

2021 Thumb Behavioral Health Assessment

Input from the Perspectives of
Medical Providers, Mental Health Employees,
Community Stakeholders, and the Public.

Health and human service providers across the rural area of Michigan, commonly referred to as the Thumb, have a long history of addressing the physical and mental health needs of local residents. This assessment was conducted in order to better understand the behavioral health needs of the region and to promote an integrated approach to meeting those needs. This report will serve as a launch pad for important discussions and making decisions about solutions-- solutions which recognize a healthy body and mind are critical to overall wellness.



Executive Summary

Background

Rural Michigan is a region where many families go to play, relax, and enjoy the beauty of the Great Lakes. However, the tranquil rural setting can mask deep and rooted health problems. Making health disparities worse are poverty, lower education levels, and limited income opportunities. In 2018, seventeen organizations from Huron, Lapeer, Sanilac, and Tuscola Counties came together to create the Thumb Community Health Partnership (TCHP), a multi-sector health and human service partnership. TCHP members conducted a needs assessment and identified chronic diseases and behavioral health as top priorities in the region. Untreated and uncontrolled, these conditions are compounded by limited services and access barriers. TCHP members recognize that their collective resources and collaboration are critical to achieving greater levels of community health.

Findings

This assessment was conducted in order to better understand the behavioral health needs of the region and to promote an integrated approach to meeting those needs. This report provides insight into the prevalence of mental health needs, availability of services, barriers to accessing services, and the impact of stigma. The report includes data that is hopeful and data that shines a light on areas of need. Due to space limits and to protect confidentiality, comments were coded and analyzed into categories. The survey also had a number of positive indicators:

- Almost 1000 responses were received from community members and providers
- More than 80% of community respondents believe mental health conditions can be treated.
- More than 70% of community respondents felt comfortable discussing mental health with their medical provider.
- Of community members indicating they or someone close to them has a mental health condition, 60% report that help is being received.

Throughout the document, non-identifiable quotations from providers and community members have been used to expand on quantitative survey data. Based on initial review, themes were created based on comments and reviewed by the TCHP Priority Workgroup. At the end of each section, a table illustrating main themes by perspective is provided for discussion purposes. All comments have been documented and are available to TCHP members for internal planning purposes by contacting the TCHP Network Director.

Solutions and Next Steps

It is important that decision making related to addressing behavioral health needs and improving the system of services are data driven. The data included in this report will serve as a launch pad for important discussions. The data will be used to create solutions which recognize that a healthy body and mind are critical to overall wellness.

Resources



Information about mental health resources in the Thumb can be found at

www.thumbhealth.org/gethelp

or

www.thumbhealth.org/mantherapy

If you or someone you know is experiencing a mental health crisis,

dial 9-1-1

or contact a crisis line.

1-800-273-8255



www.thumbhealth.org

TCHPinfo@gmail.com

810-895-2918



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Acknowledgements

Collaborators

The 2021 Behavioral Health Needs Assessment is an outgrowth of a Huron County Needs Assessment conducted in 2018 by the **Harbor Beach Mental Health Access Team (MHAT)**.

Members of MHAT include:

- Harbor Beach Community Hospital
- Huron Behavioral Health
- List Psychological Services
- Professional Counseling Services

The original survey was expanded in 2021 to include four Michigan counties of Huron, Lapeer, Sanilac, and Tuscola. The process was led and implemented by members of the **Thumb Community Health Partnership** (Figure 1).

Funders

The contents of this report are those of the author(s) and do not necessarily represent the official views of, nor an endorsement by, HRSA, HHS or the U.S. Government.

Mental Health Access Team

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Thumb Community Health Partnership

This report was supported in part by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of a Rural Health Care Network Development grant award to the Huron County Health Department on behalf of a cross-sector partnership totaling \$900,000 with 0% percentage financed with nongovernmental sources.

Figure 1: Thumb Community Health Partnership

- Deckerville Community Hospital
- Harbor Beach Community Hospital
- Hills & Dales General Hospital
- Human Development Commission
- Huron Behavioral Health
- Huron County Health Department
- Lapeer Community Mental Health Agency
- Lapeer County Health Department
- Marlette Regional Hospital
- McKenzie Health System
- McLaren Hospital Caro Region
- McLaren Hospital Lapeer Region
- Sanilac Community Mental Health Agency
- Sanilac County Health Department
- Scheurer Hospital
- Tuscola Behavioral Health Systems
- Tuscola County Health Department

Project Team

The Thumb Community Health Partnership is staffed by a four person contract team (Table 1). The TCHP Data Workgroup provided oversight and input to the project.

| Team Member | Title | Project Role |
|-------------------------------|---------------------|-------------------------------|
| Kay Balcer | Network Director | Principal Investigator |
| JoAnn Hall and Joan Nagelkirk | Facilitators | Document Review and Planning |
| Kari White | Program Coordinator | Social Media and Distribution |

Introduction

Methodology

Instruments: Three surveys were used as part of the assessment: Medical Provider, Mental Health Provider, and Community. Questions were designed for each target population. Questions included multiple choice, rating scale, multiple option checklists, and open ended questions. All surveys included a question which assessed the impact of the COVID 19 pandemic on stress levels. Questions regarding a new TCHP project, Man Therapy, were also included to establish baseline evaluation data. As part of the community survey, participants were asked about personal experience with behavioral health. These individuals were asked additional questions about their experience with local services. Assessment topics fell into four main categories: 1) Prevalence of Mental Health Needs, 2) Availability of Services, 3) Barriers to Accessing Services, and 4) Impact of Stigma.

Distribution Methods: The survey was administered from March 4, 2021 to March 31, 2021. Due to in person restrictions related to the COVID 19 pandemic, electronic distribution was the primary means for distributing the survey. In order to increase completion by individuals with a mental health condition or caring for a person with a condition, paper surveys were made available for clients who were accessing in person services at local community mental health agencies. Fifty six or 7% of surveys were completed on paper. Social media as well as email were used to promote the surveys by TCHP members. Key stakeholders from organizations such as the Great Start Collaborative and Human Service Collaborative Body for each county also helped distribute the survey. A press release was sent to local print and radio media. To encourage participation, people completing the community survey were eligible for a drawing.

Data Entry: Due to the high number of electronic responses data entry needs were minimal. Participants completed the online survey via www.surveymonkey.com. Only 56 paper surveys were collected by providers. To maintain compliance with agency confidentiality policies, paper surveys were anonymous and participants were directed to send drawing entries in an envelope not associated with the provider agency. Paper surveys were mailed or emailed in bulk to the principal investigator and entered into the online platform, www.surveymonkey.com.

Analysis: Summary reports were downloaded from the online platform in excel. Platform tools were used to compare results between counties and disaggregate some questions by gender and age. Data has been retained for additional analysis as needed for specific topics.

Limitations and Additional Data Sources: This needs assessment was conducted with a convenience sample and heavily relied on online promotion and completion. The scope was limited in order to reduce survey fatigue associated with lengthy surveys. Questions related to substance use disorders were limited in light of a survey conducted in 2020 by the Thumb Opioid Response Consortium. This needs assessment is an expansion of a 2016 survey completed as part of a Harbor Beach Mental Health Access project. The 2016 survey only included Huron County and resulted in a three year project to increase access to outpatient therapy, better coordinate behavioral health and primary care services, and provide tele-psychiatry services. A 2016-2021 comparison survey report was produced as part of the project evaluation. Both these complementary reports are available by emailing thumbhealth@gmail.com.



Participants

Community Survey

A total of 780 people participated in the community survey. Of the 750 that answered the question about personal impact of mental health, 37% had a mental health condition, 23% cared for someone and 61% had a close family member or friend with a condition.

Figure 2: County Participation-Community Survey

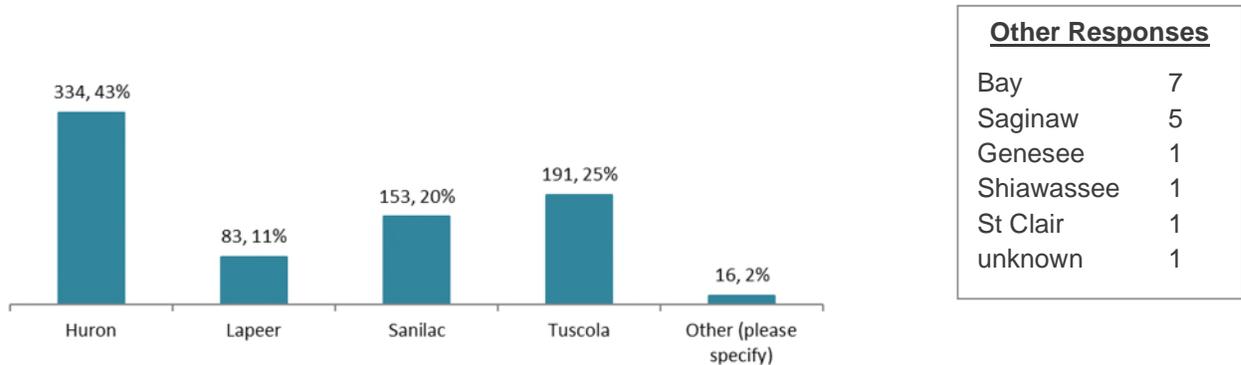


Figure 3: Gender of Community Participants

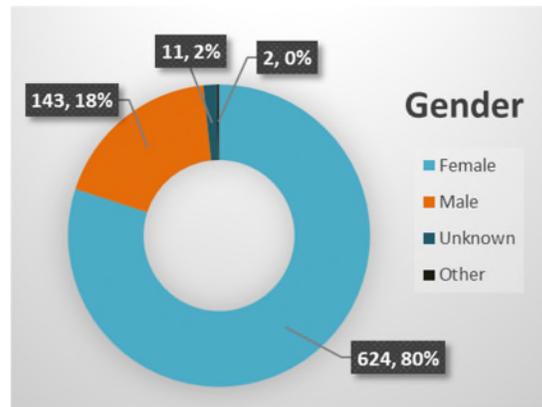
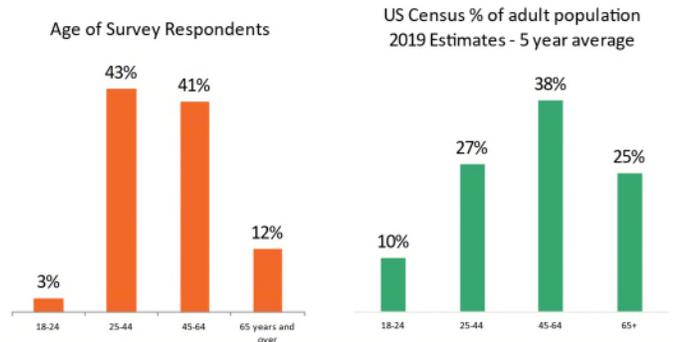


Figure 4: Age of Community Participants



Age and Gender

The data workgroup discussed gender and age representation of respondents. It was determined that gender was sufficient to draw necessary conclusions from the data. Age of survey respondents was compared to the age of the adult population.¹ It was determined that survey participation by age, while not directly representative of the population, included an acceptable representation of each age group.

¹ 2019 American Community Survey, U.S. Census Bureau



Medical Providers

TCHP partner organizations assisted with outreach to medical providers. When entering the home page of the community survey, medical providers were also provided the link to the medical provider survey. A total of **68 medical providers** participated in the community survey. Figures 5 and 6 provide data on participation by county and organization. It should be noted that some organizations choose to distribute the survey to only primary care providers and others distributed it more broadly to physicians, nurses, technologists, and other staff.

