LISLE TOWNSHIP MENTAL HEALTH SYSTEM

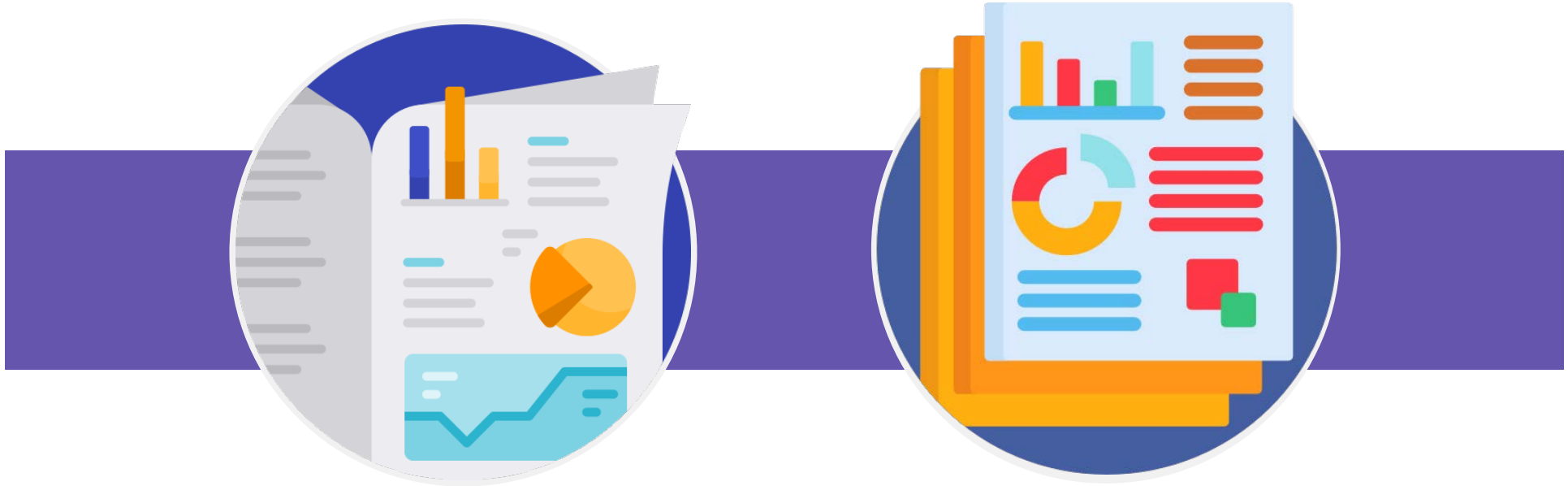
Presenting the Key Findings from the Lisle Township Mental Health System Study

What We Will Cover

- Purpose
- Define Key Aspects
- Background Statistics
- Prevalence Statistics
  - Mental Health
  - Co-Occurring Disorders
- Qualitative Findings
  - What's Working
  - What Can Be Improved
- Recommendations
- Limitations of Study
- Acknowledgements
- Sources
- Contact Information

PURPOSE

- Understand how local mental health system is serving community
  - Identify gaps
  - Identify strategies to address gaps



Defining Key Aspects of the Study

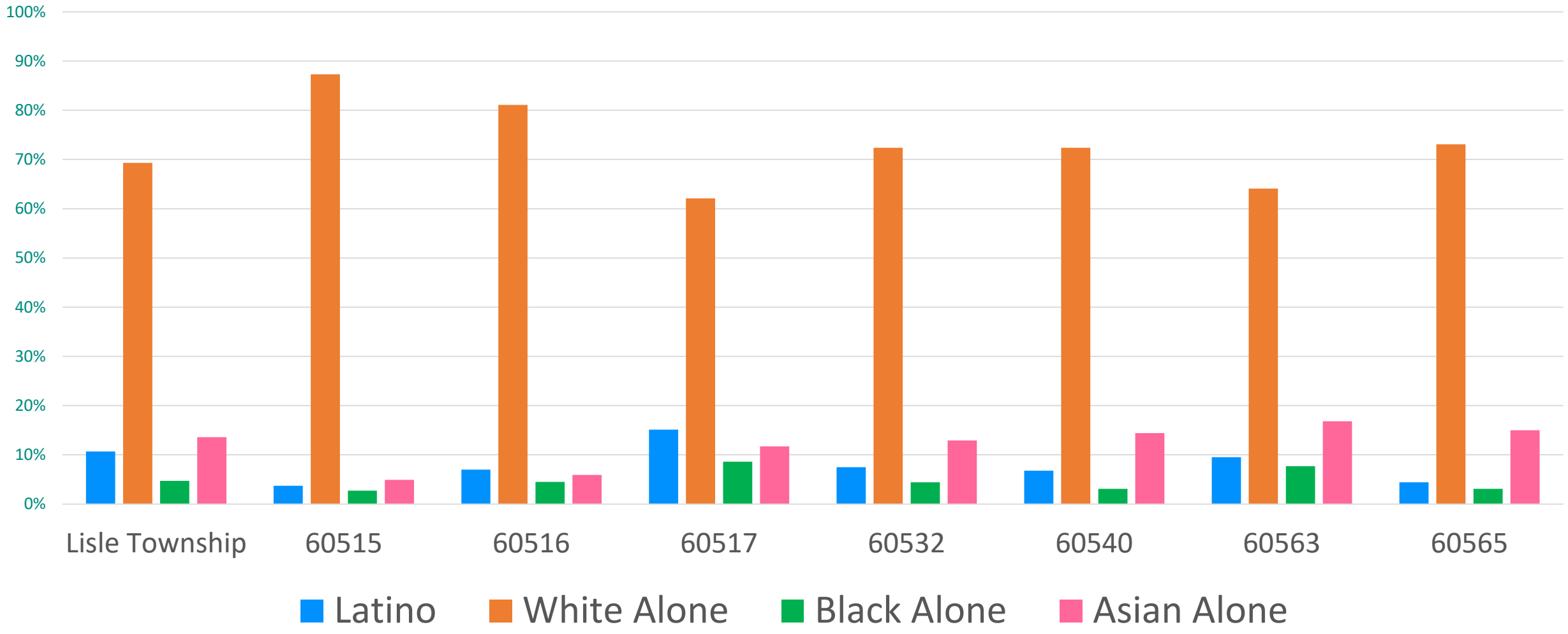
- Geographic Area of Study
  - Lisle Township
    - Western Naperville and Eastern Downers Grove

- Lisle Township Mental Health System
  - Organizations and individuals providing mental health services
  - Individuals that want and/or need mental health services
  - Community institutions that interact with individuals with mental health concerns
  - Individuals' family and friends

Age Cohort Breakout

Age Cohort	Lisle Township	60515	60516	60517	60532	60540	60563	60565
Pediatric (under 18 YO)	25,821 residents	6,609	6,014	6,711	5,147	10,731	8,352	10,630
Adolescent (10-17 YO)	11,672 residents	3,318	2,483	3,057	1,808	5,201	3,951	5,276
Adult (18 YO & Older)	94,538 residents	21,681	23,194	25,679	22,809	34,456	29,353	29,957
NSDUH Data (15 YO & Younger)	98,880 residents	22,843	24,260	26,653	23,420	36,516	30,956	31,876
Total Residents (All Ages)	119,559 residents	28,290	29,208	32,390	27,956	45,187	37,705	40,560

Race & Ethnicity



Prevalence Statistics: Mental Health

- Quantitative data provides overview of existing need
- Prevalence data divided into categories
  - Prevalence of **Any Mental Illness** (AMI)
  - Prevalence of **Serious Mental Illness** (SMI)
  - Depressive Symptoms & Episodes
  - Treatment Rates
  - Mental Health Crisis: ER Rates Due to Mental Illness

Prevalence Statistics: Mental Health

- **A**ny **M**ental **I**llness (AMI)
  - Adults (18+) having any mental, behavioral, or emotional disorder
    - Past year
    - Sufficient duration to meet DSM-V criteria
      - excluding developmental or substance use disorders
- Estimating Residents with AMI Using NSDUH Data for DuPage County (2016-2018)

LT Adult Population Estimate		DuPage County AMI Estimate		**LT AMI Estimate**
94,538	×	16.72%	=	15,807

