

Project Justification

The Hogg Foundation for Mental Health is applying for \$149,295.00 to develop and host multiple nationwide virtual convenings and one in-person convening of stakeholders of historical public mental health records. During these convenings, archivists, historians and researchers, genealogists, people who have former lived experience in public psychiatric hospitals, and hospital administrators will gather to discuss shared challenges, potential solutions, and create best practices for managing historical public mental health records. This project aligns with Goal 5 - strengthen the ability of libraries, archives, and museums to work collaboratively for the benefit of the communities they serve – and both of its objectives:

1. Support the development of replicable systems that leverage institutional expertise and experience to maximize public access to and use of knowledge resources.
2. Support joint projects designed to address a shared problem and structured to use the expertise, experience, and perspective of each partner institution in its solution.

The National Association of State Mental Health Program Directors (NASMHPD), the Council of State Archivists (CoSA), and the University of Texas at Austin School of Information (UT iSchool) have committed to being partners on this project.

The History of State Hospitals

Public psychiatric hospitals, commonly referred to as state hospitals, gained popularity in the nineteenth century as an alternative to care for people with mental illness. Prior to state hospitals, families and small communities cared for their dependent members, but rapidly expanding urban centers increasingly found dependents homeless, in jail, or in almshouses. Mental health reformers of the 19th century saw the need for a better system to care for people with mental illness. They fought for new laws and greater government funding to build better hospitals. By 1890, every state had built at least one publicly supported mental hospital.¹

Since the wide adoption of state hospitals in the United States they have gone through many transformations – segregation, periods of overcrowding and neglect, mass deinstitutionalization, major medical breakthroughs, and a growing social movement of people with lived experience with mental illness advocating for their rights. This complex social, medical, and political history is often flattened into ghost stories of haunted asylums, contributing to stigma against people who receive care in state hospitals.

Stigma of mental illness stems from a lack of understanding that leads to fear. Many media representations of mental illness are inaccurate and influence the public's perception of state hospitals and people with mental illness.² There are countless horror movies and ghost hunting documentaries

¹ "Diseases of the Mind: Highlights of American Psychiatry through 1900 - Early Psychiatric Hospitals and Asylums," U.S. National Library of Medicine, January 18, 2017, <https://www.nlm.nih.gov/hmd/diseases/early.html>.

² Jeffrey Borenstein, "Stigma, Prejudice and Discrimination against People with Mental Illness," Psychiatry.org - Stigma, Prejudice and Discrimination Against People with Mental Illness, August 2020, <https://www.psychiatry.org/patients-families/stigma-and-discrimination>.

that depict state hospitals and the people receiving care as violent and possessed.³ News representations of mental illness are largely negative as reporters sensationalize stories to attract attention, emphasizing violent behavior of people with a mental illness.⁴ These negative depictions contribute to stigma of state hospitals and people with mental illness that can cause people to delay in seeking treatment and affect their recovery.⁵

Three commonly cited approaches to reducing stigma are:

1. information/education about mental illness;
2. protest against unfair descriptions of mental illness; and
3. direct contact with people with mental illness.⁶

The historical records of public mental health institutions tell the history of a system and people who are often depicted inaccurately and negatively in the media. These records can serve as a counter to popular media depictions and can be used in educational campaigns about state hospitals. Sharing this history helps destigmatize mental health care facilities by making explicit the actual care that goes on inside them, creates more effective advocates for mental health services, and provides consumers of mental health care services and their families a space to have their story told.

Defining Mental Health Records

Because these are public institutions which house a vulnerable population more scrutiny and care needs to be taken to their historical records. In 2022, 8,180,236 people received State Mental Health Agency services from 59 states and U.S. territories.⁷ While this number has varied over the years due to changing political landscapes and population distribution, state hospitals have been serving the United States public for centuries and have records that include admission and release, death and burial, medical care, as well as administrative records such as annual reports and governing board minutes going back to the 1800s.

