



**COVID-19 Response and Impacts of the Pandemic**  
Presentation to the 2022 Dakota Conference

Dr. Nizar Wehbi, ND State Health Officer  
June 9, 2022



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## AGENDA

- 1 | Introduction
- 2 | COVID-19 response summary
- 3 | Moving toward an endemic state | Looking forward
- 4 | Public health concerns
- 5 | ND immunization rates and data

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## ND DOH COVID-19 response summary over a 29-month period (March 2020 – June 2022)



### Collaboration

- Partnered with 28 ND state agencies
- Hired over 900 temporary employees
- **Partnered with 677 different locations** to provide COVID-19 testing



### Vaccines and treatment

- **1.08M COVID-19 vaccine doses administered**
- 293 MAB-antiviral missions completed
- 2,198 DoH vaccine events held, plus support to 389 non-DoH vaccine events



### Testing

- 7,243 testing missions completed
- 5,634 courier missions completed
- **1,727,857 PCR tests completed** by the DoH public health lab
- 650,000 over-the-counter/home COVID-19 tests distributed to community distribution sites

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## The pandemic response **strengthened our collaboration** and highlighted **new opportunities**

- Held regular meetings with **hospitals** (CMO/CNO).
- Established **VP3 task force** to focus on vulnerable populations.
- Strengthened communication and partnerships with **local public health**.
- Established **Tribal Health Directors** meetings; added four tribal liaisons to the DoH.
- Developed connections with **Universities** for research and support (e.g.: Campus ambassador program).
- Enhanced **health equity emphasis**, with expanded access to education and care.



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## Moving toward an endemic state

The World Health Organization declared COVID-19 a pandemic in 2020. A pandemic occurs when there is an increase in cases of a disease across the globe.

**An endemic occurs** when the disease is present but there are no large shifts in case counts and the patterns of infection become more stable.

### What is different now?

- More research, we know more
- Availability of vaccines; protect the most vulnerable
- Access to monoclonal antibodies and antivirals
- Distribution of at-home test kits



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## COVID-19: Looking forward

- **Empower people** to have information and resources to make informed decisions.
- **Learn from this response** and prepare for future public health emergencies.
- **Maintain operational readiness** to respond.
- **Sustain** capacity and capabilities.

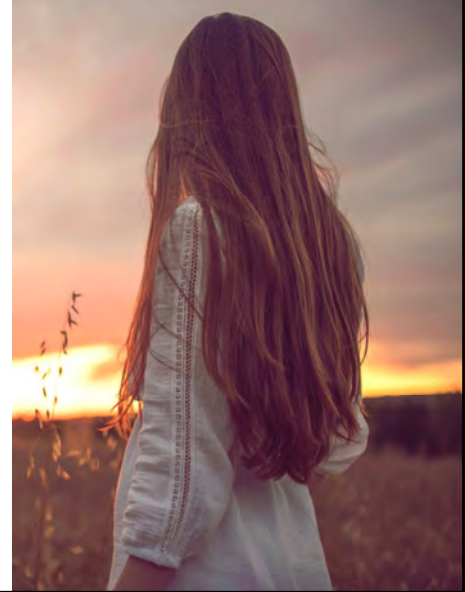


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## Throughout the COVID-19 response period, there has been a decline in other public health areas

- **Increase in tobacco use**
  - Increase in estimated prevalence of cigarette use and smokeless tobacco in ND from BRFSS from 2019 to 2020.
- **Decline in routine checkups with provider**
  - BRFSS respondents in ND who had visited a provider in the last year declined in 2020.
- Significant **increase in North Dakotans reporting being overweight** from 35.7% to 37.6% in 2019 and 2020, respectively.
- **Decrease in utilization of oral healthcare** and dentist visits among North Dakotans.
- Increase in intentional self-harm
- Increase in substance abuse
- Increase in STI and reduced STD screening rates



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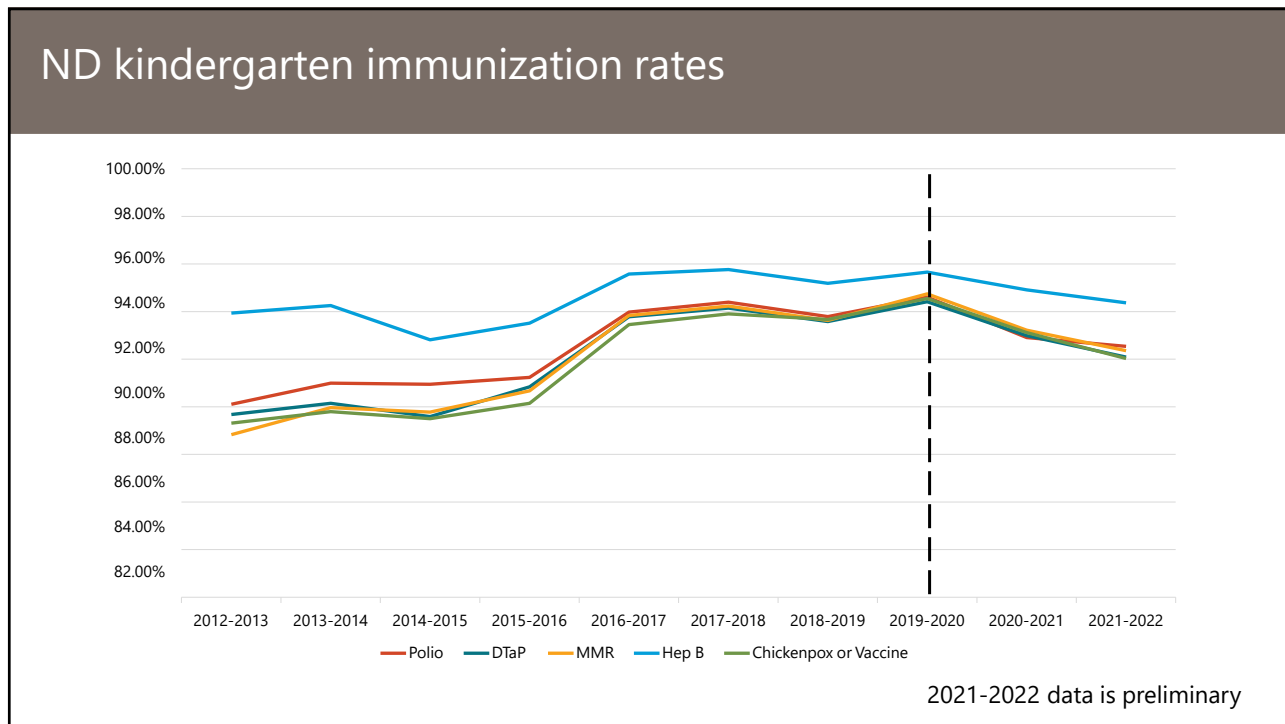
## Decline in routine wellness vaccines

- **Infant MMR** (measles, mumps, rubella) vaccination rates declined more than 6%.
- **Adolescent Tdap** (tetanus, diphtheria, pertussis) also declined 6%.
- **Pediatric influenza vaccination** rates have also declined.
- Declines in rates are not due to hesitancy.
- Health care providers and local public health should implement best practices to increase immunization rates now.

