

INTERACT
FOR HEALTH

Cohear



Mental Health and Well-Being in Greater Cincinnati

Everyday Expert Perspectives

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Introduction and Context

“I think mental health is the basis of all health.”

—D, Black community focus group

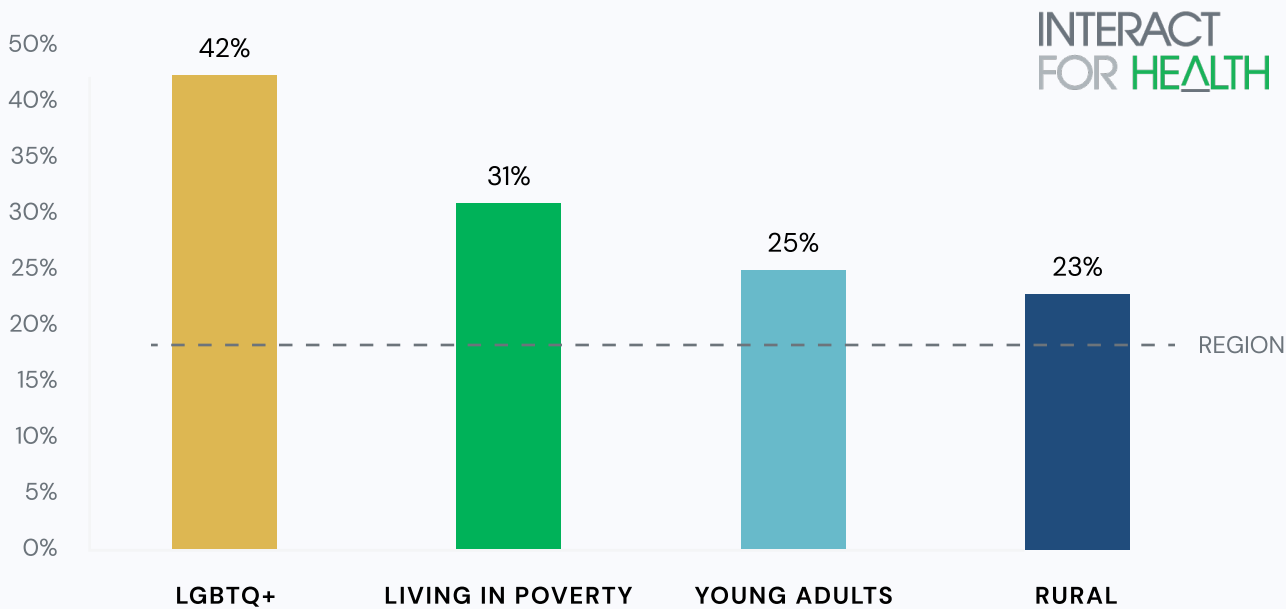
Mental health is an integral part of overall health. Leading organizations in public and community health have long supported this well-researched idea, which has been brought to the forefront of public awareness by the COVID-19 pandemic. The increase in mental health challenges during COVID-19 is well-documented, particularly among children and youth, and bears out what many have experienced in their everyday lives. Interact for Health’s Community Health Status Survey¹ shed further light on this phenomenon in Southwestern Ohio, Northern Kentucky, and Southeastern Indiana, where many community members reported experiencing poor mental health recently.

Interact for Health and Cohear began a partnership in 2021 before conducting the Community Health Status Survey in order to allow the input of “everyday experts”—residents of target communities in Interact for Health’s 20-county service area—to weigh in on the

design of the survey and share their perspectives, concerns, and hopes regarding health in their communities. This initial phase of engagement (“phase one”) consisted of four focus groups with community members who are Black, Latino, have low income, or live in a rural area. Focus group participants shared their top health concerns, including: mental health (especially among youth), financial barriers to accessing health care, the mistreatment of Black, Latino, and LGBTQ+ community members by the medical system, and the need for holistic, preventive care such as access to healthy food and active recreation. The insights from phase one were used alongside input from several other stakeholders to develop the Community Health Status Survey, which was conducted between March and May 2022. The survey focused primarily on access to health care, mental health, and cardiovascular health, and its full results will be released by Interact for Health.

¹ The 2022 Community Health Status Survey is a project of Interact for Health and conducted by the Institute for Policy Research at the University of Cincinnati. A total of 1,427 randomly selected adults residing in eight Ohio counties, nine Kentucky counties and five Indiana counties were interviewed by telephone between March 22, 2022, and May 14, 2022. This included 273 landline interviews and 1,154 cell phone interviews. The potential sampling error for the survey is $\pm 2.6\%$.

Greater Cincinnati Adults Reporting Frequent Mental Distress
(2022, Community Health Status Survey)



Frequent mental distress is defined as 14 or more mentally unhealthy days in the past month.

