

Region 7E Adult Mental Health Initiative Needs Assessment Results

Isanti County

The Region 7E Adult Mental Health Initiative (AMHI) contracted with Wilder Research to conduct a post-COVID mental health needs assessment for Region 7E, which includes the counties of Chisago, Kanabec, Isanti, Mille Lacs, and Pine. This assessment was conducted via an online survey sent through county staff to mental health consumers and caregivers, as well as primary care providers, mental health providers, and county staff working in the region. This report summarizes the findings from the needs assessment results in Isanti County. In total, 56 consumers and 34 providers responded to the survey. Providers sometimes represented more than one county, and may have their data included in more than one county report. It should be noted that the Ns for county-specific reports are relatively low and conclusions from the data should be made with caution.

Demographics

Consumers and caregivers

In total, 56 consumers and caregivers from Isanti County responded to the survey. Survey respondents are compared to county-specific data available through Minnesota Compass (mncompass.org). With regard to age, respondents were comparable to the region as a whole, with a slight overrepresentation of 35-54 year olds and a slight underrepresentation of individuals age 65 or older (Figure 1). Underrepresentation of older adults could be due to the sampling methodology, as younger adults are often more likely to be more comfortable with completing surveys online. Race and ethnicity data were not measured in the exact same way between the survey and regional data, but overall racial make up for both datasets is similar. With regard to education, survey respondents over represent individuals with vocational, associates, or some college degrees (61% compared to 40%). With regard to gender, survey respondents over represent women when compared to county-specific data (93% compared to

49%). Seven percent of survey respondents reported having been in jail or prison in the past two years, and 13% had been homeless.

1. RESPONDENT CHARACTERISTICS

Age	Survey respondents (N=56)	Isanti County (N=30,966)
18-24	5%	9%
25-34	16%	17%
35-44	32%	16%
45-54	25%	17%
55-64	16%	19%
65+	5%	21%

1. RESPONDENT CHARACTERISTICS (CONTINUED)

Race	Survey respondents (N=56)^a	Isanti County (N=40,916)
White	96%	93%
American Indian or Alaska Native	7%	<1%
Black or African American	2%	1%
Other	0%	- ^b
Asian or Pacific Islander	0%	2%
Two or more races, alone	0%	2%
Ethnicity	(N=56)	(N=40,916)
Hispanic or latino/a/e	0%	2%
Gender identity	(N=56)	(N=40,604)
Female (or woman)	93%	49%
Male (or man)	7%	51%
Non-binary, gender non-conforming, or genderqueer	0%	- ^b
Identify as trans	N=55 4%	-^b
Education level	(N=56)	(N=28,068)
Some high school	8%	8%
High school diploma or GED	16%	34%
Vocational training	11%	61%
Associate degree	11%	
Some college	39%	
Bachelor's degree	8%	14%
Graduate degree	8%	5%

Note. All available regional data with the exception of age (includes ages 18+) and education level (includes ages 25+) includes data for children as well as adults in the region. Create your own regional profile at mncompass.org.

^a Column does not equal 100% as respondents were allowed to select more than one response.

^b These data are not available at the county level.

Sixty-four percent of survey respondents report having a disability or chronic condition that impacts their daily life, compared to 13% of the county as a whole (Figure 2). Thirty-four percent report that their disability affects their mobility, 14% affects their vision and 13% their hearing.

2. DISABILITY STATUS

Status	Survey respondents (N=56)	Isanti County (N=40,465)
Reports having a disability	64%	13%
Disability affects mobility	34%	- ^a
Disability affects vision	14%	- ^a
Disability affects hearing	13%	- ^a

^a These data are not available at the county level.

Consumers were asked about any diagnoses they may have. Most respondents reported having been diagnosed with major depression (76%), anxiety disorder or panic disorder (73%), or Post-Traumatic Stress Disorder (PTSD; 71%; Figure 3).

