

## COUNTY SNAPSHOT – INYO COUNTY

### CONTACTS

**Interview Participant:**

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**Primary/Behavioral Health Care Integration:**

N/A

**Public/Media Relations:**

Gail Zwier (*see above*)

**Student Mental Health Contact:**

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### OVERVIEW

Method of Data Collection Utilized: Phone Interview February 29, 2012

Inyo County is situated on the east side of the Sierra Nevada and southeast of Yosemite National Park in the eastern-central part of California. The county seat is Independence. It is the second largest county in California in terms of land, with a total area of almost 10,227 square miles. However, in terms of population, Inyo County is one of the state's smallest. The closest large population base is Reno, Nevada (outside of the county) to the north and Lancaster to the south.<sup>1</sup>

The 2010 United States Census reported Inyo County's population as 18,546, with a 3.3% population increase in the past decade. The racial makeup is 74.1% White, 0.6% African American, 11.4% American Indian and Alaska Native persons, 1.3% Asians, 0.1% Native Hawaiian and other Pacific Islander, 3.5% persons reporting two or more races, 19.4% persons of Hispanic or Latino origin, 66.3% White persons not Hispanic.<sup>2</sup>

Inyo County's Prevention and Early Intervention Plan (PEI) can be found at:  
[www.mhsoac.ca.gov/Counties/PEI/docs/PEIplans/Inyo\\_PEI.pdf](http://www.mhsoac.ca.gov/Counties/PEI/docs/PEIplans/Inyo_PEI.pdf)

**Strengths:** Small communities where neighbors know each other well so when someone is not doing well, someone notices early on and refers to mental health services. High visibility and accountability between agencies and the public. Services are fairly well integrated.

**Challenges:** A perception of lack of privacy, confidentiality, and in some cases inclusivity: often a person with a mental illness is not seen as part of the community, but the "responsibility" of the mental health division ("one of your people"). The provision of specialized services within Behavioral Health: the need to develop expertise that may be necessary for the optimal care of some individuals. The geography can also

<sup>1</sup> Wikipedia: [http://en.wikipedia.org/wiki/Inyo\\_County,\\_California](http://en.wikipedia.org/wiki/Inyo_County,_California)

<sup>2</sup> U.S. Census Bureau: <http://quickfacts.census.gov/qfd/states/06/06027.html>

present a challenge: there can be a romantic notion about the remoteness of the county which attracts people who are looking to die by suicide or to “hide out.”

Government Advocacy: While there is support for the Behavioral Health services, there is a majority opinion of the importance to keep government small. There is also a lack of knowledge and understanding surrounding mental illness. Therefore, during times of financial hardship, behavioral health may not be prioritized.

Centralized Website(s): www.inyocounty.us

Resource Directory: NO

Social Media Presence: NO, but Health and Human Services is very interested in exploring this.

### CURRENT PEI MARKETING CAMPAIGNS

Student Mental Health Initiative: NO

Suicide Prevention: NO

Stigma & Discrimination Reduction: NO

Other County Activities and Programs:

	Walks/Run	Events	Speaker's Bureau	Media Praise/Protest	Outreach	Trainings (e.g., ASIST or QPR)	Specific Events during Suicide or MH Awareness Week/Month	Other
Suicide Prevention					X	X		X
Stigma Reduction					X	X		X

### CURRENT PEI OUTREACH EFFORTS

**Suicide Prevention:** Inyo County provides training (in recognizing warning signs and how to minimize risk) to law enforcement and juvenile facilities and other agencies.

**Stigma Reduction:** Inyo County has a small, but strong consumer stakeholder group. This group of consumers, as a stigma reduction strategy, has been active in looking for ways to “give back to” and “be part of” the community through a variety of activities, including participation in a food drive, city clean-up, visiting at a local skilled nursing facility, bell ringing for the Salvation Army and being part of a community garden. Inyo County and Mono County have a joint task force which is in the early phases of developing a collaborative stigma reduction project with the goal of creating public service announcements and articles for the media. As part of the regional Workforce Education and Training

activities, two individuals were trained as trainers in Mental Health First Aid and have facilitated three community trainings so far.

Media: Inyo County has a newspaper, *The Inyo Register*, which is published three times a week; a local TV channel; and a few radio stations. Health and Human Services (which is integrated with Mental Health Services) has a small (two-person) prevention unit which reaches out to the media. For suicide and mental health topics Gail Zwier would be the primary contact (*see above*).

## COUNTY CRISIS NUMBERS AND RESOURCES

Suicide Crisis Hotline: County Mental Health Services 800.841.5011  
National Suicide Prevention Lifeline 800.273.TALK

Mental Health Crisis Hotline: County Mental Health Services 800.841.5011

Other Resources: NO

## DIGITAL STORIES

NONE

## HEALTHCARE PROVIDERS

Good starting points are Northern Inyo Hospital and Toiyabe Health Services.

## ADDITIONAL INFORMATION

NONE

## SPECIFIC COUNTY NEEDS

Additional Language Needs: Spanish

Desired Outreach Materials:

TV Spots	Radio Spots	Printed Materials	Print Ads <sup>a</sup>	Billboard Ads	Bus Ads	Outreach Materials	Social Media	Website	Training	“How to” Manuals <sup>b</sup>
X	X	X	X			X	X	X	X	X

<sup>a</sup> E.g., magazines.

<sup>b</sup> E.g., how to reach out to the media, how to start a speaker’s bureau, etc.

Additional Information: In addition to the general public and Spanish language populations, the Native American community and faith-based organizations are populations of interest.

All materials, but particularly radio spots, printed and outreach materials, trainings (QPR, ASIST, Mental Health First Aid), and “how to” manuals or webinars would be most appreciated.

Specific topics of interest include information about recognizing the warning signs for suicide, stigma reduction and overall wellness.

For the faith community, specific tools and materials faith leaders could use to share with their congregations would be helpful.

“How to” guides, case studies and lessons learned from other counties on how to reach different populations would be useful (e.g., how to set up Facebook page, dos and don’ts, who does it work for, when is it a good strategy, etc.).

Also of interest are tools to reach out to the media such as drop-in articles, tips on how to reach out to the media and information on safe reporting.

Ensuring that materials are relevant and applicable for rural communities is important.