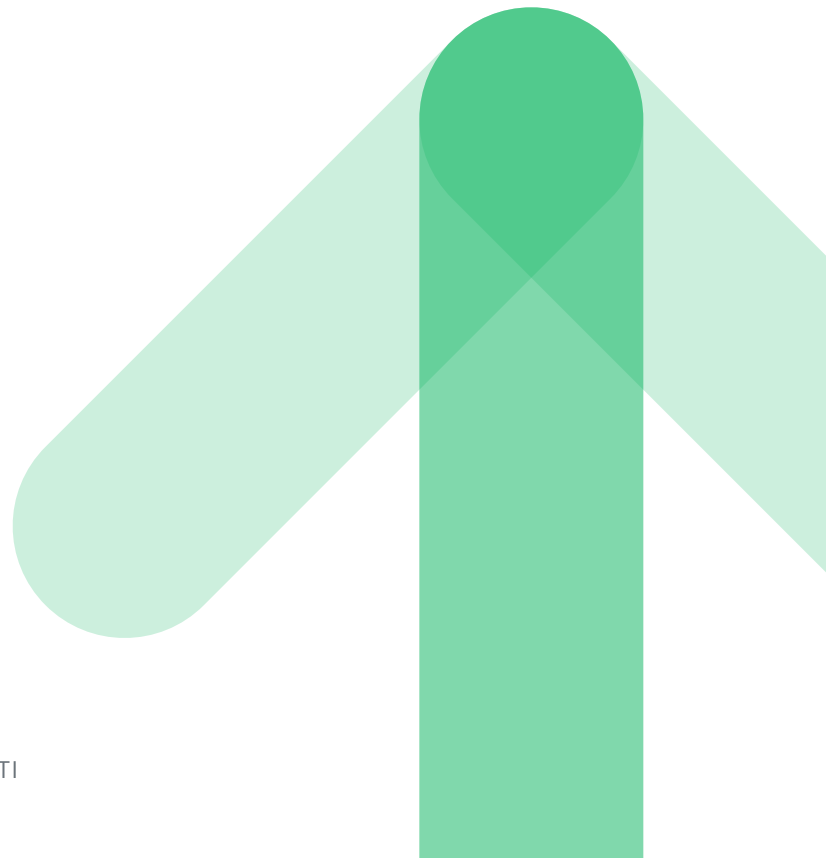
The Community Health Status Survey found that mental health challenges are widespread in the community. This is most evident through reports of frequent mental distress. The survey asked respondents, “Thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days would you say your mental health was not good?” Survey respondents who reported their mental health was not good for at least 14 of the past 30 days are considered to have frequent mental distress. About 2 in 10 adults in the region (17%) reported frequent mental distress, with some experiencing higher levels. Nearly half of adults who identify as LGBTQ+ (42%), a third of those living in poverty (31%), and about a quarter of young adults (25%) and those living in rural areas (23%) reported frequent mental distress.

After the Community Health Status Survey, phase two of the qualitative research process took place consisting of five focus groups with youth, members of the Black, Latino, and LGBTQ+ communities, and people living in rural areas.

In order to contextualize and assist with the interpretation of Community Health Status Survey data, these focus groups dove deep into community members’ experiences surrounding mental health and access to mental health services. Several key themes emerged, including that financial barriers are heavily limiting many community members’ access to mental health services, that stigma surrounding mental health remains widespread, and that isolation—both as a result of the COVID-19 pandemic and other factors, such as social marginalization or lack of transportation—is a driver of mental health issues.

The everyday experts also shared their success stories: some have been able to access therapy or other mental and behavioral health assistance and found these services to be life-transforming. Others cited the support of their social community as instrumental in keeping them stable. Still more shared that there are numerous organizations that have been stepping into the gaps left by the traditional medical system when it comes to mental health care.

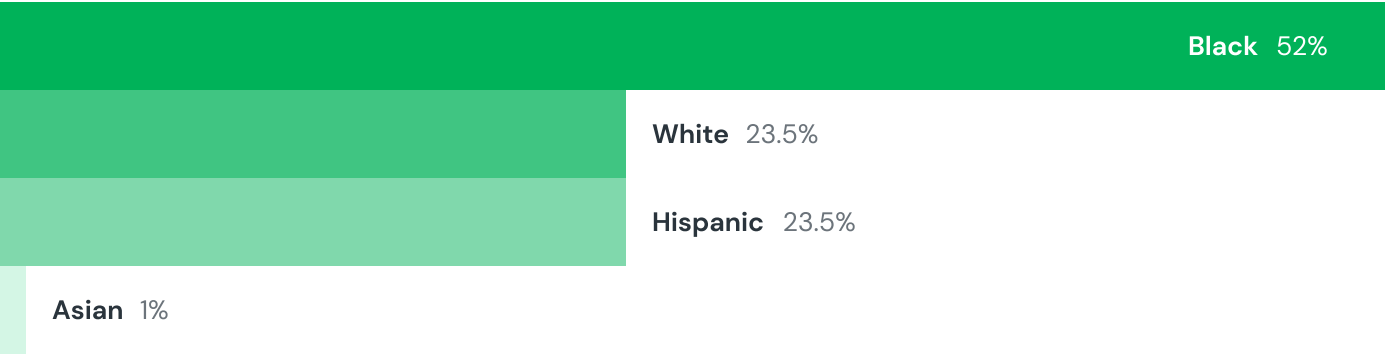
Though these two phases of research and engagement had different purposes, shared themes emerged. The need for more diverse health professionals was cited again and again, as everyday experts overwhelmingly felt most comfortable receiving care from providers whom they felt understood their culture and life experiences. Additionally, everyday experts want to see a holistic approach to improving health and well-being which addresses the social drivers of health, especially housing, economic stability, and access to healthy food. Everyday experts reported many of the same barriers to receiving the care they need, including lack of transportation, the language barrier, poor or no health insurance coverage, and the difficulty of finding and scheduling an appointment with a provider while juggling pressing responsibilities such as caring for a family as a single parent. As a result of this overlap, this report emphasizes the everyday experts' experiences and recommendations related to mental health, but also highlights the ways in which insights from phase one relate to insights from phase two.



