

# CO-PILLAR



The PATIENTS Program and the Council of Community Partners co-developed the CO-PILLAR project to learn about community mental health issues and talk about what people are doing in their community about the 4 Pillars of Health: physical, spiritual, financial, and mental.

## WE LEARN SESSION



We talked about patient-centered research, health equity, and mental health stigma, and we explained who and what affects these issues. Small group sessions followed, allowing us to share personal stories. People highlighted the most pressing mental health issues in their communities.

## WE WORKSHOP SESSION



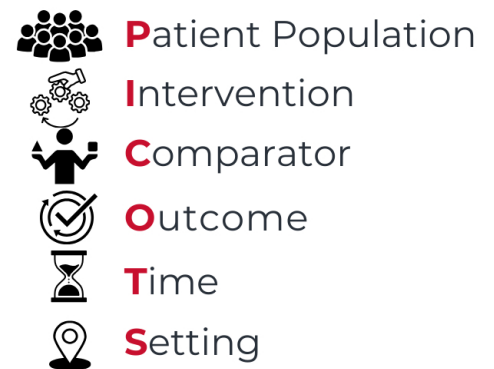
From what we talked about in We Learn, we chose key areas to explore further and looked at tools to:

- More access to mental health services with insurance
- Improve patient-provider interactions
- Support healing from grief

## WE PREPARE SESSION



We used the PICOTS Framework to choose important mental health issues like integrating mental and physical health, reducing stigma, and helping caregivers, so we can create research questions based on community concerns.



## COMMUNITY STUDIOS



We talked about potential interventions with researchers to improve outcomes for the most affected groups talked about in the prior sessions.

The Community-based Collaboration to Address the Pillar of Mental Health in PCOR/CER Research (CO-PILLAR) initiative was funded through a Patient-Centered Outcomes Research Institute (PCORI) Eugene Washington PCORI Engagement Award (EACB-30061).

The **PATIENTS** Program  
at the University of Maryland  
School of Pharmacy

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## PARTICIPANTS

103 patients, caregivers, and community members went to We Learn Sessions.



43 patients, caregivers and community members who were in We Learn took part in remaining sessions.



“— It (the CO-PILLAR project) has allowed us to prepare and talk to researchers. It's great to connect and be able to formulate questions that they may not have thought of.— Tallulah Anderson, an active participant in the CO-PILLAR project. —”



## KEY TAKEAWAYS



**Mental and physical health services should be better connected.**

The collaborative care model with a full range of services in one location can help **disadvantaged communities.**

Collaborative care can also help **seniors, people with dementia, and caregivers.**

Faith-based care, social support groups, and peer navigators can improve health.



Community-involved programs and bringing together people of different ages have promise for helping these groups.

To **reduce mental health stigma**, we must make spaces where people can openly talk about mental health.



**Foster children aging out of care** and **people healing from grief** need stronger support systems and chances to share their experiences with others.

We made an eight-page guide with resources for mental health, health insurance, grief, and healthcare systems.