3. DIAGNOSED CONDITIONS

Have you ever been told by a doctor or nurse that you have any of the following conditions?	% (N=55)
Major depression	76%
Anxiety disorder or panic disorder	73%
Post-Traumatic Stress Disorder (PTSD)	71%
Manic episodes or manic depression, also called bipolar disorder	33%
Anti-social personality disorder, borderline personality disorder, or any other severe personality disorder	33%
Attention-deficit/hyperactivity disorder (ADHD)	29%
Substance abuse disorder	22%
A concussion or Traumatic Brain Injury (TBI)	16%
Anorexia, bulimia, or another eating disorder	16%
Paranoid or delusional disorder, other than schizophrenia	15%
Autism spectrum disorder	9%
Schizophrenia	7%

Note. Column does not total 100% as respondents were allowed to select more than one response.

Almost all consumer respondents report having health insurance (96%), which is similar to the county average of 94% (Figure 4).

4. HEALTHCARE COVERAGE

Coverage	Survey respondents (N=56)	Isanti County (N=34,014)
Has health care coverage/insurance	96%	94%

Consumers most commonly had public health care coverage, whether that was Medicare (38%) or a public healthcare program other than Medicare (38%; Figure 5). Seventeen percent reported having private insurance.

5. HEALTHCARE COVERAGE TYPE

Coverage type	(N=52)
Public healthcare program other than Medicare (Medical Assistance, MinnesotaCare, PMAP Plan)	38%
Medicare	38%
Private insurance	17%
Other	6%

Other responses included: Medicare and MA (2%); UCare (2%); UCare and Medicare Advantage (2%).

Providers

In total, 34 providers working in Isanti County responded to the survey. They most commonly represented county staff members (35%) or mental health providers (26%; Figure 6), and most commonly worked for a public health/human services department (29%) or a mental health clinic (26%; Figure 7).

6. ROLE

Which of the following most closely describes your role?	(N=34)
County staff member	35%
Mental health provider/therapist ^a	26%
Employment/vocational provider	15%
Foster care/housing provider	12%
Hospital administrator/clinical director	6%
Nurse Practitioner (NP)	3%
Other ^b	9%

^a Mental health provider/therapist was not included as a category in the survey, but was back-coded from the “Other” category.

^b Other responses include: advocate (3%); ARMHS (3%); community outreach (3%).

7. TYPES OF ORGANIZATIONS

What type of organization do you work for?	(N=34)
Public health/human services department	29%
Mental health clinic	26%
Employment/vocational services	15%
Foster care/housing services	12%
Medical or primary care clinic	3%
Hospital or emergency department	0%
Psychiatry clinic	0%
Law enforcement	0%
Other ^a	15%

^a Other responses include: housing provider (6%); outpatient services (6%); social services (3%).

Services

Mental health services

Consumers

Most consumers (88%) had received services for their mental health in the last two years (Figure 8). The most common types of services received by consumer respondents are individual psychology services (96%), psychiatric services (76%), and mental health case management (72%; Figure 9).

8. RECEIVED MENTAL HEALTH SERVICES

In the past two years (24 months) have you received any services for your mental health?	(N=56)
Yes	88%
No	13%

Note. Column does not total 100% due to rounding.

9. TYPES OF SERVICES RECEIVED

Services received	(N=49)
Individual psychology services (e.g., outpatient therapy or counseling)	96%
Psychiatric services (e.g., medications, medication management)	76%
Mental health case management	72%
Adult Rehabilitative Mental Health Services (ARMHS)	53%
In-home supports (e.g. behavioral aide, personal care attendant)	35%
Emergency room services or an emergency mental health hold	33%
Group psychology services (e.g., outpatient therapy or counseling)	31%
Crisis phone line, text line, or warm line	29%
Community Support Program (CSP)	22%
Inpatient counseling or treatment	22%
Day treatment (adult and children's)	20%
Integrated Mental Health/Chemical Dependency Treatment	20%
Peer-to-peer support services	20%
Transportation services	18%
Children's Therapeutic Services and Supports (CTSS)	17%
Supportive housing (e.g., sober housing, mental health supportive housing, etc.)	16%
Faith-based support services	12%
Mobile crisis assessment/stabilization services	12%
Recovery services	10%
Supported employment (services that help people get and maintain paid employment)	10%
Adult foster care (residential care for people age 18 or older that require mental health supports)	8%
Respite services (services that provide short-term care for caregivers)	8%

Services received	(N=49)
Other	12%

When asked about their satisfaction with the services they received, 86% of Isanti County respondents reported being very satisfied or somewhat satisfied, 4% neither satisfied nor dissatisfied, and 10% somewhat or very dissatisfied (Figure 10).

