

Otter Tail County Mental Health Promotion and Suicide Prevention Comprehensive Plan



A community led assessment of mental health
in Otter Tail County and recommendations for
impactful change.

Updated April 2024

WELCOME



The Otter Tail County Mental Health Promotion and Suicide Prevention Community Led Comprehensive plan is a summary of suicide and mental health trends, concerns, root causes, community strengths, assets, priorities, and opportunities for improvement and change. The plan, developed by a multi-disciplinary group of Otter Tail County community members called the Otter Tail County Mental Health Promotion and Suicide Prevention Planning Group, provides recommendations for suicide prevention and mental health promotion efforts that will achieve maximum impact. These recommendations were selected by collecting, reviewing, and analyzing data from statewide surveys, secondary data sources, community conversations, and perspectives on mental health from planning group members.

The perspectives, data, and recommendations in this comprehensive plan offer a starting point of actions for community members and organizations to consider to improve and protect the mental health and wellbeing of individuals living in and visiting Otter Tail County. The Planning Group plans to continue building collaborative relationships with community members and organizations to further the recommendations and action steps provided in this plan. Together, Otter Tail County can make impactful change on the mental health and wellbeing of residents, visitors, and the broad community.

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OTTER TAIL COUNTY MENTAL HEALTH PROMOTION AND SUICIDE PREVENTION GROUP

ABOUT OUR GROUP

The Otter Tail County (OTC) Mental Health Promotion and Suicide Prevention Planning Group is a multi-disciplinary group of individuals working together to create a comprehensive plan for suicide prevention efforts. The goal of these efforts is to achieve maximum impact on mental health promotion and suicide prevention in our communities. The planning group was convened during the fall of 2021 to address community mental health needs and amplify the current work occurring among key stakeholders and community members. The efforts of the planning group will inform future mental health promotion and suicide prevention programming and enhance collaboration among all stakeholder groups.

PLANNING GROUP REPRESENTATION

Public health professionals

Mental and behavioral health professionals

Emergency response professionals

Individuals with lived experience

Public safety professionals

Community-based organizations

Youth workers





A COMPREHENSIVE MENTAL HEALTH AND SUICIDE PREVENTION ASSESSMENT

ASSESSMENT FRAMEWORK, METHODS, AND DATA

This section provides information and details on the assessment that was completed during 2022 in Otter Tail County. Information on the framework that was followed, the assessment methods, and detailed findings are included.

