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Title

Changing Our Mental and Emotional Trajectory to Improve Mental Health in Rural Communities: the COMET Program

Priority 1 (Research Category)

Behavioral, psychosocial, and mental illness

Presenters

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Abstract

Context: With increased depression, anxiety, and loneliness, communities need resources that support a culture of mental and emotional (M&E) well-being. Because other resources, such as Mental Health First Aid, require substantial time commitment and focus on intervening during crises and suicidality, rural community members developed COMET (Changing Our Mental and Emotional Trajectory), a universal community-based training program, to move upstream to prevent M&E health crises. COMET Community Training (CT) teaches people how to initiate a supportive interaction for a potentially emotional conversation using the simple, seven-item COMET conversational guide. The COMET Train the Trainer (T4T) equips community members to serve as their own local CT trainers. Objective: Describe training implementation and evaluation. Study Design: Survey and field notes. Setting: Rural communities. Population Studied: COMET CT and T4T attendees. Intervention/Instrument: Both trainings are 90-120 minutes. CT covers the local epidemiology of mental health, being “the other person”, instruction on COMET questions, role-play, and resources for follow-up. T4T includes program development and training tips. Trainees complete pre- and post-surveys. Outcome Measures: For CTs, the number and location of trainings, participant demographics, assessment of training structure, and intentions to use. For T4T, outcomes also include relevance of materials and preparedness to conduct community member training. Results: Fifteen people completed COMET T4T. Most (93%) T4T trainees identify as female. Mental health care (40%) and the agricultural industry (25%) were the most common professional categories. 80% agreed/strongly agreed they feel prepared to deliver the CT. More time to practice was a main strategy to improve the T4T. Over 300 people have attended 25 CTs. Of these, 76% reported they were likely to use the COMET questions to engage an acquaintance or co-worker after training compared to 48% before. 81% reported a 7 or higher on a scale of 1-10 for likelihood of using the COMET questions in the next 3 months. Conclusions: COMET aims to prevent M&E health crisis, complement efforts in primary and behavioral health practice settings, and fill a public M&E health gap, particularly in rural communities. The COMET T4T and CT are accessible to diverse and hard-to-reach

community members and are increasing in demand. Evaluation results offer useful modifications to strengthen the program.