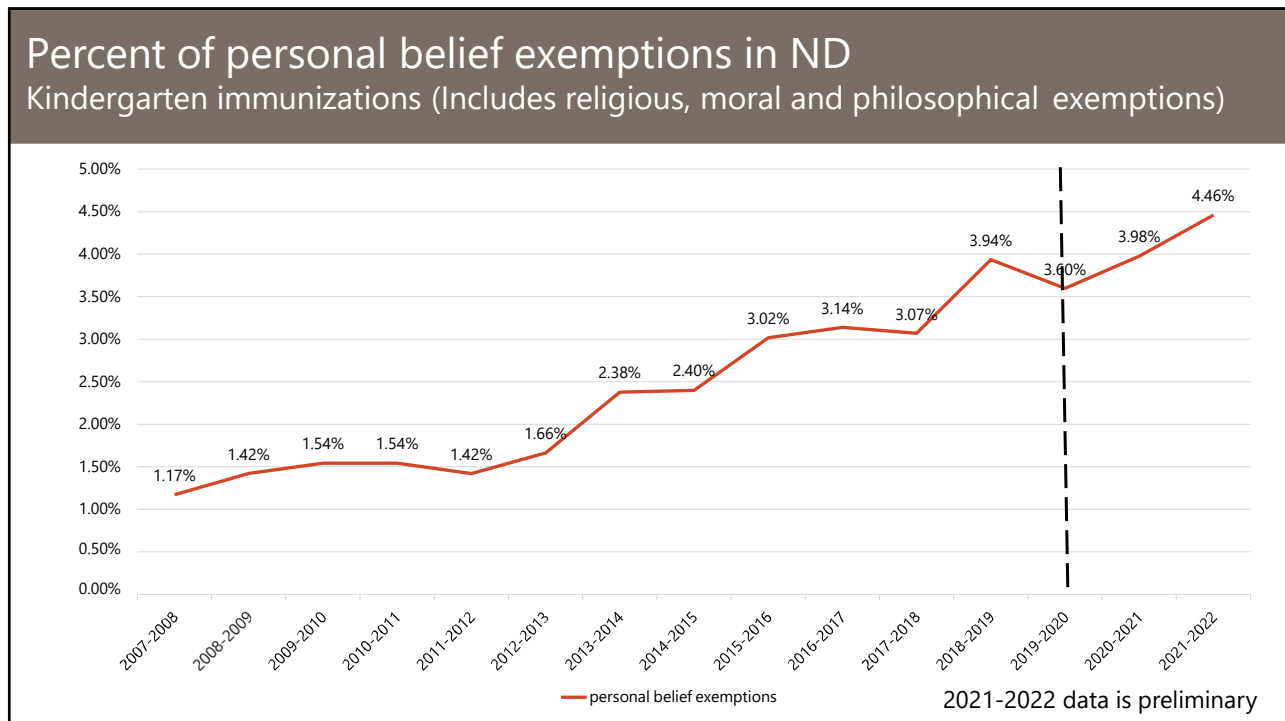


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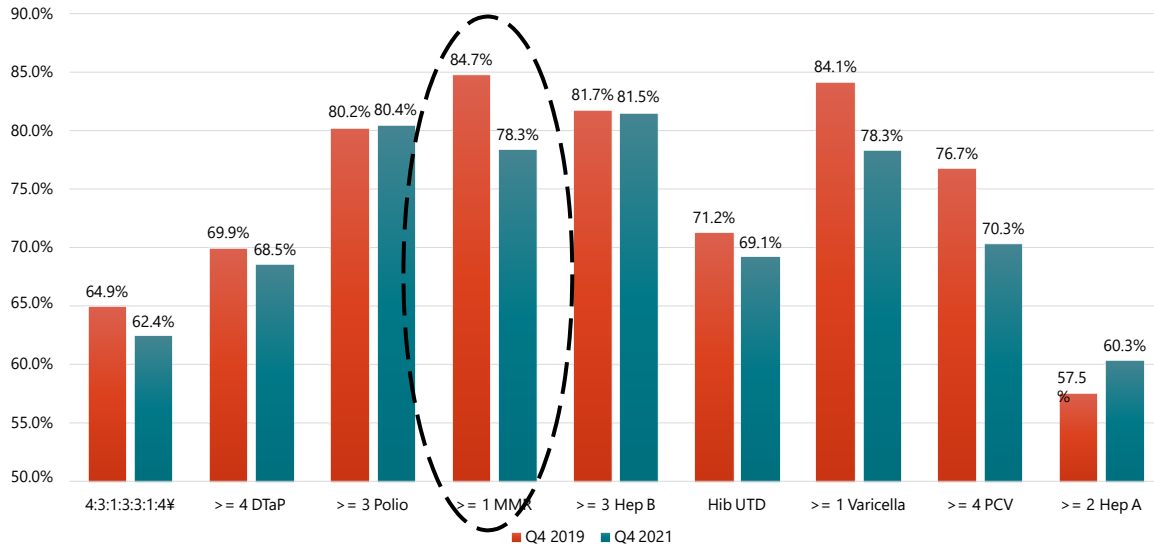
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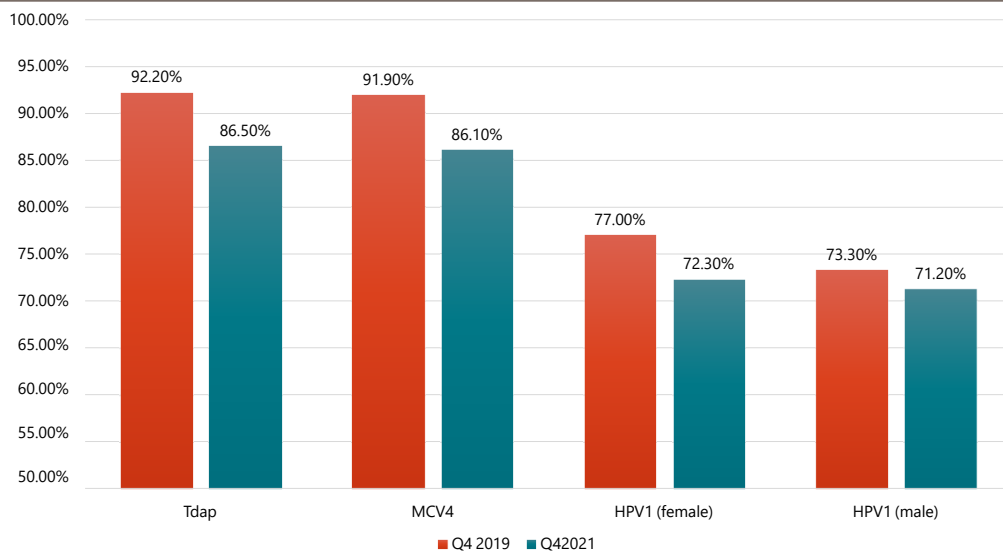
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### ND routine infant (19-35 months) immunization rates pre- and post-pandemic (NDIIS)