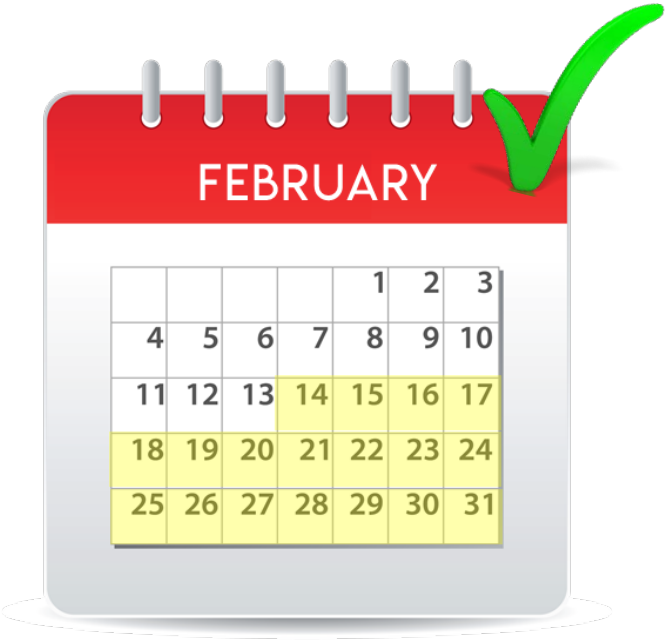
Prevalence Statistics: Mental Health

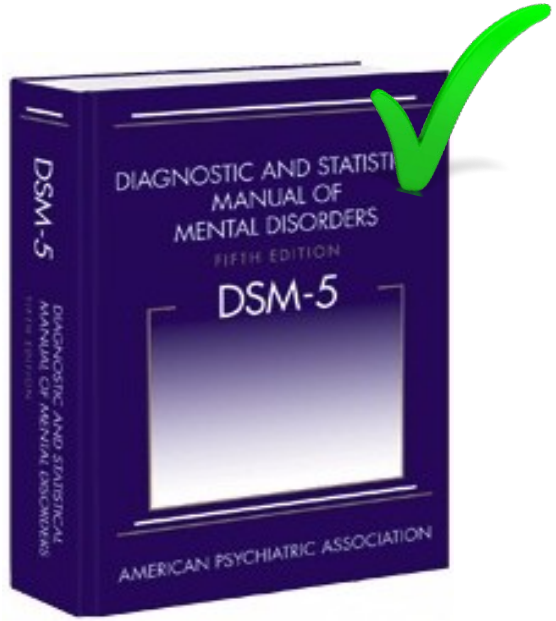
- **S**erious **M**ental **I**llness (SMI)
  - Adults (18+) with AMI
  - Having any mental, behavioral, or emotional disorder
    - Substantially interfered with one or more major life activities
    - Substantially limited one or more major life activities
- Estimating Residents with SMI Using NSDUH Data for DuPage County (2016-2018)

LT Adult Population Estimate		DuPage County SMI Estimate		LT SMI Estimate
94,538	×	3.76%	=	3,555

Prevalence Statistics: Mental Health

- **M**ajor **D**epressive **E**pisode (MDE)
  - Minimum two week period
  - Experienced depressed mood or loss of interest or pleasure in daily activities
  - Had majority of specified DSM-V depression symptoms





Prevalence Statistics: Mental Health

- Estimating Lisle Township Residents with MDE Annually Using NSDUH Data for DuPage County (2016-2018)

LT Adult Population Estimate

94,538

×

DuPage County MDE Estimate

6.34%

=

LT MDE Estimate

5,994

Survey Question

During the past 12 months did you ever feel so sad or hopeless almost every day for two weeks or more in a row that you stopped doing some usual activities?

Prevalence Statistics: Mental Health

- Serious Thoughts of Suicide
  - Estimating Lisle Township Residents Who Had Serious Thoughts of Suicide Annually

Lisle Township Adult Population Estimate

94,538

×

DuPage County Adults Who Had Serious Thoughts of Suicide Estimate

3.44%

=

Lisle Township Adults Who Had Serious Thoughts of Suicide Estimate

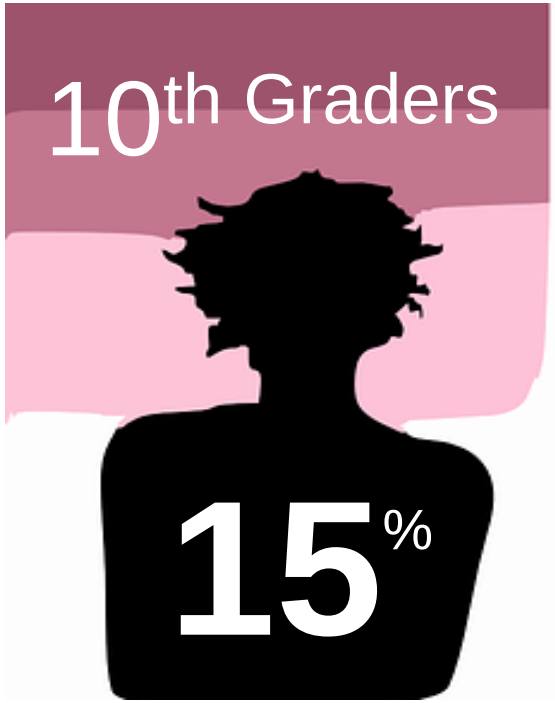
3,252

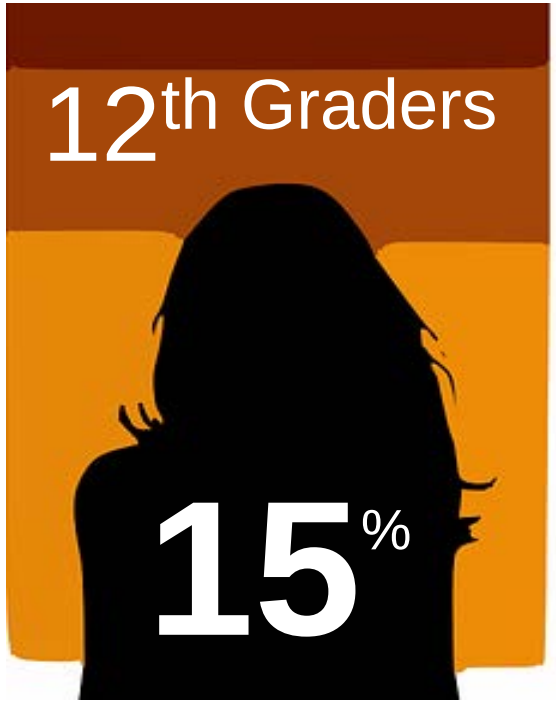
Prevalence Statistics: Mental Health

- Serious Thoughts of Suicide
  - Estimating DuPage County Students Who Seriously Considered Attempting Suicide in 2018

Survey Question

During past 12 months did you ever feel so sad or hopeless almost every day for two weeks or more in a row that you stopped doing some usual activities?





