



100 CONVERSATIONS ABOUT MENTAL HEALTH AND ADDICTION

RESULTS FROM THE CHICAGO COMMUNITY TRUSTS' ON THE TABLE 2015



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This report was written by [The Kennedy Forum Illinois](#), a united campaign to end stigma against mental health and substance use disorders in Illinois. The Kennedy Forum Illinois is affiliated with [The Kennedy Forum](#), an organization founded by Senator Patrick Kennedy in 2013 working toward lasting change in the way mental health and addictions are treated in the U.S. healthcare system.

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Section I

Introduction: The Value of Conversation in Ending Stigma

The Kennedy Forum Illinois' recent survey of Illinoisans confirmed what many of us know: stigma against persons with mental health and addictions remains. Nine in ten Illinoisans reported that they believe there is a negative stigma associated with mental health conditions.¹

The prevalence of stigma is a documented barrier to care. Approximately 40 percent of individuals with serious mental illness do not receive care and many who begin an intervention fail to complete it. The desire to avoid public stigma causes individuals to drop out of treatment or avoid it entirely for fear of being associated with negative stereotypes. Public stigma may also influence the beliefs and behaviors of those closest to individuals with mental illness, including friends, family, and care providers. Additionally, stigma has direct implications for policy and systems. Historical disparities between mental and physical health care insurance coverage and the fact that mental health research is not funded to the same levels as medical research are just two examples.²

The Kennedy Forum Illinois is working to end the stigma against mental health and substance use disorders. We are focused on changing both attitudes and practice. Our vision is a future where all persons are treated with dignity and receive the person-centered mental and physical care and support they need to thrive and achieve their goals.

One of most powerful antidotes against stigma is conversation. Not just more voices, but more dialogue. Conversations themselves help to fight stigma by increasing understanding, awareness, and acceptance. Research shows that intergroup contact across many different settings can reduce bias and prejudice³ and that in particular, interpersonal contact with people with a mental illness can be especially effective at shifting attitudes and beliefs.⁴ Additionally, discussions across stakeholders can help identify pathways to solutions and create new partnerships to drive progress.

To drive more constructive dialogue, The Kennedy Forum Illinois set a goal of hosting 100 conversations about mental health and addiction during The Chicago Community Trust's *On the Table 2015* on May 12th, 2015, a day designated by The Trust to engage thousands of Illinoisans in mealtime conversations with a purpose. We exceeded this goal, with 122 reported conversations, engaging approximately 1,800 Illinois residents around this important topic.

¹ The Kennedy Forum Illinois Statewide Telephone Survey, April 2015, conducted by Public Opinion Strategies <http://thekennedyforumillinois.org/poll-majority-support-radical-or-significant-changes-to-how-mental-health-issues-are-handled-in-illinois-9-out-of-10-say-stigma-exists/>

² The Impact of Mental Illness Stigma on Seeking and Participating in Mental Health Care, Patrick W. Corrigan, Benjamin G. Druss, Deborah A. Perlick, Psychological Science in the Public Interest, October 2014 vol. 15 no. 2 37-70

³ American Psychological Association, Dual Pathways to a Better America: Preventing Discrimination & Promoting Diversity, Washington, D.C., 2012.

⁴ The Impact of Mental Illness Stigma on Seeking and Participating in Mental Health Care, Patrick W. Corrigan, Benjamin G. Druss, Deborah A. Perlick, Psychological Science in the Public Interest, October 2014 vol. 15 no. 2 37-70

On the Table 2015: Process for the 100 Conversations Initiative

The Kennedy Forum partnered with The Chicago Community Trust, utilizing an innovative civic engagement initiative—*On the Table*—to leverage an established model, tools, and engagement campaign.

On the Table is an imaginative “public square” designed to improve communities across the region, bringing together thousands of Chicago-area residents in small groups to share a meal and discuss ways they can work together to make our communities stronger, safer and more dynamic. The *On the Table* model invites residents to volunteer to host small conversations of around eight to 12 people, and provides an online platform for hosts to register their gathering and invite guests. More than 25,000 participants gathered nearly 2,000 tables throughout the city and suburbs on one day, May 12th, 2015. Of these gatherings, more than 120 focused on conversations around mental health, addiction and suicide.

The Kennedy Forum Illinois recruited conversation hosts for the 100 Conversations initiative by promoting the opportunity through its eNewsletter and by assembling an outreach committee of 20 people that identified key civic “targets” including faith communities, educational institutions, advocacy and provider organizations and employers. Committee members were equipped with an outreach toolkit (including a host invitation letter, frequently asked questions, and mental health discussion guides), and asked to recruit at least 3 conversation hosts.

Hosts registered to participate in *On the Table* through the Trust’s online registration platform, and were asked to plug in the outreach code “Kennedy Forum – 003” to be associated with the 100 Conversations initiative. Hosts were also asked to confirm with Kennedy Forum Illinois that they registered on the platform so that records could be cross-checked.

Leading up to May 12th, the Kennedy Forum Illinois provided each host with a package of resources to help prepare them for facilitating their conversations. The toolkit included a backgrounder, a sample guest invitation letter, infographics of a recent public opinion poll results, and Substance Abuse and Mental Health Services Administration’s (SAMHSA) Community Conversations about Mental Health Discussion Guide, and Toolkit available in both English and Spanish.⁵ The Discussion Guide was also circulated twice via the eNewsletter, yielding over 2,500 clicks for 2,100 subscribers.

