsin (personal communications, November 2020). The largest barrier to 100% certification of patrol officers is cost (personal communications, November 2020). Even though the CIT training itself is free, these departments have to spare their officer(s) for one week in order to receive the training and there is a potential cost of overtime to back fill the position (personal communications, November 2020).

Considering the prevalence of mental health crises in Adams County, the frequent involvement of law enforcement in those crises, and the accessibility of CIT training, CIT training should be maximally used such that 100% of patrol officers in Adams County are certified. Some areas across the United States have pursued policy change in the form of a mandate requiring all patrol officers to complete mental health training, of which the gold standard is CIT training. Fortunately, Adams County has a mutually beneficial and amicable relationship with law enforcement and should be able to encourage and support maximal CIT training through this existing partnership.

**Evaluation.** The NAMI Wisconsin CIT Advisory Committee provides CIT of Central Wisconsin with pre- and post-test data as well as 6- and 12-month follow-up surveys for every training class (National Alliance on Mental Illness, 2020c). Recently, a new and improved evaluation test has been developed by NAMI Wisconsin, and it has been used in the most recent training (personal communication, November 11, 2020).

### ***Resources and Funding***

The most significant and accessible resource available to Adams County is CIT of Central Wisconsin, which has established partnerships with NAMI Wisconsin through the NAMI Wisconsin CIT Advisory Committee and CIT & CIP Wisconsin (personal communications,



November 2020). CIT of Central Wisconsin has information regarding which law enforcement officers in Adams County have already completed the training, as well as any pre- and post-test data and any follow-up surveys (personal communications, November 2020). CIT of Central Wisconsin is primarily funded through NAMI Wisconsin, donations, and occasionally other grants they receive (communication, November 11, 2020). CIT of Central Wisconsin, as well as NAMI Wisconsin, including the NAMI Wisconsin CIT Advisory Committee and CIT & CIP Wisconsin, would be a significant source of information regarding other possible funding routes to financially support Adams County police departments while their officer(s) complete CIT training. Another valuable resource are the police departments themselves – Rome PD, the Adams’s County Sheriff’s Department, and Adams PD. As mentioned earlier, all three departments have expressed a strong interest in prioritizing CIT training and/or a great satisfaction with the CIT training that their officers have received (personal communications, November 2020). It is evident that the police departments of Adams County highly value CIT training and are extremely interested in maximal certification of their officers (personal communications, November 2020).

### **Intervention #3: Social Marketing Campaign**

#### ***Description of Intervention***

Social marketing campaigns are programs that use media to challenge attitudes and beliefs, change behaviors, and encourage service utilization. Marketing interventions have applied to a breadth of topics, including chronic disease awareness (Chau et al., 2018), aging and mental health awareness (Zanjani et al., 2012) and reducing HIV stigma (Rural Health Information Hub, 2020). Social marketing campaigns have addressed broad populations in England (González-Sanguino et al., 2019), California (Collins et al., 2019), and Wisconsin (Cactus Marketing Communications, 2014). Adams County identified negative perceptions of mental illness as a barrier to seeking mental health services in their Community Health Assessment. Social marketing campaigns provide opportunities to challenge how people perceive mental illness through education and interaction with people with mental illnesses. Social marketing techniques can also be a tool to advertise available mental health services in the community. A social marketing campaign provides a primary preventive approach to addressing mental health stigma by promoting positive attitudes towards individuals with mental illnesses and encouraging service utilization.

**Justification.** The adaptability of social marketing techniques and the existence of community partners makes social marketing a strong intervention consideration for Adams County residents between 25 and 45 years old. A social marketing campaign maintains the health department’s original vision of a social media campaign, while broadening the applications and removing the potential challenge of limited internet access. By using applications of the campaign other than social media platforms, the program can focus on an older, rural population that has not been addressed in past stigma-reducing interventions. Even though Adams County residents report mental health as a primary health problem, past initiatives have focused only on men or people at risk of suicide. Expanding the applications of the campaign also allows for more local business participation, which may increase resources and saliency of the messages. Community partners have collaborated on projects and provided resources in the past to educate the community about mental health problems and provide promotion tools. In a social marketing

campaign, these partnerships should be used to participate in health activities and conversations. Gaps in previous Adams County interventions and the flexibility of social marketing techniques strengthens the feasibility and relevance of the program.

