

N.E.W. Mental Health Connection

Community Mental Health Needs Assessment Final Report 2015

N.E.W. Mental Health Connection

Fox Cities Mental Health Needs Assessment

Introduction

The following Comprehensive Report summarizes information that cuts across all of the components of this study: the secondary research, focus groups, general public survey, provider survey, referral agent survey and the consumer survey. The content of the report is organized around the research objectives.

Research Team

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Research Objectives

The Community Mental Health Needs Assessment project seeks to identify levels of knowledge and perceptions of Mental Health in the Fox Cities area of Outagamie, northern Winnebago and northern Calumet Counties. The specific research objectives include:

- 1) Provide a foundation of knowledge about mental health incidence, access, barriers and potential gaps using secondary data.
- 2) Assess mental health literacy, identify incidence levels of mental health conditions, assess access to care, and identify barriers & gaps in care among the general public.
- 3) Assess access, barriers and gaps in the services provided as identified by consumers of mental health services.
- 4) Examine services provided, capacity, and gaps in services available from providers & referral agencies.
- 5) Analyze all data and develop a report that presents findings concerning mental health literacy, mental health needs, and the services and gaps in the treatment system of the Fox Cities.

Methodology

To meet the research objectives, the Strategic Research Institute (SRI) divided the project into two broad phases. Phase one yielded information that was utilized to design Phase two.

Phase one, undertaken in the summer of 2014, examined existing secondary data and conducted focus groups with the general public, mental health care providers and those who refer individuals to mental health providers.

Phase two consisted of conducting surveys of the general public, consumers who are currently using mental health services, providers of mental health services and referral agencies. Phase two was implemented from October 2014 to January 2015.

Phase One Research

Secondary Research

To meet the secondary research objective, all readily available secondary sources were culled for relevant data that assist in informing the successive stages of the project. Some of the sources utilized included the LIFE Study reports, the results from previous Behavioral Risk Factor Surveys conducted by the SRI, Youth Risk Behavior Surveys, data from the Centers for Disease Control, hospital health assessments, and any other relevant data from public or private organizations involved in serving mental health consumers. See the complete Secondary Research Report under Tab 3 of this Report.

Focus Groups

Focus groups were conducted with members of the general public, providers, and referral agents to learn about the public's mental health literacy and access to care, and to understand the perception of treatment providers and referral sources about trends in mental health needs and access to treatment. Aside from providing important qualitative data, the focus group facilitated the design of the surveys with the four target survey groups. All focus groups were facilitated by Dr. Lora Warner.

The public focus group was composed of five men and six women residing in various communities in the Fox Cities, including Little Chute, Menasha, Neenah, and Appleton. Participants were recruited through random selection by the SRI and ranged in age from mid-30s to upper-70s, with most participants in their 40s or 50s. Most had lived in the area for more than 20 years. Participants were introduced to the purpose of the project, provided information

for informed consent, and discussed plans for the conduct of the group. An incentive payment (\$50) was made at the completion of the focus group. Only a few participants completed a written worksheet. Many of the participants had direct experience with mental illness in their family. In fact, some wondered if that was why they were selected for participation. For some, there may have been a self-selection process occurring in their decision to participate.

The focus group with mental health providers consisted of eight professionals working in the field of mental health services. The provider focus group met at St. Elizabeth Hospital on the evening of June 25, 2014 with participants that were recruited by representatives of the N.E.W. Mental Health Connection (NEWMHC). The composition of the group was quite varied: participants represented public and private organizations from around the Fox Cities area and served a variety of types of clients and conditions. Members of the group were quite experienced: three currently held administrative positions and all but one had practiced for more than 10 years overall. Two had held positions in the Fox Cities for more than 10 years, six for between three and 10 years, and two for less than three years. They were not paid for their time

The focus group with referral agencies consisted of eleven agency representatives who make referrals for mental health treatment. This focus group was held in the afternoon of June 26, 2014 at the ThedaCare Behavioral Health Center in Menasha. Nine indicated work settings described as nonprofit, while one represented law enforcement and another was a hospital emergency room physician. They completed written responses to questions that were being posed by the facilitator. The number of referrals made per month varied greatly across participants: one participant reported making 1 to 5 referrals per month, five reported making between 10 and 30 referrals a month, and two made over 100 referrals monthly. See the complete Focus Group Summary Report included under Tab 4 of this report.

Phase Two Research

General Public Survey

The SRI fielded a telephone survey of approximately 12 minutes in length designed to collect information from a random sample of residents who live in the defined geographical area of Outagamie, northern Calumet, and northern Winnebago Counties.

A total of 400 interviews with randomly selected residents were conducted October 22 to November 17, 2014. The margin of error for this sample is +/- 5% at the 95% confidence

interval. The sample included 25% cell phone and 75% landline phone interviews. The sample was statistically weighted by age and gender to accurately reflect the demographic makeup of the study area.

The questionnaire was developed in conjunction with the NEWMHC planning group. The questionnaire design process was an interactive process in which the SRI designed the initial draft of the questionnaire based on the information needs of the NEWMHC and the results of the secondary and focus group report. The NEWMHC planning group reviewed the questionnaire and made recommendations for modifications. The SRI made all of the final decisions on the final question wording, location of the questions in the questionnaire, and other methodological decisions to insure that the research met the methodological standard of the research industry. Open-ended questions were also included. See the complete General Public Summary Report under Tab 5 of this Report.

Provider Survey

The provider survey was conducted as an online survey using the SRI's Qualtrics survey system from December 3, 2014 to January 13, 2015. The NEWMHC created a data base of mental health care providers in the Fox Cities area. The list consisted of 300 providers in the study area. An e-mail invitation to all 300 was sent on December 3, 2014. A reminder was sent from Amanda Matthews of the NEWMHC, as well as another reminder sent from the SRI to encourage participation. A total of 105 surveys were completed. Some of the invitations were sent to a lead individual in an organization and then may have been forwarded to other providers in their organization. As a result, a definitive response rate is difficult to measure. Overall, the response rate appeared to be quite good. From the 300 e-mail invitations sent, 118 or 39% were opened. This means that in 182 cases, the e-mail invitation may not have made it past the organization's spam filtering system or that the individual may have decided not to open the e-mail. Of the 118 that were opened, 69 (58%) completed the survey; an additional 36 providers who may have received a forwarded invitation from the person who was sent the original e-mail invitation also completed the survey. It is not possible to have a clear measure of the response rate since the total population of those who received the survey cannot be determined. See the complete Provider Summary Report under Tab 6 of this Report.

Referral Survey

The referral survey was conducted as an online survey using the SRI's Qualtrics survey system from December 16, 2014 to January 13, 2015. For the sample, the NEWMHC created a data base of referral agencies in the Fox Cities area consisting of 62 referral agents or agencies in the study area. An e-mail invitation to participate was sent to all 62 agents on December 16, 2014.

A reminder was sent from Amanda Matthews of the NEWMHC, as well as another reminder from the SRI to encourage participation. A total of 22 surveys were completed. Some of the invitations were sent to a lead individual in an organization and then may have been forwarded to others in their organization. As a result, a definitive response rate is difficult to measure. From the 62 e-mail invitations sent, 41 or 66% were opened. Of the 41 that were opened 11 (27%) completed the survey; an additional 11 also completed the survey. The additional completions are from those who may have had the original e-mail invitation forwarded to them. Once again, it is not possible to have a clear measure of the response rate since the total population of those who received the survey cannot be determined. See the complete Referral Summary Report under Tab 7 of this Report.

Consumer Survey

The NEWMHC identified 14 mental health providers who agreed to invite some of their clients who were there to receive mental health services to complete a brief survey while at the provider's office waiting for their appointments. The providers included the following: Outagamie County, National Alliances on Mental Illnesses (NAMI) Fox Valley, Friendship Place, Catalpa Health, Lutheran Social Services of Wisconsin and Upper Michigan, CHAPS Academy, ThedaCare Behavior Health, Reach Counseling Services, Sexual Assault Crisis Center (SACC), The Samaritan Counseling Center of Fox Valley, Partnership Community Health Center, Family Services of Northeast Wisconsin, Affinity Health System, and Bletzinger House/Rehabilitation House. Packets of surveys were prepared by the SRI and distributed to the 14 providers on December 5, 2014. Each packet contained 50 surveys and 50 envelopes into which the respondent would put their completed survey and then seal the envelope to protect confidentiality. The packets were then picked up by the NEWMHC and provided to the SRI.

Providers were asked to administer the surveys the week of December 8th by selecting 10 clients each day at different times of the day to complete the survey. The questionnaire was two pages in length. Surveys were completed by 291 consumers, or in the case of children as clients, the surveys may have been completed by a parent or guardian. It should be noted that this is not a random sample of mental health clients in the Fox Cities area. This was a nonprobability convenience sample. Therefore, generalizing from this nonprobability sample and drawing inferences to the broader population of consumers who are receiving mental health services is not advised. See the complete Consumer Summary Report under Tab 8 of this Report.

Note: Some percentages in graphs and tables may not total 100% due to rounding.

Executive Summary of Key Findings

Mental Health Literacy

- ❖ The public appears to have a fairly high level of literacy in terms of identifying what is and what is not considered a mental illness. When asked if a series of conditions were considered a mental illness vs. a general health illness, most members in the public classified the conditions correctly. About 69% to 92% of respondents correctly classified bi-polar disorder, obsessive compulsive disorder (OCD), depression, anxiety disorders, and eating disorders as mental illnesses while 92% correctly classified high blood pressure as a general health illness and 88% correctly classified ulcers as a general health illness. There was some variability on alcohol dependence (56% say mental illness, 25% general health), attention deficit disorder (ADD)/attention deficit hyperactivity disorder (ADHD) (56% say mental illness, 36% general health), drug dependence (54% say mental illness, 26% general health) and Alzheimer's (54% say mental illness, 40% general health).

- ❖ The vast majority (72%) of the public believes we all have a responsibility to provide the best possible care for those struggling with a mental illness but the public is split on whether they think people in general are caring and sympathetic to people with mental illness (51% agree and 49% disagree).

- ❖ The public agrees that:
 - Children with mental illness can grow up to be productive adults (98%).
 - Having the support of family significantly helps those with mental illness (99%).
 - They would suggest counseling if a relative is depressed (96%).
 - Mental illness can be effectively managed (97%).
 - Modern drugs can control mental illness (84%).

- ❖ A relatively low percentage of the public (23%) believes that people with mental illness need to work on their problems themselves. Some of the participants in the public focus group suggested that people suffering from depression could be perceived of as lacking willpower. As one participant said, "If they just get over it, they will be okay. They're not trying hard enough to get out of it."

- ❖ More than 80% of the general public believes that mental illness is caused by traumatic or negative events, chemical-biological-inherited factors, relationship factors, lack of social support, the way the person was raised, or general stress; fewer think mental

illness is due to a lack of willpower (48%), personal character flaws (42%), or God's will (28%).

- ❖ The majority (92%) of the public would be likely to seek help for a friend or family member showing all of the possible mental illness symptoms.

Incidence of Mental Illness

- ❖ There are definitely mental health concerns among the general public as well as providers and referral agents. When looking across all surveys, depression, anxiety disorders, suicide thoughts or attempts, and bi-polar disorder seem to consistently have a spot near the top in terms of prevalence. According to the Centers for Disease Control and Prevention, "anxiety disorders, which include panic disorder, generalized anxiety disorder, post-traumatic stress disorder (PTSD), phobias, and separation anxiety disorder, are the most common class of mental disorders present in the general population." (<http://www.cdc.gov/mentalhealth/basics/burden.htm>)
- ❖ The public (67%), providers (89%) and referral agents (91%) all see mental illness as a "very serious" or "moderately serious" problem in the Fox Cities area.
- ❖ The public (58%), providers (68%), and referral agents (73%) also all say that mental illnesses have increased in the past few years in the Fox Cities area; however, they feel that the mental illnesses in the Fox Cities are about the same as in other communities in Wisconsin.
- ❖ Providers identify suicide ideation or attempts as the most serious problem in the Fox Cities; 72% say it is "very serious" and 24% say it is "moderately serious." Other mental health conditions that providers identify as "very serious" include: depression (53%), prescription drug dependence (51%), illegal drug dependence (44%) and alcohol dependence (44%).
- ❖ Many of the conditions that providers identify as "very serious" are also the conditions that they say are increasing. The conditions that providers see as increasing include: suicide ideation or attempts (69%), prescription drug dependence (65%), depression (65%), illegal drug dependence (59%), PTSD (58%), and anxiety disorders (55%).

- ❖ Calumet (2.5 days) and Outagamie (2.3 days) County residents tend to have slightly fewer poor mental health days a month than the state average of three days in 2014. Winnebago County residents had about the same number of poor mental health days as the state in 2012 & 2013 (3 days), but exceeded the state average in 2014 of three days with an average of 3.4 poor mental health days. Source: County Health Rankings.
- ❖ Suicide rates in Winnebago County exceeded the state suicide rate per 100,000 population in 2007 (WI-12.8; Winnebago-14), 2010 (WI-13.9; Winnebago-17), 2011 (WI-12.9; Winnebago-14.3), and 2012 (WI-12.8; Winnebago-18.4). Source: WI Department of Health Services.
- ❖ Sixty percent (60%) of the general public survey respondents say they personally have, or have a family member who has been diagnosed with a mental illness, had counseling, or have taken medications for mental health reasons. The mental illnesses they identified most often were depression, anxiety disorders, bi-polar disorder, and ADD/ADHD.
- ❖ Diagnosed mental illnesses seem to vary significantly by county with Calumet County having a much lower percent of mental illnesses diagnosed than Outagamie and Winnebago Counties.

Access and Barriers to Mental Health Services

- ❖ Two of the most significant barriers to mental health treatment in the Fox Cities, as identified by a large percentage of both providers and referral agents, are the shortage of psychiatrists and a shortage of providers in general. These results clearly demonstrated a significant need for an adequate number of providers in the Fox Cities area to help those who have mental illnesses. This concern was corroborated across most of the data sources. In addition, there can be a long waiting period to to see this type of provider.
- ❖ A related issue is the lack of availability of qualified professionals to treat some of the most prevalent mental health concerns of area residents. The kinds of mental health problems that seem to be most prevalent include depression, anxiety, alcohol dependence, and misuse of prescription and illegal drugs. While most professionals from the provider survey reported a high level of comfort treating depression or anxiety,

only about half reported they were comfortable addressing alcohol dependence, and significantly fewer were comfortable treating misuse of drugs. Only psychiatrists reported being relatively comfortable treating individuals with prescription drug dependence. The most commonly used providers, which were reported to be primary care physicians and social workers, were the least comfortable treating addictions.

- ❖ Gaps exist in the availability of care for certain demographic groups. Providers in the focus group and surveys indicated a need for more treatment options for diverse members of the community and for youth. In addition, insufficient availability of care was noted in several sources for low income residents, veterans, and the elderly.
- ❖ In some cases, it appears to be difficult for the public to determine when or where to get help for a mental health concern. Many are lacking general literacy about how or when to treat a mental health problem, compounded by reluctance to seek help. This was noted in both the general public survey and the focus groups.
- ❖ An individual's level of health insurance coverage also impacts access to treatment. There was a major difference in access to care based on insurance coverage, where almost three-fourths of the general public without insurance coverage had to typically wait a month or more to obtain treatment. In addition, inadequate longer-term health insurance coverage is a barrier to completing treatment. Only 1 in 5 providers indicated that their patients had adequate health insurance coverage to complete their treatments. Consumers had indicated that not having funding to cover the cost of long-term mental health services, not having adequate insurance coverage, and not being able to afford medication were barriers to receiving the treatment they needed.
- ❖ Eighty-four percent (84%) of providers of mental health services think an alternative specialized mental health intake process would work better than the current system and 8% of providers of mental health services think that the current system of having mentally ill patients enter the care system through hospital emergency departments works fine.
- ❖ Mental health treatment in the Fox Cities is not a well-oiled "system," according to providers and referral sources. The community could clarify where and when people should enter the system. On the other hand, providers and referral sources reported not being very familiar with resources available in the community.