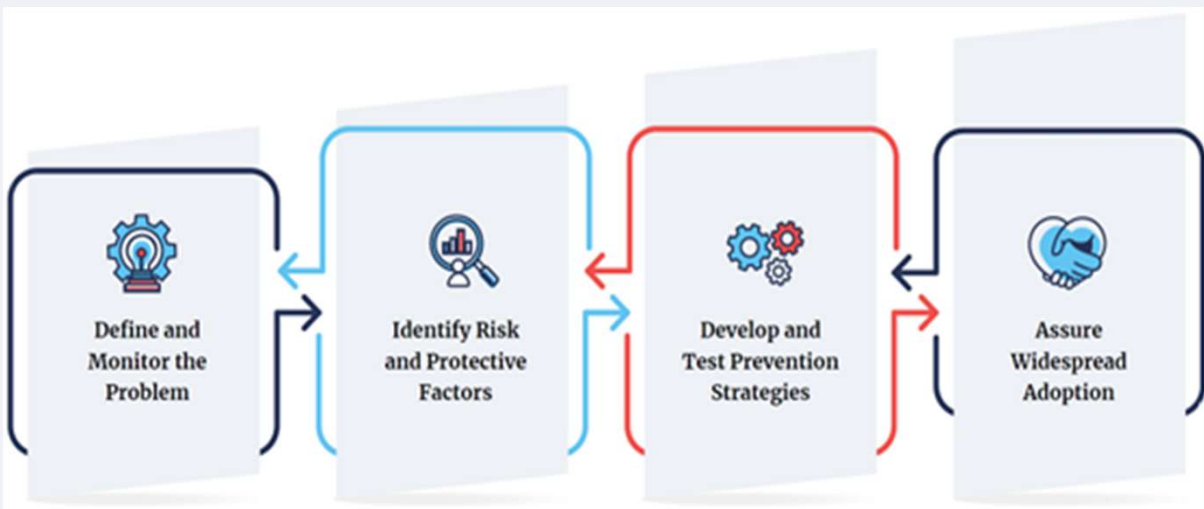


ASSESSMENT FRAMEWORK

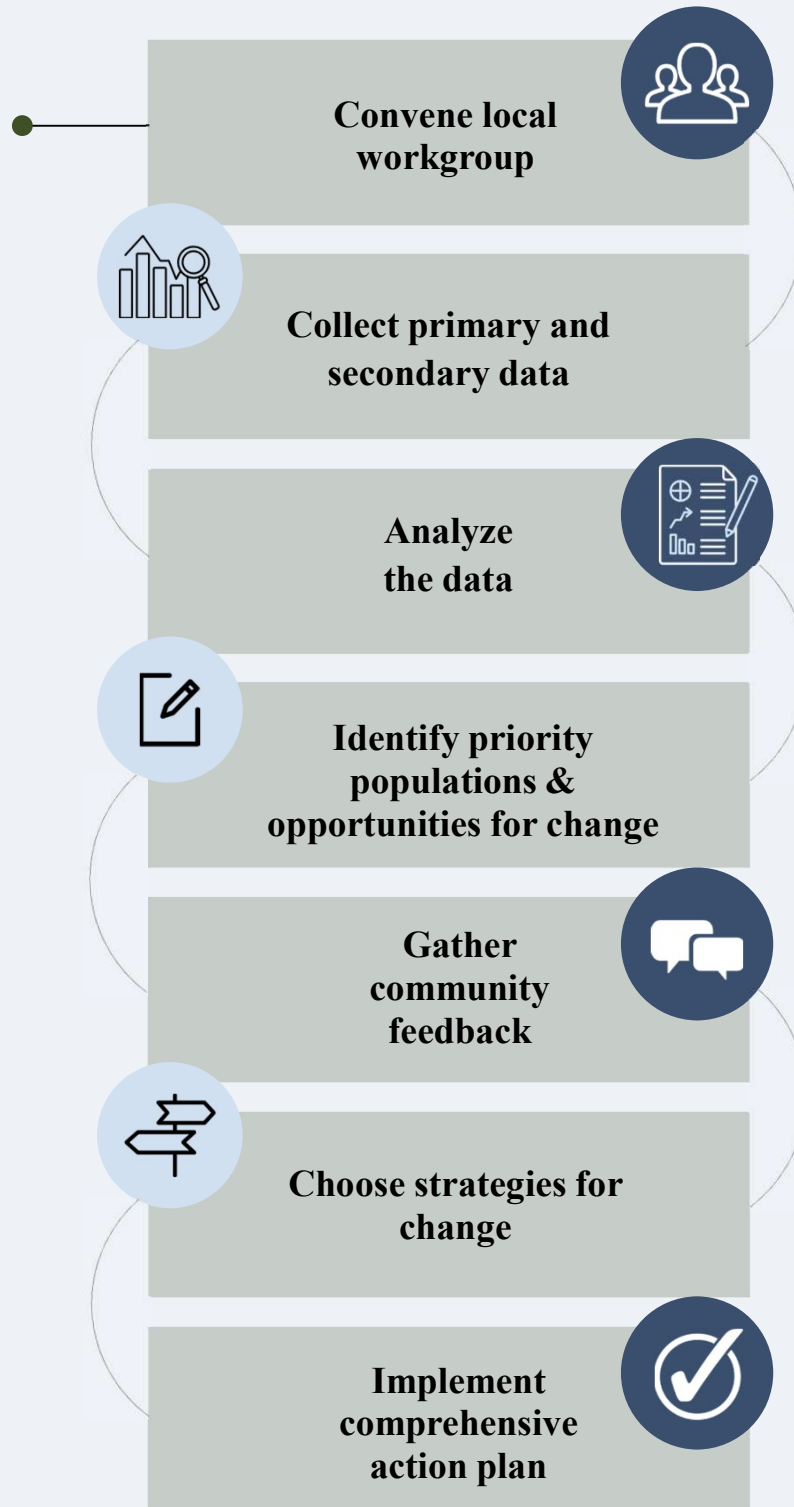
PUBLIC HEALTH APPROACH TO PREVENTION

The planning group followed the CDC's public health approach to violence prevention framework to achieve its efforts. The group chose this approach because of its multi-step strategy and its emphasis on input from diverse stakeholders including health, education, social services, private sectors, and those most impacted. The framework is rooted in evidence-based methods and can be applied to many health promotion efforts that impact entire populations.

The first step in the framework is defining the problem. This step involves reviewing and analyzing data. The second step is identifying risk and protective factors. This step identifies where prevention efforts can make the most impact. The third step is developing and testing prevention strategies. The final step is implementing the strategies broadly. The steps in this framework are intended to be reevaluated throughout the assessment process.



ASSESSMENT METHODS



ASSESSMENT METHODS

Convene local workgroup



In August 2021, Otter Tail County Public Health (OTCPH) applied for and was accepted to participate in the Minnesota Department of Health (MDH) suicide prevention learning collaborative. Several organizations throughout the state of Minnesota met with MDH suicide prevention experts monthly until September 2022. Following recommendations from MDH, OTCPH convened a workgroup of local stakeholders to develop a community led comprehensive suicide prevention plan. The local workgroup began meeting monthly in October 2021.

Collect primary and secondary data



The local planning group began collecting and gathering data in January 2022. To gain a better understanding of the Otter Tail County community, members reviewed and defined the county based on its geographic location, community demographics, culture and history, and available resources.