### ***Summary of Evidence***

Although a social marketing campaign may be beneficial for Adams County residents, it is important to note that this intervention is the least evidence-based out of the three proposed interventions. The evidence is mixed in results because social marketing campaigns are not standardized, and long-term evaluations are rare (Chau et al., 2018). In some studies, awareness of the campaign was associated with higher tolerance and support of mental illness (Sampogna et al., 2017), but not in others (Clement et al., 2013). Research has mixed conclusions about to what degree attitudes and behavior change. Despite the limited evidence on social marketing programs, there is evidence that the intervention can be cost effective, even if a small percentage of individuals use more mental health services as a result (Evans-Lacko et al., 2013). There is also evidence of campaigns that improved attitudes and integrated evaluation, including the Time to Change campaign in England (González-Sanguino et al., 2019) and the Mental Health Stigma Reduction campaign California (Collins et al., 2019). While there is mixed evidence on social marketing campaigns, Adams County can contribute to the research by adhering to the traditional social marketing format and implementing evaluations.

### ***Implementation***

**Intervention.** A standard social marketing program includes considering product, price, place, and promotion (Chau et al., 2018). Product describes the outcomes the community wants to achieve in a target group (Center for Community Health and Development, 2020). In Adams County, the product is reduced mental health stigma in residents between 25 and 45 years old. The price component describes the barriers that should be addressed in the intervention. Price can apply to the target group and the implementers. In Adams County, challenges to stigma reduction may include access to the internet, social, monetary, or time costs. Having a clear place component is one way that price can be addressed. Place describes where the activities and changes occur (Center for Community Health and Development, 2020), and are seen in the community partnerships of Adams County. Community partnerships are an integral part of a social marketing campaign, since they facilitate the places where activities and promotion occur. Places should be local businesses most used by the target group such as bars, radio stations, and theaters. These businesses were identified by community members as places that have collaborated with the health department in the past. Additional partners such as stores, restaurants, and nonprofit organizations should be utilized for intervention goals. The final aspect of a social marketing campaign is promotion, which describes what communications and activities will occur to increase behavior or attitude change (Center for Community Health and Development 2020). Promotion is the most visible part of the campaign and comes in various forms. Promotion variations include ribbons, billboards, yard signs, coasters, banners, posters, radio series, television ads, and discussions focused around movie viewings. Activities are advertised through similar channels. In addition to the four P's, a social marketing campaign can incorporate social contact and education components. Social contact and education are tools to challenge perceptions. For example, having an open dialogue with someone that has a mental health problem may decrease stigma (Gronholm et al., 2017). The social marketing model can be applied to Adams County to reduce mental health stigma.

**Evaluation.** Research on social marketing campaigns is limited due to the lack of evaluation data. To address the research gap, evaluation should be integrated into the intervention through pre and post surveys. Mental health stigma can be measured as the proportion of people with a mental illness seeking health services or the number of individuals reporting that community members are sympathetic to people with mental illnesses in survey data. The surveys can assess beliefs, attitudes, and perceived stigma before and after exposure to the campaign. While evaluation was not used frequently in the past, California used their California Well-Being Survey (Collins et al., 2019). Additionally, the Behavioral Risk Factor Survey has items that are used to assess perceived stigma. Evaluation can be incorporated into the program through pre- and post-intervention exposure surveys assessing the perception of mental health stigma.

### ***Resources and Funding***

Similar to any other public health program, a social marketing campaign requires resources and funding. Community partners and local businesses are the greatest assets to the intervention because they provide the space for promotion. More partnerships should be explored to create a positive environment and promote mental health services. Other resources that the community may need depends on the promotion items being used in the campaign (posters, ribbons, etc.). Funding sources include the Rural Healthcare Services Outreach Grant Program from the Health Resources and Services Administration (HRSA) Rural Community Programs (HRSA, 2020). Additionally, the Advancing a Healthier Wisconsin Endowment (2019) has funding opportunities for improving community health and conducting research. Finally, the Miller-Dwan Foundation (2020) has general funding in behavioral health ranging between \$7,000 and \$50,000. There are available resources and funding for a social marketing campaign in Adams County.

