CARVER COUNTY PUBLIC HEALTH

Health Equity Data Analysis

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REPORT

Perspectives on the Impact of Income and other Social Determinants of Health on Mental Health: Results of a Qualitative Study

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Overview

Carver County was ranked first in Minnesota in health outcomes and health factors in 2018. The population was roughly 100,000 in 2018 but is expected to grow to 160,000 by 2040. The median age is 38 and the median household income is $92,455. Nearly 90% of the population is white and 48% has a Bachelor's degree or higher. The Health Equity Data Analysis (HEDA) is a requirement of the Statewide Health Improvement Partnership. HEDA allows each grantee to identify and address the health disparities and inequities that exist within the community. One goal of the project is to expand the understanding of health.

Methods

Quantitative data was analyzed to identify health disparities in the county. Supporting qualitative data was collected through key informant interviews. An analysis of the data led to the decision to try to answer the question, "What contributes to the differences in mental health outcomes between people with lower incomes compared to those with higher incomes?" Three focus groups were conducted to gather data.

Results

The input gathered from participants in the three focus groups was wide ranging. The participants provided many insights into issues related to mental health, low income, and connections between the two. The most frequently voiced comments can be categorized into four overarching themes, the Mental Health System, Social Determinants of Health, Family and Social Systems, and Knowledge and Awareness.

Discussion

The results show that future work should focus on primary, secondary and tertiary prevention approaches. Primary prevention could address knowledge and awareness, specifically around services and stigma. Secondary prevention could address the quality of services and supporting people navigating the Mental Health System. Tertiary prevention could address developing systems to make it easier for those struggling with persistent mental health symptoms.

Keywords

Mental Health, Income, Social Determinants of Health, Focus Groups, Health Equity, Partnerships, Prevention

Overview

Carver County is the smallest of the seven Minneapolis/St. Paul Metro counties with a population of just over 100,000 (U.S. Census Bureau, 2016). The two largest cities are Chaska and Chanhassen. The median age is 38 years old with approximately 73% of the population being the age of 18 years old and over (U.S. Census Bureau, 2016). The county is expected to have the highest population growth in the Metro Region into 2040 with an estimated population of 160,000 (U.S. Census Bureau, 2016). The population is nearly 90% white, with the next two highest race & ethnicity categories being 4% Hispanic or Latino followed by 3% Asian (U.S. Census Bureau, 2016). Carver County is ranked near the top in many positive areas, including education and home ownership. 80% of the population owns their home and 48% have a Bachelor's degree or higher (U.S. Census Bureau, 2016). The median household income of the county is $92,455 and the unemployment rate in 2016 was 4% (U.S. Census Bureau, 2016). The county has ranked first in the state of Minnesota in health outcomes for six consecutive years (County Health Rankings and Roadmap, 2018). These positive social factors often overshadow some of the real inequities within the county.

The Health Equity Data Analysis (HEDA) project is a requirement of Minnesota Department of Health (MDH) Statewide Health Improvement Partnership (SHIP) grantees. Health equity is defined as the ability of all persons, regardless of race, income, sexual orientation, age, or gender to have the opportunity to reach one's full health potential (Centers for Disease Control and Prevention, 2018). See Figure 1. HEDA allows each grantee to identify

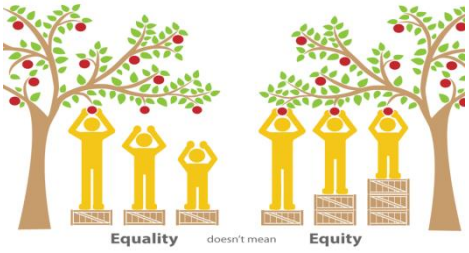

Figure 1. Visual representation of health equity.

and address the health disparities and inequities that exist within the community. This approach allows grantees to look closer into their community and create opportunities to listen and learn from those closely impacted by specific health outcomes.

