

Omaha System Problem Review and KBS -Mental Health 6-30-09

Problem: Mental Health

Omaha Definition: Development and use of mental emotional abilities to adjust to life situation, interact with others, and engage in activities.

Suggested Definition for Mental Health Coalition: Development and effectiveness of a coalition addressing primary prevention and mental health

Omaha S&S (book)

Expresses suicidal /homicidal thoughts

Attempts suicide/homicide

Self mutilation

Suggested S&S for coalition

- Community level indicators of mental health

from MSS, National Survey reports

- Coalition evaluation surveys from members

Interventions:

Case Management:

Continuity of care

-medical

-coordination among providers

Other community resources

-advocate for community services

-mental health services

-other

Surveillance:

Continuity of care

-coordination among providers

Signs/Symptoms

-severity of symptoms

- other

Knowledge

1-No Knowledge

Community norms ignore or actively tolerate mental illness. (This may be true of one group and not another.) Denial or vague awareness there is a problem and nothing can be done to address problem.

2-Minimal Knowledge

General belief that mental health is a problem and something needs to be done about it.

Knowledge about mental health is stereotypical and vague. No formal group addressing problem.

3-Basic knowledge

There is general information about mental health but it may not be based on formally collected data. Community members report some knowledge about local mental health resources.

4- Adequate knowledge

Information is available to justify prevention programs. Activities and programs are running and viewed as stable.

5-Superior knowledge

Community programs about mental health are in place and viewed as valuable. Detailed and sophisticated knowledge of prevalence and risk factors exist.

Behavior

1-Not Appropriate Behavior

No community dialogue or plan to address stigma, community norms, or costs associated with mental health in the community.

2-Rarely Appropriate Behavior

No identified leadership in the community to address mental health or leadership lacks energy or motivation. Stigma and mental illness reported by professionals. Mental health resources underutilized.

3-Inconsistently appropriate behavior

There are identifiable leaders and there may be a committee and some progress but no real planning. Educational and media outreach to community leaders and groups about causes and prevention of mental illness.

4-Usually appropriate behavior

Leadership addressing mental health is active and energetic. Staff trained and media reporting is appropriate. Funding is being sought or committed. Community assessment tools being utilized. Public forums or committees used to develop strategies and implement some best practice or evidenced based programs. No in-depth evaluation of effectiveness.

5-Consistently appropriate behavior

Highly trained staff, supportive leaders and high community involvement to address mental health. Authorities support expanding and improving best practice or evidenced based prevention programs. Evaluation is used to modify programs.

Status

1- Extreme Signs/Symptoms

Mental health indicators (i.e. suicide rates, mental disorder hospitalization rates, Minnesota Student Survey data) and community health assessments rank mental health as a high priority problem. There are no or few efforts to address community mental health.

2- Severe Signs/symptoms

Mental health indicators and community health assessments rank mental health as one of the top health problems. There are few coordinated efforts to address community mental health.

3- Moderate signs/symptoms

Mental health indicators and assessments show mental health as one of the health problems. The community coordinates efforts to address problem. There is preparation and initiation of some strategies to address problem. More youth and adults are being referred for mental health counseling.

4- Minimal signs/symptoms

Mental health indicators show improvement. There is leadership and quality programming and evaluation that is supported by authorities and the community.

5- No signs/symptoms

Mental health indicators show high level of health. Community engagement is strong in mental health promotion.

Q:\Healthy Communities\Julie Kilpatrick\kbs.doc