For the purposes of this project, historical public mental health records are administrative records and patient records with individually identifiable health information about a person 50 years following the date of death of the individual. According to the U.S. Department of Health and Human Services, “this period of protection for decedent health information balances the privacy interests of surviving relatives and other individuals with a relationship to the decedent, with the need for archivists, biographers, historians, and others to access old or ancient records on deceased individuals for historical purposes.”⁸ While, this guidance does not give us a specific cut-off date, it does give a general timeframe of the records that will be discussed in these convenings. These convenings are not about discussing current

³ Ginger Robertson, “Inpatient Psych Care: What Movies Get Wrong and Why It Matters,” National Alliance on Mental Illness (NAMI), April 13, 2022, <https://www.nami.org/Blogs/NAMI-Blog/April-2022/Inpatient-Psych-Care-What-Movies-Get-Wrong-and-Why-It-Matters>.

⁴ Alastair Benbow, “Mental Illness, Stigma, and the Media,” *The Journal of Clinical Psychiatry* 68, no. 2 (2007), <https://pubmed.ncbi.nlm.nih.gov/17288505/>.

⁵ Borenstein, “Stigma, Prejudice and Discrimination against People with Mental Illness.”

⁶ Wulf Rössler, “The Stigma of Mental Disorders,” *EMBO Reports* 17, no. 9 (July 28, 2016): 1250–53, <https://doi.org/10.15252/embr.201643041>.

⁷ *SAMHSA’s Uniform Reporting System (URS)* (Substance Abuse and Mental Health Services Administration, 2022).

⁸ “Health Information of Deceased Individuals: Guidance Portal,” U.S. Dept. of Health & Human Services Guidance Portal, June 8, 2020, <https://www.hhs.gov/guidance/document/health-information-deceased-individuals>.

patient records or any record that was created in the last 50 years, rather the discussion will be focused on records older than 50 years.

The proper management of historical state hospital records requires coordination from hospital administrators, archivists, and consumers of mental health services due to their sensitive nature. The stigma of mental illness, privacy laws for medical records, and the high cost of maintaining paper records have contributed to widespread neglect of historical state hospital records.⁹

Projects on Preserving Mental Health Records

There have been efforts in several states to preserve and improve access to historical public mental health records, but each state has approached it differently with varying degrees of success. One such project is the Central State Hospital (CSH) Archives project, which started in 2009. From their website: “The project was initiated at the request of Charles Davis, MD., director of Central State Hospital (2007). He was concerned that their historical documents were at risk of deterioration from being kept in a non-archival environment. Under the Virginia Records Retention Act of 1972, the Library of Virginia is the legal repository of these types of records held at CSH. However, the relationship of the Library to the hospital was limited and interpretation of the Retention Act unclear. Over the course of the project, the Library has become an active and supportive collaborator, providing access to its archival files on CSH and participating in a privacy roundtable meeting on historical psychiatric records.”¹⁰ This project highlights what can be accomplished when hospital administrators and archivists work together. However, Virginia only gives access to records 125 years after the date of creation or after date closed, whichever is later.¹¹

Another successful effort of preserving state hospital records can be seen in Washington state. In 2022, “...the Attorney General’s Office ruled that records in the state archives containing individuals’ health information could be open to the public 50 years after a patient’s death — a result of The Seattle Times’ reporting examining the hospital’s complex legacy... In collaboration with the Washington State Archives, The Seattle Times has digitized the death registers from Northern State Hospital to aid people researching the history of a family member or loved one.”¹² The strategy of this project is very different from the strategy of the project in Virginia. Instead of collaboration between the hospital and state archivists, new rules and interpretations of privacy laws were implemented because of investigative work by a local newspaper.