- ❖ Mental health providers identified a number of things they believed are working well in meeting the mental health care needs on the Fox Cities, these include: Catalpa Health, the United Way's PATH program, NAMI Fox Valley, and greater collaboration they see occurring among professionals and other community stakeholders.

- ❖ Findings from both the referral survey and provider survey showed that respondents are willing to learn more about the various mental health services that are available in the Fox Cities area as well as are willing to attend an event that highlights mental health providers and the services they provide in the area.

FOX CITIES MENTAL HEALTH NEEDS ASSESSMENT

COMPREHENSIVE SUMMARY REPORT

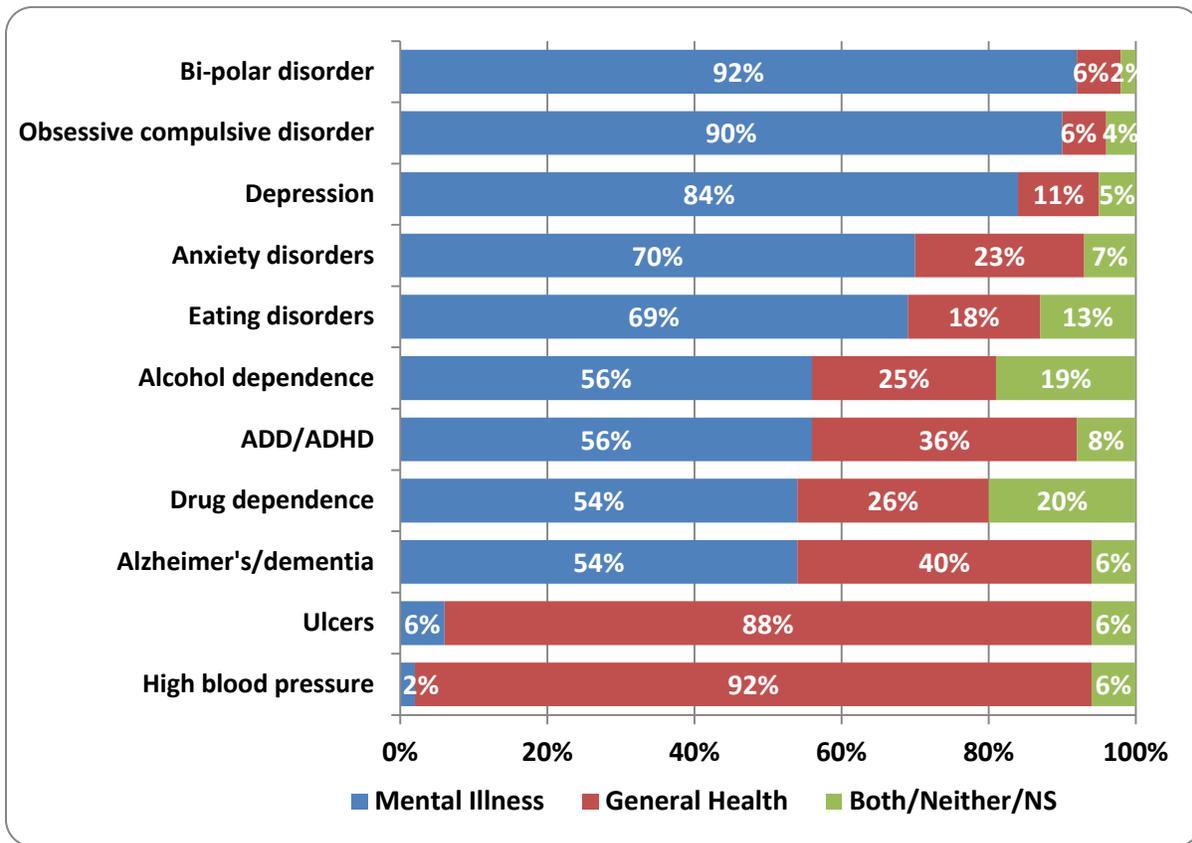
INTRODUCTION

For each section below, findings from each data source including the provider survey, referral source survey, consumer survey, general public survey, secondary data, and the focus groups are brought together to identify key summary findings.

MENTAL HEALTH LITERACY: SUMMARY FINDINGS

- Overall, respondents showed a fairly high level of understanding when discussing mental health topics. There is a good level of agreement among the general public concerning perceptions of mental illness, calls to actions, and treatments, however, some divergence does occur for various demographic groups. Age generally showed younger respondents being more in tune with mental health issues and concerns than their older counterparts. Below is a discussion regarding several points of mental health literacy ranging from overall perceptions about mental health to treatment options.
- Respondents given a list of illnesses were asked to label them as to whether they felt each issue was more of a mental illness or a general health illness. This elicited a very interesting response that in some cases was not too surprising, but in others was quite telling. Historically labeled mental illnesses such as bi-polar disorder (92%), obsessive compulsive disorder (OCD) (90%), depression (84%), and anxiety disorders (70%) all received a majority of respondents who perceived them as mental illnesses. However, attention deficit disorder (ADD)/attention deficit hyperactivity disorder (ADHD), although largely labeled a mental illness (56%), also had a high number who stated it is a general health illness (36%), and Alzheimer's, which is historically noted as a general health illness (40%), had a very high number of people who perceived it as a mental illness (54%). Please see Figure 1 below.

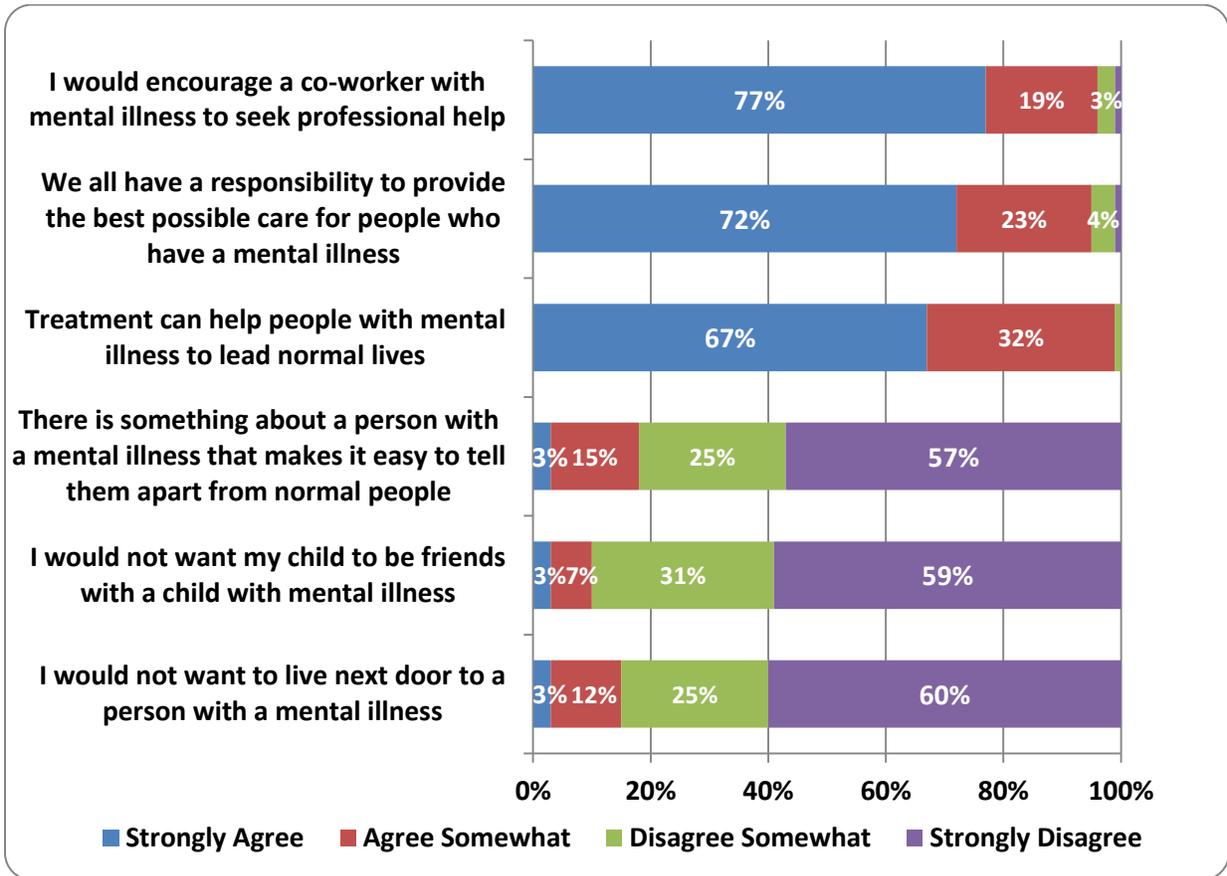
**Figure 1 - Mental Illness vs. General Health Illness Perceptions
(General Public Survey)**



- Alcohol and drug dependence as well as ADD/ADHD and Alzheimer’s had a greater split in respondents who felt they are either a mental illness or general health illness. There were also a few statistically significant differences regarding how various demographic groups based on income, education, and gender categorized these conditions. However, the most telling of all the demographic markers is age. In all four cases, younger respondents were much more likely to label each of the illness as a mental illness compared to older age cohorts.
- Not surprisingly, when asked a series of statements about mental illness and respondent’s level of agreement for each statement, the majority of respondents for all “positive” statements “strongly agreed,” while the majority “strongly disagreed” regarding mostly “negative” statements. The statement that had the highest level of “strongly agree” was that people WOULD encourage a co-worker with mental illness to seek professional help, and the statement that had the highest percentage of “strongly disagree” was “I would not want to live next to a person with a mental illness.” People see mental illness as a treatable issue which needs professional help to assist those in need, helping them to lead normal lives. The majority of

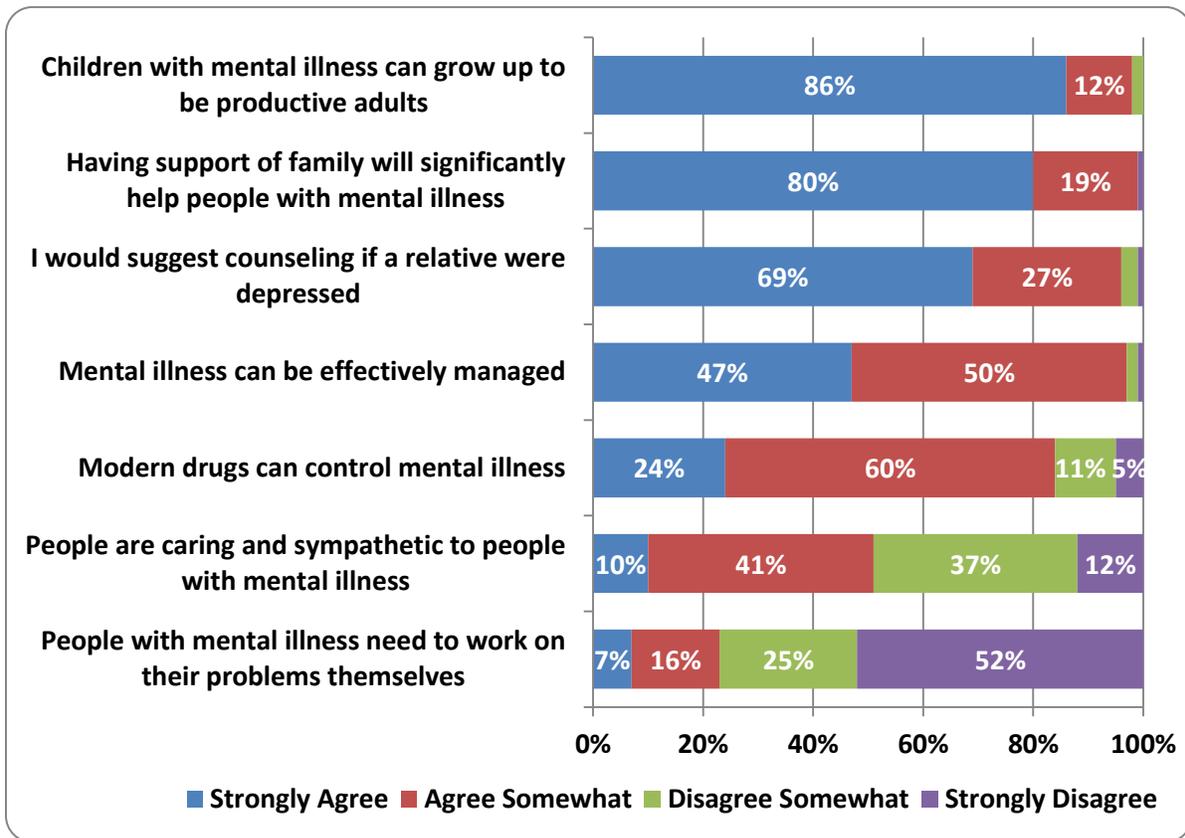
respondents also felt people with mental illness should not be viewed any different than the average person. Please see Figure 2 below.

Figure 2 - Level of Agreement with Various Statements about Mental Illness
(General Public Survey)



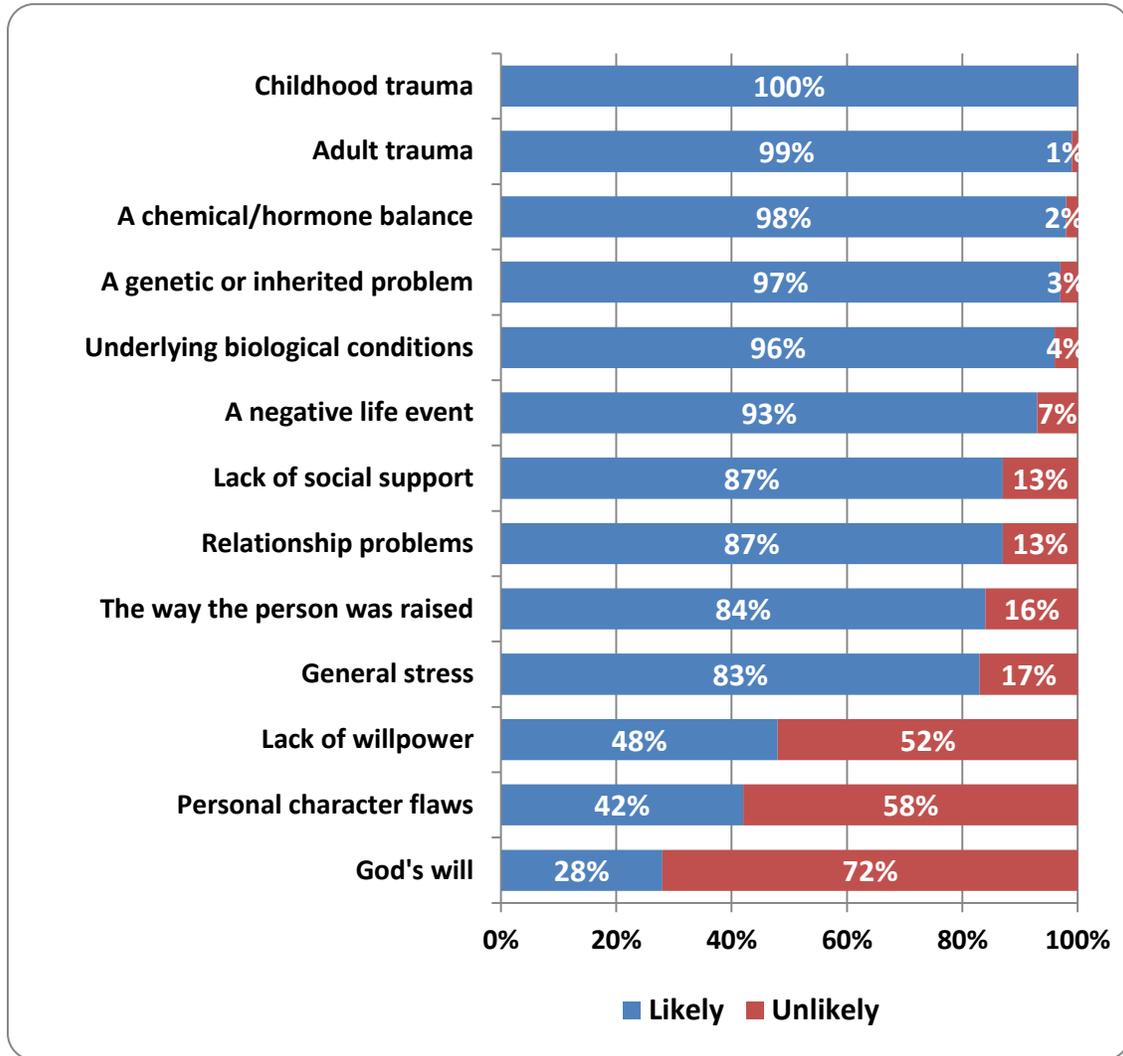
- To reveal perceptions about mental health treatments, general public respondents were asked a series of questions about particular treatments and outcomes regarding mental health. Here, 86% of respondents “strongly agreed” that children with mental illnesses can grow up to be productive adults and 80% strongly believed that having the support of family significantly helps people struggling with mental illness. Fifty-one percent (51%) “strongly agreed” or “agreed somewhat” that people are caring and sympathetic to people with mental illness. Please see Figure 3 below.