10. SATISFACTION WITH SERVICES

Satisfaction with services (N=49)	Very/somewhat satisfied	Neither satisfied nor dissatisfied	Very/Somewhat dissatisfied
Overall, how satisfied are you with the services you have received?	86%	4%	10%

When asked how these services have helped them with specific life activities, the majority of respondents found services at least somewhat helpful. Most respondents report services have been very or somewhat helpful in their ability to feel safe and stable (93%) and access the mental health services they need (91%; Figure 11). Additionally, the majority of respondents report services help them improve their overall quality of life (89%), perform daily activities (87%), work or volunteer (82%), have personal relationships (81%) and spend time doing things they enjoy (80%).

11. EXPERIENCE WITH SERVICES

Please rate how helpful the services you have received has been in supporting your ability to do the following life activities successfully	N	Very/somewhat helpful	Not very/Not at all helpful
Feel safe and stable	43	93%	7%
Access mental health services you need (completing paperwork, knowing options for services)	46	91%	9%
Improve your overall quality of life	45	89%	11%
Perform daily activities (chores, paying bills, etc.)	46	87%	13%
Work or volunteer	34	82%	18%
Have personal relationships	41	81%	20%
Spend time doing things you enjoy	44	80%	21%

Note. Rows may not total 100% due to rounding.

A majority of respondents (76%) feel that they have avoided in-patient psychiatric hospitalization because of the services they have received (Figure 12).

12. AVOIDANCE OF IN-PATIENT PSYCHIATRIC HOSPITALIZATION

Hospitalization (N=38)	Strongly agree or agree	Disagree or strongly disagree
Because of mental health services I have received in the past 24 months, I have avoided in-patient psychiatric hospitalization	76%	24%

Currently, most respondents (93%) feel they have the support they need to remain safe and stable (Figure 13). In the past two years, 30% of respondents attempted to obtain services for their mental health but were unable to do so.

13. OBTAINING NEEDED SUPPORTS

Supports	% (N=56)
Do you feel like you have the support you need to feel safe and stable?	93%
In the past two years, have you attempted to obtain services for your mental health and been unable to do so?	30%

When asked about their current mental health, 43% report that it depends on the day, while 34% report their mental health is getting better overall (Figure 14). Thirteen percent report it is staying the same and 9% report their mental health is getting worse overall.

14. MENTAL WELLBEING

Thinking about your mental health right now, overall would you say you are...	% (N=53)
Getting better	34%
Depends on the day	43%
Staying the same	13%
Getting worse	9%

Providers

Providers were asked about which services are most helpful for keeping consumers safe and stable. The top supports included: individual psychology services (40%), psychiatric services (37%), and Adult Rehabilitative Mental Health Services (ARMHS; 31%; Figure 15).

15. TOP THREE SERVICES FOR KEEPING CONSUMERS SAFE AND STABLE

In your experience, which services and supports are most helpful for keeping consumers with mental health needs safe and stable?	% (N=35)
Individual psychology services (e.g., outpatient therapy or counseling)	40%
Psychiatric services (e.g., medications, medication management)	37%
Adult Rehabilitative Mental Health Services (ARMHS)	31%
Mental health case management	23%
Mobile crisis assessment/ stabilization services	20%
Supportive housing (e.g., sober housing, mental health supportive housing)	17%
Children's Therapeutic Services and Supports (CTSS)	17%
Integrated Mental Health/Chemical Dependency Treatment	14%
Day treatment services (adults and children)	11%
Community Support Program (CSP)	11%
In-home supports (e.g., behavioral aide, personal care attendant)	11%
Adult foster care	11%
Transportation services	9%

15. TOP THREE SERVICES FOR KEEPING CONSUMERS SAFE AND STABLE (CONTINUED)

In your experience, which services and supports are most helpful for keeping consumers with mental health needs safe and stable?	% (N=35)
Crisis telephone, text line, or warm line	9%
Inpatient counseling or treatment	6%
Peer to peer support services	6%
Emergency room services or emergency mental health hold services	3%
Supported employment	3%
Group psychology services (e.g., outpatient therapy or counseling)	0%
Recovery services	0%
Faith-based support services	0%
Respite services	0%
None of the above	6%
Other	3%

Barriers to care

Consumers

When asked about barriers to service access, the most common reasons cited by consumers include not being able to access the service they need in their area (44%) and not being able to find transportation to get to services (42%; Figure 16). Twenty-five percent report not experiencing any barriers to services.

