Why COMET™?

Multiple challenges face rural communities in accessing mental health. Existing resources and trainings often focus on crisis needs and immediate suicide risk. However, many people suffer from distress and moderate depression or anxiety, sometimes acutely and/or undiagnosed, that significantly impact their health and well-being. COMET™ fills that gap in resources for people in this "vulnerable space" and aims to prevent crisis.

COMET was developed by the High Plains Research Network (HPRN) Community Advisory Council (a grassroots group of ranchers, teachers, small business managers, students, retirees in rural eastern Colorado), rural mental health professionals, and health researchers. Supported by the Patient Centered Outcomes Research Institute, this partnership conducted a rigorous exploration of mental health gaps and assets in rural communities.

What is COMET™?

Recognizing that mental health functions on a spectrum, COMET™ (Changing Our Mental and Emotional Trajectory) is a community-based intervention to activate community members and provide them with language, tools and confidence to intervene when they notice someone around them is unwell – and before crisis occurs. **COMET™ helps fill a gap and is a strong complement to other strategies to reduce the suffering resulting from the high levels of stress in rural, agricultural communities.**

COMET aligns with rural cultural values of neighbor helping neighbor and communities being their own best resource. COMET empowers friends and neighbors to be more prepared to support others' mental health needs – *especially* before a crisis. COMET does not to ask community members to "be the fix." Rather, the program trains community members how to initiate a supportive interaction for a potentially emotional conversation using a simple, conversational seven-question guide. The seven questions/statements include: acknowledgment that someone "is not yourself," asking how they are, observation of behavior or other change, asking about family or social life, an invitation to engage (continue the conversation then or later), optional self-disclosure, and next steps (help person more or exit). The COMET Questions are built around evidence-based techniques of using lay educators, mindfulness, and motivational interviewing approach.[1-6] COMET is easy to teach and aims to make these tools more accessible to a broader community.

COMET™ Training Options

1. **"COMET Community Training"** for community members to learn and practice using the COMET Questions. (90-Minutes)
2. **COMET "Train-the-Trainer" (TTT) Program**: Trains local community members as Regional COMET Trainers, who are equipped to deliver the COMET Community Training. Includes background information, key concepts, review of the COMET questions, and basic teaching tips. Identifies opportunities for local tailoring, such as local resources and health providers to which people can be referred. (3-hours)

Both Community and Train-the-Trainer trainings include experiential and didactic sections covering local mental health data, shared examples of being "the other person," the COMET questions, role-playing, and action planning. Ideally, COMET trainings are delivered in-person; however, virtual versions of both trainings are available.

Trainees have included farmers/ranchers, law enforcement, coroners, health care professionals, teachers, and retail workers. 78% reported they were likely to tell someone that they have noticed a change in their mood or behavior after training compared to 50% before, and 81% were likely to invite an acquaintance or co-worker to talk about a potentially emotional situation after training compared to 57% before. Further, 74% reported an eight or higher on a scale of 1-10 for likelihood of using the COMET questions in the next 3 months.

Contact Us

Email: COMET@cuanschutz.edu
Direct email: maret.felzien@outlook.com
Phone: 303-724-9716
Mail: University of Colorado Anschutz Medical Campus
Dept of Family Medicine
AO1, F496
12631 E 17th Ave, room 3219
Aurora, CO 80045

Useful References

1. Patel V. Where there is no psychiatrist: a mental health care manual. Gaskell, The Royal College of Psychiatrists 2003. Glasgow, UK.
2. Aldridge SJ Where there is no psychiatrist: the development of a psychiatric service on St Helena. J R Soc Med. 1994 Dec; 87(12): 790–793. PMCID: PMC1295001.
3. Grossman P. Nieman L, Schmidt S, Walach H. Mindfulness-based stress reduction and health benefits: A meta-analysis. Journal of Psychosomatic Research 2004. 57(1):35-43.
4. Coffey KA, Hartman M, Fredrickson BL. Deconstructing mindfulness and constructing mental health: Understanding mindfulness and its mechanisms of action. Mindfulness 2010. 1(4):235-253.
5. Barrowclough C, Haddock G, Tarrier N, Lewis SW, Moring J, O'Brien R, Schofield N, McGovern J. Randomized Controlled Trial of Motivational Interviewing, Cognitive Behavioral Therapy, and Family Intervention. The American Journal of Psychiatry 2001. 158(10):1706-13.
6. Rubak S, Sandbaek A, Lauitzen T, Christensen B. Motivational Interviewing: a systematic review and meta-analysis. British Journal of General Practice. April, 2005.