The goals of the project are 1) expand the understanding of health; 2) strengthen community capacity; 3) inform future SHIP work plans; 4) identify potential partners or strengthen existing partnerships; and 5) build community engagement and facilitation skills. As part of the HEDA process, Carver County Public Health (CCPH) created a HEDA Team. The HEDA Team consisted of three Program Specialists, the Health Informatics Specialist, and the SHIP Grant Coordinator. The group was overseen by the Community Health & Promotion Unit Supervisor and the Public Health Manager.

Methods

The HEDA began with quantitative data research to identify health concerns and disparities within Carver County. Data sources included the U.S. Census Bureau, American Community Survey, MN Department of Employment and Economic Development, Minneapolis/St. Paul Metro SHAPE Survey, Carver County Adult Mental Health Initiative (AMHI) Survey, USDA Food Access Research Atlas, and Feeding America. The HEDA team also assisted AMHI with data analysis of their survey results, solidifying a partnership formed through the HEDA process. Key data points included a ratio of one mental health provider per 880 people, (County Health Rankings and Roadmaps, 2018). Additionally, compared to those above 200% of the Federal Poverty Line (FPL), those under 200% of the FPL were over two times more likely to report ever been told by a health professional that they had depression, almost two times more likely to have been told they had anxiety, and two times more likely to have experienced frequent mental distress (Hennepin County, 2014). Overall, these data demonstrated the mental health disparities based on income and a lack of mental health providers in the county.

Data were shared with the SHIP Community Leadership Team (CLT), a group of professionals working to advance health and health equity in Carver County through SHIP initiatives. The CLT provided input on health equity priorities in the county and discussed the relationship between poverty and health during three meetings. Through analysis of the quantitative data and conversations with the CLT, the health disparities among high and low income populations in Carver County were clear, and thus was selected to be the target population groups of the HEDA. Next, qualitative data was obtained through five key informant interviews with leaders representing a library system, alternative high school, mental health clinic, community development agency and Supplemental Assistance Nutrition Program (SNAP)-outreach.

"I don't have sick days. I have lack of income days." – Key Informant Interviewee

BOX 1 - Key Informant Interview Main Questions

A. Please tell me a little about yourself and the organization you represent.
B. What are the top priorities of the population(s) you serve?
C. How do priorities differ among different populations or groups?
D. What stressors does this population experience?
E. Which health issue(s) is this population most concerned about?
F. What factors or living conditions contribute to these health issues?
G. What can be done to make the population you serve a healthier community?
H. What might it look like if all of the individuals your organization serves have fair opportunities to be healthy?
I. Is there anything else you would like to add about health equity, health, or the health needs of the populations your organization serves?

Key informants were selected based on their work in the community and engagement with low-income residents. These interviews focused on health concerns among different populations in the county, the social determinants of health, and existing resources and gaps to addressing health. A list of the interview questions can be found in Box 1. Common themes from these interviews included access to health services, meeting basic needs and mental health. The HEDA Team then created a focus group question guide. From research, each team member developed a list of 10 questions; creating a list of 50 potential questions. From that list, each team member selected the 10 questions that they thought were most important to ask. As a group, the HEDA Team identified themes from these questions, which resulted in the focus group questions. Next, AMHI was solicited for feedback on the questions. A pilot focus group with seven participants was conducted to test the questions for content and clarity. A few minor changes were made after the pilot focus group. The final focus group guide can be found in Box 2. Next, three organizations were selected for focus group sites: a church, a mental health clinic and a workforce center.[1] St. John's United Church of Christ is located in Norwood Young America and was selected because it serves a more rural and aging population. A total of six individuals participated in the focus group. There was a range of ages, there was little racial or ethnic diversity observed, and a majority of the participants were women. First Street Center, a mental health clinic, was selected because it serves individuals with mental health concerns. A total of nine individuals participated in the focus group. There was a range of ages, there was little racial or ethnic diversity observed, and the majority of the participants were women. One participant self-identified as transgendered and several participants self-identified as having a mental health diagnosis or disability. The Carver County Workforce Center was selected because it primarily serves low-income individuals and families. A total of five individuals participated in the focus group. There was a range of ages, there was racial and ethnic diversity observed and the majority of the participants were women. Several participants self-identified as having a mental health diagnosis or disability. Each host site led recruitment efforts and