Figure 5: County Participation-Medical Providers

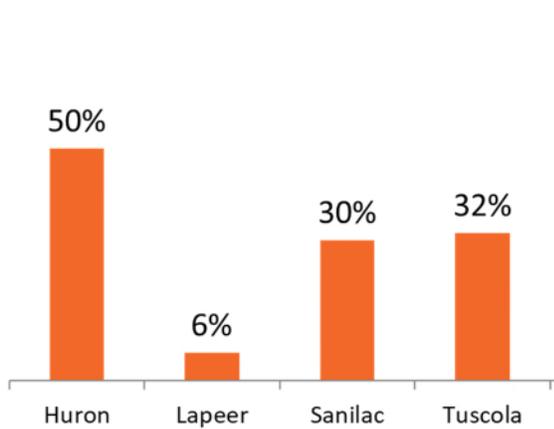
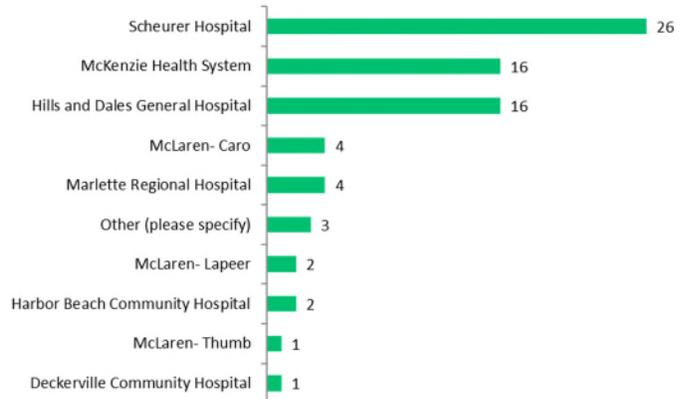


Figure 6: Hospital Affiliation, Medical Providers



Mental Health Providers

TCHP partner organizations assisted with outreach to mental health providers and other employees that worked in the mental health sector. When entering the home page of the community survey, mental health employees were also provided the link to the provider survey. A total of **98 mental health provider/employees** participated in the community survey. Figures 7 and 8 provide data on participation by county and role in the organization.

Figure 7: County Participation-Mental Health Providers

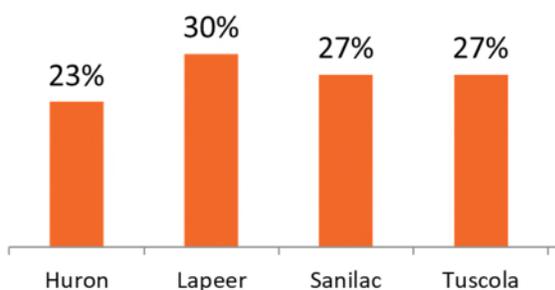
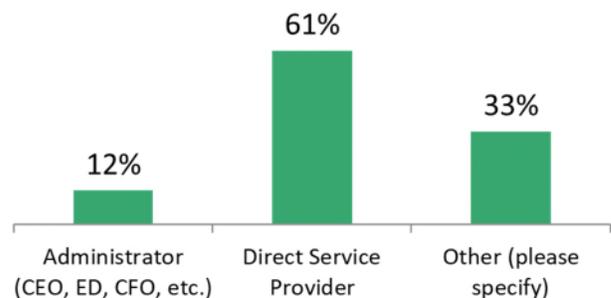


Figure 8: Role of Mental Health Provider



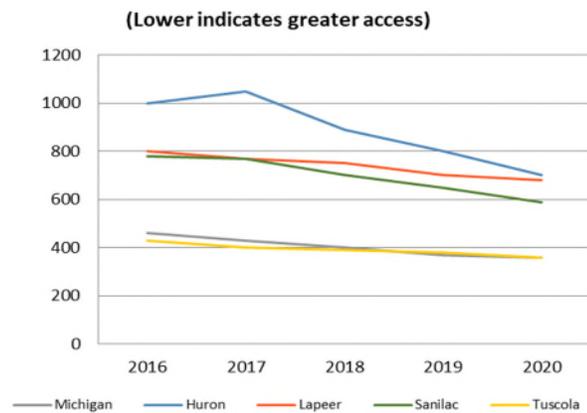


Needs Assessment Data

Section 1: Prevalence of Mental Health Needs

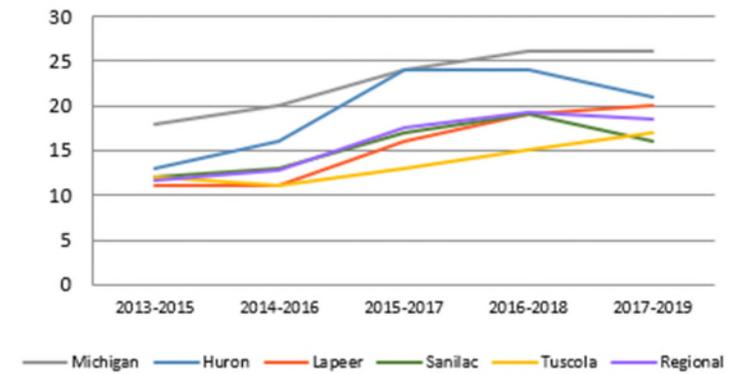
Understanding the prevalence of mental health conditions is a challenge. Quantitative data and vital statistics are limited. Members of TCHP monitor health indicator data that is available for the Thumb region. Below are charts for indicators related to behavioral health. TCHP has also developed a dashboard that includes indicators identified for tracking over time as a measure of impact by local initiatives. The Dashboard can be found at <https://www.thumbhealth.org/healthdata>

Figure 9: County Mental Health Provider Ratio²



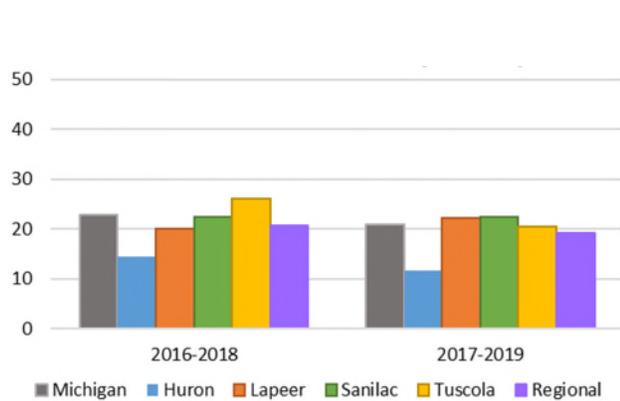
www.countyhealthrankings.org

Figure 10: Drug Poisoning Death Rate/100,000



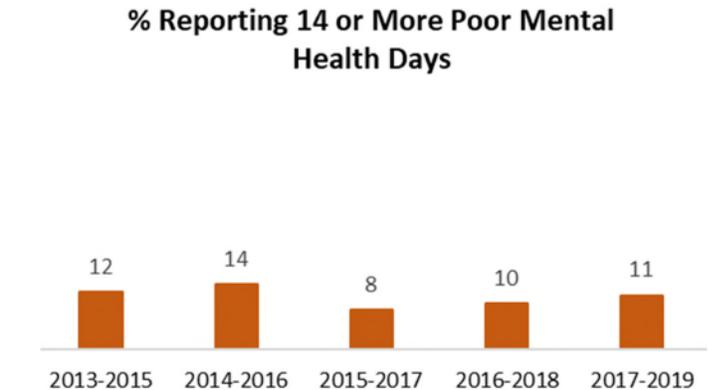
www.countyhealthrankings.org

Figure 11: % of Residents Ever Told They had Depression



http://www.michigan.gov/mdhhs/0,5885,7-339-71550_5104_5279_39424-134707--,00.html

Figure 12: Poor Mental Health Days-Region

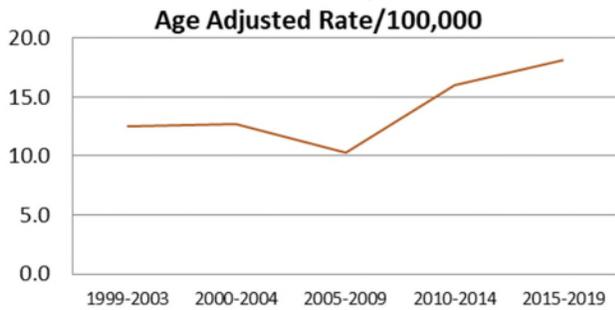


http://www.michigan.gov/mdhhs/0,5885,7-339-71550_5104_5279_39424-134707--,00.html

² The mental health provider ratio indicates the number of people for every one provider. A lower number indicates that there are fewer people per provider which should increase access and decrease wait times to see a provider.



Figure 13: Suicide Mortality Trend-Region



https://www.michigan.gov/mdhhs/0,5885,7-339-73970_2944---,00.html

Figure 14: Suicide Death Rate Table

| Suicide Mortality Trends/100,000 | | | | | |
|----------------------------------|-----------|-----------|-----------|-----------|-----------|
| | 1995-1999 | 2000-2004 | 2005-2009 | 2010-2014 | 2015-2019 |
| Michigan | 10.3 | 10.4 | 11.2 | 12.6 | 14.0 |
| Huron | 13.6 | 12.9 | 16.8 | 14.6 | 25.2 |
| Lapeer | 10.3 | 10.8 | 10.2 | 17.7 | 14.7 |
| Sanilac | 13.9 | 11.5 | 10.7 | 18.8 | 13.9 |
| Tuscola | 13.6 | 15.6 | 14.1 | 13.1 | 18.9 |
| Regional | 12.9 | 12.7 | 10.3 | 16.1 | 18.2 |

https://www.michigan.gov/mdhhs/0,5885,7-339-73970_2944---,00.html
 *Data not available for Sanilac from 2005-2009; rate used is the average of 2004-2008 and 2006-2010 rates.

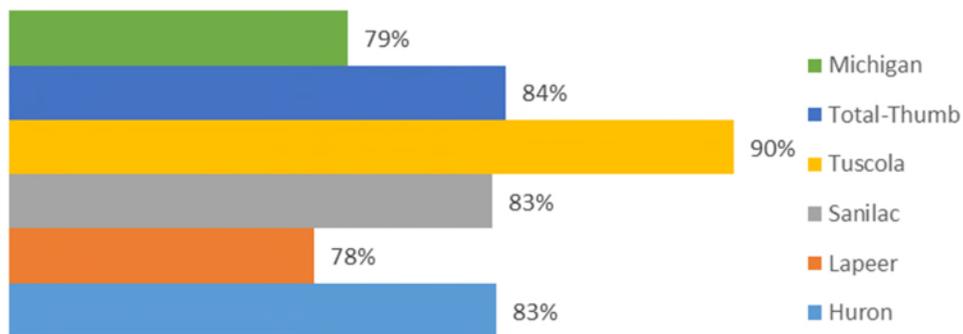
Figure 15: Five-year Average Rates of Suicides by Age

By Selected Age-groups (2014-2018)

| | 15-24 | 25-44 | 45-64 | 65 & Over |
|----------|-------|-------|-------|-----------|
| Michigan | 14.4 | 18.1 | 18.8 | 15 |
| Huron | * | 46.1 | 29.3 | * |
| Lapeer | 9 | 18.8 | 25.1 | 20 |
| Sanilac | * | 16.4 | 14.7 | 23.6 |
| Tuscola | * | 23.8 | 18.8 | 15.5 |

Rates are per 100,000 population for the specified age and sex group in the geographic area.
 * Suppressed due to low numbers.
https://www.michigan.gov/mdhhs/0,5885,7-339-73970_2944---,00.html

Figure 16: % of Suicides-Male (2004-2018 average)



https://www.michigan.gov/mdhhs/0,5885,7-339-73970_2944---,00.html



Community Survey Results

Survey data is important to more completely understand health indicator data. This report includes charts and graphs that reflect feedback from consumers of services, the general public, and community stakeholders. When possible, data is presented by county to allow for regional planning around common issues and localizing efforts where differences in the data are present.

