

Closing the Mental Health Gap
Gratitude Gardens & Sound Meditation Research Center

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TWC 443 Grant & Proposal Writing

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Fall 2020



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EXECUTIVE SUMMARY

This proposal is in response to the National Institutes of Health (NIH), “Low-Resource Settings Announcements.” We propose providing a safe space for long-term Mindfulness practice and gathering life-span data to help shrink the mental health gap. Further, by developing and testing innovative, evidence-based, mindfulness programs, we intend to help foster healthier communities with sustainable mental health support systems.

Genie Johnson

Science-based, Mindfulness Facilitator

EXECUTIVE SUMMARY

According to a National Institute of Health (NIH) study, “Nearly one in five U.S. adults live with a mental illness...” In 2019, among the 13.1 million adults with a serious mental illness, only 8.6 million (65.5%) had received mental health treatment in the past year (NIH, 2019). This represents a significant gap of individuals with serious mental illness who do not receive treatment (not including those with what’s considered mild mental health issues). For more than thirty years, National Institute of Mental Health researchers have been diligently making progress towards closing the mental health gap. Their mission “to transform the understanding and treatment of mental illnesses through basic clinical research” (NIMH, 2016), includes helping individuals with treatable mental health issues to find effective treatment. And while there are many successes worth highlighting in the legislative chronology and historical record of NIMH, our proposal addresses low-resourced and underserved populations as areas that are now due for further and *urgent* study.

Today, gathering life-span research and information on factors affecting the mental health gap is as *imperative* as ever. In this proposal, we’ll discuss in more detail, the

current situation and how our present state of political and social tensions also plays a role in the state of our nation’s well-being. We’ll discuss the low-cost, sustainable, evidence-based practice of mindfulness as a complimentary and/or preventative mental health measure, and introduce a plan for Gratitude Gardens, and Sound Meditation Research Center, as a safe space to begin a long-term Mindfulness Practice. We purpose introducing participants to three primary forms of mindfulness: mindfulness through sound meditation, mindful movement, and gardening, while simultaneously using basic, uncumbersome EEG technologies to gather real-time, scientific data.

As a science-based, Mindfulness Facilitator with over ten years of experience, a current student in Arizona State University’s distinguished Integrative Health program, and someone who has personally witnessed the effects of chronic stress on health and how it shrinks the mental outlook of individuals and families in low-income communities, I am both qualified and dedicated to public dialogue, education, and to finding new ways to help drive this issue to solution. With a qualified team of individuals like, community liaisons,

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researchers, and business-to-business partnerships and grants, I firmly believe we can work together to help change the culture around accepting qualified psychological help, establishing and maintaining personal balance.

The sum total \$8.5M budget outlined in this proposal is broken up into two phases: the initial plan-design-build and establishing of the Sound Meditation Research Center in the community, and secondly, establishing a renowned meditation garden and trails that would include community programs. Over time we can develop and test innovative strategies for effectively identifying and

remediating barriers to provision and receipt of evidence-based treatments that improve mental health outcomes, and ultimately create a model for cultivating and fostering healthy communities with sustainable mental health support systems.

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INTRODUCTION

The 55th World Health Assembly endorsed the World Health Organization's Mental Health Global Action Program (mhGAP) in 2002, effectively placing the persistent issue of the mental health gap on the world's public health agenda. "The gap" as it's referred to throughout this proposal, represents the number of individuals with treatable mental health issues, who do not receive treatment. Which brings us to the focus of this proposal – we want to find answers to "What exactly are the barriers to receiving, and providing, treatment for mental health issues?," so we can use that information to improve mental health outcomes for millions of Americans. More specifically, our focus revolves around why so many with treatable mental health issues in low-resourced, underserved areas, do not receive treatment in the U.S. As we collect that very specific data, our goal is to simultaneously introduce Mindfulness practice as an evidence-based, low cost, sustainable form of complimentary mental health treatment. Mindfulness has proven beneficial in psychological intervention programs, and has been proven to bring about various psychological effects including increased subjective well-being (Keng, et al., 2011).