In February 2022 the group set out to gather community perspectives on mental health promotion and suicide prevention in the county. A team of four members outreached to and conducted community conversations with 21 residents of Otter Tail County. Broad perspectives were captured from individuals of different mental health experience, career, gender identity, age, race, ethnicity, and culturally background.

Quantitative data was collected beginning February 2022. The group reviewed data metrics of mental illness, suicide, suicide ideation, youth suicide attempts, self-harm hospitalizations, substance use, community assets, protective factors, youth empowerment, social connections, mental health provider availability, unemployment, housing availability, poverty, food insecurity, cost of living, physical environment, and other relevant metrics.

ASSESSMENT METHODS

Analyze the data



Members of the planning group met in May 2022 to complete the analysis. Members reviewed the secondary data metrics and community conversation interview notes and highlighted key words and main concepts that emerged under the categories of 1) mental health trends, concerns, and root causes, 2) priorities and opportunities for improvement and change, 3) community strengths. Members then voted on key words and concepts that appeared most often within the three categories described.

Additional quantitative data was analyzed comparing selected data metrics to population characteristics such as age, gender identity, sexual identity, geographic location, race, ethnicity, and culturally background. The findings of the community review, community conversation analysis, and quantitative data analysis are described in detail in the assessment.



ASSESSMENT METHODS

**Identify priority
populations &
opportunities for change**



After review and analysis of the data, planning group members met to identify mental health promotion and suicide prevention priority populations & opportunities for change. Planning group members reviewed key themes for action across the analyzed qualitative and quantitative and identified priority populations and opportunities for change by discussing the following questions.

WHAT ARE THE KEY POINTS ECHOED ACROSS THE DATA?

WHAT IMMEDIATE ISSUES ARE WE SEEING?

WHAT ROOT CAUSES OR RISK FACTORS WERE IDENTIFIED?

WHAT POINTS DIFFER ACROSS THE DATA SET?

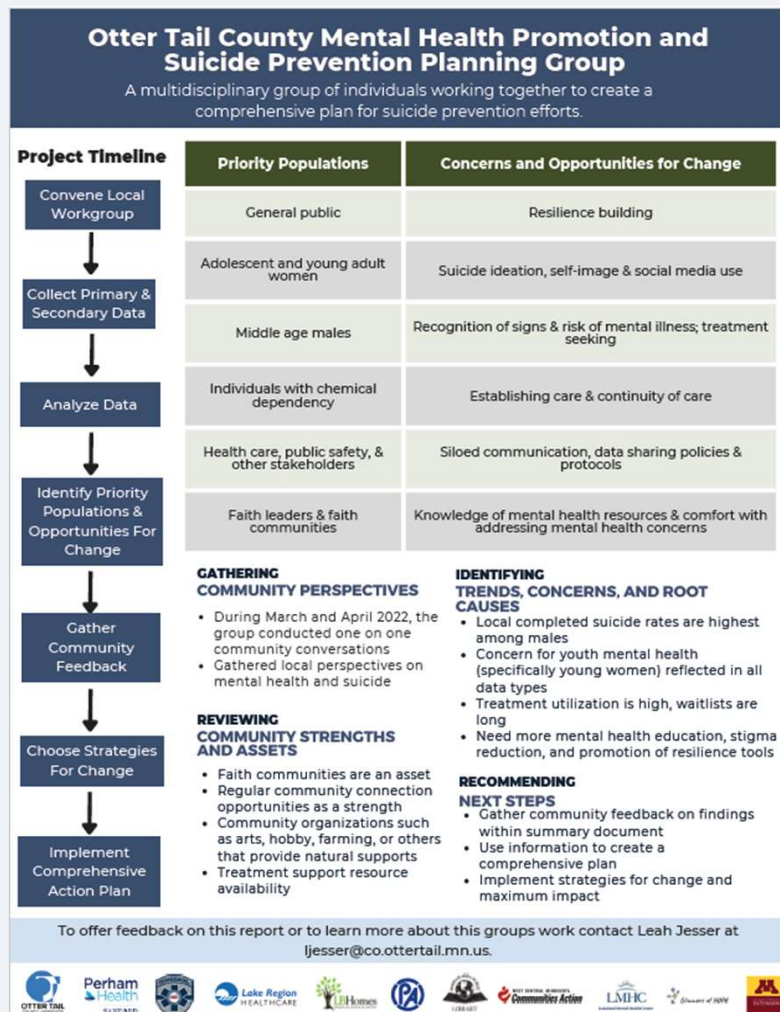
WHAT STORY DOES THIS TELL US ABOUT WHAT IS HAPPENING?

ASSESSMENT METHODS

Gather community feedback



A one-page summary brief of the planning groups findings was developed in the fall of 2022. This summary was shared with the broader Otter Tail County community in early 2023 to present learnings from the assessment process and to engage community members in suicide prevention planning efforts. The one-page summary was shared on partner webpages and with a local press release. Comments on the findings shared in the one-page summary brief were collected from the community.