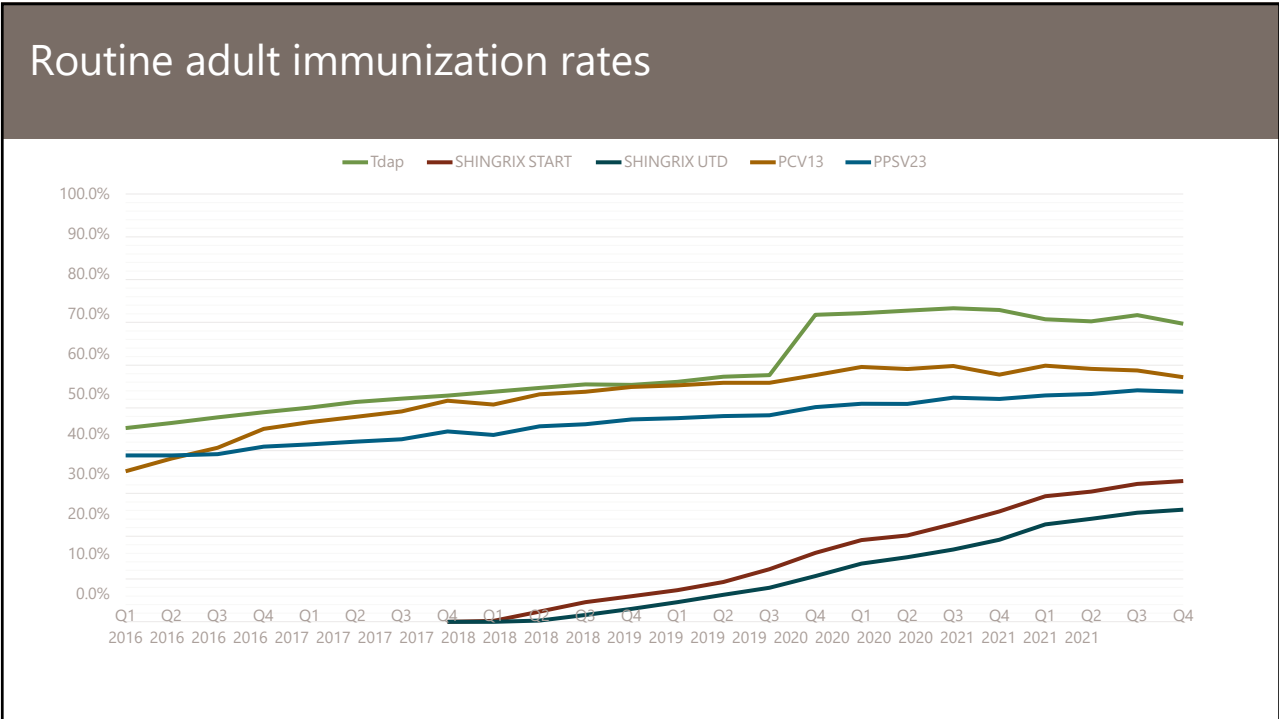


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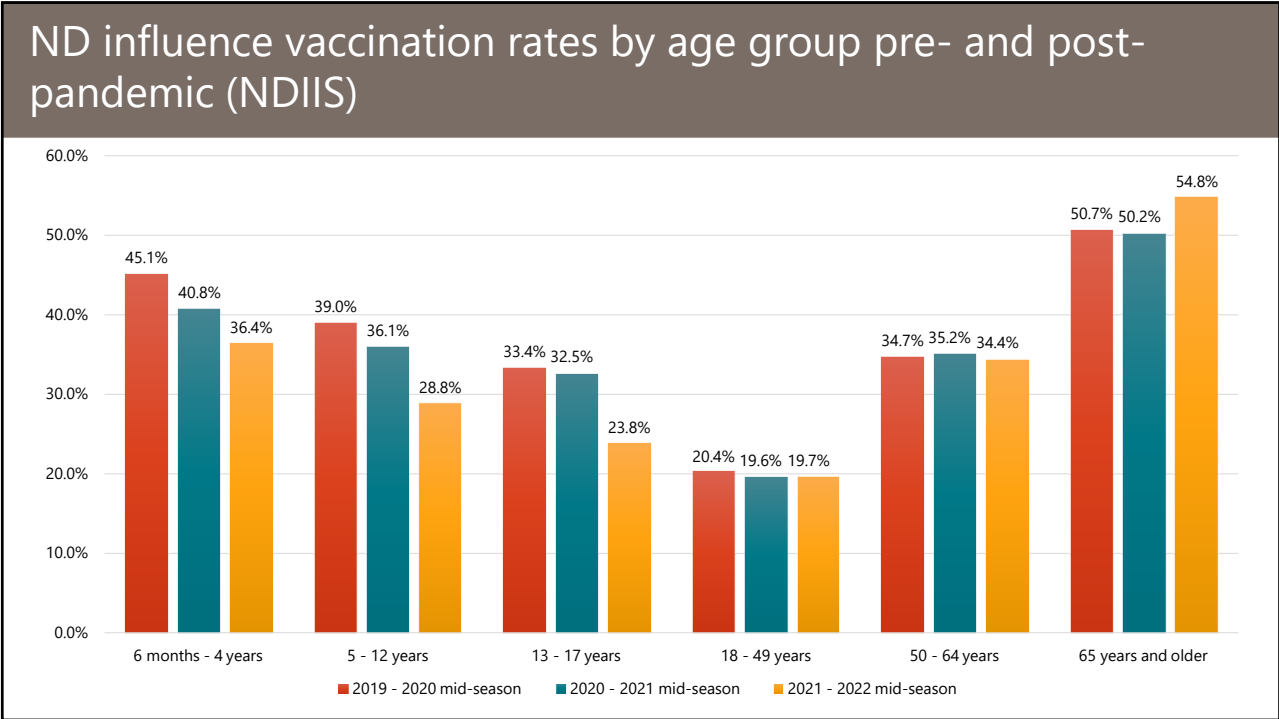
### ND routine adolescent (13-17) immunization rates pre- and post-pandemic (NDIIS)



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Thank you

Empower People | Improve Lives | Inspire Success

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**DHHS Integration Update**

Presentation to the 2022 Dakota Conference

Chris Jones, Executive Director – DHS  
June 9, 2022




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# AGENDA

- 1 Introduction
- 2 Where we are today
- 3 Integration guiding principle and goals
- 4 Workstream progress update
- 5 High-level DHHS organization structure



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## Where we are today


This roadmap displays the key phases and activities we have undertaken in our journey toward one **Better Together Department of Health and Human Services (DHHS)** on Sept. 1, 2022.

*January 2022 – May 2022*

**DESIGN** a new DHHS

*June 2022 – September 2022*

**DELIVER** a plan to set up DHHS for success



**COREACTIVITIES**

- Developing a **new Better Together DHHS team structure** that transitions all current team members into one combined DHHS to support transforming the citizen experience.
- Working on **projects across DoH and DHS** that will position us to serve North Dakotans successfully as one unified team in September 2022.
- Supporting and engaging managers/supervisors and team members with an **enhanced focus on change management and increased communications.**

**COREACTIVITIES**

- **Begin to see our unified approach take shape!** Continue to work on projects that will help DHHS improve the health and well-being of North Dakotans. **through September 2022 and BEYOND!**
- Begin to create new opportunities to **engage and develop one high-performing DHHS team.**
- Begin to implement changes that will maintain **day-to-day operations** for all team members in a new unified DHHS.