Prevalence Statistics: Mental Health

- Received Mental Health Services in the Past Year Among Adults Aged 18 or Older
  - 14.67% DuPage County adults
  - Estimating Lisle Township Adults with AMI who Received No Treatment Annually (2016-2018)

Lisle Township Adult Population Estimate

94,538

×

DuPage County Adults Difference in AMI % Versus Treatment % Estimate

2.05%

=

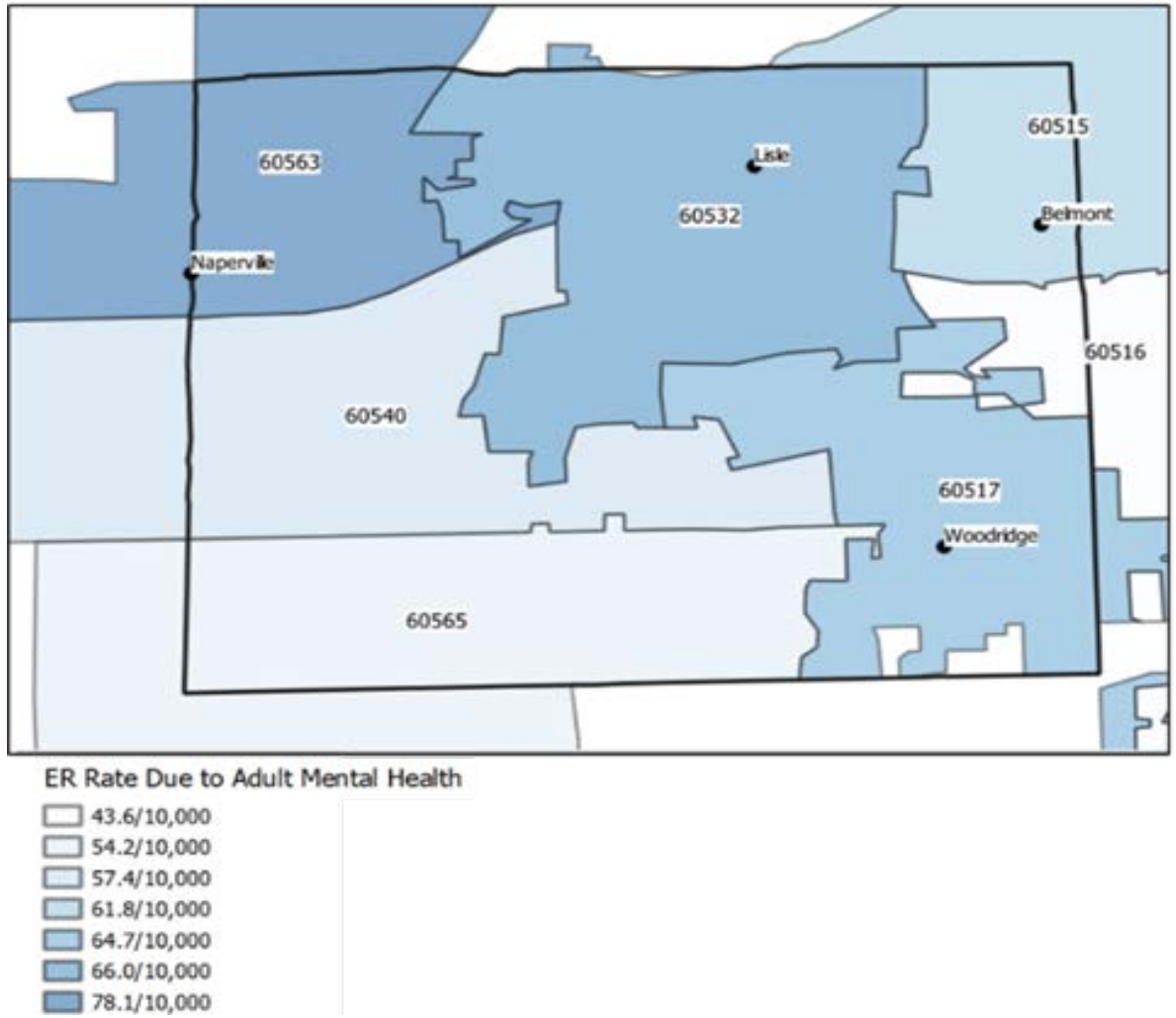
Lisle Township MDE

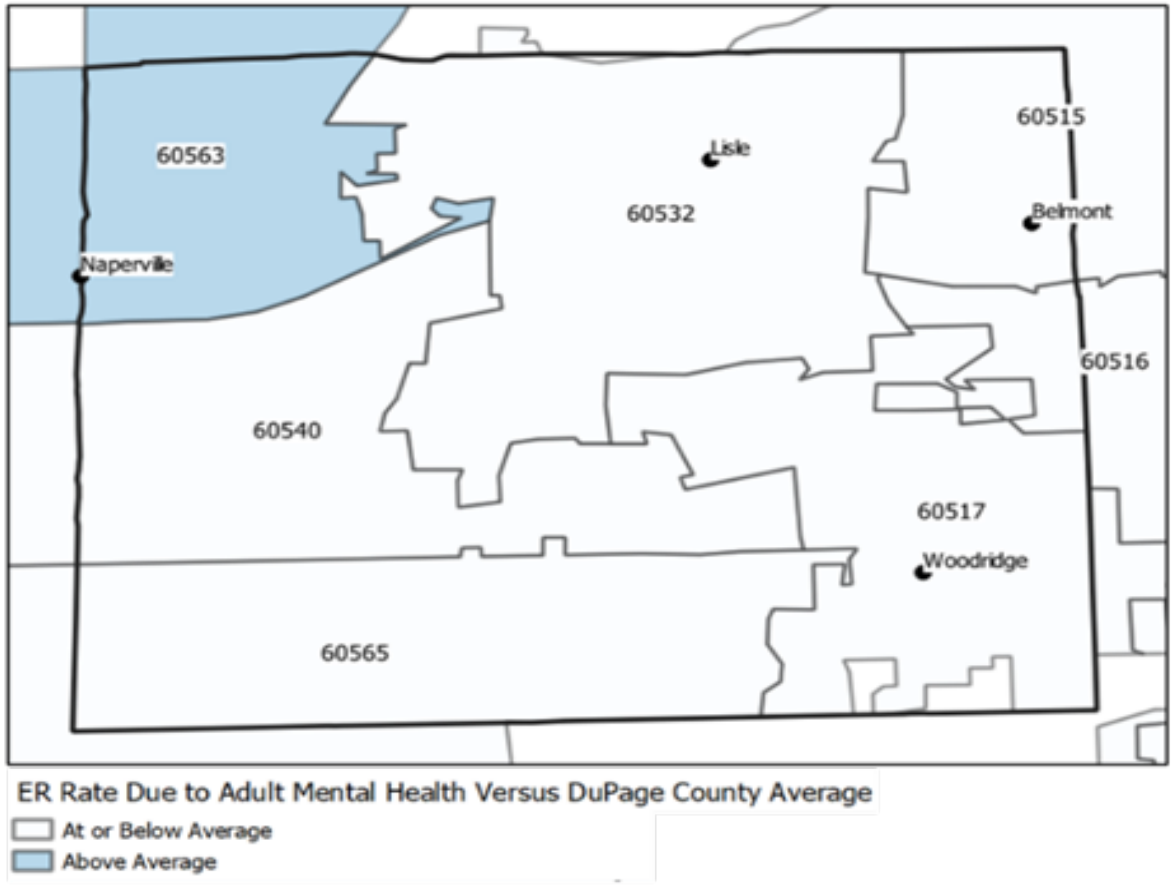
1,938

- Assume all 14.67% that received treatment are managing symptoms
  - 2.05% of adults with AMI received no treatment