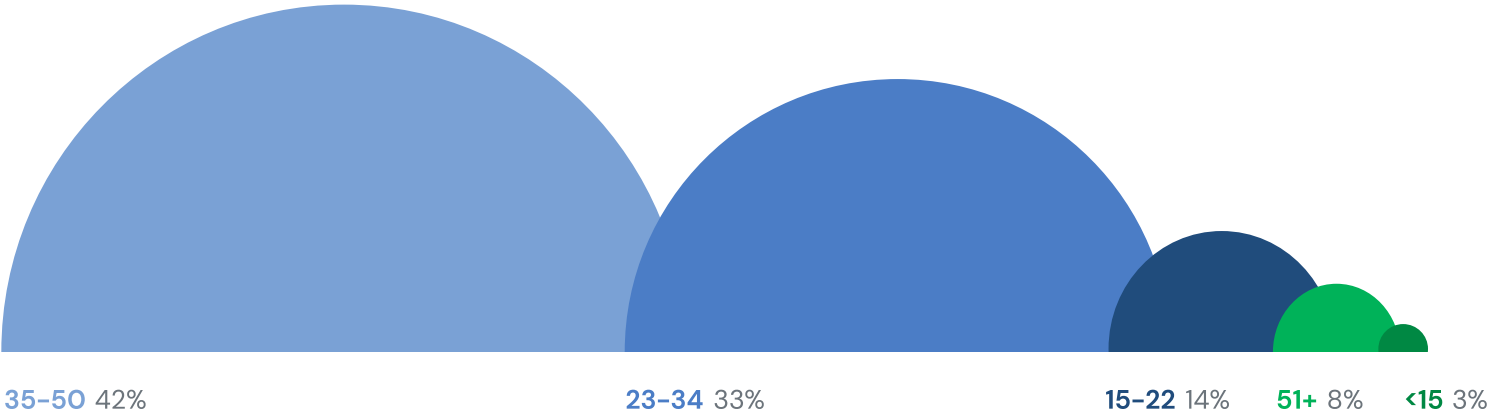
Who We Engaged

Nine focus groups with 95 everyday experts from Southwestern Ohio, Northern Kentucky, and Southeastern Indiana

RACE AND ETHNICITY



AGE



GENDER



Overview of Key Themes and Everyday Expert Recommendations

THEME I

Build supportive communities and reduce the stigma surrounding mental health

- Encourage faith leaders to actively combat the stigma around seeking mental health care in their communities.
- Connect people to peer support groups for those with similar lived experiences, including the Latino community, people who are newly arrived in the United States, and people who have been impacted by violence.
- Develop safe recreation and community-building opportunities for both children and adults in low-income, rural, and new American communities.



THEME 2

Improve access to quality, tailored mental health care from providers who share backgrounds and experiences with their patients

- Work to improve the representation of Black and Latino people, people who identify as LGBTQ+, and people with a broad range of life experiences in the mental health care field—both in direct services and in organizational leadership.
- Provide financial support for members of marginalized groups to pursue careers as therapists and other mental health services providers.
- Ensure that funding opportunities are as accessible as possible for small and diverse mental health services organizations.
- Provide access to free or low-cost therapy in multiple languages that does not require insurance.
- Fund efforts to provide highly specialized mental health care for people experiencing homelessness or addiction, older community members, survivors of domestic violence and sexual assault, and people navigating gender transition.
- Work to improve the quality of school counseling by advancing cultural competency among providers and soliciting feedback from students.
- Strengthen programs for the prevention and treatment of substance use among children and teens.
- Explore supporting more widespread adoption and improvement of technological tools that increase mental health care access.

THEME 3

Prioritize interventions that address the root causes of mental health challenges

- Invest in school-based and after-school programs for vulnerable youth to both provide for their basic needs and build mental health awareness into their lives at an early age.
- Prioritize building generational wealth within the Black community.
- Provide transportation and childcare solutions, including home visits, for people seeking mental health services.
- Prioritize housing and employment opportunities, especially for those experiencing homelessness.
- Provide assistance getting mental health services that insurance does not typically cover, such as pet therapy and sensory regulation tools.
- Advocate for strengthened protections for LGBTQ+ people in the workplace, as well as policies that allow employees to take leave to address mental health needs.

How Do Community Members Define Mental Health and Well-Being?