Figure 17: Impact of Mental Health

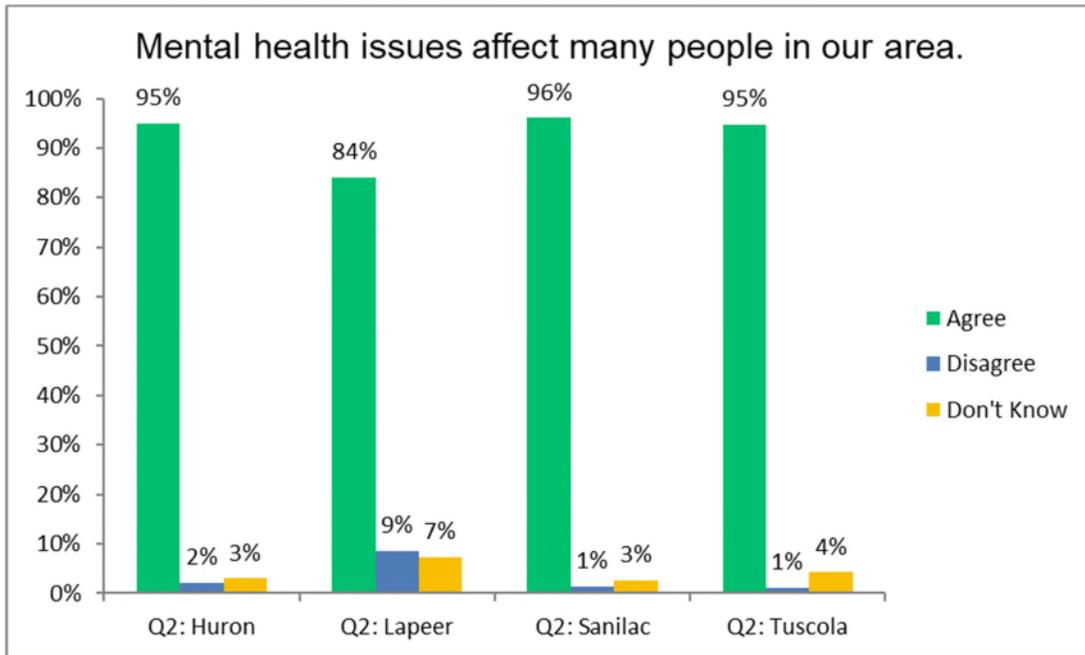
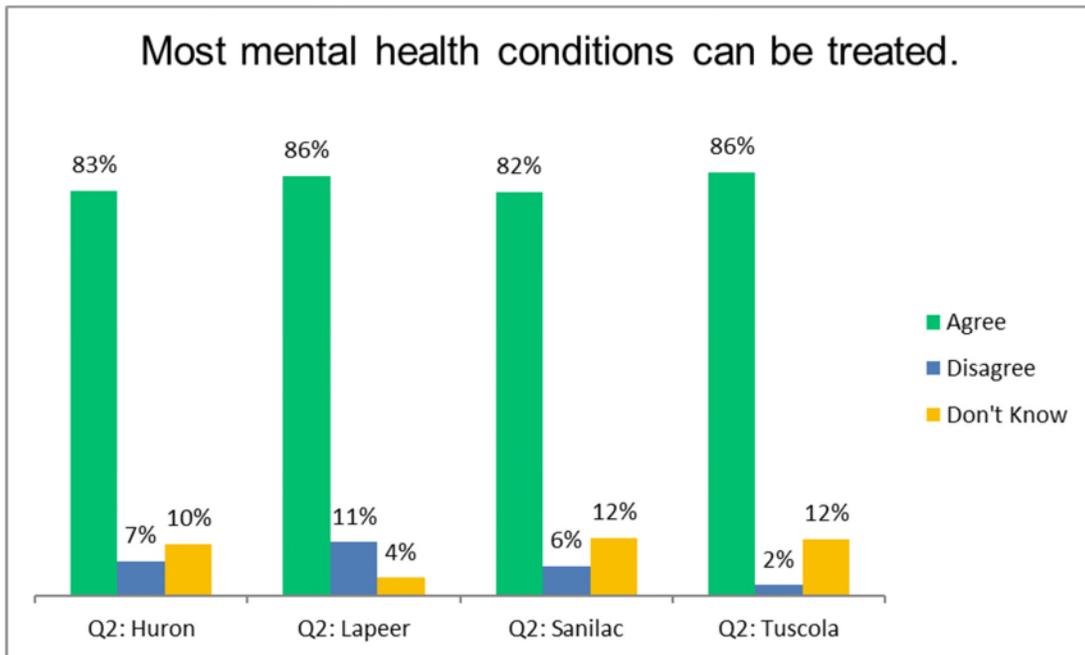


Figure 18: Community Treatability of Mental Health Conditions





Impact of Mental Health on Individuals and Families: Of the people impacted by a mental health condition, personally or through a person they know, 432 continued to answer additional questions. Regarding prevalence, they were asked which type of mental health issue has been an impact.

Figure 19: Community Type of Mental Health Condition Impacting Personally

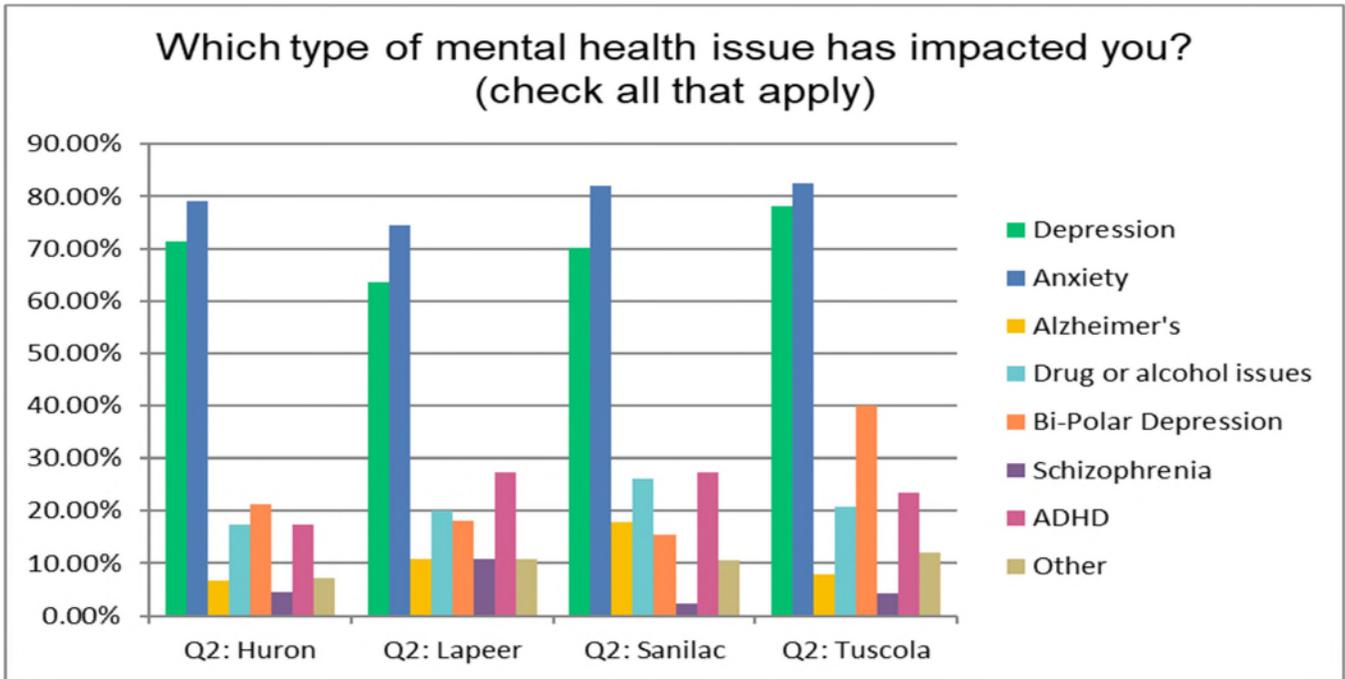
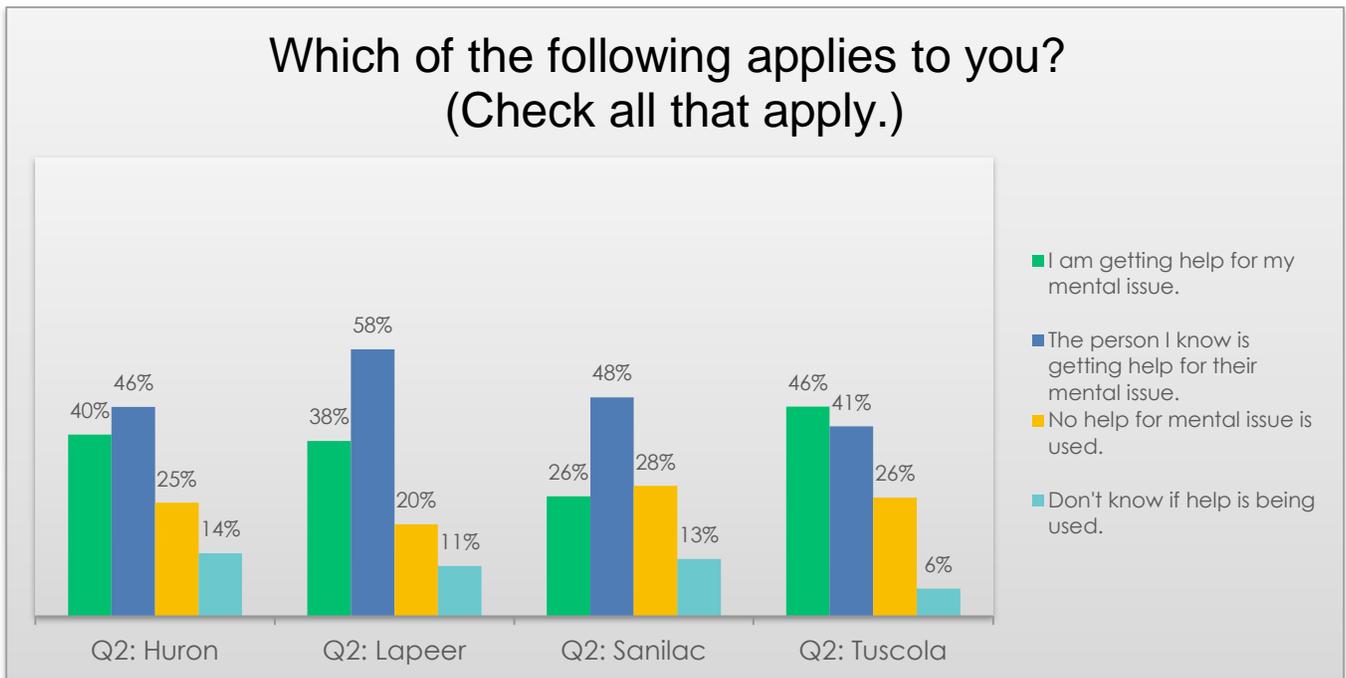


Figure 20: Community-Help Seeking Behavior



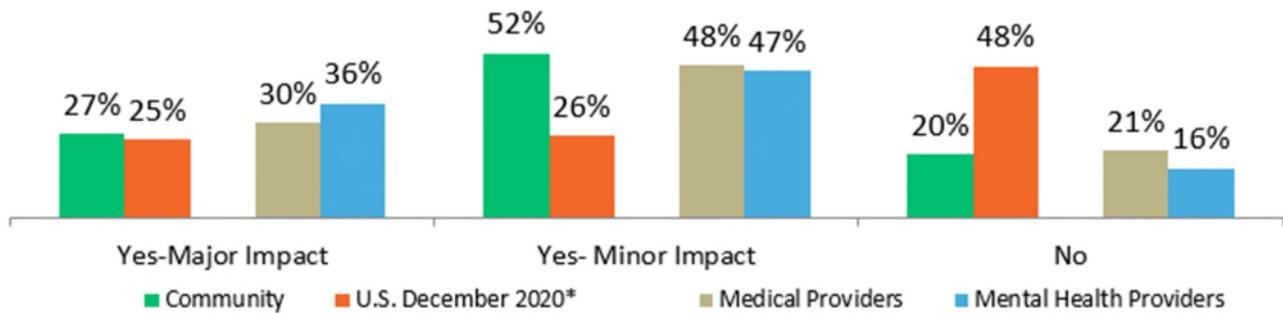


COVID 19 and Stress

At the time of the survey, participants had been coping with the impact of the COVID 19 pandemic for over a year. A question to assess the impact was included and will provide a context for discussions and long term impacts on mental health. A nationally standardized question was utilized in the survey.

Figure 21: Impact of COVID 19 on Stress Levels

Do you feel that worry of stress related to coronavirus has had a negative impact on your mental health, or not?



*U.S. Data taken from the Kaiser Family Foundation www.kff.org/polling

Figure 22: Themes Related to Prevalence of Mental Health In the Community

Themes have been identified through review of comments and survey data. For community and mental health providers, the number of related comments is listed. There were minimal comments by Medical Providers. Checked boxes under medical providers indicate that responses to multiple choice questions on the medical provider survey support the theme.

| | Community | Mental Health Providers | Medical Providers |
|---|-----------|-------------------------|-------------------|
| 1. The trauma created for adults and youth related to the pandemic will have long lasting effects that the system may not be adequate to address. | 3 | 4 | |
| 2. Youth are at high risk for mental health issues due to a variety of causes: society, culture, COVID 19 isolation, lack of supports for youth such as afterschool programming and mentors, and overreliance on schools to solve youth issues. | 4 | 0 | ✓ |



Section 2: Availability of Services

Community Survey Results

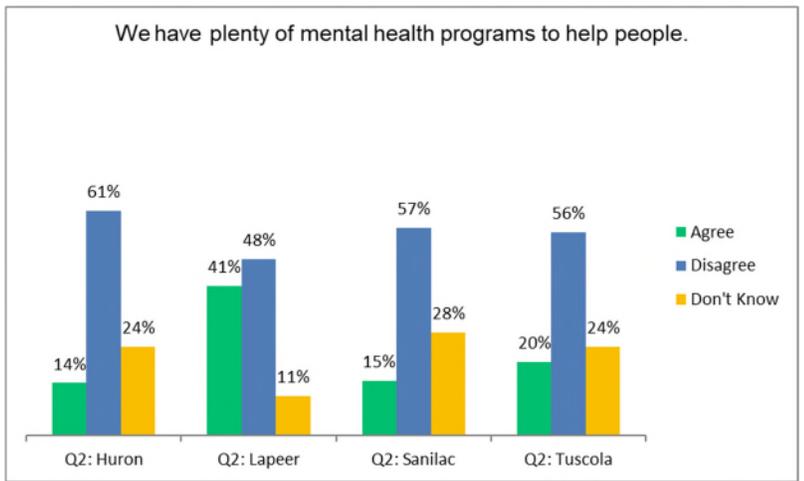
Access to services is determined by a wide range of factors. In this section we look at the availability of a wide array of quality services. What programs exist in the local community?