## **CONCLUSION**

Given the prevalence of mental illness in Adams County and the role of stigma in perpetuating illness, this proposal outlines three separate interventions that Adams County can use to address mental health stigma. These evidence-based interventions were chosen considering the unique needs and resources of the community and with the specific intent to involve and address mental health stigma in multiple community agencies. First, the implementation of tMHFA in high schools improves mental health literacy, strengthens students' confidence in supporting peers with mental health problems, and reduces stigma around help-seeking behavior among adolescents. Second, CIT training educates law enforcement about mental illness and equips officers to appropriately direct those in a mental health crisis to community support, while improving attitudes and reducing stigma. Third, social marketing campaigns target a general population to challenge beliefs about mental health stigma and promote use of services. Each of these interventions are evidence-based according to public health literature, and tailored to address community needs and to use community resources that are specific to Adams County. Additionally, each of these interventions allows for ample community engagement which addresses mental health stigma through strategic, synchronized, and unified messaging over time. If implemented, these evidence-based interventions will reduce the stigma around mental illness and ultimately improve mental health outcomes in Adams County.

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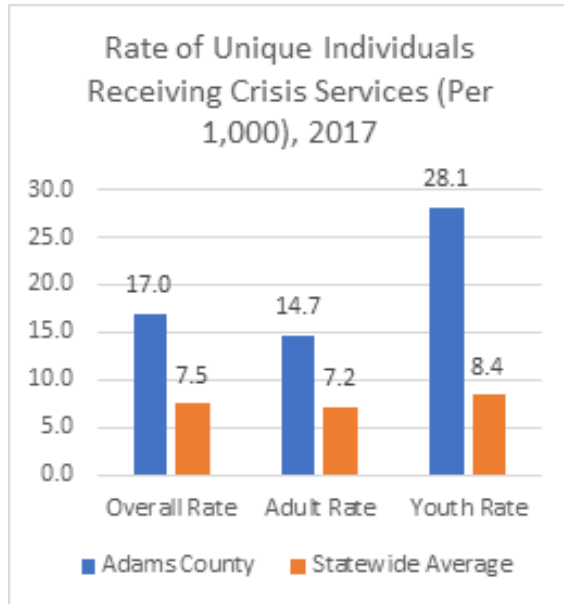
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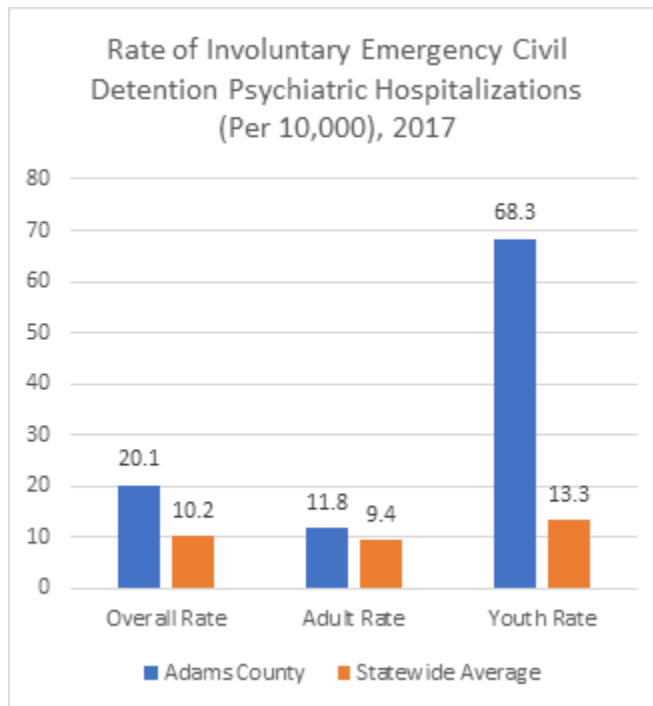
## Appendices

Figure 1.



Data retrieved from Wisconsin Department of Health Services. (2019, November). *Wisconsin Crisis Services and Emergency Detentions Statewide, 2013-2017*.