Planning for the 100 Conversations initiative started in mid-March and culminated on May 12th, taking just over eight-weeks to execute. Our goals were:

⁵ On January 16, 2013, President Barack Obama directed Secretary Kathleen Sebelius of the U.S. Department of Health and Human Services and Secretary Arne Duncan of the U.S. Department of Education to launch a national conversation on mental health to reduce the shame and secrecy associated with mental illness, encourage people to seek help if they are struggling with mental health problems, and encourage individuals whose friends or family are struggling to connect them to help. In response to this, The Center for Mental Health Services developed a **Toolkit for Community Conversations About Mental Health** designed to help individuals and organizations who want to organize community conversations. <http://www.samhsa.gov/community-conversations>

- Fight stigma, lift the silence, and raise awareness about mental health by encouraging people to discuss mental health topics openly in place where they feel safe.
- Engage more people and identify new partners in The Kennedy Forum work.
- Demonstrate public support for action on mental health.

After May 12th, The Kennedy Forum Illinois distributed a short feedback survey specifically on mental health, addiction and suicide to all hosts and participants, and additionally distributed the survey tool developed by The University of Illinois at Chicago's Institute for Policy and Civic Engagement for The Chicago Community Trust to analyze civic engagement and community feedback provided during the *On the Table* initiative.

Hosts & Participants

On May 12th, 2015, 120 conversations took place in Illinois about mental health and addiction, located across the state, from Springfield, Rockford, Peoria, and Chicago, to the northern and western suburbs, and places in between, well exceeding the 100 conversations goal. While conversations during *On the Table* typically range in size from eight to 12 people, many of the events through the 100 Conversations initiative convened larger groups, ranging from 20 to 80 people. In total, between 1,500 and 1,800 individuals participated in the 100 Conversations initiative on May 12th.

Hosts ranged from community, civic, and business leaders, to individuals living with mental illness and family members who are taking an active role in treatment and care. Hosts included CEOs of healthcare institutions, state representatives, justices, and university presidents, as well as attorneys, nurses, insurance providers, and high school students. Many organizations hosted more than one conversation throughout the day.

A complete list of the registered hosts is available in **Appendix A**. A few highlights illustrate the range and depth of participation across the state:

- **Glenbrook High Schools #225** in Glenview held a lunch conversation with faculty to discuss how the school could better support students living with mental health illness.
- **State Representative Sara Feigenholtz** and **Illinois Supreme Court Justice Anne Burke** hosted a conversation in Springfield, IL with stakeholders from pharmaceutical companies, healthcare providers, hospital systems, health insurance companies, and healthcare advocates.
- Well-known media personality **Robin Robinson** hosted a conversation on WVON 1690, an African-American owned urban heritage radio station with local leaders about mental health issues facing the African-American community.
- **The Chicago Police Department**, led by Superintendent **Garry McCarthy**, had brief conversations at all watch change roll calls for the Chicago Police Department on May 12th on the topic of mental health, reaching thousands of officers.

- **Peter O'Brien** of MADO Healthcare hosted eight Chicago Aldermen, Police Superintendent Garry McCarthy, and Debra Wesley, President of Sinai Community Institute, at the Allegro Hotel in Chicago to discuss ending stigma against mental health illness.
- **Father Scott Donahue at Mercy Home for Boys & Girls** hosted a lunch conversation with Mercy staff addressing “Mental Health Stigma - exploring its impact and ways we can be part of the solution.”
- **Archbishop Cupich**, Archbishop of Chicago, met with **Illinois Supreme Court Justice Anne Burke** and other leaders to discuss the role of the Catholic Church in supporting the fight against mental health stigma.
- **Loyola University Chicago President Michael Garanzini** hosted a discussion with 16 professionals—including faculty, counselors, student development personnel, academic administrators, and residence life directors—and discussed how to best help those students and staff who are over-stressed, anxious, depressed, and suffering from addictions.
- **The Chicago School of Professional Psychology** hosted a conversation about mental health in the workplace, and convened students and faculty across three campuses (Los Angeles, Washington, DC, and Chicago). The meeting took place on the LA campus, and utilized webinar software to connect with DC and Chicago.
- **The Josselyn Center**, a community mental health provider, serving over 60 communities in northern Illinois, hosted an event featuring **Erasing the Distance**, a non-profit theater troupe that uses the power of performances to disarm stigma, spark dialogue, and promote healing surrounding issues of mental health. Proud partners for this event included **Kennedy Forum Illinois, Chicago Community Trust, The City of Highland Park and Rebecca's Dream**. The event was attended by about 80 people, including The Mayor of Highland Park, Nancy Rotering.
- **The Community Memorial Foundation**, dedicated to measurably improving the health of people who live and work in the western suburbs of Chicago, arranged for four conversations. They hosted a conversation, as did three of their community partners: **1 in 4 Mental Health Campaign, The Community House, and Pillars**.
- A conversation took place at **MATTER**, a community of healthcare entrepreneurs and industry leaders located in the Merchandise Mart, to reach entrepreneurs who face mental health challenges or addiction themselves.
- Stakeholders in Rockford, including **The Illinois Center of Excellence for Behavioral Health and Justice, Rockford Health Council, Rosecrance**, and the **presiding judge** of the drug court, mental health court, veterans court, youth recovery court of 17th Circuit hosted conversations.
- **Ann O'Connell**, an attorney, lost her son to suicide last November. Ann hosted a conversation at her office in Barrington, IL, about how to build a community-based support network for teens and young adults who are at risk for suicide.