*September – December 2021*

**DECIDE** on a guiding principle for the integration

**COMPLETE**

**COREACTIVITIES**

- Developed a **new process to gain team member input and make decisions** about building a unified approach to health and human services.
- Established a **guiding principle and goals for the journey** to become one team DHHS and to transform the citizen experience.
- Identified several projects that support the guiding principle and goals and **created work teams with representation from DoH and DHS.**

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# Guiding our Better Together journey toward One Team DHHS

**Guiding Principle**

**North Dakota becomes the healthiest state in the nation by reinforcing the foundations of well-being**

Integration Goals	Example Objectives
1. Deliver <b>one streamlined path</b> to quality and equitable programs and services	<i>Simplify the customer journey to DHHS programs</i>
2. Continue to improve <b>quality, effective and efficient</b> health and human services	<i>Improve timeliness and access to services</i>
3. Create <b>career growth and development opportunities</b> for team members and build a new <b>one-team</b> culture	<i>Define an agreed-upon culture; create the foundation for a workplace that honors autonomy and empowers individuals to contribute</i>

**Over the coming months, we will work together to develop a vision for a unified DHHS.**

## Integration workstreams

Six workstreams are supporting more than **50 projects** identified to be accomplished as part of the integration.

**Operations & Customer Experience**



Dirk Wilke



Sara Stolt

**Finance**



Arnie Strebe

**Communications**



Lynn Bargmann



Marie Moe

**HR, Change Management, Culture**



Stacey Breuer



Molly Herrington

**Information Technology**



Doran Eberle

Including Sara Stolt & Dirk Wilke

## Integration workstreams

The program integration workstream is developing a high-level roadmap and timeline, and identifying **high-priority projects** for the program integration initiatives.

### Program Integration



Caprice Knapp



Kim Mertz



Pam Sagness



Jessica Thomasson



Dirk Wilke

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## Our approach to designing the future DHHS organizational structure

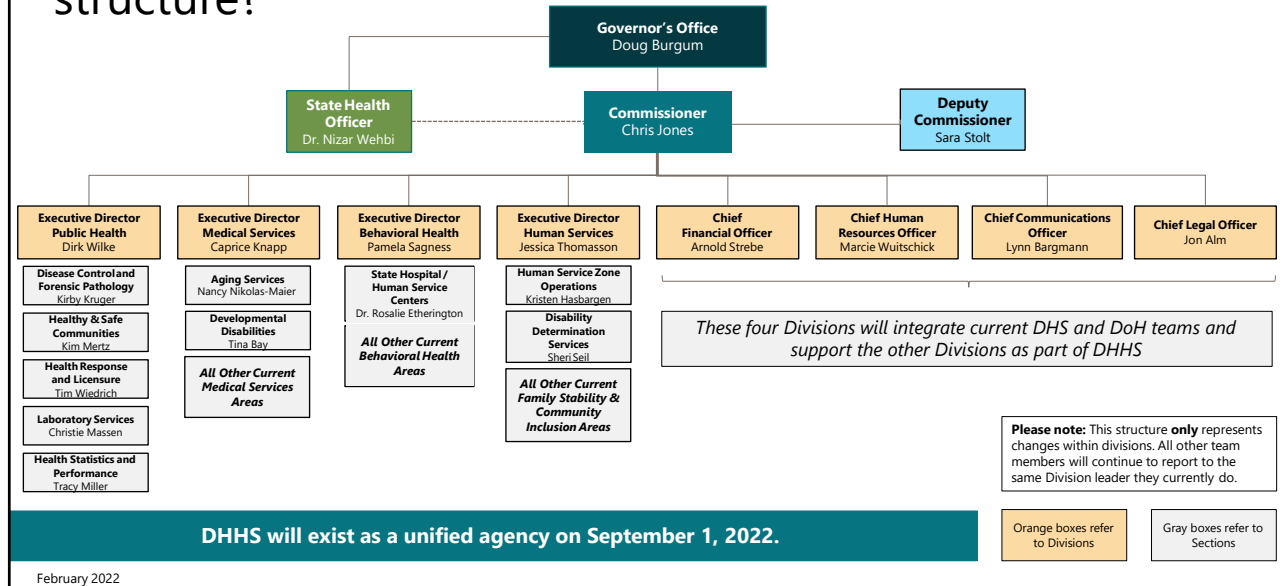


- ✓ Transform health and human services for North Dakotans.
- ✓ Follow our guiding principle to become the healthiest state in the nation by reinforcing the foundations of well-being.
- ✓ Ensure every team member has a role in the new organization.

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# What's changing with the future DHHS organizational structure?



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## The new Division of Behavioral Health will **build on our existing foundation of progress** to transform services for North Dakotans

- **Drive innovation** and transform services to support the growing need for behavioral health care services.
- **Incorporate health care industry best practices** into our work on behalf of North Dakotans.
- Identify additional areas where we can **proactively improve processes**.



1.2



Thank you

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**Behavioral Health Update**

Presentation to the 2022 Dakota Conference

Pamela Sagness, Behavioral Health Executive Director  
June 9, 2022



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# AGENDA

- 1 Behavioral Health Basics
- 2 Key Behavioral Health Initiatives
- 3 New Behavioral Health Legislative Action
- 4 Foundations of Well-being

# What is Behavioral Health?

A state of mental/emotional being and/or choices and actions that affect **WELLNESS**.





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## Why is Behavioral Health Important?



Persons with behavioral health disorders die, on average, about *5 years earlier* than persons without these disorders.



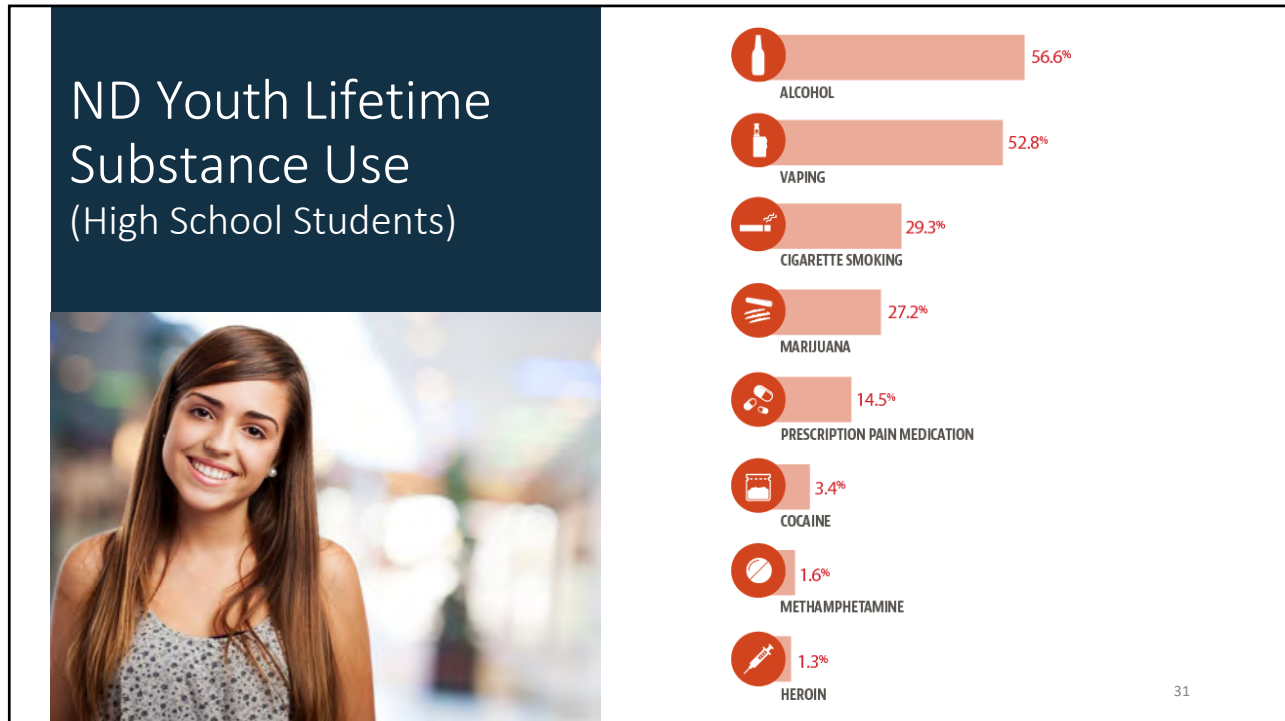
Persons with serious mental illness (SMI) are now dying *25 years earlier* than the general population