However, in order to gather lifespan information on factors affecting the gap, we propose to open and provide a safe space to begin a long-term mindfulness practice - A Sound Meditation Research Center - as an ideal place to gather data, and to develop and test innovative strategies that include Mindfulness as practiced through sound meditation, in mindful movement, and later additionally introduce mindfulness while gardening as a stress reduction measure. In this proposal we'll discuss in further detail the background and present status of the issue, followed by a detailed outline of our research methodology, programs, and staffing objectives. Then we'll also discuss specific qualifications and experience of the ideal team, and the costs and benefits of your support. Let's begin.



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BACKGROUND

In 2002, recognizing a global need to address mental health issues, the 55th World Health Assembly endorsed the World Health Organization's Mental Health Global Action Programme (mhGAP), which helped to place mental health on the global public health agenda.

*BACKGROUND

As previously mentioned, in 2002, recognizing a global need to address mental health issues, the 55th World Health Assembly endorsed the World Health Organization's Mental Health Global Action Programme (mhGAP), which helped to place mental health on the global public health agenda. In 2004, WHO released findings that "up to half of all people with serious mental disorders in the United States (and several European countries) are not receiving treatment." The numbers crept up over the years and in a more recent study, of those surveyed, the treatment gap had risen to 56.3% of individuals with depression having not received any treatment in the past 12 months (Silva, et al., 2014). Thanks to a global and national focus on the issue, the numbers are now trending in a positive direction of closing the gap.

A recent PubMed Central article published in the U.S. National Institutes of Health's National Library of Medicine, laid out what was labeled as, "Four defining features of the global health landscape: (i) a lingering need to treat and eradicate infectious diseases, (ii) a growing need to address health issues related to noncommunicable diseases, (iii) **the persistence of profound health disparities,**

and (iv) the ongoing effects of climate change" (Abbas, et al., 2017). Globally, there is still a significant gap between the number of individuals in need of mental health care and those who actually receive effective treatment. This is also an issue that affects many of us locally, and some of us, much closer to home.

Our focus in this proposal, falls in the area of researching persistent, profound, mental health disparities, more specifically within low-resourced and underserved communities, and discovering new information about why so many do not receive treatment for these kinds of treatable disorders. Thanks to past initiatives a great deal of academic research has been done to help reveal causal factors of this "persistent issue," and have revealed viable, integrative medicine approaches that are proving to be helpful along the lines of closing "the gap." In this portion of the proposal, let's highlight some of that research and consider how we might build on and more effectively utilize this information.

Low-resourced communities, which includes many rural locations as well as many low-income communities within larger metropolitan areas, in general aren't able to

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afford health care costs for individual patients and lack the means to afford costs of building and maintaining good healthcare facilities for their communities. This not only makes them good candidates for considering low-cost, evidenced-based, integrative medicine options, but almost makes it a necessity to consider them since this translates as millions of Americans, 20% or more of our population in fact (Warsaw, 2017), that doesn't have convenient access to hospitals or healthcare. Integrative medicine, often thought of as complementary and/or alternative medicines, can include many different modalities. One in particular that I'll highlight is the well-researched modality of Mindfulness Based Stress Reduction as it relates to mental health issues. One of the pioneers of Mindfulness meditation in the west, John Kabat-Zinn, is often quoted defining mindfulness as "the awareness that arises from paying attention, on purpose, in the present moment, and non-judgmentally." The American Psychological Association purports findings that mindfulness practice not only increases a sense of well-being and lowers anxiety, "mindfulness may also be useful in altering affective and cognitive processes that underlie multiple clinical issues" (APA, 2012). I have personally found many benefits over the years in