- **The University of Illinois College of Medicine at Chicago and the UI Center on Depression and Resilience** hosted two conversations—one for parents involved with the Institute for Juvenile Research, and the other with medical students to discuss the stigma they face around mental health issues.
- Providers including **Alexian Brothers Health System, Sinai Health System, Thresholds, Presence Health, Advocate Health, Lutheran Social Services of Illinois, Counseling for All**, and the **Bobby E. Wright Comprehensive Behavioral Health Center, Inc.** held conversations, with many hosting multiple conversations at sites across the region.
- Illinois insurers including **IlliniCare and Aetna** hosted conversations.
- **Dr. Tere Garate** hosted a breakfast conversation at the office of McBride Kelley Bauer (MKB) Design to convene community agencies to discuss issues related to building the capacity of communities to provide inclusive, quality mental health services; and considering how the built environment, partnerships, and collaborations through campuses or linkages can provide a continuum of services. **Pam Cullerton**, wife of Illinois Senate President John Cullerton, attended the conversation.

Section 2

Survey Questions & Number of Respondents

Following May 12th, the Kennedy Forum Illinois launched a survey to gather feedback from hosts and participants about their experiences with being part the initiative. The survey captured: the topic discussed, number of participants involved, whether or not the conversation was attended by someone with lived experience, how perceptions may have changed as a result of the conversation, ideas/solutions discussed, and what actions, if any, were planned following the conversation.

In total, of the 122 hosted conversations, 145 people responded to the survey, including 60 hosts and 85 participants.

Conversation Topics

According to the survey results, a majority of the conversations reported focused on the stigma against mental illness and how to combat stigma. Some conversations focused on personal or professional experiences with mental health, while others explored specific mental illnesses such as depression, substance abuse, addiction, anxiety, and more. Participants also discussed the many challenges facing mental health progress, including barriers to treatment, inadequate services within minority communities, the reduction of funds and resources, the complexity of mental health politics, and an overall lack of awareness by the public regarding mental health issues. Specifically, topics reported included:

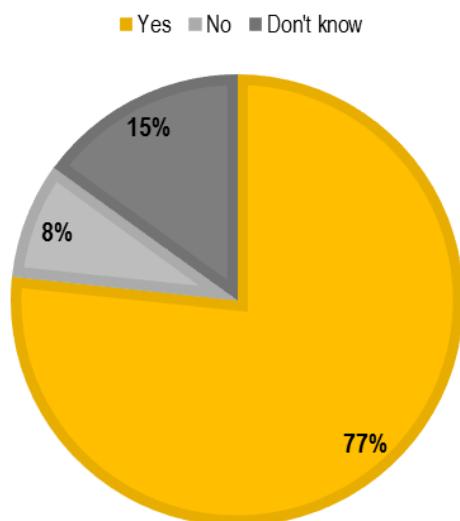
- Eliminating stigma against mental health and addiction
- Mental illness and mental health issues as it relates to:
 - The justice system
 - The legislative system
 - Awareness and prevention
 - Education of family and friends
 - Personal and professional experiences
 - Services for children
 - Serving low-income and multi-cultural populations
 - Entrepreneurship
 - Female military veterans
 - Adolescent Behavioral Health
 - Program evaluation
 - Suicide prevention

- Challenges of the healthcare system, including Medicaid billing, transportation, dual diagnosis, working with outpatient clients that should be in-patient, barriers to treatment, and limited resources
- Specific illnesses, such as depression, substance and alcohol abuse, bipolar disorder, addiction, schizophrenia, and anxiety

Participation by Individuals with Lived Experience

Hosts reported that 77% (n=46) of the conversations included an individual with lived mental health or addiction experience, defined as a person with a mental health challenge and/or addiction themselves or who has an affected family member.

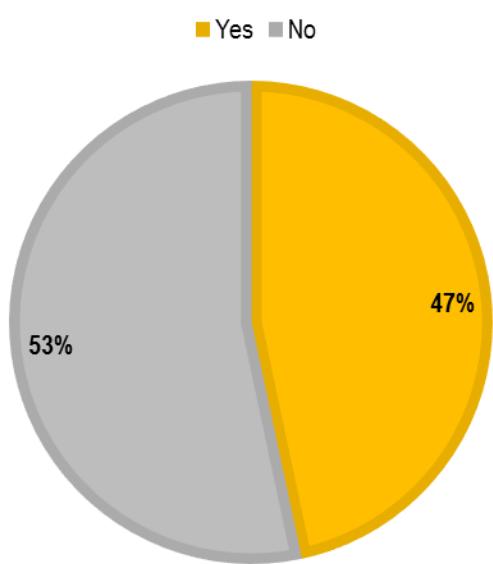
PARTICIPATION BY PEOPLE WITH LIVED EXPERIENCE



