



CONDITION OF MENTAL HEALTH IN OUR COMMUNITY



United Way
of East Central Iowa

May 2018



WE FIGHT FOR IMPROVED MENTAL HEALTH

WHAT IS MENTAL HEALTH?

Just as people experience colds or the flu, the occurrence of occasional mild depression or anxiety is a normal part of being human. Physical health is a continuum, and so is mental health.

Mental, emotional, social, and behavioral health are critical components of overall wellness throughout the lifespan and impact our quality and length of life. The World Health Organization describes mental health as, “a state of well-being in which the individual realizes his or her own abilities, can cope with normal stresses of life, can work productively and fruitfully, and is able to contribute to his or her community.”¹ Therefore, good mental health is vital to individuals, families, and the community.

Researchers suggest there are three indicators of mental health:

- **Emotional well-being:** Perceived life satisfaction, happiness, cheerfulness, and peacefulness; having the ability to regulate and manage emotions and sensations.
- **Psychological well-being:** Self-acceptance, personal growth including openness to new experiences, optimism, hopefulness, purpose in life, control of one’s environment, spirituality, self-direction, and positive relationships through connections and engagement.
- **Social well-being:** Social acceptance, believes in potential of people and society, sense of community, personal self-worth, and usefulness to society.²

Good mental health is a reflection of social connectedness, healthy relationships, and resilience. Individuals who have these elements are often able to rebound from stressful events and return to good health.

Most individuals will experience mental distress sometime in their lives, and it can take a variety of forms.³ Most individuals recover from this experience and return to work, play, and healthy family life. The focus of this report is to understand the incidence of poor mental health in our community, who it affects disproportionately, and what we can do to support resilient and healthy individuals and families with timely, responsive, and proactive strategies.

WHAT IS POOR MENTAL HEALTH?

Social determinants affect mental health. Toxic stress caused by persistent barriers and lack of access to adequate housing, living in high stress neighborhoods, inequitable jobs and wages, lack of quality education, and inequity in access to quality healthcare contributes negatively to mental health.⁴

An individual's level of distress may influence how they cope with or adapt to those feelings. Poor mental health status can determine a person's behavioral health, often resulting in unhealthy behaviors including a lack of exercise, alcohol or drug use, unsafe sexual practices, and poor nutrition.⁵ A person may adopt unhealthy coping mechanisms when facing seemingly insurmountable challenges that can lead to a sense of powerlessness and isolation.⁶

Mental health has an impact on everyone in the community. If you do not experience mental health issues personally, it is likely you know someone who has experienced some form of mental distress or impairment.

Symptoms of declining mental health can occur suddenly or over time with changes in someone's ability to cope with daily tasks and functioning, changes in behavior or mood, decreased interest in

activities, or isolation. Being mentally unwell can affect persons of any age, race, religion, or income. Mental illness is not the result of personal weakness or lack of character, and individuals are able to heal.⁷

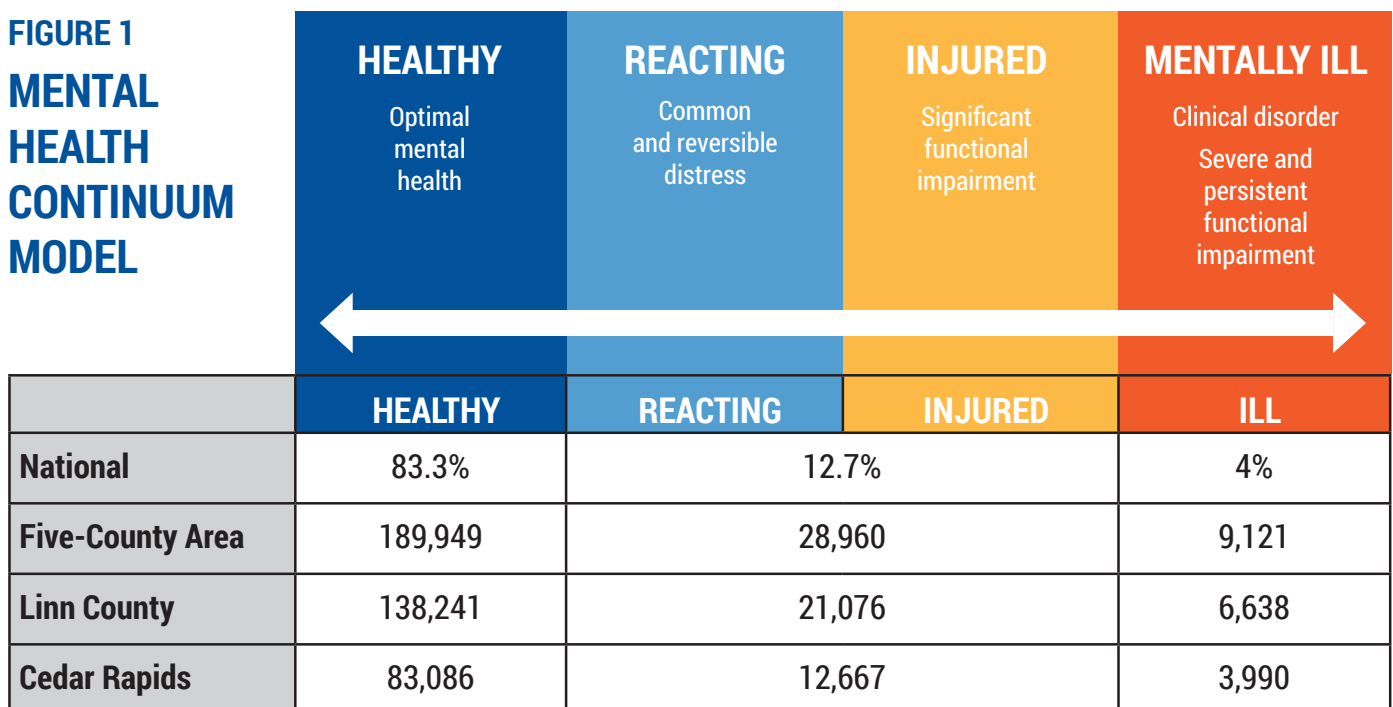
One in five Iowans, or roughly 600,000 adults, live with some form of mental illness, and nearly 37,000 struggle with serious mental illness daily.⁸ If we apply these statistics locally to United Way of East Central Iowa's (UWECI) five-county service area of Benton, Cedar, Iowa, Jones, and Linn Counties, this means approximately 38,000 people have mental health concerns.