practicing a particular form of mindfulness meditation that incorporates sound, like sounds of the crystal singing bowls. While there is research reporting beneficial effects of singing bowl sound meditation on Mood, Tension, and Well-being (Goldsby, et al., 2016), there is little to no research on the long-term benefits of mindfulness practice combined with sound meditation. "Molecular genetic studies are now explaining what happens with mind-body techniques such as relaxation therapy" (Micozzi, 2018, p3). And Mindfulness Facilitators can now use HeartMath Institute's emWave technology, and even utilize EEG monitor apps on their phones and laptops, to help students and clients capture real-time data on physiological markers that show how the practice is helping to affect their well-being. Current technologies make capturing verifiable, real-time data that's even more convenient for researchers. In my own experience over the years of leading mindfulness sessions with sound, I have seen medical doctors, whom I mistook to be using their phones too close to starting time, only later to observe that they were actually placing electrodes for portable EEG monitor apps which showed significant positive changes in the physiological markers that indicate a sense of well-being!

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Presently academic research is being done on national and global levels to help discern, and better understand the issues that create disparities in provision, receipt and benefit of evidence-based practices in low-resourced communities. In speaking with individuals from many walks of life, I have observed that belief systems and lack of urgency seem to present critical barriers to receiving mental healthcare as much as costs, or not having doctors or treatment centers available nearby. In addition to gathering new information regarding what causes the gap in mental healthcare, our goal would be to combine efforts with local healthcare professionals and community leaders, to help establish a model that helps communities create and realize their own blueprint of health. And outline their own unique strategic plans for sustainable, preventative and complimentary

mental health care options based on solid lifespan research.

In closing, closing the mental health gap is a global, national, and local issue that merits urgent attention. The effects of suffering with mental health issues on decision making, if not addressed can lead to outcomes like increased premature mortality rates and suicides, unemployment, poverty and homelessness and the kinds of issues that have a silent, negative impact on society. And these are family members, friends, voters, leaders, professionals, and everyday ordinary real people that need help. Together, we can find new information that will help individuals redefine what good mental health looks like for them, in turn helping communities, become better places to live for everyone.

*Research presently being gathered regarding how COVID has impacted mental health statistics.



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METHODOLOGY & PROGRAM GOALS

- Effectively identify and remediate barriers to provision, receipt, and benefits of evidence-based mental health practices.
- Develop and test innovative strategies focused on Mindfulness through sound meditation, mindful movement, and gardening.
- Help cultivate and foster healthy communities with sustainable mental health support systems.

METHODOLOGY & PROGRAMS

In this section, we'll shift our focus to solutions. We propose opening a Sound Meditation Research Center (SMRC) to gather lifespan data and information on factors affecting the present gap. While much research is being done in the area of Mindfulness, or sound meditations, we are now seeking to build on that knowledge adding new findings through long-term research. Our plan is to introduce three forms of Mindfulness practice as sustainable, evidence-based options in low-resourced, underserved areas. There are in fact, three primary objectives of the research center.

1. Effectively identify and remediate barriers to provision, receipt, and benefits of evidence-based mental health practices to improve mental health outcomes for low-resourced, underserved populations in the U.S.
2. Develop and test innovative strategies of evidence-based, low cost, sustainable mental health practices focused on Mindfulness through sound meditation, mindful movement, and a later phase that would expand offerings to include gardening.
3. Help to cultivate and foster healthy communities with sustainable mental health

support systems. Most essentially the goal of the center, would be to weed out chronic stress, before it could become chronic illness where ever possible.

To meet these objectives, we propose to open the Sound Meditation Research Center in two phases. Phase one would include: outlining methodologies for research and programs, herein presented, finding a suitable location and making it ready for staff, programs, and grand opening events while defining position descriptions, hiring key staff, and putting a strategic marketing team in place, and connecting with community mental health providers and leaders, i.e. Dr's, psychologists, nurses, hospitals, clinics, universities, in underserved areas. Phase one would take up to two years. And phase two, partially running in background of phase one, would be garden planning and landscaping that would take one to two years to establish well. In our next section, let's explore research methodology and each phase in more detail.

RESEARCH METHODOLOGY:

Demographics to include individuals of ages nine years old to mature adult, from underserved, low-resource areas. Consistently offered in same surroundings/room. Study to be approved by an accredited academic review board and consistently offered with high quality standards.