Other state libraries have finding aids to some of their state hospital records, such as the Ohio History Connection and the Minnesota Historical Library Society (MNHS). On the Ohio History Connection guide to their state hospital records they state, “The Ohio History Connection holds records that were

⁹ Julia Fair, “Patient records from early 20th century at Western State Hospital are set to be destroyed,” The News Leader, June 26, 2018, <https://www.newsleader.com/story/news/2018/06/26/western-state-hospital-set-destroy-records-early-20th-century/733785002/>

¹⁰ “Central State Hospital Digital Library & Archives Project,” Central State Hospital Digital Library Archives Project, 2018, <https://coloredinsaneasylums.org/the-project/objectives/>.

¹¹ Records of Central State Hospital, 1874-1961. Accession 41741, State government records collection, The Library of Virginia, Richmond, Virginia. <https://ead.lib.virginia.edu/vivaxtf/view?docId=lva/vi00940.xml>.

¹² Taylor Blatchford, “Northern State Hospital Death Records Have Never Been Publicly Available — until Now,” The Seattle Times, July 16, 2023, <https://www.seattletimes.com/seattle-news/times-watchdog/northern-state-hospital-death-records-have-never-been-publicly-available-until-now/>.

transferred to us by the state facilities or the Ohio Department of Mental Health & Addiction Services. We do not have complete records from all of Ohio's state institutes. Many records were destroyed due to retention schedules designed to ensure patient privacy. Some were lost to other hazards. Our records vary greatly from hospital to hospital. None of the collections contain a full medical history case file. The records we received relate primarily to patient information. We did not receive records of those employed at state facilities."¹³ This finding aid details some of the ways that historical public mental health records are destroyed either intentionally or through neglect, and emphasizes the variability of the collection between each hospital in the state. Ohio gives access to records to the closest living relative of a deceased patient, and to everyone if the patient has been deceased for fifty or more years.

The MNHS guide to their state hospital materials has a very similar statement and also includes, "We tend to have more detailed information for earlier periods and have very little patient information past 1950."¹⁴ MNHS gives access to records older than 75 years from the date of the last entry in the record or file.

Texas does not have its state hospital records in its state library and does not give access to the records to the public except to lineal descendants of patients who has been deceased for fifty years or more. Descendants can request access to these records through Texas' Health and Human Services public information act contact email.¹⁵ However, Texas' Health and Human Services Commission recently hired a historic preservation coordinator to oversee the preservation and management of historic records in its state hospital system.¹⁶ Texas is opting to manage the historical records within their hospital system rather than giving them to the state library.

These projects demonstrate the variability in what historical public mental health records are available, how the records become available, and who can access the records from state to state. They also demonstrate the widespread interest in the topic of preserving historical, public mental health records. There have been presentations at the Society of American Archivists annual meeting, the National Association of Government Records Administrators annual meeting, and the Council of State Archivists webinars by archivists detailing their efforts to preserve these records, but there has not been a coordinated interdisciplinary discussion that brings together stakeholders across expertise and state lines to thoughtfully consider the best ways to manage these records.

The proposed series of convenings builds on these projects by providing the spectrum of identified stakeholders a space to discuss specific challenges, successes, critiques, and collaborative solutions. This includes debates about what records should be persevered, what records should be responsibly disposed, who can have access to the records preserved, and many other questions. Currently, there is no space to have these complex and sensitive discussions, and there are no frameworks for managing historical public mental health records practitioners can directly reference.

¹³ "Libguides: Mental Health Records at the Archives & Library of the Ohio History Connection," Mental Health Records at the Archives & Library of the Ohio History Connection, October 12, 2023, <https://ohiohistory.libguides.com/mentalhealth>.

¹⁴ "Libguides: State Hospitals: Historical Patient Records: Getting Started," State Hospitals: Historical Patient Records - LibGuides at Minnesota Historical Society Library, January 24, 2024, <https://libguides.mnhs.org/sh/gs>.

¹⁵ "Open Records Policy and Procedures," Texas Health and Human Services, accessed February 21, 2024, <https://www.hhs.texas.gov/about/contact-us/open-records-policy-procedures>.

