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 they are doing about the 4 Pillars of Health: physical, spiritual, financial, and mental in their community.

MENTAL

PHYSICAL

SPIRITUAL

FINANCIAL

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.

Patient Population
Intervention
Comparator
Outcome
Time
Setting
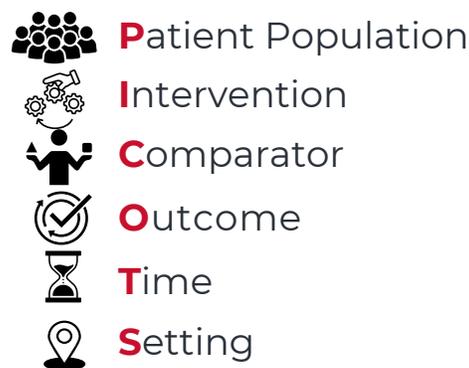
COMMUNITY STUDIOS

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

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

CO-PILLAR

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PARTICIPANTS

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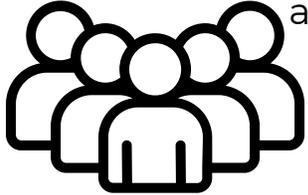
43 patients, caregivers and community members who were in We Learn took part in remaining sessions.

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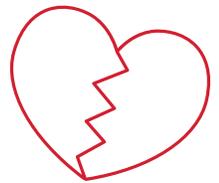
Foster children aging out of care and **people healing from grief** need stronger support systems and chances to share their experiences with others.

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