Region 7E Adult Mental Health Initiative Needs Assessment Results

Kanabec 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 Kanabec County. In total, 38 consumers and 18 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, 38 consumers and caregivers from Kanabec 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 35-44 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, as well as education level were not measured in the exact same way between the survey and regional data, but overall racial and educational make up for both datasets is similar, with the exception of ethnicity (11% of survey respondents identify as Latino/a/e, compared to 2% of the county). With regard to gender, survey respondents were similar when compared to county-specific data. Thirteen percent of respondents reported having been in jail or prison in the past two years, and 16% had been homeless.

1. Respondent characteristics

Age	Survey respondents (N=38)	Kanabec County (N=12,577)
18-24	13%	9%
25-34	18%	12%
35-44	32%	15%
45-54	5%	17%
55-64	21%	21%
65+	11%	26%

1. Respondent characteristics (continued)

Race	Survey respondents (N=38)		Kanabec County (N=15,799)
White	97%		94%
American Indian or Alaska Native	0%		<1%
Black or African American	0%		<1%
Other	3%		-[b]
Asian or Pacific Islander	0%		1%
Two or more races, alone	0%		3%
Ethnicity	**(N=38)**		**(N=15,799)**
Hispanic or Latino/a/e	11%		2%
Gender identity	**(N=38)**		**(N=16,004)**
Female (or woman)	55%		50%
Male (or man)	39%		50%
Non-binary, gender non-conforming, or genderqueer	5%		-[b]
Identify as trans	**(N=36) 0%**		-[b]
Education level	**(N=38)**		**(N=11,444)**
Some high school	13%		10%
High school diploma or GED	42%		37%
Vocational training	3%	37%	38%
Associate degree	5%		
Some college	29%		
Bachelor's degree	5%		10%
Graduate degree	3%		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 may not equal 100% as respondents were allowed to select more than one response.

[b] These data are not available at the county level.

Sixty-one percent of survey respondents report having a disability or chronic condition that impacts their daily life, compared to 16% of the county as a whole (Figure 2). Thirty-nine percent report that their disability affects their mobility, 14% affects their vision and 17% their hearing.

2. Disability status

Status	Survey respondents (N=36)	Kanabec County (N=15,840)
Reports having a disability	61%	16%
Disability affects mobility	39%	-[a]
Disability affects vision	14%	-[a]
Disability affects hearing	17%	-[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 an anxiety disorder or panic disorder (76%) or major depression (76%; Figure 3).

3. Diagnosed conditions

Have you ever been told by a doctor or nurse that you have any of the following conditions?	% (N=35-38)
Anxiety disorder or panic disorder	82%
Major depression	76%
Post-Traumatic Stress Disorder (PTSD)	58%
Attention-deficit/hyperactivity disorder (ADHD)	51%
Manic episodes or manic depression, also called bipolar disorder	42%
Anti-social personality disorder, borderline personality disorder, or any other severe personality disorder	34%
Substance abuse disorder	32%
Paranoid or delusional disorder, other than schizophrenia	19%
Schizophrenia	18%
A concussion or Traumatic Brain Injury (TBI)	16%
Anorexia, bulimia, or another eating disorder	8%
Autism spectrum disorder	5%

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

Most consumer respondents report having health insurance (95%), which is similar to the county average of 93% (Figure 4).

4. Healthcare coverage

Coverage	Survey respondents (N=38)	Kanabec County (N=12,640)
Has health care coverage/insurance	95%	93%

Consumers most commonly had public health care coverage, whether that was Medicare (29%) or a public healthcare program other than Medicare (56%; Figure 5). Twelve percent reported having private insurance.

5. Healthcare coverage type

Coverage type	(N=34)
Public healthcare program other than Medicare (Medical Assistance, MinnesotaCare, PMAP Plan)	56%
Medicare	29%
Private insurance	12%
Other	3%

Other responses included: VA Healthcare (3%).