¹⁶ "Sharing the History of ASH," Austin State Hospital Brain Health System Redesign (Austin, TX, 2021).

Project Work Plan

This project involves the collaboration of several organizations to provide the expertise and connections to the identified stakeholders. The Hogg Foundation for Mental Health will act as the backbone organizer for the multiple virtual convenings, one in-person convening, and a publication that synthesizes the discussion and results of all the convenings. Elizabeth Stauber, archivist and records manager for the Hogg Foundation, will manage the project.

The Hogg Foundation has an extensive history with the mental healthcare system in Texas. Specifically, for the last four years, the Hogg Foundation has worked with Texas' Health and Human Services Commission (HHSC), Austin State Hospital (ASH), and Dell Medical School at the University of Texas at Austin to develop a historical preservation program for the state hospital system in Texas by providing recommendations for administrators and legislators, working alongside ASH peer support to develop an oral history program, and managing a grant to the University of Texas at Austin to digitize historical hospital records. Through this work the Foundation has met others engaged in similar projects in other states and has identified common challenges, making the Foundation uniquely qualified to lead this work.

Background Research

The Hogg Foundation will manage the hiring and supervision of a Graduate Research Assistant (GRA) from the University of Texas at Austin School of Information who will conduct a landscape analysis over the 2024 fall semester. The GRA will:

1. identify mental health record preservation activities happening in different states,
2. summarize common challenges, goals, and outcomes of these activities,
3. begin the creation of a list of potential stakeholders that would be invited to participate in the virtual and in-person convenings, and
4. assist in the background research needed for developing research questions tailored for each stakeholder group.

As of the writing of this proposal, there are four identified stakeholders for public mental health records:

1. state archivists,
2. hospital administrators,
3. genealogists and researchers (including family members), and
4. people who have former lived experience in state hospitals (peers).

State archivists have the responsibility of preserving and providing access to state government agency historical records once the records are no longer in active use by the agency. Hospital administrators have the day-to-day responsibility of managing all the records pertaining to their hospital's administration. This responsibility primarily applies to active records, but many hospital campuses also house historical records that are the responsibility of the hospital administrator. Genealogists and family members have an interest in historical records that provide background on ancestors' location and life, and researchers have an interest in tracking the social, medical, and civil rights trends that can be found in these records.

Peers have the lived experience of being patients and receiving care in state hospitals. It is the lives of their historical counterparts that these records describe, and it is their lives that future historical records

will describe. Their viewpoints on what it would mean to have their stories told, how they should be told, what are the ethical boundaries of access, and whether these records should be preserved or disposed are essential. Each stakeholder group will meet at least twice virtually and a smaller cross-section will meet together in-person over 1-2 days.

During the background research the Hogg Foundation will identify and contract with a researcher who will attend each convening, take notes, and identify the overarching themes and ideas to include in a series of publications that will be published on the Hogg Foundation's website, the University of Texas at Austin's institutional repository Texas ScholarWorks, and promoted through the partner organizations' membership.

Virtual Convenings

Throughout 2025 the Hogg Foundation, with assistance from the partner organizations, will organize at least eight virtual convenings. Four initial convenings will separately gather hospital administrators, state archivists, peers, and genealogists and researchers to discuss challenges, needs, and potential uses of mental health records for each stakeholder group.

Assisting with the hospital administrators convenings, the National Association of State Mental Health Program Directors (NASMHPD) represents the \$41 billion public mental health service delivery system serving 7.5 million people annually in all 50 states, 4 territories, and the District of Columbia and is the only national association to represent state mental health commissioners/directors and their agencies.¹⁷ Leadership from NASMHPD will promote the virtual and in-person convenings to its members, and assist the Hogg Foundation in facilitating the virtual convenings that include hospital administrators.