"It is wonderful that people in our society who have mental health services are reaching out to the community but there is not enough of them."
Community Participant

"Veterans suffering from PTSD do not have adequate local help. Many veterans deny having the disorder. My youngest brother is a 20 year veteran who served in Desert Storm and the Iraqi War for most of his career. He doesn't believe in the disorder but has all the signals."
Community Participant

"I consider myself in the middle of the road, I'm not suicidal, but I'm also not entirely ok. I just don't know what to do with that. I have a feeling that there are others in our area that are in the same boat. It doesn't feel deep enough to call a hotline, but it sure feels heavy to carry."
Community Participant

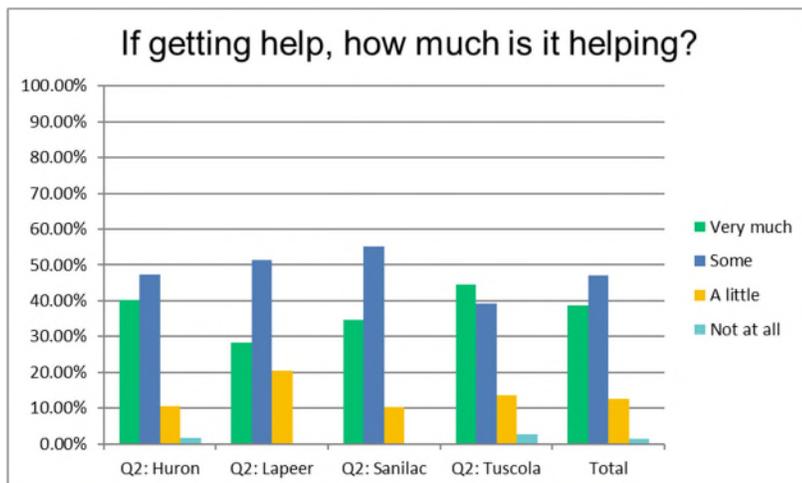
Figure 23: Community Perception of Available Programs



Experience of Mental Health Services for Individuals and Families

Of the people impacted by a mental health condition, personally or person they know, 281 reported using services. Of those getting help, 272 knew what kind of help was needed and answered additional questions about how much services were helping and being able to access eight different services.

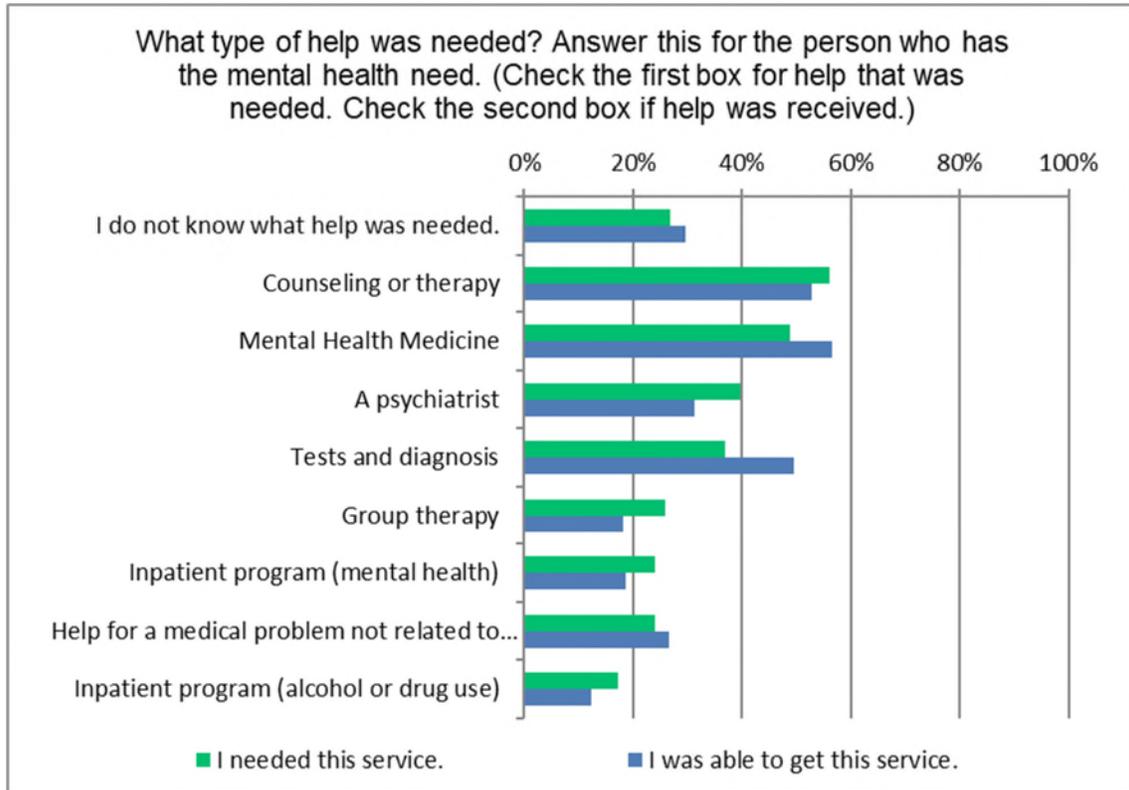
Figure 24: Perceived Benefit of Services by Consumers



"Our therapists have so much on their plates. There needs to be more therapists available to assist the needs of the community. They do a tremendous job, but there is only so many hours in the day, and I fear losing our wonderful therapists to burn out and overwhelming caseloads."
Community Participant



Figure 25: Consumer Ability to Get Help



"It is very difficult to get inpatient help for my teenage son. He is not doing as well as we hoped in home based therapy."

Community Participant



"We know many people in our County have issues 'after regular office hours' Either police or a hospital emergency room are about only way to get help and although these are good people this county doesn't have resources or facilities to handle these after hour crises speedily."

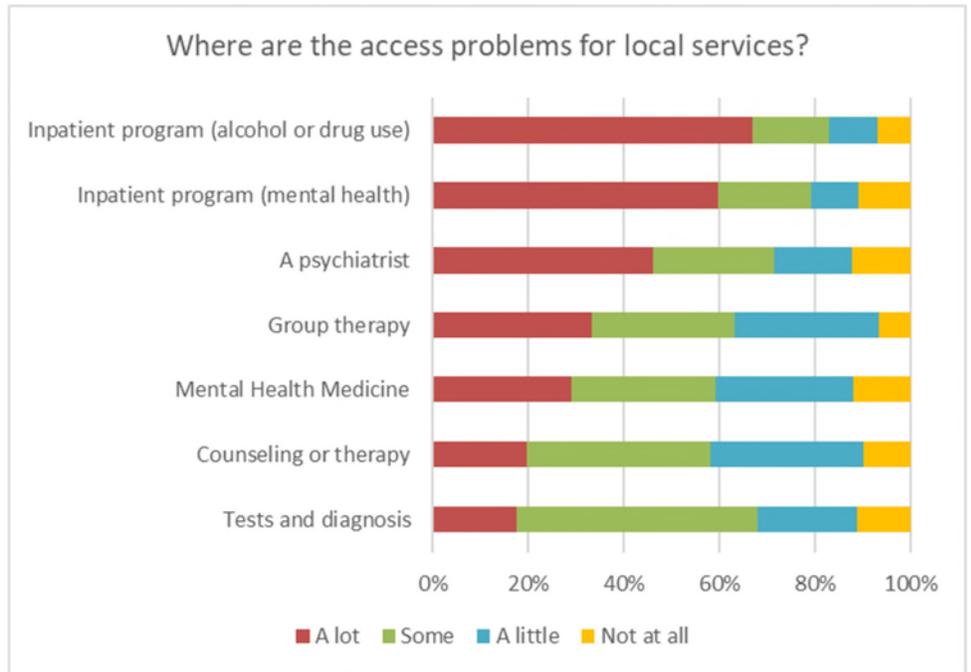
Community Participant



Mental Health Providers

Challenges in accessing care are often brought to the attention of those who work in the mental health system. Mental health employees were asked “Please indicate how much the following services are an access problem for your county.”

Figure 26: Access Problems as perceived by Mental Health Employees



“It is very difficult getting someone the services they need for an acute mental health crisis. They sometimes have to sit in an ER for several days untreated before an inpatient bed can be secured, and the bed is often several hours away from the area and their primary supports.”

Mental Health Provider

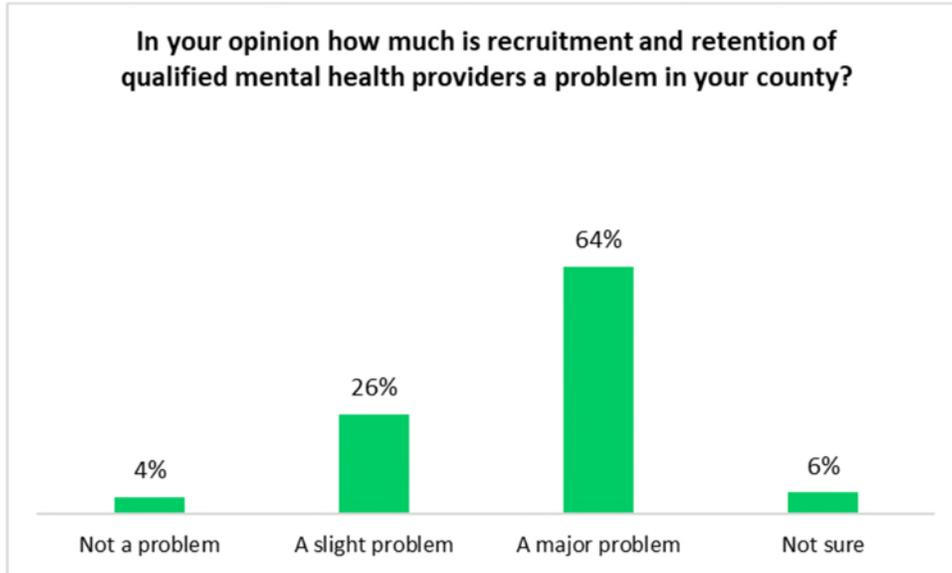
As a person who previously worked emergency services for the thumb region there were times I would have to send individuals to the upper peninsula in order to get mental health services because of the hospitals around here being full and/or not taking the persons insurance.

Mental Health Provider



Availability of Services is often impacted by the strength or limitations of the local workforce. Mental health employees have unique insight into workforce challenges and were asked to rate recruitment and retention of behavioral health providers and to provide an explanation of the workforce problems that they see.

Figure 27: Perceived Workforce Problems by Mental Health Employees



A wide range of factors were provided in the comments of mental health employees. The top six items are displayed below.

Figure 28: Workforce Comment Themes-Mental Health Employees

| Workforce Challenge | # of related comments |
|--|-----------------------|
| It is difficult to recruit people to the rural area and low wages make it more difficult. | 21 |
| There is a lack of candidates with the needed credentials and areas of training needed for current staff. | 18 |
| There is an overall shortage of behavioral health providers including LMSWs, Psychiatrists, Peer Support Staff, and other specialized credentials. | 16 |
| Staff is experiencing burnout due to a variety of factors including the pandemic, high caseloads, and management/leadership. | 13 |
| Turnover is high for behavioral health professionals. | 5 |



Medical Providers

Primary care providers were asked their perceptions of the current system of mental health services and meeting the needs of their patients.

