

PRIORITY 3: MENTAL HEALTH, SUBSTANCE USE DISORDERS, & WELL-BEING



BUILDING ON THE COMMUNITY HEALTH ASSESSMENT (CHA)

- 84% of adults report good-to-excellent overall health, but only 57% report this for mental health (MH).
- 26% of 8th & 11th graders have unmet MH needs and rates are higher among transgender/non-binary (44.2%) and LGBQA+ (41.8%) youth.
- In 2022, 35% of 6th, 8th, & 11th graders reported fair-to-poor MH; 34% experienced depression in the past year.
- 16% of 11th graders used tobacco in the past 30 days.

2024-25 CHA:



EQUITY FOCUS & GOALS

The CHA showed inequities in MH outcomes, especially among youth, LGBTQ+, rural residents, and people with disabilities. This priority increases access to culturally relevant, disability-informed, care and prevention to lessen disparities.

Goal: Improve MH and well-being and increase access to substance use treatment.

STRATEGIES

- Coordinate & Collaborate:** Improve info sharing for providers & others; track & share initiatives.
- Promote Positive Norms:** Use strengths-based messaging and storytelling to encourage well-being and help-seeking.
- Early Screening & Referral:** Expand perinatal and early childhood MH support.

OBJECTIVES

1. Build a cross-sector network (schools, providers, public/private) that meets regularly to identify gaps, overlaps, and partnership opportunities.
2. Launch a countywide storytelling campaign, host community conversations, and share a toolkit that supports strengths-based, culturally relevant messaging around MH.
3. Grow youth and family prevention programs, boost training awareness (suicide prevention, MH first aid).

WHY THIS MATTERS

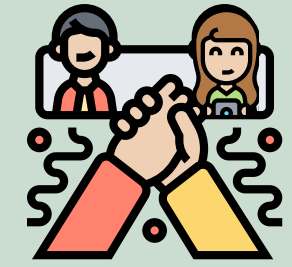
- Many experience poor MH, depression, & unmet care needs.
- Rates of depression, suicide ideation, & substance use highlight urgent support needs for youth.
- Early screening and referral can support families address issues before they get worse.
- Storytelling approaches reduces negative attitudes and encourages help-seeking.

PROVEN STRATEGIES

- Early childhood home visiting
- Social service integration
- Mental health first aid
- School-based suicide awareness
- School-based violence & bullying prevention
- Medication-assisted treatment



WHAT WE HEARD



- Shortages of qualified providers, long waitlists, and challenges in rural communities limit timely and disability-informed care.
- Building a local MH workforce through training, licensure support, and retention incentives is critical.
- Early childhood interventions, parenting education, anti-bullying programs, peer support, and integrated social/basic needs strategies help prevent crises.



SUBCOMMITTEE PARTNERS



Charlie Health; Community Advisory Council; Early Childhood and Mental Health Workgroup; Early Childhood Hub of Lane County; Lane County Behavioral Health(Lane Care); Lane County System of Care; Lane County Veteran Services; Lane Education Service District; NAMI Lane; Quality Care Connections; Relief Nursery; Suicide Prevention Coalition of Lane County; Veterans Mental Health Advocacy Council; Western Lane Mobile Crisis

RESOURCE PARTNERS