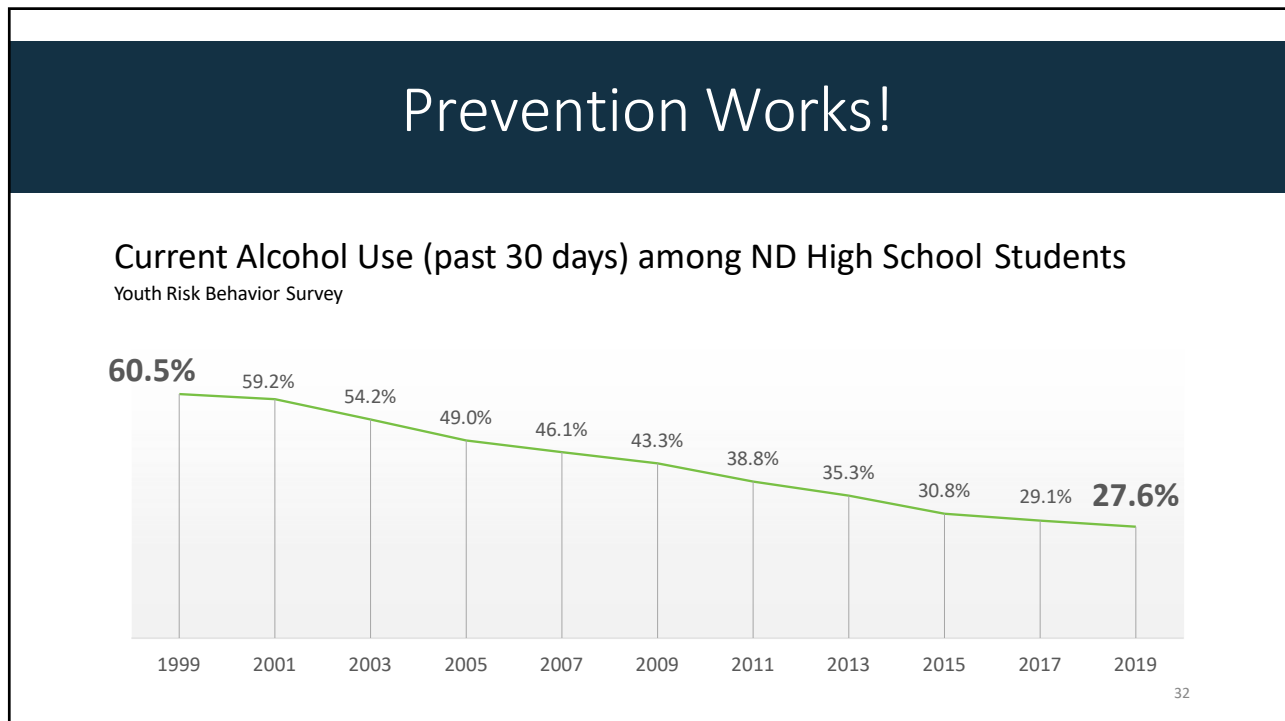
(Druss BG, et al. Understanding Excess Mortality in Persons With Mental Illness: 17-Year Follow Up of a Nationally Representative US Survey. Medical Care 2011; 49(6), 599-604.)

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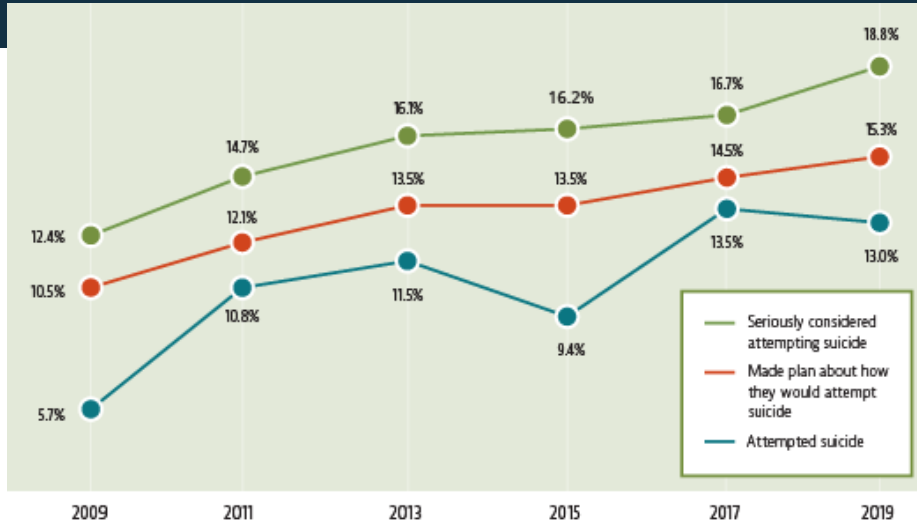


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# Youth Suicide

(High School Students; past 12 months)

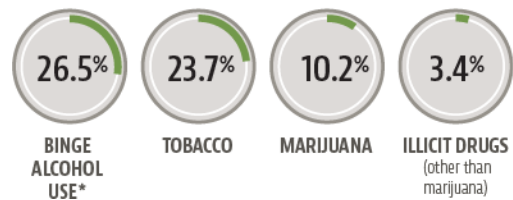
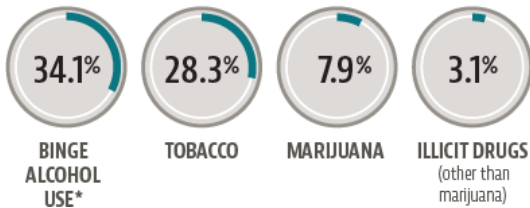


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# Adult Substance Use

(Age 18+; past 30 days)



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**BEHAVIORAL HEALTH DATA BOOKLET**

All data resources are available at [www.behavioralhealth.nd.gov/data](http://www.behavioralhealth.nd.gov/data).

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**ROADMAP**  
The Behavioral Health Systems Study, April 2018

**North Dakota Behavioral Health System Study**  
Final Report  
April 2018

HSRI  
north dakota department of human services

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## North Dakota Behavioral Health System Study RECOMMENDATIONS

The 250-page report provides more than 65 recommendations in 13 categories.