16. BARRIERS TO CARE

Have any of the following barriers prevented you from accessing services?	% (N=55)
The service I needed wasn't available in my area	44%
The wait time was too long	42%
I wasn't eligible for the services	25%
I couldn't pay for the services	24%
I couldn't find transportation to get to services	22%
I don't know what services are available	15%
I was worried about how I would be seen	13%
I can't financially afford to take time off for treatment	11%
I don't know how to access services	11%
I was worried about the effect on current or future employment	9%
I did not want to get exposed to the coronavirus while using in-person services	9%
I don't have the technology I need to access telehealth services	7%
I was worried about my family finding out	7%
I don't require formal mental health services at this time	4%
I don't think the service(s) will help	2%
I don't have a mental health diagnosis	2%
The people who provide it don't speak my language/I couldn't get an interpreter	0%
The services weren't culturally specific	0%
Other	9%

Have any of the following barriers prevented you from accessing services?	% (N=55)
None of the above	25%

Providers

Providers were also asked about barriers to consumers getting the mental health care they need. The most commonly endorsed barriers were similar to consumer responses. The most commonly endorsed barrier from the provider perspective is that the wait time for services is too long (71%), followed closely by not being able to find transportation to get to services (69%; Figure 17). Barriers related to cost were also common, including consumers not being able to pay for services (57%) or afford to take time off for treatment (51%). Barriers related to knowledge were also commonly endorsed including consumers not knowing how to access services (51%) or what services are available (49%). The services not being available in the area was also commonly a factor (54%).

17. BARRIERS TO ACCESSING SERVICES

In your experience, which of the following barriers prevent consumers in your area from getting the mental health care they need?	% (N=35)
The wait time is too long	71%
Not being able to find transportation to get to services	69%
Not being able to pay for the services	57%
The service needed isn't available in my area	54%
Consumers don't know how to access services	51%
Consumers can't financially afford to take time off for treatment	51%
Consumers don't know what services are available	49%
Consumers don't think the service(s) will help	31%
Consumers don't feel they require formal mental health services at this time	31%
Not being eligible for the services	29%
Consumers don't have the technology they need to access telehealth services	20%
Consumers don't have a diagnosis	14%
Consumers are worried about how they will be seen/don't want to be judged	11%
Consumers are worried about their family finding out	9%
Consumers are worried about the effect of services on current or future employment	6%
Consumers don't want to get exposed to the coronavirus while using in-person services	3%
The people who provide services don't speak their language/No interpreters available	3%
The services aren't culturally specific	3%
Other ^a	6%
None of the above	3%

^a Other responses include: lack of crisis services (3%); staff turnover (3%).

Providers were asked to identify the biggest barrier out of the barriers they selected. The most commonly selected barriers include not being able to find transportation (35%) and the wait times being too long (32%; Figure 18).

18. BIGGEST BARRIER TO ACCESSING SERVICES

Of those, which is the biggest barrier?	% (N=34)
Not being able to find transportation to services	35%
The wait time is too long	32%
The service needed isn't available in the area	6%
Not being able to pay for the services	6%
Consumers are worried about their family finding out	3%
Consumers can't financially afford to take time off for treatment	3%
Consumers don't think the services will help	3%
Consumers don't know what services are available	3%
Consumers don't know how to access services	3%
Consumers don't have the technology they need to access telehealth services	3%
Other barriers ^a	3%

^aOther responses include: lack of crisis services (3%).

Providers were asked about what they saw as the biggest gaps in mental health services. The most commonly cited gap for Isanti County is transportation services (59%; Figure 19). Supportive housing (29%) and mobile crisis assessment/stabilization services (26%) were also commonly cited.