Depression

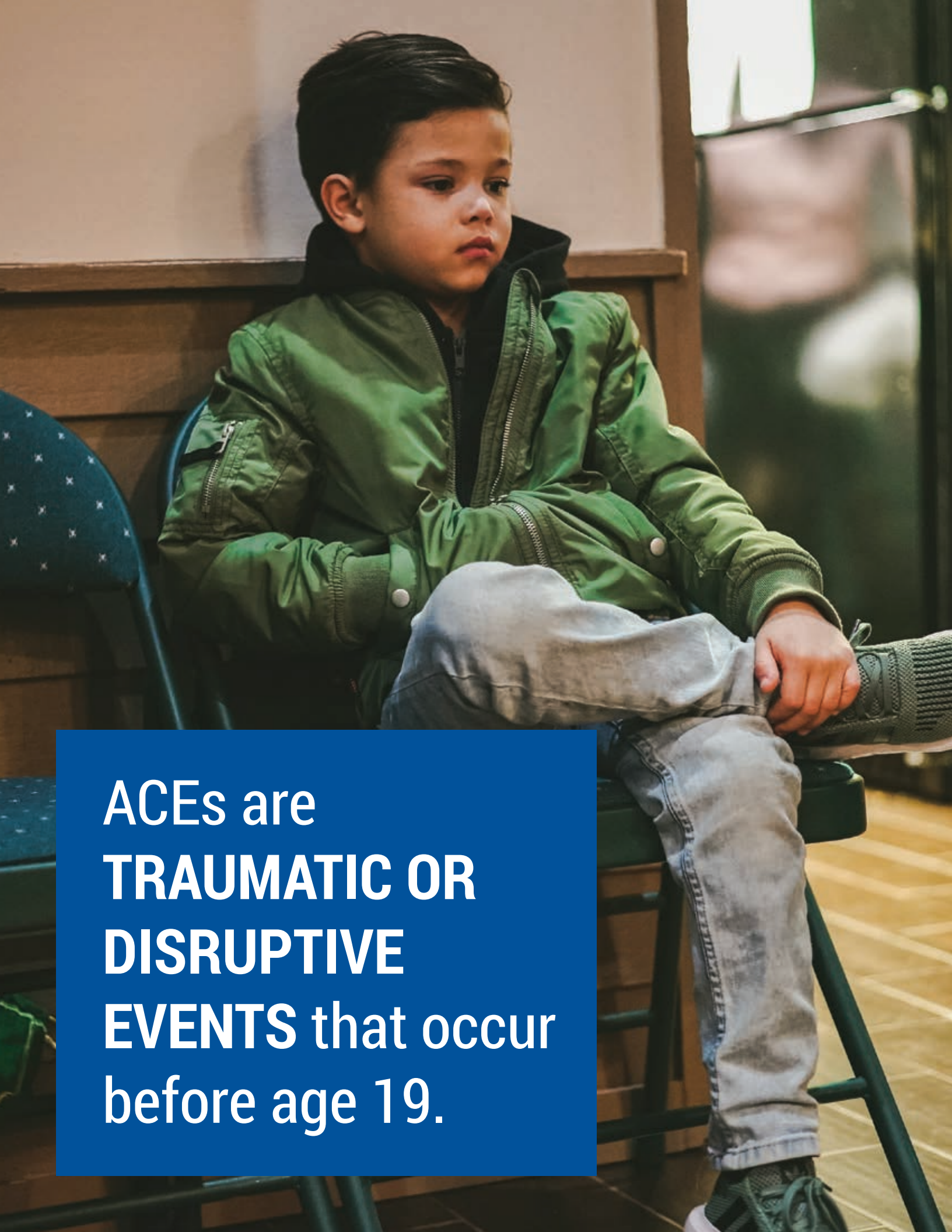
Depression is one of the most common types of mental illness, affecting more than 6% of the U.S. adult population⁹ and ranking second as a leading cause of disability, trailing only heart disease.¹⁰

Some have a greater risk of depression. Iowans who reported higher rates of depression than the general population included women, people with less education, and lower-income individuals. This is likely due to a higher incidence of stress and challenging life circumstances. The highest

FIGURE 1
MENTAL HEALTH CONTINUUM MODEL



Source: The Road to Mental Readiness R2MR- Mental Health Commission of Canada - Queen's University



ACEs are
**TRAUMATIC OR
DISRUPTIVE
EVENTS** that occur
before age 19.

prevalence was among those with annual household incomes less than \$15,000. The lowest prevalence was among those ages 75 years or older (8.2%). When asked about various chronic conditions in 2016, 15% of lowans reported they received a diagnosis for a depressive disorder at some point in their life. For low-income individuals in Linn County, the Medicaid population, 29.2% are dealing with depression—higher than 27.1% statewide.¹¹

Anxiety

Occasional worry or fear is natural depending on new experiences, stressful situations, or making big decisions. Anxiety disorders, which affect 18% of the general population,¹² occur when symptoms of worry and fear become constant and impact family, work, and community-related activities. Difficult life events and transitions may cause anxiety, and it often occurs with other symptoms, as well.