Initial Survey Design:

1. Short survey
2. Initial interview - geared to help discern mental health status, and treatment history
3. Take & record initial physiological measurements of anxiety levels.
(Em-wave HeartMath tech and Hospital Anxiety tests)
4. 30-minute sound meditation
5. Re-take readings and share live readings with participant
6. To close discuss proven benefits of practice and of long-term practice, and offer invitation to participate in the extended study
7. As they leave, share brochure listing all local mental health professionals, online options, and calendar of events at the center

Trained Researcher and Facilitator would create survey, interview questions, and take readings for anxiety levels before and after sound meditation sessions. Tests to consider: Profile of Mood States and the Hospital Anxiety and Depression Scale (Goldsby, 2016). One success measure would be that participants with mental health issues intend to go forward in getting professional treatment. Another would be that they decide to practice regularly. Note: it's important to encourage all participants for showing up to practice and/or participating in research that will also help others.

Sound Meditation Protocol:

Individuals can either lie down on their backs on provided matts or cushions or sit in a chair according to their preference. Crystal singing bowls (bells) tuned to 432hz 4th octave will be played with gentle tapping, and some tracing around the lip of the bowls as the primary instruments played. Up to 20% of the remaining time will be the sounds of the D#2 gong(s) and various gentle bells, and/or C2 didgeridoo. Participants will be lightly guided to begin to breathe slower and

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deeper to engage the body's natural relaxation response at the beginning of the session and 5 - 7 minutes of silence at the end to allow their senses to gently settle back into everyday awareness.

Participants can do initial interview twice if they choose to help capture normal numbers for their anxiety levels as first-time readings may reflect increased anxiety than normal levels. These initial interviews are offered in the same room, with relatively clear walls and neutral clinical décor, and can be offered one-on-one or in focus groups. This is designed to introduce them to mindfulness as well as encourage, inform, and expand options convenient to them for effective mental health treatment. All while researchers are collecting initial data sets.

After agreement to participate in long-term studies, participants will be invited to attend at least weekly sessions over a three-month period with readings taken twice a month. Regularly having participants at diverse age groups is preferred to collect wider range of lifespan data. Reporting to include regular weekly inhouse team reports to executive director in integrative team meetings and monthly overall reports to any governing boards. One success measure for these interviews is that participants with mental health issues would want to get treatment and/or plan to get treatment. Another is that they do seek treatment. Other measures of success might be if they would tell a friend, start a personal regular practice, and overall community engagement of the research center.

PROGRAMS AND OFFERINGS (OPEN TO GENERAL PUBLIC):

(Mental Health Research)

Sound Meditation

Practice Rooms

Community Garden

Healthy Community Initiatives

Reading Room, Hospice Day, ...

Lectures & Events

Sound Meditation-

Regular sound meditation sessions with mindful movement and light stretching in acoustically designed meditation studio. Mindful movement will be used in sessions as opposed to any one branch or school of yoga as it's more relatable to the general public. Ideally, each participant will have a calming experience in a secular zone where they feel safe to practice secular mindfulness. All sessions have invitations to join research at end and/or direct them to a table of flyers for more information.

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Practice Rooms-

Designated, relatively small, sound-proof rooms, for individuals to sit in silent meditation, and/or practice sound meditation with singing bowls, or the voice for humming and other vocalization, and other instruments of choice without having to be concerned about interrupting neighbors. This can also be a community initiative for students that need to practice their instruments for band that may or not be able to freely do so at home.

Gardening for Stress Relief-

This is a key offering designed to provide a mindful gardening experience. Programs geared around mindfulness and reflection. Harvest from community gardens will go to local shelters and have designated times for hospice focused mindfulness classes.

Healthy Community Initiatives:

Hospice Day-

Meditations designed for those able to come, for caretakers and/or for family, these sessions are designed to help prepare individuals to mindfully walk through the process of death and dying, grief and loss. This is a healthy community initiative because our society can do so much better in terms of the larger conversation on death and dying.

Family Day-

Offering children's gardening, garden walks, and parent's time to meditate, with or without children.

