



Southwestern Healthcare, Inc.

Caring for our Communities

A Summary of Key Findings from the 2009 Community Mental Health and Addiction Needs Assessment

Gibson, Posey, Vanderburgh and Warrick Counties
August 2009

Background:

Southwestern Healthcare, Inc., with funding through a grant from the Welborn Baptist Foundation, Inc., commissioned Diehl Evaluation and Consulting Services, Inc. to conduct a community mental health and addiction needs assessment for Gibson, Posey, Vanderburgh, and Warrick Counties in Southwestern Indiana. The purpose of the study is to determine the current needs, strengths, and gaps in the local mental health system with the intention to aid community stakeholders in understanding priority areas that should be addressed to create a mental health system that meets the needs of the community.

Two primary research questions guided the study:

1. What are the current strengths and priority needs to be addressed in the region related to addiction and mental health services?
2. To what degree are these priority needs being met by organizations in the region, as indicated by existing gaps in services provided?

A planning team and an advisory committee were formed to oversee development of the project. Members of these groups were representatives from organizations throughout the community.

Methodology

The following methodologies were used to conduct the needs assessment study:

- Reviewed local, state, and national secondary data sources associated with mental health and addiction issues.
- Administered an Inventory of Addiction and Mental Health Services to direct service providers and a survey of ancillary services to ancillary service providers. A total of 24 out of 72 (33.3%) organizations that were invited to complete the inventory responded. Over 60% of the largest providers responded. For ancillary service providers, 185 out of 416 (44.5%) that were invited to complete the ancillary survey responded. Out of 100 schools that were invited to participate, 74 (74%) responded. A total of 111 of 316 (35.1%) non-schools responded.
- Conducted focus groups with direct and ancillary service providers, along with consumer groups. A total of 25 focus groups were offered across four counties for direct and ancillary service providers and consumers of service. Of those who participated, 27.1% (n=16) were direct service providers, 15.3% (n=9) were ancillary service providers, and 57.6% (n=34) were consumers.

The following pages provide a summary of the key findings from the *2009 Community Mental Health and Addiction Needs Assessment*. To obtain a copy of the full report or for questions or comments, please contact Southwestern Healthcare, Inc. at 812.436.4231 or healthcare@southwestern.org.

Mental Health and Addiction Strengths

Several strengths in the mental health and addiction system were identified within the region including the following areas:

Presence of Local Mental Health and Addiction Organizations and Support Groups - Among the 72 Direct Service Providers (DSPs) who were given the opportunity to participate in the study, those who responded indicated that most of the service levels identified were being offered to some degree within the region. Also, approximately 78% of the DSPs indicated that they do offer outpatient services.

Services Offered by Local Organizations - Among 24 DSPs that responded to the survey, it was indicated that each of the mental health and addiction issues is treated by at least four organizations. Further, based on information provided by organizations that make referrals for mental health services, there is a limited set of issues for which referrals must be made outside of the four-county area.

Qualified and Dedicated Mental Health and Addiction Professionals - Based on the number and types of mental health and addiction issues that are addressed by organizations and individuals in the community, it was indicated that the professionals who provide direct service to consumers are well qualified to address a wide range of concerns. Focus group participants, both providers and consumers, cited the level of dedication of these professionals as “dedicated therapists that are passionate” and “providers have a dedication for pursuing new treatments and strategies.”

Collaboration among Providers - Many of the individuals who completed surveys and participated in focus groups cited instances of collaboration and effective communication among service providers. Overall, providers indicated above-average levels of collaboration with other providers. Direct service providers particularly believe they collaborate often with other service providers.

Mental Health and Addiction Needs and Gaps in Service

The following issues are those for which needs assessment participants expressed the greatest need and largest gaps in service. Given that overall themes or concerns were not ranked based on the level of need expressed by members of the community, these are not listed in order of greatest importance.

Treatment for Low-Income, Underinsured, and Uninsured Consumers - A few key areas were indicated for this population: the majority of DSPs have clients who are unable to pay for services; it is possible that some individuals do not think mental health care is an option for them given what they believe is a lack of comprehensive services for people who are unable to afford the services; and that convenience of appointment times is important, particularly for individuals who can't take time off work. Individuals need their job for the income and fear losing that job if they attend appointments during work. This applies to both individuals who are receiving treatment and also for family members of patients.

Shortage of Psychiatrists for Children and Adults - Derived by employee counts reported by DSPs, the vacancy rate for psychiatrists in our communities is 12.5% (vacancy rate = number of vacant positions ÷ total positions available). This represents one of the largest shortages for any type of mental health or addiction service provider. Based on national rates for psychiatrists per 100,000 population, the four-county area falls below the national average. The U.S. average is 13.83 psychiatrists per 100,000 population, with our four-county study area having a rate of approximately 11.7 psychiatrists per 100,000 population.¹

Inpatient Beds for Youth and Adults - Two private short-term acute care facilities that maintain 62 beds for adults and 30 beds for children and two state-operated long-term care facilities that maintain 168 beds for adults and 28 beds for children exist in our communities. The following were cited as needs in this area: to treat individuals who require medical care and who need to be monitored for an extended period of time; for inpatient services specifically related to substance abuse treatment for youth and adults; and for medical detoxification services for adults and youth.