ASSESSMENT METHODS

Choose strategies for change



After the data collection, analysis, and prioritization efforts were complete, planning group members met to discuss what change strategies could be implemented. These strategies would target the concerns identified among priority populations. Each priority population has four to five strategy recommendations for addressing top concerns.

Many community partners began implementing strategies to address mental health concerns prior to the completion of this assessment. This document details strategies currently being implemented in Otter Tail County that match the concerns and priority populations found in this assessment. Additional strategies will be implemented, and partnerships will be developed, as the comprehensive plan is put into action.

Implement comprehensive action plan



The final step in this comprehensive assessment is to implement the action plan and selected strategies. The completed assessment document will be posted on Otter Tail County and partner websites. The intention is for community partners and members to reference the assessment when looking for ways to promote mental health with their staff, patients, communities served, and others.

Otter Tail County and the planning group's healthcare partners will utilize the information gathered for this assessment to inform Community Health Needs Assessment, Community Health Improvement Plan, and Implementation Plans. The work completed for this assessment will inform future action steps for mental health promotion throughout Otter Tail County. The assessment will be revisited and revised regularly to update with new data, priorities, or concerns.

ASSESSMENT DATA



ABOUT OTTER TAIL COUNTY

The success of broad change, such as the one described in this comprehensive plan, is dependent on community understanding, input, and collaboration in the process. The Otter Tail County Planning Group began the comprehensive plan process by reviewing and creating a formal community description in order to fully understand who and what Otter Tail County is. Members reviewed different characteristics such as physical aspects of Otter Tail County, patterns of commerce and industry, population demographics, history, community leaders, culture, existing groups and institutions, social structures, and attitudes and values. These aspects were summarized, and a formal definition of Otter Tail County was created.

ASSESSMENT DATA

ABOUT OTTER TAIL COUNTY

Otter Tail County is in West Central Minnesota. The county spans 2,225 square miles with 21 cities and 11 unincorporated communities. The communities within the county are primarily rural, with 18 out of 21 cities having a population of 2,500 or less. 73.6% of the population lives in a rural area [42,169 rural]. The county is made up of a majority White population. Two of the larger towns in the county also have populations of Hispanic and East African, Black, and African American communities. Otter Tail County has a higher percentage of older adults aged 65 and older (24.5%) than the statewide average (16.3%)

The median household income is \$58,000, lower than the state and national median household income of \$73,382 and \$64,994. However, the percent of persons in poverty in OTC (7.8%) is lower than the state (8.3%) and national (11.4%) percentage. The percentage of individuals with a bachelor's degree or higher in OTC (25.9%) is lower than state (36.8%) and national (32.9%) percentages.

There are many strong faith communities within Otter Tail County of Christian and Islamic faith. The overall culture and history of the county is rooted in independence, “pull yourself up by the bootstraps”. Many communities are closely linked and connected with neighbors and friends. Within the closely knit communities, there is a belief that everyone is aware of circumstances in each other's lives. Historically, there have been rules and traditions related to friendliness and volunteerism. The area has a unique mix of economic industries in agriculture, recreation, and manufacturing.





ASSESSMENT DATA

MENTAL HEALTH IN OTTER TAIL COUNTY

County level quantitative data was collected from secondary data sources. The secondary data sources used for review during this assessment were the Center for Disease Control and Prevention vital statistics, Behavioral Risk Factor Surveillance System, Minnesota Injury Data Access System, County Health Rankings, Minnesota Students Survey, and the local mobile mental health unit. A broad range of metrics were collected to gather an overall understanding of mental health and suicide in the county. Example metrics include: suicide ideation, attempts, and deaths, law enforcement calls for service, self-harm and injury hospitalizations, mental health illness and related behaviors, substance use, service utilization, ACES, social connections and other protective factors.

TABLE 1: SUICIDE DEATHS AND RISK FACTORS

Number of deaths by suicide by 5-year time			
Years	Deaths	Age adjusted rate per 10,000	
2009-2013	45	16.2	
2010-2014	46	16.2	
2011-2015	51	19.0	
2012-2016	59	21.9	
2013-2017	63	23.5	
2014-2018	53	20.9	
2015-2019	58	23.5	
Number of deaths by suicide by sex (5 year)			
Years	Deaths	Male count	Female count
2009-2013	45	39	6
2010-2014	46	40	6
2011-2015	51	43	8
2012-2016	59	48	11
2013-2017	63	52	11
2014-2018	53	44	9
2015-2019	58	50	8