BOX 2 - Focus Group Guide Main Questions

A. When I say mental health, what do you think of or what comes to mind?
B. How does one's income play a role in one's mental health?
C. What are things in Carver County or your community that help mental health?
D. What are things in Carver County or your community that make it difficult to maintain good mental health?
E. If there was one thing that you could change about Carver County or your community that would make it easier to support mental health, what would it be?
F. Is there anything else you would like to add about mental health in Carver County or your community?

[1] Demographic information on the focus group participants was not collected. Subsequently, through observations, comments, and self-disclosure statements during the focus groups, the HEDA Team was able to summarize an estimate as to who participated in the focus groups. Please view all demographic information of focus group participants as unverified.

invited individuals to participate. See Box 4 for a comparison of the three focus groups. Participants received a $30 gift card upon completion of the focus group. Participants signed consent forms noting benefits and risks and they were given the option to provide contact information so that they could receive the results of the HEDA. CCPH also provided mental health resource guides for all interested participants.

Results

The audio files of each focus group were transcribed using a transcription service. Transcriptions were not verbatim and therefore did not include filler words such as "um", "uh", "so", and "like". The transcriptions also did not include stutters, stammers, false starts, or repetitions. Once transcribed, each focus group was coded. At least two members of the HEDA Team coded each focus group transcription. Codes were revised throughout the process and constant communication between the HEDA Team led to the development of over thirty different codes. Coded focus group transcriptions were reviewed for consistency and differences in coding were discussed at HEDA Team meetings. The input gathered from participants in the three focus groups was wide ranging. They provided many insights into issues related to mental health, low income, and connections between the two. However, the most frequently voiced comments can be categorized in four overarching themes; 1) The Mental Health System; 2) Social Determinants of Health; 3) Family and Social Supports; and 4) Knowledge and Awareness. See Box 3.

The Mental Health System

A major theme of every focus group was the challenges faced when trying to utilize the Mental Health System. Whether it was access to services, the quality, number, or type of services available, determining if insurance would pay for services, or navigating the system in general, it was clear that focus group participants found the Mental Health System itself as a barrier to their mental health.

BOX 3 - Focus Group Results Themes

The Mental Health System

Social Determinants of Health

Family and Social Systems

Knowledge and Awareness

"Finding services [is challenging], like workers, people that—I had to find an ARMHS[2] worker on my own to help figure that stuff out. My ARMHS worker was the one that referred me to my therapist …. you're limited on the therapists you can have here [Carver County]. And then I would have never found an ARMHS worker if I didn't dig around to find out that I can get an ARMHS worker. Everything I did, I advocated for myself. There was no one here to help me with things."

For many focus group participants, access to the Mental Health System was related to income; a person may make too much money to qualify for free or reduced costs through their insurance but may not make enough to afford services on their own. Similarly, participants discussed the challenge of not knowing if their insurance would cover the services being provided.

"If you make too much money, you can't get insurance… what I'm trying to say is, if you're rich, you're fine because you can afford to take yourself to therapy. If you are poor, you can get insurance help through the county. If you're right in that middle, you eat, or you go to therapy."

Access to services was also a challenge due to services not being available in Carver County, such as lack of access to local services that can provide short term residential care, or provide both medical and psychiatric care. This could also be seen as an issue of income as transportation can be expensive or challenging to obtain. (See Social Determinants of Health section below.)

"Help being available locally is also an issue, or one of the issues I have. I have to go into Minneapolis to get treatment for one of my issue."

Once individuals were able to access services, many times the services were seen as ineffective or did not meet their individual needs.

"We do have a very good hospital system out here [Carver County].