Long-Term Residential Services - Among DSPs who participated in the survey, six of the organizations offer long-term residential services. These organizations reported treating approximately 280 individuals within the past reporting year which represents 119 long-term residential beds. Participants indicated a need for residential services specifically for substance abuse issues. This is particularly a concern for individuals who are uninsured or underinsured given the expense of utilizing these long-term services.

Addiction and Other Services for Youth - The least-served age group indicated by participating organizations is youth, particularly children under the age of five. Of concern is the availability of services to treat addiction in youth and adolescents. Based on 2007 data from the National Survey on Drug Use and Health, an estimated 7.7% of individuals between the ages of 12 and 17 are classified as having substance dependence or abuse.² An even greater percentage of youth who are engaged in high risk behaviors such as binge drinking is noted for Southwestern Indiana.³ Therefore, data have established that youth have substance use issues that rise to the level of requiring treatment.

Transitional Living for Individuals in Recovery - A need for more transitional living for those completing treatment, especially pertaining to substance abuse was expressed. It is likely that some individuals who have experienced addiction lose housing and do not have a home to return to upon completion of treatment; individuals may have completed treatment and need a safe environment to re-engage with their communities and families; and individuals who have experienced addiction may return to the same family members or social group that supported their addiction. A longer transitional period may provide those individuals with the skills to cope with the negative influences that enabled their addictions.

Additional Treatment Services in Specialty Areas - Eating disorders, child sexual abuse, and personality disorders were specialty areas that were mentioned by providers and consumers as areas where gaps may exist. Additional concerns included treatment approaches for dual diagnosis of addiction and mental health disorders, co-occurring disorders and services for mental retardation and developmental disorders.

Mental Health and Addiction Needs and Gaps in Service *Continued*

Better Coordination and Access to Existing Services - The need for better coordination with primary health care providers, enhanced integration of physical healthcare with mental healthcare, and increased education regarding current mental health and addiction resources were noted as specific areas where improvement could be made.

Services for Prisoners and Individuals on Parole - Concerns that were addressed in this area include: the lack of mental health services available to incarcerated individuals; more effort needs to be made to address mental health concerns when individuals are being processed through the court system; and offenders need to be transitioned properly into the community once they are released through access to jobs, housing, and transportation. Although services for offenders emerged as a need, a common theme among participants was the positive impact of Drug Court in the counties that provided the service.

Barriers to Accessing Mental Health and Addiction Services

A key issue addressed through the needs assessment was the extent to which barriers prevent individuals from receiving mental health and addiction services. Based on responses from consumers, direct service providers, and ancillary service providers, the following barriers were identified:

Underinsured Patients - Among DSPs and non-school organizations, the most significant barrier was clients not having enough insurance to cover the costs associated with services and medications. While consumers may be able to receive initial assessment and a limited number of therapy sessions, some insurance policies may not cover the full range of services that are needed by clients.

Clients Unable to Pay for Services - This is underscored by responses from DSPs that approximately 64% of respondents (9/14) have clients who are unable to pay for services. Further, almost one-third of the respondents have at least 10% of their clients who cannot pay for services, while 1 (11%) indicated 11-25% of clients, 2 (22%) indicated 26-50% of clients, and 1 (11%) indicated that over 75% of its clients are unable to pay for services. Feedback from consumers indicates that the inability to pay is the key issue they face when attempting to access services.

Lack of Early Intervention - Underlying issues may not be addressed early enough in a person's life or in the course of the disorder to effectively treat the issues related to the problem. Treatment may become very costly and lengthy if issues have continued to compound over time. Issues such as the stigma of receiving services, the lack of professionals in the community, and a lack of awareness of services were noted as reasons why an individual may fail to receive services.

Clients Unaware of Existing Services - Awareness of services is an issue that many service providers believe poses a barrier for clients in accessing services. This was particularly a concern for schools, which rated this issue as the most significant barrier for students and families. As one provider focus group participant stated, "People don't know where or how to access services."

Please note, while this study provides a detailed, insightful assessment of mental health and addiction needs in the community, it does not address every issue or concern that exists in the community. This report is based on feedback and perceptions of individuals and organizations who chose to participate in the study. Not every provider who was given the opportunity participated.

- 1 Calculation based on data from the American Medical Association regarding the number of psychiatrists in the U.S. and the estimated U.S. population as reported by the U.S. Census (number of psychiatrists divided by population multiplied by 100,000).
- 2 Substance Abuse and Mental Health Services Administration, Office of Applied Studies, 2007 National Survey on Drug Use and Health. Retrieved January 7, 2009, March 16-20, 2009 and July 13, 2009 from <http://www.oas.samhsa.gov/nhsda.htm>.
- 3 Indiana Prevention Resource Center at Indiana University, Alcohol, Tobacco, and Other Drugs Survey (1999, 2003, 2005, 2007). Retrieved January 9, 2009 from <http://www.youthfirstinc.org/index.html>.