To learn more about other types of mental health conditions, visit nami.org/learn-more.

UNDERLYING CAUSES OF POOR MENTAL AND BEHAVIORAL HEALTH

Adverse Childhood Experiences and Lifelong Impacts

Adverse childhood experiences (ACEs) are major risk factors for many mental and/or substance use disorders. ACEs are traumatic or disruptive events that occur before age 19. Findings from Dr. Vincent Felitti and Dr. Rob Anda's ACEs study in the 1990s confirmed, with scientific evidence, childhood trauma and adversity have an effect on lifelong quality and length of life.¹³

When an individual experiences strong, frequent, and/or prolonged adversity (such as physical or emotional abuse and/or the accumulated burdens of poverty, community violence, etc.) this can create a toxic stress response. A prolonged stress response can influence brain and physical development. For more information on ACEs, please visit uweci.org/aces or cdc.gov/violenceprevention/acestudy.

The ACEs study findings suggest some experiences create risk factors for leading causes of illness, poor quality of life, and early death. Prevention of and recovery from the nation's worst health and social problems (including poor mental and behavioral health) are likely to benefit from knowledge that many of those conditions are the result of childhood trauma and toxic stress.

According to research from the Center for Disease Control and Iowa ACEs, individuals experiencing four or more ACEs were six times more likely to have diagnosed depression as compared to those with zero ACEs. Those with four or more ACEs are also two times more likely to self report their health as poor or fair, 2.5 times more likely to rate their mental health (including stress, depression, and problems with emotions) as not good, and 2.5 times more likely to report limits in activities because of physical, mental, or emotional problems. In UWECI's service area, Iowa County had the highest rate of ACEs with 12.5% of those surveyed experiencing four or more ACEs, followed by Linn at 11.9%, Cedar with 9.6%, and Benton with 9.1%.

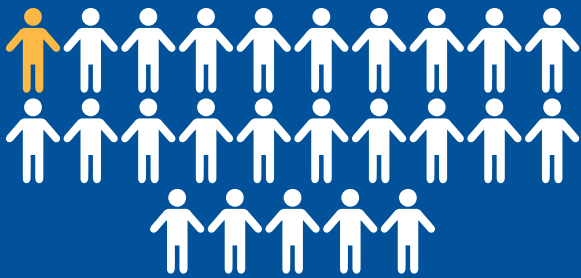
There are also community factors that influence adversities individuals and families experience. Adverse community environments such as a lack of affordable and safe housing, community violence, systemic discrimination, and financial instability compound one another, creating negative pressures on mental and behavioral health in communities.

In America,

43.8 MILLION ADULTS
experience mental illness each year



1 IN 5 ADULTS
experience mental illness



1 in 25 adults
live with serious mental illness



50% of all chronic mental illness
begins by age 14



75% of all chronic mental illness
begins by age 24

Source: National Alliance on Mental Illness
(nami.org/Learn-More/Fact-Sheet-Library)

WHO DOES POOR MENTAL HEALTH IMPACT?

Women

In recent years, women screened at Eastern Iowa Health Center (EIHC) identified symptoms of depression, post partum depression, anxiety, and post traumatic stress at high rates. The majority of these women were pregnant or parenting, so there are distinct intergenerational factors to consider regarding mental health and well-being.

In February 2018, EIHC and United Way collaborated on a data analysis project to review screening results of women seen by a medical social worker. Of the 526 women who indicated mental health concerns, there was a higher incidence of other mental health needs in combination with anxiety. Of the women who indicated a mental health condition:

- 79% screened for moderate to severe symptoms of depression also had anxiety
- 57% screened for moderate to severe symptoms of post partum depression also had anxiety
- 69% screened for post traumatic stress also had anxiety

Even though depression is treatable, many severely depressed mothers do not receive care. According to the Urban Institute, more than one in six adults with at least one child has had depression in his or her lifetime. More than one third of low-income mothers with a major depressive disorder do not have access or resources to get needed treatment.¹⁴ Untreated depression is more widespread among low-income mothers. However, there are many opportunities to engage and provide support as mothers living in poverty often receive services such as WIC, healthcare, food stamps, and financial assistance (TANF). Compared to infants with non-depressed mothers, infants living in poverty with severely depressed mothers are more likely to have mothers who also struggle with domestic violence and substance abuse, and who report being only in fair health.¹⁵

Untreated maternal depression can affect young children's safety and cognitive and behavioral development. This can impact a mother's overall ability to nurture and create a secure attachment with her child. Children of parents with depression or schizophrenia are two times more likely to experience abuse than children of parents without mental illness; children of parents with antisocial behavior are six times more likely to experience abuse.¹⁶

Children and Youth

Abuse, neglect, and household dysfunction in early childhood often lead to psychological disorders, substance abuse, other chronic health issues, and lasting impacts on brain development and functioning. According to developmental biopsychiatry researcher, Dr. Martin H. Teicher, “The aftermath of childhood abuse can manifest itself at any age in a variety of ways. Internally, it can appear as depression, anxiety, suicidal thoughts, or post traumatic stress; it can also express outwardly as aggression, impulsiveness, delinquency, hyperactivity, or substance abuse.”¹⁷

Mental health disorders affect approximately 20% of children. Appropriate screening and responses are critical for children. However, research shows an average delay between the onset of symptoms and intervention of 8–10 years. This affects children’s achievement in school: 37% of students with mental health issues ages 14 and older drop out of school—the highest dropout rate of any disability group.¹⁸