Assisting with the state archivists convenings, the Council of State Archivists (CoSA) is a nonprofit membership organization of the state and territorial government archives in the fifty states, five territories, and District of Columbia.¹⁸ Leadership from CoSA will promote the virtual and in-person convenings to its members, and assist the Hogg Foundation in facilitating the virtual convenings that include state archivists. One potential pathway for the convening is through CoSA's existing monthly meetings for its members.

The Hogg Foundation has worked with several researchers in the field of mental health history who can help connect to others in the field, such as Dr. William Bush from Texas A&M - San Antonio and author of *Circuit Riders for Mental Health*, and Dr. King Davis from the University of Texas at Austin and project director for the Central State Hospital archives project and Austin State Hospital archives digitization project both referenced earlier. Additionally, the UT iSchool will promote the contract researcher position, the GRA position, and virtual and in-person convenings to other iSchools and researchers.

There are several genealogical societies such as the National Genealogical Society and the American Society of Genealogists that can be reached out to in order to tap into the genealogy community. The Hogg Foundation is currently in the process of reaching out to these organizations. Additionally, Dr.

¹⁷ "About Us," National Association of State Mental Health Program Directors, accessed February 21, 2024, <https://www.nasmhpd.org/content/about-us>.

¹⁸ "About CoSA," Council of State Archivists, accessed February 21, 2024, <https://www.statearchivists.org/about/who-we-are>.

Davis has previously worked with families of former patients on his Central State Hospital archives project and can help connect us to his network.

Connecting with peers who are open about their former experiences in a state hospital will be a challenge, however there are multiple methods that build on each other. The first method is reaching out to grassroots organizations across the country that serve to connect and support peers, such as the Fireweed Collective, the Wildflower Alliance, and the Hearing Voices Network USA. There are also peer-based organizations called “clubhouses,” which are community-based services dedicated to supporting and empowering people living with mental illness.¹⁹ The second method is using the peer support network managed by NASMHPD. The third method is to connect with trusted persons who are open peer advocates. The Hogg Foundation is known for funding and supporting recovery and peer-led projects in Texas, such as its peer policy fellow program.²⁰ The Foundation also has a peer and family support liaison on staff who can connect with trusted persons in the peer space. Because of the personal connection peers have to the history of state hospitals, reaching out these grassroots organizations and informal networks before having funding is risky when you want to build trust.

After each stakeholder group has had their initial meeting participants will be sent a survey that can be answered anonymously. The survey’s purpose will be to receive feedback on how the participants felt about the discussion, what participants would like to see in the next convening, and any remaining questions or ideas they have. Elizabeth, the GRA, the contracted researcher, and leadership from the partner organizations will identify commonalities and differences between the convenings, and use that information, along with the feedback from the survey, to shape a second round of virtual convenings.

The goal of the second round of convenings is to overlay the identified challenges and concerns from each stakeholder group. The entire project is built on discussion and learning, so the project is designed to be flexible based on these discussions. If in one discussion we learn that there is a need for development around a different idea then we will find a way to incorporate that idea into future discussions, as a future learning session for identified stakeholders, or as a topic in our report.

The Hogg Foundation will provide event support through the use of its institutional Zoom account and Qualtrics account for registration for the virtual convenings as well as the anonymous survey. Hogg Foundation staff are experienced in providing virtual event support from re-occurring informational webinars and virtual conferences.

The virtual convenings will be designed and facilitated with break-out groups so that a large number of participants can join, allowing us to keep the invitation open to all who are interested and identify with that stakeholder group. The virtual convenings will be designed based around research questions determined by the background research and consultation with the partner organizations and people. They will likely be 1-2 hours long, include (but not limited to) 20-50 people, and be structured around a mix of level-setting presentations, break-out groups, and large group discussion. It is anticipated that the first and second round of convenings will be structured similarly, but the research questions for the second round will build off of what was learned in the first round.

¹⁹ “What are Clubhouses?” Clubhouse International, accessed March 3, 2024, <https://clubhouse-intl.org/what-we-do/what-clubhouses-do>.