19. BIGGEST GAPS IN MENTAL HEALTH SERVICES

Which of these do you consider the biggest gap in mental health services and supports available to consumers in your region?	% (N=34)
Transportation services	59%
Supportive housing (e.g., sober housing, mental health supportive housing)	29%
Mobile crisis assessment/ stabilization services	26%
Adult Rehabilitative Mental Health Services (ARMHS)	18%
Respite services	15%
Psychiatric services (e.g., medications, medication management)	15%
In-home supports (e.g., behavioral aide, personal care attendant)	15%
Emergency room services or emergency mental health hold services	12%
Inpatient counseling or treatment	12%
Day treatment services (adults and children)	12%
Children's Therapeutic Services and Supports (CTSS)	12%

19. BIGGEST GAPS IN MENTAL HEALTH SERVICES (CONTINUED)

Which of these do you consider the biggest gap in mental health services and supports available to consumers in your region?	% (N=34)
Supported employment	6%
Peer to peer support services	6%
Faith-based support services	6%
Integrated Mental Health/Chemical Dependency Treatment	6%
Community Support Program (CSP)	3%
Individual psychology services (e.g., outpatient therapy or counseling)	3%
Mental health case management	3%
Adult foster care	3%
Crisis telephone, text line, or warm line	3%
Group psychology services (e.g., outpatient therapy or counseling)	3%
Recovery services	3%
Other	9%
None of the above	3%

Respondents' organizations have done a variety of things to try and address gaps in mental health services in the past two years, including starting to offer telehealth services (41%) and hiring more staff (32%; Figure 20).

20. ADDRESSING THE GAPS

What (if anything) has your organization been able to do to address gaps in the past 2 years (24 months)?	% (N=34)
Started offering telehealth services	41%
Hire more staff	32%
Open a new location	9%
Started offering new services	6%
Other ^a	15%
None of the above	35%

^a Other responses include: combining some waiver case management with adult mental health (3%); found online mental health group (3%); internships (6%); invited to join crisis services (3%); working on Residential Crisis Stabilization option (6%).

Providers also provided information on service capacity in their area. For most area providers and most specific groups, service capacity is limited or not available (Figure 21). Providers most commonly reported services meet or exceed demand for adults age 25 years or older (33%), followed by children under age 16 (27%) and incarcerated individuals (27%). Providers most commonly report limited availability for transition-age youth (75%), children under 16 (65%), people experiencing homelessness (64%), and adults (63%). Finally, providers commonly report that services for specific cultural or ethnic groups (54%) are simply not available in their area.

21. SERVICE CAPACITY

What is the service capacity of your geographic area to meet the specific mental health needs of the following groups (N=22-30)	Exceeds demand	Meets demand	Limited availability	Not available
Adults age 25+	3%	30%	63%	3%
People experiencing homelessness	0%	14%	64%	21%
Transition-age youth (age 16-24)	4%	11%	75%	11%
Specific cultural or ethnic groups	0%	12%	35%	54%
Incarcerated individuals	0%	27%	45%	27%
Children under age 16	0%	27%	65%	8%

Primary care services

Most respondents (94%) report visiting a primary care doctor in the past two years. Of those, the majority feel that primary care doctors are respectful of them or family members when discussing mental health topics (87%) and they feel comfortable discussing mental health issues with their primary care doctor (83%, Figure 22). Slightly fewer, but still a majority feel that primary care doctors are knowledgeable about mental health topics (66%) and services and supports (63%). Sixty-two percent report that appropriate mental health resources are available at primary care offices.

22. PRIMARY CARE SERVICES AND MENTAL HEALTH

Primary care services and mental health	N	Strongly agree or agree	Disagree or strongly disagree
Primary care doctors are respectful of me and family when discussing mental health topics	47	87%	13%
I feel comfortable discussing mental health issues with my primary care doctor	48	83%	17%
Primary care doctors are knowledgeable about mental health topics	47	66%	34%
Primary care doctors are knowledgeable about mental health services and supports	46	63%	37%
Appropriate mental health resources (handouts, pamphlets) are available at primary care offices such as clinics and hospitals	42	62%	38%

Note. Rows may not total 100% due to rounding.

COVID-19 and mental health services

When asked if COVID-19 made mental health services harder to access, 69% of consumers said yes. A majority of consumer respondents (69%) agreed or strongly agreed that COVID-19 negatively impacted their mental health, while 56% said the same of their physical health (Figure 23).