A Reading Room-

Books and magazines on mindfulness and other informational materials on gardening. Individuals can find a quiet cozy spot to curl up with a good book and/or participate in book clubs that will offer occasional guest speakers.

Phase I.

Location-

Establishing a location and signing a year's lease if leasing will be the first order of business. Followed by setting up offices, meditation studios, and all work spaces and preparing staff roles.

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The interview process will ensure a well-qualified, dedicated team of individuals passionate about the work.

Staff Plus:

Now that we've outlined our methodologies and programs, the next step would be to define key staff and then research and hire a strategic marketing team. In terms of initial staff, we would need to consider the following roles:

- Executive Admin/Community Liaison
- Office Manager/Volunteer Coordinator
- 3 Meditation Facilitators - Contractual bases
- Grounds Keeper/Master Gardener
- Utilities and Cleaning Crew (if our responsibility)
- Marketing and IT Firm - Contractual bases
- Researcher/Report Writer
- Executive Director

As the location is completed and staff roles are filled, we should move forward with researching and hiring the strategic marketing crew as one of the first contractual hires so they can begin the process of making community connections and outreach.

Phase II.

Gardens-

This phase would entail creating a public meditation garden. Landscaping is to include well-appointed benches throughout gentle walking trails for contemplative meditations and mindful self-reflection. This would not only help add to beautiful surrounds that inspire a sense of well-being, but also add an element of community involvement as neighbors have an opportunity harvest for local shelters.

General Order of Opening Operations:

- Purchase land, plan, build, landscape
- Researching/recruiting potential personnel

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- Initiating community relationships & creating comprehensive booklet of area mental health facilities, mindfulness facilities, and online options
- Complete building & furnish
- Hire personnel in passes
- Physical move in for 2 – 3 weeks
- 1 - 2 months of getting settled, and creating team rapport
- Primary public opening events 2 weeks
- Begin regular programs (outline a 6-month plan to introduce ourselves to the neighborhood)

Initially we will consider and contrast all regular operating costs month-by-month and year against year for at least the following line items.

Out	In
Salaries and medical	Tickets and parking to walk the gardens
Utilities and Cleaning Crew	Special events – ours and rentals
Insurance(s)	Practice room rentals
Equipment IT maintenance expenses	Session fees (for those not in research programs)
Marketing for first 2 years	Reading room fees
Gardening up keep	
Travel/training	

In closing, creating longstanding professional relationships with people and organizations interested in this cause, began with sharing this proposal with you, and continues through the planning building and hiring stages, and beyond. To stand this facility up, for research, to produce, & provide effective integrative mental health model(s), and to be a safe space for people to begin an invaluable practice, is going to take time, and a team dedicated to seeing this through. It will take all of us - caring, to close the gap.



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QUALIFICATIONS

For over ten years, I've worked as a science-based, Mindfulness Facilitator specializing in sound. My personal practice stems back twenty plus years and I expect to be sharing these practices for many years to come, with those who understand that exercising the brain is equally as important as exercising the body. As the team of qualified, experienced individuals gathers, attributes like caring and genuine concern for others will be required for our collective success. In a time when "empathy fatigue" is a reality for so many health care workers, it's up to all of us, to care. It will take all of us - caring, to close the gap.

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QUALIFICATIONS

While gathering research, we intend to offer people a safe space to learn about and begin a long-term mindfulness practice. There are three objectives to reiterate here. First, providing the space within the context of a larger mental health community. Second, produce lifespan research that would help close the mental health gap. And lastly, proving mindfulness practice, as a cost effective, sustainable, complimentary option to mainstream medicine and/or as a preventative measure. Along these lines, my relevant qualifications are as follows.

Mindfulness Facilitation: I have over ten years of experience as a Mindfulness Facilitator specializing in sound, leading classes and small groups, workshops and events, and personal sessions with people from many walks of life including professionals in the medical industry like, doctors, nurses, and social workers.