**Figure 3 - How Respondents Perceive Certain Mental Health Treatments
(General Public Survey)**



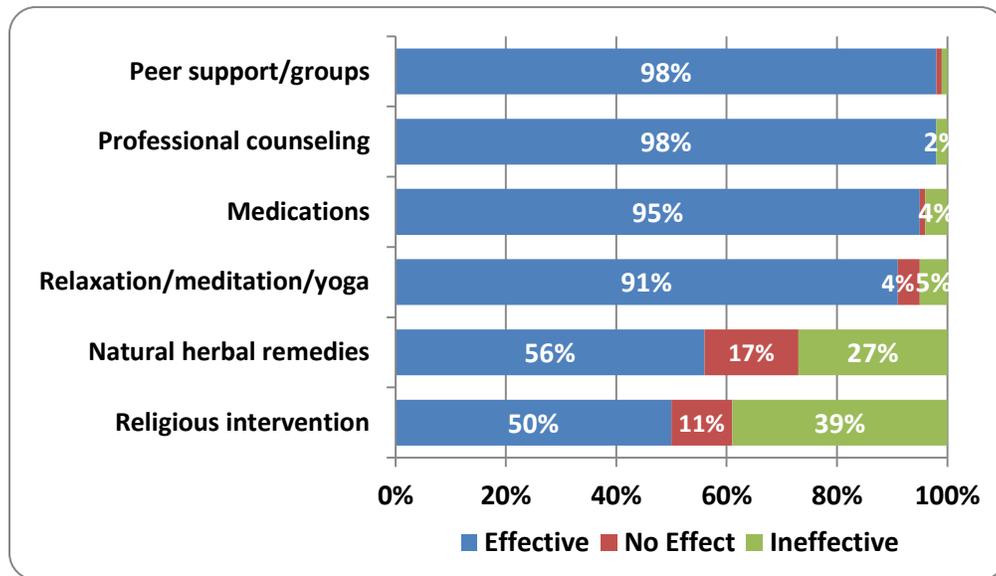
- While 51% overall agreed with the statement “people are caring and sympathetic to people with mental illness” those who lived in the Fox Cities 1-5 years agreed with this statement (79%) the most, and those who had some college or tech school (40%), as well as females (40%), agreed with this statement the least.
- When asked whether they felt several different factors could be the possible causes for mental illness, respondents gave the highest consent to traumatic experiences as the most likely causes of mental illness (99%-100%) while God’s will had the lowest number of people seeing it as a possible cause (28%). This indicated that the public holds more direct measurable impacts such as traumas, conditions (such as biological, genetic, or chemical), or events as greater causes of mental illness than perceived flaws, willpower, or divine interventions. Please see Figure 4 below.

**Figure 4 - Perceptions on the Possible Causes of Mental Illness
(General Public Survey)**



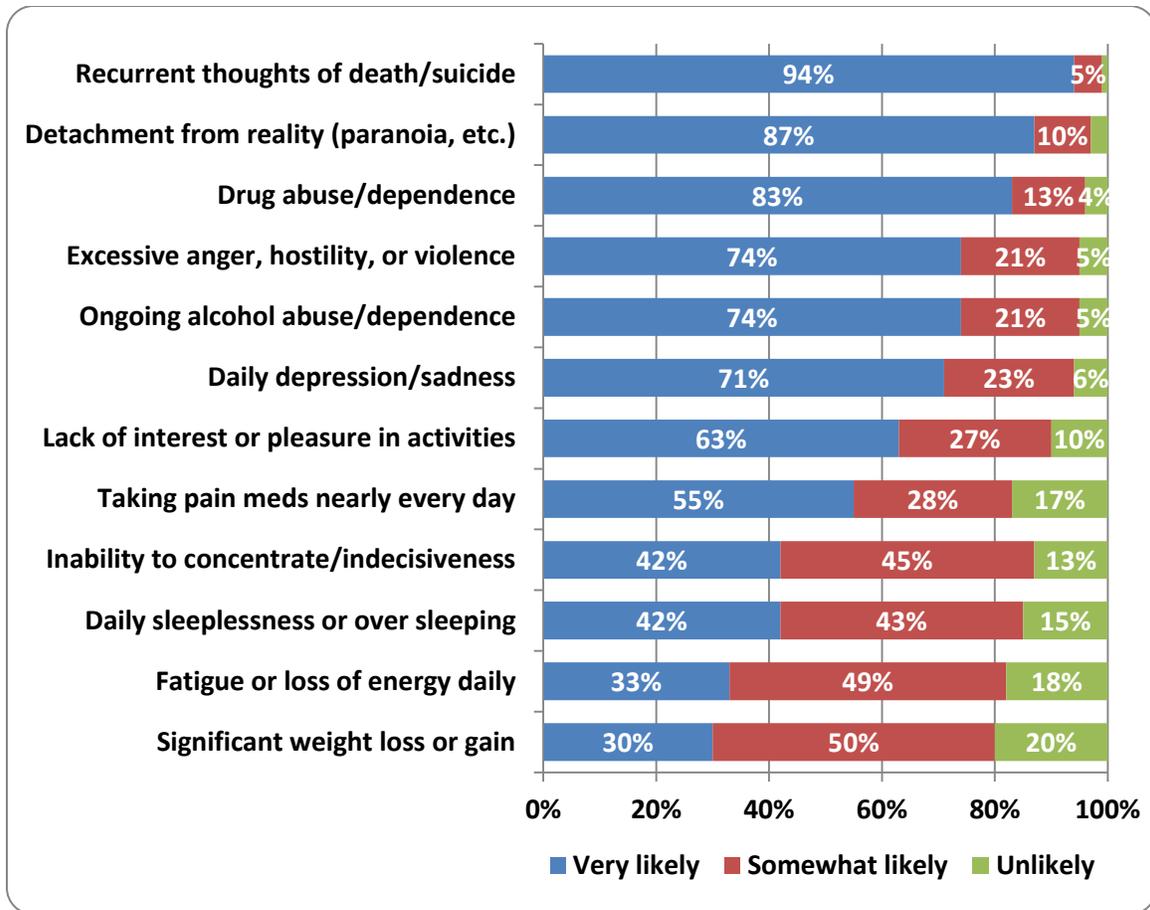
- Respondents overwhelmingly felt the most effective means of treating mental illnesses include professional support such as peer support/groups (98%), professional counseling (98%), medications (95%), and relaxation/mediation/yoga techniques (91%). Natural herbal remedies and religious interventions were identified by about half of the respondents as effective treatments (50%-56%). Please see Figure 5 below.

**Figure 5 - Perceived Effectiveness of Treatment Approaches
(General Public Survey)**



- Those most likely to view religious intervention as a treatment option included individuals aged 65 and over (61%), respondents with high school or less education (60%), those attending religious services more than once a week (90%), and respondents with annual household incomes of \$76k-\$100k (63%).
- An examination of under what conditions intervention would occur revealed that the majority of respondents would likely seek help for a friend or family member showing all of the possible mental illness symptoms listed in Figure 6 below. The degree to which they would likely seek help does fluctuate however, whereby symptoms such as the inability to concentrate/indecisiveness, daily sleeplessness or over sleeping, daily fatigue or loss of energy, and significant weight loss or gain is heavily split between those who say they would “very likely” seek assistance and those who would be “somewhat likely” do the same. Please see Figure 6 below.

**Figure 6 - Likelihood of Respondents to Seek Help for a Friend or Family Members Showing Listed Symptoms
(General Public Survey)**

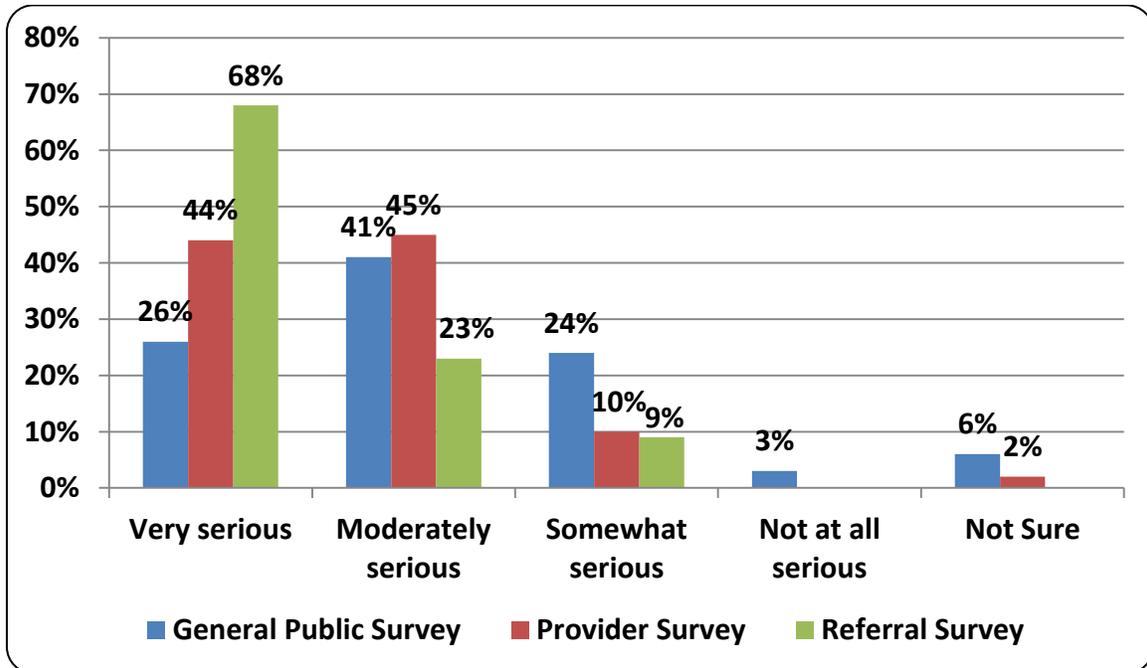


- Overall, general public respondents have a solid handle on the literacy aspect of mental illnesses. Most felt that professional assistance and community and individual support can greatly help to lessen the effects of mental illnesses. They also felt that there is no basis in fearing people with mental illness and if properly treated, they can become normalized members of society. Overall, respondents mention that more work needs to be done to show people compassion when battling mental illnesses and it's up to the greater community to lend that support.

INCIDENCE LEVELS: SUMMARY FINDINGS

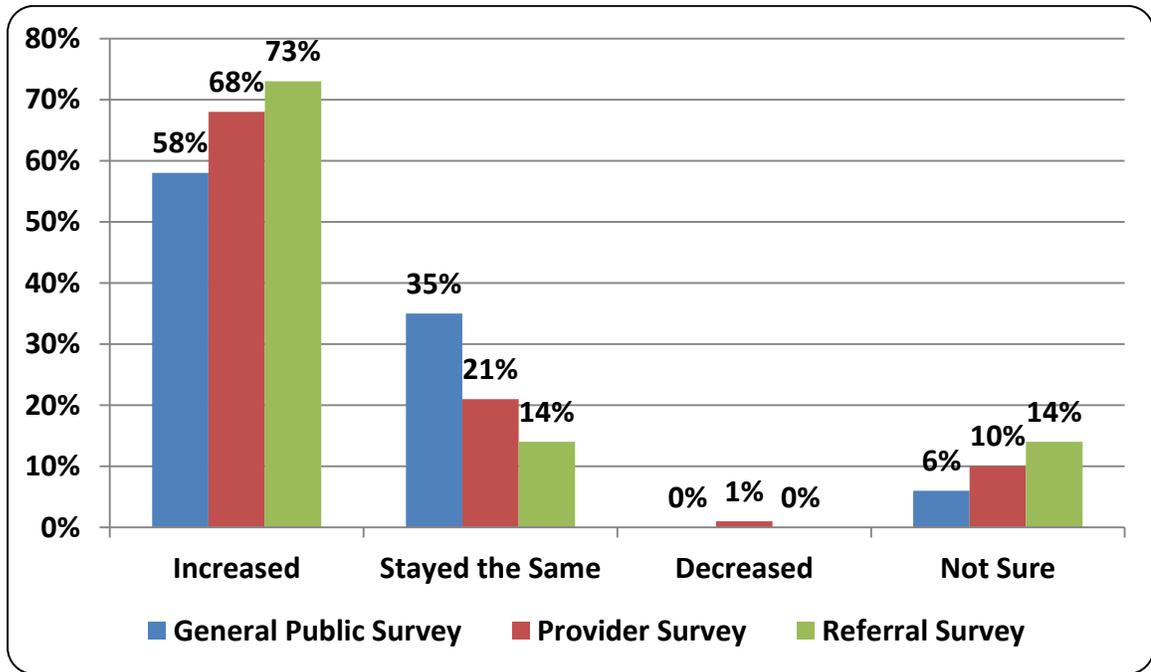
- In general, it was found that a majority of the respondents from the general public survey, provider survey, and referral survey felt that mental illness problems are either a “very serious” problem or “moderately serious” problem in the Fox Cities area. Please see Figure 7 below.

Figure 7- Feelings towards Seriousness of Mental Health Problems in the Fox Cities



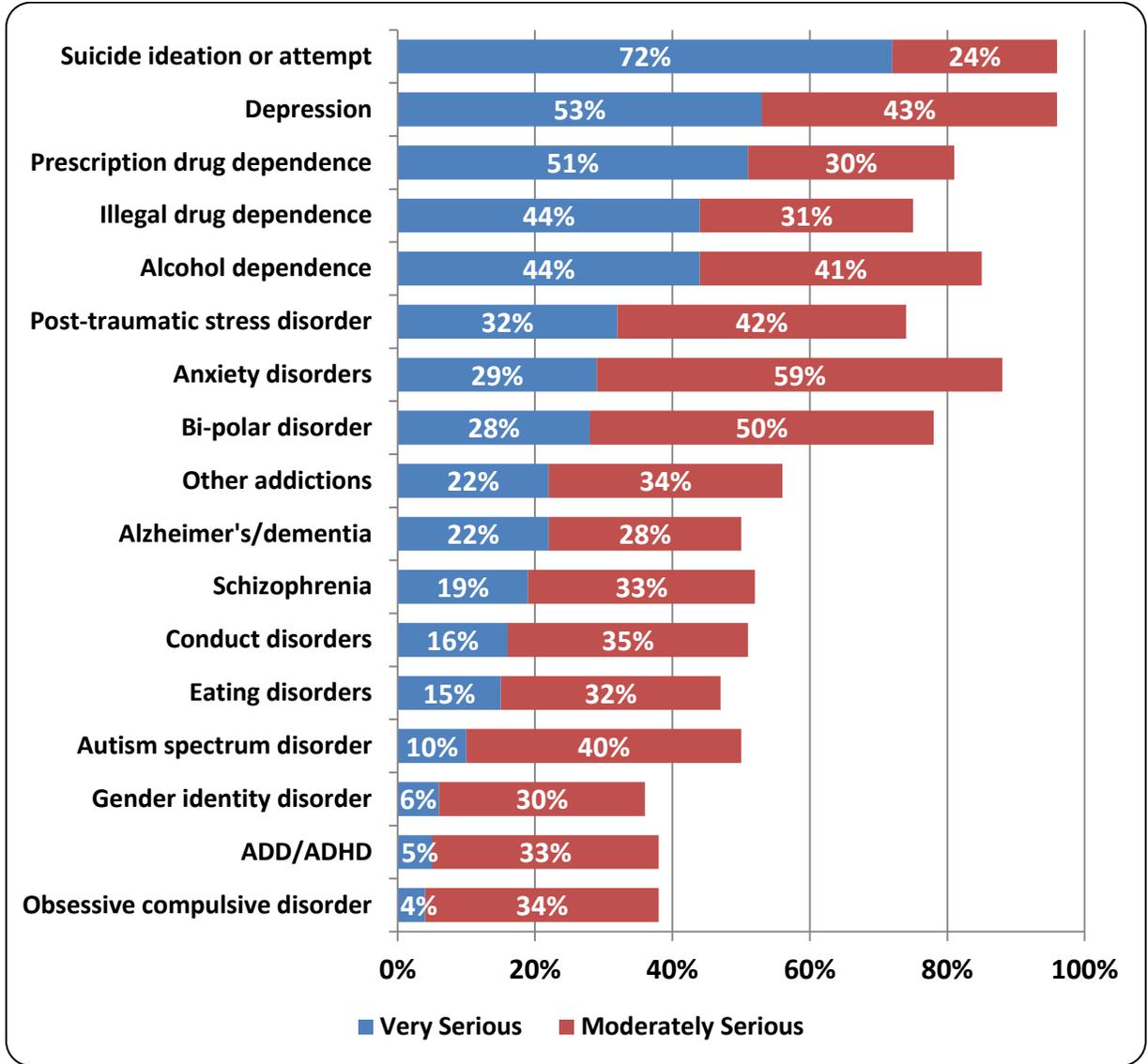
- Among the general public survey, provider survey, and the referral survey, it was found that a majority of the respondents felt that mental health problems have “increased” in the Fox Cities over the past few years. Please see Figure 8 below.