1. Develop a comprehensive implementation plan
2. Invest in prevention and early intervention
3. Ensure all North Dakotans have timely access to behavioral health services
4. Expand outpatient and community-based service array
5. Enhance and streamline system of care for children and youth
6. Continue to implement/refine criminal justice strategy
7. Engage in targeted efforts to recruit/retain competent behavioral health workforce
8. Expand the use of tele-behavioral health
9. Ensure the system reflects its values of person-centeredness, cultural competence, trauma-informed approaches
10. Encourage and support the efforts of communities to promote high-quality services
11. Partner with tribal nations to increase health equity
12. Diversify and enhance funding for behavioral health
13. Conduct ongoing, system-side data-driven monitoring of needs and access

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## KEY INITIATIVES Behavioral Health

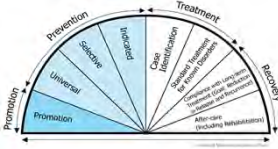
NORTH  
**Dakota** | Behavioral Health  
 Be Legendary.™ HUMAN SERVICES

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# Keys to Reforming North Dakota's Behavioral Health System



**Support the full Continuum of Care**




**Increase Community-Based Services**




**Prevent Criminal Justice Involvement for Individuals with a Behavioral Health Condition**

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## Substance Use Disorder (SUD) Voucher

**GOAL:** Improve access to quality services



**20+ Substance Use Disorder Treatment Programs** are providing services through the SUD Voucher.



**5000+ individuals** have been approved since inception of the SUD Voucher program.

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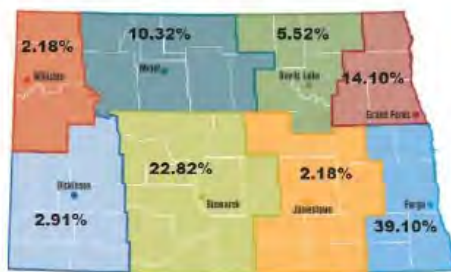


# Substance Use Disorder (SUD) Voucher

## Program Participant Demographics

The following charts provide a breakdown of all currently active clients within the SUD voucher system (n=688).

### Participant Home Region



1 Northwest	15
2 North Central	71
3 Lake Region	38
4 Northeast	97
5 Southeast	269
6 South Central	15
7 West Central	157
8 Badlands	20
Unknown	6
<b>Total</b>	<b>688</b>

### Participant Living Status

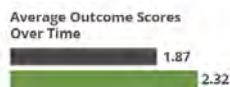
**25%**  
**Homeless**

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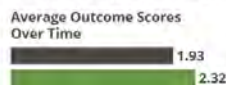
# SUD Voucher Outcomes



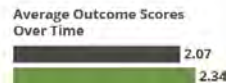
**PURPOSE**  
Identify the extent to which the individual participates in meaningful daily activities (employment, school, volunteering, family caretaking, other activities, etc.).



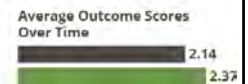
**HEALTH**  
Identify how well the individual makes informed healthy choices supporting their physical health and emotional wellbeing (physical activity, attending medical appointments, taking medications as prescribed etc.)



**COMMUNITY**  
Identify the extent to which the individual's relationships and social networks provide support, friendship, love, and hope for overall wellbeing.



**HOME**  
Identify the stability and safety of the individual's living environment.



■ Pre ■ Post

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# Changes/Expansion

## 65<sup>th</sup> Legislative Session (2017)

Methadone maintenance was added as a covered service, effective July 1, 2017 ([HB 1012](#))

## 66<sup>th</sup> Legislative Session (2019)

Providers who access the SUD Voucher were **expanded to public agencies** (i.e., public health and tribal agencies) who hold a substance abuse treatment program license - not including Human Service Centers. ([HB 1105](#))

**Eligibility age was changed from 18 to 14 years old**, effective July 1, 2020. ([SB 2175](#))

## 67<sup>th</sup> Legislative Session (2021)

House Bill 1402 passed to **allow providers in border states** to access the SUD Voucher for North Dakota citizens. Effective July 1, 2022.

# 1915i State Plan Amendment



The amendment allows North Dakota Medicaid to pay for additional home and community-based services to support individuals with behavioral health conditions.

Individual Eligibility	Services
<ul style="list-style-type: none"> <li>The individual is age 0+; and</li> <li>The individual is currently enrolled in ND Medicaid or Medicaid Expansion; and</li> <li>The individual resides in and will receive services in a setting meeting the federal home and community-based setting requirements, and</li> <li>The individual has a mental illness, substance use disorder or traumatic brain injury diagnosis</li> </ul> <p>The individual has a functional impairment, which substantially interferes with or substantially limits the ability to function in the family, school or community setting, as evidenced by a complex score of 50 or higher on the WHODAS 2.0.</p>	<ul style="list-style-type: none"> <li>Care Coordination</li> <li>Training and Supports for Unpaid Caregivers</li> <li>Community Transitional Services</li> <li>Benefits Planning</li> <li>Non-Medical Transportation</li> <li>Respite</li> <li>Prevocational Training</li> <li>Supported Education</li> <li>Supported Employment</li> <li>Housing Support Services</li> <li>Family Peer Support</li> <li>Peer Support</li> </ul>

## Outcomes of 1915i Implementation

- Individuals with highest need receive services that are more robust and targeted to their specific needs (person-centered).
- By leveraging other funds, the state is investing less funding yet providing more service to individuals with a behavioral health condition and providing opportunities for providers to expand services.
- Providers are able to bill for the specific services they are providing which allows greater opportunity to expand services and increase revenue.
- Behavioral health on par with health & sustainable.

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FREE THROUGH  
*Recovery*

Since February 2017 has served 4,274 individuals  
Currently serving 1233 individuals across North Dakota

#### Individual Eligibility

- 18 years of age or older
- Involved in criminal justice system
- At risk for future criminal justice involvement
- Identified behavioral health condition

Since February 2021 has served 2,475 individuals  
Currently serving 1,494 individuals across North Dakota

#### Individual Eligibility

- 18 years of age or older
- Have a MH or SUD impacting functionality in domains including housing, employment, parenting, physical health, and community connections
- Priority for parents/caregivers or at risk of homelessness, CPS involvement, utilization of ER/Detox



**CommunityConnect**  
My Recovery. My Story.

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# Peer Support Certification



The ND 66th Legislative Assembly passed Senate Bill 2012 giving the Behavioral Health Division authority to develop and implement a program for the certification of peer support specialists.

Administrative Rules 75-03-43 were promulgated and outlines the requirements and process for two levels of Peer Support Specialist certification:

- Certified Peer Support Specialist I (CPSS I)
  - **115 CPSS I (as of June 6, 2022)**
- Certified Peer Support Specialist II (CPSS II)
  - **21 CPSS II (as of June 6, 2022)**

*Since 2018 the Behavioral Health Division hosted 27 trainings and trained 716 individuals.*

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## 9-8-8

Currently planning for the rollout of 9-8-8, a new, nationwide, three-digit phone number for the National Suicide Prevention Lifeline that will launch by the summer of 2022.



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## Goals of the Behavioral Health School Grant

**01**

identifying prevention and early intervention services that have no other funding source

**02**

using funds to reimburse clinical or treatment services that are effective but not currently covered services

**03**

filling gaps in service coverage for populations that do not qualify for other forms of reimbursement

**Eligibility Criteria:**

- ✓ Public or private elementary or secondary schools
- ✓ Utilized ND State Medicaid reimbursement during the previous school year



Look for the 2022-2023 school year applications in late summer 2022!