[2] Adult Rehabilitative Mental Health Services

BOX 4 - Focus Group Participants*					
Location	**Number of Participants**	**Age**	**Racial or Ethnic Diversity**	**Male/Female**	**Additional Comments**
St. John's United Church of Christ	6	Range of Ages	Low	Majority Female	-
First Street Center	9	Range of Ages	Low	Majority Female	Self-identified transgendered person, mental health diagnosis, disability
Workforce Center	5	Range of Ages	High	Majority Female	Self-identified mental health diagnosis, disability

* Demographic information on the focus group participants was not collected. Subsequently, through observations, comments, and self-disclosure statements during the focus groups, the HEDA Team was able to summarize an estimate as to who participated in the focus groups. Please view all demographic information of focus group participants as unverified.

They do not deal with mental illness at all. If I go to them and say, "I am feeling like killing myself today; here's my bag of medications." They'll lock me in a metal room. They won't give me my medications; they won't call a doctor or try to get my medications. They won't give them to me on time; they make me wait until crisis comes, sometimes until seven in the morning. By then you're tweaked out in this room and crisis goes, "Oh, we have a respite house in Mankato."

Struggling with a mental illness can be stressful and challenging enough let alone the additional stresses and challenges of determining how to get treatment. A higher income can make navigating the system easier but it cannot solve everything.

Social Determinants of Health

Another major theme of focus group participants was how life conditions can make it more difficult to manage mental health challenges. These conditions are generally described as Social Determinants of Health (SDOH). SDOH are the conditions in the places where people live, learn, work, and play that affect a wide range of health risks and outcomes. This includes things like education, transportation, food access, housing, and employment. Often, SDOH are impacted by income. For example, if one does not have enough money to buy food and then is always hungry or impacted by a poor diet, it will impact other aspects of one's life. See Figure 2. Focus group participants discussed how lack of access to healthy food, aspects of the environment, and especially transportation impacted their mental health.

"There are people who can't get to court; people can't get to their—if they live out here [rural areas], they can't get to their county meetings with their reps. They can't get to the food shelf. They can't go to job interviews. They're going to make you feel more hopeless."

The challenge of finding or being able to afford transportation often impacted other areas of participants' lives, such as employment, or where they were able to find housing.

"And getting a job becomes an issue, too, when you don't have transportation for how to get to your job every day."

Additional aspects of SDOH that focus group participants discussed included access to healthy food, aspects of the environment such as parks and community centers, and employment. Overall, one condition led to another, which would impact other aspects of their lives, typically exacerbating mental health problems.

"That's where I am right now, where I can't work because of my mental health. Not being able to work because of my mental health, is contributing to my mental health problems, because I don't have enough money to take care of all of my bills. My parents are having to help me out to pay for things. It's a hopeless feeling. You don't see a way out."

"I was in there [the hospital] for two months. And, I come out, well, where's my money, you know? So, now I have to figure out how I'm going to pay my rent. At least, when I was in Hennepin County, they had that covered. It was, "We have you on this program so you don't have to worry about your rent. All you have to do is focus on you while you're in the hospital. If your kids need a place to stay, we've got that."

Struggling with a mental illness can be stressful and challenging enough, let alone the additional stresses and challenges of meeting basic needs on

a low income. Taking care of everyday basic needs such as finding healthy food, getting transportation, finding a job that is accepting of mental illness, and finding affordable housing can become daunting tasks when also dealing with mental illness.

Family and Social Systems

Family and social systems was a major theme of focus group participants. While on the surface an area that could provide support for mental health, focus group participants discussed how family and social systems could make it difficult to manage mental health challenges. This included how life events, (death, divorce, losing a job, etc.) could be stressful, causing mental health distress or exacerbating problems that already existed. Family dynamics, such as a single-parent home or supporting a family member with a disability could impact mental health negatively. Lastly, the lack of social connections thus causing isolation was a challenge to maintaining positive mental health. Conversely, struggles with mental health often impacted those same life events, family dynamics, and social connections.

"Your mental health, when you're in a deep depression, it can affect everything, even your getting out and making friends or keeping friendships or being part of a family."

"Well, I have two daughters… so I had postpartum [depression] with both of them, but in between the two, I had a miscarriage, and I struggled big time."