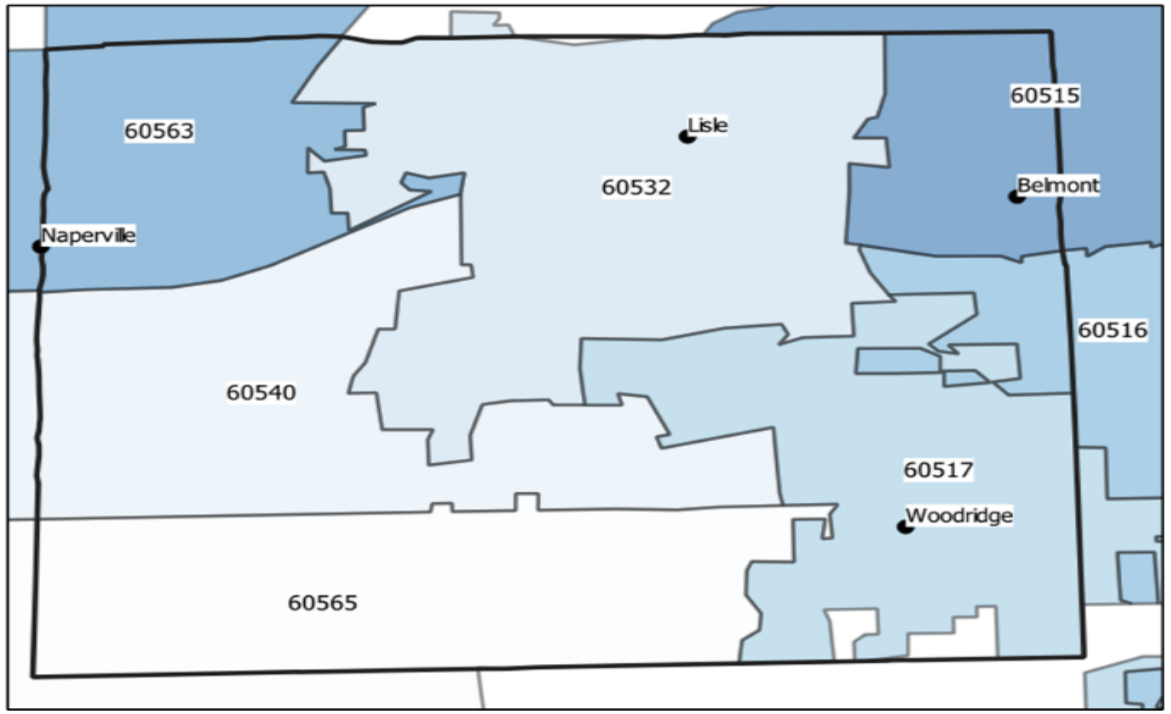
PREVALENCE STATISTICS: MENTAL HEALTH

- Age-adjusted ER Rate Due to Adult Mental Health by Zip Code (2017-2019)

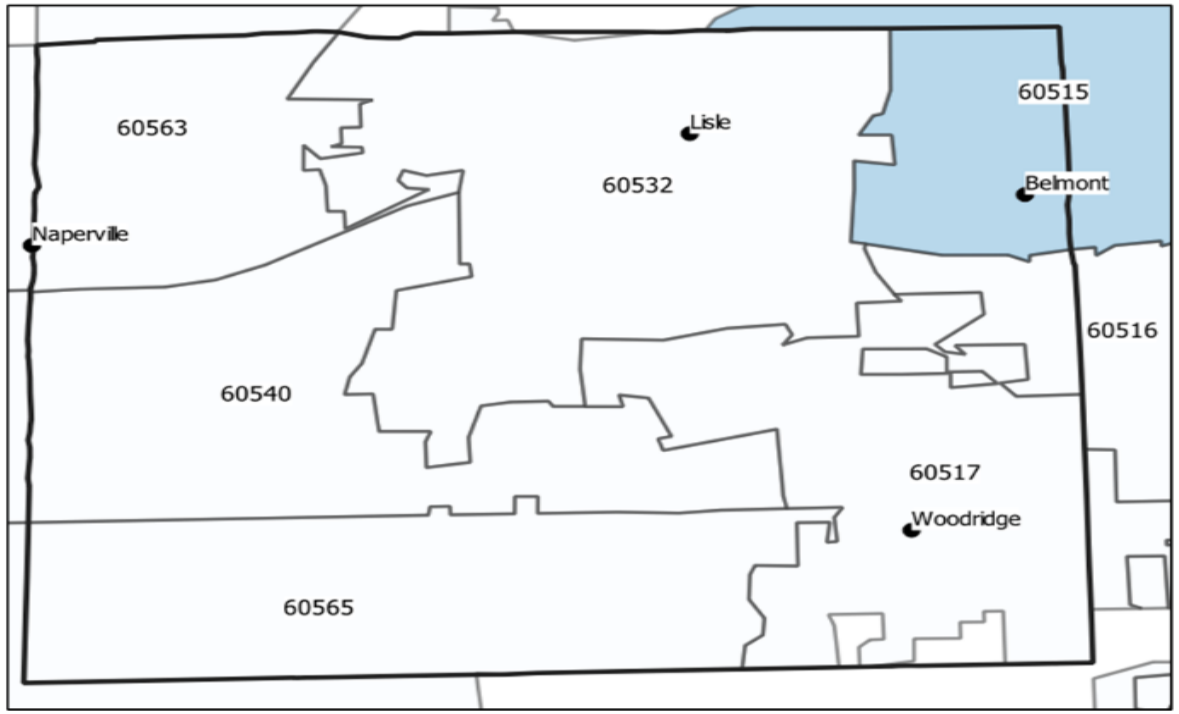




- Age-adjusted ER Rate Due to Pediatric Mental Health by Zip Code (2017-2019)

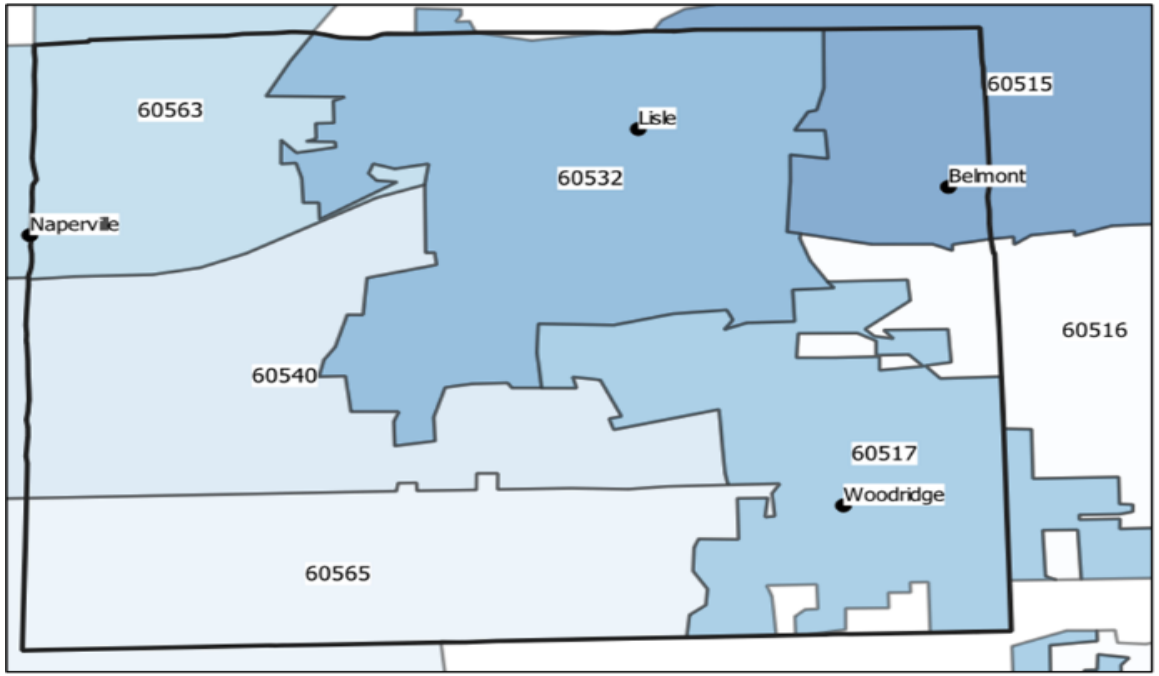


ER Rate Due to Pediatric Mental Health
- 40.0/10,000
- 48.8/10,000
- 51.1/10,000
- 52.8/10,000
- 55.8/10,000
- 56.3/10,000
- 72.2/10,000