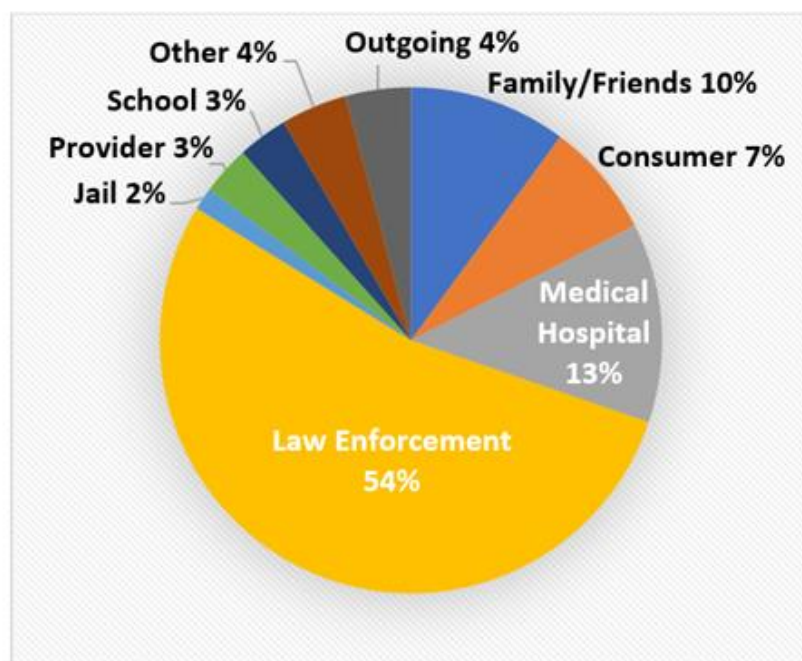
Figure 2.



Data retrieved from Wisconsin Department of Health Services. (2019, November). *Wisconsin Crisis Services and Emergency Detentions Statewide, 2013-2017*.

Figure 3.

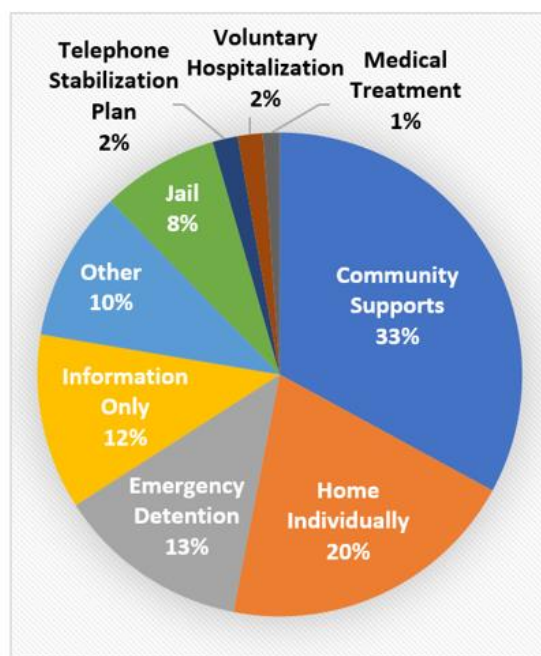
**Crisis Calls by Caller from Jan. 1-Sept. 30,  
2020 (as percentage of total calls)**



Data retrieved from Northwest Connections, 2020.

Figure 4.

**Outcomes of Crisis Calls made by Law  
Enforcement from Jan. 1-Sept. 30, 2020  
(by percentage of total calls)**



Data retrieved from Northwest Connections, 2020.

Figure 5. Logic Model

**Program/ Policy (focus of intervention):** Teen Mental Health First Aid (tMHFA) to reduce stigma

Intended Audience: High School Students (10th, 11th, & 12th grade)