Black community focus group: Mental health and well-being involve learning to cope with and move beyond the events of the past, especially trauma.

“Mental health to me means the wholesome health of your entire body, because everything is connected. . . . When you experience trauma, your neurological being is like, completely altered, so it’s not as necessarily easy to just let things go, because you have to then unlearn a lot of behavior. To me, mental health encompasses that wholesome understanding of what you’ve been through, what you’re going through, where you’re trying to go, and approaching that in the most holistic way possible. . . . I think mental health is the basis of all health.”

—D, Black community focus group

Latino community focus group: Mental health and well-being are defined as a sense of self-acceptance and self-control, the ability to handle stress, and the presence of positive relationships with family and community.

“For me, being well is being comfortable where you are and how you are. Mental health is the same. Just being good with your family and with yourself and with your community.”

–LR, Latino community focus group

“Mental health to me is feeling good with your state of mind and handling stress well. This means having appropriate reactions to stress. Not going off the deep-end.”

–D, Latino community focus group

Youth focus group: Mental health and well-being include a process of identifying emotions and understanding how to work through them, as well as ensuring one’s own wellness before trying to meet the needs of others.

“. . . Knowing you’re not OK, but then once you identify that, the rest will fall into place because once you know you’re not OK, you can work on yourself first. . . . Well-being, that comes with loving yourself first and putting yourself before you put other people.”

–ZG, Youth focus group

“Mental health is to recognize how I’m feeling and to allow myself to feel and to heal through what I’m feeling. . . . If I’m feeling sad, it wouldn’t be just ‘oh, I’m sad, I need to get better’ it’s like ‘OK, I’m sad, I need to take this time to be sad’ . . . that way when I’m sad next time, I can be like ‘oh, OK, I’m sad and I know how to work through it.’ ”

–G, Youth focus group

Rural community focus group: Mental health and well-being can be defined in various ways—as being the best version of oneself, as remaining stable through life’s highs and lows, and as a confluence of medical and social factors.

“When I think about having good mental health, it’s staying . . . steady or constant through life’s ups and downs. . . . Having good coping mechanisms with . . . the downs . . . for me personally, the goal is for the downs to not be so down.”

—T, Rural community focus group

“[Mental health] very much is this intersection of both the chemical stuff and the wiring . . . but also the social situation that you’re in.”

—KH, Rural community focus group

LGBTQ+ community focus group: Mental health and well-being require the ability to experience a wide range of emotions and to contextualize past experiences, including trauma.

“Maintaining positive mental health is all about identifying my stuck points, things that have happened in the past, and keeping those in mind whenever I go through an event that day. . . . Mental health to me is just combining aspects of your past and your present and just trying to figure out what’s the best route you can go.”

—S, LGBTQ+ community focus group



01

Build supportive communities
and reduce the stigma
surrounding mental health

In Their Words: The State of Mental Health in Our Communities

Isolation and the lack of community—whether due to the COVID-19 pandemic, social, or geographic reasons—can exacerbate mental health challenges.

“In my community . . . Hispanics isolate. In the group I was working with, we conducted a survey [during the pandemic] and many said ‘we are scared, but we have to work because if we don’t we cannot care for ourselves and our immigrant families. We have to lock in our stress so we can fight for our lives.’”

—M, Latino community focus group

“I live in small town, conservative America. . . . Being so separated away from the queer community in general, it’s very isolating. . . . Here, I’m so guarded. . . . Putting on a front is exhausting, it really wears you down because you don’t feel like you can authentically be yourself out in public.”

—H, LGBTQ+ community focus group

The stigma surrounding the need for mental health support is a barrier to getting help for everyday experts from differing backgrounds and experiences.

“There’s a lot of shame [around mental health]. . . . People are more likely to pretend like everything is OK rather than get the help and resources that they need. . . . Because people aren’t talking about it, that just creates more shame around it.”

–T, Rural community focus group

Mental health issues have become more normalized among young people, yet many still struggle to take them seriously.

“A lot of [people my age] somehow have some sort of trauma affecting us, depression, bipolar disorder. . . . We’ve normalized it a lot instead of being able to encounter our feelings and actually heal from it. . . . When people talk about certain things, we kind of take it as a joke, even death.”

–S, Youth focus group

Positive, supportive community plays a key role in maintaining good mental health.

“When I have lived in rural areas where I have made connections with other neurodivergent and queer folks, I have thrived. . . . That has been the thing that has maintained my mental health.”

–KH, Rural community focus group

THEME I

Everyday Expert Recommendations

Develop safe recreation and community-building opportunities for both children and adults in low-income, rural, and new American communities.

Everyday experts repeatedly named community support as a key facet of good mental health, but opportunities to build this kind of community can be hard to find. Creating more sober, nonreligious social spaces for adults and productive play opportunities for children could go a long way toward reducing negative coping behaviors—such as violence and substance abuse—and improving mental health overall.

“[Make] a community space that’s not religion based and is not based in drinking.”

–KH, Rural community focus group

“I would want to create some sort of place for our community for kids who don’t have a good home life to be able to go and feel accepted and loved and help grow vegetables or play with animals, to help kind of break that generational trauma that would get passed down to them from their parents.”