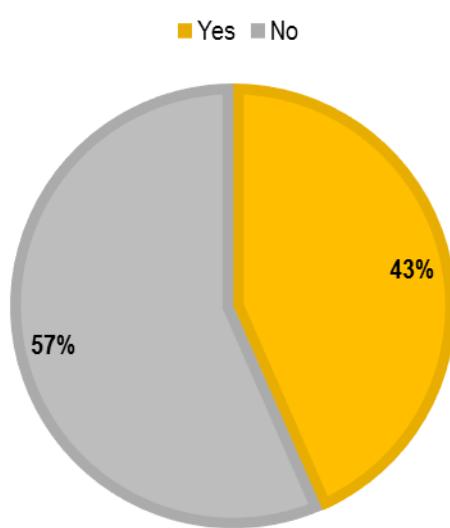
Changes in Perspective

We asked hosts and participants if participating in the conversation changed their perspective about issues in mental health and addiction in any way. Results showed that perspectives shifted for 47% (n=28) of the hosts and 43% (n=37) of the participants.

CHANGE IN PERSPECTIVE - HOST



CHANGE IN PERSPECTIVE - PARTICIPANT



Hosts described their changes in perspective and realizations as follows (quotes are paraphrased):

- An increased sensitivity, awareness, and concern with respect to colleagues and the overall workplace when dealing with mental health issues. [I realized that...] there is a need for balance between disclosure and accommodation/support for both employee and employer.
- It was an eye opening experience to hear that so many [individuals on my university] campus don't feel that they have adequate support or resources.
- The conversation broadened my understanding of the range of mental health issues that exist and how those issues affect people day-to-day via work, family, and community.
- It made me realize the far reaching effects mental illness has in our society and how important breaking the stigma is.
- It really reminded me of the need to change the conversation around mental health issues, so as to destigmatize and get the whole subject "out of the closet", so to speak. I'm reminded that this can happen even in the smallest of ways—such as by avoiding phrases like "she's crazy" or "my mom's mental."
- I walked away from the conversation reminded that we are all human, and more similar than we are different. If 25% of the population suffers with mental illness than it is "pretty normal." We need to stop marginalizing people who are ill.

- I realized the need to focus more on strengths of individuals—not labels—when assisting others who have lived experience with mental illness.

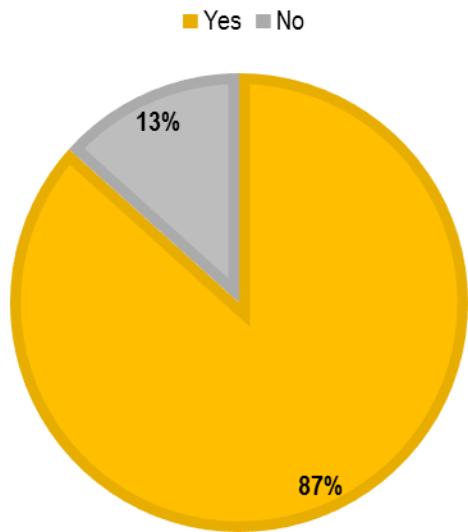
Participants reported the following with regards to changes in perception (quotes are paraphrased):

- I learned that individuals with mental health can be successful in their lives. There are many people who are diagnosed with mental health that go on to have successful careers.
- I realized that the public needs more exposure to the issue.
- I was unaware of the number of people affected by mental illness, the range of mental illness, and the funding crisis to serve all in need.
- It reconfirmed how important it is to promote mental health awareness. So many people go untreated and as a result turn to drugs or in many cases suicide. We are all called to promote mental health awareness for better health in our communities.
- It was helpful to have firsthand experiences shared with the group because there is nothing more powerful in breaking down stigma than hearing a personal story.
- The big ah-ha moment for me was realizing that I don't have a depression/anxiety support group. I kept thinking, "This is SO amazing to hear other people's stories, because it explains so much about my own life!"
- It reminded me that people with a disease, whether mental or physical, are often labeled as their disease so much that they come to identify as that disease. I will keep this at the front of my mind as I speak to people, but also as I think about people.
- The conversation helped me think about the ways organizational policies can impact an employee's ability to function in his or her job.
- I learned that for the Lake County's Hispanic community, it's not just a language issue, but also there are cultural differences that present barriers to seeking mental health care. I learned how the ability to work is an important element of wellness – a job can offer hope/purpose, the loss of a job can trigger a crisis. There is a need to have a diversity of job opportunities in this community so that people with disabilities can find appropriate work.

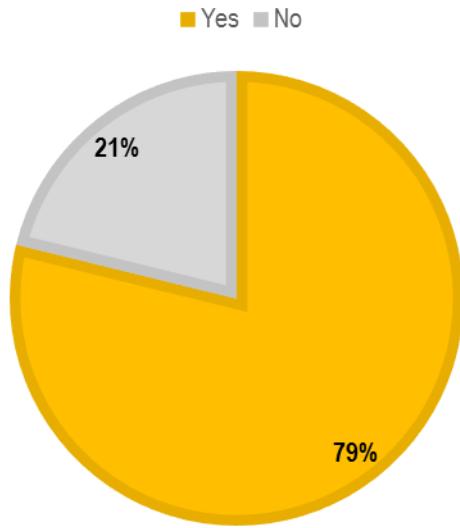
Discussed Solutions

Hosts and participants were asked whether or not their group discussed ideas or solutions for addressing the issues that were discussed in their conversations. 87% (n=52) of the hosts indicated that solutions/ideas were discussed, and 79% (n=67) of participants said the same.

