

JUNE 19, 2023

# MIMIND Memorandum



## PRIDE MATTERS TO MI MIND

Together with colleagues from Henry Ford Health and Health Alliance Plan, the MI Mind team hosted a table at at [Motor City Pride](#) on June 10 and 11 at Hart Plaza. Sharing information and giveaways are (from left) Melissa Foster, Senior Public Relations Specialist; Heather Omdal, Program Manager; Gabrielle Benton, CQI Program Coordinator; and Sarah Moore, Clinical Quality Improvement Trainer.

As a suicide prevention initiative, MI Mind is aware that some patient populations are at higher risk for suicide. One of those is the LGBTQ+ community. Mental health conditions, including depression and anxiety disorders, substance misuse and suicidal ideation are more common in people who identify as LGBTQ than in the general population. (Source: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3662085/>)

Lesbian, gay and bisexual adults are more than **twice as likely** as heterosexual adults to experience a mental health condition, and transgender individuals are **nearly four times as likely** to experience a mental health condition as cisgender individuals. [Learn more](#) from the National Alliance on Mental Illness (NAMI).

Health providers who offer acceptance and a sense of safety for their LGBTQ+ patients will be better able to connect with them on mental health issues and offer intervention.

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# MIMIND

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# PRIDE MATTERS TO MI MIND

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## Why Pronouns Matter

We've all seen or used pronoun signatures in our emails, but why do pronouns matter in patient care? Asking and using a person's preferred pronouns demonstrates respect for an individual's preferences and decisions. It can decrease medical mistrust, increase equity and lead to better healthcare. The MI Mind team recommends asking patients when you meet them, "What is your preferred name and pronouns?"

## Learn More

Learn more about caring for LGBTQ+ patients from the [National LGBTQIA+ Health Education Center](#), which offers CME credit for webinars and talks.

The Substance Abuse and Mental Health Services Administration (SAMHSA) just released a [new data report](#) on lesbian, gay and bisexual behavioral health.



# MI MIND MAKES TAQUITOS FOR 400 AT EVERYONE COOKS



The MI Mind Everyone Cooks team chopped and diced ingredients for 400 servings of taquitos. From left, Sarah Moore, Clinical Quality Improvement Trainer; Jeff Warchall, Senior Analyst; Leslie Johnson, Quality Improvement Lead; Heather Omdal, Program Manager; and Gabrielle Benton, CQI Program Coordinator

MI Mind Senior Analyst Jeff Warchall would have been a chef if the hours were better. But on June 8, the I.T. pro brought his culinary talents to Henry Ford Health by leading MI Mind in the annual fundraiser, Everyone Cooks, a new spin on the event previously named Men Who Cook. The theme this year was Carnival.

"Everyone Cooks supports the Tom Groth Patient Medical Needs Fund, which helps thousands of people from Southeast Michigan facing serious health problems," says Jeff. "And it was a chance to celebrate my love of cooking with the team at MI Mind, who spent the afternoon as sous chefs, platers, grillers, and all-around supporters."

The MI Mind team prepared 400 servings of Warchall's original grilled chicken and vegetarian taquitos served with three sauces, and was the first booth to sell out. One attendee liked the taquitos so much he took enough home to pack his lunch for the next day.

Warchall's mole sauce already contributed to a win in a chili cookoff in Chicago, where he used it to finish the chili. [Get the recipes](#) for Warchall's taquitos and mole sauce.



# LOCAL PSYCHOLOGIST CALLS MI MIND ‘ANTIBIOTICS FOR MENTAL HEALTH’



A psychologist and the behavioral health care manager for MedNetOne (MNO) Health Solutions, John Shafer, MA PSY, LLP, is embedded in five primary care clinics in southeast Michigan. He is also the MI Mind Behavioral Health lead for MNO Physician Organization (PO) and co-champion at three MNO sites. Shafer and his colleagues aim to normalize mental health care as part of overall wellness.

“What we have through MI Mind has become ‘antibiotics’ for mental health conditions,” he says.

Shafer shares the MI Mind site champion role with colleagues at three MNO sites “so everyone has an understanding of mental health and the Zero Suicide model. The more team members who can be involved in a patient’s behavioral health care, the greater the chance we can make a difference.”

And make a difference they have. Since MNO began participating in MI Mind in September 2022, Shafer and his team have identified three patients who needed intervention using MI Mind protocols.

MNO providers are always looking at how they can do better. “With a higher level of knowledge and training, our PCPs are gaining awareness and becoming more comfortable and confident using the MI Mind protocols and talking with patients about their mental health. Even from the first MI Mind training, providers felt more confident asking patients the hard questions. With the MI Mind plan and resources, everyone knows what to do,” says Shafer.