Research from the Adverse Childhood Experiences Study has demonstrated how negative events early in life can have lasting impacts into adulthood (Whitfield, 1998). Participants described aspects of their childhood that impacted their mental health in the present.

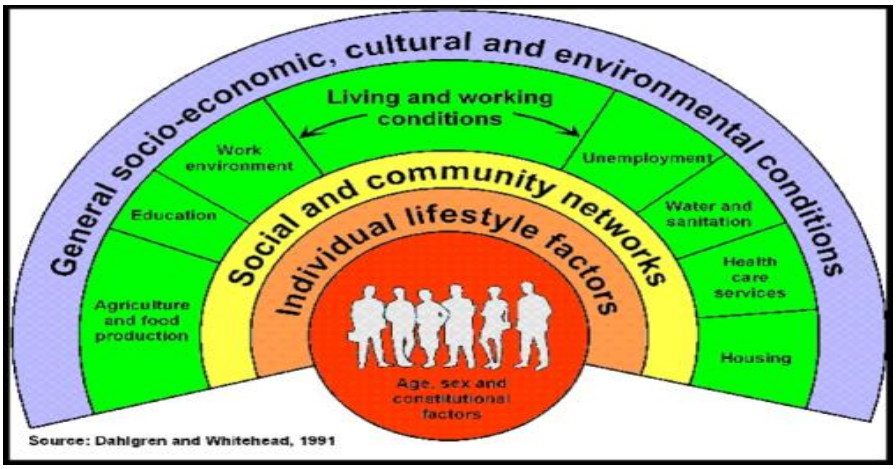

Figure 2. Diagram of the Social Determinants of Health

"With me it's a lot of my past. I'm basically a ward of the state, so I grew up in foster care the majority of my life. That's where mine [depression] comes from. Because, you know, I felt abandoned, that's how I felt a lot."

"I lost my dad two years ago, and that's when I really started having this feeling [anxiety]. And then I got molested when I was ten, so that played a big part in why I be feeling the way that I feel and stuff."

Stress can come in the form of day-to-day family dynamics as well. Being a single parent, having a large family, having a child with a disability, or having parents in the criminal justice system can all cause stress. One problem can lead to another and another and without the financial resources to take care of a problem early, eventually the problem can feel uncontrollable.

"You've got a child with disability. I have an 18-year-old, she's got cerebral palsy. She's in a wheelchair, so, it's like, she don't do things that other kids get to do. Like walk, and all that. When she's upset and stressed, that triples my stress, and makes me feel, you know, aggravated. It's hard, it really is. It's hard."

When life becomes stressful and family is either the cause of that stress or unable to provide support, many times people will look to other social systems for support. This can come in a variety of forms, from connections to faith-based organizations to support groups. Participants stated how having these social connections can support mental health. On the other hand, when these social connections were not available, it impacted mental health negatively. Participants stated that support groups that are available locally are generalized, and thus do not focus and meet the specific needs of some people. Examples of support groups that participants said were not available include those who may be dealing with post-partum depression or for LGBT populations.

Again, finding such groups may require that they travel outside of Carver County.

"They [Hennepin County] would have the AA[3] and the NA[4] group and the Overeaters Anonymous, sexual abuse [support groups]. Like you were talking, the gay, lesbians, transgender [support groups]. Every night there would be different groups that you could go to. Out here [in Carver County], besides the CSP[5] and the Cedar House, I haven't seen support groups."

The geography of the county also impacted the ability for social systems of support. In rural areas, the open spaces can be calming or they can be isolating. The physical distance between neighbors or between homes can create isolation.

"If I had moved to Watertown, it would be harder for me to get to CSP activities, which I do need to help socialize. I will isolate if I'm not encouraged. That makes my depression worse and it goes unchecked and then I'm hospitalized."

In general, many of the life events, family dynamics, and social systems can be linked to income.