ASSESSMENT DATA

MENTAL HEALTH IN OTTER TAIL COUNTY

TABLE 1: SUICIDE DEATHS AND RISK FACTORS CONTINUED

Hospitalized suicidal injury and ideation				
Year	Age adjusted rate per 10,000	Total self-harm visits	Suicide ideation noted hospital visits (n)	
2016	480	80	277	
2017	676	66	310	
2018	810	93	377	
2019	861	87	403	
2020	774	110	358	
Adult Mental Health Factors				
Year	Frequent mental distress(%)	Poor mental health days (average over the last 30 days)	Ratio of population to mental health providers	
2016	8%	2.7	1029:1	
2017	9%	2.9	962:1	
2018	9%	3.0	937:1	
2019	9%	3.0	846:1	
2020	10%	2.9	744:1	
2021	12%	3.3	716:1	
Youth Mental Health Factors				
	Year	Grade 8	Grade 9	Grade 11
Percent of students who have ever actually attempted suicide	2013	5.7%	6.6%	6.3%
	2016	7.7%	6.6%	12.8%
	2019	7.4%	9.3%	8.7%
	2022	8.8%	10.3%	9.7%
Percent of students feeling down, depressed, or hopeless over the past 2 weeks	2013			
	2016	16.6%	16.1%	22.2%
	2019	15.8%	20.5%	18.2%
	2022	19.2%	18.6%	21.2%

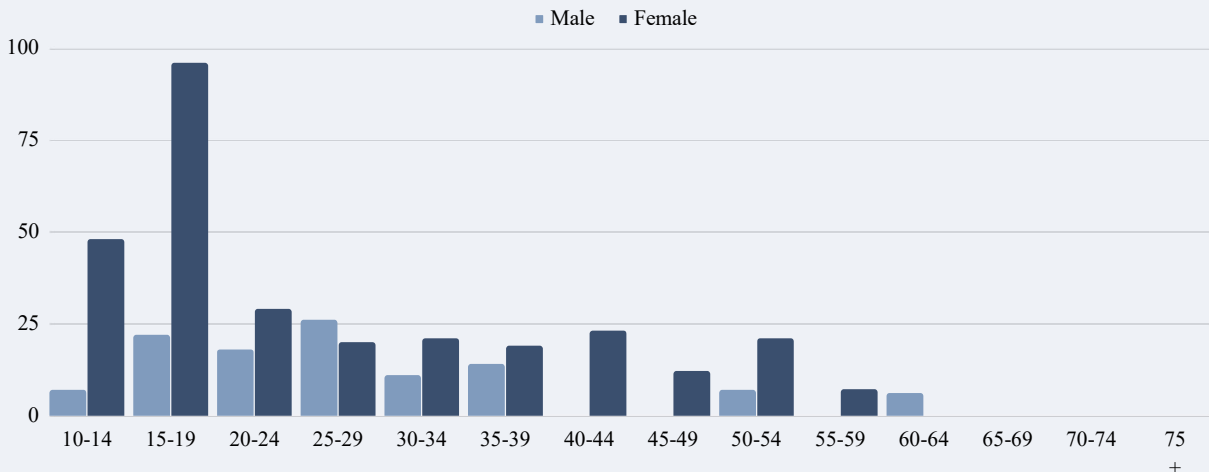
ASSESSMENT DATA

MENTAL HEALTH IN OTTER TAIL COUNTY

TABLE 2: SELF-HARM VISITS BY YEAR, GENDER, AND AGE GROUP

Distribution of self-harm hospital visits by age group and sex		
Age group	2016-2020	
	Male	Female
10-14	7	48
15-19	22	96
20-24	18	29
25-29	26	20
30-34	11	21
35-39	14	19
40-44	≤5	23
45-49	≤5	12
50-54	7	21
55-59	≤5	7
60-64	6	≤5
65-69	≤5	≤5
70-74	≤5	≤5
75+	≤5	≤5

GRAPH 1: SELF-HARM VISITS BY YEAR, GENDER, AND AGE GROUP



ASSESSMENT DATA

MENTAL HEALTH IN OTTER TAIL COUNTY

COMMUNITY CONVERSATIONS

The planning group interviewed twenty-one individuals with backgrounds in mental and behavioral health, public safety, substance use treatment, medicine, emergency medical services, school staff and youth workers, faith leaders, individuals with lived experience, and community organizations. The goal of conducting these community conversations was to gather knowledge from individuals with lived and professional experiences about suicide, mental health, and suicide prevention efforts in our community. After the interviews were completed, planning group members met and analyzed the data using a collaborative analysis model. The community conversation question guide was created by the Minnesota Department of Health Suicide Prevention Unit.