Providers

In total, 18 providers working in Kanabec County responded to the survey. They most commonly represented county staff members (22%) or foster care/housing providers (22%; Figure 6), and most commonly worked for a public health/human services department (28%) or a mental health clinic (22%; Figure 7).

6. Role

Which of the following most closely describes your role?	(N=18)
County staff member	22%
Foster care/housing provider	22%
Mental health provider/therapist[a]	17%
Employment/vocational provider	17%
Nurse Practitioner (NP)	11%
Other[b]	28%

[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 (6%), community action provider (6%), community outreach (6%), SUD (6%).

7. Types of organizations

What type of organization do you work for?	(N=18)
Public health/human services department	28%
Mental health clinic	22%
Employment/vocational services	17%
Foster care/housing services	17%
Hospital or emergency department	0%
Medical or primary care clinic	0%
Psychiatry clinic	0%
Law enforcement	0%
Other[a]	17%

[a] Other responses include: housing provider (11%); SUD (6%).

Services

Mental health services

Consumers

Most consumers (87%) 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 psychiatric services (91%), individual psychology services (82%), and mental health case management (61%; Figure 9).

8. Received mental health services

In the past two years (24 months) have you received any services for your mental health?	(N=38)
Yes	87%
No	13%

9. Types of services received

Services received	(N=33)
Psychiatric services (e.g., medications, medication management)	91%
Individual psychology services (e.g., outpatient therapy or counseling)	82%
Mental health case management	61%
Transportation services	52%
Emergency room services or an emergency mental health hold	45%
Community Support Program (CSP)	39%
Inpatient counseling or treatment	33%
Group psychology services (e.g., outpatient therapy or counseling)	30%
Crisis phone line, text line, or warm line	24%
Mobile crisis assessment/stabilization services	18%
In-home supports (e.g. behavioral aide, personal care attendant)	15%
Faith-based support services	15%
Day treatment (adult and children's)	15%
Supported employment (services that help people get and maintain paid employment)	15%
Adult Rehabilitative Mental Health Services (ARMHS)	15%
Integrated Mental Health/Chemical Dependency Treatment	12%
Supportive housing (e.g., sober housing, mental health supportive housing, etc.)	9%
Recovery services	6%
Peer-to-peer support services	6%
Adult foster care (residential care for people age 18 or older that require mental health supports	3%
Children's Therapeutic Services and Supports (CTSS)	3%
Respite services (services that provide short-term care for caregivers)	0%

Services received	(N=33)
Other	9%

When asked about their satisfaction with the services they received, 79% of Kanabec County respondents reported being very satisfied or somewhat satisfied, 9% neither satisfied nor dissatisfied, and 12% somewhat or very dissatisfied (Figure 10).

10. Satisfaction with services

Satisfaction with services (N=33)	Very/somewhat satisfied	Neither satisfied nor dissatisfied	Very/Somewhat dissatisfied
Overall, how satisfied are you with the services you have received?	79%	9%	12%

When asked how these services have helped them with specific life activities, the majority of respondents found services at least somewhat helpful. Eighty-seven of respondents report services have been very or somewhat helpful in their ability to feel safe and stable (Figure 11). In addition, 78% report services were helpful in helping them perform daily activities, 75% in improving their overall quality of life, 74% in doing things they enjoy, 71% in having personal relationships, and 70% accessing needed mental health services. Slightly over half of respondents (56%) felt services were helpful with their ability to work or volunteer.

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	30	87%	13%
Perform daily activities (chores, paying bills, etc.)	32	78%	22%
Improve your overall quality of life	32	75%	25%
Spend time doing things you enjoy	31	74%	26%
Have personal relationships	28	71%	29%
Access mental health services you need (completing paperwork, knowing options for services)	30	70%	30%
Work or volunteer	25	56%	44%

Fifty-nine percent of consumer respondents 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=22)	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	59%	41%

Currently, the majority of respondents (78%) feel they have the support they need to remain safe and stable (Figure 13). In the past two years, 34% of respondents attempted to obtain services for their mental health but were unable to do so.