Figure 29: Mental Health Services Ability to Meeting Medical Providers' Patient Needs

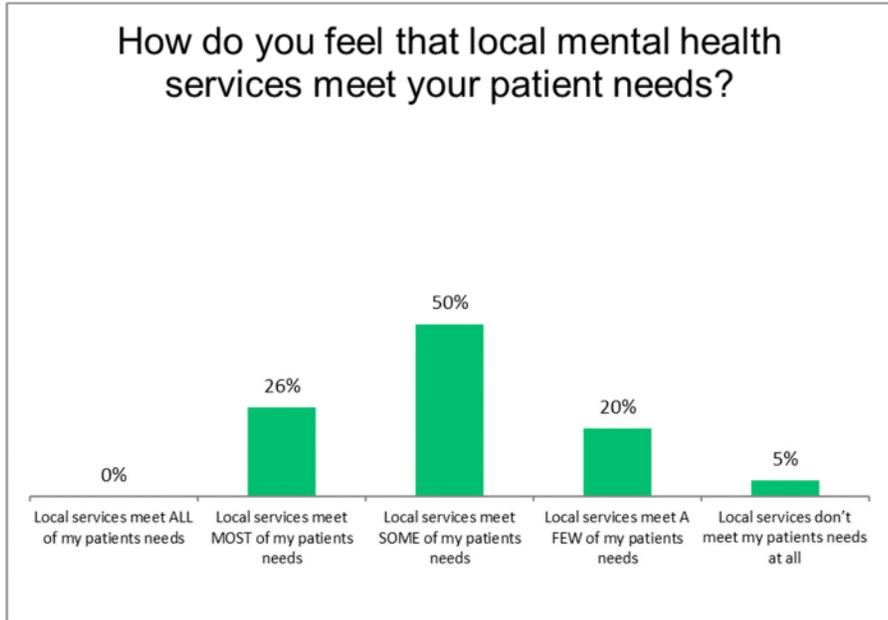


Figure 30: Services Medical Providers Indicate are Already in Place



In order to inform decisions regarding strategies that involve medical providers, participants were asked to indicate on a four point scale interest in twelve different strategies. Four points were assigned if the strategy was already in place, three if “yes” they were interested, two if “maybe” they were interested, and one if “no” they were not interested. Creating an average score for each strategy, the most and least popular strategies were identified (Figure 31).



Figure 31: Most and Least Popular Behavioral Health Strategies as rated by Medical Providers

| Most Popular | Score | Least Popular | Score |
|--|-------|--|-------|
| 1. Having a care coordinator or behavioral health specialist in my office that could help with referrals and navigating the mental health system | 2.89 | 1. I would like to get training and a waiver to prescribe medications for substance use disorders including MAT for Opioids. | 1.52 |
| 2. Having a specialty clinic for psychiatry using tele-medicine | 2.89 | 2. Have counselors from another agency provide a therapist at my office to provide services for patients | 2.46 |
| 3. Having more counseling services available in the community | 2.77 | | |

Figure 32: Themes Related to Availability of Mental Health Services

Themes have been identified through review of comments and survey data. For the community and mental health providers, the number of related comments is listed. There were minimal comments by Medical Providers. Checked boxes under medical providers indicates that responses to multiple choice questions on the medical provider survey support the theme.

| AVAILABILITY OF SERVICES | Community | Mental Health Providers-SUD | Mental Health Providers-overall | Medical Providers |
|--|-----------|-----------------------------|---------------------------------|-------------------|
| Theme A1: Inpatient services for behavioral health are difficult to access. Examples given included inpatient mental health, detox, and inpatient substance use services. | 9 | 24 | 22 | ✓ |
| Theme A2: Professionals with the expertise to prescribe behavioral health medications are limited. Examples included a desire for local primary care practitioners to receive more training related to psychiatric medications and increasing access to psychiatric specialists. Mental Health Provider comments included 12 comments about the need for Medication Assisted Treatment for Opioids. | 7 | 15 | 13 | ✓ |
| Theme A3: There is a lack of varied therapies and treatments. Participants expressed a need for more spiritual therapies, meditation programs, complex PTSD services, dialectical behavior therapy (DBT) for teens, group therapy, music therapy, spa treatments, pet therapy, OCD services, peer support programs, art therapy, fitness programs for mental health. | 10 | 11 | 9 | |
| Theme A4: Virtual behavioral health services have benefits but are not meeting all the needs of all people. Challenges related to children not engaging during tele-visits, lack of privacy in the home, and Zoom exhaustion were mentioned. Benefits were mentioned regarding convenience, socialization opportunities for those with serious mental health disorders, and reduced transportation barriers. | 6 | 16 | 4 | |
| Theme A5: Schools and the community need more resources and services to meet the level of need and degree of severity related to behavioral health of children. | 18 | 5 | 1 | ✓ |
| Theme A6: There are not enough resources to provide services in a timely manner. A few respondents indicated that there might be a lack of overall funding or misallocation of resources intended for behavioral health issues. | 12 | 2 | 6 | |
| Theme A7: Comments showed that experiences with primary care providers varied. For some the provider was essential to getting help and others found that the provider was not able to help due to system issues, lack of resources for referral, lack of training related to behavioral health, not coordinating with psychiatric specialists, or stigma from the provider. | 9 | | | ✓ |
| Theme A8: There are availability issues for specific populations including children, men, the elderly, and LGBTQ populations. | 3 | 5 | | |
| Theme A9: There are coordination challenges between different sectors and organizations related to referrals and available services for patients. | 2 | 4 | 1 | |
| Theme A10: There are availability issues for addressing mental health concerns early before they become serious or a crisis. | 5 | 2 | | |
| Theme A11: Real or perceived issues with privacy and confidentiality are a concern for some and a barrier to accessing services. Examples shared in comments included location of facilities, living in a small town, virtual in home services, and traveling to other towns to avoid people you know. | 4 | | | |

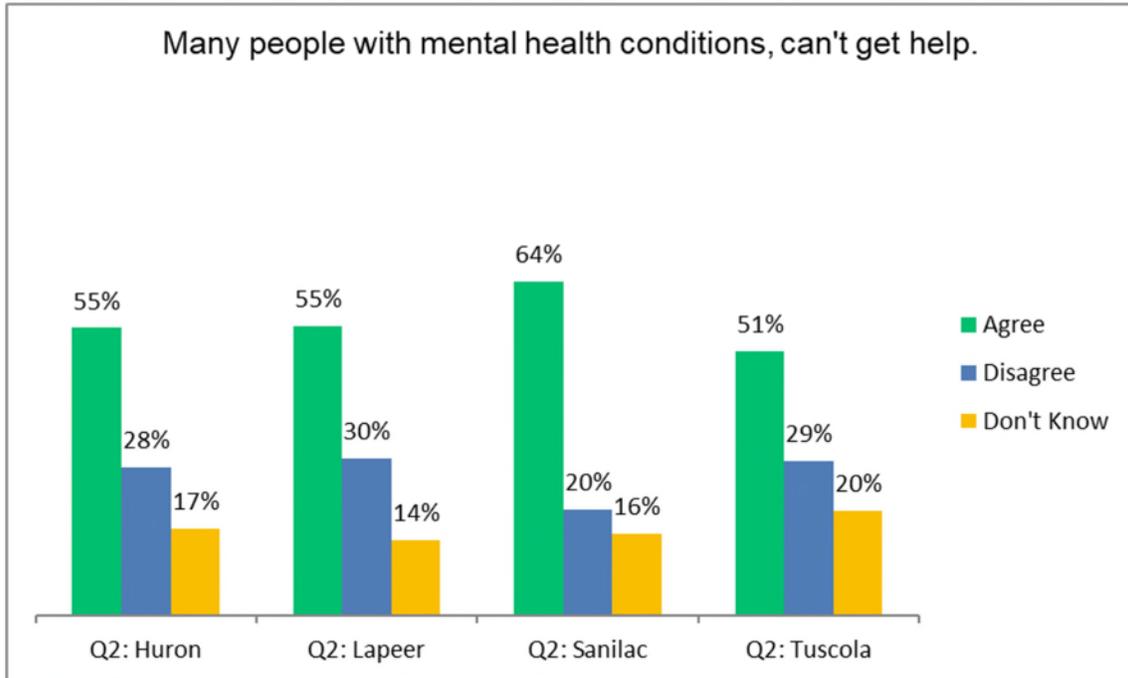


Section 3: Barriers to Accessing Services

Even when sufficient services exist, there are barriers to accessing those services. This section provides insight into the variety of barriers experienced directly by consumers and as reported by medical and mental health providers.

Community Survey Results

Figure 33: Community Perception- Not Able to Get Help



"I think that the "low income" needs to be changed with the cost of living. I make \$12/hr. and considered above poverty... And have no insurance... But I can't afford \$80-100/visit (that's how much it was when I had insurance) to see a therapist once a month let alone once a week and had to quit going."

Community Participant

"Could not get services/counselor when needed in the middle of the night to talk with someone who was attempting/discussing suicide because she had private insurance and would need to wait till center opened during regular business hours to schedule an appointment. If she had state insurance, a counselor would have been there immediately. I did not understand how someone in crisis would be coherent enough to wait for an appointment.!"

Community Participant

"Patients that carry a commercial insurance (BCBS etc) struggle to find services."

Medical Provider



Figure 34: Community Understanding of How to Seek Help

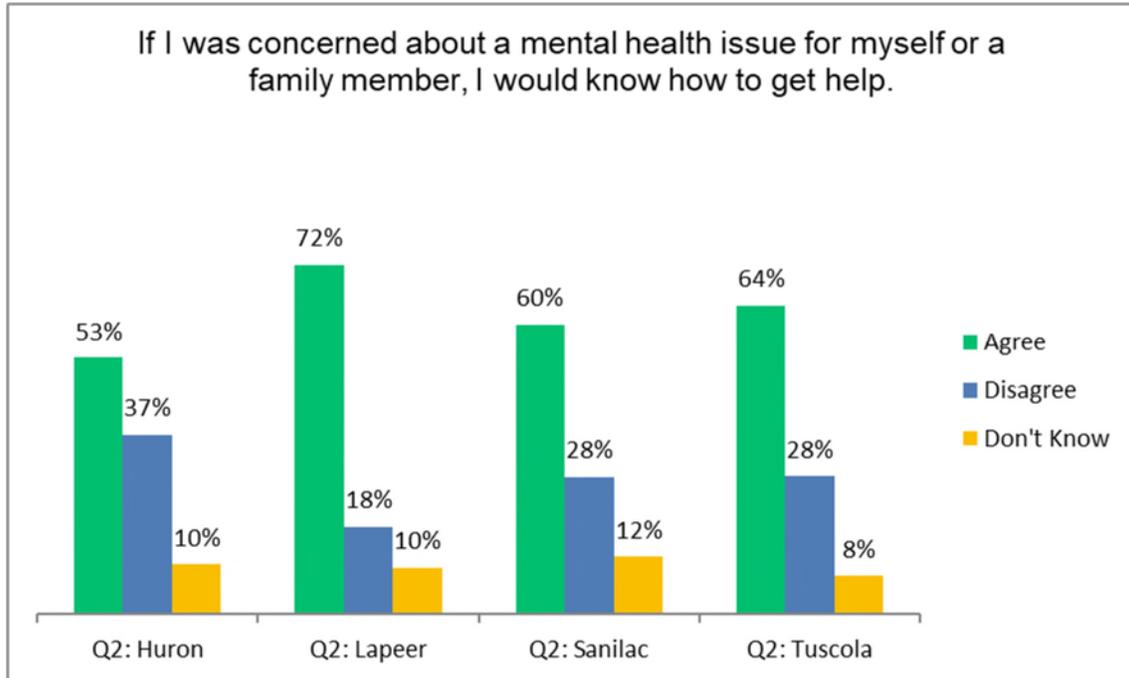
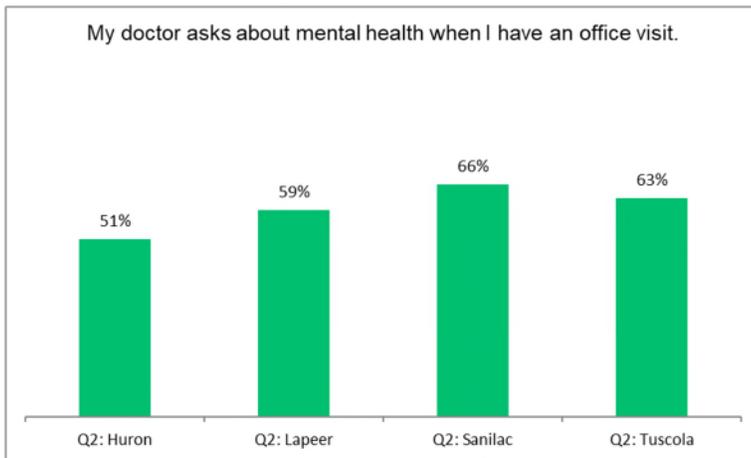


Figure 35: Primary Care Screening for Mental Health as Reported by the Community



“Trying to get mental health help is a struggle even for me who knows all the different resources for people. My daughter was turned away from one resource because she had not yet acted on her suicidal plan and thank goodness my job has me full of other resources to get help, but it still took over 2 weeks for her to get help from a professional that deals with mental health. Her family doctor is amazing and continues to check in and make sure she is getting the help she needs and even warned me that mental health help is scarce and she will be a low priority and gave me tips to get her help sooner.”