IDEAS OR SOLUTIONS DISCUSSED - HOSTS



IDEAS OR SOLUTIONS DISCUSSED - PARTICIPANTS



Among the solutions and ideas included the following themes and suggestions:

Target younger populations

- Ensure that mental health education is part of the health curriculum taught to children from preschool through high school.
- For teachers: (1) Change the educational requirements at the college level for those pursuing a degree in Education to increase the mandatory courses focused on mental health; (2) Increase the resources for, and nature of, Continuing Education requirements for school staff – particularly those in the Chicago Public Schools system – focused on youth mental health (i.e., understanding different disorders, how the symptoms may manifest in the classroom and interfere with functioning, latest treatment research).
- Host a mental health awareness day at a high school, providing tools and resources to help teens and end stigma.
- Incorporate mental health screenings into a child's annual physical.
- The Mayor of Highland Park was at our event. We approached her about two school-based programs we would like to implement to raise awareness of issues related to mental health and stigma. She was very supportive and is anxious to work together with us to develop those programs.
- We talked about educating our children at a young age about being respectful of all people. Parents can teach their children which words to use so they are not being insensitive.
- We are targeting young adults—we believe if young adults repetitively see information on mental health, it will reduce the stigma associated with mental health, thereby promoting regular conversation so that students and their families seek treatment.

Workforce solutions for medical professionals

- Health professional should be made aware of being able to work with mental health clients in outpatient settings, and encouraged to do so since most mental health care is now outpatient. For example, advanced practice nurses should be encouraged to enter the mental health field as they are in a unique position to treat people in an outpatient setting.
- Equip doctors and medical students to be advocates for those struggling with mental health issues, especially among their peers:
 - Medical students should check in with each other on rotations to make sure peers are doing okay in the high pressure school environment.
 - Medical students should be encouraged to seek support.
 - The act of sharing personal experiences can encourage others to seek support and lift stigma.
- Ensure/promote greater mental health in the workplace, especially ours where we have professional psychologists in the workplace as faculty, and where we are preparing students as future professional psychologists. Solutions include: staff training through HR; increased sharing and communication of resources that promote stress reduction, self-care; greater awareness of indicators, signs, support mechanisms; review of more flexible work scheduling and work spaces/lighting.

Healthcare provision solutions

- Integrate care—mental health care along with physical health care.
 - Ensure social services are linked to mental health care.
 - Use primary care physician and other doctors that people visit frequently as early identification and primary prevention for mental illness.
 - Train primary care physicians and other doctors not only to ask the questions and screen for mental illness, but also how to respond appropriately based on patients' responses and results of screenings -leveraging technology, such as apps, to help people alleviate symptoms.
- Develop an in-depth training for community health promoters on mental health and establishing stronger ties with mental health providers.
- Better pay to attract more mental health workers throughout the state.
- Increased home visits from health plans.
- Involve clients in their own care and diagnosis.
 - Ask the affected person how they see their treatment plan.
 - Ask the affected person to describe the manifestation of their mental health vs. relying on an oversimplified diagnosis.
- Involve families in discussions about care.
 - Establish a more formalized mentoring program for families who are new to mental health issues with their kids, whereby they can be mentored by other parents/guardians who have experience.

- All hospitals should offer an extensive educational program to the family and friends of people who have mental illnesses.
- Seek ways to improve the mental health nursing curricula at all levels: ADN, BSN, MSN & DNP and PhD.
- In Lake County, establish a phone number, like 911, to connect to human services help.
- There are immigrant, mental health professionals in Chicago who are bilingual but cannot practice in the U.S.; alternative certifications are needed so they can work in the U.S. and to bolster our mental health workforce.

Solutions for business and start-up settings

- Educate the whole company on mental health issues.
 - Go into the community as a company to help make people aware of mental illness as well as volunteering in places who are in need of services that help people with mental illness.
- Develop more resources for entrepreneurs to be able to access around wellness and mental health awareness, both for themselves and their employees in early-stage firms.
- Help start-up founders understand how to secure good health care insurance but also how to employ helpful mental health strategies to keep them at the top of their game.