Children’s unaddressed social, emotional, and mental health needs can affect them into adulthood. As many as one in five youth ages 13–18 live with a mental health condition, and 50% of all lifetime cases of mental illness begin by age 14 and 75% by age 24.¹⁹ One in four teens experience at least mild symptoms of depression, raising the risks of engaging in risky behaviors, death from suicide, misuse of drugs or alcohol, decreased performance in school, or running away.²⁰ In 2015–16, 133,648 (21%) children in Iowa had one or more emotional, behavioral, or developmental conditions.²¹

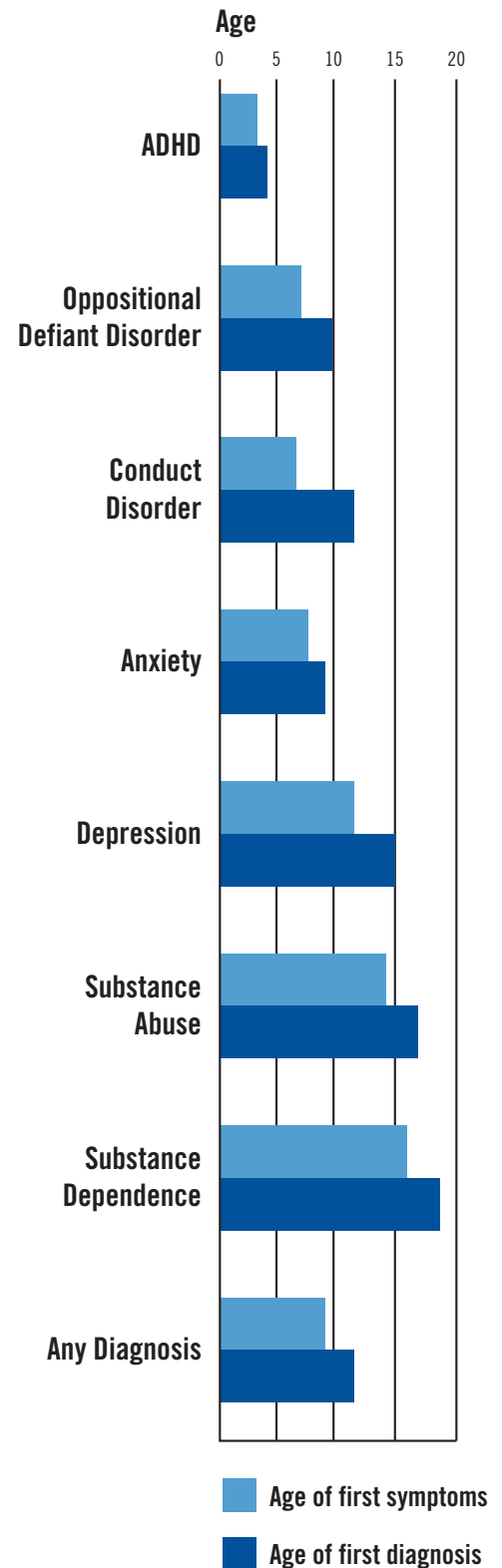
Children often express distress through challenging behaviors. As a result, a disproportionate number of children with mental health conditions end up in child welfare and juvenile justice systems. Nearly 70% of children within these systems have a mental illness.²² Often, these children have experienced multiple adverse experiences causing trauma.

Suicide is the third leading cause of death in ages 10–14 and second for ages 15–24; 90% of those who died by suicide had an underlying diagnosed or undiagnosed mental health issue or concern.²³

The Iowa Department of Public Health conducts the Iowa Youth Survey with sixth, eighth, and eleventh grade students attending public and private schools. In 2016, of the 6,786 Linn County students who responded to the survey:

- 12% take prescribed medication to help them not feel angry, anxious, restless, nervous, or sad.
- 17% felt hopelessness in the past, which stopped them from doing some usual activities.
- 13% had thoughts of suicide; 8% had made a plan and 4% reported having tried to kill themselves.
- 15% have someone in the home with a serious alcohol or drug problem.
- 13% live in a neighborhood experiencing a lot of fights, crime, or illegal drugs.

FIGURE 2
WINDOWS OF OPPORTUNITY

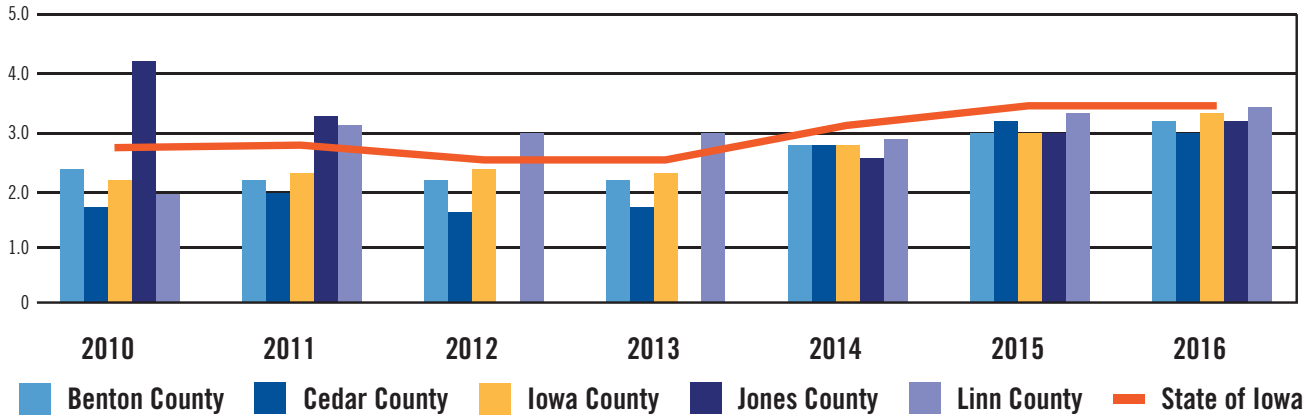


Source: Substance Abuse & Mental Health Services Administration (samhsa.gov/capt/practicing-effective-prevention/prevention-behavioral-health)