## Free Online Suicide Prevention Training

Sign up to receive FREE evidence-based, online, role-playing simulation to:


- ✓ learn to recognize the signs of distress
- ✓ use conversation to approach a student
- ✓ and discuss concerns, and if, necessary, refer parents/students to the appropriate resources.

**How to Access the Simulation**

1. Visit [northdakota.kognito.com](http://northdakota.kognito.com)
2. Select your district and school
3. Log in or create new account
4. Launch "At-Risk" training



LEARN MORE AT [behavioralhealth.nd.gov/education/kognito](http://behavioralhealth.nd.gov/education/kognito)





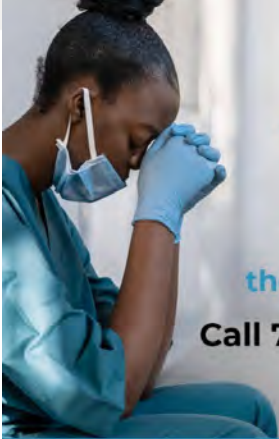
# Reach for Resilience

Partnership with Sanford Health to respond to pandemic-related stressors for health care workers.

Reach for Resilience was created by healthcare workers for healthcare workers to respond to all of the pandemic-related challenges in our lives.

The service is free, confidential and open to all healthcare workers in North Dakota.

Call 701-365-4920  
[www.Reach4ResilienceND.com](http://www.Reach4ResilienceND.com)



**Help and resources for healthcare workers dealing with COVID-19 in their daily lives.**

**Call 701.365.4920**

Reach for Resilience | NORTH DAKOTA Behavioral Health | [www.lead41122.com](http://www.lead41122.com)


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# Parents Lead

## Mission

To support parents in promoting the behavioral health of their children.

 Find resources to support the behavioral health of children!  
[www.parentslead.org](http://www.parentslead.org)



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# Recovery Talk

## WHAT TO EXPECT WHEN YOU CONTACT 24/7 RECOVERY TALK

If you don't know where to begin getting help with addiction for yourself or someone you know—start here. **call or text** 701-291-7901 to speak to a trained peer support specialist with lived experience in addiction to chat and receive support.



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# Help is Here

North Dakota nd.gov | Object Trustee for North Dakota State Government

**Help Here**

Home Behavioral Health Resources Financial Needs Employment Needs Child Care Needs More Help

Not sure where to start? **we're here to help.**

HOW will I pay rent?  
I don't feel like myself.  
I don't know how to fix this.  
HOW can I get through this?  
"I'm worried about someone else."

It is natural to feel anxiety and worry during this pandemic. Now more than ever we all can take time to take care of our own behavioral health and look out for those most vulnerable in our community.

Help is Here offers a link to a wide variety of resources, from learning some new self-care practices to finding behavioral health treatment options, to economic assistance options.

[Feedback \(1\)](#)

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**Funding Page**  
[www.behavioralhealth.nd.gov/funding](http://www.behavioralhealth.nd.gov/funding)

**Funding Opportunities**

**Suicide Prevention Funding Opportunity**  
 To view the solicitation notice and to apply, [click here](#).

- Total available funding is about \$750,000. Funding will be allocated equally among six awardees to provide suicide prevention and postvention evidence-based practices.
- The deadline for questions is Sept. 30, 2021, at 4 p.m. CT.
- Applications must be submitted by Oct. 15, 2021, at 12 p.m. CT.
- Interested individuals can email Opp at [mopp@nd.gov](mailto:mopp@nd.gov) for more information.

**Statewide Family Network**  
 To view the solicitation (325.21-810-049) notice and to apply, [click here](#).

- The deadline for questions is Oct 7, 2021, at 12 p.m. CT.
- Applications must be submitted by Oct. 30, 2021, at 3 p.m. CT.

**Mental Health Services & Disaster Response Outreach and Engagement**  
 To provide clinical mental health services, review and complete the [Provider Application](#).  
 To provide disaster response outreach and engagement, download the [letterhead to Apply](#).  
[Click here for more information](#)

**Become a 1915(j) Medicaid State Plan Amendment Provider**  
[Click here for more information](#)

**Become a Community Connect Provider**  
[Click here for more information](#)

**Become a Free Through Recovery Provider**  
[Click here for more information](#)

**Become a Substance Use Disorder (SUD) Voucher Provider**  
[Click here for more information](#)

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THE BEHAVIORAL HEALTH & CHILDREN  
 AND FAMILY SERVICES CONFERENCE

**SAVE THE DATE**

**OCTOBER 11-13, 2022**

IN PERSON + VIRTUAL  
 HOLIDAY INN, FARGO

NORTH  
**Dakota** | Human Services  
 Be Legendary.™

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NORTH  
**Dakota** | Behavioral Health  
Be Legendary.™ HUMAN SERVICES

# 2021 Legislative Action Behavioral Health

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# HB 1012 Department of Human Services Budget

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## Section 23. Person-First Language

A new section to chapter 1-02 of the North Dakota Century Code is created and enacted as follows:

**Person-first language.**

The provisions of this code, unless the context otherwise requires, must be construed in person-first language and any new enactments of this code must be written in person-first language.

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## Section 27. Behavioral Health Bed Management

A new section to chapter 50-06 of the North Dakota Century Code is created and enacted as follows:

**Behavioral health bed management system.**

The department shall establish and maintain a behavioral health bed management system to improve utilization of behavioral health bed capacity. Public and private providers of residential or inpatient behavioral health services shall participate in and report daily to the department the information and documentation necessary to maintain the behavioral health bed management system in the form and manner prescribed by the department.

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## SB 2161: Creation of Mental Health Program Registry

A new section to chapter 50-06 of the North Dakota Century Code is created and enacted as follows:

**Mental health program registry.**

The department shall establish and maintain a registry of mental health programs in the state. A mental health program shall provide the information and documentation necessary to the department at least annually in the form and manner prescribed by the department. The department shall make the registry available to the public on the department's website.

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# REINFORCE THE FOUNDATIONS OF WELL-BEING



 Physical Health



 Behavioral Health



 Economic Health

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# THE SCIENCE



Socioecological Model



Social Determinants of Health



Risk/Protection Factors



Resilience



Adverse Childhood Experiences (ACEs)

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Multiple levels  
of influence  
surround each  
of us.



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## RISK FACTORS

A characteristic at the biological, psychological, family, community or cultural level that precedes and is associated with a higher likelihood of problem outcomes

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# PROTECTIVE FACTORS

A characteristic at the individual, family or community level that is associated with a lower likelihood of problem outcomes

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Risk and protective factors impacting healthy development of children and adolescents.