Scientific Background: Originally, I studied engineering at the University of Arkansas where I developed a keen understanding and appreciation for the science and art of problem solving. Presently, as a student in ASU's Integrative Health program, I've learned a great deal about scientific research and presenting results, in classes like social statistics, and I

am becoming increasingly familiar with the intricacies of the state of healthcare system in the US. I've recently agreed to serve on the Student Advisory Council for the Integrative Health Dept. and look forward to working with professors and staff in learning and discerning how curriculum is chosen and observing how curriculum influences the field and vice versa.

Community Outreach: With over eight years in the nonprofit arena, including work as an Associate Director of Congregational Life in a religious organization/church— I've learned to clearly define aspects of a healthy, thriving community. I helped recruit high level volunteers and donors, helped prepare curriculum and training materials, and led trainings. All of which will contribute greatly to helping to get a research center of this kind started. Working with a municipality as an assistant to the library director, I sat in on various board meetings and strategic planning sessions for expanding the city library system. In addition, working as a community liaison for both a municipality and two different churches, I learned to initiate, and maintain healthy professional relationships across the community.

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Volunteer Experience: As a mom, and a volunteer, I sat on boards with two different Independent School districts. First, I served in Dallas ISD with the principal's advisory council at Anne Frank Elementary. A council which included the deputy mayor, key teachers and administrators. And at McKinney ISD, I also served a full season there attending meetings to help outline the strategic initiatives for the district.

As a matter of initiative, I am currently a member of [Joan Garry's](#) Non-profit Leadership Lab, learning from an highly awarded, experienced professional in the industry, about how to build and manage a thriving professional team from board to staff.

Initial Staffing needs are mentioned in the planning section and are to include; Executive Admin/Community Liaison, Office Manager/Volunteer Coordinator, Meditation Facilitators, Landscaper, Utilities and Cleaning Crew, Marketing & IT Consultants, Researcher/Report Writer, and Executive Director. My goal in addition to education and experience, would be to interview for attributes that would help create a dedicated, cohesive team.

To close, a word about what makes me uniquely qualified to lead this project. It's a function of personal and professional

experience, skills, and education combined with passion for the work. Years of experience and continued service as a Mindfulness Facilitator, and continued pursuit of knowledge, demonstrate dedication to learning and sharing that knowledge through facilitated practices. But, having grown up myself, in a low-resourced, underserved community, and having personally survived and thrived through what could have been my own mental health crisis, I genuinely understand the gravity of the issue of the gap. I've seen the effects of chronic stress, over time left unaddressed, and how it turns into health issues. And I've observed how those issues can affect families and communities, and the dangers of not addressing it in part informs my driving desire to help make things better. I come to you as one who would build on sound science to help heal the mind/body system and I believe in the positive impact that can have on the community. And I understand that finding the best team is critical to the long-term success of the Sound Meditation Research Center.

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CONCLUSION

In conclusion, let's highlight some of the things we've talked about throughout the proposal and point out some of the benefits of opening the Sound Meditation Research Center (SMRC). In the background section of the proposal, we discussed the relevance of the mental health gap now being on the global public health agenda. More and more global and national organizations are funding research to improve this persistent issue and seeing to it that people with treatable mental health issues are receiving, evidence-based, mental health care that they need. This in a most integral and fundamental effort to better understand mental disorders and improve the health of our nation. In the Programs and Methodologies sections, we discussed innovative long-term methodologies, that furthers prior research and gathers new information on issues affecting the gap, and brings us that much closer to closing it. Beyond that, SMRC would expound on the local mental health community's interest in gathering scientific research in this area, and begin to create foundational models that initiate more systemized, community-wide support of mental health. Exploring avenues that can help inspire and direct those in need of mental healthcare to area doctors and clinics. Through Mindfulness practice and

community gardens, we can connect with area shelters and hospices to further support community ties and initiate cultural changes in how we do healthy communities. We further discussed my personal experiences, qualifications, and dedication in this field, and touched on the altogether approximate \$8.5M price tag (See Appendix A) associated with both phases of this project combined and a rough project timeline.