Figure 8 – Perceived Change in Mental Health Problems in the Fox Cities during the Past Few Years



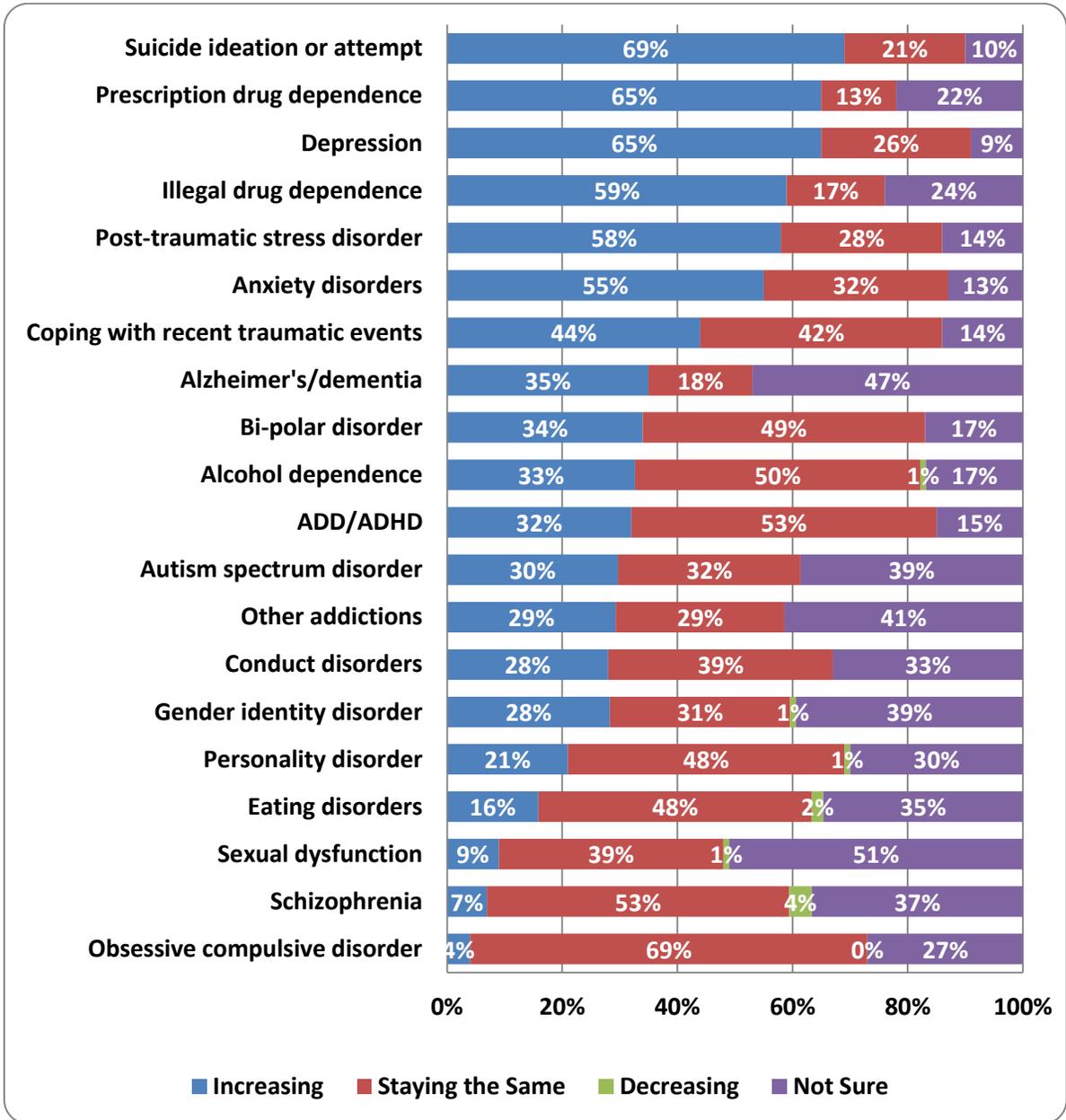
- When broken down by specific mental illness, it was found that 72% of provider respondents felt suicide ideation or attempt is a “very serious” problem in the Fox Cities area. Over half of providers reported depression and prescription drug dependence as a “very serious” problem in the Fox Cities area as well. These results are similar to the referral survey in which 78% reported depression and 74% reported suicide thoughts or attempts as “very serious” problems in the Fox Cities area. Please see Figure 9 below.

**Figure 9 - How Serious of a Problem Are Each of the following Mental Health Conditions in the Fox Cities Area?
(Provider Survey)**



- When broken down by specific mental illness/symptoms again, over half of provider respondents felt suicide ideation or attempt (69%), prescription drug dependence (65%), depression (65%), illegal drug dependence (59%), PTSD (58%), and anxiety disorders (55%) have “increased” over the past three years. Thirty-five percent (35%) or less of providers felt that the remaining mental illnesses have “increased” over the past three years in the Fox Cities area. Please see Figure 10 below.

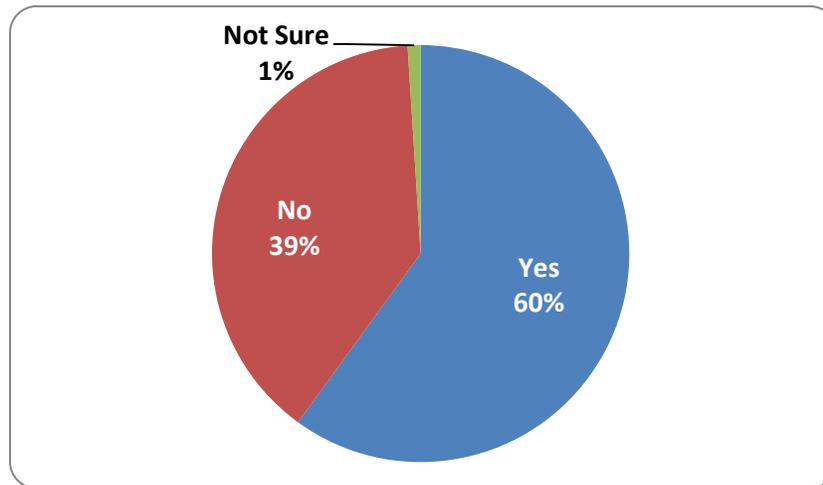
**Figure 10- - Increasing, Decreasing, or Staying the Same?
(Provider Survey)**



- As for the referral survey, 71% felt illegal drug dependence has “increased” in the Fox Cities over the past three years and 67% each felt the same way about PTSD and depression. Sixty-two percent (62%) of referral respondents felt suicide thoughts or attempts and prescription drug dependence have “increased” over the past three years. The only two mental illnesses reported to have “decreased” by referral respondents were eating disorders and schizophrenia.

- According to the general public survey, a majority of respondents (60%) indicated they personally have, or have had a family member that has been diagnosed with a mental illness, have undergone counseling, or have taken medication for a mental health reason. Of those that had some type of personal experience with mental health issues, 55% indicated it was with an “adult” member, 10% with a “child” and 35% indicated they’ve had experience with “both adult and child” family members (which may include themselves). Please see Figure 11 below.

**Figure 11 - Have You or a Family Member Been Diagnosed with a Mental Illness, Had Counseling, or Taken Meds for Mental Health Reasons?
(General Public Survey)**



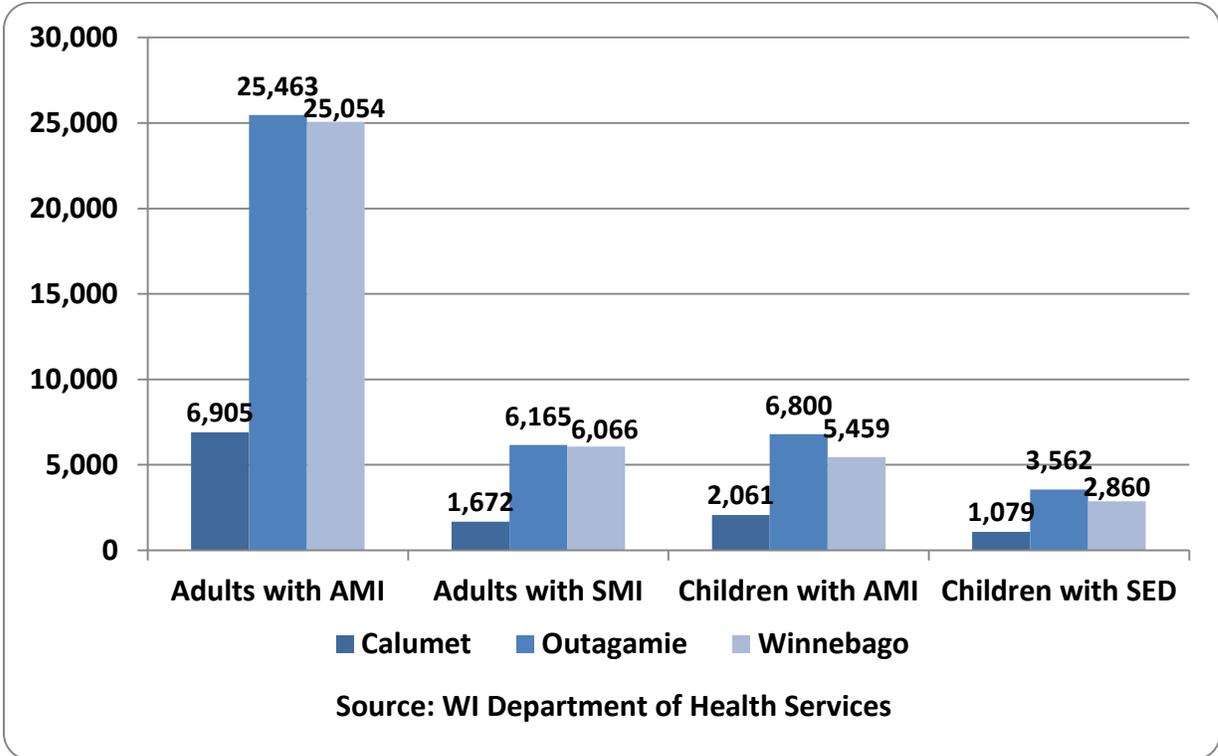
- Of the 60% of individuals from the general public survey who indicated experience with a mental illness, whether self or family member, 41% indicated experience with multiple conditions, while 59% of respondents only stated a single mental health condition. The plurality of respondents who indicated experience with a mental illness listed depression as the most commonly occurring (26%). This was followed by anxiety disorders (16%), bi-polar disorder (16%), and ADD/ADHD (14%). All other mental illnesses garnered 6% or less each. Please see Table 1 below.

**Table 1 – What Condition(s) Have Been Diagnosed?
(General Public Survey)**

Condition	Percent (%)
Depression	26
Anxiety disorders	16
Bi-polar disorder	16
ADD/ADHD	14
Manic depression	6
Alcohol dependence	5
Schizophrenia	3
Alzheimer's	2
Post-traumatic stress disorder	2
Prescription drug dependence	1
Illegal drug dependence	1
Eating disorders	1
Autism spectrum disorder	1
Obsessive Compulsive Disorder	<1
Other	5
Total	100

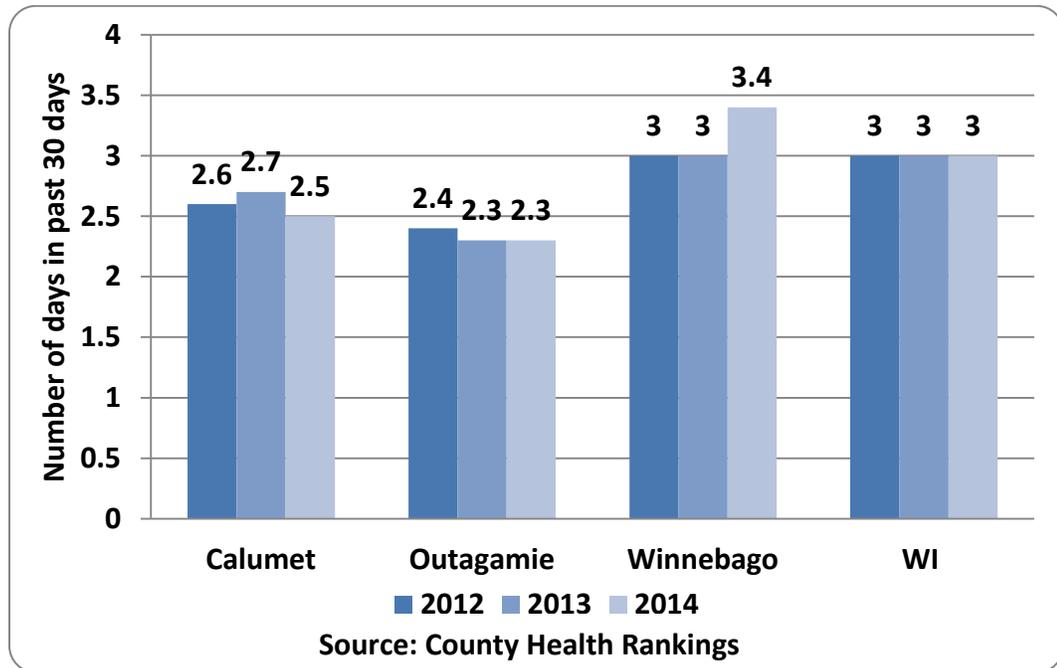
- According to a secondary data analysis using available data from the Tri-County area (Calumet County, Outagamie County, and Winnebago County), 19% of adults in 2011 had been diagnosed with Any Mental Illness (AMI) and 4.6% of adults were diagnosed with a Serious Mental Illness (SMI). In the same year, 21% of children were diagnosed with AMI and 11% were diagnosed with a Serious Emotional Disorder (SED). Please see Figure 12 below.