23. COVID-19 AND MENTAL HEALTH

COVID-19 and mental health	N	Strongly agree or agree	Disagree or strongly disagree
COVID-19 negatively impacted my mental health	55	69%	31%
COVID-19 negatively impacted my physical health	54	56%	44%
I was able to find enough services and support to meet additional needs I had because of COVID-19	53	53%	47%
COVID-19 negatively impacted my ability to meet basic needs for myself (i.e., food or water, clothing or hygiene necessities)	53	45%	55%

Telehealth services

Seventy-seven percent of respondents report receiving mental health services through telehealth in the past two years. Of those, a majority of consumer respondents from Isanti County (78%) had used telehealth 8 or more times (Figure 24).

24. TELEHEALTH SERVICE USAGE FREQUENCIES

Usage	% (N=18)
1-2 times	6%
3-4 times	17%
5-7 times	0%
8 or more times	78%

Note. There was a survey programming error that resulted in 40 respondents in total being misdirected for this question and are therefore not included.

When asked about telehealth services, 71% report that in-person services were cancelled or postponed because of COVID-19 sometimes or always (Figure 25). Roughly two-thirds of respondents (64%) report remote or telehealth services did not feel as helpful as in-person services and half (50%) reported the services they needed were not available because of COVID-19. Two thirds of respondents (66%) rarely or never had issues with having the proper equipment to connect for remote services.

25. TELEHEALTH SERVICES

Services (N=56)	Always or sometimes	Rarely or never
In person services were cancelled or postponed because of COVID-19	71%	29%
Remote or telehealth services didn't feel as helpful as in-person services	64%	36%
Services I needed, even remote services, were not available because of COVID-19	50%	50%
I did not have a device, internet, and/or data plan necessary to connect for remote services (for example, no smartphone or tablet, or not enough Wi-Fi or cell service to connect for a Zoom group.)	34%	66%

Information about mental health services

In Isanti County, the most common place consumer respondents get information about mental health services in their area is from their primary care provider (50%), followed by online search engines (34%) and peers, friends, or family (34%; Figure 26).

26. WHERE RESPONDENTS GET INFORMATION ABOUT MENTAL HEALTH SERVICES

Where do you usually get information about mental health services in your area?	% (N=56)
My primary care provider	50%
Online search engines (e.g., Google, Yahoo)	36%
Peers, friends, or family	34%
Other	23%
Social media pages (e.g., Facebook, Twitter, Instagram)	13%
The Region7E Adult Mental Health Initiative Website (www.adultmentalhealth.org)	9%
My neighborhood library or community center	2%
None of the above	11%

Other responses included: case manager (11%); ARMHS worker (9%); hospital (2%), phonebook (2%), PCA (2%), Nystrom (2%), treatment (2%).

Note. Respondents were able to select more than one option.

Respondents were asked about the Region 7E Adult Mental Health Initiative website. Overall, 20% of individuals report having visited the website (Figure 27). Twenty-five percent knew (prior to receiving the survey) that the website was a place to get information on mental health services.

27. WEBSITE AWARENESS

Website awareness	% (N=51-56)
Have visited the Region 7E Adult Mental Health Initiative website	20%
Knew the website was a place to get information on mental health services prior to receiving the survey	25%

Key findings

- **Most consumers feel they have the support they need to keep themselves safe and stable.** Most respondents have used mental health services in the past two years, and a majority of them report being satisfied with the services they received. These services have helped them in various aspects of their lives, as well as helped them avoid in-patient psychiatric hospitalization.
- **COVID-19 made services even harder to access.** Several respondents describe services as difficult to obtain anyway. Over two-thirds of respondents felt that COVID-19 made mental health services harder to access.
- **Consumers most commonly get information about mental health services from their primary care provider, from online searches, and from friends and family.** About one in five consumers have used the Region 7E Adult Mental Health Initiative website to look for available services in their area, but a majority of consumers are unaware of the resource.
- **A majority of consumers had used telehealth services.** Those that had used telehealth report using the services often.
- **For most area providers and most specific groups, service capacity is limited or not available.** The majority of providers identified limited or no capacity for all groups listed.
- **Similar barriers to accessing mental health services were provided by both consumers and providers.** Common barriers endorsed by both groups included: the service needed isn't available in the area, the wait times are too long, not being able to find transportation to get to services, and not being able to pay for services.

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