**MENTAL HEALTH
DISORDERS
AFFECT 20%
OF CHILDREN.**

FIGURE 3
AVERAGE POOR MENTAL HEALTH DAYS (IN LAST 30 DAYS)



Source: County Health Rankings & Roadmaps- Robert Wood Johnson Foundation (countyhealthrankings.org/app/iowa/2018/overview)

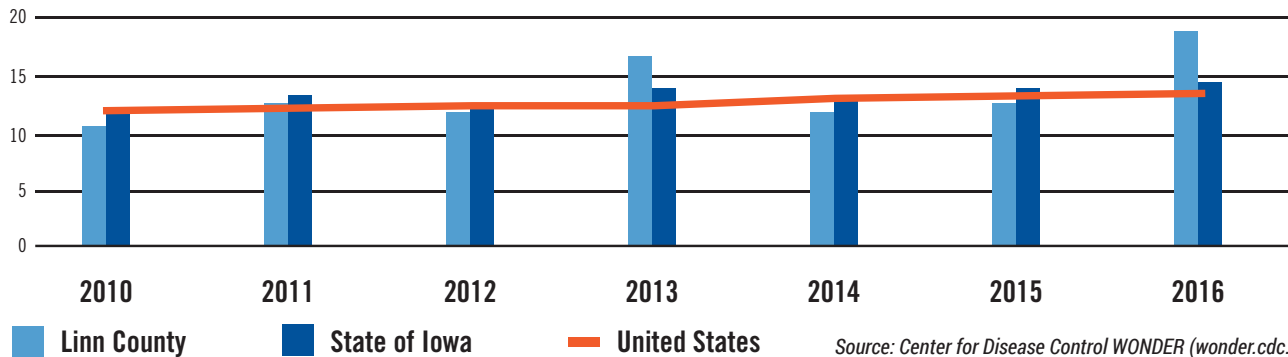
FIGURE 4
MENTAL HEALTH EMERGENCY DEPARTMENT (ED) VISITS (MEDICAID)

GEOGRAPHY	UNIT OF MEASURE	2010	2011	2012	2013	2014	2015
Benton	Age-adjusted rate per 100,000 population	*	*	*	*	269.0	231.3
Cedar		*	*	*	*	386.5	359.0
Iowa		*	*	*	*	237.7	340.0
Jones		*	*	*	*	421.5	477.4
Linn		10.1	16.1	10.5	9.9	571.9	601.6
Iowa		8.0	9.3	10.0	8.4	472.6	573.8

*Value suppressed due to a frequency less than 20. Source: Iowa Department of Public Health (accessed through Linn County Public Health)

**Change in values after 2013 reflect the expansion of the Medicaid population due to shift managed care.

FIGURE 5
SUICIDES (PER 100,000)



Source: Center for Disease Control WONDER (wonder.cdc.gov)

How Is Our Mental Health?

Foundation 2 is a Cedar Rapids-based nonprofit human service agency offering crisis prevention and intervention programs that address suicide. From July 1, 2016 to June 30, 2017, of 26,238 crisis calls received across Iowa, 4,846 (or 15%) were suicide related. In 2017, 76 individuals who called the crisis line had already taken steps to end their life. Crisis counselors were able to send rescue.

We need to **RESPOND TO MENTAL HEALTH NEEDS** just as we respond to physical health needs.

GOOD MENTAL HEALTH IMPROVES QUALITY OF LIFE

We need to respond to mental health needs just as we respond to physical health needs. We must be able to understand, assess, and address mental health needs through preventative and proactive strategies. By focusing on prevention and early intervention, we may be able to avoid more costly interventions, treatments, and chronic health issues.

Multiple prolonged symptoms that cause impairment in daily functioning may turn into a crisis such as loss of social supports, family connections, or employment. In extreme conditions of distress, this can lead to hospitalization, involvement with law enforcement, child welfare, or juvenile justice systems that can increase risks of incarceration or homelessness.

Evidence shows poor mental health, especially depressive disorders, relate strongly to the occurrence, successful treatment, and course of other diseases including diabetes, cancer, cardiovascular disease, asthma, and obesity.²⁴ Mood disorders, such as major depression and bipolar disorder, are the third most common cause of hospitalization for individuals ages 18–44.²⁵ Individuals living with serious mental illness face an increased risk of chronic medical conditions and an estimated 25 years in loss of life, largely due to treatable conditions.²⁶

Links between Poor Mental Health and Other Challenging Life Conditions

People with a mental health condition are more likely to experience a substance use disorder, and people with a substance use disorder are more likely to have a mental health condition when compared with

the general population. According to Substance Abuse and Mental Health Services Administration (SAMHSA), 18.2% of adults with any mental illness had a substance use disorder, while those adults with no mental illness only had a 6.3% rate of substance use disorder in the past year.²⁷ A child's risk of developing a mental health or substance abuse issue increases when their parents abuse alcohol and drugs.²⁸

Roughly 45% of Americans seeking substance use disorder treatment received diagnoses of a co-occurring mental and substance use disorder.²⁹ Recent data suggests 60% of Area Substance Abuse Council (ASAC) clients also struggle with a mental health condition. If communities and families assess and intervene early, they can prevent or mitigate symptoms of behavioral health disorders.