**TABLE 3: COMMUNITY CONVERSATIONS KEY FINDINGS:
Main Concerns**

<i>Main concerns ordered by most frequently mentioned in interviews</i>	
1	Stigma
2	Youth and social media use
3	Social determinants of health and generational trauma
4	Substance use
5	Barriers to accessing treatment



ASSESSMENT DATA

MENTAL HEALTH IN OTTER TAIL COUNTY

COMMUNITY CONVERSATIONS

*TABLE 3: COMMUNITY CONVERSATIONS KEY FINDINGS:
Community Strengths*


Community strengths ordered by most frequently mentioned in interviews

1	Community mental health support organizations and programs
2	Community connections and events
3	Faith based leadership
4	Arts community

*TABLE 4: COMMUNITY CONVERSATIONS KEY FINDINGS:
Priorities and Opportunities for Improvement and Change*

Opportunities ordered by most frequently mentioned in interviews

1	Reduce stigma using proactive education
2	Promote mental health resources
3	Improve coping skills and build resilience
4	Engage faith leaders



SUMMARIZING MENTAL HEALTH DATA AND KEY FINDINGS

TRENDS, CONCERNS, ROOT CAUSES, COMMUNITY STRENGTHS AND ASSETS, PRIORITIES AND OPPORTUNITIES FOR IMPROVEMENT OR CHANGE

This section summarizes the mental health data that was gathered. Data was reviewed by planning group members. Findings from the data review were grouped into one of three categories.

SUMMARIZING MENTAL HEALTH DATA AND KEY FINDINGS

TRENDS, CONCERNS, and ROOT CAUSES

Qualitative data, individual knowledge, and published research shows suicide rates in Otter Tail County and other rural areas are highest among middle-aged males. There is concern for youth mental health reflected in all data types. Overall perceived concern of mental health impact shared in the community conversations matches the upward trend of self-harm, suicide ideation, and suicide rates in the data. Use of local mental health services is high and waiting periods to receive treatment are long. Health care professionals share concerns related to individuals receiving treatment but not establishing long-term care after receiving emergency services. This cycle may put strain on the mental health care system and local hospital systems.



Trends, Concerns, and Root Causes

Suicide rates in Otter Tail County are highest among middle age males.

Concern for youth mental health reflected in all data types.

There is an upward trend of self-harm, suicide ideation, and suicide rates in the data over the last several years.

Use of local mental health services is high and waiting periods to receive treatment are long.

Some individuals receive emergency treatment but do not establish long-term care.



SUMMARIZING MENTAL HEALTH DATA AND KEY FINDINGS

COMMUNITY STRENGTHS and ASSETS

The area has strong faith communities, which is reflected in qualitative feedback and quantitative metrics such as youth religious activity rates and rate of faith-based organizations per population. Many community events throughout the county are planned, hosted, and well attended during the year. Community support organizations and programs were mentioned in the community conversations as a strength. However, data on mental health support access on metrics such as knowledge of resources, ratio of providers to people, and availability of timely appointments differ.



Community Strengths and Assets

Strong faith communities and utilization of faith-based organizations

Community events provide social connectedness opportunities throughout the year

Availability of community support organizations


Opportunities for community members to be involved with their communities through 4H, arts, professional organizations, and volunteer opportunities.



SUMMARIZING MENTAL HEALTH DATA AND KEY FINDINGS

PRIORITIES and OPPORTUNITIES FOR IMPROVEMENT OR CHANGE

The need for education around mental health promotion and mental illness was amplified in the data. There appears to be a challenge with identifying the best way to share messaging and communications about mental health among organizations, community members, and the general public. Reducing stigma was aligned across the data sets. Literature reviews highlight acceptability of mental health care as one of the top factors particularly challenging to providing mental health services in rural communities. Improving individual knowledge of when to seek out care compared to general mental health education, promotion, and coping skills may be needed. Additional data that highlights the natural supports individuals can rely is needed, such as social connectedness, number of close friends or family, having someone trusted to go to with concerns or for support.



Priorities and Opportunities for Improvement or Change

Provide education on mental health, mental health promotion, and mental illness.

Teach community members coping skills and how to seek care when needed.

Improve communication among organizations and with community members

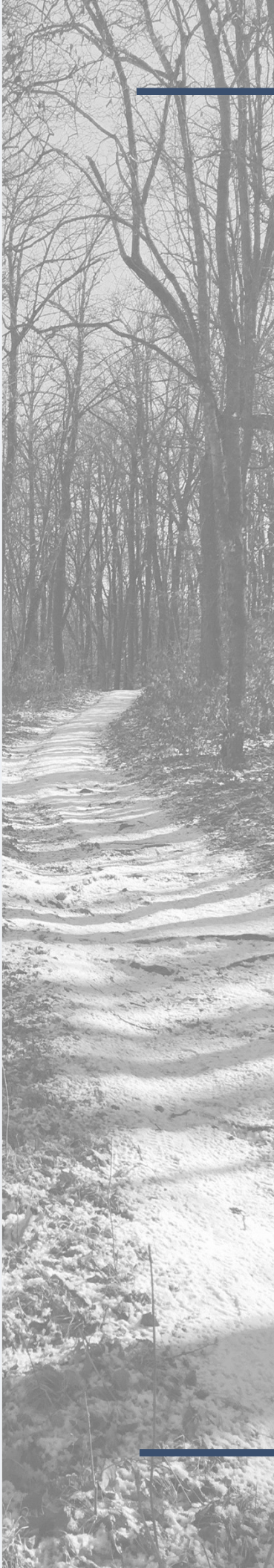
Reduce mental health stigma.