**Figure 12 – Estimates of Individuals with Serious
Mental Health Needs within a Year, 2011
(Secondary Data)**



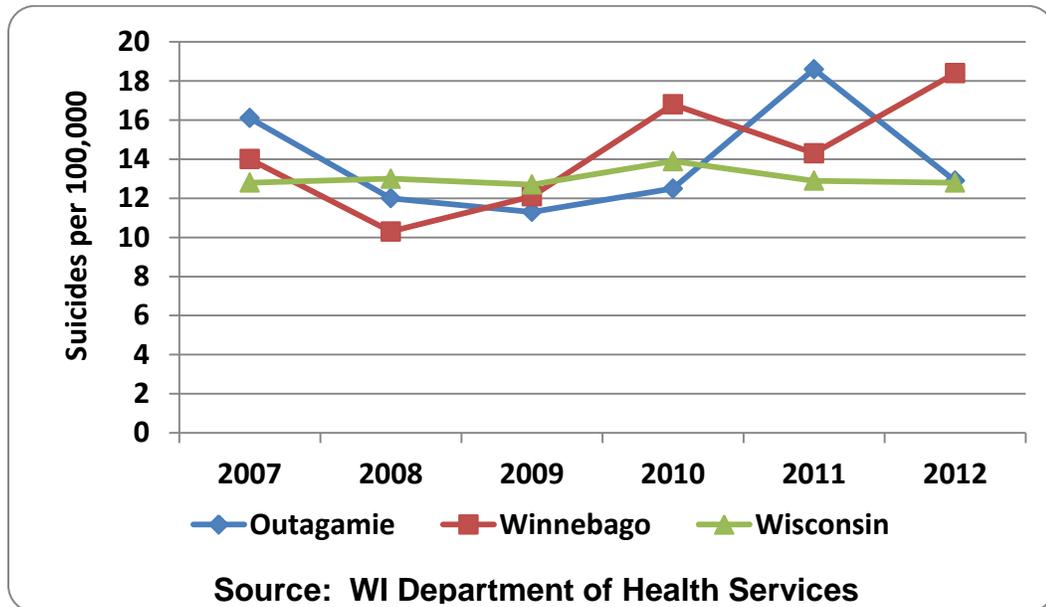
- The secondary data analysis on the Tri-County area also looked at the average number of days within the past 30 days its community members reported having mentally unhealthy days and compared it with Wisconsin’s overall average. It was found that Tri-County members reported experiencing 2.7 mentally unhealthy days within the past 30 days, which is similar to Wisconsin’s average of 3 days. Winnebago County reported the highest number of poor mental health days with an average of 3.1 days during 2012-2014 and 3.4 days in 2014. Please see Figure 13 below.

Figure 13 – Poor Mental Health Days
(Secondary Research)



- According to the Behavioral Risk Factor Surveillance Systems (BRFSS) report, 59% of respondents reported having zero mentally unhealthy days from December 2014 to January 2015. Nine percent (9%) reported 1-2 mentally unhealthy days and 32% reported 3 or more mentally unhealthy days within this time period.
- According to the secondary data, in 2010, 16% of Wisconsin residents reported ever being diagnosed with a depressive disorder and 12% reported ever being diagnosed with an anxiety disorder. These results were similar to the general public survey in which depression (26%) and anxiety (16%) were reported to be the top two most commonly occurring mental illnesses. Please refer back to Table 1.
- Differing suicide rates was another overarching finding from the secondary data analysis of the Tri-County area. Over the last few years, the suicide rate in the Tri-County area has been fluctuating. In 2011 and 2012, both Outagamie and Winnebago Counties had higher rates of suicide compared to Wisconsin. The greatest number of suicides that occurred in Outagamie County was in 2011 with 33 suicides (rate of 18.6%) and the greatest number of suicides in Winnebago County occurred in 2012 with 31 suicides (rate of 18.4%). Because data is not available for all years for Calumet County, Calumet County was not included in the figure. Please see Figure 14 below.

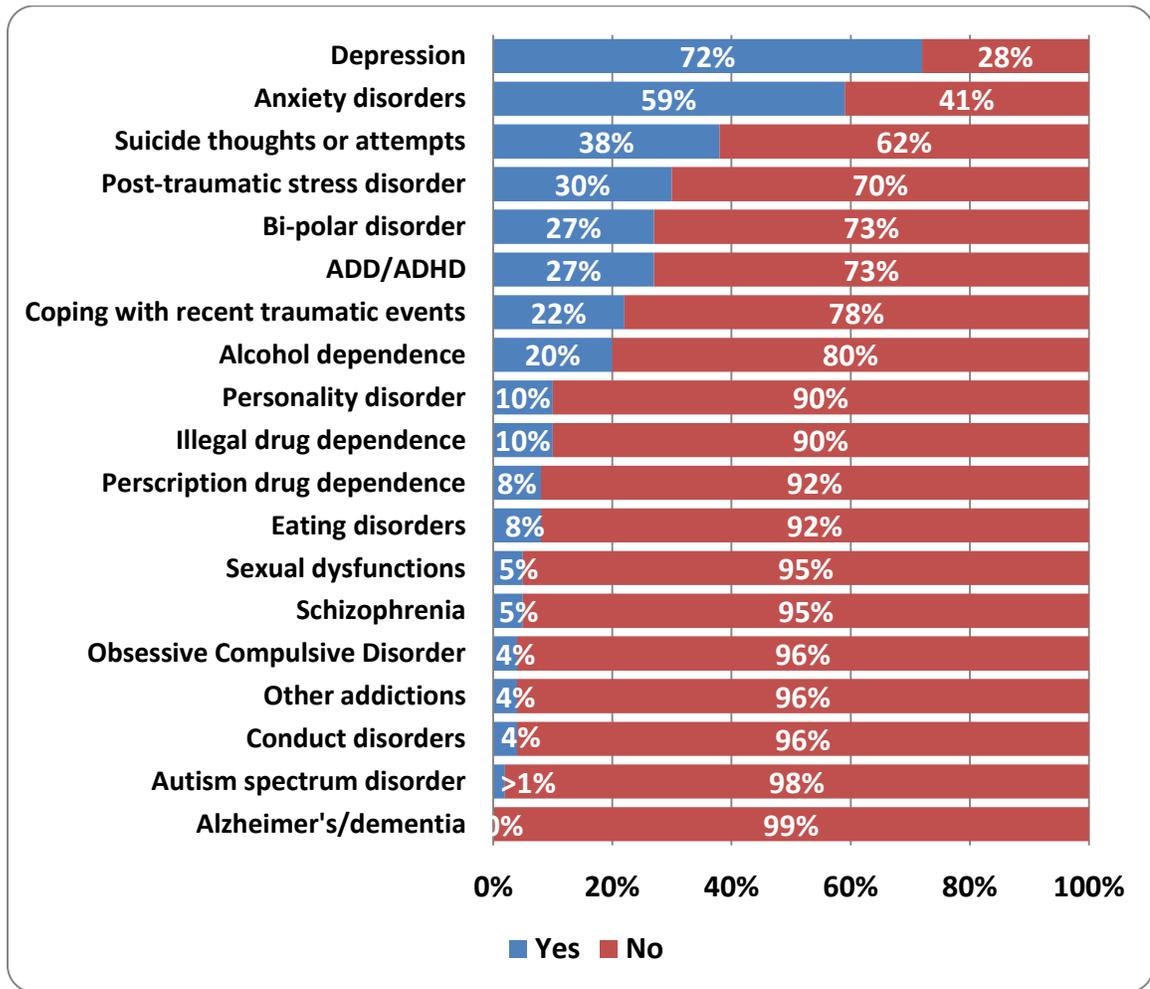
Figure 14 – Suicide Rate
(Secondary Research)



- The secondary data analysis also observed that males are more likely to die by suicide when compared to females. From 2009-2011 in the Tri-County area, 69% of suicides (106) were completed by males and 31% (48) were completed by females. The state average for males was 79% in 2006-2010. (Gender data was not available for Calumet County).
- The secondary data analysis also revealed that in 2012, suicide was the 10th leading cause of death for all ages, the 5th leading cause of death for youth (ages 1-14 years old), and the 2nd leading cause of death for those age 15-25 in Wisconsin. In 2013, 6% of Wisconsin high school students attempted suicide and 13% seriously considered attempting suicide. (Source: WI Department of Health Services).
- When looking at adults in Wisconsin during 2008-2012, 183,000 (4.3% of all adults) had serious thoughts of suicide within the year. This is slightly higher than the national average of 3.8% during the same time period. This data was taken from the secondary data report.
- In Wisconsin, mental illnesses are the most common underlying reason for suicides, which was reported in the secondary data report. Below are the known circumstances associated with suicide in Wisconsin during 2001-2006:
 - 66% Current depressed mood
 - 51% Current mental health problem
 - 37% Were in current treatment for mental illness
 - 46% Ever having treatment for mental illness

- Among consumers, almost three-quarters (72%) reported having depression. Fifty-nine percent (59%) reported having anxiety disorders and 38% reported having suicide thoughts or attempts. Five percent (5%) or less of each were reported by respondents: Alzheimer's/dementia, autism spectrum disorder, conduct disorders, other addictions, OCD, schizophrenia, and sexual dysfunctions. Please see Figure 15 below.

Figure 15 - Percentage of Respondents Diagnosed or Treated for the following Mental Health Conditions (Consumer Survey)



- Among consumers, 84% of respondents with PTSD, 80% with anxiety disorders, 79% with depression, and 86% with suicide thoughts or attempts reported having talked with their primary care provider about their mental health condition.

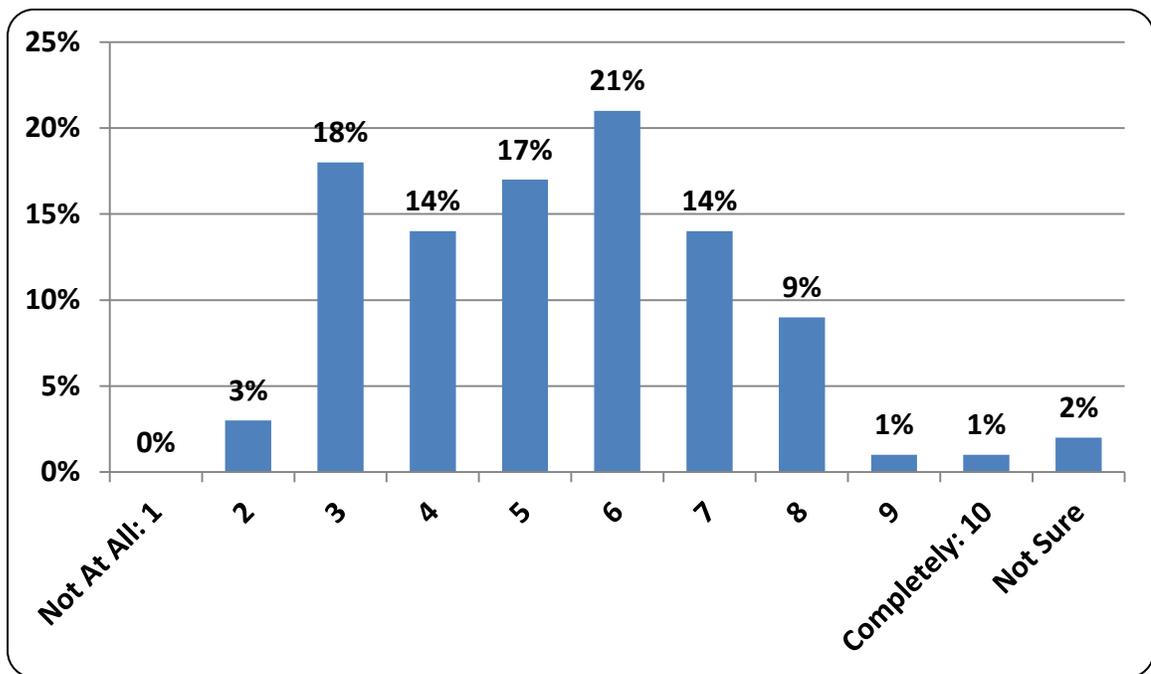
- It was also found from the consumers' survey that both depression and prescription drug dependence had greater prevalence rates in women, while alcohol dependence, conduct disorders, illegal drug dependence, and schizophrenia had greater prevalence rates in men.
- Lastly, the Wisconsin Mental Health and Substance Abuse Needs Assessment (2014) from the secondary data report identified the following five priority areas to be addressed in the near future:
 - 1) Reduce substance use disorders for pregnant women and mothers with infants and young children.
 - 2) Increase effective treatment and wrap around services for children and youth.
 - 3) Increase psychiatrist availability (including child psychiatrists).
 - 4) Increase effective services for those receiving treatment through the criminal justice system.
 - 5) Reduce WI suicide rate below the national average.

ACCESS AND BARRIERS: SUMMARY FINDINGS

Availability of Services

- According to providers, on a scale from 1 (not at all) to 10 (completely meets the needs), 2% of providers of mental health services gave a 9-10 rating for meeting the needs of people in the Fox Cities, 23% gave ratings ranging from 7-8 and 73% gave ratings of 6 or below. Please see Figure 16 below.

Figure 16 - How Well Do You Feel the Available Mental Health Services Are Meeting the Needs of People in the Fox Cities Area?
(Provider Survey)



- Similar results for this question were found from referral participant responses. On the same scale from one to ten, 0% of referral respondents gave a 9-10 rating, 19% gave ratings of 7-8, and 78% gave ratings of 6 or below.
- Based on results from the general public survey, nearly half, (44%) felt it was “difficult” (22%) or “very difficult” (22%) for them to get the help they or a family member needed to assist with a mental illness. Fifty-five percent (55%) felt it was “very easy” (21%) or “easy” (34%) to get the help they or a family member needed. Further examination revealed that those who have lived

in the Fox Cities 1-5 years had the most difficulty (93%), as well as those age 18-24 (81%) and those not having mental health insurance coverage (70%).

- Of those respondents who had difficulty trying to get help, 25% indicated it was because of a lack of qualified and knowledgeable providers in the area. Twenty-one percent (21%) said it was a personal or patient denial of the need for help which made it difficult, while an additional 21% indicated the lack of good support networks or people with knowledge about specific mental health issues was a great barrier to them receiving assistance. Nine percent (9%) stated that cost or insurance issues kept them or a family member from care, 8% said it took too long to be seen, and 4% indicated the stigma that surrounds mental illness kept them from receiving the needed help. Eleven percent (11%) gave various other reasons for not receiving help. Please see Table 2 below.

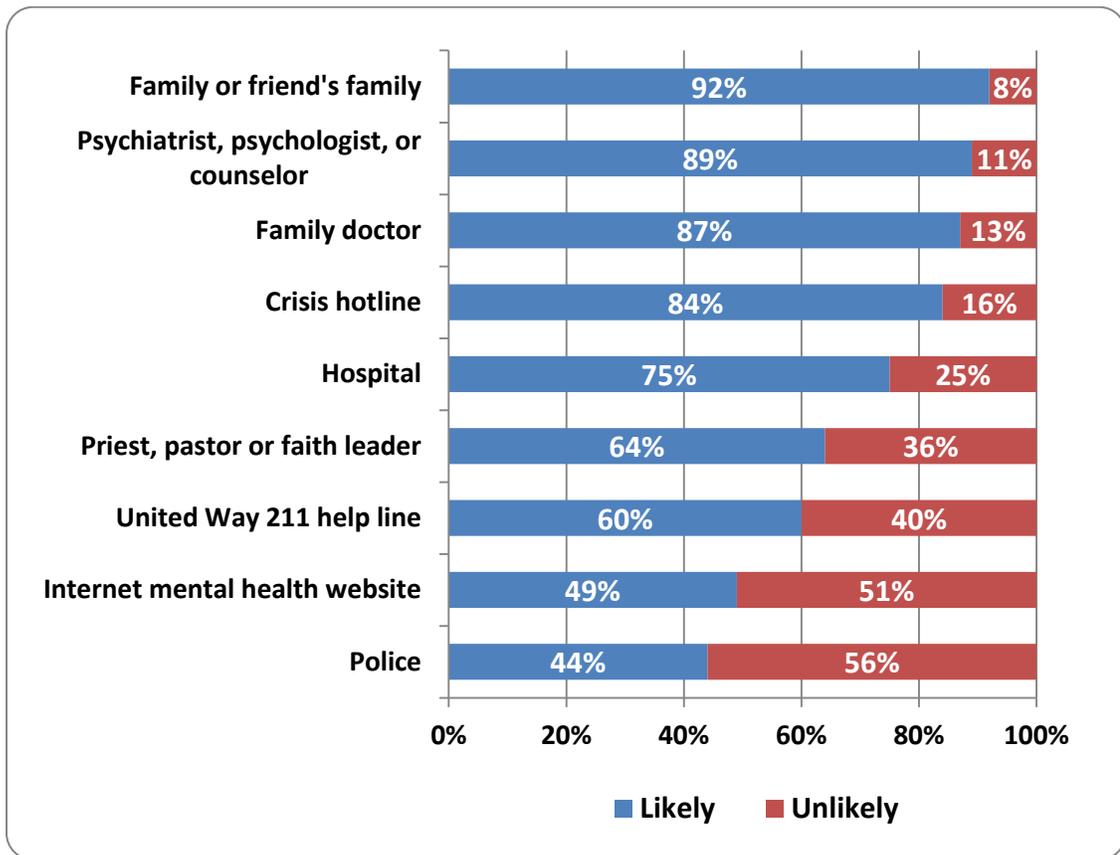
**Table 2 – What Made It Difficult to Receive the Help Needed?
(General Public Survey)**

Condition	Percent (%)
Lack of qualified doctors/mental health providers	25
Denial of need	21
Lack of support, knowledge	21
Cost/insurance issues	9
Takes too long to be seen	8
Mental illness stigma	4
Other	11
Total	100

- It was reported in the general public focus group by participants that it is difficult to locate and get into the proper treatment in the Fox Cities for mental illness, especially for children. Inadequate health insurance coverage for mental health treatment was also mentioned by participants in the general public focus group as a barrier to receiving the needed treatment. Finally, the challenge of maintaining or completing mental health treatment due to the difficulty of continuing to support an individual in treatment and to keep them on their proper medication regimen was brought up in the public focus group as well.
- The results of the provider and referral focus groups confirmed these findings. The two professional groups agreed that the community had poor access to certain specialized providers: psychiatrists, those who could offer dually certified care (for addictions with mental illness), those trained to work with children, and minority providers. Many providers, they felt, had long waiting lists.