Homelessness and Mental Health

For those experiencing homelessness or near homelessness in Linn County, the Continuum of Care's Individual & Family Needs Survey found 38% of participants identified having a mental health condition; 32% experienced homelessness because of those mental health issues. One of their greatest healthcare needs was access to mental health services, second only to dental care.

This tells us that more than one third of homeless and near-homeless populations experience mental health issues, in combination with a variety of other issues. In addition, 60% of the homeless or near-homeless population that had a mental health issue had also been in a correctional facility at some point within the last ten years, which can present additional barriers to accessing basic needs and mental healthcare.

Suicide

90% of those who die by suicide have an underlying mental illness.³⁰ According to the Center for Disease Control and Prevention (CDC), in 2015, suicide was the tenth leading cause of death in the U.S. During the past 15 years, suicide deaths have increased 24%. There are more than twice as many suicides (44,193) in the U.S. as homicides (17,793).

In Linn County, suicide is the ninth leading cause of death and the second leading cause of death in residents ages 15–34. According to the 2016 Iowa Youth Survey, 13% of Linn County students have thought seriously about committing suicide, with 4% attempting suicide in the past year.³¹

Suicide is a growing issue within our state and local community. By assessing and adequately addressing underlying mental health needs, we could reduce cases of suicides.

Involvement with Corrections

Poor mental health and lack of treatment seem to contribute to multiple and sometimes lifelong negative outcomes. In the U.S., one in seven state and federal prisoners and one in four jail inmates report experiences that meet the threshold for serious psychological distress, where females had a higher percentage of meeting this threshold than males³²—compared to 1 in 20 in the general population. More than half of Americans in prison or jail have a mental illness.³³ The intersections between childhood traumas and unhealthy, adaptive coping behaviors often link to higher risk of substance misuse and abuse that can also affect incarceration rates.

HOW WILL WE FIGHT FOR OUR COMMUNITY'S MENTAL WELL-BEING?

What contributes to maintaining or returning to optimal mental health? Stabilizing forces include access to care, financial resources, and family and community connections that prevent and/or mitigate situational stressors influencing mental and behavioral health.

Build a Continuum of Care

To maintain or improve physical wellness, people exercise and eat well, but what does this look like for mental wellness? Just as everyone falls on a spectrum of physical fitness, everyone falls on a spectrum when it comes to mental health. It is common to have poor mental health days, as it is normal to have poor physical wellness days that include poor nutrition, lack of exercise, or proper self-care. This self-care can often buffer some stressors and improve mental well-being.

Most people can identify when they do not feel physically well. When an individual is feeling physically ill to the extent it creates some distress or impairment, they can reach out to medical care providers, talk about symptoms with friends or family, and seek out solutions to get back to a healthy state. Supportive and compassionate responses, as well as proper assessment and a comprehensive system of care, will lead to appropriate treatments and recovery for mental health just as it does for physical health.

A comprehensive approach to mental, behavioral, social, and emotional health includes increasing awareness, treatment, and recovery along a continuum of care. This includes:

- Creating compassionate and trauma informed environments that support mental and behavioral health
- Focusing on factors that protect children, adults, and communities from poor mental health
- Reducing external social, economic, and environmental conditions (i.e., poverty, violence, and racial/ethnic discrimination) that create increased stressors contributing to poor mental health³⁴
- Providing early screening, diagnosis, and intervention services
- Enhancing treatment and recovery services that support individuals' abilities to live productive lives in the community³⁵

Screen and Intervene Early

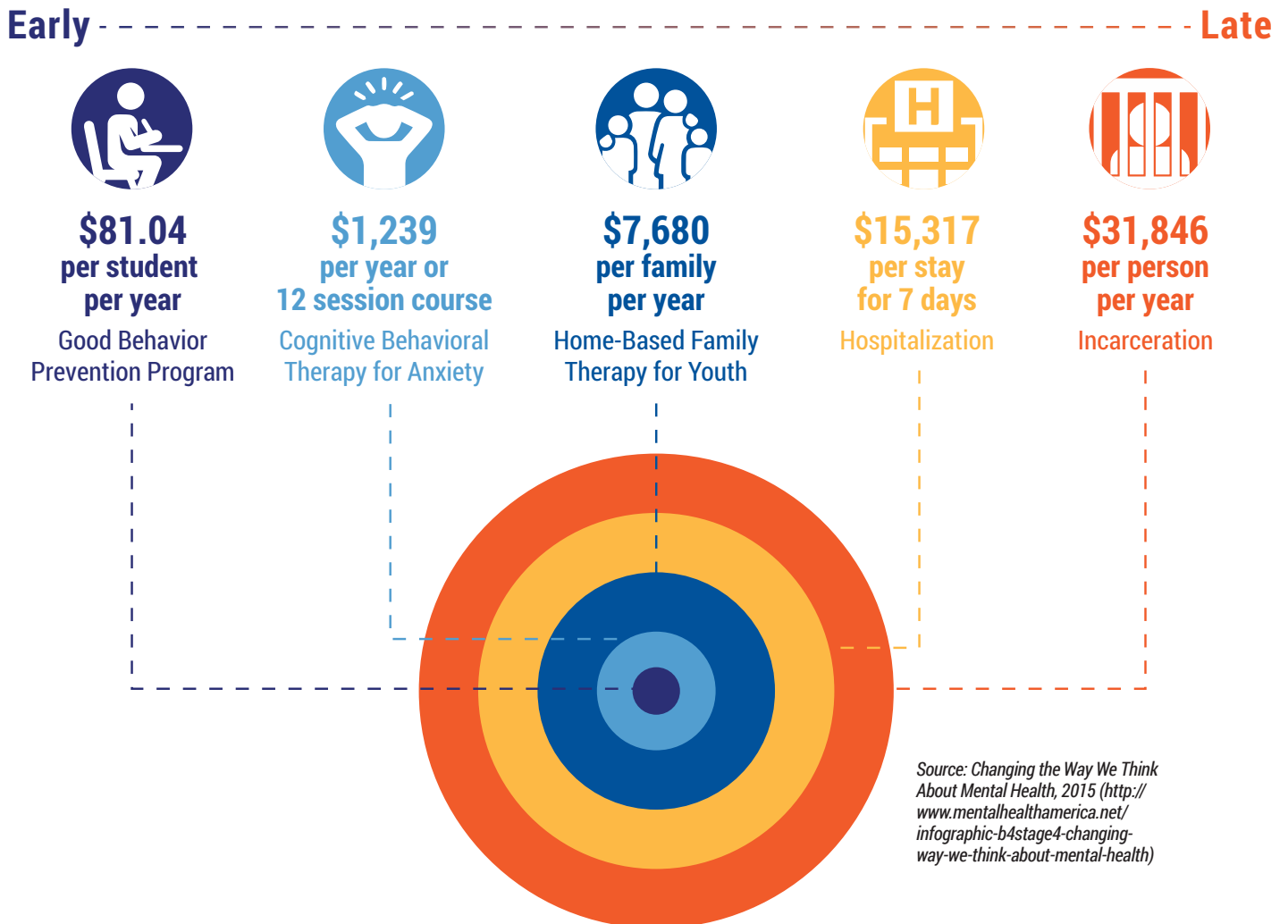
In 2017, United Way hosted two mental health roundtables with community partners in Cedar Rapids including the Department of Human Services, Juvenile Justice, Juvenile Detention, the Department of Corrections, and treatment and mental health providers. Participants agreed that early intervention and family engagement are key in addressing initial symptoms of poor mental health; however, there are few resources dedicated to early screening, intervention, and prevention strategies. The roundtable identified the critical need for a comprehensive approach to supporting children’s mental health that includes these activities.