Community Participant



Barriers to Mental Health for Individuals and Families: Of the people impacted by a mental health condition, personally or person they know, 416 continued to answer an additional question about barriers to services. Since barriers can vary between individual counties, responses have been broken down by county.

"I think it can be very hard for people to get services if they don't know what they are doing/have not previously accessed mental health. The system is hard to navigate, and it is difficult enough to ask for help without having to jump through all the "hoops" that are part of the system."

Community Participant

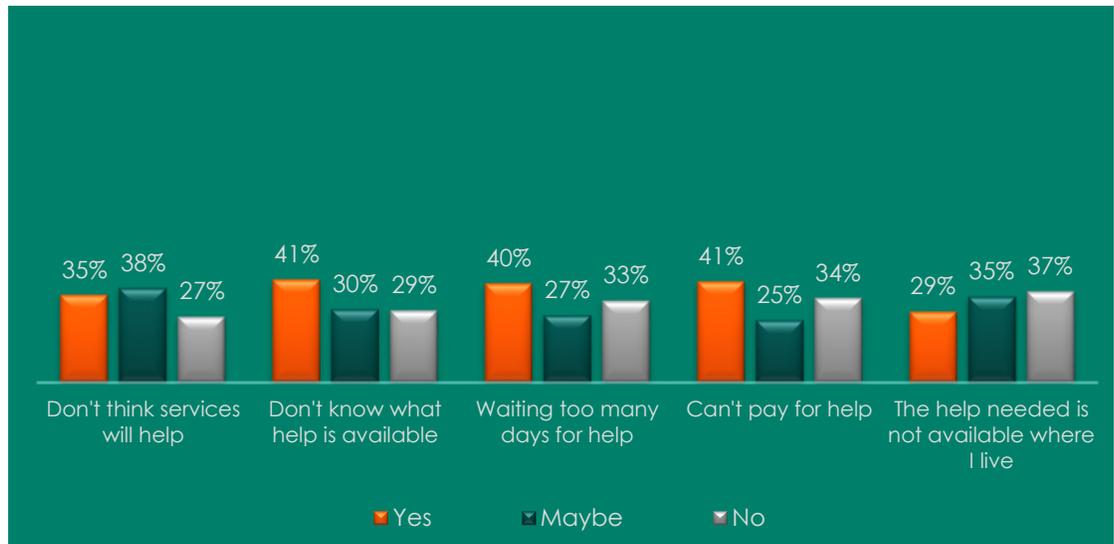
What gets in the way of getting help for mental health issues?

For the region, the top two barriers were stigma related.

Figure 36: Community Perceptions of Top Barriers to Mental Health Services

| | Yes | Maybe | Yes or Maybe |
|---------------------|--------|--------|--------------|
| Feeling embarrassed | 51.61% | 27.05% | 78.66% |
| Feeling afraid | 48.51% | 26.62% | 75.13% |

After stigma, the next five most common barriers included mindsets and system issues.



There were many similarities related to barriers across the counties and some differences.

The follow pages illustrates the barriers for each county.

"Some people don't know where to go to start getting help... Or don't realize what's wrong with them."