Knowledge and Awareness

The fourth major theme that arose out of the focus group discussions was the need for better awareness and knowledge on all aspects of mental health. This was a broad ranging category. Comments included prevention and treatment, knowledge among professionals, family members, the public. Participants discussed the need for more knowledge due to the stigma associated with mental health. Additionally, training is included in this theme.

"There's no one who understands, that's what it feels like. No one understands what you're going through."

As discussed in the Mental Health Services section above, there was a general lack of knowledge or awareness about services. Not enough people are aware of the services that are available, including how to access them, as well as a lack of knowledge on supporting services, such as transportation options; as discussed in the SDOH section above.

"I think a lot of people don't know how to address it [mental health]."

One positive was that First Street Center participants were very knowledgeable on services within the county but participants at the other focus groups had little knowledge of what was available. Overall, participants felt that too few people know where to turn for help when it is needed. Many parents, other family members, friends, co-workers and others also lack this awareness. Perhaps they have never encountered such a situation before so they simply do not understand it. Sometimes an individual may not be able to recognize times when they are experiencing a mental health challenge themselves, or know how to obtain the care and support they need.

"I think that a lot of children out there don't know that there's people out there. They think, why am I thinking this? Or why do I feel this way? They don't understand that the person next to them might be feeling the same say."

"A lot of our kids at school who have committed suicide have never walked into the counselor's door to say, I'm hurting. They were the ones who they never knew were hurting. And they were the ones who, a lot of times, had the biggest smiles on their faces."

A byproduct of the lack of knowledge was exemplified in the form of stigma.

"Is they going to hurt me? Are they going to snap at me? Then I get treated kind of different. Like, don't treat me different. You know? I'm just like you. I just deal with things differently."

Stigma took a variety of shapes, including fear of individuals with mental illness, shame, masking, blaming, or the need to be stronger.

"I think part of the stigma, is, "Oh you're depressed? You're just not taking care of yourself", like you just aren't eating right." "Yeah, "Suck it up". "Get tough."

Participants explained stigma in terms of needing a reason to be depressed or in the differences in how someone with a mental illness is

[3] Alcoholics Anonymous
[4] Narcotics Anonymous
[5] Chronic, Severe, and Persistent Mental Illness

treated compared to someone with a physical illness.

"You have a beautiful child, right? What are you doing [being depressed]?"

"Two families this past year, one had a son that passed away from melanoma, so people rallied around him and brought food. And then a coworker's son committed suicide. Crickets."

Training is also needed. This includes healthcare providers, general practice and non-mental health specialists, law enforcement and other first responders, teachers, and faith leaders. Some professionals are not trained to recognize the early signs of someone experiencing a mental health challenge or how to help. Participants questioned if providers in Minneapolis and St. Paul would have more experience working with people struggling with mental health as they might see a larger variety of mental health conditions, (Post Traumatic Stress Disorder, Schizophrenia, etc.) more often or more specialized care is available.

"It was postpartum [depression]... But I went to the 212 in Chaska, and they wanted to honestly give me medication and send me home. And it happened twice, and finally the third time, we pushed. Something needs to be done. There's more to it than just drugging you to—yeah, the medication helps, but it doesn't fix it, kind of thing. So it's true. I don't think they [health providers] are knowledgeable in that aspect… they did not know what to do with me."

"Mental health crisis line was called, and they actually declined to respond because they felt like they might be in danger, and not know how to deal with it."

Training could also include improved cultural competency.

"Until my case manager and I talked with my therapist, and we were all on the same page, we didn't get each other… I told her, I was like, "Your world is rainbows and butterflies, so you have no idea the struggles I'm going through." And, she didn't. I was like, look, if Plan A doesn't work, we've got to have a Plan B and C. She didn't understand having a Plan B or C, or having another hustle after that. She was looking at me like, "What are you talking about?"

Overall, the four main themes were clear but there were a handful of valuable comments that did not fall into one of the overarching themes.

"Physical health, everybody seems to be able to handle. Mental health, they sweep it under the rug and pretend it isn't there. And that's not the way it should be done. But how do you get it turned around?"