–T, Rural community focus group

“I would establish a center for children. In my neighborhood, the kids don’t have things to do all the time and they sometimes get into trouble. . . . Sometimes parents don’t have the money to be able to put their kids in sports and I see how many kids suffer with mental health, especially through the pandemic because they didn’t have a place where they could go to just be kids.”

–O, Latino community focus group

Phase One Insights: Parallel recommendations for improving community health overall**Invest in safe outdoor play areas for children in low-income, rural, and new American communities.**

“[When I had my old job,] the kids had to stay inside all the time, because it was too dangerous for them to go outside. There were no playgrounds. The kids were always inside; they never got any physical exercise, so there is a lack of safe recreational places.” –A, Latino community focus group



Connect people to peer support groups for those with similar lived experiences, including the Latino community, people who are newly arrived in the United States, and people who have been impacted by violence.

Support groups have been a helpful resource for some everyday experts as they cope with stressors, large and small. Connect community members to new or existing support groups tailored to their experiences, such as groups for new Americans or for those affected by community violence.

“I came from Mexico and experienced culture shock . . . and not being able to find work. That journey has been difficult. I’ve had emotional support from friends, including a self-help group. And emotionally, I can’t say I feel 100% because I’m neither here nor there, but the self-help group has helped me to find balance because honestly, I don’t have time for depression because I have to work. But it has helped keep me afloat.”

—C, Latino community focus group

“When I came to the U.S., I had to leave four children in Guatemala. It has been very difficult. And finding work has also been very difficult due to communication and transportation issues. . . . Through a support group I’ve been able to find others and communicate.”

—O, Latino community focus group

“I think peer support is important. . . . I would love some additional supports for [those affected by homicide and its impacts on mental health.]”

—M, Black community focus group

Encourage faith leaders to actively combat the stigma around seeking mental health care in their communities.

Stigma may be discouraging people from seeking mental health care within some communities of faith. Consider partnering directly with faith leaders to encourage and equip them to actively dispel this stigma within their communities and connect those in need with mental health resources.

“Being in the church and having an active role in church, I think churches need to have more accountability of kind of fixing that fallacy [that you don’t need mental health services if you believe in God]. . . . If I come to my pastor I have diabetes he’s not going to say, ‘don’t go get your insulin!’ ”

—MR, Black community focus group



02

Improve access to quality, tailored mental health care from providers who share backgrounds and experiences with their patients

In Their Words: The State of Mental Health in Our Communities

Self-medication, especially through alcohol, is a prevalent issue in everyday experts' communities.

"Here in this country we live with a lot of work-related stress. Worried about bills and rent. I used to solve problems with drinking in the past, and I think that's a really big problem in the community now. It's not just for individuals but a community-wide problem."

—H, Latino community focus group

"It's also very hard to get mental health care because a lot of us are in jobs where we don't have access to good insurance that covers that. . . . A lot of my friends self-medicate with [alcohol]."

—K, LGBTQ+ community focus group

The shortage of mental health care providers—especially providers of color and providers in rural areas—is a major gap.

“There aren’t that many [mental health providers] around that are within 15, 20 minutes of where [people] might be.”

—D, Rural community focus group

“Accessibility, [not having such long wait lists for care], and . . . just seeing providers in the community like us.”

—M, Black community focus group

Everyday experts have found it difficult to access mental health care which meets their unique needs (e.g. trauma-informed care, culturally competent care, and care that is tailored to people with disabilities).

“The other gap is the lack of trauma-focused therapists.”

—KD, Rural community focus group

“When you have an intellectual disability . . . if you’re higher-functioning, sometimes when you’re getting that [mental health evaluation] . . . they’ll say ‘well, she’s just fine!’ . . . but to you, you’re not fine, because you’re higher functioning.”

—A, Rural community focus group

“Language is a huge barrier [to getting mental health support]. I know that the help is there, but finding it is the problem.”

—L, Latino community focus group

“The other gap I’ve seen . . . is people who identify, whether it’s the gender or sexual orientation, and having a therapist who they can go to where they feel safe.”

—KD, Rural community focus group

Having access to therapy or specific supportive programs has been extremely beneficial for everyday experts’ mental and behavioral health.

“Therapy is huge. . . . I can’t say enough for having a space, a professional to talk to. Friends and family are amazing . . . but having a professional that can give you tools is so helpful.”

—AW, Black community focus group

“If it wasn’t for Alcohol Anonymous, I figure I’d probably be doing 18 months or dead somewhere. The program works.”

—J, Black community focus group

THEME 2

Everyday Expert Recommendations

Work to improve the representation of Black and Latino people, people who identify as LGBTQ+, and people with a broad range of life experiences in the mental health care field—both in direct services and in organizational leadership.

According to the everyday experts, more diverse mental health services providers would improve the experience of receiving mental health care for members of marginalized communities and lead to more people seeking help. Additionally, increasing representation in executive leadership and on the boards of mental health service providers and nonprofit organizations is crucial to achieving equity in decision making.