Community solutions

- Develop education programs for the community about mental health.
 - Develop and launch a monthly speaker's bureau with community participation and experts.
 - Host sessions to discuss mental health with religious and cultural groups, such as at temples and youth retreats at temples, and Indian health fairs and functions.
 - Work with churches, family, and friends to educate them about how to make people with mental illness feel welcomed, valuable, and a part of the community.
 - At the community level, focus on educating parents on how to be mental health advocates for their child.
 - Invite and engage area agencies as a resource for education and services, including agencies to address stigma such as Erika's Lighthouse and NAMI, vocational supports such as Turning Point, and living supports like Thresholds, and mental health services such as Kenneth Young.
 - We each will reach out to our aldermanic ward, and engage them in a conversation to host a forum in the community to make others aware of the mental health services that agencies provide to the greater Chicagoland area. We are establishing a committee of 3-4 to host the mental health awareness forums in various communities.
- Replicate successes we see in some smaller, tight-knit communities on a larger scale in larger cities and communities.
- “Conversations for Transformation” is a proposed community-based response to addressing mental health issues in Rockford, IL. The concept is to set up a cadre of volunteers who can

talk to people who seek support. This program can help overcome the stigma of counseling, creating opportunities for helpful conversations to address mental health issues.

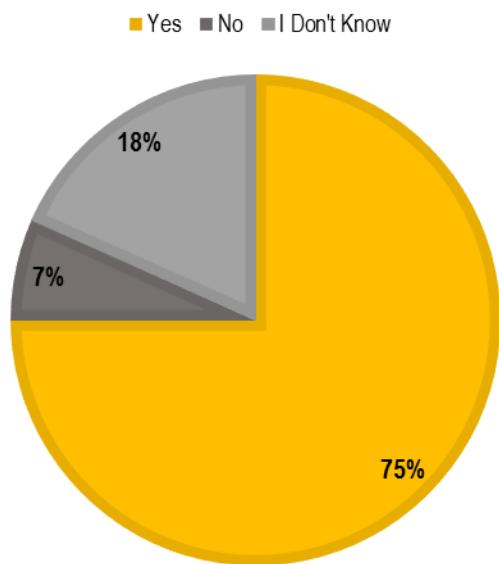
Commitments for individuals

- Awareness about suicide prevention—know how to identify an individual who may be having a difficult time and some actions to take to support that individual.
- Sharing our personal stories with others. Putting a face to mental illness.
- Be more mindful of our own mental health as well as others.
- Continue to have open dialogue about mental health. Reflect on instances where we may need to be more compassionate or show more empathy, even if we felt we already had a good understanding of the issues at play.
- Advocate for shifts in language:
 - "Took his/her life" instead of "he/she committed suicide"
 - "Has schizophrenia" as opposed to "is schizophrenic"
 - Eliminate words like "crazy"
 - Help others realize when and why to person first language
 - Campaign against the way mental illness is portrayed in the media (TV programs and movies). Write letters and raise awareness of the insensitive language being used and misconceptions being propagated about people with mental illness.
- Research what one's health insurance plan covers when it comes to mental health issues.
- Voting is important, and the time between voting is an important time to talk to state legislators about the impact of the human services cuts they are making. Call the governor to tell him not to cut services to vulnerable people.

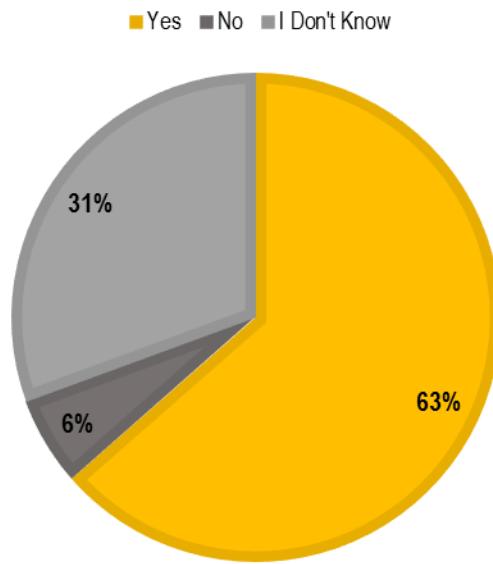
Commitment to Action

Importantly, we asked hosts and participants if they planned to take action as a result of participating in their conversation. Findings showed that a majority of hosts (n=45) and participants (n=54) did anticipate taking action following what solutions and ideas were discussed.

PLANS TO TAKE ACTION - HOSTS



PLANS TO TAKE ACTION - PARTICIPANTS



There was resounding interest among hosts and participants to continue discussions with family members, friends, and colleagues regarding eliminating stigma against mental health and elevating the importance of recognizing and treating mental health issues.

Hosts called out that they planned to take the following actions, mirroring the ideas and solutions that were mentioned above:

- Continue to have discussions with families and friends regarding the importance of recognizing and treating mental health issues.
- Hold a mental health awareness day at a high school, providing tools and resources to help teens and end stigma.
- Reconvene the group to continue the conversation about how to help get mental health education into some school curricula.
- Continue to support parents and teachers to promote functioning in the classroom for youth with emotional/behavior disorders.
- Start a monthly speaker's bureau this fall at Advocate Medical Group.
- Work to get funding to do programs for the public regarding mental illness four times a year, in addition to sponsoring a presentation by "Erasing the Distance" in local middle and high schools in the coming months.
- Encourage our HR department to have a channel for individuals to confidentially seek resources to help manage mental health issues.
- Bring the discussion to the workforce at the circuit courts.
- Reach out to my Alderman and invite her to host a mental health awareness forum, with the intent that this becomes a standing forum in the community.