Source: Communities That Care

RISK FACTORS Risk factors increase the likelihood young people will develop health and social problems.	DOMAIN	PROTECTIVE FACTORS Protective factors help buffer young people with high levels of risk factors from developing health and social problems.
<ul style="list-style-type: none"> <li>• Low community attachment</li> <li>• Community disorganisation</li> <li>• Community transitions and mobility</li> <li>• Personal transitions and mobility</li> <li>• Laws and norms favourable to drug use</li> <li>• Perceived availability of drugs</li> <li>• Economic disadvantage (not measured in youth survey)</li> </ul>	COMMUNITY	<ul style="list-style-type: none"> <li>• Opportunities for prosocial involvement in the community</li> <li>• Recognition of prosocial involvement</li> <li>• Exposure to evidence-based programs and strategies (some are measured in youth survey)</li> </ul>
<ul style="list-style-type: none"> <li>• Poor family management and discipline</li> <li>• Family conflict</li> <li>• A family history of antisocial behaviour</li> <li>• Favourable parental attitudes to the problem behaviour</li> </ul>	FAMILY	<ul style="list-style-type: none"> <li>• Attachment and bonding to family</li> <li>• Opportunities for prosocial involvement in the family</li> <li>• Recognition of prosocial involvement</li> </ul>
<ul style="list-style-type: none"> <li>• Academic failure (low academic achievement)</li> <li>• Low commitment to school</li> <li>• Bullying</li> </ul>	SCHOOL	<ul style="list-style-type: none"> <li>• Opportunities for prosocial involvement in school</li> <li>• Recognition of prosocial involvement</li> </ul>
<ul style="list-style-type: none"> <li>• Rebelliousness</li> <li>• Early initiation of problem behaviour</li> <li>• Impulsiveness</li> <li>• Antisocial behaviour</li> <li>• Favourable attitudes toward problem behaviour</li> <li>• Interaction with friends involved in problem behaviour</li> <li>• Sensation seeking</li> <li>• Rewards for antisocial involvement</li> </ul>	PEER/INDIVIDUAL	<ul style="list-style-type: none"> <li>• Social skills</li> <li>• Belief in the moral order</li> <li>• Emotional control</li> <li>• Interaction with prosocial peers</li> </ul>

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# TYPE OF ACES (ADVERSE CHILDHOOD EXPERIENCES)

ABUSE	NEGLECT	HOUSEHOLD DYSFUNCTION	
 Physical	 Physical	 Mental Illness	 Incarcerated Relative
 Emotional	 Emotional	 Mother treated violently	 Substance Abuse
 Sexual		 Divorce	

Source: Centers for Disease Control and Prevention  
Credit: Robert Wood Johnson Foundation

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Table 2 – Risk and protective factors for suicide	
Risk factors	Protective factors
<ul style="list-style-type: none"> <li>Mental illness</li> <li>Previous suicide attempt</li> <li>Serious physical illness/chronic pain</li> <li>Specific symptoms</li> <li>Family history of mental illness and suicide</li> <li>History of childhood trauma</li> <li>Shame/despair</li> <li>Aggression/impulsivity</li> <li>Triggering event</li> <li>Access to lethal means</li> <li>Suicide exposure</li> <li>Inflexible thinking</li> <li>Genes: stress and mood</li> </ul>	<ul style="list-style-type: none"> <li>Social support</li> <li>Connectedness</li> <li>Strong therapeutic alliance</li> <li>Access to mental health care</li> <li>Positive attitude to mental health treatment</li> <li>Coping skills</li> <li>Problem solving skills</li> <li>Cultural/religious beliefs</li> <li>Biological/psychological resilience</li> </ul>

Source: Psychiatric Times

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# SOCIAL DETERMINANTS OF HEALTH

The social determinants of health are the conditions in which we are born, grow and age, and in which we live and work.



Childhood Experience



Housing



Education



Social Support



Family Income



Employment



Our Communities



Access to Health Services

## RISK FACTORS FOR DEPRESSION

Learn more about Depression

Type A Thought



Socioeconomic stress



Failure to achieve a desired or expected goal



Marital problems- separation, divorce



Death of a loved one



Physical illness, an accident, surgical operation or childbirth

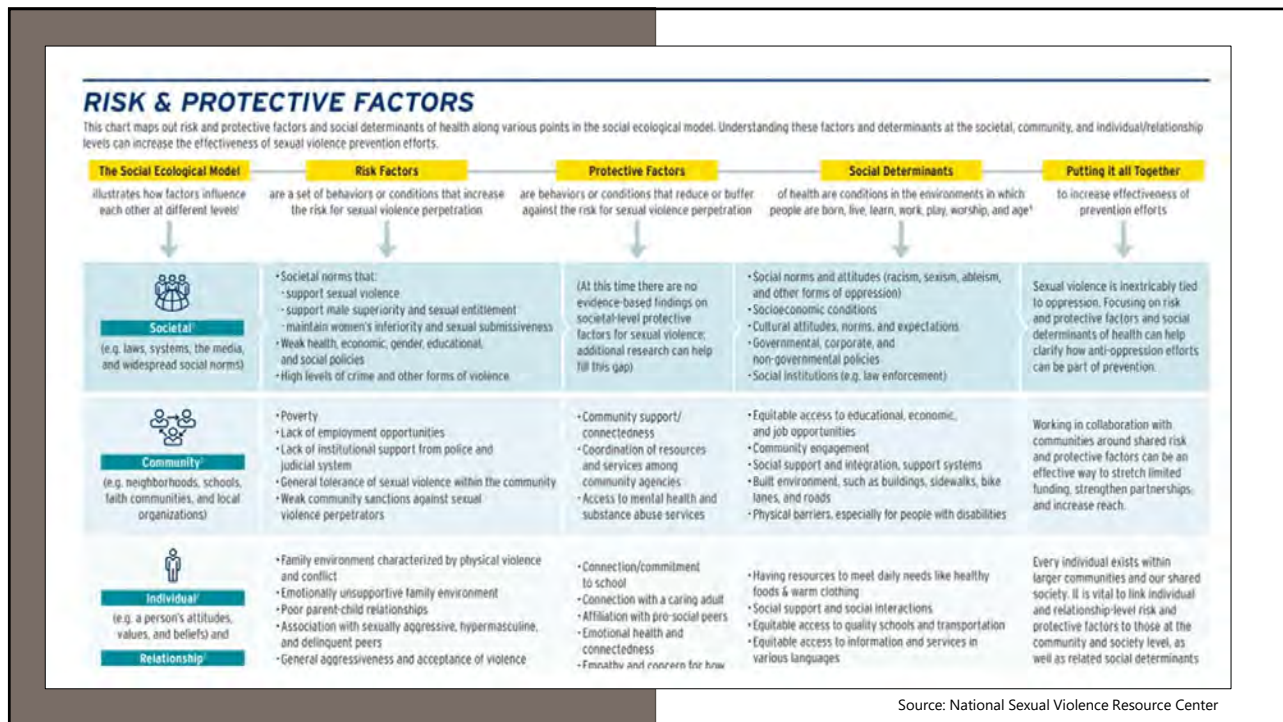


Occupational or financial loss



Parental negligence Or loss of a parent

Type A Thought



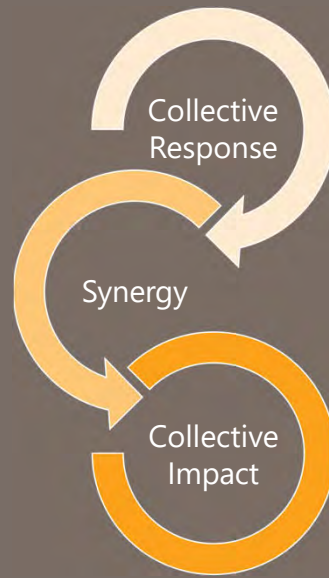
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By focusing on **shared** risk factors or **shared** protective factors, we benefit from a collective response.



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Thank you

Empower People | Improve Lives | Inspire Success

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