13. Obtaining needed supports

Supports	% (N=37-38)
Do you feel like you have the support you need to feel safe and stable?	78%
In the past two years, have you attempted to obtain services for your mental health and been unable to do so?	34%

In terms of their current mental health, 34% report their mental health staying the same overall while another 34% say it depends on the day (Figure 14). Seventeen percent report that their mental health is getting worse overall, while 14% say it is getting better.

14. Mental wellbeing

Thinking about your mental health right now, overall would you say you are…	% (N=35)
Getting better	14%
Depends on the day	34%
Staying the same	34%
Getting worse	17%

Providers

Providers were asked about which services are most helpful for keeping consumers safe and stable. The top three supports included: psychiatric services (61%), mobile crisis assessment and stabilization services (44%), individual psychology services (44%; 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=18)
Psychiatric services (e.g., medications, medication management)	61%
Mobile crisis assessment/ stabilization services	44%
Individual psychology services (e.g., outpatient therapy or counseling)	44%
Supportive housing (e.g., sober housing, mental health supportive housing)	17%
In-home supports (e.g., behavioral aide, personal care attendant)	17%
Adult foster care	17%
Adult Rehabilitative Mental Health Services (ARMHS)	11%
Emergency room services or emergency mental health hold services	11%
Inpatient counseling or treatment	11%
Mental health case management	11%
Day treatment services (adults and children)	11%
Community Support Program (CSP)	6%
Integrated Mental Health/Chemical Dependency Treatment	6%

In your experience, which services and supports are most helpful for keeping consumers with mental health needs safe and stable?	% (N=18)
Transportation services	6%

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=18)
Children's Therapeutic Services and Supports (CTSS)	6%
Peer to peer support services	6%
Crisis telephone, text line, or warm line	0%
Supported employment	0%
Group psychology services (e.g., outpatient therapy or counseling)	0%
Recovery services	0%
Faith-based support services	0%
Respite services	0%
Other	0%
None of the above	6%

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 (52%), the wait times are too long (41%) and not knowing what services are available (41%; Figure 16). Fourteen percent report not experiencing any barriers to services.

16. Barriers to care

Have any of the following barriers prevented you from accessing services?	% (N=29)
The service I needed wasn't available in my area	52%
The wait time was too long	41%
I don't know what services are available	41%
I couldn't find transportation to get to services	34%
I can't financially afford to take time off for treatment	31%
I wasn't eligible for the services	28%
I don't know how to access services	28%
I couldn't pay for the services	28%
I was worried about how I would be seen	21%
I don't have the technology I need to access telehealth services	17%
I don't think the service(s) will help	17%
I was worried about the effect on current or future employment	10%
I was worried about my family finding out	7%
I don't have a mental health diagnosis	7%
I don't require formal mental health services at this time	3%
I did not want to get exposed to the coronavirus while using in-person services	0%
The people who provide it don't speak my language/I couldn't get an interpreter	0%
The services weren't culturally specific	0%

Have any of the following barriers prevented you from accessing services?	% (N=29)
Other	7%
None of the above	14%

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 the wait times being too long (78%; Figure 17), followed by consumers not being able to find transportation to get to services (67%) and consumers not being able to financially afford to take time off for treatment (61%).

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=18)
The wait time is too long	78%
Not being able to find transportation to get to services	67%
Consumers can't financially afford to take time off for treatment	61%
Consumers don't know what services are available	56%
The service needed isn't available in my area	50%
Consumers don't know how to access services	50%
Consumers don't think the service(s) will help	44%
Not being able to pay for the services	44%
Not being eligible for the services	33%
Consumers don't feel they require formal mental health services at this time	33%
Consumers don't have the technology they need to access telehealth services	22%
Consumers are worried about how they will be seen/don't want to be judged	22%
Consumers are worried about the effect of services on current or future employment	17%
Consumers don't have a diagnosis	17%
Consumers are worried about their family finding out	11%
Consumers don't want to get exposed to the coronavirus while using in-person services	11%
The people who provide services don't speak their language/No interpreters available	0%
The services aren't culturally specific	0%
Other[a]	11%
None of the above	0%

[a] Other responses include: consumers see services as punishment (6%), many barriers to starting services (6%), workforce shortage (6%), lack of crisis services (6%).

