Changing Our Mental and Emotional Trajectory (COMET)

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and a bunch of others

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Disclosure Statement – we have no conflicts to disclose

Chris Bennett
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I have no financial investments and receive no funding from any of the private companies talked about in this presentation.

No off label medication use will be discussed.

I am not a mental health expert or care provider.
High Plains Research Network

- 16 counties of eastern rural and frontier Colorado
- 56 primary care practices
- 16 hospitals
Why Mental Health in HPRN?

Research says:

- Worse mental health outcomes and fewer physicians and psychologists than the rest of Colorado

- Average # of days of poor physical or mental health experienced by adults that kept them from doing usual activities:
  - 4.3 days in northeast Colorado
  - 3.6 days in state

- % of adults who usually/always get the emotional/social support needed:
  - 77% in northeast Colorado
  - 83% in state

HPRN Community Advisory Council’s observations and experiences identified mental health as priority health issue!

Colorado Health Indicators (http://www.chd.dphe.state.co.us/healthindicators/), Data assembled October 2013.
Project Goal

Combine *Appreciative Inquiry* with *Boot Camp Translation* to develop a community-based intervention that improves community members’ ability to *successfully access mental health care or support* -- especially before the condition becomes an emergency.
But...there aren’t really evidence based guidelines for how to access mental health support. So we:

- Use Appreciative Inquiry (AI) to collect data to learn from our community members what has worked for them around accessing mental health care.

- Use the Boot Camp Translation (BCT) process to translate AI data into messages and materials that will be locally relevant, effective, and sustainable in our rural communities.

Project funded by Patient Centered Outcomes Research Institute (PCORI) “Methods” grant to test AI with BCT process
Data Collection
Conducted individual interviews and group interviews using Appreciative Inquiry methods

- Prompting Question: “Think about you or people you may know who have had a mental health issue and successfully accessed mental health care. Tell us that success story.”

- Probing Questions: What worked? Who helped? What lead up to that? What resource…? What happened next?

Data analysis
Grounded theory qualitative analysis to:

- Looked for key elements common to multiple stories – are certain elements common in many stories of success?

- Examine overall for themes/meaning
  - What are the higher level learnings from stories?
  - What do the stories say collectively?
AI Participants

- 21 total participants
- 29 stories (some told more than one story)
- Variety of mental health conditions, with depression most common
- Wide range of treatment

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<tr>
<th>Table 1 Participant Demographics (n = 29)</th>
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<td><strong>Male</strong></td>
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<th>Table 2 Age Categories (n = 29)</th>
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Refresher: What is Boot Camp Translation?

A process by which evidence-based medical information and clinical guidelines are translated into concepts, messages, and materials that are understandable, meaningful, and engaging to community members.

- 3 in-person meetings
- 3 30-minute conference calls
- Over 7 month period
BCT Results – Key Concepts from AI Data

Core elements of stories of success

- Presence of a health care provider
- Relationships
- Safe venues
- Persistence (seeking help)
Key strategy in development of a community intervention

- Role of the “OTHER PERSON”
  - Someone not in your immediate circle (spouse, child, best friend) that you first talk to
  - This person may, in turn, be the person who initiates some type of “care”

- SAFE VENUES: Where mental health care takes place:
  - Mental Health Care is really everywhere
  - Prepare our community members to be ready to help someone
  - In a way, shift approach from your own mental health to how you would be ready to help someone else
BCT Results

Conversational Patient Health Questionnaire

- New 5-question interview guide equivalent to a conversational PHQ
- Strategically disseminate to the community
- With messages focusing on:
  - Community responsibility
  - Permission to ask
  - Methods to refer appropriate services
Creating the Conversational PHQ
Conversational Patient Health Questionnaire (PHQ)

(Short introduction/orientation to user goes here.)

1. Not yourself
2. How Are You
3. Observation of mood or behavior
4. Family or Social Life
5. Invitation to Engage:
   Optional
6. Self-Disclosure
7. Now what:
   • How do I help more?
   • How do I exit?

You DON’T need to be “the fix.” Maybe you’ve said all you can. Maybe you want to talk more or maybe you want to move the person on to someone else who can give specific help.
1. Not yourself:
   • You don’t seem to be yourself lately.
   • You’re not yourself the past several weeks.
   • You seem a little off. Have you been feeling like yourself lately?

2. How Are You:
   • How are you feeling?
   • How are you? No really. How are you?
   • Tell me what’s going on.

3. Observation of mood or behavior:
   • I’ve noticed you haven’t been to the club meetings lately.
   • I’ve noticed you haven’t been bowling for the past couple of months.
   • You seem a little down...a little sad the past few times I’ve seen you.
   • It seems like life has been pretty busy for you lately.
   • I’ve noticed that you seem more quiet lately.
   • You look like you had a rough day.
   • You look like you’ve lost weight. How are you doing?
Changing Our Mental and Emotional Trajectory (COMET)

• Evidence-based programs and techniques – provides *effectiveness*
  o Lay health educator approaches (developed by Dr. Vikram Patel)
  o Mindfulness
  o Motivational interviewing

• Strong local community engagement – provides *sustainability*

Approaches are widely taught and used in clinical primary care practices but are currently not accessible to a broader community population
COMET Implementation Goals

- **Field Setting:** Northeastern Junior College.
  - At risk population for mental health issues
    - Often away from home for the first time
    - Additional stress of college studies
  - 30% of college students reported feeling "so depressed that it was difficult to function" at some time in the past year.

- **Partner:** NJC *Peer Helper* program
  - Network of “Other People”

- **Train:** *Peer Helpers* in:
  - COMET
  - Mental Health First Aid (MHFA; suicide prevention program)

- **Enroll:** 500 participants at NJC

COMET Evaluation Goals

- **Participants:** on a Smart Phone app, track:
  - Daily mood logs
  - Weekly depression/anxiety log (PHQ) NJC

- **Peer Helpers:** in electronic diary, log all:
  - COMET encounters
  - MHFA encounters

- Correlate Peer Helper diaries with Participant logs

- Gather data on training and project implementation

Our Final Thoughts

On Appreciative Inquiry:
- Built on successes rather than the failures of the system
- Guides you to a culturally relevant solution because it is built with the community you're researching
- You don’t have to reinvent the wheel, just make the “random” successes more usual

On COMET:
- Helps rural communities do what they “have always done,” but we are just making it OK to care again
- Want people to realize that you don't have to be an “expert” to recognize that someone needs help and to listen to their problems
Thanks to our team:

**HPRN COMET Advisory Council**

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AI Methods – Helpful Definitions

Care, treatment, or support:
- could have been provided by a mental health worker, primary care doctor, nurse, teacher, pastor, law enforcement, friend, neighbor, social worker…

Mental Health:
- Not focused on one specific condition
- Diagnosis not required. (Curious about problems before they became severe.)

Access:
- process of entry into some type of care or treatment.

Success:
- Range of positive outcomes. Care or treatment received. Person is doing better. Story may be unfolding.
BCT Results – Key Concepts from AI Data

Core elements of stories of success:
- Relationships
- Safe venues
- Persistence (seeking help)
- Presence of a health care provider

Key strategy in development of a community intervention:
- Role of the “OTHER PERSON”…this concept of “Your #2 Person”
  - Someone not in your immediate circle (spouse, child, best friend) that you first talk to. This person may, in turn, be the person who initiates some type of “care.”
- WHERE mental health care takes place:
  - Mental Health Care is really everywhere.
  - Prepare our community members to be ready to help someone. In a way, shift approach from your own mental health to how you would be ready to help someone else.