The Colorado Health Foundation™



Symposium 2018 Reflections Part One - What We Affirmed

In Colorado today, we know that far too many individuals, families and communities are facing behavioral health issues that are often invisible and unspoken due to geographic, cultural, gender and racial barriers.

Our state is in the throes of a behavioral health crisis. Suicide rates are rising and addiction is rampant in urban, rural and frontier communities.

Across Colorado, we hear and see that having comprehensive and affordable behavioral health services in reach is a pressing need that many go without – from our youngest to oldest residents. And, despite how palpable and unrelenting this issue is, the stigma persists.

The data paint a staggering picture. According to Mental Health America, Colorado ranks 43rd in the nation for mental health, and 48th for youth mental health.

We can and must do better.

In August, the Foundation hosted our annual Colorado Health Symposium. This year's conference focused on how to achieve equity for Colorado individuals, families and communities experiencing behavioral health and substance use challenges.

The Symposium is our opportunity to dive into complicated issues like this, so we can further our understanding of how the issue is really taking shape. Over the last few weeks, we've reviewed our attendee feedback and considered it against our cornerstones. And we've reflected on the experience we provided to people. Now, we want to share those reflections with you.

This week, we're publishing two blog posts that dig into what we affirmed and what we learned at this year's Symposium. Both posts will include actual feedback we received anonymously through the event survey (featured below in italics) and through Twitter.

This post features a series of affirmations that we walked away with as an organization:

There is real power in storytelling.

We wanted to spark a series of honest discussions about the many challenges we face in this area. So, we decided to lead with storytelling. Individuals who are coping with behavioral health challenges are critical voices to include in any conversation on equity in behavioral health.

We often challenge ourselves to listen with intent and without judgment, especially when having the tough discussions that often come with working to create positive, lasting change. Sometimes we can be so close to and immersed in the work, we forget the human element – that behind the issues are the people who live with them.

Here is some feedback – both positive and constructive – that gives a glimpse into attendee perspectives on hearing stories at the Symposium:

- *"Years ago when my family was going through all this, it was unspoken and there was no one to turn to. It means the world to me that you are helping bring behavioral health to light to prevent future suffering for people and their families."*
- *"This was important, but very difficult content. I don't know that there is a viable alternative to having these types of conversations. I would like to give a solution, but the reality is that if we are going to have honest conversations, they will always be challenging and sometimes painful."*

Many of the personal experiences presented were raw, with vulnerability and emotions that became overwhelming for some. We believe there is value to being pushed outside of our comfort zone when it comes to sensitive subjects that affect our health and well-being. Similar to last year's Symposium, which addressed health inequities around race, we felt that these uncomfortable conversations about behavioral health were both powerful and necessary.

Although the truths of others are sometimes hard to accept, the experiences and insights from our speakers provided observations that have the potential to push the agenda forward so that we can uncover innovative solutions in the behavioral health space. They can be experts in ways that others are not.

Behavioral health as a field is vast, diverse and far-reaching.

There are many perspectives in this field, even among those considered to be "like-minded." Experience, research and literature are all telling us different stories and are marks of differing belief systems about what is best for remedying behavioral health issues. We don't all see eye-to-eye on the root causes, nor do we all agree on the solutions, and we must work through these differences. In fact, there is not yet agreement around what to even call the field of "behavioral health," as we have learned since taking on our Nurture Healthy Minds focus area. You can see from the following snippets of feedback how the wide-range of perspectives unfolded during the event:

- *"I was hoping to see more of a connection between behavioral health and overall health. I feel that the dialogue largely tended towards isolating mental health and addiction rather than incorporating other facets of the health sector into solving problems."*
- *"We have all heard similar stories to what was shared at the Symposium but what is missing is how are we ethically sharing individual stories through the lens of systems change and structural/systemic inequities and how are we*

working to change policy at the local, state and federal level."

- *From Twitter: "People recommend rehab, but what is rehab? There is no standard definition of what rehab is."*

Energy levels about equity and behavioral health issues are high.

The appetite for hearing the human side of these issues, in tandem with tangible innovation and ideation related to systems- and policy-level changes, is really big. There's also a big appetite across Colorado to go further with this work and make progress. Along with a vast behavioral health ecosystem, that's a lot to think and do something about. Still, tremendous energy and passion about solving these challenges filled the conference hallways and main ballroom. Some of our attendees had their appetite whetted. For example:

- *"This was the most moving and healing Symposium that I have ever attended. I left in tears each and every day with a fire inside of me to make a change."*

While some felt otherwise:

- *"There was too much focus on the problem, and not enough on best practices and solutions we can work on as a state."*
- *"I would have liked to hear more about policy, as well as actionable steps to take to ensure we as a health community are making progress on achieving health parity, equity, integrated care, etc."*

Community-embraced solutions are necessary for us to get at the heart of the matter.

The challenges we face around behavioral health inequities are daunting, and the stakes are high. It will take ongoing strategic collaboration between philanthropy, policymakers, the health care system, advocates, community leaders and those most deeply affected to ensure that we are better equipped to nurture healthy minds throughout the life span.

I look forward to continuing these important conversations on equity in behavioral health. In the meantime, the archived videos of the livestreamed sessions from the Symposium are available, along with self-care resources to consider before watching. Look for our second blog post on key takeaways from the Symposium in the coming days.

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Blog

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