²⁰ “Mental Health Policy Fellow and Policy Academy,” Hogg Foundation for Mental Health, accessed March 6, 2024, <https://hogg.utexas.edu/what-we-do/policy-engagement/policy-fellows-academy>.

While the virtual convenings will be recorded to aid in the development of a comprehensive publication, we will inform participants that the meeting is being recorded when they register and at the beginning of the meeting. The Hogg Foundation will not publish or share the recorded meetings with anyone except for the contracted researcher. We will also obtain permission to quote people or anonymize if requested.

National Convening

While the virtual convenings are taking place, the Hogg Foundation will begin to organize a national in-person convening to take place in the spring of 2026 that brings together the stakeholders identified in the first two activities. The Hogg Foundation's events manager will provide support for the in-person convening by assisting in the booking of an event space, audiovisual equipment, refreshments, and other contracts needed. The in-person convening will be an opportunity for deeper connection within and between the stakeholder groups. It will provide a space for key participants from each stakeholder group to come together and develop solutions and potential models for how to manage historical public mental health records.

Participants for the in-person convening will be necessarily capped to less than 100 people to accommodate the physical space and costs. In order to ensure that participants at the in-person convening all start on the same page, attendees will consist primarily of people who attended at least one virtual convening. A more intimate conference will also aid in the goal of building strong connections.

The activities of the 1–2-day event will be primarily determined by the results of the virtual convenings through direct suggestions provided by participants in the meetings and in the survey sent to all participants. Some activities may also be determined by the Hogg Foundation and the partner organizations based on discussion trends and frequently expressed questions in the virtual convenings.

Potential activities could include time for participants to present and discuss how their states have managed historical public mental health records. Participants could use this opportunity to discuss common challenges for managing historical public mental health records, their solutions, and receive new ideas for old challenges. With the knowledge of how several states have managed historical public mental health records, participants can begin to create best practices and draft policy priorities for the more intentional management of historical public mental health records.

Another activity that could be included in the in-person convening are trainings on topics like privacy and HIPAA laws, records management, trauma-informed approaches²¹, and others identified in the virtual convenings. For trainings, we would contract with an expert in the field to lead a session.

The in-person convening is also an opportunity for participants to form deeper connections within and between the stakeholder groups. The work of managing historical public mental health records requires person-centered interdisciplinary knowledge, and the best method of achieving that is through collaboration with others who are also passionate about the work. However, it can be difficult to make these connections with people who are not in your field of work or experience, which is why an in-person convening that brings a cross-section of the key stakeholders together is essential to developing

²¹ SAMHSA's *Concept of Trauma and Guidance for a Trauma-Informed Approach* (Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014).

on-going models for collaboration. A goal for the in-person convening is to develop a network and strategies for on-going collaboration beyond the conclusion of this grant project.

The problem-solving oriented workshops would be facilitated using methods such as Liberating Structures²² and Results Based Facilitation²³. These facilitation methods ensure that everyone in the room has an opportunity to contribute and that the discussion is focused.

Publication

The final result of the project to be completed by the Hogg Foundation and the contracted researcher, will be compiling the learnings into a publication, as well as identifying future coalitions and activities that should be undertaken to further this work. This publication will be published on the Hogg Foundation's website and the University of Texas at Austin's institutional repository Texas ScholarWorks. The publication will be promoted by the Hogg Foundation and to the membership of the partner organizations. Shorter pieces on key ideas that emerge from the virtual convenings also will be published on the Hogg Foundation blog throughout the two years of this project to keep engagement and interest.

The publication will capture the key themes, challenges, ethical dilemmas, and solutions proposed by participants. It will also begin to shape these discussions into recommendations and best practices for managing historical public mental health records.