We can do this. With your help, we can build this Center as a safe place to begin a long-term mindfulness practice, and given the national climate and state of racial and political tensions, it's necessary to build more institutions that bring us together and collectively define healthy ways for individuals in our communities to thrive.

In an Escape Fire movie interview, a film addressing the current state of the U.S. Healthcare system, Dr. Donald Berwick, the then acting Director of the Center for Medicare/Medicaid said, "Not just the health of Healthcare, we're talking about the health of our nation." (Berwick, 2012) I personally, remain hopeful that the studies, work, and research, that we as students and professors, and as Integrative professionals are now doing, will contribute to a more sustainable,

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patient-centered system that is based on a more holistic approach to all the dimensions of health.

In this proposed venture, I'm not only presenting one viable way to proactively manage the changing landscape of healthcare, beginning with the individual, and the individual community. I'm also stressing that we can use this opportunity to initiate an ongoing public dialogue and

strategically and sufficiently work the issue, until it's no longer such a daunting task to seek professional mental healthcare. I hope that you'll play a role as a contributor and supporter of this work. Thank you, for your consideration and review. For further conversation, please contact me, Regina (Genie) Johnson, (469) 430-4129 cell or via email, genie@soundmasseuse.com.

REFERENCES

- National Institute of Mental Health (2020), National Institutes of Health, <https://www.nimh.nih.gov/health/statistics/mental-illness.shtml>
- National Institute of Mental Health (2020), National Institutes of Health, The NIH Almanac <https://www.nih.gov/about-nih/what-we-do>
- World Health Organization, (2008). mhGAP Mental Health Gap Action Programme. Geneva, Switzerland; https://apps.who.int/iris/bitstream/handle/10665/43809/9789241596206_eng.pdf
- Keng, S.L., Smoski, M.J., Robins, C. J., (2011). Effects of mindfulness on psychological health: A review of empirical studies, *Clinical Psychology Review*, Volume 31, issue 6, Department of Psychiatry and Neuroscience, Duke University, Durham, NC <https://doi.org/10.1016/j.cpr.2011.04.006>
- WHO. (2008). mhGAP Mental Health Gap Action Programme. Geneva, Switzerland; WHO. https://apps.who.int/iris/bitstream/handle/10665/43809/9789241596206_eng.pdf
- Abbas, J. J., Smith, B., Poluta, M., & Velazquez-Berumen, A. (2017, March 29). *Improving health-care delivery in low-resource settings with nanotechnology: Challenges in multiple dimensions*. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5998261/>
- World Health Organization. (2010, December 7). *WHO world mental health surveys find mental disorders are widespread, disabling and often go untreated*. World Health Organization. <https://www.who.int/mediacentre/news/notes/2004/np14/en/>
- De Silva, M. J., Lee, L., Fuhr, D. C., Rathod, S., Chisholm, D., Schellenberg, J., & Patel, V. (2014, April). Estimating the coverage of mental health programmes: a systematic review. *International journal of epidemiology*. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3997372/>
- Warshaw, R. (2017, October 31). Health Disparities Affect Millions in Rural U.S. Communities. AAMC. <https://www.aamc.org/news-insights/health-disparities-affect-millions-rural-us-communities>
- Kabat-Zinn, J. (2017). Jon Kabat-Zinn: Defining Mindfulness, what is mindfulness? The found of mindfulness-Based stress reduction explains, [mindful.org](https://www.mindful.org/jon-kabat-zinn-defining-mindfulness/)
- Kabat-Zinn, J. (2003). Constructivism in human sciences, *Center for Mindfulness in Medicine, Health Care and Society, University of Massachusetts Medical School, Worcester, MA 01655* Vol. 8 (2), 2003, p.73-107

CLOSING THE GAP

Davis, D., et al. (2012). What are the benefits of mindfulness?. American Psychological Association. July/August 2012, Vol 43, No 7

Goldsby, T. L., Goldsby, M. E., McWalters, M., & Mills, P. J. (2017, July). Effects of Singing Bowl Sound Meditation on Mood, Tension, and Well-being: An Observational Study. *Journal of evidence-based complementary & alternative medicine*.
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5871151/>