According to the SAMHSA, it is critical to intervene during “windows of opportunity.” This is the period between first detecting symptoms and diagnosing the disorder. Timely

intervention can sometimes prevent the disorder from developing. However, the intervention must take into account the person’s age and stage; in other words, their cognitive, emotional, and behavioral abilities to adapt to new challenges and experiences. For optimal mental health, it is critical for children to have secure attachments, basic needs met, and skills to develop trusting relationships as they mature physically, mentally, emotionally, and socially.

The Institute of Medicine and National Research Council notes that cost-benefit ratios for early treatment and prevention programs for addictions and mental illness programs yield \$2–10 savings for every \$1 invested in health costs, criminal and juvenile justice costs, educational costs, and lost productivity (see **FIGURE 6**).³⁶

FIGURE 6
THE COST OF WAITING



Early intervention models that engage parents and children within the first five years of life have launched across Iowa. 1st Five is a public-private partnership bridging primary care and public health services in Iowa, and the National Association of Maternal and Child Health Programs identified it as a Promising Practice. The 1st Five model supports health providers in the earlier detection of social-emotional and developmental delays and family risk-related factors in children birth to age five, as well as coordinates referrals, interventions, and follow up.³⁷

In 2017, 1st Five reported on the most frequent referrals in East Central Iowa.

Linn County:

- Developmental and speech supports (25%)
- Social supports (17%)
- Transportation (10%)

Benton County:

- Health management (34%)
- Disability services and support (both at 19%)
- Financial (11%)

Jones County:

- Health management (37%)
- Social supports (22%)
- Disability services (20%)

Locally, the Cedar Rapids Community School District has utilized social, emotional, and behavioral (SEB) well-being screening tools to identify students in third, fifth, seventh, and tenth grade that may need additional support. This provides an opportunity for follow-up screening and parent communication if results indicate the need for further assessment or coordination of services.³⁸

Provide Care Coordination

Evidence suggests taking a holistic approach to patient care and addressing sources of stress like housing, financial, or transportation issues can lead to improvements in mental health and increased readiness to participate in treatment if necessary. There are many examples of agencies in our community providing care coordination.

At EIHC, when a patient screens positive for a mental or behavioral health concern, the medical social worker conducts a psychosocial assessment, and the client receives resiliency coaching through mind-body interventions, advocacy, and connections to community resources as appropriate. This coordinated approach to care, linking the individual's physical and mental health, is an important step to improve patient outcomes.

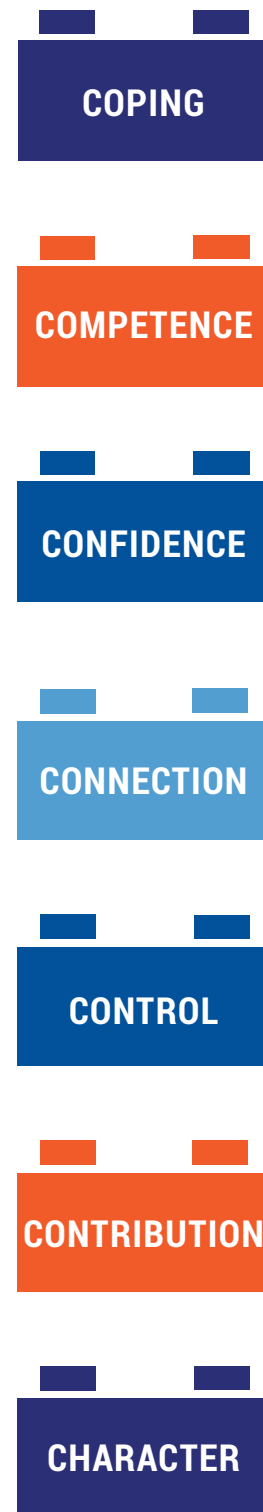
Tanager Place and Four Oaks have provided Pediatric Integrated Health Homes for children and families for several years with promising results. Providers address critical factors that influence mental health as part of their work with families including housing, economic, legal, school, and medical concerns.