Community Participant



Figure 37: Huron County Barriers as Reported by the Community

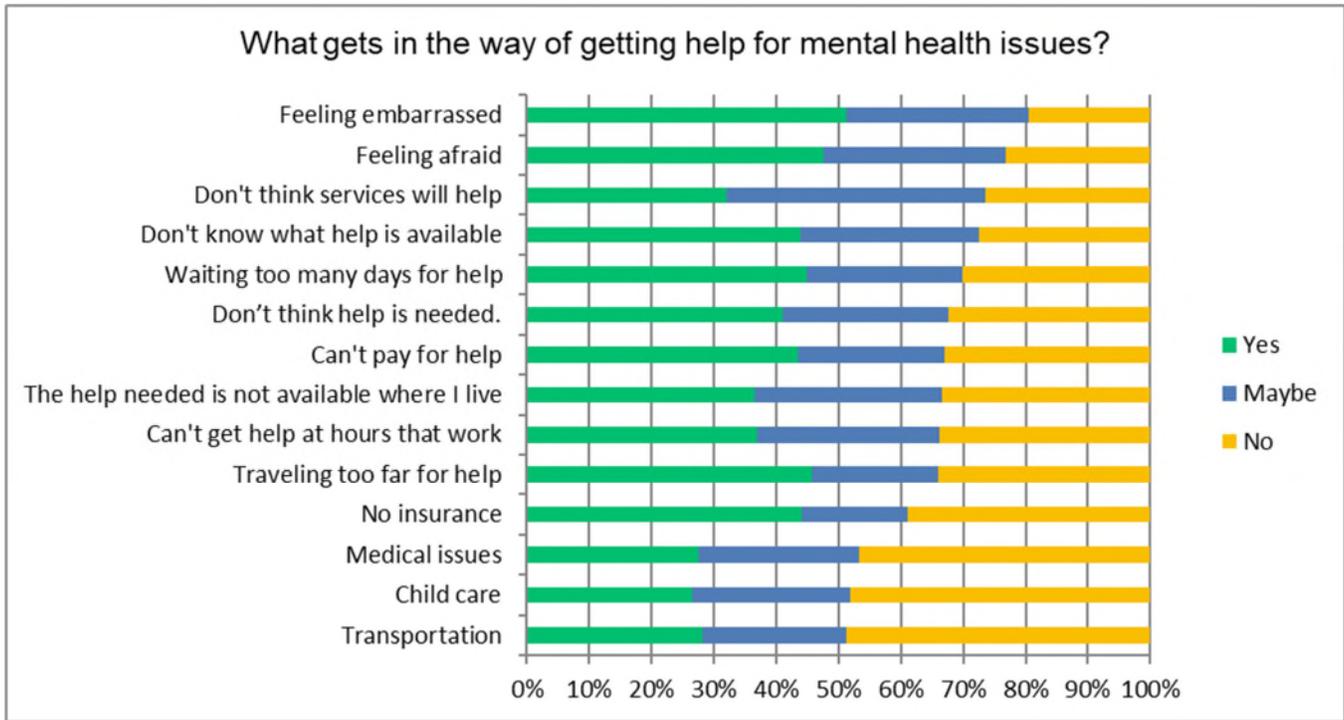


Figure 38: Lapeer County Barriers as Reported by the Community

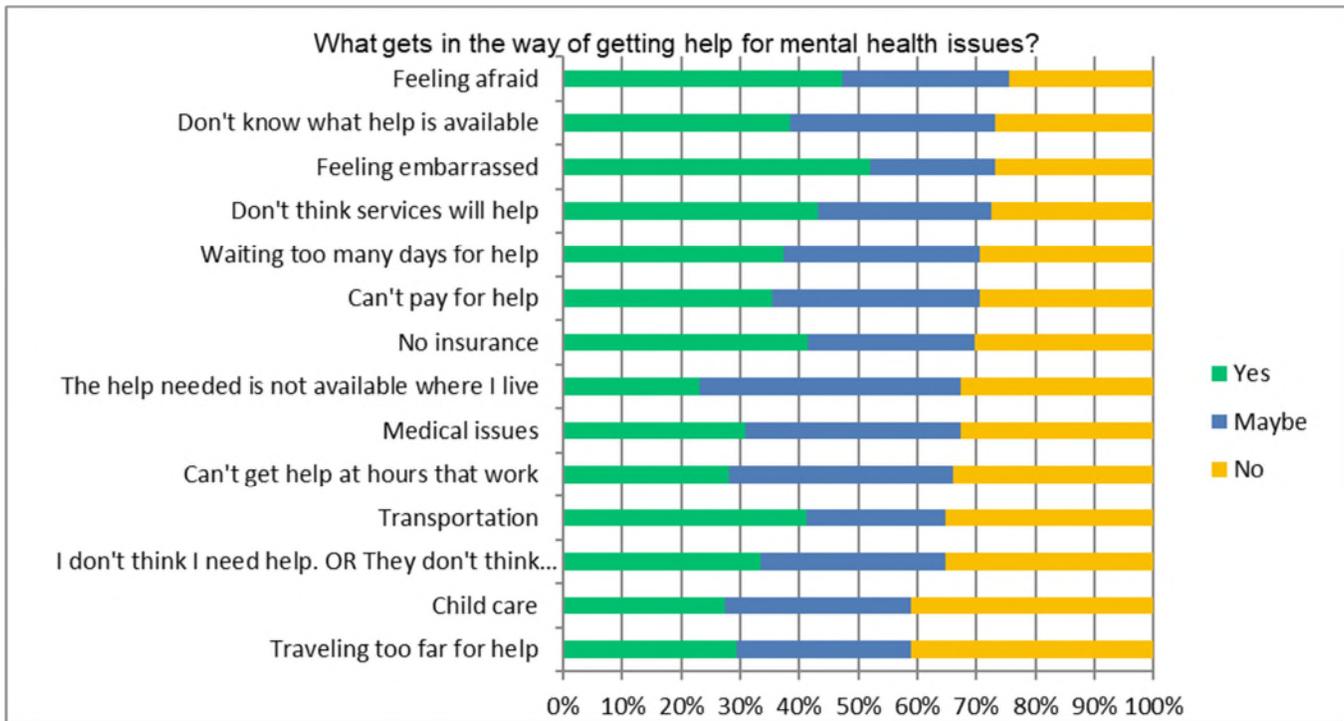




Figure 39: Sanilac County Barriers as Reported by the Community

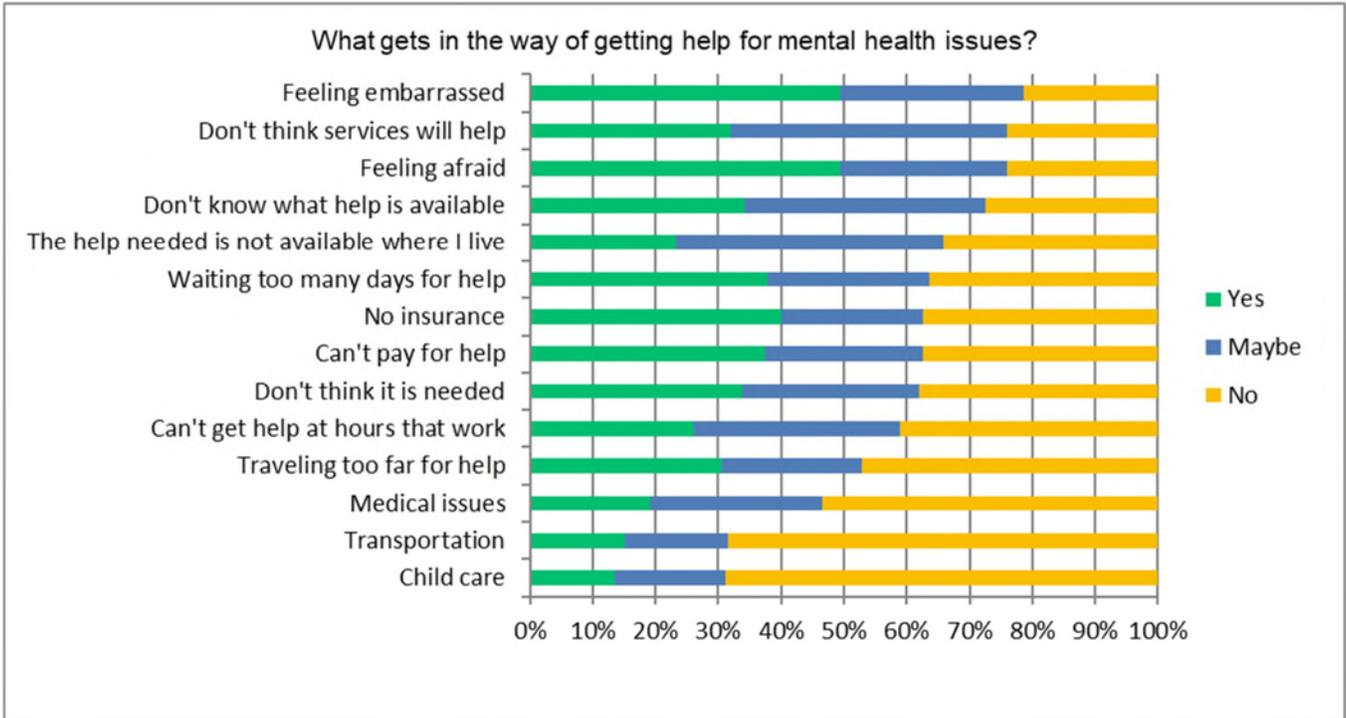
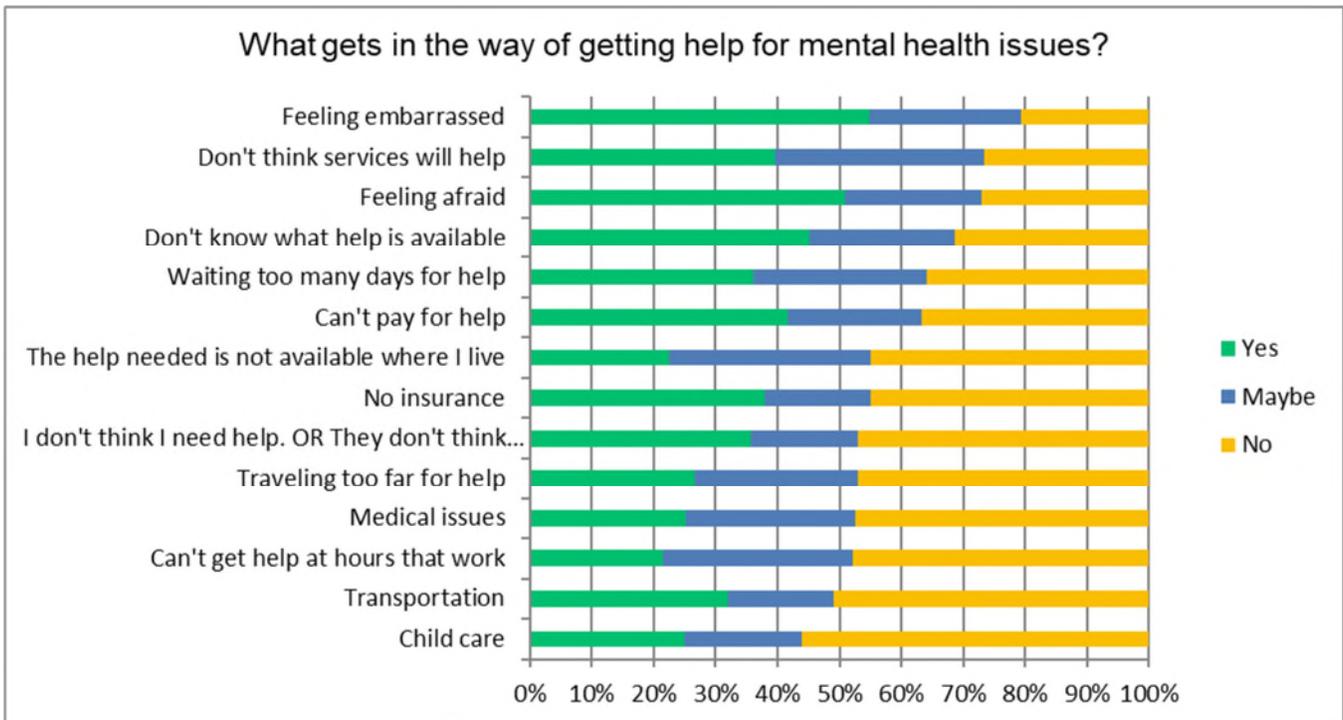


Figure 40: Tuscola County Barriers as Reported by the Community

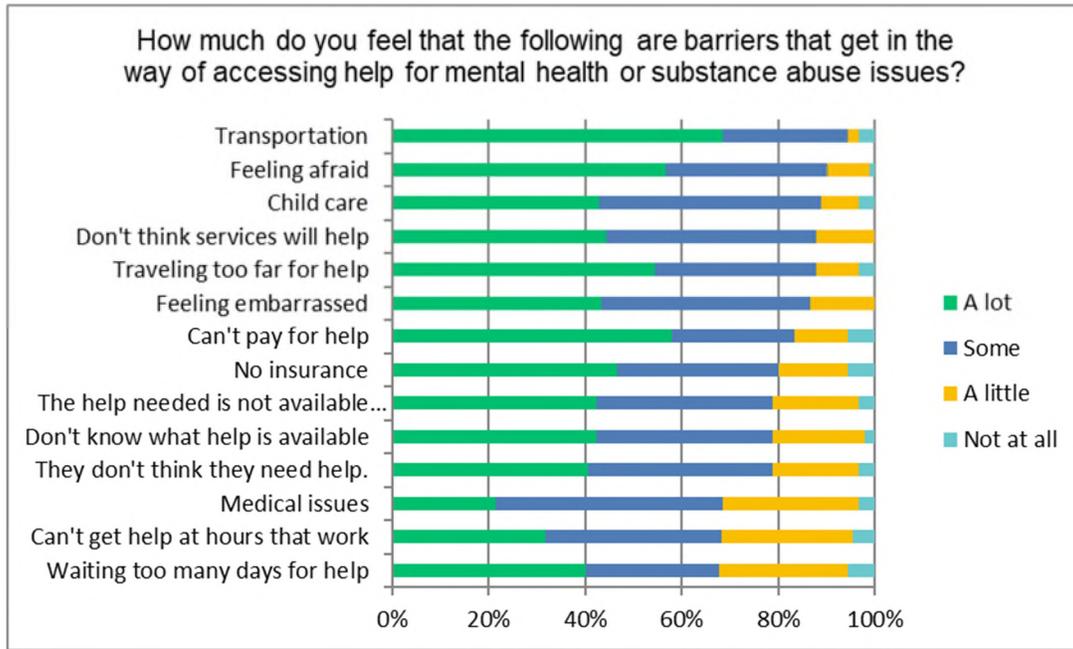




Mental Health Providers

Mental health providers were asked the same question about barriers as community members.

Figure 41: Barriers to Services- Mental Health Employees



"Barriers to services include: working and not being able to get to appointments, economic devastation- to pay for food and bills or to make it to therapy appointments. Many families do not have the funds to drive to services."

Mental Health Provider

Medical Providers

Figure 42: Behavioral Health Challenges-Medical Providers

Medical providers reported that the top three challenges they face are access to mental health inpatient programs, inpatient drug/alcohol programs, and availability of a psychiatrist for referrals or consults

| What are the biggest behavioral health challenges you face as a medical provider (check all that apply)? | |
|---|--------|
| Lack of access to mental health inpatient program | 66.18% |
| Lack of access to drug/alcohol inpatient program | 52.94% |
| Availability of psychiatrist for consults or referrals | 51.47% |
| Finding quality counseling or therapy for my patients | 48.53% |
| Prescribing behavioral health medications | 23.53% |
| Conducting screenings for mental health or substance abuse conditions | 23.53% |
| Patients can't afford behavioral health medications | 22.06% |
| Getting tests and diagnosis for my patients | 19.12% |
| Other (please specify) | 11.76% |

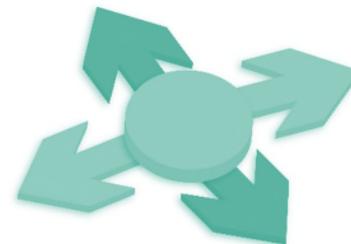


Figure 43: Themes Related to Access Barriers

Themes have been identified through review of comments and survey data. For the community and mental health providers, the number of related comments is listed. There were minimal comments by Medical Providers. Checked boxes under medical providers indicates that responses to multiple choice questions on the medical provider survey support the theme.

| BARRIERS TO SERVICES | Community | Mental Health Providers-SUD | Mental Health Providers-overall | Medical Providers |
|--|-----------|-----------------------------|---------------------------------|-------------------|
| Theme B1: Although transportation did not rank in the top ten regional barriers as rated by the community, comments indicate that traveling out of the area and transportation for some is a major barrier. Mental health employees rated transportation as a major barrier which may indicate that for certain populations transportation is a greater barrier than others. | 5 | 40 | 13 | |
| Theme B2: There are issues in the insurance and public mental health system that creates gaps in availability and affordability of care. Examples falling under this category included NOT accepting of insurance, uncovered mental health services, high deductibles, and copays. | 25 | 13 | 3 | ✓ |
| Theme B3: Many community members are not aware of the services that are available or how to navigate them. | 12 | 5 | 5 | |
| Theme B4: Life demands and costs are a barrier to seeking help for a mental health concern. Various factors were shared in comments including missing work, time stress, busy schedules, housing needs, jobs, not making mental health a priority, and travel time especially for services accessed outside the local community. | 1 | 14 | 5 | |
| Theme B5: There are not enough mental health professionals to fill current job openings or expand services. | 10 | 9 | | |
| Theme B6: A general lack of understanding about behavioral health issues and knowledge of services prevents people from seeking help until a condition has become serious. Comments about a person being in denial about the problem were included in this theme. | 6 | 2 | 5 | ✓ |
| Theme B7: Cost is a barrier to accessing services. | 8 | 2 | 1 | |
| Theme B8: Lack of a personal support system that has the knowledge and skills to help with behavioral health conditions is a barrier to improvement. | 2 | | | |
| Theme B9: Processes for signing up for services discourage follow through by people who have finally reached out for help. Examples given include waiting lists and the access line. | 1 | | 1 | |

"I believe that several of our county residents are unaware what services CMH has to offer. Also, if they do not know where to go if they are ineligible for CMH services (private insurance)."
Mental Health Provider





Section 4: The Impact of Stigma

What is stigma? Webster defines the common use of the word stigma as “a set of negative and often unfair beliefs that a society or group of people have about something.” One study examined the impact of two stigma dimensions on help-seeking attitudes. Perceived public stigma refers to discrimination and devaluation by others, and anticipated self-stigma refers to internalization of negative stereotypes about people who seek help³. The study concluded that respondents with higher levels of anticipated self-stigma attached less importance to care provided by general practitioners or psychiatrists, and those with higher levels of perceived public stigma rated informal help seeking as less important.

It is important to understand the level of stigma in a community as solutions are designed for prevent and treatment of behavioral health conditions. Surveys asked a variety of questions to help better understand attitudes, beliefs, and stigma related to mental health.

“I think that our county does a great job of letting people know about these services and has tried to remove the stigma of seeking help for mental health issues. I think there are still apprehensions about seeking such services and/or acknowledging a need for help.”

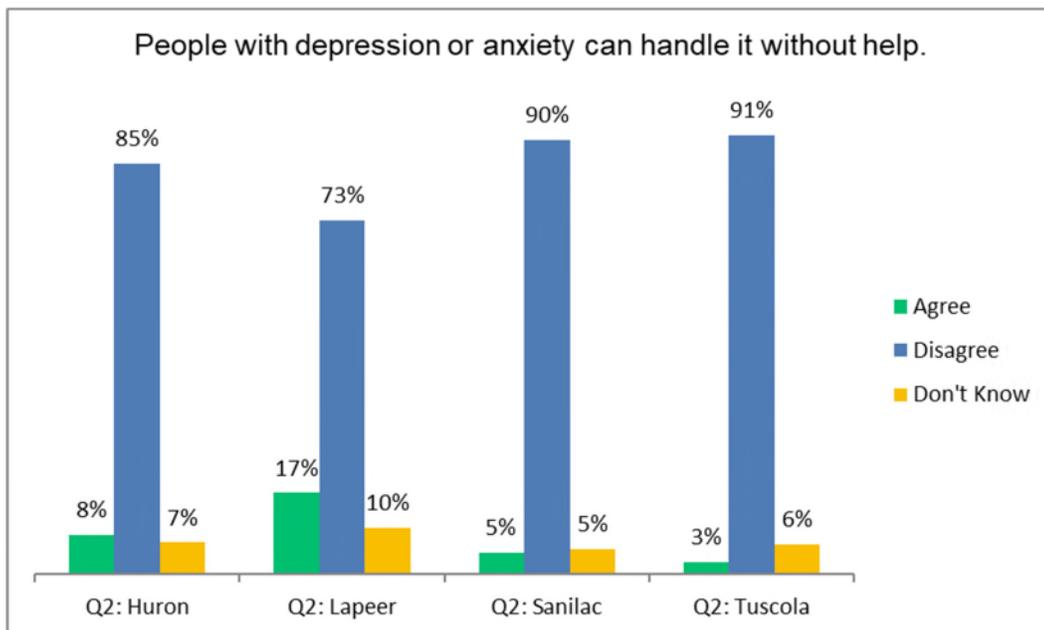
Community Participant

“Thankfully, my workplace has a program in place to help staff with mental issues. It made me feel more comfortable with seeking help knowing I had support in place.”