- Members of the general public focus group had discussed the challenges that they had in locating services, especially for children. Sometimes members were tossed around from place to place trying to locate the services and help they or a loved one needed.
- In the general public survey, respondents were asked if a friend or family member shows signs of mental illness, how likely they would be to use several resources to contact for help. Out of the list of nine possible contact points, respondents are most likely to contact a family member or your friend’s family first (92%), followed by a medical professional such as a psychiatrist, psychologist, or counselor (89%), or a family doctor (87%). Respondents would be least likely to use an internet mental health website (49%) or the police (44%). Please see Figure 17 below.

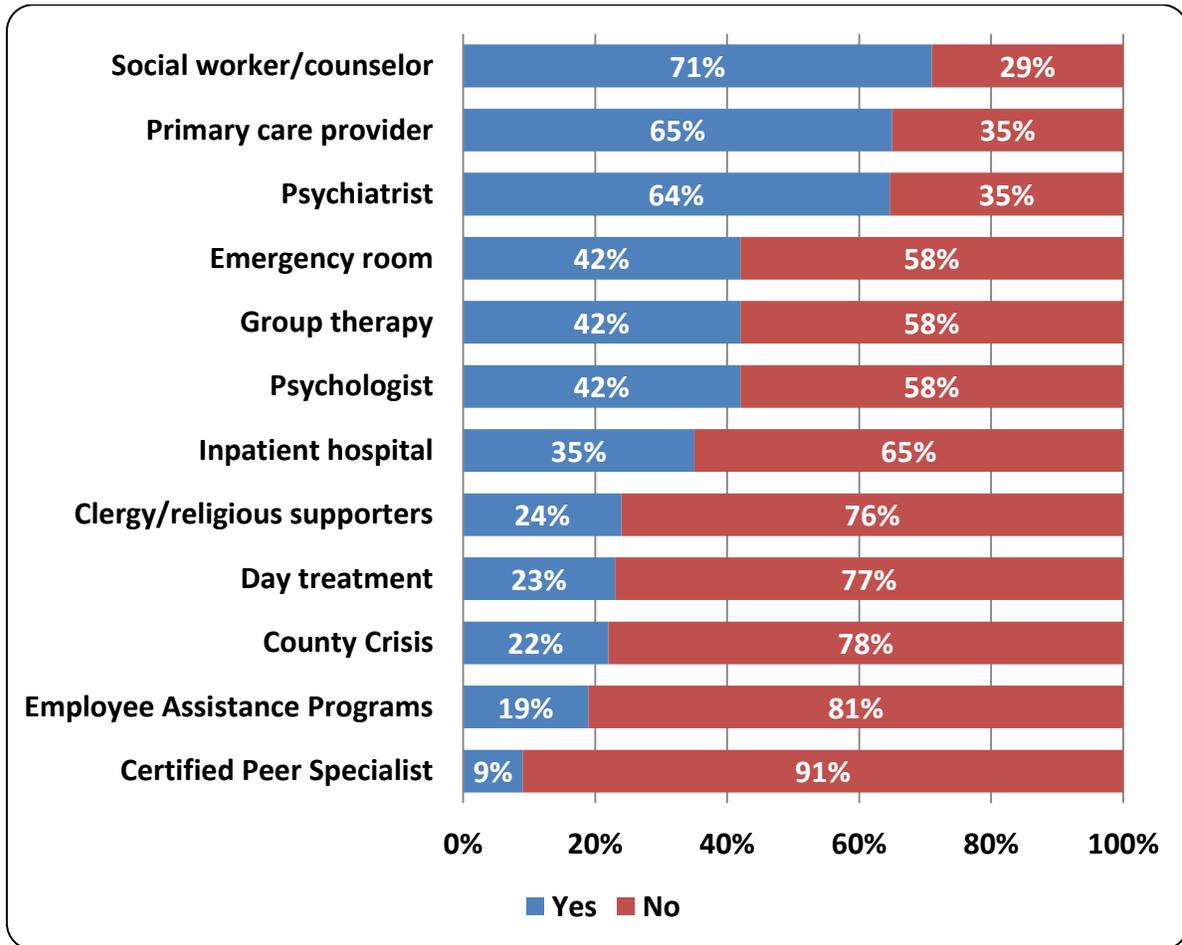
**Figure 17 - How Likely Would You Be to Seek Assistance from Each of the following for Help Concerning a Family Member or Close Friend?
(General Public Survey)**



- It was reported in the consumer mental health survey that the most commonly used provider/supporter/service by participants was a social worker/counselor; 71% of participants reported utilizing a social worker/counselor. The least utilized provider/supporter/service was a

Certified Peer Specialist, which was used by 9% of survey participants. Please see Figure 18 below.

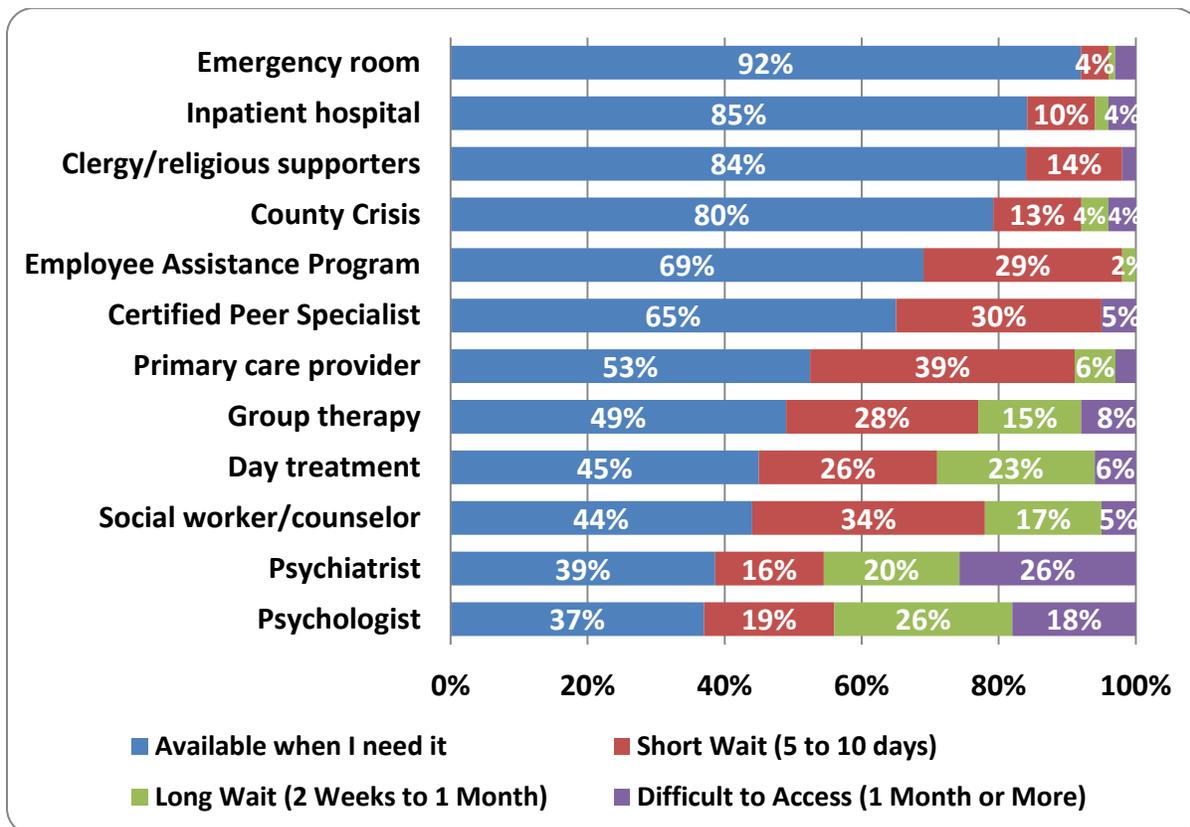
**Figure 18 - Providers, Supports, and Services Utilized
(Consumer Survey)**



- The results in Figure 17 indicate where the general public might seek assistance and results in Figure 18 indicate where consumers who are currently using mental services have received those services. While one must be cautious in the interpretation of these results, they may offer some insight regarding a gap in mental health services. Nine out of ten (89%) of general public respondents would seek assistance from a psychiatrist, psychologist, or counselor, but far fewer consumers have actually used these services; 71% of consumers say they have utilized a social worker/counselor, 65% utilized a psychiatrist, and 42% utilized a psychologist. Comparing these results gives a glimpse into the degree to which people would like to utilize the services of various mental health providers and the extent to which that service has been utilized by consumers.

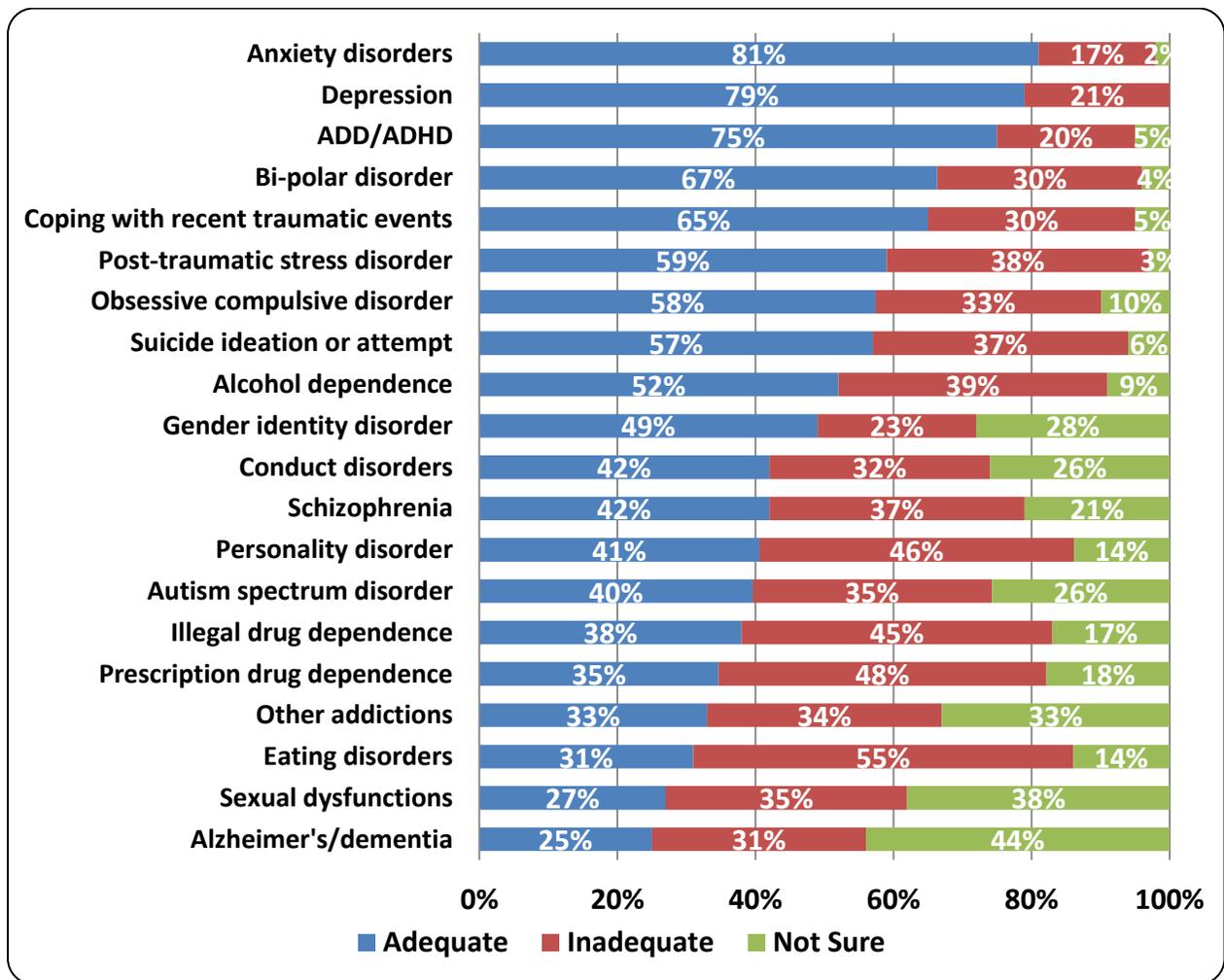
- Data from the secondary data analysis can reflect on this gap. In 2011, 1,037,297 individuals in Wisconsin were estimated to have Any Mental Illness (AMI) (833,256 adults, 204,041 children). In the same year 526,735 individuals were estimated to receive some type of mental health service (416,111 adults, 110,624 children). The difference in these estimated groups represents a treatment gap of 49%. It should be noted that many of the AMI individuals may have very mild forms of mental illness and may not be in need of treatment. Fifty percent (50%) of adults and 46% of children did not access treatment in 2011. The treatment gap in Wisconsin is lower than the national average (62%).
- This then leads into the topic of accessibility of mental health services. According to consumer responses of those who used each of these services, the emergency room was most accessible with 92% reporting it is available when they need it. Inpatient hospital (85%) and clergy/religious supporters (84%) had the next highest response rates in terms of being available when the consumer needs it. Social worker/counselor, psychiatrist, and psychologist were the bottom three in terms of being available when needed, each of which were 44% or below. Please see Figure 19 below.