Diversity Plan

The entire project is built on bringing together diverse voices to discuss the challenges and opportunities of managing historical public mental health records. The iterative design of the convenings ensures that the results are not only the viewpoint of the Hogg Foundation, but rather of all the participants. Additionally, the eight virtual convenings are spread out over a period of a year preceded by four months of research and planning. Ensuring that there is ample time to be able to reach out to diverse audiences and respond effectively to feedback is crucial to any project that values diversity. When projects are short on time, organizers often rely on structures that exclude diverse voices.

State hospitals are places where people of all backgrounds have found themselves, so intentional consideration to include people with different lived experiences is necessary to ensure that respectful boundaries of access are identified. Due to the sensitive nature of the records, including people who have formerly been patients in a state hospital is essential to determine the boundaries of access. Peers been identified as one of the stakeholders for the virtual and in-person convenings. Because peers may have a more difficult time securing financial support from an organization to attend the in-person convening, funds have been allocated in the budget for scholarships. To cover all costs for peers, the Hogg Foundation will also contribute an additional \$10,000 for peer scholarships.

Additionally, segregation and disparate treatment of patients based on race, gender, and class is a part of the history of state hospitals. Intentional discussion will be included on the impact discrimination had on who were admitted, how they were cared for, who got discharged, and how this history informs the institutions today.

²² Henri Lipmanowicz and Keith McCandless, "Introduction," Liberating Structures, accessed February 21, 2024, <https://www.liberatingstructures.com/>.

²³ "Results Based Facilitation Network," RBF Network, accessed February 21, 2024, <https://rbfnetwork.com/new/>.

Researchers, like Dr. King Davis from the Central State Hospital project in Virginia, who work with historically segregated Black hospitals and examine the intersections of mental health and race have also been identified as important participants in the convenings.

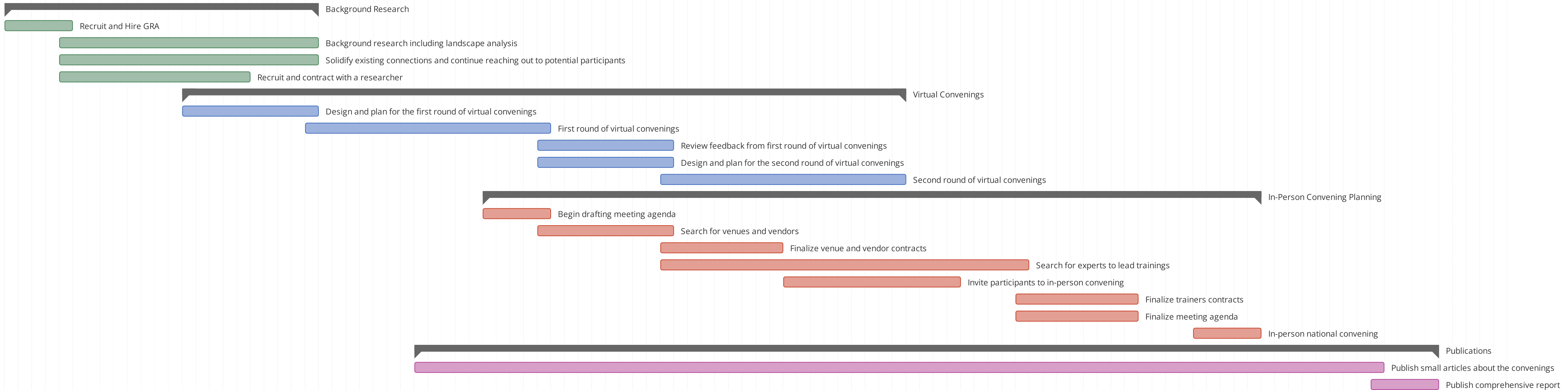
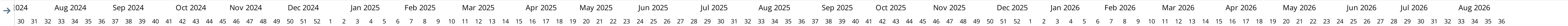
Project Results