Scope of intervention: Primary Prevention

Process Evaluation.....			Impact Evaluation.....		Outcome Evaluation
2. Outputs			1. Impact- Outcomes		
3. Inputs/ Resources	Activities/Action s Strategies	Audience(s)	c. Shorter/Intermediate term objectives	b. Long-term Objectives	a. Goal
<p>What resources are available to support the intervention? What other resources (finances, training, space, materials) are needed?</p> <p><u>Resources Available:</u></p> <ul style="list-style-type: none"> <li>Adams/Friendship School Resource Officers, Kayeen Corbett and Brooke VanBeek (contact via Scott Sipla)</li> <li>Classrooms/space for training</li> <li>Staff/teachers to facilitate training among students</li> </ul> <p><u>Resources Needed:</u></p> <ul style="list-style-type: none"> <li>Time (for teacher/student training)</li> <li>Funding for tMHFA instructors (training for students)</li> <li>Funding for Youth MHFA instructors (training for staff)</li> </ul>	<p>Based on evidence review, what action/strategies will you take to meet your objectives? What will you do?</p> <p><u>Individual Level:</u></p> <ul style="list-style-type: none"> <li>Students will participate in tMHFA training hosted by certified tMHFA instructors</li> </ul> <p><u>Interpersonal/Social Level:</u></p> <ul style="list-style-type: none"> <li>Students will work together while participating in tMHFA training</li> <li>Teachers will work together while participating in Youth MHFA training</li> <li>Students will learn the value of seeking support from adults</li> <li>Teachers will learn to better support students struggling with mental health problems</li> </ul> <p><u>Organizational Level:</u></p> <ul style="list-style-type: none"> <li>Adams County Health &amp; Human Services Department will partner with the Adams-Friendship Area School District</li> </ul>	<p>Whom will you reach with the intervention?</p> <p><u>Individual Level:</u></p> <ul style="list-style-type: none"> <li>High school students</li> <li>Teachers</li> </ul> <p><u>Interpersonal/Social Level:</u></p> <ul style="list-style-type: none"> <li>Student-Student relationships</li> <li>Teacher-Student relationships</li> </ul> <p><u>Organizational Level:</u></p> <ul style="list-style-type: none"> <li>School culture</li> </ul> <p><u>Environmental Level:</u></p> <ul style="list-style-type: none"> <li>Adams County culture</li> </ul>	<p>Based on what the evidence suggests regarding shorter-term changes (e.g., knowledge, attitudes, beliefs, etc.) that will contribute to long-term objectives. (They will be the result of your activities).</p> <p><u>Individual Level:</u></p> <p>Three months post-training, based on pre-post surveys, students will demonstrate...</p> <ul style="list-style-type: none"> <li>50% increased knowledge of mental health</li> <li>50% reduced stigma toward mental illness</li> <li>50% improved attitudes toward help-seeking behavior</li> </ul> <p><u>Interpersonal/Social Level:</u></p> <ul style="list-style-type: none"> <li>50% increased confidence among teachers in helping students after being trained in Youth MHFA</li> </ul> <p><u>Organizational Level:</u></p> <p>Among general school culture, 50% reduced stigma toward mental illness</p>	<p>Based on what the evidence says about determinants (e.g., changes in behavior, practice, policy etc.) that will contribute to the goal in the long term. (They will result from your shorter-term objectives).</p> <p><u>Individual Level:</u></p> <p>Three months post-training, based on pre-post surveys, students will demonstrate...</p> <ul style="list-style-type: none"> <li>50% increased confidence in recognizing symptoms of mental distress in oneself</li> <li>50% increased confidence in seeking support from adults</li> </ul> <p><u>Interpersonal/Social Level:</u></p> <ul style="list-style-type: none"> <li>50% increased confidence among students in supporting peers with mental health problems</li> </ul> <p><u>Organizational Level:</u></p> <ul style="list-style-type: none"> <li>50% increased use of school &amp; county-level mental health services</li> </ul>	<p>What is the ultimate health, quality of life, social outcome the intervention is designed to achieve</p> <p>Reduce mental health stigma among adolescents in Adams County in order to increase the use of mental health services and ultimately improve mental health outcomes.</p>

# About UniverCity Year



UniverCity Year is a three-phase partnership between UW-Madison and one community in Wisconsin. The concept is simple. The community partner identifies projects that would benefit from UW-Madison expertise. Faculty from across the university incorporate these projects into their courses, and UniverCity Year staff provide administrative support to ensure the collaboration's success. The results are powerful. Partners receive big ideas and feasible recommendations that spark momentum towards a more sustainable, livable, and resilient future. Join us as we create **better places together.**