“... I have seen clients, it’s just so many who have said, ‘I wanted a Black therapist.’ ... I remember not wanting to sit in front of a provider who did not look like me because ... I don’t want to have to explain what it’s like to be Black. I don’t want to go through that form of trauma and then explain the current trauma.”

—SS, Black community focus group

“More therapists or counselors who actually know what people experience ... like counselors who have overcome depression or anxiety.”

—DN, Youth focus group

"I serve on [a board for a mental health organization and] I'm the only Black person on the board. . . . They don't get the understanding of how can we better serve that population of folks. I think representation is important in terms of leadership."

—M, Black community focus group

Phase One Insights: Parallel recommendations for improving community health overall

Encourage health care providers to hire more culturally diverse, multilingual staff as well as implement sensitivity and cultural competency training.

"A long time ago I got my doctor at UC who is from Argentina. It was great, 100% accurate [communication], so I was thinking why don't they hire more doctors and nurses from South America that are bilingual." —S, Latino community focus group

"[Where I go for care,] they have an OB-GYN clinic that sees a huge number of Latina women and is always making sure they have a good number of interpreters. . . . The results tell me that everyone there has training on cultural sensitivity, how to use interpreters, how to include the family, and more." —A, Latino community focus group

Provide financial support for members of marginalized groups to pursue careers as therapists and other mental health services providers.

Improving representation within mental health services must begin with the intentional recruitment of Black, Latino, and LGBTQ+ students to the field. Providing grants and scholarships to these students could help to both increase provider diversity and ease the provider shortage over the long term.

“We need therapists, and I know that a lot of people may be interested in pursuing [that career]. . . . Maybe setting up scholarship funds for people who are interested in becoming mental health providers.”

–D, Black community focus group

“I would provide full scholarships for Black and brown students to complete degrees in mental health so we can get more representation in the field, and provide grants to Black and brown therapists and groups for diverse community initiatives.”

–E, LGBTQ+ community focus group

Ensure that funding opportunities are as accessible as possible for small and diverse mental health services organizations.

Expanding funding opportunities and improving their accessibility—including by using equitable RFP processes that do not overburden small organizations—could help ensure that small, diverse mental health service providers can better serve their communities.

“Capacity building for organizations . . . that offer mental health services. . . . I would look at our RFP processes, what does that look like? Is it more challenging for small organizations to even apply for those things?”

–M, Black community focus group

“I think that language is one of the biggest barriers but also the dissemination of resources. If there is help, it’s very limited. [There are organizations that] have really great programs, but they’re not sufficiently staffed and don’t have sufficient bilingual staff and interpreters are very costly.”

–C, Latino community focus group

Provide access to free or low-cost therapy in multiple languages that does not require insurance.

Everyday experts overwhelmingly cited a lack of insurance coverage and/or the high cost of therapy as a barrier to getting the help they need. Providing free or low-cost care, and ensuring that it is available in Spanish, could help make mental health care more accessible to those who need it most.

“I think a fund for mental health . . . a pot of money, if you want mental health services, you can pick your own provider and we will pay for it.”

—AW, Black community focus group

“For myself, I’ve found a counselor . . . and she treats people with addiction or depression or helps with children. . . . One of the biggest blessings was that [the counseling] was not paid, but many of the services you do have to pay.”

—LO, Latino community focus group

Fund efforts to provide specialized mental health care for people experiencing homelessness or addiction, older community members, survivors of domestic violence and sexual assault, and people navigating gender transition.

Many of these groups seem to struggle to access mental health services, according to everyday experts. Prioritizing intentional outreach to people in these groups could go a long way toward connecting them to the mental health services they need.

“I feel that the elderly community is often just left behind [when it comes to mental health].”

—S, Black community focus group

“I feel like there’s gaps—servicing homeless populations, those who are experiencing addiction.”

—D, Black community focus group

Work to improve the quality of school counseling by advancing cultural competency among providers and soliciting feedback from students.

Having school counselors available is important for improving youth mental health, but students must also feel comfortable using this resource. Young everyday experts would like their schools to ask for feedback on their counselors in order to ensure students are having a positive experience and getting personalized care.

“There’s a lack of counselors and everybody else making the person feel wanted. They always make it seem like there’s a problem and we need to fix it, it’s like a broken computer. . . . [Young people] just need to know that they’re supported. . . . [Counselors] tell everybody the same things, we need to hear separate things for our different problems, it’s not a one size fits all.”

—A, Youth focus group

“My teacher started asking me questions [about my experiences with the counselor] and it was the first person who was actually interested in what I had to say about [the counselor].”

—D, Youth focus group

Strengthen programs for the prevention and treatment of substance use among children and teens.

Substance use across the spectrum—from vaping to serious drug and alcohol use—was named as a major issue among young people, especially in rural communities. Instead of punitive measures, everyday experts would like to see mechanisms for preventing and treating substance use disorders among youth.

“There are sixth graders that are getting into drugs in our community, and it’s just sad to watch that take over such a young mind that has all these years to explore.”

—B, Rural community focus group

“There’s vape detectors in the classroom and if you get caught with a vape, you instantly get sent to [a suspension alternative program.] . . . Rather than these kids having to go through and get punished for it, I wish they could get the help they need to stop vaping.”