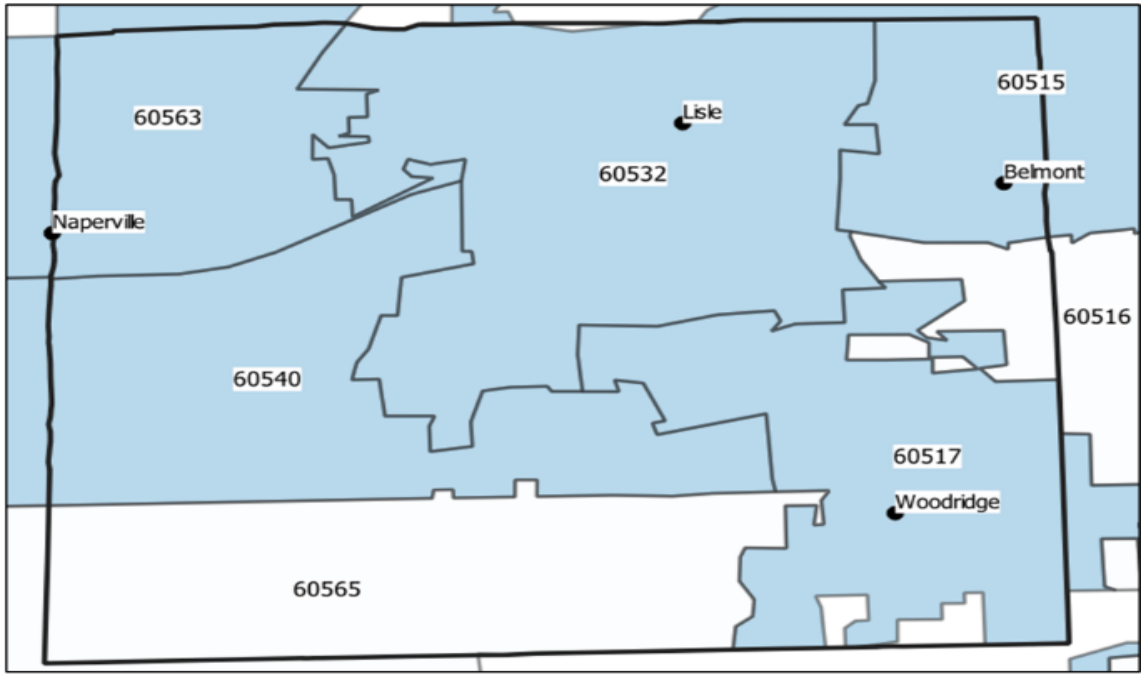


ER Rate Due to Pediatric Mental Health Versus DuPage County Average
- At or Below DuPage County Average
- Above DuPage County Average

- Age-adjusted ER Rate Due to Adult Suicide and Intentional Self-inflicted Injury by Zip Code (2017-2019)

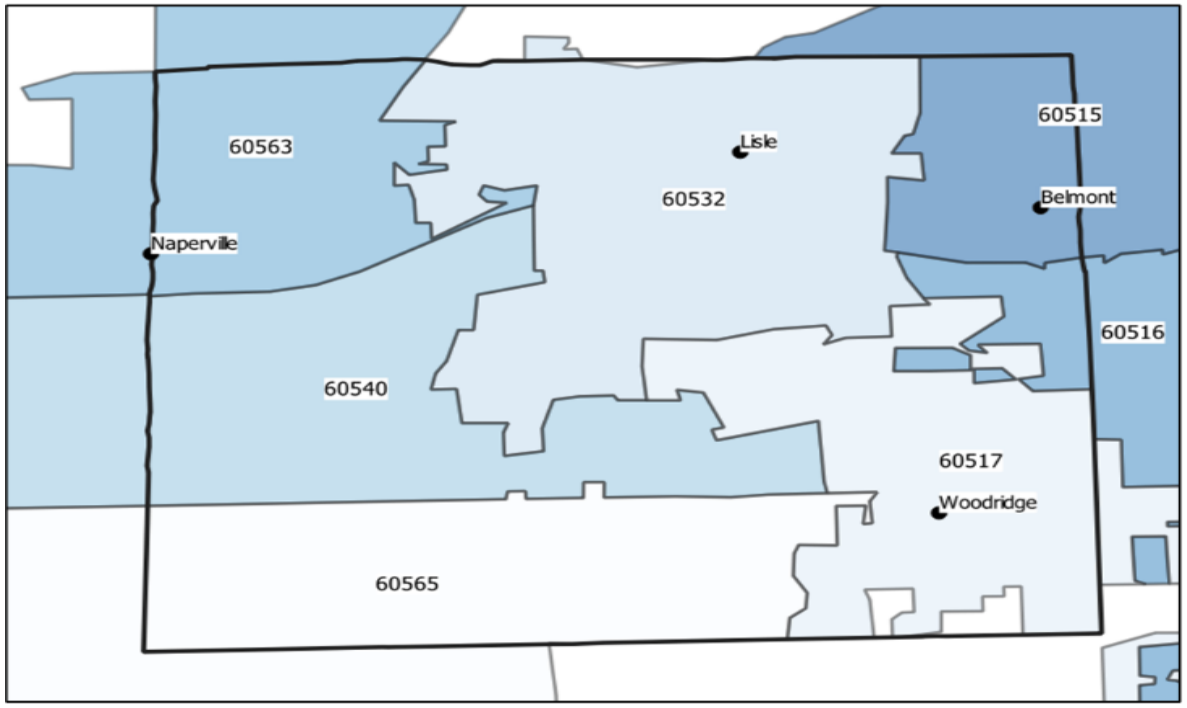


Age-Adjusted ER Rate Due to Adult Attempted Suicide & Self-Harm
- 22.0/10,000
- 26.1/10,000
- 27.9/10,000
- 31.6/10,000
- 32.9/10,000
- 34.9/10,000
- 36.3/10,000

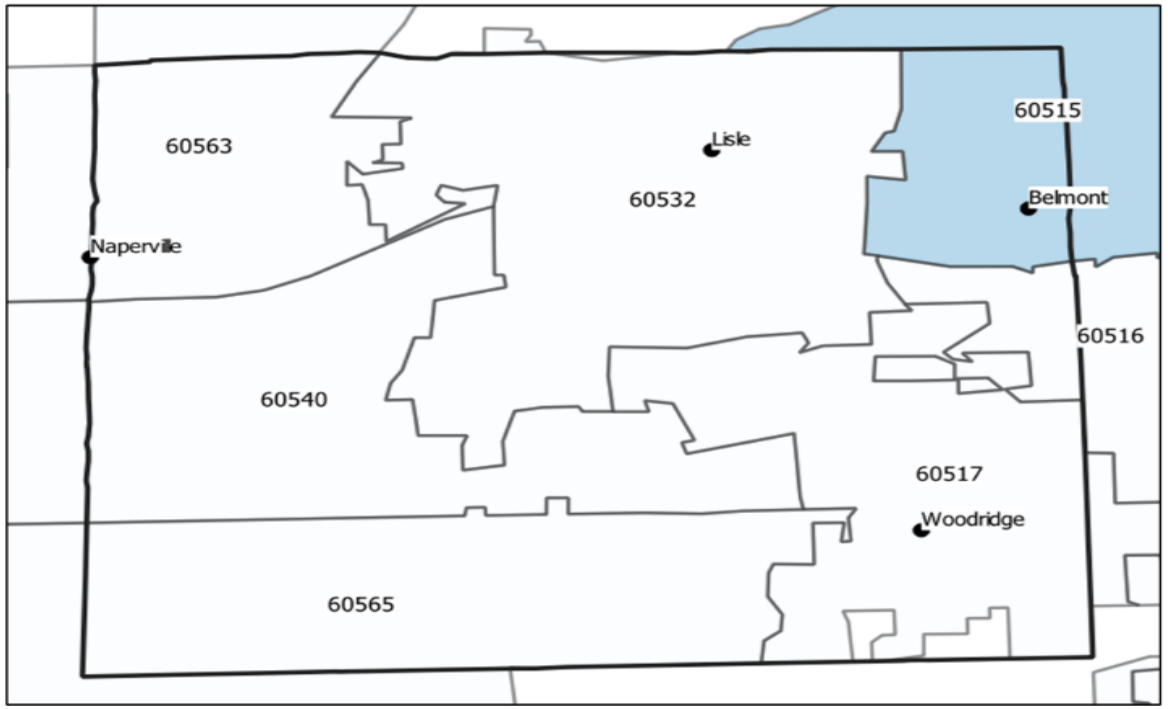


Age-Adjusted ER Rate Due to Adult Attempted Suicide & Self-Harm Versus DuPage County Average
- At or Below DuPage County Average
- Above Dupage County Average

- Age-adjusted ER Rate Due to Adolescent Suicide and Intentional Self-inflicted Injury by Zip Code (2017-2019)