Providers were asked to identify the biggest barrier out of the barriers they selected. The most commonly selected barrier is not being able to find transportation (22%), followed by the wait times being too long (17%; Figure 18).

18. Biggest barrier to accessing services

Of those, which is the biggest barrier?	% (N=18)
Not being able to find transportation to services	22%
The wait time is too long	17%
The service needed isn't available in the area	11%
Consumers don't know how to access services	11%
Not being able to pay for the services	11%
Not being eligible for services	6%
Consumers can't financially afford to take time off	6%
Consumers don't feel they require formal mental health services at this time	6%
Other barriers[a]	11%

[a] Other responses include: consumers see services as punishment (6%), many barriers to starting services (6%), workforce shortage (6%), lack of crisis services (6%).

Providers were asked about what they saw as the biggest gaps in mental health services. The top two most commonly cited gaps for Kanabec County are supportive housing (47%) and inpatient counseling or treatment (35% each; Figure 19). Psychiatric services, transportation services, and emergency room services were also commonly cited (29% each), as was mobile crisis assessment/stabilization services (24%).

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=17)
Supportive housing (e.g., sober housing, mental health supportive housing)	47%
Inpatient counseling or treatment	35%
Psychiatric services (e.g., medications, medication management)	29%
Transportation services	29%
Emergency room services or emergency mental health hold services	29%
Mobile crisis assessment/ stabilization services	24%
Adult Rehabilitative Mental Health Services (ARMHS)	18%
Peer to peer support services	12%
In-home supports (e.g., behavioral aide, personal care attendant)	6%
Children's Therapeutic Services and Supports (CTSS)	6%
Respite services	6%
Day treatment services (adults and children)	6%

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=17)
Integrated Mental Health/Chemical Dependency Treatment	6%
Community Support Program (CSP)	6%
Individual psychology services (e.g., outpatient therapy or counseling)	6%
Mental health case management	0%
Supported employment	0%
Adult foster care	0%
Crisis telephone, text line, or warm line	0%
Group psychology services (e.g., outpatient therapy or counseling)	0%
Recovery services	0%
Faith-based support services	0%
Other	6%
None of the above	0%

Respondents' organizations have done a variety of things to try and address gaps in mental health services in the past two years, including hiring more staff (41%), starting to offer telehealth services (24%), and opening a new location (24%; 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=17)
Hire more staff	41%
Started offering telehealth services	24%
Open a new location	24%
Started offering new services	6%
Other[a]	6%
None of the above	41%

[a] Other responses include: providing better crisis services (6%); working on Residential Crisis Stabilization option (6%); more housing assistance (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 (45%). Providers most commonly report limited availability for transition-age youth (81%), children under 16 (75%), and people experiencing homelessness (67%). Finally, providers commonly report that services for specific cultural or ethnic groups (40%) 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=14-18)	Exceeds demand	Meets demand	Limited availability	Not available
Adults age 25+	6%	39%	50%	6%
People experiencing homelessness	7%	7%	67%	20%
Transition-age youth (age 16-24)	6%	0%	81%	13%
Specific cultural or ethnic groups	7%	13%	40%	40%
Incarcerated individuals	7%	7%	64%	21%
Children under age 16	6%	13%	75%	6%

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

Primary care services

A majority of respondents (82%) report visiting a primary care doctor in the past two years. Of those, all respondents (100%) feel that primary care doctors are respectful of them or family members when discussing mental health topics (Figure 22). Most (93%) feel comfortable discussing mental health issues with their primary care doctor (93%). A majority of respondents feel that primary care doctors are knowledgeable about mental health topics (85%) and roughly two-thirds (68%) report that primary care doctors are knowledgeable about services and supports (69%). Three-quarters of respondents (76%) 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	28	100%	0%
I feel comfortable discussing mental health issues with my primary care doctor	29	93%	7%
Primary care doctors are knowledgeable about mental health topics	26	85%	15%
Appropriate mental health resources (handouts, pamphlets) are available at primary care offices such as clinics and hospitals	25	76%	24%
Primary care doctors are knowledgeable about mental health services and supports	28	68%	32%