- Develop a curriculum for community education about mental health along with strategies for community education.
- Share more information with healthcare plan members about mental illnesses and how they can be treated.
- Work closely with the Mayor's office to create mental health awareness programs to introduce into the Highland Park school system.
- Work with various incubators around Chicago to implement resource awareness initiatives for their entrepreneur members.
- Schedule more training opportunities as well as opportunities for family members to get involved.
- One of the participants already approached the Dean of the Loyola School of Nursing regarding offering a program for Advanced Practice Nurses in Mental Health.

Participants indicated that they plan to:

- Assist with getting the 708 board referendum on the ballot.
- Create a partnership to develop a lay mental health outreach model.
- Actively engage with Alliance for Human Services Lake County and elected officials at local and state levels.
- Continue the collaboration. In one conversation, everyone in attendance felt the discussion was a great way to begin to identify gaps in the mental health system in Lake County.
- Through the DuPage Federation, we are offering information on mental health (flyers and wallet-sized cards) and a website (iin4mentalhealth.com) for people to access for resources and treatment. We are also offering Mental Health First Aid classes to teachers, staff and administration for schools and other organizations.
- Take steps to increase funding and services for mental health in the community.
- Talk to kids to raise awareness about mental health and end stigma.
- Use input from the discussions to inform the strategic planning process and funding priorities for the Lyons Township Mental Health Commission.
- Better engage clients by implementing person-centered treatment and enlisting their ideas for how to address their mental health needs.
- Present information, such as brochures or pamphlets, at public events.
- Write their local congressman.
- Stop using hurtful adjectives related to mental health.

Section 3

Reflection and Next Steps

The Kennedy Forum Illinois activated over 120 conversations about mental health and addiction during *On the Table 2015*, engaging nearly 1,800 individuals across the state of Illinois in one of the most important first steps for reducing stigma against mental health: open dialogue. The conversations brought a range of stakeholders to the table, ranging from public officials, community leaders to families and students, and as intended, survey results showed that the conversations were instrumental in changing perspectives and sharing knowledge about the realities of mental health and addiction. The conversations served to spark solution generation and ideas for change—at the personal, community, and society levels, and within the healthcare industry. Furthermore, the 100 Conversations initiative served as an important platform for igniting these ideas into action, resulting in real commitments to action, both personal and systematic.

The Kennedy Forum Illinois is dedicated to improving, expanding and replicating this format in the future to further the progress against ending stigma and improving mental health services in Illinois.

Appendix A: Hosts of the 100 Conversations

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| 17th Judicial Circuit Court, Illinois Janet Holmgren, Circuit Judge | Chicago Coalition for the Homeless Anne Bowhay, Director, Foundation Relations & Media |
| Access Community Health Network Danielle Lazar, Director of Research | Chicago Dramatists Arlene Malinowski, Teaching Artist |
| Access Community Health Network Donna Thompson, CEO | Chicago Police Department Superintendent Garry McCarthy |
| Advocate Bromenn Medical Center Renee Donaldson | Circuit Court of Cook County Colleen Sheehan, Circuit Judge |
| Advocate Christ Medical Center Susan Cusack | Circuit Court of Cook County Mary Colleen Roberts, Judge |
| Advocate Good Samaritan Hospital Chris Vicik, Director Public Affairs & Marketing | Community Memorial Foundation Beth Murin, Communications Coordinator |
| Advocate Good Samaritan Hospital Patrick Barnes, Director, Behavioral Health | Counseling First Mark Barry, Co-founder |
| Advocate Illinois Masonic Medical Center Mary Summins | Counseling for All Janelle Miller Moravek, Executive Director |
| Advocate Lutheran Hospital Jeanine Gibbons | Crusader Community Health Shelton Kay, Director of Community Services |
| Advocates for Community Wellness Executive Director, Dale Cain | DuPage Federation on Human Services Reform Carolyn Difiglio, 1 in 4 Coordinator |
| Aetna Christie Hahn, Behavioral Health Clinical Liaison | Easter Seals Metropolitan Chicago Tim Muri, Gifts Officer |
| Alexian Brothers Behavioral Health Carol Hartmann, Assistant VP/Network Development | EINO Consulting Group Teresa Garate, President |
| Archdiocese of Chicago Archbishop Cupich | Erie Neighborhood House Erika Espinosa, Annual Fund Manager |
| Blue Cross Blue Shield Dorelia Rivea, Director, Government Programs | Esperanza Health Centers Gregory Hampton, Resource Development Specialist |
| Bobby E. Wright Behavioral Health Rashad Saafir, President/CEO | Gateway Foundation Paul Getzendanner, Director |
| Catholic Charities of the Archdiocese of Chicago Kathy Donahue, Senior Vice President | Glenbrook High Schools District #225 Jennifer Pearson, Director of Special Education |
| Catholic Charities of the Archdiocese of Chicago Cassandra Janda | Glenbrook High Schools District #225 Melanie Krakauer, PR Assistant |
| Cenpatico Sheryl Schnur, Clinical Supervisor | Health and Disability Advocates Kawryne Tillman, Director of Volunteer Relations |
| Centene Corporation Alison Clark, Behavioral Health Care Coordinator | Heartland Alliance Ned Schaub, Senior Director, External Relations |
| Centene Corporation Jennifer Perera, Clinical Manager | Henson Consulting, Inc. Kathleen Henson, Founder & CEO |
| Centene/IlliniCare Tracy DeBose, Clinical Manager | Heritage Behavioral Health Center Diana Knaebe, President/CEO |
| Center for Changing Lives Lissette Castaneda, Community Engagement Manager | High School District 214 Janis Morgan, Associate Superintendent for Student Services |