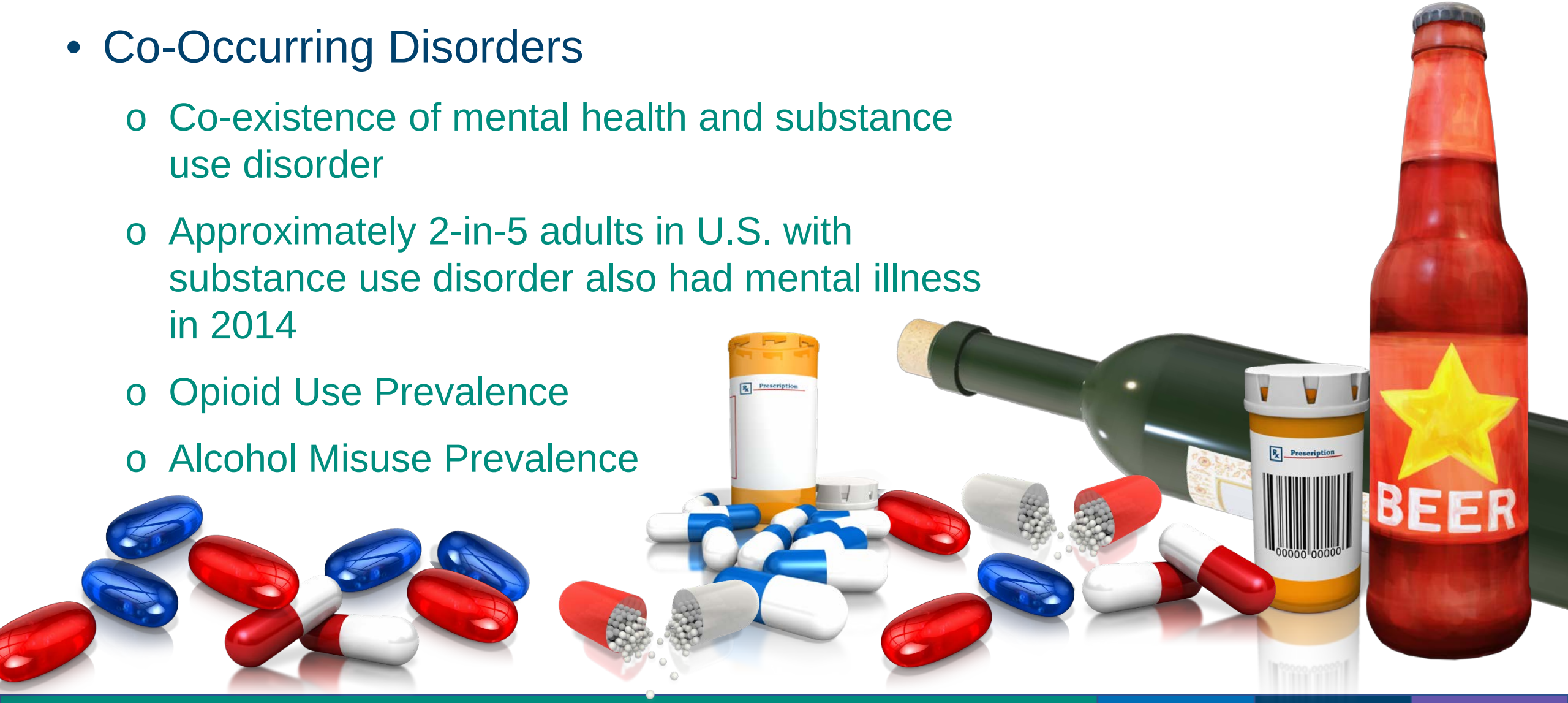
Age-Adjusted ER Rate Due to Adolescent Attempted Suicide & Self-Harm
- 49.6/10,000
- 73.4/10,000
- 73.8/10,000
- 76.8/10,000
- 81.8/10,000
- 84.2/10,000
- 111.2/10,000



Age-Adjusted ER Rate Due to Adolescent Attempted Suicide & Self-Harm Versus DuPage County Average
- At or Below County Average
- Above County Average

Prevalence Statistics: Co-Occurring Disorders

- Co-Occurring Disorders
  - Co-existence of mental health and substance use disorder
  - Approximately 2-in-5 adults in U.S. with substance use disorder also had mental illness in 2014
  - Opioid Use Prevalence
  - Alcohol Misuse Prevalence



Prevalence Statistics: Opioid Use Prevalence

- Prescription Pain Medicine Misuse
  - Several forms of opioid use
  - Misusing opioid prescriptions
    - Most common in DuPage County
  - Estimating Lisle Township Residents 15 Years & Older Who Misused Prescription Pain Medicine Annually Using NSDUH Data for DuPage County (2016-2018)

Lisle Township Population Age 15+ Estimate

98,880

×

DuPage County Residents Age 12+ Who Misused Prescription Pain Medicine

2.91%

=

LT Residents Age 15+ Who Misused Prescription Pain Medicine

2,877

Survey Question

Used prescription pain medicine without a prescription or differently than prescribed in the past year?

Prevalence Statistics: Alcohol Misuse

- Alcohol Misuse
  - Defined here as binge drinking
    - Five or more drinks (males) on same occasion
    - Four or more drinks (females) on same occasion

Prevalence Statistics: Alcohol Misuse

- Estimating Lisle Township Residents 15 Years & Older Who Binge Drank Alcohol in the Past Month Using NSDUH Data for DuPage County (2016-2018)

LT Population Age 15+ Estimate

98,880

×

DuPage County Residents Age 12+ Who Binge Drank in Past Month Estimate

25.93%

=

LT Residents Age 12+ Who Binge Drank in Past Month Estimate

25,640

Prevalence Statistics: Alcohol Misuse

- Estimating DuPage County Students Who Binge Drank Medicine in 2018

Survey Question

Binge drinking within the past two (2) weeks.

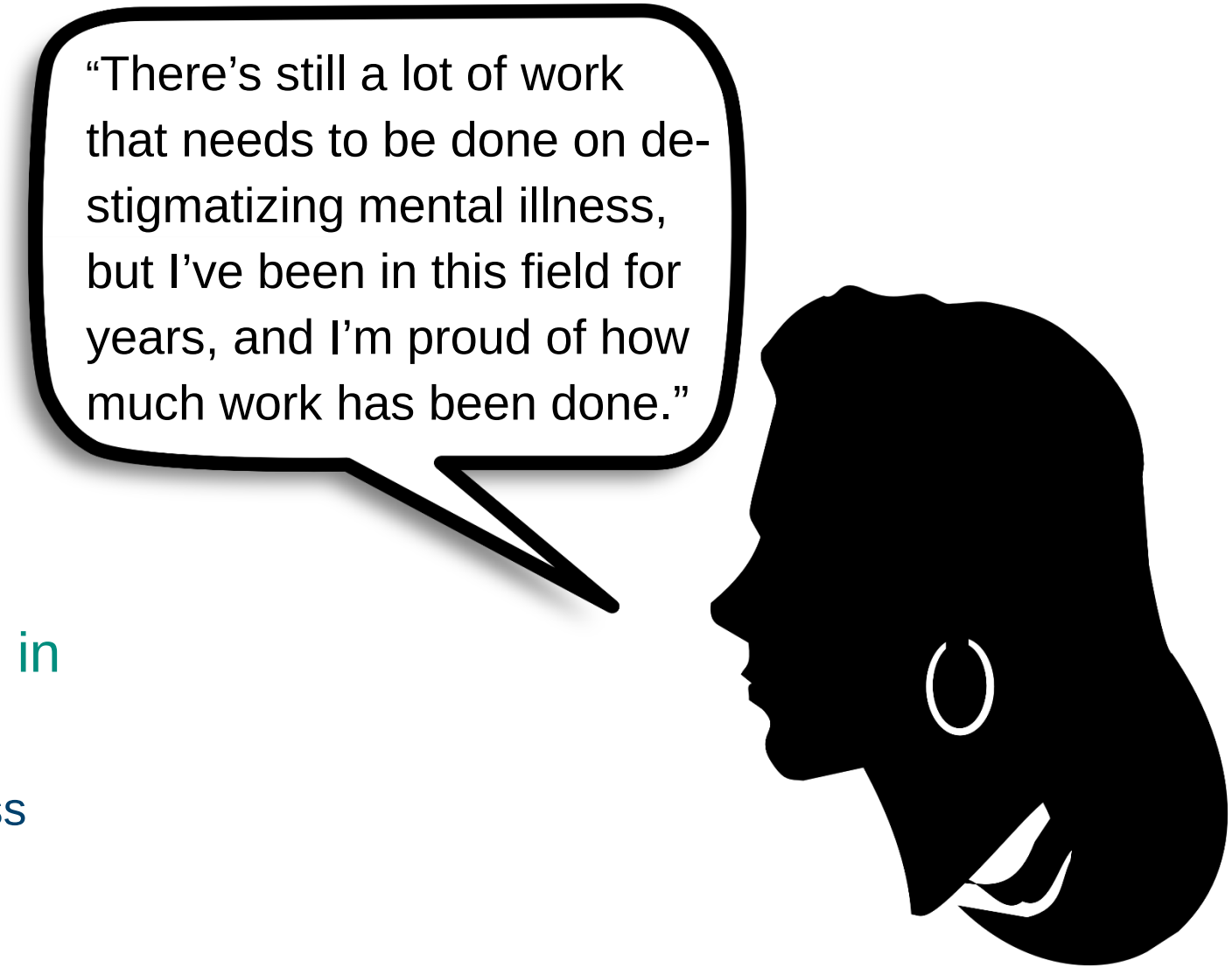
Qualitative Findings: Overview

- Key informant interviews and supplemental support from textual analysis of social media posts
  - What's Working
    - Stigma Reduction
    - Improved Access
    - Growing Referral Networks