Since participating in MI Mind, Shafer says provider perspectives have shifted. “Mental health care is being treated the same as any other aspect of health care. Our providers are no longer making a distinction. It’s health. And for me, that’s the greatest thing,” he says.

MI Mind has helped MNO providers become more focused on total care of the person and provide more patients with appropriate support and solutions. “I’m so thankful to be a part of this program,” he says. “We have a true opportunity to offer hope. And hope is powerful.”

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## CHECK YOUR INBOX FOR A REGIONAL MEETING INVITATION

Check your email for your invitation to a MI Mind provider regional meeting and send your RSVP to reserve your spot. If you didn’t receive an invitation or have questions about the meetings, contact CQI Program Coordinator Gabrielle Benton, [gbenton2@hfhs.org](mailto:gbenton2@hfhs.org).

All in-person regional meetings include a meal and MI Mind-branded giveaways. Agendas will recap MI Mind’s first year and include a leading site or provider profile,

Plan-Do-Study-Act improvement strategy, brief data view and a preview of what to expect in year two. [More details.](#)

At the Collaborative meeting, current and new members will meet the MI Mind team and fellow providers, and learn key information about the CQI, training content and schedule.

If you have questions about MI Mind recruitment, email Program Manager Heather Omdal, [homdal1@hfhs.org](mailto:homdal1@hfhs.org).

# PTSD INCREASES SUICIDE RISK FOR WOMEN

While post-traumatic stress disorder (PTSD) increases suicide risk for all people, women with PTSD are nearly seven times more likely than women without PTSD to die by suicide. Among men, suicide risk is four times higher for those diagnosed with PTSD. The average time between PTSD diagnosis and suicide is less than two and a half years. (Source: <https://pubmed.ncbi.nlm.nih.gov/33190111/>)

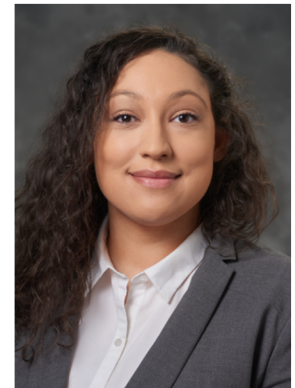
PTSD is triggered by experiencing or witnessing a terrifying event. Symptoms include flashbacks, nightmares, severe anxiety and uncontrollable

thoughts about the event that worsen over time. While symptoms can appear within a month of the event, they can last for months to years and interfere with day-to-day functioning. Patients with PTSD often have problems in social or work situations and in interpersonal relationships.

Other symptoms include intrusive memories about the event; avoiding thinking or talking about the event; negative thoughts about self, others or the world; trouble sleeping; trouble concentrating; substance misuse and feelings of hopelessness.

## IMPROVING INDIVIDUAL LIVES ON A MACRO LEVEL

“Every single human deserves to be healthy,” says CQI Program Coordinator Gabrielle Benton, LLMSW, MPH. “I’m always pondering healthcare revisions that can improve patient-centered care and increase health outcomes while improving quality of life.”



Benton’s passion for people and health equity stems from how she was raised. She has seven adopted siblings of different nationalities. “Implementing deep patient-centered care by considering the patient’s mental health, social determinants of health (SDoH), and other major life experiences can decrease medical mistrust among vulnerable populations which, in return, can increase health equity,” Benton explains. “By training primary care providers in suicide prevention, we can increase access to behavioral health interventions and initiate conversations to reduce mental health stigma, even for patients who lack access to behavioral health services.”

With a background in public health social work, Benton supports the MI Mind team with project and data management, MI Mind Partner Portal enhancements, training, operational assistance and fields all inquiries sent to the MI Mind inbox. Working with MI Mind offers Benton personal and professional satisfaction, because it “makes me feel good to know the work I’m doing, using my skills, expertise, and passion, can help save someone’s life. I like knowing I had a small hand in improving this big world, even if it’s improving the life of just one person. It’s a ripple effect.”

Another aspect of MI Mind Benton enjoys is the chance to work on the macro level. “It’s exciting for me to offer training to providers. They can take the knowledge and tools we offer and apply them in patient care and at their clinics for years to come. It’s a lasting change that is ever expanding.”

[Learn more](#) about Gabrielle Benton and the entire MI Mind team.



## CONTACT US

To reach the MI Mind team, email [MIMind@hfhs.org](mailto:MIMind@hfhs.org), One Ford Place, Suite 5E, Detroit, MI 48202.

The MI Mind Memorandum is a newsletter for providers participating in the MI Mind Collaborative Quality Initiative (CQI). If you have questions or suggestions for *The Mem*, please contact Program Manager Heather Omdal, [homdal1@hfhs.org](mailto:homdal1@hfhs.org).