—BB, Rural community focus group

Explore supporting more widespread adoption and improvement of technological tools that increase mental health care access.

It can be difficult to know where to begin seeking out mental health care, and multiple everyday experts cited delays receiving an answer when using mental health emergency hotlines². Consider partnering to create an app that allows anyone, with or without insurance, to find out where they can get the help they need.

“I would create a global, universal app for mental health services. Within this app, I see being able to connect folks from all over with mental health providers.”

–MG, LGBTQ+ community focus group

“Those mental health hotlines, they take about 10 minutes to at least 2 hours to answer.”

–S, Youth focus group

² These insights were shared shortly after the launch of the national 988 Suicide and Crisis Lifeline. 988 offers 24/7 access to trained crisis counselors who can help people experiencing mental health-related distress. People can call or text 988 or chat 988lifeline.org for themselves or if they are worried about a loved one who may need crisis support.



03

Prioritize interventions that address the root causes of mental health challenges

In Their Words: The State of Mental Health in Our Communities

Everyday experts observed that the COVID-19 pandemic has been a source of stress and mental health challenges.

"I feel the pandemic impacted us all. Us, and our children. They worry, too. We isolate to protect ourselves, and I don't even watch the news anymore because I became depressed and the fear of death was pretty immense. And I have difficulty expressing myself sometimes."

—LO, Latino community focus group

Finances are a source of concern for many, including residents of rural communities where well-paying jobs can be difficult to come by.

"The problem I have right now is that my job I have right now doesn't even pay me two grand a month, so how am I gonna pay my house and my car and my insurance? . . . The nearest large enough city to provide a stable income is 32 miles away."

—B, Rural community focus group

Widespread violence is a source of anxiety which can exacerbate mental health concerns.

“There’s just a lot of negative energy that’s around. . . . How people treat each other, the violence, and the shootings, and everything that’s going on in Cincinnati.”

—AE, LGBTQ+ community focus group

Getting basic, physical needs—such as housing and employment—taken care of has made a big difference for some everyday experts.

“I was in [a program that] . . . helped me get apartments. . . . They help you save as well, and help you get a job, as well.”

—TB, LGBTQ+ community focus group

Anti-Black racism, both current and historic, has taken a toll on mental health in the African-American community.

“I think about our time here [as African-Americans] in the United States, that inherent trauma of coming here as a slave. . . . We’re still dealing with so much, we’re still hearing so much negativity about African-American people, we’re still viewed as—in my opinion—sub-human by a lot of people.”

—SB, Black community focus group

THEME 3

Everyday Expert Recommendations

Invest in school-based and after-school programs for youth to both provide for their basic needs and build mental health awareness into their lives at an early age.

Everyday experts overwhelmingly noted the need for youth-focused programs that not only meet basic needs, but help young people develop the skills to care for their physical and mental health throughout their lives. Additionally, support for children with family members who are affected by mental or behavioral health concerns could be highly beneficial.

“I would put [money] into the youth, the kids, elementary school. First of all into a feeding program, if you’re hungry, that’s your priority. And then in recovery, if you go home, you’re seven . . . your mom not there, when’s she coming back, that’s a priority. . . . It’s the younger people that’s shooting people, driving across the country, and it’s the younger people getting shot. Get them while they’re young, help them to learn.”

—A, Black community focus group

“[As someone raised by a parent with mental health challenges,] I feel like there should be resources for children in these situations that they can go to an after-school program . . . to learn the skills of healthy balance . . . what it means to take care of others and take care of self . . . just to have an hour of them focusing on them.”

—S, Black community focus group

Phase One Insights: Parallel recommendations for improving community health overall

Engage public schools to educate children regarding proper nutrition, and provide minimally processed meals and snacks in cafeterias.

“As far as educating our children not to eat processed food, not to eat all that sugar, [it’s important]. When I was in high school I wouldn’t eat breakfast, go to school and eat a bag of chips for lunch. . . . I don’t feel like we get the proper nutrition for our bodies to develop, and . . . it becomes worse as we get older.” —A, Black community focus group

Prioritize building generational wealth within the Black community.

Everyday experts acknowledged that mental health doesn't exist in a vacuum—it is affected by a number of issues, including financial insecurity and racism, which often go hand in hand. Investing in programs designed to foster economic success and build generational wealth within the Black community could help improve mental health long-term.

"If you're worried about finances, pandemic, being Black, troubles at work, whatever—your mental capacity is kind of capped off. . . . You're not able to function at your full capacity."

—AJ, Black community focus group

"Something like a Black Wall Street kind of model to bring back to the community, so like, the \$50 million could start with one community and hopefully get enough revenue to where this could start spreading."

—SB, Black community focus group

Provide transportation and childcare solutions, including home visits, for people seeking mental health services.

Many everyday experts cited the logistical hurdles of transportation and childcare as a barrier to getting mental health assistance, and recommended providing direct solutions to these problems including Uber-style door-to-door transit and the expansion of home visits for mental health services.

“I would help women who are doing everything by themselves by providing them with transportation. . . . I would build an institution with day care and with transportation to pick women up to help them get their mental needs and services.”