  - Needs Improvement
    - Lack of Community Education
    - Lack of Specialty Providers
    - Cost of Mental Health Services
    - Informal Referral Networks
    - Persistent Stigma
    - COVID Concerns

Qualitative Findings: What's Working - Reduced Stigma

- Mental health stigma
  - Negative view of those experiencing mental health issues
  - Beginning to shift
- Interviewees
  - Stigma persists community
  - Overall hopeful that reduction in stigma will continue
    - Public education and awareness about mental health continue



Qualitative Findings: What's Working—Improved Access

- Access improving
  - Cost reduction practices
  - Increasing telehealth utilization
- Mental health and substance use disorder treatment mandated
  - Affordable Care Act & Mental Health Parity and Addiction Act
- Costs remain too high for some
- Sliding scale payment plans and free or reduced medication from Dispensary of Hope
- Telehealth
  - Increase during pandemic

Qualitative Findings: What's Working—Growing Referral Networks

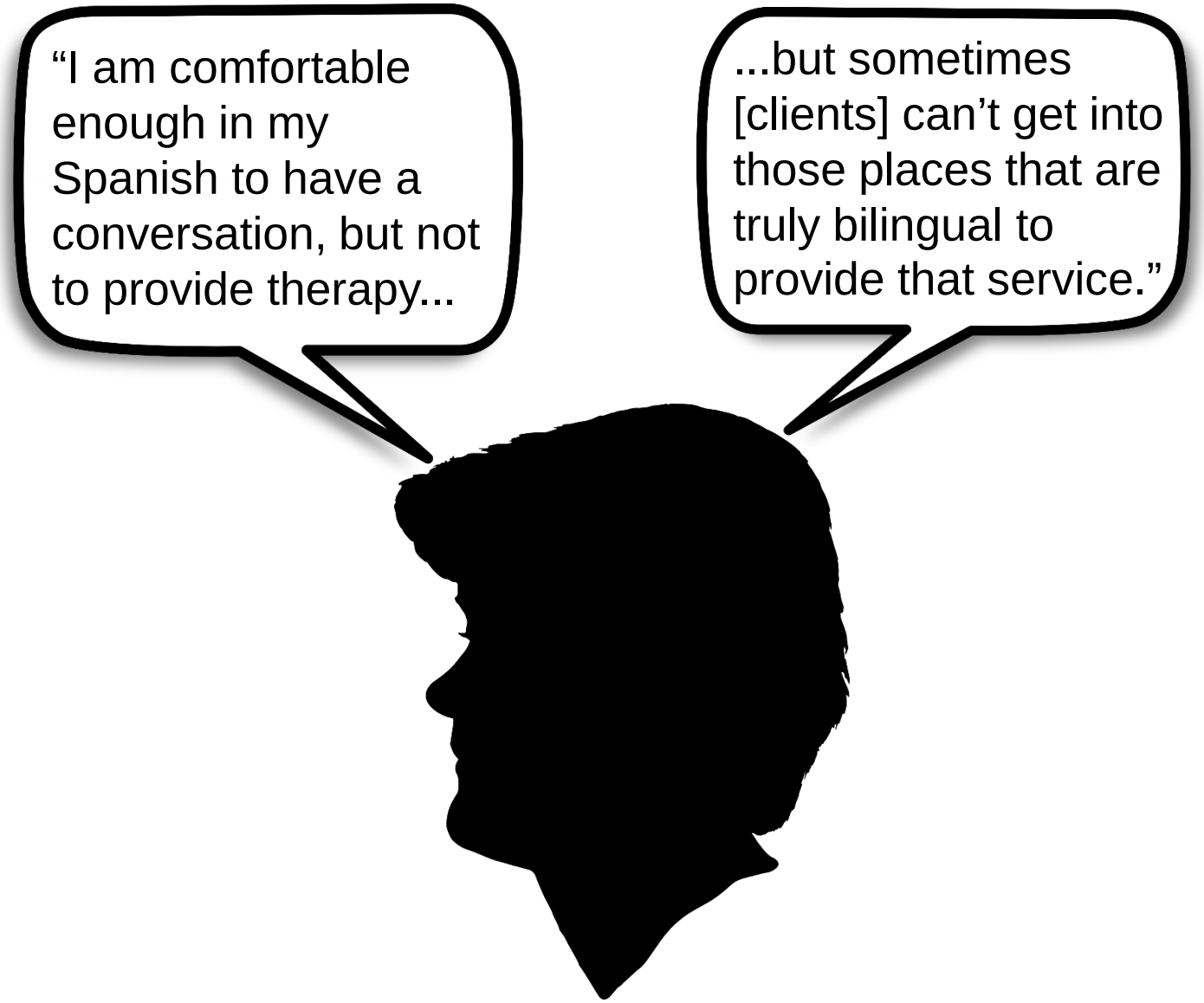
- Referral networks ensure people in need of specific services are directed to those services
- Clients fall through gaps in referral networks
- Service providers understand importance of referral networks
  - Spend time networking to grow referral networks

Qualitative Findings: What Can Be Improved - Lack of Community Education

- Interviewees discussed lack of community education
  - Some programs available
  - More needed
  - Misconceptions and myths still problematic
- Lack of community education
  - Lead to increase stigma
  - Lead to delays in seeking treatment

Qualitative Findings: What Can Be Improved—Lack of Specialty Providers

- Lack of specialty providers
  - Psychiatric Services
  - Cultural & Language Appropriate Services
  - Youth Services
  - Treatment for Co-Occurring Disorders