**Figure 19 – Accessibility of Services
(Consumer Survey)**



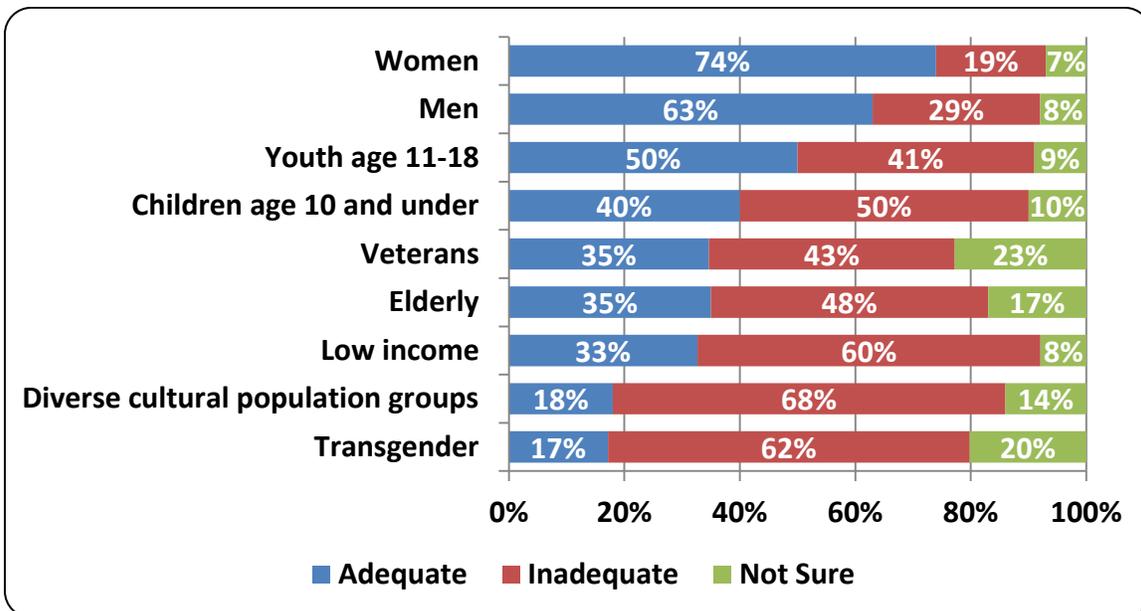
- According to Figure 17 (general public survey), psychologists, psychiatrists, and social workers/counselors are near the top of the list in terms of turning to for mental illness help. As can be seen in Figure 19 though, social workers/counselors, psychiatrists, and psychologists are at the bottom in terms of accessibility of mental health services. This in turn poses a barrier to mental health patients who are trying to receive help or treatments for their condition.
- Over three-quarters of respondents in the provider survey (81%) said the availability of care for anxiety disorders is “adequate” in the Fox Cities. Seventy-five percent (75%) said care for ADD/ADHD and 79% for depression said care is “adequate.” In contrast, respondents in the provider survey indicated “inadequate” availability of care for several of the most prevalent or increasing mental illnesses, including alcohol dependence, illegal drug dependence, and prescription drug dependence. Please see Figure 20 below.

Figure 20 – Availability of Adequate Care for Each of the following Mental Health Conditions (Provider Survey)



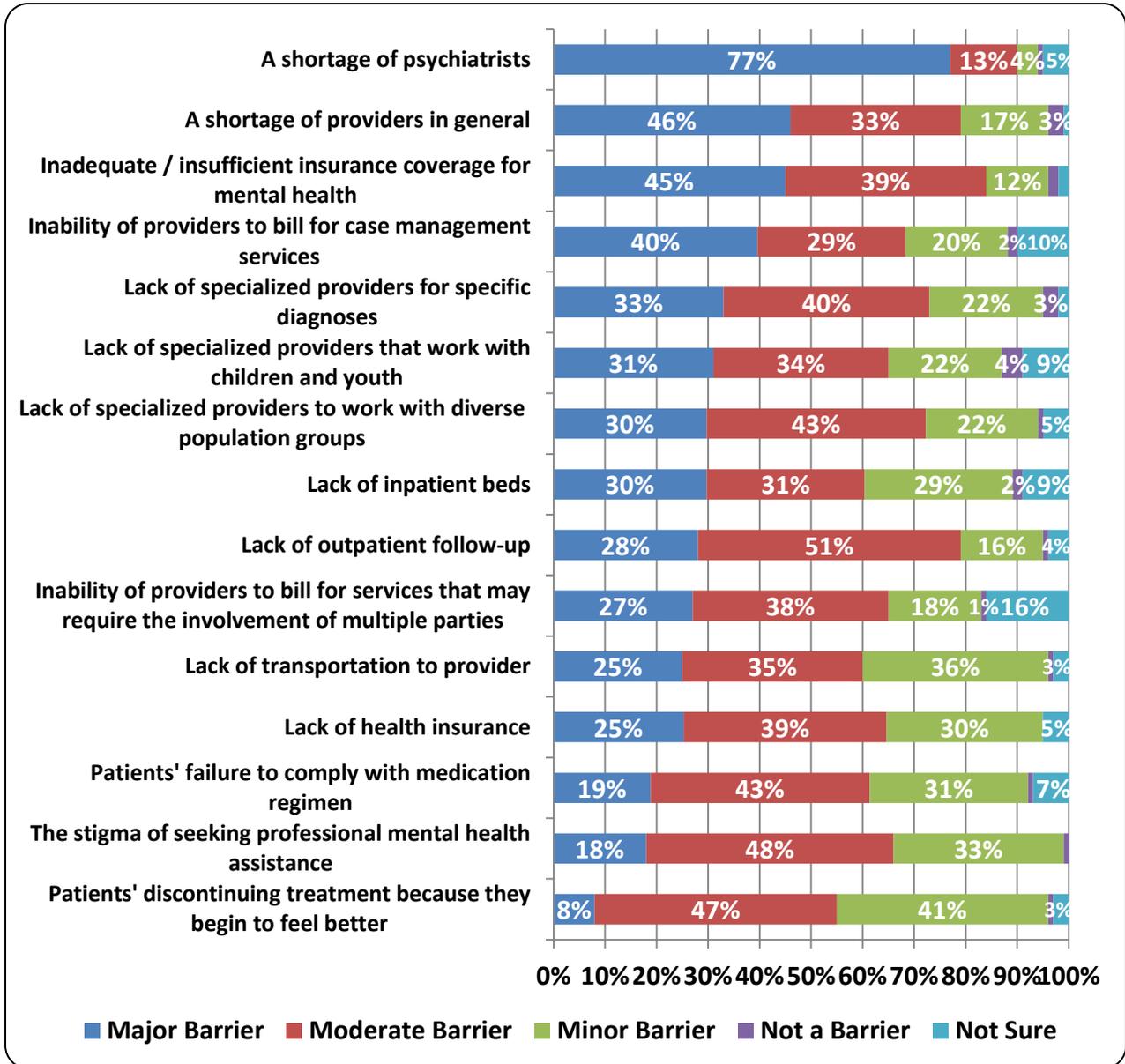
- Similar results were found from the referral survey. Seventy-four percent (74%) of respondents felt there is “adequate” availability of care for ADD/ADHD in the Fox Cities area. Sixty percent (60%) of respondents felt there is “adequate” availability of care for anxiety disorders; 50% also felt this way in terms of adequacy for depression. Even though these response rates were lower, anxiety disorders, depression, and ADD/ADHD were still in the top 5 in terms of receiving “adequate” availability of care.
- As can be seen in Figure 20 above, for some mental health conditions there seems to be a large percentage of respondents who reported “not sure,” such as for Alzheimer’s/dementia, autism spectrum disorder, and gender identity disorder. This may suggest the need for an education effort amongst these groups to possibly understand these groups better as well as how to make treatment and care more available to them.
- Both the provider and referral surveys also broke down adequacy of availability of care in terms of different demographic groups. From the provider survey, as shown in Figure 21 below, 74% of respondents felt there is “adequate” availability of care for women, which is higher than for men (63%). Half (50%) felt there is “adequate” availability of care for youth age 11-18 in the Fox Cities. Sixty percent (60%) of providers indicated “inadequate” availability for persons with low incomes, while more than two-thirds felt there was “inadequate” care available for diverse populations. Seventeen percent (17%) felt there is “adequate” availability of care for transgender individuals. Please see Figure 21 below.

**Figure 21 – Availability of Adequate Mental Health Care
for Each of the following Groups
(Provider Survey)**



- The results above are similar to the referral survey in which 72% of respondents felt there is “adequate” availability of care for women. There is a lower percentage for men, which is 53% from respondents who felt they have “adequate” availability of care. Eighteen percent (18%) of referral respondents felt transgender individuals have “adequate” availability of care.
- In terms of barriers to effective mental health treatment, both referral respondents and provider respondents reported a shortage of psychiatrists as the number one barrier. Next on both surveys was a shortage of providers in general. The last item on both surveys was patients discontinuing treatment because they begin to feel better. Please see Figure 22 below.

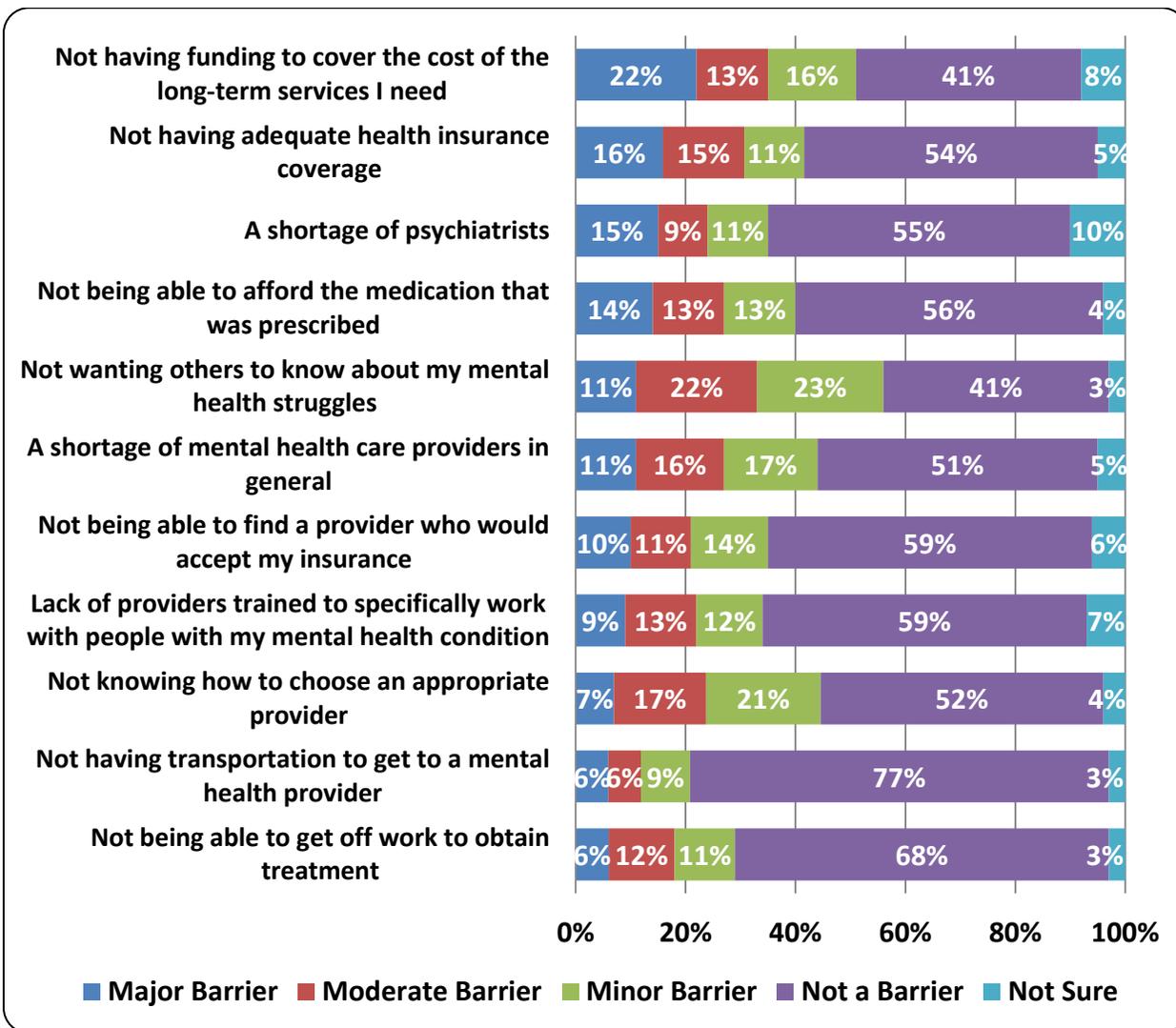
**Figure 22 – Barriers to Effective Treatment in the Fox Cities
(Provider Survey)**



- The providers’ focus group came to a similar conclusion. Not only did they talk about financial and insurance barriers, they also talked about a lack of access to care because of insufficient capacity of the treatment providers. It was mentioned that most providers in the Fox Cities had waiting lists and there are too few specialized providers to deal with certain mental health conditions. The providers’ also talked about how there is a lack of specialized therapists that can work with children. Providers who participated in the focus group were clearly aware that gaps exist between the current level of mental health services and what is needed by the public.

- Not surprisingly, the referral focus group brought up some of the same topics. Health insurance policies were talked about in the referral focus group. Other barriers mentioned by referral respondents in the focus group were inability for mental health care providers to offer case management over a longer period of time, transportation challenges for patients, long waits to receive follow up care, lack of racially/culturally-similar providers, language barriers, and the challenge of getting people to admit they need help due to the stigma of mental illness in which they felt may be especially true of veterans, older people, and middle aged men. Many referral agents know the barriers that are present for individuals in order to receive the treatment they need.
- Not surprisingly, the results regarding barriers were markedly different for consumers. Recall that the consumer survey was conducted among those who are currently receiving mental health services from a provider. Fifty-five percent (55%) of consumers reported a shortage of psychiatrists as “not a barrier” and 54% reported not having adequate health insurance coverage as “not a barrier.” Not having funding to cover the cost of the long-term services they need was the top barrier reported by consumers, which was reported to be a “major barrier” by 22% of respondents. Please see Figure 23 below.

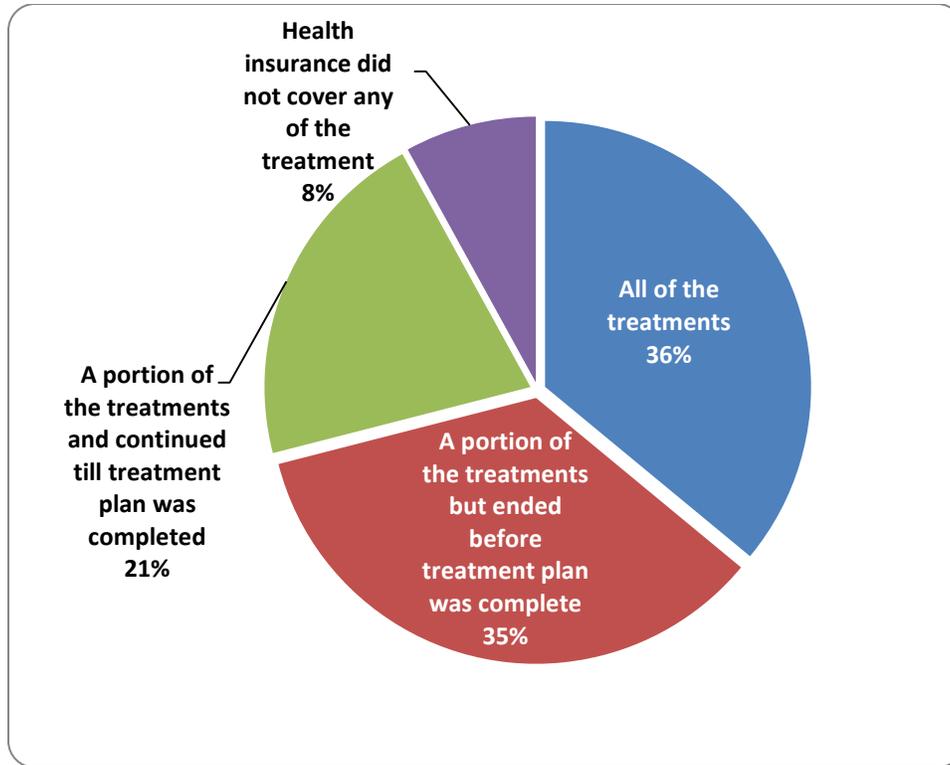
**Figure 23 - For You Personally, How Much of a Barrier to Receiving Treatment You Needed Were Each of the following?
(Consumer Survey)**



Insurance Coverage for Mental Health Services

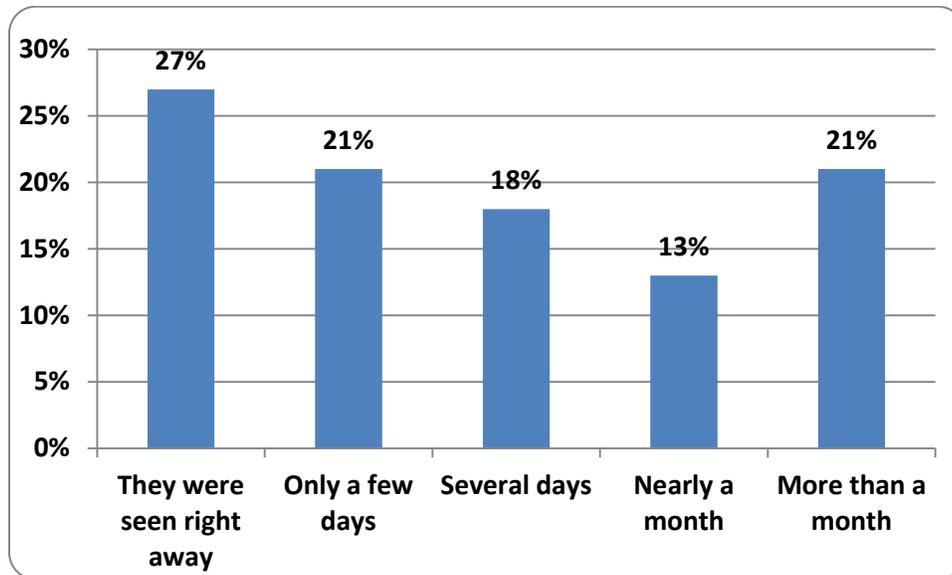
- Figure 24 below shows that of general public respondents who've had experience with mental illnesses, 36% stated that insurance paid for all of the recommended treatments, 35% said a portion of the treatments were paid for but ended before treatment was completed, and 21% indicated a portion of the treatments were paid for and continued until the treatment was completed. Eight percent (8%) of respondents said health insurance did not cover any of the treatments.