"I'm not going to sugar-coat it. Out here [Carver County], there's not much help for black women, black people. A lot more people, I mean, more people of color, black people, we're moving out here [Carver County] and we have no connection. There's nothing."

As the nature of this type of study tends to focus on the negatives, there were a number of positive aspects of the county that participants mentioned.

"I've been very impressed with the help that I've gotten from Carver County with my mental health. In fact, when I was out of the hospital and basically homeless …. I made sure that I was living somewhere in Carver County so I could stay in this county with the help and the services that I've been getting here. It is such a wonderful support system; it's been life-saving for me, just the support that I've gotten."

"My mental health caseworker, she kind of goes out of her way for me. She would make home visits, and she knew that I was in no mood to write stuff down, and how I had to fill out those papers for every month in order to keep my assistance stuff or medical or whatever it was. I wouldn't, I didn't care. I was like, I didn't know when they were due; I didn't want to write them down. She'd bring them to me, and basically write it down for me and say, "Okay, what is your phone say, what did you do on this day? What did you do?" And she'd write it down for me, because otherwise it wouldn't get done. She'd make it in her calendar that, she needs to make sure this gets turned in. Because otherwise, the way my brain was going, I just, I didn't want to open the curtains, I didn't want to—I was just done."

Discussion

There are several limitations of the study.

Many participants were identified by community leaders and participants had to self-select to be part of the focus groups. Another limitation of the study was the lack of racial and ethnic diversity of participants and the lack of individuals from other cultures, for example the Somali or the Hispanic populations that are present in Carver County. Of the twenty participants, only three participants were male and there were no youth participants. Future work of the HEDA Team could include conducting additional focus groups with diverse communities, including youth, to expand the understanding of mental health in Carver County. Another limitation was that each of the focus groups was facilitated by a different moderator. Each moderator did his or her best to limit bias, (remaining neutral, not giving opinions, etc.) but some bias is inevitable. Additionally, having one moderator conduct all three focus groups versus having a different moderator at each group most likely would have generated different results. Finally, the HEDA Team could have developed a more robust process for coding and developing our themes. Overall, the HEDA Team worked diligently to limit bias and to uphold the integrity of the study.

Next Steps

The next steps for the project focus mainly with dissemination of the results. As for the publication of this report, presentations will be conducted internally with CCPH staff, the Carver County Community Health Board, and the HEDA Team is scheduled to present to the Adult Mental Health Initiative group. The HEDA Team plans to share the results with the participants of the focus groups. As a requirement of the grant, the report will be shared with the Minnesota Department of Health and posted on Basecamp; an online platform to store and share data. The report will also be shared with the Carver County SHIP CLT, posted electronically on the Carver County Website, and presented to community groups such as local coalitions, and anyone else interested. The report is also a key piece of CCPH Community Health Assessment (CHA). The HEDA will serve as the primary source of data on mental health for the CHA; to be completed by the end of 2018. Following the completion of the CHA, CCPH will develop a Community Health Improvement Plan (CHIP) that will guide public health work, including mental health, for the next five years.

That being said, the results from this study demonstrate that there are many things the can be done in Carver County to address mental health. Can primary prevention focus on eliminating the stigma associated with mental health? Can primary prevention efforts increase awareness of mental health resources, as well as address the training needs for first responders, providers, and other mental health providers? Could more work be done at schools and in the community to support families that struggle to make ends meet? This work could establish a foundation of positive mental health. Could secondary prevention efforts ensure that people who are struggling with mental health do not fall through the gaps? Can there be more services, better services, and in general, more access to services? Finally, can we create systems of tertiary prevention so that when things do go bad, it is easier to get healthy through systems that support reentry to work, housing that is affordable and safe, access healthy food, and continued support over time? Mental illness prevents one from being able to do the tasks our system wants one to do to get help, and the system in turn exacerbates the illness by adding stressors. Can we do more to make the system easier to navigate? The HEDA Team hopes that this study will help in developing new or improved strategies to support the mental health of everyone in Carver County.

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