COVID-19 and mental health services

When asked if COVID-19 made mental health services harder to access, 59% of consumers said yes. Over three-quarters of consumer respondents (78%) agreed or strongly agreed that COVID-19 negatively impacted their mental health, while 53% said the same of their physical health (Figure 23). Over half of respondents feel that COVID-19 negatively impacted their ability to meet their needs (58%), while 43% were not able to find enough services/support to meet additional needs they had because of COVID-19.

23. COVID-19 and mental health

COVID-19 and mental health (N=35-36)	Strongly agree or agree	Disagree or strongly disagree
COVID-19 negatively impacted my mental health	78%	22%
COVID-19 negatively impacted my ability to meet basic needs for myself (i.e., food or water, clothing or hygiene necessities)	58%	42%
I was able to find enough services and support to meet additional needs I had because of COVID-19	57%	43%
COVID-19 negatively impacted my physical health	53%	47%

Telehealth services

Fifty-five percent of respondents report receiving mental health services through telehealth in the past two years. Of those, 60% of consumer respondents from Kanabec County had used telehealth 8 or more times (Figure 24).

24. Telehealth service usage frequencies

Usage	% (N=20)
1-2 times	10%
3-4 times	25%
5-7 times	5%
8 or more times	60%

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, 76% report that in-person services were cancelled or postponed because of COVID-19 sometimes or always (Figure 25). Seventy-three percent of respondents report remote or telehealth services did not feel as helpful as in-person services and 60% report the services they needed were not available because of COVID-19. Half of respondents (50%) had issues with having the proper equipment to connect for remote services.

25. Telehealth services

Services (N=33-37)	Always or sometimes	Rarely or never
In person services were cancelled or postponed because of COVID-19	76%	24%
Remote or telehealth services didn’t feel as helpful as in-person services	73%	27%
Services I needed, even remote services, were not available because of COVID-19	60%	41%

Services (N=33-37)	Always or sometimes	Rarely or never
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.)	50%	50%

Information about mental health services

In Kanabec County, the most common place consumer respondents get information about mental health services in their area is peers, friends or family (47%), followed by online sources (42%) and their primary care provider (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=38)
Peers, friends, or family	47%
Online search engines (e.g., Google, Yahoo)	42%
My primary care provider	34%
Other	29%
Social media pages (e.g., Facebook, Twitter, Instagram)	16%
The Region7E Adult Mental Health Initiative Website (www.adultmentalhealth.org)	5%
My neighborhood library or community center	3%
None of the above	8%

Other responses included: case manager (13%); family/social services (8%); CSP worker (3%) county health and human services (3%); counselor (3%).
Note. Respondents were able to select more than one option.

Respondents were asked about the Region 7E Adult Mental Health Initiative website. Overall, 24% of individuals report having visited the website (Figure 27). Eighteen 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=34-38)
Have visited the Region 7E Adult Mental Health Initiative website	24%
Knew the website was a place to get information on mental health services prior to receiving the survey	18%

Key findings

- **The majority of consumers feel they have the support they need to keep themselves safe and stable.** A majority of respondents have used mental health services in the past two years, and most of them report being satisfied with the services they received. Over half feel these services have 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 half of respondents felt that COVID-19 made mental health services harder to access.
- **Consumers most commonly get information about mental health services from online searches, from friends and family, and from primary care or mental health providers.** Several 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.
- **Over half of consumers had used telehealth services.** Those that had used telehealth report using the services often. However, half of consumers report that they do not have reliable access to technology required to access telehealth services.
- **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 wait times are too long, consumers can't financially afford to take time off for treatment, consumers don't know what services are available, and the service needed isn't available in the area.

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