**Figure 24 - Which of the following Best Describes How Health Insurance Covered the Treatment
(General Public Survey)**



- Further information gathered from the general public about the length of time to treatment revealed that 27% of respondents said they or a family member was able to receive the help that was needed right away, 21% stated it was a wait of only a few days and 18% said they waited several days to receive the help that was needed. Unfortunately, 34% had to wait nearly a month or more to receive any type of assistance with their mental illness. Please see Figure 25 below.

**Figure 25 - How Long Did You or a Family Member Have to Wait for the Help That Was Needed?
(General Public Survey)**



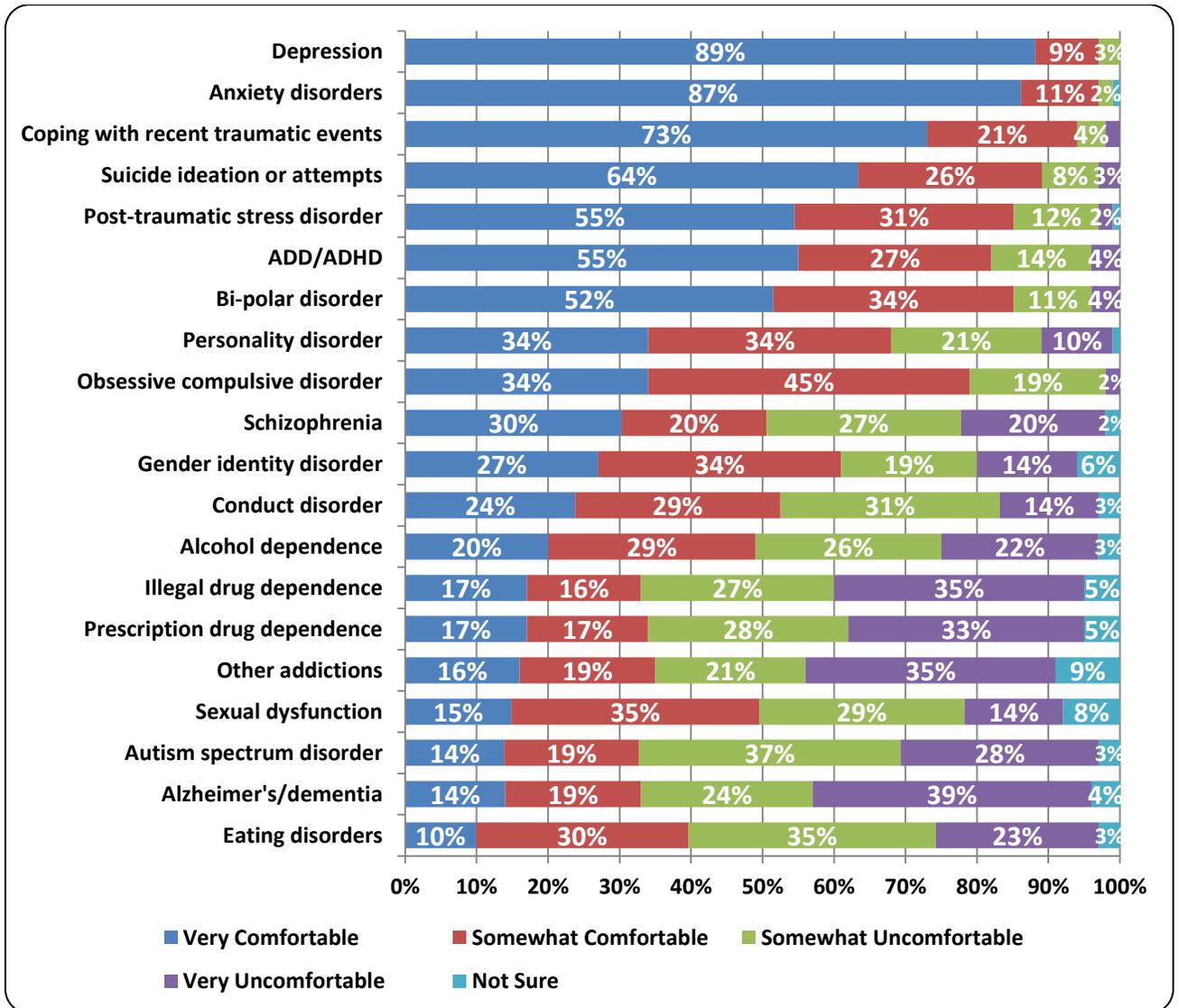
- A significant difference existed where health insurance is concerned; 70% of those without health insurance that covers mental illness had to wait nearly a month or more get the help they needed compared with 29% of those who had health insurance that covers mental illness.
- Concerning insurance, 49% of providers felt their patients have adequate health insurance to cover short-term care, 31% said their patients do not, and 20% are not sure. In terms of long-term care, 21% of providers felt their patients have adequate health insurance to cover long-term care, 57% say their patients do not, and 22% are not sure.
- The health insurance responses above reflect similar responses acquired from the providers' focus group data. When asked "what barriers do people seem to have in obtaining treatment?" most participants indicated financial barriers, namely inadequate health insurance coverage.

Comfort Level of Provider with Mental Health Conditions

- On the provider survey, there was a question asking how comfortable they would be in working with patients/clients with the following mental health conditions. Half of providers were only "very comfortable" with seven of the 21 mental health conditions listed. A very high percentage of providers reported being "very comfortable" or "somewhat comfortable" working with patients diagnosed with depression and anxiety (98% each). They also felt comfortable with

patients working with recent traumatic events (94%), suicide ideation or attempt (90%), and PTSD (86%). Many providers did not feel as comfortable with treating patients with autism (33%), Alzheimer's (33%), and eating disorders (40%). Please see Figure 26 below.

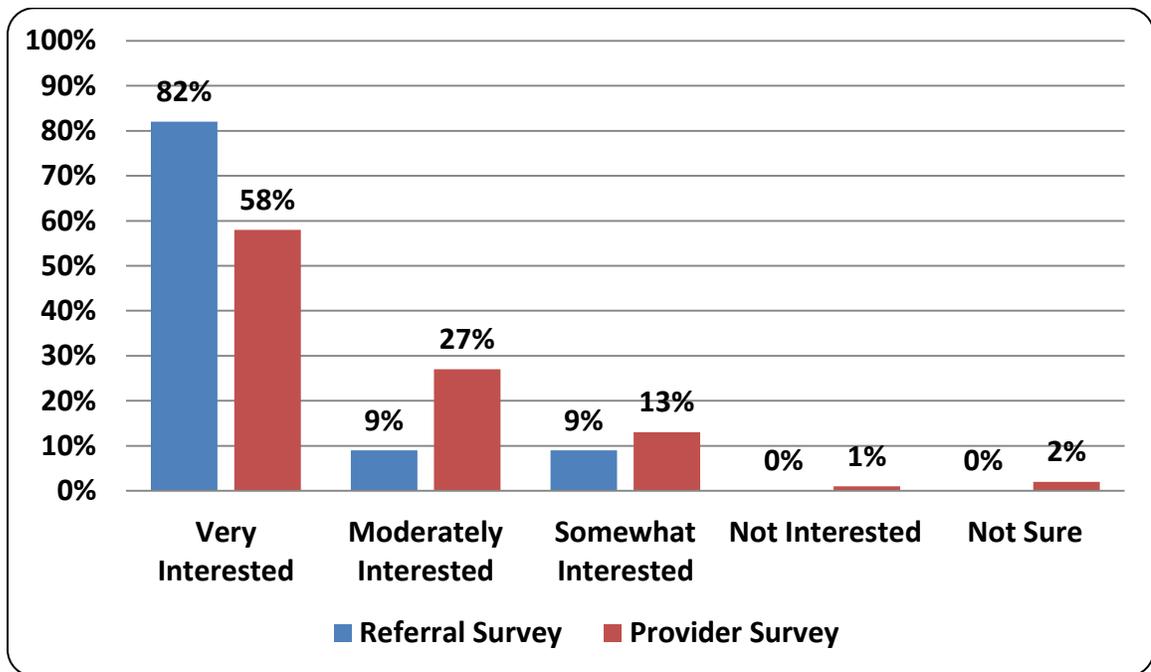
Figure 26 – Comfort Level of Provider with Mental Health Conditions
(Provider Survey)



Mental Health Professionals Interest in Learning More about Available Services

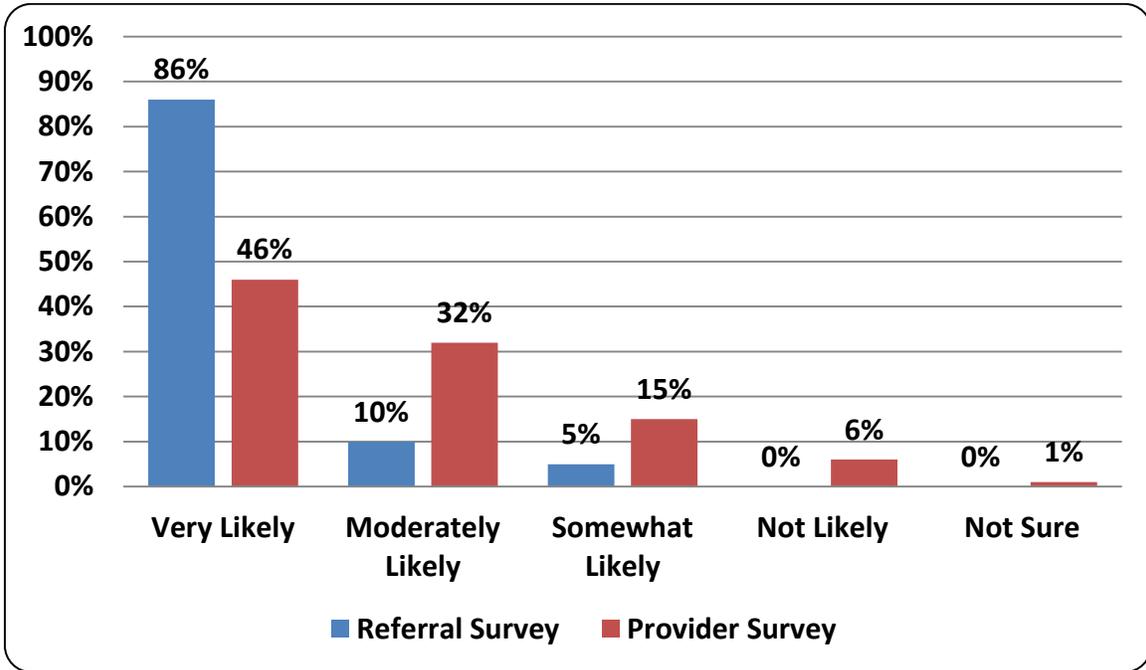
- At the end of both the referral survey and provider survey, participants were asked how interested they would be in learning more about the various mental health services that are available in the Fox Cities area. Eighty-two percent (82%) of referral respondents reported “very interested” while 58% of provider respondents reported “very interested.” No respondent on the referral survey reported “not interested” or “not sure” while 1% on the provider survey reported “not interested” and 2% reported “not sure.” Please see Figure 27 below. The high rate of interest was also true in both the referral and provider focus groups.

Figure 27 – Interest in Learning More about the Various Mental Health Services Available in the Fox Cities Area



- Both referral and provider respondents were also asked how likely it would be for them to attend an event that highlighted mental health providers and the services they provide in the Fox Cities area. Eighty-six percent (86%) of referral respondents reported “very likely” while 46% of provider respondents reported “very likely.” No referral respondent reported “not likely” or “not sure” while 6% of provider respondents reported “not likely” and 1% reported “not sure.” Please see Figure 28 below.

Figure 28 – Likelihood of Attending an Event That Highlights Mental Health Providers and the Services They provide in the Fox Cities Area



- As can be seen from Figures 27 and 28, a larger percent of referral respondents than provider respondents are interested and willing to learn more about and attend an event about mental health services in the Fox Cities area.

Overall Summary Observations

- Over half of all respondents from the general public, provider, and referral surveys feel that mental illness is a serious problem in the Fox Cities. Over half of provider and referral respondents also feel that mental health conditions have been increasing in the Fox Cities over the past few years.
- The general public survey pointed out that mental illnesses in Wisconsin are quite prevalent. Sixty percent (60%) of respondents said they personally have, or have had a family member who has been diagnosed with a mental illness, had counseling, or have taken medications for mental health reasons. The mental illnesses that were identified most often by respondents were depression, anxiety disorders, bi-polar disorder, and ADD/ADHD.
- There is a mismatch between the emerging and growing mental health challenges of addictions (alcohol and drugs) and the amount/lack of trained professionals to help these individuals. Also, substantial percentages of providers feel “uncomfortable” treating patients with alcohol dependence (48% of providers feel uncomfortable), prescription drug dependence (61%), illegal drug dependence (62%), and other addictions (56%). Not only do the providers not seem comfortable or adequately trained in these areas, but the consumer survey showed that few people in the provider offices are being treated for these mental health conditions. This speaks to not only a need for more training for existing therapists, but also a need for better prevention efforts and programs.
- There is general agreement among providers and referral agencies that there is a lack of adequate care available to persons with low income, transgender individuals, and those of diverse populations.
- High percentages of both referral respondents (95%) and provider respondents (77%) felt that a shortage of psychiatrists is a “major barrier” to mental health treatment and services in the Fox Cities. It was also mentioned a number of times in the focus groups that there is a lack of qualified professionals to help individuals with certain mental health conditions.
- It is a challenge for mentally ill patients to complete a long course of treatments. Some reasons for this include inadequate health insurance plans as well as the family support needed for long term treatment and recovery.
- A large segment of the public does not know how to seek the care or where to seek the care they may need for themselves or a loved one with a mental illness. Because of this, many individuals turn to the emergency room for fast and immediate help. These individuals also tend

to rely only on their primary doctors to help with their mental health condition instead of seeking professionals specifically trained to treat those with mental illnesses.

- Some specific challenges exist when working with children. Sometimes there are a number of individuals involved in the care and treatment of these children, some of which include multiple caregivers, treatment providers, and school officials. Managing this care system can sometimes be very problematic for treatment professionals as well as providers and referral agencies. Also, this type of care is not reimbursed fully and is full of Health Insurance Portability and Accountability Act (HIPAA) and paperwork challenges.
- Providers and referral agents are interested in learning more about the various services that are provided by mental health professionals in the Fox Cities area. In addition, most indicate that they would be interested in attending an event that would highlight various mental health services.