Community Participant

Community Survey Results

Figure 44: Community Perception of Help Seeking for Depression

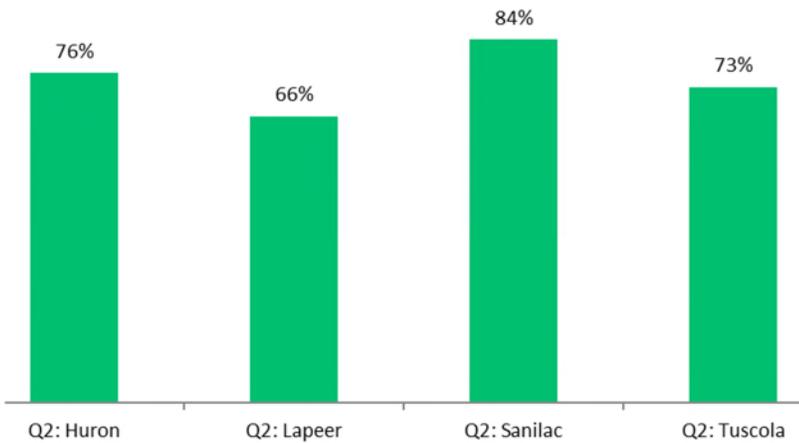


³ Pattyn E, Verhaeghe M, Sercu C, Bracke P. Public stigma and self-stigma: differential association with attitudes toward formal and informal help seeking. *Psychiatr Serv.* 2014 Feb 1;65(2):232-8. doi: 10.1176/appi.ps.201200561. PMID: 24233070.



Figure 45: Community Perception of Self Stigma Related to Help Seeking

Agree: It is embarrassing or scary to ask for help for a mental health concern.



“Change the stigma around mental health issues. Reduce the embarrassment and shame so people will be willing to get help and talk openly about it. There are too many people in our community who suffer silently.”

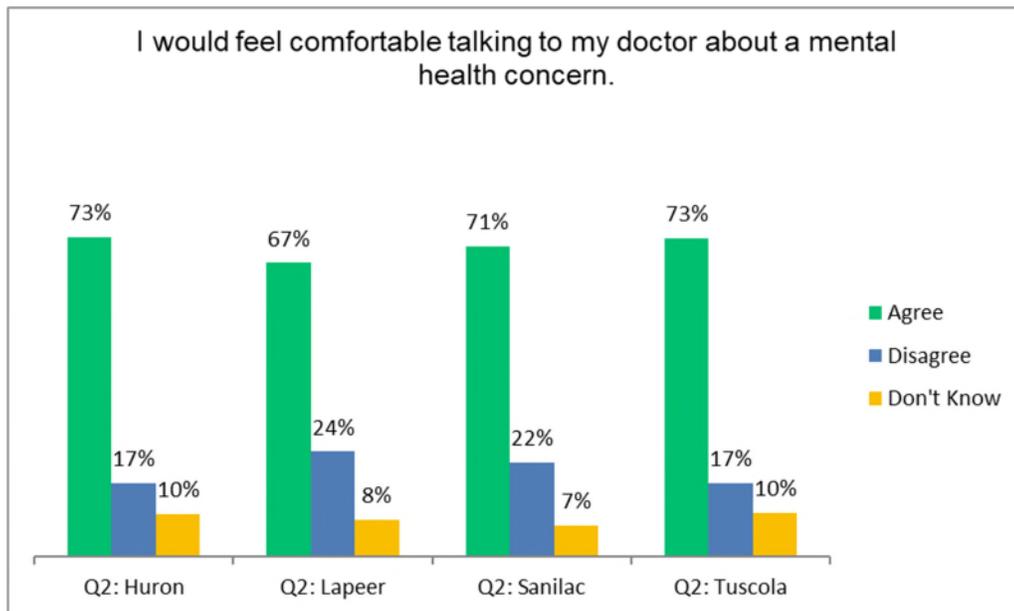
Community Participant

“We need to let people know that they are not alone and there is help and to stop making it seem like it's bad to talk about it.”

Community Participant

Figure 46: Community Perception of Seeking Help from Doctors

I would feel comfortable talking to my doctor about a mental health concern.



“Mental Health still has a stigma attached - The fact that most mental health help offices and facilities are located in on very busy roads in populated areas is one of the reasons people won't seek help in small communities. There is no privacy/anonymity going to and from those places hindering many people from seeking help.”

Community Participant

“It is also, often a concern, living in such a small area, that others will find out you are searching for help. It should not be an embarrassment but often it is not something individuals want shared. Perhaps stress the intent for privacy.”

Community Participant



Man Therapy™ Questions

In response to data regarding male deaths by suicide, TCHP embarked on a community outreach project utilizing the website www.mantherapy.org. The site utilizes humor to break down stigma and attract men to information about mental health issues, self-help tips, and local resources. The project launched on February 1, 2021.

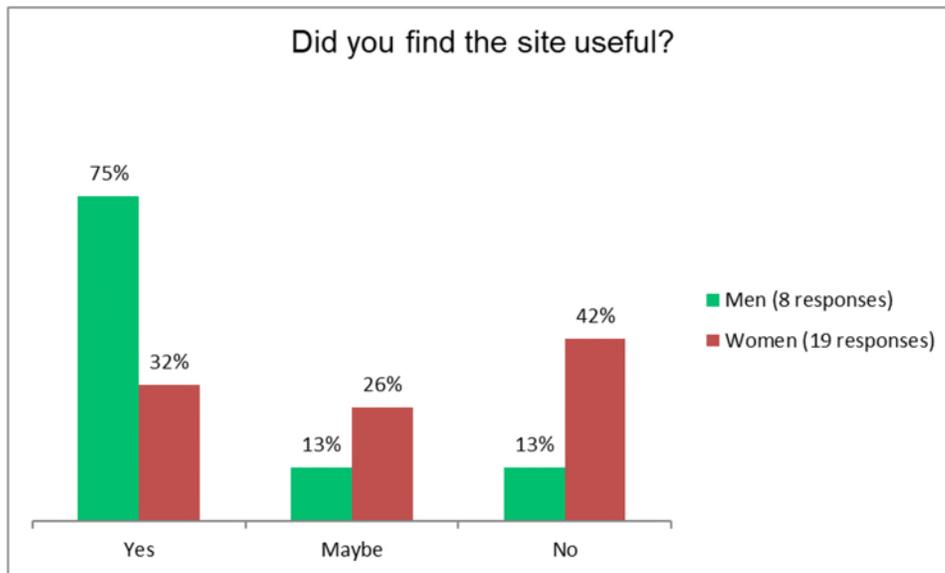
“Addressing Mental Health in young men (ages 18-30) in a way they feel comfortable <is important>. Majority of them don't know “how” to talk about what they are feeling.”

Community Participant

As this assessment took place in March 2021, TCHP included a question to collect data related to the site.

- 23% of survey respondents had heard of Man Therapy™
- 5% or 37 people had visited the site, 11 of which were men.
- Of the 37 visiting the site, 27 answered a follow up question: “Did you find the site useful?”

Figure 47: Usefulness of Man Therapy Website- Community Survey



Comments were a mix of positive and negative feedback. The comments below were not identified by gender.

- Man therapy is a joke
- I am glad that man therapy has been started, which proves there has been some conversation about how the suicide rates for men is higher than women, especially in this area.
- Man therapy is a good concept as I am married to a combat veteran with PTSD and all too aware of the issues these guys face with the stigma after deployment surrounding mental health... but I'm a female and that does nothing for me personally.
- When I first saw the “Man Therapy” billboard , I thought it was a joke (like an SNL skit). The people who developed the advertising have done a poor job at getting the message across. It would have been so much better to use celebrities who suffer from the disease to help lessen the stigma of men and mental health. Please change this quickly!
- The man therapy site contained too much content to get the message. Shorten the message.
- Man page was strange and not appropriate for our male population in this area. It seemed feminine and older men are the ones most likely to successful commit suicide. It needs to be done through the community rather than on websites.
- The name “mantherapy” is very off putting.



Mental Health Providers

Of the 89 mental health providers that answered the question, 51% had never heard of www.mantherapy.org. Only eleven mental health providers had visited the website. Five answered a follow up question: Did you find the site useful? Three or 60% said yes, one said maybe, and one said no.

Medical Providers

Of the 66 medical providers that answered the question, 47% had never heard of www.mantherapy.org. Only six providers had visited the website. Five answered a follow up question: Did you find the site useful? One said yes, three or 60% said maybe, and one said no.

Figure 48: Themes Related to Stigma

Themes have been identified through review of comments and survey data. For the community and mental health providers, the number of related comments is listed. There were minimal comments by Medical Providers. Checked boxes under medical providers indicates that responses to multiple choice questions on the medical provider survey support the theme.

“Keep working on the men. My son was very depressed and I absolutely had to argue with him that he needed help. I get it - he was surrounded by good friends some new some old but he couldn't tell them how that he was feeling sad and just wanted to cry all the time. Somehow, we need to reach men and tell them to keep an eye on their brothers.”

Mental Health Provider

“For minors, parents feel that there is a stigma around mental health and don't get their child signed up for the services that they need or are not complaint in the treatment plan previously agreed upon by family and mental health provider.”

Mental Health Provider

| STIGMA | Community | Mental Health Providers-SUD | Mental Health Providers- <small>non-sud</small> | Medical Providers |
|---|-----------|-----------------------------|---|-------------------|
| Theme S1: Stigma continues to be a major issue that impacts addressing mental health issues in our community. | 8 | 2 | 1 | ✓ |
| Theme S2: Self stigma can be a major barrier to accessing services by reinforcing denial, embarrassment, or fear of seeking help. | 5 | 1 | | ✓ |
| Theme S3: Community stigma related to substance use leads to an unbalanced approach that focuses more on punishment than supporting recovery. | 1 | 1 | | |

Next Steps

Dissemination of Needs Assessment

The needs assessment will be distributed to all TCHP members for utilizing in their agency assessments and strategic planning. Additionally, a summary of the report will be posted to the partnership website at <https://www.thumbhealth.org/healthdata>.

“For me medication has worked great for my anxiety for 15 years. counseling was great also. Everyone needs someone to talk to at some point in their life. They just need to reach out and try it.”

Community Participant



Figure 49: Suggestions by Themes

| Themes have been identified through review of comments. Some themes were present from multiple perspectives as illustrated in the columns on the right. | Community | Mental Health Providers | Medical Providers |
|---|-----------|-------------------------|-------------------|
| • Increase community education and awareness programs. | 9 | 4 | 2 |
| • Increase services array and amount (texting line, youth programs in schools for screening/treatment-4 mentions, home services, groups for postpartum depression, workplace) | 9 | 4 | 1 |
| • Increase advertising amount, locations, and type. | 8 | 1 | 0 |
| • Provide training for providers (medical, mental health, other sectors) | 3 | 3 | 1 |
| • Better coordination between providers and types of providers (mental health, schools, courts, law enforcement, medical) | 2 | 3 | 0 |
| • Provide financial assistance | 1 | 0 | 0 |

"I have been acquainted with the concept of "Urgent Care" for mental health needs, much like urgent care for medical needs. I was introduced to this practice by one of my college professors, who is working with a team of professionals in the Jackson area. I think for areas of populations where there are people entering services via the hospital ER, it would be helpful to incorporate mental health staff into existing urgent care locations."

Mental Health Provider

Continued Dialogue

This assessment was conducted in order to better understand the behavioral health needs of the region and to promote an integrated approach to meeting those needs. This report will serve as a launch pad for important discussions and making decisions about solutions-- solutions which recognize a healthy body and mind are critical to overall wellness. A sense-making session will be held in fall 2021 to further understand the data, prioritize needs, identify system issues, and brainstorm programs for development. Results from the meeting will be utilized by TCHP partners to determine action steps. For more information, contact Kay Balcer, TCHP Director, at thumbhealth@gmail.com.





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