Rely on natural supports such as social connectedness with friends, family, or trusted sources of information.



RECOMMENDATIONS FOR IMPROVEMENT

**PRIORITY POPULATIONS,
CONCERNS AND OPPORTUNITIES FOR CHANGE,
STRATEGY EFFORTS**



RECOMMENDATIONS FOR IMPROVEMENT

PRIORITY POPULATIONS and OPPORTUNITIES FOR CHANGE

Based on the information gathered from community members and local data sources, a list of priority populations, concerns, and opportunities for change were identified. This list of priority populations and opportunities for change offers a starting point for initiatives that can make the most impact on mental health promotion and suicide prevention. The following pages go into more detail for each priority population and identified concern, including strategies for addressing those concerns and examples of a strategy in action locally and nationwide.

Populations	Identified Concerns or Opportunities for Change
General Public	Resilience building
Adolescent and young adult women	Suicide ideation Self-image, self-esteem Social media use
Middle-aged males	Recognition (risk and signs of mental health concerns) Treatment seeking Resilience
Individuals with chemical dependency	Establishing care Community supports
Health care, public safety, and other stakeholders	Siloed communication and relationships Continuity of care for individuals seeking or needing treatment services
Faith leaders and faith communities	Knowledge of mental health needs and concerns, resources, and services Comfort with addressing mental health concerns Relationship(s) with mental health care providers, healthcare, public safety, and others

RECOMMENDATIONS FOR IMPROVEMENT

STRATEGY EFFORTS by PRIORITY POPULATION

General Public

Areas of Concern and Opportunities for Improvement: The general public was selected as a top priority. During review of the data and conversations with community members, **resilience building** was identified as the top opportunity for improvement.

Strategies:

- Create a community of inclusivity
- Promote resilience building programs
- Keep conversations about mental health and resilience skills building throughout the county
- Make mental health support resources visible and available to everyone who needs them
- Develop and share inclusive language around mental health
- Celebrate diversity, ask people where they are at



Strategies in Action

ELEVATE by PERHAM HEALTH

Elevate is an initiative founded by Perham Health in Perham Minnesota to help all adults in northeastern Otter Tail County, Minnesota, age well.

Elevate partners with local organizations to provide opportunities for residents to improve their physical, mental, and social health.

Wellbeing topics : Social connections, skill exploration, belonging, resource sharing

<https://elevateotc.org/>

RECOMMENDATIONS FOR IMPROVEMENT

STRATEGY EFFORTS by PRIORITY POPULATION

Adolescent and young adult women

Areas of Concern: Adolescent and young adult women were selected as a top priority. During review of the data and during conversations with community members, **suicide ideation, self-image, self-esteem, and social media use** were identified as a top concern.

Strategies:

- Start a safe conversation, build a safe space for young women. Offer hope, provide resources, show empathy, and validate experiences.
- Engage trusted individuals such as peers, professionals, or family members in starting safe conversations.
- Talk about mental health and suicide, promote suicide prevention trainings to the community.
- Use social media to promote positive behaviors.
- Offer opportunities for social connections.

Strategies in Action

BIO Girls

BIO girls is a preventative mental wellbeing program founded in Fargo North Dakota. The organization has programs across the Midwest.

The mission of the program is to improve the self-esteem of adolescent girls.

Wellbeing topics: quality of life, emotional well-being, self-esteem, belonging, social connections

<https://www.biogirls.org/>



RECOMMENDATIONS FOR IMPROVEMENT

STRATEGY EFFORTS by PRIORITY POPULATION

Middle-aged males

Areas of Concern: middle-aged males were selected as a top priority. During review of the data and conversations with community members, **recognition of risk and signs of mental illness, treatment seeking behavior,** and **resilience** were identified as the top concerns.

Strategies:

- Normalize treatment
- Invite individuals to share their experiences with others.
- Provide education on the signs and symptoms of mental illness and mental health concerns.
- Emphasize mental health awareness as a strength, share stories, normalize experiences.
- Assure that mental health treatment seeking is private and confidential.



Strategies in Action

Men's Shed

Men's shed is a nonprofit organization with clubs worldwide. The program provides tools and materials for men to pursue interests, passions, and share skills with others.

The program offers men the opportunity to improve their health and wellbeing through connecting with others and increasing self-esteem.

Wellbeing topics: Social connections, support opportunities, resource sharing

<https://usmenssheds.org/>

RECOMMENDATIONS FOR IMPROVEMENT

STRATEGY EFFORTS by PRIORITY POPULATION

Individuals with chemical dependency

Areas of Concern: Individuals with chemical dependency were selected as a top priority. During review of the data and conversations with community members, **establishing care and community supports** were identified as the top concerns.

Strategies:

- Reduce silo's among care teams and professional organizations.
- Integrate care teams.
- Provide education and resources on help that is available.
- Promote and educate individuals on chemical dependency and mental health care.
- Establish and support recovery environments.