An important project result is connecting key stakeholders of historical public mental health records together. Hospital administrators are not often in a position where they are interacting with state archivists, and state archivists are not necessarily in a position where they are speaking with peers about their lived experiences in state hospitals. Collaborative discussion between these different groups of expertise is unlikely to occur without deliberate organization, so a key feature of this project is to create pathways for discussion about how to manage historical public mental health records. The structure of this project achieves this result by first identifying people who have an interest in managing historical public mental health through the stakeholder virtual convenings, and then bringing participants with different expertise together for an in-person convening designed around collaboration and connection. As stated earlier, a goal for the in-person convening is to develop a network and strategies for on-going collaboration beyond the conclusion of this grant project. Some of these future collaborations could include the creation of an email listserv, an online forum or a Slack channel, a core committee that organizes regular meetings, and the development of related research, presentations, and publications from participants.

Another project result is creating a record of the discussions about managing historical public mental health records that others can reference later. Every discussion related to this work is important because the discourse does not have any precedents, which is why the project is structured such that a researcher is present from the beginning. From these discussions key ideas and questions will be highlighted in smaller publications published by the Hogg Foundation throughout the life of the grant as well as one comprehensive report written for the public at the end of the grant. The comprehensive report will also include thoughtful best practices on how to manage historical public mental health records derived from the discussions in the virtual convenings and finalized at the in-person convening. These best practices can be used by others engaged in this work years later.

Mental Health Records Convenings

Read-only view, generated on 28 Feb 2024



Type

The project will generate the following digital resources:

Digital Content	Quantity	File Formats	Required Metadata
Background research/landscape analysis	1	DOCX, PDF	Title, authors, date,
Zoom meeting recordings	8	MP4, TXT	Title, date,
Qualtrics registration for virtual and in-person convenings	100+	CSV, PDF	Title, date, participant name,
Qualtrics survey data	100+	CSV, PDF	Title, date, participant name,
Meeting agendas	10	DOCX, PDF	Title, date,
Notes from convenings	10	DOCX, PDF	Title, date,
Blog posts	2+	DOCX, PDF, HTML	Title, author, date,
Comprehensive report	1	DOCX, PDF	Title, author, date,

Availability

The blog posts, meeting agendas, background research/landscape analysis report, and comprehensive report will be available on the Hogg Foundation for Mental Health's website (<https://hogg.utexas.edu/>). The reports will also live in the Hogg Foundation's collection on the University of Texas at Austin's institutional repository, Texas ScholarWorks (<https://repositories.lib.utexas.edu/home>) as downloadable PDFs. These documents also will be accessioned into the Hogg Foundation's archive.

The Zoom meeting recordings, Qualtrics registration, Qualtrics survey data, and notes from the convenings will not be available to the public to protect the privacy of the participants. These documents will live on the Hogg Foundation's secure Box server and will only be accessible to Hogg Foundation staff and the contracted researcher. They will follow the University of Texas at Austin's records management policies and be disposed of properly by the Hogg Foundation's records manager when they meet retention.

Access

The background research/landscape analysis report and comprehensive report will be released under a Creative Commons Attribution-Noncommercial license and fully available to the public to download and reuse.

The Zoom meeting recordings, Qualtrics registration, Qualtrics survey data, and notes from the convenings will not be available to the public to protect the privacy of the participants.

Sustainability

All documents will be stored and secured on the Hogg Foundation's Box server during the course of the project and will be managed by the project director.

The Zoom meeting recordings, Qualtrics registration, Qualtrics survey data, and notes from the convenings will follow the University of Texas at Austin's records management policies and be disposed of properly by the Hogg Foundation's records manager when they meet retention after the completion of the project.

The background research/landscape analysis report and comprehensive report will be managed in two different repositories for long-term access and preservation. The first repository is the University of Texas at Austin's institutional repository Texas ScholarWorks (<https://repositories.lib.utexas.edu/home>) and the second repository is the Hogg Foundation's archive.

The blog posts and meeting agendas will be accessioned into the Hogg Foundation's archive after the completion of the project.