Qualitative Findings: What Can Be Improved - Cost of Mental Health Services

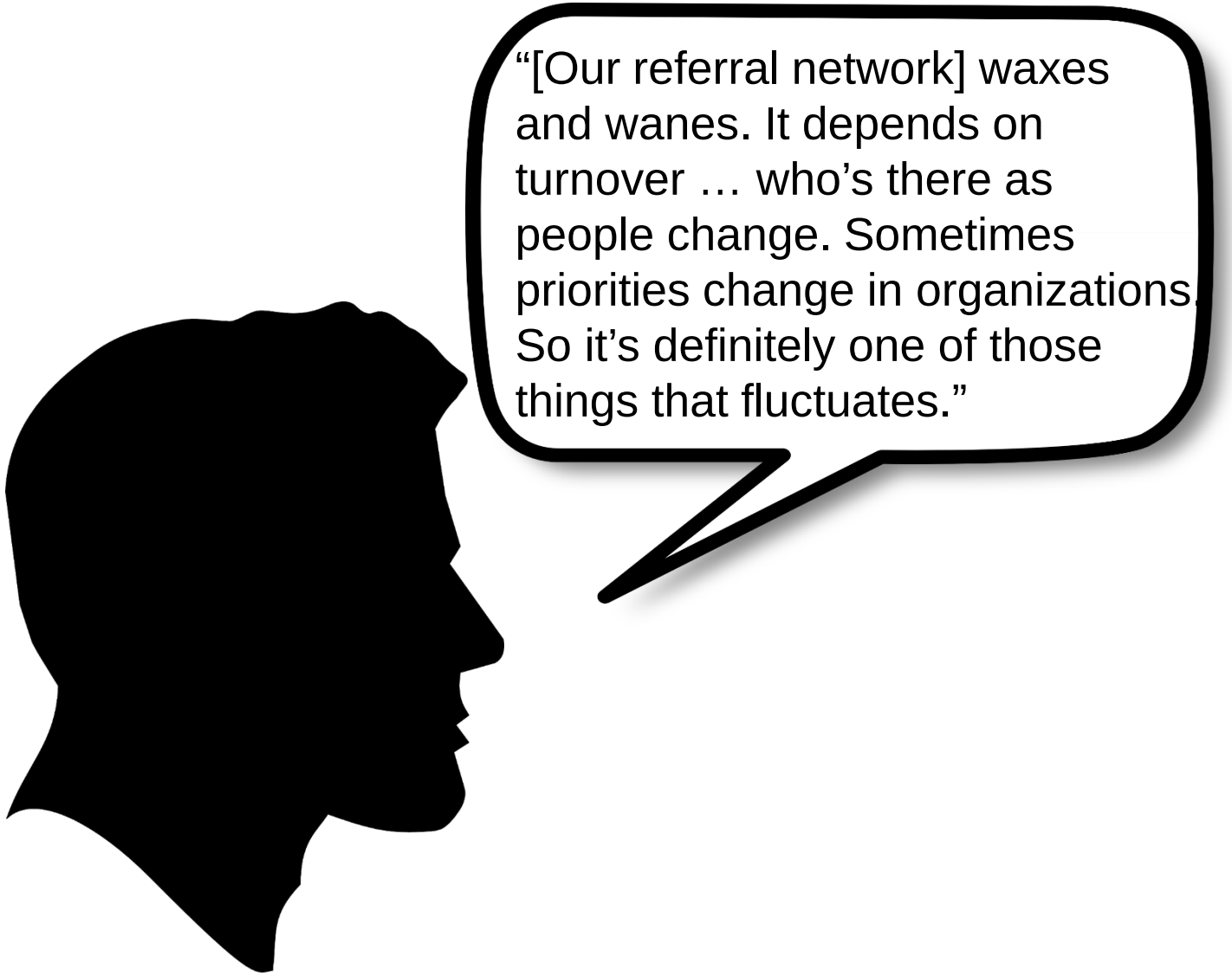
- Cost reduction practices & mental health parity laws helped reduce clients' costs
  - Cost passed to service providers
- Providers offset costs through government and private grants, individual donations, fundraisers, etc.
  - Increased income from alternative sources allows increased capacity for low-income clients

Qualitative Findings: What Can Be Improved—Persistent Stigma

- Stigma significantly improved
  - Continues to persist
- Any amount of stigma may prevent people from accessing mental health services
- Community awareness and education combat stigma

Qualitative Findings: What Can Be Improved—Informal Referral Networks

- Informal referral networks
  - Relies on personal connections
    - Problematic in a field with high personnel turnover
- Interviewees stated desire for more formalized referral network



Qualitative Findings: What Can Be Improved—COVID Concerns

- Short-term and long-term concerns about affects of pandemic on mental health
  - Short-term
    - Large increase in depression and anxiety
  - Long-term
    - Experts concerned 10-15% of individuals who developed mental health issues during pandemic will continue to struggle long term

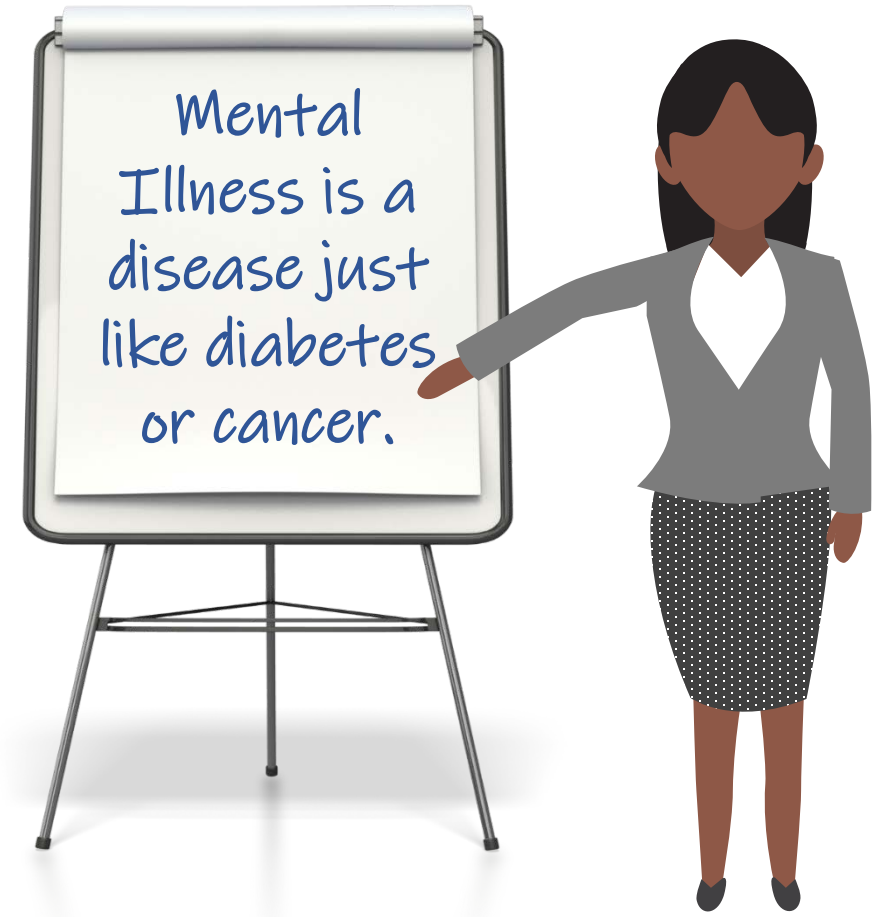
> Symptoms of anxiety disorder and depressive disorder increased considerably in the United States during April–June of 2020, compared with the same period in 2019…Overall, 40.9% of respondents reported at least one adverse mental or behavioral health condition.

Recommendations

- Increase Community Education Opportunities
  - Partner with local organizations to provide educational opportunities
- Sponsor Frequent Networking Opportunities
  - Help strengthen informal referral networks
  - Maintain organizational bonds in a high turn-over field
- Create Formal Referral Network
  - Encourage and assist local providers to enter organization details into DuPage County's Community Resource Information System (CRIS)

Recommendations Continued

- Seize the Moment
  - Opportunity to educate and de-stigmatize mental illness
- Address COVID-Related Increases in Mental Health Needs
  - Short-term
    - Additional support for increased need
  - Long-term
    - Prepare for elevated need to remain



Recommendations Continued

- Address Lack of Specialty Services
  - Consider incentivization
    - To increase culturally and linguistically appropriate services, child and youth mental health services, and substance use disorder treatments
    - Research best practices to incentivize these specialty services is recommended.
- Maintain Telehealth Successes
  - Addresses access barriers to treatment

LIMITATIONS

- No readily available primary data on mental health broken out by race and ethnicity
- Lack of primary data estimates for prevalence of mental illness in Lisle Township
  - Most prevalence data county-level only
- Mental health services user engagement
  - Pandemic affect
  - Stigma
- Psychiatrist shortage

ACKNOWLEDGEMENTS

This study was commissioned by the members of Lisle Township Board of Trustees (Sean Allen, Kathleen Chatman, Michael Riedy and Anthony Signorella), and Township Supervisor Mary Jo Mullen. We appreciate their vision and support for the study, and we hope that the report will be a worthy resource for their advocacy and leadership for optimal mental health for residents of Lisle Township.

The method of this study is a single episode case study. It relies on in-depth interviews with informants, and the promise of confidentiality as a protection was included for all. We are deeply grateful to all the informants, though we hold their identities in confidence. They provided time, expert information, insights and analysis that is customized to these specific research questions in the context of this local jurisdiction and provided the highest value as a result. We hope the informants will gain satisfaction as this report illuminates and activates ways to make life better for everyone in Lisle Township, by bringing strong mental health support to all residents.

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Questions

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DuPage Federation on Human Services Reform

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