Building Resilience

Prevent Child Abuse Iowa defines resilience as adaptive responses in the face of challenging situations such as trauma, adversity, tragedy, threats, and chronic sources of stress. Resilience may look different at various developmental stages from childhood into adulthood.

Strategies for building resilience may be different for everyone based on their development, resources, and situation. For children, one suggested way to build resiliency is to follow Ginsburg's Seven Cs, or Essential Building Blocks of Resilience (see **FIGURE 7**).

FIGURE 7
BUILDING BLOCKS
OF RESILIENCE



Source: *The 7 Cs: The Essential Building Blocks of Resilience* (fosteringresilience.com/7cs.php)



Parents and caregivers play a vital role in a child's resilience and mental well-being. When caregivers support children in these seven areas, it helps them learn how to handle stressful situations and prepare for future life challenges.³⁹

Resiliency building can also occur in adulthood. Building social connections with individuals in the community, participating in enjoyable activities for mental and physical health, and setting and moving towards personal goals are all ways to build resiliency.⁴⁰

Build or Enhance Social Connectedness

Social connections and relationships are more about how one perceives the quality of their relationships, and not about how many friends one has.⁴¹ Research shows social connectedness is such a key part to a person's health, that a lack of it "is a greater detriment to health than obesity, smoking, and high blood pressure."⁴²

Building satisfying social relationships contributes greatly to social, emotional, and physical well-being⁴³ and results in better emotional regulation skills, less depression and anxiety, and more resilience.⁴⁴

In the 2016 Iowa Youth Survey:

- 90% of youth stated they could get help and support when needed from someone at home and at school.
- 72% believe there are adults in their neighborhood or community who would help them if needed.

Community connections and individuals that can assess early distress are critical in identifying and addressing children's mental health needs.

Practice Trauma Informed Responses

Trauma Informed Care (TIC) or responses involve understanding, recognizing, and responding to the effects of trauma children and adults experience that may impact their well-being. It emphasizes physical, psychological, and emotional safety for both children and providers, and helps survivors rebuild a sense of control and empowerment. Using trauma informed responses for mental health also promotes resiliency.

Some of TIC's key objectives include supporting empowerment of individuals, building resilience, teaching life balance, offering trauma-informed support, and normalizing symptoms of trauma. In the past, many believed that only a few people experienced trauma; now, studies show more than half of Americans have experienced trauma in childhood that affects their mental, behavioral, physical, social, and emotional health into adulthood. There is increasing research and practice improvement in trauma informed methods to enhance resilience and mental, emotional, social, and behavioral health and well-being.

Locally, UWECI surveyed agencies in the community about their use of TIC models and mental health approaches to gauge practices and identify areas of need. Of 12 agencies that completed the survey, 80% were using a trauma informed approach and 20% were working on it. Most agencies reported more than 50% of their staff trained in TIC, and both encouraged and offered learning opportunities for staff. However, a substantial amount do not have a specific requirement for staff (i.e., continuing education hours or certification course) related to trauma informed practices. Most agencies follow a specific trauma informed intervention model or a combination of several models.



WHAT'S NEXT

In Eastern Iowa, there are many collaborative efforts to help address the mental and behavioral health needs in the community:

- **UWECI's Women United (formerly WLI)** partners with EIHC, ASAC, and Community Health Free Clinic to assess mental and behavioral health needs, in addition to other social determinants of health, and provide enhanced and holistic interventions, education, and/or referrals.
- **Spark*5** is a two-generational approach to breaking the poverty cycle. This initiative supports parents of children birth to age five living in high stress circumstances to reduce adversity by increasing financial stability and reducing barriers to services.
- **Crisis Intervention Training (CIT)** is a cross sector collaboration between nonprofits, law enforcement, and medical providers to respond more appropriately to individuals dealing with mental health issues and crisis as an alternative to jail.
- **Community Resilience Coalition of East Central Iowa (ACEs Stakeholders)** is a cross-agency, multi-county coalition focused on understanding the impacts of childhood adversity on lifelong health and well-being. Their main strategies focus on building resilience in children and parents, building resilient and compassionate communities, and building more responsive and healing environments through practice change.

Legislative Action

In addition to community action, there are also legislative efforts that will help Iowans across the mental health wellness spectrum. Senate File 2113, approved for school year 2018, will implement strategies and best practices to require school employee training and protocols related to suicide prevention and identification of ACEs and strategies to mitigate toxic stress response.

Currently in review is a bill that focuses on integrating primary and behavioral healthcare so when an individual with a mental illness and a physical condition or substance use disorder requires care, both of their providers will be in the same facility. The other bill concentrates on Iowans younger than age 21 by allowing Medicaid to not only provide administrative activities to carry out in a behavioral health access program, but to also receive an enhanced federal matching rate for providing said program.

Find help for yourself or someone you care about:

- Download Mental Health and You app at mhuapp.org for education and link to local and national resources
- Resources available via chat at iowacrisischat.org or call 1-855-800-1239
- iowahelpline.org
- Suicide prevention helplines
 - Local: 319-362-2174
 - Iowa: 1-800-332-4224
 - National: 1-800-273-8255
- 2-1-1 (211iowa.org) for resources and information
- SAMHSA's National Helpline: Local treatment facilities, support groups, and community-based organizations
 - 1-800-662-4357
 - findtreatment.samhsa.gov

CITATIONS

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