Micozzi, M. S. (2018). *Complimentary, alternative, and integrative medicine* (6th ed.) Elsevier. St. Louis, Missouri

Goldsby, T. L., Goldsby, M. E., McWalters, M., & Mills, P. J. (2017, July). Effects of Singing Bowl Sound Meditation on Mood, Tension, and Well-being: An Observational Study. *Journal of evidence-based complementary & alternative medicine*.
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5871151/>

Gary, J., (2020), Joan garry consulting, Annenberg School for Communications at UPenn.,
<https://www.joangarry.com/>

Escape Fire Movie. (2012). *Escape fire: the fight to rescue american healthcare system* [Video]. YouTube. <https://youtu.be/89nnsWZhkI4>

Current numbers provided based on local McKinney, TX commercial real estate figures.

Land/Plan/Build		
Item	Costs	Timing/notes
Land Purchase ≥ 30 acres	\$2M	By January 1 – Begins Schedule
Agent Fees/Taxes		
Plan/ Architect Firm	\$136,000	Plans complete by 3/15/21
Permits /Insurances		
Construction Firm/Costs	\$2M	
Itemized later		
Building Materials		Construction starts 6 /15/21
Itemized later		
Land & Gardens Landscape Architects	\$2.5M	
Grass		
Trees & shrubs		
Art		
Water feature		
Fire feature		
Benches/Trash cans/signage		
In-ground speaker system (for walking trail)		
Grounds Keeper/Master Gardener	-\$53,636K annual	Hired During Planning
	T \$6,636,000M	Construction complete 11/21

Personnel		
Position	Annual Salary/ Med	
Executive Administrative Assistant/Community Liaison	*50K/3,636K	
Office Manager/Volunteer Coordinator	*50K/3,636K	
3 Meditation Facilitators	*50K/3,636K x3	
Researcher/Report writer	*50K/3,636K	
Grounds Keeper/Master Gardener	*50K/3,636K	
Executive Director	*50K/3,636K	*All the same to start
	T \$429,088./year	
Consulting Labor & Operating		
Utilities	\$6K	
Cleaning Crew	\$40K	
Marketing/Web	\$20K	
IT Firm	\$20K	
Soft/App Fees/Use Licenses	\$7K	
*Volunteer Stipends	\$10K	
One time Trainings – MBSR, Sound, Safe Yoga/Stretching Payroll & Research Software	\$10K	
	T \$113K	
	Grand T \$542,088.00	First Year

Finish Out Facilities		
Item	Cost	
Annual Lease (if leasing)	\$2.5M	
Insurance	\$5K/yr	
Furnishings/Design Consultants –	\$15K	
8 Offices	\$56K	
Lobby/Atrium	\$70K	
4 Sound Meditation Prac Rooms	\$20K	
Reading Room +Books & computers?	\$80K	
2 meditation Studios + Equipment	\$30K	
gongs1 60” 2 40”	\$100K	
Crystal & metal bowls	\$100K	
Projectors & install	\$30K	
Research Lab	\$30K	
Kitchen + appliances	\$50K	
Patio	\$40K	
Conference Room	\$20K	
Supply/Mail Room/Copier+	\$20K	
Phones/Intercom/security	\$40K	
Art	\$300K	
Office equipment & Supplies	\$200K	
Restroom Supplies	\$6K	
Travel & Misc - 1 st Yr	\$100K	
T	\$1,312,000M	w/Lease \$3,812,000M
Grand Total Year 1 (all 3 pages)	\$8,490,088M	\$4,354,088M w/Personnel

You Are -

Cherished and **P**OWERFUL

beyond what you know,

Capable of healing, health, & well-being

and deserving of a wonderful life - now.

It's up to you.



Gratitude Gardens & SMRC 

Helping grow thriving communities, through mindfulness and sound meditation.

Weeding out chronic stress, before it can become chronic illness.

Image: Garvan Gardens in Hot Springs, AR
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