–RE, Latino community focus group

“What I would do would be like, Uber transportation for people with either mental health or intellectual disability and people should be able to get around to go to the grocery store, people like me who don’t have staff all the time.”

–A, Rural community focus group

“I would also like to see more in-home services. I know we keep talking about transportation being a barrier. . . . Meet people where they are, emotionally and mentally, but also in their actual natural home environment.”

–KD, Rural community focus group

Phase One Insights: Parallel recommendations for improving community health overall

Create one-stop-shop resource fairs or mobile health centers to visit communities in need on a regular basis.

“If it’s something like a one-stop shop where there are physicians that can come for preventative care measures, and support with food and other resources on a van to these areas, and make those frequent, three to six months, [that would be helpful].” –T, Black community focus group

“... Where they go and get a comprehensive [health assessment] done [at a local church or community center]. . . . Having those churches have those kinds of things is really important.” –J, Rural community focus group

Prioritize housing and employment opportunities, especially for those experiencing homelessness.

Homelessness is a highly prevalent issue among groups already likely to experience mental health challenges, including those with substance use disorders, LGBTQ+ young people, and veterans. Mental health services for these populations are essential, as are access to safe housing and assistance finding employment.

“I talk to a lot of trans guys, they all say that their parents . . . cast them out of their families and they don’t know what to do in the streets.”

–TB, LGBTQ+ community focus group

“My [one] friend, they ended up having to be homeless eventually, and my second friend, don’t even know where he’s at. . . . Giving them proper housing support [would help].”

–AJ, Black community focus group

“Transitional living for Hispanics is something I feel is really needed. . . . I don’t know if it’s just Hispanics but I just don’t see the help. Or even bilingual help.”

–LR, Latino community focus group

Phase One Insights: Parallel recommendations for improving community health overall

Invest in more affordable housing.

“The first [priority] for me is housing, because once you have a place to lay your head and you are not worried about where you are going to sleep, a lot of things fall into place, ‘cause that is what a lot of families worry about. So housing would be my first one.” –D, Low-Income

Provide assistance getting mental health services that insurance does not typically cover, such as pet therapy and sensory regulation tools.

Everyday experts recommended increasing the availability of innovative solutions for mental health care which are often left out of insurance coverage, including pet therapy and access to sensory and emotional regulation tools.

“Throw in some pet therapy, some alternative therapies that aren’t always covered by insurance.”

–KD, Rural community focus group

“I wish somebody had a loaner program for sensory and emotional regulation tools and activities because that stuff is so expensive and so important and families just don’t have the resources for it.”

–KD, Rural community focus group

Advocate for strengthened protections for LGBTQ+ people in the workplace, as well as policies that allow employees to take leave to address mental health needs.

While there are federal protections against workplace LGBTQ+ discrimination, this does not mean that all employers are being held accountable. Advocating for the enforcement of current laws, as well as expanded governmental protections, can help members of the LGBTQ+ community feel more secure in their work environments. Additionally, advocate for job-protected leave for employees who need to handle a mental health concern.

“When you’re in funeral service, part of your housing relies on your job. . . . A lot of students live at the funeral home, so if you’re suddenly fired [you can lose your housing]. . . . They can fire you for not fitting with the image of our funeral home, upsetting patrons.”

–K, LGBTQ+ community focus group

“I don’t know if we need to institute some kind of system, I guess it’s like FMLA, where you would be able to take time off to handle something as serious as a mental health issue.”

–S, LGBTQ+ community focus group

Conclusion

It is telling that so many everyday experts defined mental health as the foundation of overall health and well-being, yet shared that they are often unable to prioritize their own mental health due to reasons of time, finances, access, language barriers, and more. They highlighted the cyclical nature of these challenges: poor mental health can be worsened by life circumstances such as poverty, which in turn limit one's ability to seek mental health services or even provide for their own everyday needs. Ensuring that mental health services are more widely available could help improve outcomes for those who are struggling with mental health challenges that limit their capacity to support themselves. Additionally, providing assistance with underlying needs—including well-paying jobs, affordable housing, and transportation—would create more freedom for people to care for their mental health.

These insights represent an opportunity for leaders at Interact for Health to better define the organization's strategic focus areas for the coming years.

Some of the everyday experts' priorities were particularly clear, such as:

- Investing in efforts to increase diversity in the medical, nonprofit, and mental health workforce pipelines
- Making mental health care easily accessible in multiple languages to those without health insurance or with limited coverage
- Working to dispel the stigma that persists around mental health, especially in the Black, Latino, LGBTQ+, and rural communities
- Creating or expanding peer support structures to build more positive community

Many of the ideas shared and priorities emphasized will likely sound familiar to those who have been working in these spaces. The key moving forward will be to identify where Interact for Health's capabilities, interests, and resources align with the most urgent needs of the community. At the center of those efforts will be the sustained partnership between Interact for Health and the communities it serves. By building new solutions in partnership with everyday experts, Interact for Health will be able to drive more innovative, effective interventions that have the potential to improve thousands of peoples' lives.

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