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| Housing Options for the Mentally Ill in Evanston, Inc. Debbie Bretag, Executive Director | MADO Healthcare Peter O'Brien, CEO |
| Ideaction Corps, Kelly O'Brien, President/Founder | MADO Healthcare Randy Walker, VP of Operations |
| Illinois Appellate Court Justice Kathryn Zenoff | MADO Healthcare Transitional Living Clients Kristina Brooks |
| Illinicare Health Kristin Sears, Behavioral Health Case Manager | Manassa, Stassen & Vaclavek Ann O'Connell, Attorney |
| Illinicare Health Emily Cassidy, Clinical Manager | Mercy Home for Boys & Girls Mimi LeClair, VP of Advancement |
| Illinicare Health Nick Cervenka, Program Specialist II (Social Worker) | Mercy Home for Boys and Girls Emily Neal, Clinical Director |
| Illinicare Health Beth Gasaway, Clinical Manager | Mercy Housing Lakefront Kerri McClimen, Consultant |
| Illinicare Health Hetal Patel, Community and Stakeholder Engagement Specialist | Molina Healthcare of Illinois Kathleen Jones, Director of Behavioral Health |
| Illinois Appellate Court Justice Cynthia Cobbs | NAMI Chicago Alexa James, Executive Director |
| Illinois Appellate Court Justice Joy Cunningham | NAMI Chicago Moshe Brownstein, NAMIWalks & Community Development |
| Illinois Appellate Court, First District Judge Bertina Lampkin | National Alliance on Mental Illness (NAMI) David Gill, President, Board of Directors |
| Illinois Appellate Court, Second District Justice Susan Hutchinson | NextLevel Health Partners Cheryl Whitaker, Chairman & CEO |
| Illinois Center of Excellence Mary Gubbe Lee, Assistant Director | North West Community Healthcare Nadjeh Awahallah, Community Liason |
| Illinois Supreme Court Justice Anne Burke | Office of Mental Health Policy and Advocacy Elli Montgomery, Deputy Director |
| In-Home Counseling for Seniors Nancy Wohlrabe, Owner/Therapist | Pillars Ann Schreiner, President & CEO |
| Individual, Amy Settich | Presence Health Will Snyder, System Leader, Community Transformation |
| Individual, Sabrina Guthrie | Progress for Independent Living Sara Capetillo |
| Individual, Shermin Kruse | Rockford Health Council Rebecca Cook Kendall, Executive Director |
| Individual, Margaret McBride | Rosecrance Health Network Stephen Smith, Director Rosecrance Berry Campus |
| Linden Oaks at Edward Hospital Jessica Cole, Marketing Representative | Rosecrance Health Network Dave Gomel, Senior VP & COO |
| Loyola University Chicago Maria Connolly, Adjunct Professor of Nursing | Rosecrance Ware Center Anne Fridh, Administrator |
| Loyola University Chicago Rev. Michael Garanzini, President | |
| Lutheran Social Services of Illinois Bob Hewitt, Director of Policy and Advocacy for Behavioral Health | |

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| Roseland Community Hospital | The Josselyn Center |
| Tim Egan, President | Jody McCarty, Director of Marketing and Communications |
| Sacred Creations | Thresholds |
| Cara Emrich | Kimberly Mailey, VP, Employment Services |
| Saint Anthony Hospital | Thresholds |
| Kevin Hogan, Manager of Development | Lydia Zopf, Program Director |
| Communications | Tri-County Urban League |
| Schaumburg Township Coalition for Positive Youth Behavior | Laraine Bryson |
| Elizabeth Einig, Co-Chair | Trilogy |
| Sheppard Mullin Richter & Hampton LLP | Ruth McMahon, Chief Development Officer |
| Mikela Sutrina, Associate Attorney | Turning Point Behavioral Health Care Center |
| Sinai Health System | Ann Raney, CEO |
| Dianne Hunter, Director, PR and Communication | UIC Jane Addams College of Social Work |
| State Representative | Lorrie Jones, Senior Advisor |
| Sara Feigenholtz | University of Illinois at Chicago |
| Stepping Stones | Jesse Klein |
| Stephen Langley, CEO | University of Illinois Chicago, College of Medicine |
| Swedish American Hospital | Elisa Quinlan, Director of Development |
| Ann Gantzer, VP of Patient Care/Chief Nursing Officer | University of Illinois College of Medicine at Rockford |
| Swedish American Hospital | Alex Stagnaro-Green, Regional Dean |
| William Gorski, CEO | Varsa Health |
| Swedish American Hospital | Steve Sprieser, CEO |
| Amy Kirsch, Director of Psychiatric Services | WVON 1690AM |
| The Chicago School of Professional Psychology | Robin Robinson, Broadcast Journalist |
| Karen Wilson, Director, Annual Campaign/Corporate & Government Affairs | |