Strategies in Action

Minnesota Recovery Connection

Peer recovery services is an evidence-based intervention for substance use recovery. Individuals established in recovery walk alongside people in their recovery journey to provide guidance, help access resources, and offer support.

Minnesota Recovery Connection is a Recovery Community Organization led by representatives of local communities of recovery. The organization provides peer-to-peer recovery support services, public education, and advocacy.

Wellbeing topics: stigma reduction, resource sharing, advocacy for change, social connections

<https://minnesotarecovery.org/>

RECOMMENDATIONS FOR IMPROVEMENT

STRATEGY EFFORTS by PRIORITY POPULATION

Health care, public safety, and other stakeholders

Areas of Concern: Health care, public safety, and other stakeholders and professionals were selected as a top priority. During review of the data and conversations with community members, **siloed communication, relationships, and continuity of care** were identified as the top concerns.

Strategies:

- Establish a universal release of records to assist in exchanging records.
- Create an online portal with local resources for those seeking services.
- Bring awareness to professionals on HIPAA and health record sharing regulations.
- Have representation from health care organizations talk about internal changes and challenges with partners.
- Rebuild relationships between and among health care providers.

Strategies in Action

FindHelp

FindHelp is an online resource where individuals can search and connect to support programs in their area. Organizations offering support programs can add their information into the database.

Healthcare organizations utilize resources such as FindHelp to connect patients to additional resources they may need. Individuals can utilize the service to independently search for support they need.

Resources within the database include food, housing, transit, health, financial, education, employment, legal, and others.

<https://www.findhelp.org/>



RECOMMENDATIONS FOR IMPROVEMENT

STRATEGY EFFORTS by PRIORITY POPULATION

Faith leaders and faith communities

Areas of Concern: Faith leaders and faith communities were selected as a top priority. During review of the data and conversations with community members, **knowledge of mental health needs, concerns, resources, and services, comfort with addressing mental health concerns, and relationships with mental health, healthcare, and public safety professionals** were identified as top opportunities for change.

Strategies:

- Include faith leaders in conversations about mental health prevention, invite them to gatherings and meet them where they are at.
- Let faith leaders know they are an important role in mental health promotion and suicide prevention.
- Use personal testimony from a person of faith for outreach efforts.
- Learn from faith leaders and faith community expertise and experiences, incorporate into prevention efforts.

	<h3>Strategies in Action</h3> <h4>SoulShop</h4>
	<p>SoulShop is an organization with a mission of equipping Christian faith communities to save lives and bring hope to those affected by suicidal desperation. Their vision is to be a national leader in developing faith communities that companion those impacted by suicide into hope and connection.</p> <p>SoulShop offers suicide prevention and mental health promotion workshops throughout the United States for communities, youth leaders, Christian church leaders, Christian campus ministers, and many more.</p> <p>https://www.soulshopmovement.org/</p>



CONCLUSION

The findings from the mental health promotion and suicide prevention assessment highlighted the need for efforts across the county. Everyone has mental health. However, some populations experience increased impact of poor mental health and are at risk for suicidal behaviors more than others.

After reviewing and analyzing the data, the mental health promotion and suicide prevention planning group recommends prioritizing the following populations for mental health promotion.

Populations	Identified Concerns or Opportunities for Change
General Public	Resilience building
Adolescent and young adult women	Suicide ideation Self-image, self-esteem Social media use
Middle-aged males	Recognition (risk and signs of mental health concerns) Treatment seeking Resilience
Individuals with chemical dependency	Establishing care Community supports
Health care, public safety, and other stakeholders	Siloed communication and relationships Continuity of care for individuals seeking or needing treatment services
Faith leaders and faith communities	Knowledge of mental health needs and concerns, resources, and services Comfort with addressing mental health concerns Relationship(s) with mental health care providers, healthcare, public safety, and others

The findings in this assessment will be used to further build out mental health promotion and suicide prevention strategies within Otter Tail County. In 2023, Otter Tail County Public Health received a 4-year grant to support the work of a coalition to carry out strategies highlighted in the assessment. Additional work will continue throughout 2023 and 2024 to finalize and prioritize efforts that will take place.

Thank you



Thank you to all who shared their experiences and expertise to create this assessment. A special thank you to the members of the OTC Mental Health Promotion and Suicide Prevention Planning Group including:

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Lakeland Mental Health
Center

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Lake Region Healthcare

Daryn Toso
Productive Alternatives

Del Nasri
Lakeland Mental Health
Center Mobile MH
Response

Jason Bergstrand
PartnerSHIP4Health

Jennifer Glebe
West Central Minnesota
Communities Action

Jody Lien
Otter Tail County Public
Health

Krystal Crance
Lake Region Healthcare

Liz Kuoppala
MAHUBE-OTWA

Leah Jesser
Otter Tail County Public
Health

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Margaret Williams
Otter Tail County
Human Services

Melissa Dahl
Otter Tail County Public
Health

Nicki Linsten-Lodge
Regional Prevention
Coordinator

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Otter Tail County
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